RESIDENT/HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS

SOUTH SUDAN

RAPID RESPONSE

EBOLA

2019

19-RR-SSD-33820

RESIDENT/HUMANITARIAN COORDINATOR	**ALAIN NOUDÉHOU**

REPORTING PROCESS AND CONSULTATION SUMMARY	
a. Please indicate when the After-Action Review (AAR) was conducted and who participated.	10 October 2019
The AAR took place on 10 October 2019, with the participation of WHO, UNICEF, IOM, WFP, and the Ebola Secretariat (EVD Secretariat).	
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 report was not discussed within the Humanitarian Country Team due to time constraints; however, they received a draft of the completed report for their review and comment as of the 25 October 2019.	
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 final version of the RC/HC report was shared with CERF recipient agencies and their implementing partners, as well as with cluster coordinators and the EVD Secretariat, as of 16 October 2019.	

PART I

Strategic Statement by the Resident/Humanitarian Coordinator

South Sudan is considered to be one of the countries neighbouring the Democratic Republic of Congo (DRC) at highest risk of Ebola importation and transmission. Thanks to the allocation of USD $2.1 million from the Central Emergency Relief Fund Ebola preparedness in South Sudan, including the capacity to detect and respond to Ebola, has been strengthened.

Through the efforts of the International Organization of Migration, the United Nations International Children's Emergency Fund, the World Food Programme, the World Health Organization and their implementing partners, and under the overall leadership of the Ministry of Health and the Ebola National Task Force, South Sudan now has more frontline workers with the knowledge to identify and report suspected Ebola cases. Health centres, markets, schools, churches, and mosques have better access to clean water, bathrooms, and handwashing stations. Communities living in high risk areas near the border with the DRC and Uganda understand how to identify Ebola and what to do in the event that they find a suspected case. Screening sites have been established along the border, and screening is obligatory for all passengers travelling into the country.

Through this generous support from the CERF, I am confident that South Sudan is now much better prepared to identity, manage and contain an outbreak should there one occur within its borders.

1. OVERVIEW

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)	
a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE	**11,568,822**
FUNDING RECEIVED BY SOURCE	
CERF	2,015,164
COUNTRY-BASED POOLED FUND (if applicable)	1,603,421
OTHER (bilateral/multilateral)	12,949,786
b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE	**16,568,371**

TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US$)

Date of official submission: 14/01/2019

Agency	Project code	Cluster/Sector	Amount
IOM	19-RR-IOM-002	Health - Health	349,997
UNICEF	19-RR-CEF-005	Water Sanitation Hygiene - Water, Sanitation and Hygiene	528,792
WFP	19-RR-WFP-002	Common Support Services - Common Logistics	119,493
WHO	19-RR-WHO-003	Health - Health	1,016,882
TOTAL			**2,015,164**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Total funds implemented directly by UN agencies including procurement of relief goods	**1,801,537**
Funds transferred to Government partners*	0
Funds transferred to International NGOs partners*	173,627
Funds transferred to National NGOs partners*	40,000
Funds transferred to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	**213,627**
TOTAL	**2,015,164**

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

2. HUMANITARIAN CONTEXT AND NEEDS

The Democratic Republic of Congo (DRC) is still grappling with the world's second largest Ebola epidemic on record, more than a year since the Ministry of Health of the Democratic Republic of Congo (DRC) reported the Ebola Virus Disease (EVD) outbreak in North Kivu province, the 10th Ebola outbreak in DRC since the virus was first discovered in 1976. The response efforts have been complicated by the ongoing conflict which exacerbates the risks and makes it more complex to prevent and treat the disease. It is estimated that over one million people are internally displaced in the affected areas of DRC and the epicentre of the outbreak is a target for non-state armed actors, resulting in challenges due to insecurity and community resistance.

As of 16 October 2019, about 3,224 EVD cases (link) had been reported in DRC, of which 2,152 died (case fatality ratio 67.1 per cent). The risk of the EVD spreading into the neighbouring countries remains high. In neighbouring states, three cases of Ebola have been confirmed in Uganda as of June 2019 and there are unsubstantiated reports of suspected cases in Tanzania. Also in July, an Ebola case was reported in Ariwara in the DRC, close to the border with South Sudan.

South Sudan has experienced three indigenous outbreaks of EVD, in 1976, 1979 and 2004, indicating that even without the risk of EVD importation from the DRC, the country harbours reservoirs of EVD and shares many of the same characteristics as the endemic locations in the DRC. An estimated 2.87 million people in 22 counties of South Sudan are considered as being at risk of EVD based on geographic proximity to the current hot spots reporting EVD cases in DRC, and patterns of population movement to and from those locations.

Based on a WHO joint monitoring mission for EVD preparedness and readiness that took place from 15-19 November 2018, South Sudan is rated as a 'Priority 1' country for EVD preparedness and readiness. The mission was led by WHO and UNICEF in cooperation with the Republic of South Sudan Ministry of Health and other key stakeholders. The mission report made strategic and operational recommendations for enhancing EVD preparedness and response. Based on these findings, an initial National Ebola Preparedness Plan, covering a period of six months through to March 2019, was developed under the leadership of WHO and MoH encompassing six strategic 'pillars', each with respective objectives. CERF funding was requested in order to contribute to the full implementation of this plan and to support UN Agencies and their respective partners to ensure delivery of the most time-critical and highest priority preparedness activities.

About 227,140 people in the high-risk counties are across Kajo Keji, Juba, Yei, Magwi, Torit, Ezo, Maridi, Nagero, Nzara, Tambura, and Yambio are at immediate risk due to the proximity to Democratic Republic of Congo. The transmission of the virus into South Sudan will however expose the close to 12 million people in South Sudan to the risk of Ebola infection.

CERF funding was critical to the implementation of the initial National Ebola Preparedness Plan which required US$16,333,093. The CERF contributed to the increase in the coverage of preparedness activities in the prioritized locations and critical boost against the total requirement of the National Ebola Preparedness Plan.

Coordinated efforts from the government and humanitarian partners have improved the level of EVD preparedness, with the establishment of screening sites, training of health workers, awareness raising, procurement of essential supplies and coordination structures, among others. However, the South Sudan's health system is still fragile, from the combined effects of chronic and widespread conflict and insecurity, including large scale-internal displacement, attacks on/destruction of health

facilities, limited access to health services for populations in need, shortages of skilled health workers, high attrition of available health workers, and high inflation rates that have negatively impacted on the capacity of the country to pay its health workers.

With the Ebola Virus Disease outbreak still active in DRC, the risk of transmission to South Sudan and the neighbouring countries is still high. Strengthening of existing health infrastructure and sustained awareness raising is required, especially given the geographic proximity to the provinces in DRC experiencing the current outbreak, the volume of travel and trade, and the previous history of EVD in the country. Seven states are still assessed to be at highest risk of transmission, namely Gbudwe, Jubek, Maridi, Tambura, Torit, Wau, and Yei River.

3. PRIORITIZATION PROCESS

Following the EVD outbreak declaration in DRC in August 2018, and in view of the high-risk rating of the outbreak spreading into South Sudan, the Minister of Health visited the states identified as at greatest risk to provide leadership and support for EVD preparedness activities.

A coordination and leadership structure was established including (a) a National Task Force (NTF) and State Task Forces (STF) led by the Ministry of Health (MoH); (b) Technical Working Groups (TWG) for selected pillars of the EVD preparedness strategy led by relevant technical partner agencies (noted below); and (c) a Strategic Advisory Group (SAG) led by WHO and constituted by UN agencies, key humanitarian partner agencies and donors. WHO was appointed as Incident Manager to coordinate EVD preparedness activities and provide leadership and guidance to the NTF and SAG.

On the 19 December 2018, OCHA convened a SAG meeting and attended by representatives of implementing UN Agencies as well as the wider coordination architecture to identify the priority activities within the framework and pillars of the National Ebola preparedness plan and taking into consideration gaps in funding and level and criticality of the activities to EVD preparedness.

The SAG identified six priorities (pillars[1]) for CERF funding, along with associated strategic objectives:

1. Leadership and Coordination: to strengthen coordination and supervision of preparedness activities
2. Border Health and Points of Entry: to strengthen EVD screening at prioritized border entry points
3. Case Management and Infection Prevention and Control (IPC): to strengthen the capacity of health care workers, ambulance services and burial teams to safely handle suspected and confirmed Ebola patients; to ensure safe and adequate access to water and IPC in health care facilities and public places
4. Risk Communication and Social Mobilization: to reduce risks through enhanced communications, social mobilization and community engagement for timely and effective EVD messaging
5. Expanded Programme on Immunization (EPI) Surveillance and Laboratory: to strengthen case investigation, referral systems and rapid response
6. Vaccination Therapeutics and Research: to strengthen vaccine preparedness and immunization

The choice of UN agency was based on the comparative advantage and their respective programmatic expertise of each UN agencies within different elements of the preparedness Plan. CERF-funding was used for the following activities: IOM focused on establishing or strengthening border health and points of entry screening; EPI surveillance, case management capabilities, coordination mechanisms was strengthened by WHO through training and newly funded coordinator positions; UNICEF conducted IPC/WASH activities (such as installation of WASH hardware and through risk communication and mobilization); and logistical support was provided for the response by WFP. Through these activities, CERF funding was expected to improve South Sudan's Ebola prevention and response system, especially for those living in high-risk areas as noted above.

The identification of the priority locations was based on their geographic proximity to locations reporting EVD cases in Democratic Republic of Congo, as well as based on patterns of population movement to and from those hot spots. Project

[1] https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/evd_preparedness_report_ aug 18-mar19.pdf

applications were limited to focus on supporting and scaling-up time-critical Ebola preparedness activities in counties of South Sudan most at risk of EVD.

Age and gender were incorporated into project design and activities throughout the application: agencies made efforts to ensure that consultation and feedback processes included the voices of women and girls, and especially from women's leaders. EVD risk communication was age and gender-appropriate, with messages targeting specific groups including women, boys and girls, such as handwashing techniques. WASH infrastructure was gender-segregated and placed in accessible locations for men, women, boys, and girls.

The HCT were subsequently informed of the proposed use of the CERF funding, as was the CERF Secretariat. Following endorsement in principle by the CERF Secretariat of the proposition on 24 December 2018, each UN agency proceeded to develop a fully-fledged proposal in conformity with global guidance and templates. OCHA facilitated a process whereby each of the agencies was involved collectively in the technical review of each of the draft proposals, as well as representatives of the overall EVD coordination architecture, to ensure alignment, complementarity, non-duplication, and adherence to programme quality requirements.

At the time of submission, contributions had been provided as well by member states including Canada, Germany and the United Kingdom; by ECHO; and by country based pooled funds including the Health Pooled Fund and the South Sudan Humanitarian Fund ($2,000,000). The design of this CERF request ensured complementarity and non-duplication between resources made available through these different sources.

4. CERF RESULTS

CERF allocated $2,015,164 through the rapid response window to support the implementation and scaling up urgently needed EVD preparedness activities in South Sudan. The funding enabled the humanitarian responders to establish and scale-up time-critical Ebola preparedness activities in the counties bordering DRC that are most at risk of EVD (Central Equatoria, Eastern Equatoria, and Western Equatoria).

The funding improved the capacity of the health system in South Sudan to detect and respond to EVD, with 339,064 people screened for EVD at various points of entry or benefiting from strengthened community-based EVD surveillance and health structures. About 170,000 people were reached with awareness campaigns on hygiene, infection control, and EVD risks. They additionally benefited from increased access to WASH infrastructure in health facilities and public spaces such as markets, schools, and churches/mosques.

United Nations agencies individually achieved the following:

WHO supported a total of 227,140[2] people and helped to prepare South Sudan's health system for a potential outbreak of EVD across Kajo Keji, Juba, Yei, Magwi, Torit, Ezo, Maridi, Nagero, Nzara, Tambura, and Yambio. WHO strengthened the capacity of the National Task Force by recruiting Public Health Officers to support EVD coordination activities in four counties (Tambura, Maridi, Torit and Kajo-keji) and trained six state-level staff on EVD coordination and supervision of EVD activities. WHO also trained 60 volunteers on community surveillance and 550 health workers and 10 rapid response team members on EVD case detection, reporting and investigation); on management of suspected EVD cases (550 health workers); and on GeneXpert laboratory analysis (10 staff). 15 kits of viral haemorrhagic fever personal protective equipment were procured and distributed, and three monitoring and supervision missions were conducted.

IOM has strengthened South Sudan's overall EVD preparedness efforts through maintaining primary and secondary screening for EVD at 15 point of entry (PoE) sites in Yei and Morobo. IOM screened a total of 170,361 travellers (including 4,445 persons with disabilities), with 1,034 individuals referred for secondary screening; all were confirmed as non-EVD cases and referred for further assessment and treatment. All PoEs were equipped with handwashing facilities (with soap), emergency pit latrines (separated by gender), and waste disposal systems. IOM provided risk communication to 370,011 individuals through awareness raising at the PoEs and in surrounding areas. 147 staff were also trained on basic Ebola screening and IPC.

[2] This is the estimated population in the targeted counties who are expected to be the direct beneficiaires of the various preparedness activities.

UNICEF and partners reached 170,000 people across Yei, Juba, Nimule, Yambio, and Wau with expanded WASH infrastructure and sensitization on infection prevention and practices. 57 prioritised frontline health facilities received WASH infrastructure based on their needs, including EVD isolation areas; repaired water points and hygiene and sanitation facilities; installation of hand washing facilities and waste management systems; and distribution of personal protective equipment and IPC supplies. In 62 public places (40 schools, 10 markets and 12 churches/mosques), hand washing units were installed and soap distribution and hygiene and EVD awareness activities were conducted by 86 trained community mobilizers. More than 200 health care workers were trained on basic IPC measures.

WFP, through the UN Humanitarian Air Service, contracted a dedicated small fixed wing plane and supported EVD preparedness activities by facilitating regular flights transporting personnel and supplies to the main state level coordination hubs and other priority locations with limited access by road (Maridi, Nimule, Tambura, Yambio, and Yei). The funding covered the costs for 12 weeks (3 March – 25 May 2019) during which 60 rotations of the aircraft transported 187 passengers and 567 kilograms of cargo (e.g. vaccines, vaccine storage devices, awareness posters etc.), as well as the collection and transference of 7 suspect samples to Juba for EVD testing for the early detection of a potential outbreak.

5. PEOPLE REACHED

Overall, a total of 391,133 out of the 435,344 planned were reached with various EVD preparedness activities. The number of people reached included health workers, community volunteers trained on Ebola preparedness; community mobilizers trained on infection control, WASH, and risk communication; persons screened at the PoE; community members sensitized to Ebola and infection control measures; and community members benefiting from Ebola surveillance structures.

While most agencies have overachieved their planned targets (UNICEF and WHO), the overall target was underachieved due to the reduction in the number of PoE from the originally targeted 18 to 15. Access constraints due to insecurity restricted IOM from opening three planned screening points of entry, thereby reducing the number of people screened for Ebola over project duration.

There were, however, over-achievements in some of the activities. The number of people reached with awareness creation was surpassed in the IOM and UNICEF projects, achieving 370,011 out of 247,572 and 170,000 out of 135,000 people, respectively. This was due to increased cross-border movement into Yei and also due to a scale-up of awareness-raising activities in response to Ebola case confirmed in DRC close to the Yei in South Sudan.

The number of people reached were carefully analysed to avoid double-counting:

1. For numbers of persons directly assisted with CERF funding by sex and age, all agency population numbers were reviewed by location. Within each location, the largest population target provided by agencies was used to calculate total beneficiaries targeted for that location, and all location targets were summed to reach total beneficiaries per each age category.
2. In relation to sector-specific populations reached, WASH and Logistics population figures were used as per the numbers outlined in the final report. For Health, population numbers provided by agencies were reviewed by location to double-check for overlap. The largest population target provided by agencies per location was used, with all location numbers summed to reach total sector persons assisted.

TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY[1]		
Category	**Number of people (Planned)**	**Number of people (Reached)**
Host communities	0	0
Refugees	0	0
Returnees	0	0
Internally displaced persons	0	0
Other affected persons	435,344	391,133
Total	**435,344**	**391,133**

[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	101,654	130,257	84,405	119,028	**435,344**
Reached	124,482	134,418	60,955	71,278	**391,133**

[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)	N/A	N/A	N/A	N/A	**N/A**
Reached (Out of the total reached)	1,039	1,794	512	1,100	**4,445**

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

TABLE 7.a: 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**
Health - Health	N/A	N/A	N/A	N/A	**401,276**
Water Sanitation Hygiene - Water, Sanitation and Hygiene	25,650	44,550	31,050	33,750	**135,000**
Common Support Services - Common Logistics	N/A	N/A	N/A	N/A	**N/A**

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

TABLE 7.b: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (REACHED)[5]					
By Cluster/Sector (Reached)	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Health - Health	121,514	132,499	42,396	42,654	**339,064**
Water Sanitation Hygiene - Water, Sanitation and Hygiene	32,300	42,500	39,100	56,100	**170,000**
Common Support Services - Common Logistics	N/A	N/A	N/A	N/A	**N/A**

[5] *Best estimates of the number of people directly supported through CERF funding by sector. The numbers are likely to include overlaps across clusters.*

6. CERF'S ADDED VALUE

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

YES ☒ PARTIALLY ☐ NO ☐

The CERF funds supported the timely initiation and scale-up of EVD preparedness activities in the priority locations and overall preparedness in South Sudan. As part of a preventative response to scale up South Sudan's Ebola preparedness, funds were disbursed to UN agencies in a timely manner by CERF. The funding enabled UN agencies to start procurement and tendering processes of equipment and supplies immediately, with training processes developed and starting shortly after. For WFP, tendering of the airplane started immediately upon receipt of funding and flight schedules were developed and the first flight to support the movement of supplies and staff took place on the 3rd March.

Following the risk assessment in September 2018, which recommended the need to establish and scale up South Sudan's Ebola preparedness system, the CERF application process was triggered, and the applications approved in January 2019. While processes to scale up South Sudan's prevention activities led to a fast delivery of assistance starting from the point of submission, the time gap between the assessment of South Sudan's need and the CERF application was significant. As such, CERF funding contributed to the overall establishment and scale-up of preparedness activities.

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

YES ☒ PARTIALLY ☐ NO ☐

CERF funding responded to the needs of following the declaration of South Sudan as being at a "very high" risk of Ebola spreading given the proximity to DRC and given the substantial cross-border movements of people, goods, and services. WHO also rated South Sudan as the top country within which EVD preparedness activities should be prioritized.

At the time of the application, there was a significant need to establish community-led surveillance structures to detect, identify, and refer potential cases of Ebola to medical facilities with the capacity to isolate, test, and treat the case as appropriate. Dedicated funding for logistical support was also a critical gap, as prior to this application, teams and supplies had to travel through the regular UNHAS programming, which did not, for example, provide flights directly to Morobo (a priority location close to the border with DRC for Ebola response.

c) Did CERF improve coordination amongst the humanitarian community?

YES ☒ PARTIALLY ☐ NO ☐

While coordination structures on Ebola response existed prior to CERF funding being received (i.e. the National and State-Level Taskforces, led by the Ministry of Health and WHO, as well as the Ebola Secretariat, led by OCHA), CERF has played a significant role in strengthening and improving these coordination structures, both external to and within the humanitarian community on Ebola preparedness and response. To start, CERF funding directly supported the creation of state-level coordinator positions (Tambura, Maridi, Torit and Kajo-Keji), which helped to improve overall coordination in areas with significant Ebola response activities. CERF funding also led to increased coordination between UN agencies, as, for example, UNICEF and IOM worked closely together to determine areas of responsibility for supporting WASH infrastructure installation in health centres in and around border areas with DRC.

The air service provided to humanitarian partners inadvertently enabled greater coordination, as partners could provide input in to which locations and at what frequency they would need transportation support. While in every response, there are challenges in coordination (lack of alignment between agency policies on operations, etc.), overall, CERF has helped to compliment and improve overall coordination on Ebola response in South Sudan.

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

YES ☒ PARTIALLY ☐ NO ☐

As discussed in the After-Action Review, participating UN agencies suggested that CERF funds partially helped improve resource mobilization from other sources. CERF funding (end-February 2019) was applied for, and received, significantly after the initial determination that South Sudan required funding to support Ebola preparedness efforts (October 2018). As such, CERF funding was complimentary to funding already received since the start of the Ebola outbreak. One agency reported that they were able to mobilize additional funding as a result of funding received from CERF; however, other agencies did not report the same and some agencies do not have the capacity to continue project activities beyond project-end through other funding flows.

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

CERF complemented other funding received by agencies for Ebola preparedness and response. With CERF helping to fund coordination positions, training, supplies, and awareness-raising, CERF's funding support helped to strengthen EVD preparedness coordination and health system in South Sudan to activate if Ebola is transmitted within the country. While the most recent scare has shown that preparedness structures need further support (a suspected case of Ebola led to community panicking at the sight of masked health workers), South Sudan is much better prepared now than it was at the start of CERF-funded support.

CERF funding also contributed to the strengthening of local partners capacity and preparedness to respond to Ebola outbreak. With the WASH activities component in the preparedness, the impact of the CERF funding extends beyond that of simply Ebola, as now health facilities are better able to maintain hygienic standards and practices.

7. LESSONS LEARNED

TABLE 8: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement
Design stage: CERF funding and reporting processes are clear, and the guidance provided is in-depth and explanatory. Partners found the proposal design process to be clear, consultative, well-managed, and engaging, if also significantly time- and labour-intensive. On the proposal format, partners were requested to ensure a minimum level of alignment between project indicators and beneficiary numbers; however, partners raised during both the proposal and the reporting stage that as indicators include double-counting, they should not be used as a direct correlation for calculating beneficiary numbers. Additionally, the inclusion of benchmark numbers for quality indicators (% screened people reached with messaging) at the proposal stage may lead to misrepresentation in final reporting if the base number ("screened people") changes from what is inputted at the proposal stage.	We suggest adding a section to the template to explain how beneficiary numbers are calculated and clarify in situations where there could be discrepancies between beneficiaries targeted and indicator targets
Allocation stage: CERF funding was processed and disbursed in a timely manner.	No recommendations to CERF.
Implementation stage: Use of feedback and consultation mechanisms varied between partners, as well as the extent to	No recommendations to CERF

which gender and age was considered throughout project design and implementation.	
Evaluation/Reporting stage: Reporting guidance and process from CERF is clear and detailed. Communication of reporting timelines and requirements to participating agencies relies on the SSHF Secretariat in South Sudan, which can suffer in the presence of competing activities.	The process is clear; no recommendations to CERF.

TABLE 9: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
While there are external coordination structures available to support project implementation, some partners noted duplication in activities and felt that greater coordination support could be helpful for the implementation of future CERF projects. As noted above under implementation stage, partners varied considerably in their use of consultation mechanisms, as well as the integration of gender/age considerations throughout project design and implementation.	Greater coordination across all stages of the CERF process, including: – Design stage: providing support to agencies to ensure cross-cutting issues and activity complementarity are addressed (gender, age, disability, etc.) – Implementation stage: holding project launch workshops after the receipt of funding from CERF – Monitoring: holding a mid-term review session for sharing lessons learned and communally reviewing project implementation	OCHA
Monitoring and supervision activities are essential for helping staff to learn, as training alone is not sufficient for ensuring staff understand and feel confident deploying new information.	More attention in future proposals could be given to incorporating mentorship structures that would help staff to learn and incorporate more knowledge.	WHO, UNICEF, IOM
Ebola prevention requires active communities that are sensitized and knowledgeable as to what is Ebola, what are the symptoms of Ebola, and what the response mechanisms are. While communities may have learned about Ebola, this does not necessarily translate to action in the event of a detected case nor does it reduce panic when emergency staff are deployed.	Measures and programming that allows communities to be active participants, especially in EVD surveillance and detection structures, should be prioritized in Ebola preparedness activities. This will help to improve self-monitoring practices.	WHO and implementing partners
Some partners noted that they did not receive further funding for Ebola activities following project end, which led some activities to end.	Further support is needed for ensuring that the response system is prepared to activate in the event of a confirmed case of Ebola.	Donors
Some groups of community members were resistant to being screened for Ebola (i.e. drivers, uniformed personnel).	Ensuring that sensitization efforts prioritize at-risk populations that are more resistant to prevention activities will play an important role in preventing Ebola transmission.	UNICEF, IOM, WHO
There is a need to strengthen referral pathways between border screening sites and the next level of response.	Further effort to map these referral pathways and strengthen coordination structures will help to address this service gap.	EVD Secretariat
Timely reporting by agencies faced challenges due to poor telecommunications infrastructure and lack of mobile network, as well as poor road conditions due to rainy season.	The use of alternative means of transport like motorcycles to transport data was essential for ensuring that reports from agencies were submitted in a timely manner to allow for analysis and decision making.	Implementing agencies

PART II

8. PROJECT REPORTS

8.1. Project Report 19-RR-IOM-002 – UNFPA

1. Project Information			
1. Agency:	IOM	**2. Country:**	South Sudan
3. Cluster/Sector:	Health - Health	**4. Project Code (CERF):**	19-RR-IOM-002
5. Project Title:	Screening and Prevention Activities to Support EVD Preparedness in South Sudan		
6.a Original Start Date:	29/01/2019	**6.b Original End Date:**	28/07/2019
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$ 2,550,000
	b. Total funding received for agency's sector response to current emergency:	US$ 1,429,997
	c. Amount received from CERF:	US$ 349,997
	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
IOM maintained primary and secondary screening at fifteen (15) point of entry (PoE) sites, Yei airstrip, Yei South Sudan Relief and Rehabilitation Commission (SSRRC), Tokori, Lasu, Kaya, Bazi, Salia Musala, Okaba, Khor Kaya (along Busia Uganda Border) and Isebi in Morobo County; Pure, Kerwa, Khorijo, Birigo in Lainya County; and Bori. All PoEs are equipped with a minimum package of water, sanitation and hygiene (WASH) services, including handwashing facilities with soap, rapid pit latrines separated by gender, and waste disposal system. IOM provided prevention and response mechanisms through infection prevention and control (IPC)/WASH interventions including risk communication through awareness raising at the PoEs and surrounding areas, benefiting 199,650 individuals. IOM rehabilitated the water distribution network at Yei Civil Hospital and rehabilitated 13 boreholes and installed four waste management systems at nine health facilities. 147 staff were trained on basic Ebola screening and IPC. IOM screened a total of 170,361 travellers, with 1,034 individuals referred for secondary screening due to a body temperature above 37.8 degrees Celsius. All cases were confirmed as non-EVD cases and referred to the nearest health facility for further assessment and treatment. Through the establishment of additional PoEs, scaled-up EVD prevention activities, and EVD sensitizations, IOM has strengthened its overall EVD preparedness effort. CERF funding has been critical for meeting funding gaps and ensuring continuation of preparedness activities at all sites where IOM has a presence.

3. Changes and Amendments

IOM's target was to operationalize a total of 18 POEs (out of which 11 were to be established with combined CERF/USAID funding), however, due to access and insecurity, it was not possible to establish three PoEs (Libogo, Tore and Senema). These sites are in the opposition areas of the National Salvation Front Army (NAS) and have on-going conflict with government forces, with several check points limiting access to the border points. The three sites are among the original identified PoEs that border DRC which IOM was tasked to establish as endorsed by the EVD National Task Force (NTF) as a part of the national operational plan under the Border Health & POE Technical Working Group (BH&POE TWG). To date, IOM has not been able to re-establish the three additional points due to insecurity and inaccessibility. IOM will continue to make efforts to access these sites through negotiation with the different factions on ground, including the militia, local authorities, and in coordination with UNMISS and UNOCHA, to ensure that the POEs are established and travellers are screened.

Regarding persons screened and attending awareness-raising sessions in the PoEs, these numbers were underachieved as IOM had anticipated to open an additional 3 PoEs and conduct screening at these sites. The beneficiary number for risk communications was much higher than anticipated (199,650 people reached) as IOM had to scale up the awareness raising among the communities living within the borders, especially after the confirmed EVD case in Ariwara, Democratic Republic of Congo (DRC) was announced. This case was found 70 kms from Kaya PoE bordering Uganda and 54 kms from Bazi PoE bordering DRC.

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	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	27,909	39,537	72,097	93,029	**232,572**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	N/A	N/A	N/A	N/A	**N/A**

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	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	64,566	50,427	27,258	28,110	**170,361**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")*	1,039	1,794	512	1,100	**4,445**

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 screened was lower than planned due to the non-operationalization of three PoEs. There was particular underachievement in children, as children did not travel across the border points as expected as much as the adults, which was above the anticipated targets.

5. CERF Result Framework

Project Objective	To contribute towards EVD preparedness efforts in South Sudan through screening and prevention activities at key POE

Output 1	EVD screening undertaken at key POE, including body temperature check, secondary screening, and alert raising where required.			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Number of screening sites operational	18	15	Weekly EVD reports IOM health database
Indicator 1.2	% of persons passing through targeted POE screened (disaggregated by date and place).	100% (232,572)	73% (170,361)	EVD database Weekly reports Primary screening forms
Indicator 1.3	% of persons passing through targeted POE that complete health declaration forms (disaggregated by sex and age)	100% (232,572)	0.1% (157)	EVD data base Weekly reports Health declaration forms
Indicator 1.4	Number of monitoring visits conducted to verify records and report consistency	24 (one per week)	24 (one per week)	Log book
Indicator 1.5	Number of POE screening members provided with ongoing capacity building	126	147	MHU training database Weekly reports
Explanation of output and indicators variance:		Indicator 1.1: IOM had planned to establish and maintain 18 screening sites but only attained 15 sites. IOM did not establish three sites due to insecurity and access issues. Indicator 1.2: Overall beneficiary number was underachieved as IOM had anticipated to open an additional three PoEs and conduct screening at these sites. All people passing through the PoEs were screened. Indicator 1.3: This indicator should have only targeted passengers travelling by air and not through land crossings. At the proposal development stage, the target was erroneously indicated to target both travellers by air and land crossing; whereas the international declaration forms are only filled in airports that received international flights. Flight numbers are low, given that IOM's project only received international flights at the Yei airport from Uganda. As such, there was significant underachievement in the percentage of persons completing the health declaration forms. 157 reports were filled out in the Yei Airport, which is 100% of targeted passengers.	

Activities	**Description**	**Implemented by**
Activity 1.1	Identify points of entry / convergence points to set up additional screening sites in consultation with local actors and communities and based upon assessment findings. CERF funding will be utilized for critical activities at all 18 sites.	IOM
Activity 1.2	Undertake body temperature check of travellers using non-contact thermometer	IOM
Activity 1.3	Ensure completion of health declaration forms and interview travellers by trained screeners (male and female)	IOM

Activity 1.4	Conduct secondary screening of alert cases (Temperature > 37.8 degree Celsius or at least one sign of EVD)	IOM
Activity 1.5	Report any suspect cases by calling 6666 for further investigation	IOM
Activity 1.6	Maintain recording and reporting forms	IOM
Activity 1.7	Ensure ongoing capacity building of POE screening teams through training, coaching, mentoring and supervision. This training will be provided by the staff who will be recruited for the project.	IOM
Activity 1.8	Procure PoE screening site consumables	IOM

Output 2	Strengthened awareness of preventative measures against EVD among community members, health workers and community / in locations proximate to targeted POE.			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	Number of people reached through awareness raising, information /education sessions, house to house visits and distribution of IEC materials (disaggregated by sex and age)	15,000 (8100 female / 6900 male)	199,650	IOM weekly report Fulcrum database
Indicator 2.2	Number of people reached through awareness raising at the screening sites	232,572	170,361	IOM weekly report Fulcrum database Primary screening forms
Indicator 2.3	Number of community volunteers provided with orientation training (disaggregated by sex and age)	30 (15 women / 15 men)	30 (13 women / 17 men)	IOM weekly report Fulcrum database Attendance list
Indicator 2.4	Number of health workers in targeted health facilities provided with orientation training	36 (at least 2 per health facility – 18 women / 18 men)	36 (3 women / 33 men)	IOM weekly report Fulcrum database Attendance list
Explanation of output and indicators variance:		Indicator 2.1 - The increase in the numbers reached was due to opening of schools near EVD screening sites, as well as scaling-up of awareness-raising activities following a confirmed Ebola case in Ariwara, DRC. Indicator 2.2 –The number of people screened was lower than planned due to the lower number of PoEs established. However, all people passing through the 15 PoEs were screened and provided with Ebola preparedness information and risk communications messages. Indicator 2.4: The number of health workers trained is much lower (3 women) than that of men due to the limited availability of qualified females in the health facilities in South Sudan		

Activities	**Description**	**Implemented by**
Activity 2.1	Undertake awareness raising, information / education sessions, house to house visits and distribution of IEC materials on EVD	IOM
Activity 2.2	Compile and share data on people reached by awareness raising, information /education sessions, and distribution of IEC materials on EVD	IOM
Activity 2.3	Provide orientation training for community volunteers working from the nearest health facilities to the POE screening sites.	IOM
Activity 2.4	Provide orientation training for health workers operating in targeted health facilities	IOM
Activity 2.5	Procure equipment, and IEC materials for hygiene promoters	IOM

Output 3	EVD Infection Prevention and Control (IPC) measures maintained at all screening sites.			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 3.1	Number of POE with basic IPC supplies in place	18	15	Purchase requisition form Packing list Way bill and receipts
Indicator 3.2	Number of POE with emergency latrines in place	18	15	Purchase requisition form Fulcrum database
Indicator 3.3	Number of POE with emergency handwashing facilities in place	18	15	Purchase requisition form Fulcrum database
Indicator 3.4	Number of health facilities with IPC supplies in place	18	15	Purchase requisition forms Packing list Way bill and receipts
Indicator 3.5	Number of health facilities with sanitation infrastructure in place	18	15	Purchase requisition form Fulcrum database
Indicator 3.6	Number of health facilities with water supply rehabilitated	18	15	Purchase requisition form Fulcrum database
Explanation of output and indicators variance:		Indicator 3.1 – 3.6 – 15 PoEs out of planned 18 PoEs were operational by project end. Due to security issues, there was no access to three of the identified locations. This also affected support provided to the three health facilities, as the health facilities to be targeted for WASH infrastructure were to be located adjacent to the PoEs.		

Activities	**Description**	**Implemented by**
Activity 3.1	Ensure the provision of basic IPC supplies to POE / screening sites.	IOM
Activity 3.2	Ensure the provision of emergency latrines in the POE / screening sites	IOM
Activity 3.3	Ensure the provision of emergency handwashing facilities in the POE / screening site	IOM
Activity 3.4	Ensure the provision of IPC supplies to health centres near to the POE / screening sites.	IOM
Activity 3.5	Ensure the provision of sanitation infrastructure to the health centres near to the POE / screening sites.	IOM
Activity 3.6	Ensure the rehabilitation of water supply in health centres near to the POE / screening sites.	IOM
Activity 3.7	To procure IPC and construction material supplies for the provision of WASH-IPC services in POE and health facilities.	IOM

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 project start, IOM conducted community consultations with community members, including community key informants, women representatives, youth representatives, people with disabilities and other marginalized groups, to introduce them to project activities and ensure their design was inclusive and would not cause harm to the communities. Local leaders were also consulted.

During project implementation, as IOM continued to establish more sites, on-going discussions were held regularly with local communities and authorities to ensure that communities were continuously engaged and sensitized. These meetings were also opportunities to receive feedback and complaints. Lastly, IOM conducted joint monitoring visits to project sites, with community members consulted as part of the monitoring visits.

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?

IOM engaged with the local authorities at project sites and with the EVD state task forces (STF) and technical working groups (TWGs) at state level in Yei and federal level at Juba prior to the start of the project.

The engagement with the local authorities is conducted through meetings within the counties, payams, or their bomas, including meeting the local governor, deputy governor, community health department director (CHD) and National Security (NS). During these discussions, IOM ensures the inclusion of women and girls by requesting to speak to any woman representative whenever possible, as well as by holding separate meetings with community members. IOM also trained local authorities including elders and key informants to ensure their understanding of the project objectives prior to the start of the project.

IOM trained women volunteers to reach other women in the community with menstrual hygiene management (MHM) and Gender Based Violence (GBV) risk mitigation as entry points to discuss EVD issues. IOM used the opportunity through the existing project to integrate EVD messages. This training is part of an overall WASH/GBV project with USAID and includes EVD sites. Any GBV training and implementation is harmonized and includes the MHM component, which in this case was an added advantage for the project with no additional cost.

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 the community meetings, community members were provided an overview of the project as well as the general information about IOM, its principles such as PSEA and complaint-feedback mechanism. IOM conducted PSEA orientation sessions to all staff on ground and to the majority of volunteers who participated in this project.

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 ☐

IOM established a beneficiary complaint and feedback mechanism (CFM) in EVD preparedness locations. The mechanism includes different avenues for complaints including directly to staff or volunteers, and via a telephone hotline (Juba Arabic). The CFM protocol includes training for staff and volunteers on identifying sensitive (SEA, fraud/corruption) and non-sensitive complaints (eligibility issues, or issues related to quality and timeliness of assistance and services provided). The community are provided information about their entitlements, avenues for complaints with an emphasis on the importance of good communication between IOM and beneficiary communities. If IOM staff are able to provide a response to the beneficiary at the time they receive complaint/feedback, they are requested to do so and record the response in the Fulcrum online system, which has oversight from M&E team. If it cannot be handled on the spot, the beneficiary feedback is recorded and then discussed with the relevant staff for inputs, and the operational manager in order to provide the correct response upon return to the community. When feedback is provided it is recorded in the Fulcrum system by the staff member involved.

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 ☐

Yes, as part of IOM's institutional PSEA mechanism to operationalise IOM's policy on its Standards of Conduct which cover all IOM staff, contractors, partners and volunteers. All staff working on EVD, as well as volunteers, have been made aware of the PSEA Standards of Conduct. Standard posters and information are disseminated to project sites on the Standards of Behaviour and reporting channels (both IOM specific as well as broader UN hotlines in South Sudan). As per IOM's procedures, the IOM EVD Team Leader is a PSEA focal point, to whom complaints can be made in project sites, and investigations are managed by IOM's HQ. IOM maintains active communication with the GBV sub-cluster in EVD locations on GBV referral services for SEA survivors.

IOM is an active member of the South Sudan PSEA taskforce contributing to improving the wider UN and humanitarian mechanisms for PSEA.

Any other comments (optional):
IOM ensures regular monitoring and supportive supervision to all sites. During the visits IOM conducts joint functionality assessments of the PoEs as per the BH&POE SOP to look at any gaps that exist in the PoE that could be strengthened. This joint assessment is done with members of the STF to ensure inclusivity.

7. Cash Transfer Programming

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

Planned	Achieved
No	No

7.b Please specify below the parameters of the CTP modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CTP Modality	Value of cash (US$)	a. Objective	b. Cluster/Sector	c. Conditionality	d. Restriction
None	US$ 0	Choose an item.	Choose an item.	Choose an item.	Choose an item.

Supplementary information (optional):
N/A

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

In August 2019, there was been a mid-term review of all the thematic areas in the EVD operational plan, reviewing the proportion of planned activities that were conducted and the attendant gaps. The exercise evaluated EVD preparedness activities, of which CERF funded activities were part. In addition to the review, a full-scale simulation exercise was conducted in August 2019 to assess and evaluate the operational readiness of EVD preparedness activities in South Sudan. While a table-top exercise was carried out in July 2019 to assess the operational readiness of the National Task Force's technical working groups, the full-scale simulation exercise and the mid-term review evaluated all the EVD preparedness activities in South Sudan.

While IOM-specific PoEs were found to have sufficient stock and WASH sensitization efforts were found to be taking place at markets, places of worship and schools, the evaluations noted that communication remains a challenge at the POE sites (especially Morobo) due to lack of network service as well as lack of functional health facilities. IOM is reviewing alternative means of ensuring communication with the screeners at the POEs and advocacy is on-going to provide to the nearby facilities to strengthen referrals.

EVALUATION CARRIED OUT ☒

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☐

8.2. Project Report 19-RR-CEF-006 – UNICEF

1. Project Information			
1. Agency:	UNICEF	**2. Country:**	South Sudan
3. Cluster/Sector:	Water Sanitation Hygiene - Water, Sanitation and Hygiene	**4. Project Code (CERF):**	19-RR-CEF-005
5. Project Title:	Improving Infection Prevention and Control (IPC) through safe Water Supply, Sanitation and Hygiene (WASH) in Targeted Frontline Healthcare Facilities and public places.		
6.a Original Start Date:	29/01/2019	**6.b Original End Date:**	28/07/2019
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$ 3,060,000
	b. Total funding received for agency's sector response to current emergency:	US$ 4,541,030
	c. Amount received from CERF:	US$ 528,792
	d. Total CERF funds forwarded to implementing partners	**US$ 213,627**
	of which to:	
	Government Partners	US$ 0
	International NGOs	US$ 173,627
	National NGOs	US$ 40,000
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

Through CERF Rapid Response funding, UNICEF and partners provided essential WASH and Infection Prevention and Control (IPC) services to 57 prioritised frontline health facilities, with each receiving at least three of the following IPC WASH packages: setting up Ebola virus disease (EVD) isolation areas; rehabilitation and repairs of water points and hygiene and sanitation facilities; installation of hand washing facilities and waste management systems; and preposition and distribution of personal protective equipment (PPE) and IPC supplies. More than 200 health care workers from the 57 health facilities were trained on basic IPC measures and a network of community mobilisers was established and trained to promote and create awareness on good personal hygiene and EVD prevention. UNICEF and partners installed hand washing units, distributed soap and conducted integrated hygiene promotion and Ebola awareness activities in 62 public places (40 schools, 10 markets and 12 churches/mosques) in all targeted EVD high risk states. Mass awareness was also accomplished using radio and sensitization sessions conducted in schools and other public institutions. Mentorship and supervision continues to be implemented beyond project end in all targeted health facilities to sustain and gradually enhance IPC WASH standards.

Between January and July 2019, this project reached more than 170,000 people (32,300 men, 42,500 women, 39,100 boys, and 56,100 girls) across Yei, Juba, Nimule, Yambio, and Wau. Overall, this support has helped to prepare South Sudan for an Ebola outbreak through expanded WASH infrastructure and improved infection prevention knowledge and practices among border communities in high risk states.

3. Changes and Amendments

All project activities were reached; however, using project funding, UNICEF was able to reach more health facilities and conduct sensitization and supply distribution in more public spaces than expected.

The project was able to reach seven more health facilities than planned with IPC supplies and staff trained on the IPC measures. A standardized calculation was used to determine the cost per health facility but upon review of the unique needs of each facility, it was determined that some facilities required fewer staff trained/supplies than budgeted. Thanks to these savings, the budget allowed for more IPC supplies to be procured and additional staff from priority health facilities to be trained on IPC measures. There were 7 private health facilities in the project areas with high caseloads, and these private facilities were supported with training on IPC WASH and supplies provided to strengthen EVD preparedness.

In regard to the public spaces reached, at the time of project implementation, it was assumed that some locations would not be accessible throughout project activities (for example, Yei state, with its active militia groups). As part of the broader peace process, increased access was negotiated, and UNICEF and community mobilizers were able to reach significantly more schools and markets than anticipated.

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	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	25,650	44,550	31,050	33,750	**135,000**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	N/A	N/A	N/A	N/A	**N/A**

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	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	32,300	42,500	39,100	56,100	**170,000**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	N/A	N/A	N/A	N/A	**N/A**

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 project reached more than 170,000 people compared to the initial target of 135,000. Based on the increased number of health facilities supported and public spaces reached through this project, UNICEF was able to reach an increased number of beneficiaries with IPC WASH supplies, training, awareness and sensitisation on hygiene promotion and EVD messaging than originally expected.

5. CERF Result Framework

Project Objective	To contribute towards minimizing EVD transmission at selected health facilities and public places through IPC and WASH support.

Output 1	Improved WASH IPC capacity in targeted frontline health facilities			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Number of health facilities with trained staff on IPC measures	50	57	Assessment reports training database and attendance sheets, field monitoring report, monthly reports, joint supportive supervision reports
Indicator 1.2	Number of targeted health facilities receiving WASH IPC supplies	50	57	Assessment reports, training database, field monitoring report, monthly reports, joint supportive supervision reports
Indicator 1.3	Number of health facilities with EVD screening area established according to IPC standards	50	57	Assessment reports, Training database, field monitoring report, monthly reports,joint supportive supervision reports
Explanation of output and indicators variance:		Indicator 1.1 – 1.3 – The project was able to reach seven more health facilities than planned with IPC supplies and staff trained on the IPC measures, as a standardized calculation was used to determine the cost per health facility but upon review of the unique needs of each health facility it was determined that it was possible to reach more than originally expected.		

Activities	**Description**	**Implemented by**
Activity 1.1	Rapid assessment, stakeholder consultation, prioritisation and developing WASH IPC scope of works for each targeted health facilities and public places	UNICEF and Oxfam in Wau; World Vision in Yambio; South Sudanese Development Organisation (SSDO) in Yei; and Solidarities International in Nimule and Juba
Activity 1.2	Facilitate training frontline health facility staff; and distribute SOP materials to health care workers	UNICEF and Oxfam in Wau, World Vision in Yambio, SSDO in Yei, and Solidarities International in Nimule and Juba
Activity 1.3	Procurement of WASH IPC materials to targeted facilities	UNICEF and Oxfam in Wau, World Vision in Yambio, SSDO in Yei, and Solidarities International in Nimule and Juba
Activity 1.4	Distribution of WASH IPC supplies to targeted location	UNICEF and Oxfam in Wau, World Vision in Yambio, SSDO in Yei, and Solidarities International in Nimule and Juba
Activity 1.5	Construct temporary isolation (holding) structures at each health facility where currently unavailable or inadequate, adhering to national IPC standards	UNICEF and Oxfam in Wau, World Vision in Yambio, SSDO in Yei, and Solidarities International in Nimule and Juba
Activity 1.6	Repair and rehabilitation of water supply systems and latrines	UNICEF and Oxfam in Wau, World Vision in Yambio, SSDO in Yei, and Solidarities International in Nimule and Juba

Output 2	Target population in strategic public spaces (schools, markets, churches) sensitized on EVD preparedness.			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	Number of targeted public places where EVD sensitization is conducted.	40 (20 schools, 10 markets and 10 churches)	62 public places (40 schools, 10 markets and 12 churches/mosques	Assessment and field monitoring reports, focus group discussion attendance sheets and photos
Indicator 2.2	Number of target population in strategic public places reached through EVD sensitization	135,000	170,000	Assessment and field monitoring reports, focus group discussion attendance sheets and photos
Explanation of output and indicators variance:		Indicator 2.2 - The project reached more schools, churches and market places due to improved access in at risk locations and working with networks of community hygiene promoters and health care workers allowed for wider coverage and addressing the critical IPC WASH needs.		

Activities	**Description**	**Implemented by**
Activity 2.1	Facilitate appointment, training of IPC focal points	UNICEF and Oxfam in Wau; World Vision in Yambio; SSDO in Yei; and Solidarities International in Nimule and Juba.
Activity 2.2	Procurement of hand washing facilities, soaps and chlorine	UNICEF procured supplies. Oxfam in Wau; World Vision in Yambio; SSDO in Yei; and Solidarities International in Nimule and Juba distributed and monitored utilisation, storage and need for replenishments.
Activity 2.3	Distribution of hand washing facilities, soaps and chlorine to public places to promote hand hygiene	UNICEF and Oxfam in Wau; World Vision in Yambio; SSDO in Yei; and Solidarities International in Nimule and Juba.
Activity 2.4	Conduct EVD sensitization in targeted public places	UNICEF and Oxfam in Wau; World Vision in Yambio; SSDO in Yei; and Solidarities International in Nimule and Juba.
Activity 2.5	Conduct field monitoring and support supervision to all targeted facilities	UNICEF and Oxfam in Wau; World Vision in Yambio; SSDO in Yei; and Solidarities International in Nimule and Juba. State Task Force, MoH and other partners during joint supportive supervision.

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?

UNICEF, through its implementing partners in the project areas, held consultative meetings with community representatives to inform and update community representatives on the planned project activities. Focused group discussions were held weekly with beneficiaries and a mini KAP survey was conducted during the implementation of the project to receive community feedback.

Regarding project design, the target population was actively involved in the assessment and selection of targeted health facilities, schools, churches and market places. During implementation, the community members in the catchment areas of the target health facilities were involved as mobilizers and sensitized the community on safe access to health care services and improved basic health and hygiene practices. This included delivering information at the point of access of the health facility, conducting person-to-person engagement,

campaigns and road shows in the targeted areas. The key messages, communication products and interventions disseminated and implemented by UNICEF and partners considered and incorporated issues of age, gender and equity. Furthermore, EVD awareness and WASH interventions were carried out in schools using targeted communication materials including banners, poster and flyers.
Feedback received through the focus group discussions was used to help monitor project implementation and to provide input for project reporting. For example, in collective decision making by health facility or school staff, women and girls were encouraged to participate and based on the provided feedback, it was ensured that separate latrines are provided for women that are placed a minimum distance away from men's facilities and that water sources are easily accessible and placed in locations that minimize the possibility of gender-based violence. As part of UNICEF's commitment to women and children, data on implementation of activities disaggregated by gender and age was collected.

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?

UNICEF and partners use existing local mechanisms to engage all parts of a community in the response. As a first step, project activities and consultations with local authorities and governance structures were used to engage with and consult community members. To ensure the needs, voices, and leadership of other groups were included, the meetings with local authorities were supplemented with meetings with the community leaders, including local chiefs, religious leaders, youth and women leaders, and school children. A total of 135 community meetings were held throughout project implementation period. This helped to ensure that the needs of the most vulnerable and marginalized are included in project activities. UNICEF also makes an effort to ensure that during the training and other staff capacity building exercises, participation of women is sought as much possible.

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?

Affected people were provided with relevant information about the organisation, its principles and expectations for staff behaviour, and project activities through, first, engaging community and religious leaders through community meetings; second, sharing information with the community through radio and household visits; and third, using social mobilizers to engage the affected populations, receive their feedback (including rumours) and clarify expectations and activities. Local languages were also used in translating the messages for better dissemination and understanding.

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 ☐

An existing hotline number for Ebola 6666 currently exists and is in use. Some questions received through the hotline included: Why are health workers the only ones getting the Ebola vaccine? Why is there no treatment for Ebola? Was Ebola created to depopulate Africa? And why is Ebola in Africa only? Implementing partners who are part of the surveillance and risk communications groups have access to information as it is shared in national task force meetings. The key measures taken to address complaints received was to carry out a joint assessment of the concerns of the communities whose livestock were dying from strange diseases within Yambio County. UNICEF direct project feedback was also received by staff/partners. When it was received, the feedback was referred to the relevant specific section within UNICEF or in the partner organization, and their response to the feedback was taken back to the community through the social mobilizers

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 ☐

There are two phone numbers which are used for addressing complaints in English and Arabic to the trained PSEA focal points who then address the issues on a case by case basis. There were no reported cases of SEA related complaints, though the WASH team sensitized all the target beneficiaries on the reporting mechanism and referral pathways.

Any other comments (optional):
N/A

7. Cash Transfer Programming

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

Planned	Achieved
No	No

7.b Please specify below the parameters of the CTP modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CTP Modality	Value of cash (US$)	a. Objective	b. Cluster/Sector	c. Conditionality	d. Restriction
Non	US$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.

Supplementary information (optional):
N/A

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

In August 2019, there was been a mid-term review of all the thematic areas in the EVD operational plan, reviewing the proportion of planned activities that were conducted and the attendant gaps. The exercise evaluated EVD preparedness activities, of which CERF funded activities were part. In addition to the review, a full-scale simulation exercise was conducted in August 2019 to assess and evaluate the operational readiness of EVD preparedness activities in South Sudan. While a table-top exercise was carried out in July 2019 to assess the operational readiness of the National Task Force's technical working groups, the full-scale simulation exercise and the mid-term review evaluated all the EVD preparedness activities in South Sudan. UNICEF's risk communication and WASH activities were evaluated, with the main findings that infrastructure installed was appropriate and adequate for Ebola response needs, and functional communication channels were established between partners and the community through sustained risk communication and community engagement efforts. However, further scaling up and continuous training of community mobilizers is necessary to ensure messaging occurs at time of case detection and support community surveillance and feedback efforts.	EVALUATION CARRIED OUT ☒ EVALUATION PENDING ☐ NO EVALUATION PLANNED ☐

8.3. Project Report 19-RR-WFP-002 - UNICEF

1. Project Information			
1. Agency:	WFP	**2. Country:**	South Sudan
3. Cluster/Sector:	Common Support Services - Common Logistics	**4. Project Code (CERF):**	19-RR-WFP-002
5. Project Title:	Dedicated UNHAS air support for the Ebola Virus Disease readiness in South Sudan		
6.a Original Start Date:	30/01/2019	**6.b Original End Date:**	29/07/2019
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$ 465,782
	b. Total funding received for agency's sector response to current emergency:	US$ 568,153
	c. Amount received from CERF:	US$ 119,493
	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

Thanks to this CERF RR grant, WFP, through the UN Humanitarian Air Service (UNHAS), contracted a dedicated small fixed wing plane and supported Ebola Virus Disease (EVD) preparedness activities by facilitating regular flights transporting personnel and supplies to the main state level coordination hubs and other priority locations with limited access by road (Maridi, Nimule, Tambura, Yambio, and Yei).

The funding covered the costs for a total time-period of 12 weeks (3 March – 25 May 2019) during which 60 rotations of the aircraft transported 187 passengers and 567 kilograms of cargo (e.g. vaccines, vaccine storage devices, awareness posters etc.). The staff transported were mainly members of the EVD National Task Force and humanitarian agencies involved in EVD preparedness efforts (CORDAID, IOM, MEDAIR, UNICEF, UN-OCHA, WHO, etc). The aircraft also transported a collection of 7 suspect samples and transferred these to Juba for testing for the early detection of a potential outbreak.

Overall, this project ensured continuous progress and monitoring of EVD activities while avoiding disruption to the normal flight schedule designed for the wider emergency response. The transport service was essential for the response as it filled existing coordination gaps and logistical bottlenecks in personnel and supply movement and delivery that existed at state level.

3. Changes and Amendments

Over the reporting period, the total amount of state level coordination missions completed was 60, rather than the target of 8. This figure equals to the total amount of rotations (60) completed during the reporting period. It should be noted that the project budget was designed to acquire the aircraft itself rather than budgeted per mission. The overachievement in the number of missions is not a direct consequence of the funding; rather, the figure indicates a high level of demand to support coordination at the state level hubs as the achieved amount

of missions is more than three times higher compared to the original target figure. The provision of this aircraft provided a means for regular missions in support of improving the coordination between the National and State level coordination working groups.

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

Cluster/Sector	Common Support Services - Common Logistics				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	0	0	0	0	**0**
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	Common Support Services - Common Logistics				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	0	0	0	0	**0**
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:	Please note that the above sections (4.a & 4.b) do not apply to this project. This project has supported the transport of 187 passengers using UNHAS flights. Passengers are members of the humanitarian community and cannot be categorised in the above tables.

5. CERF Result Framework

Project Objective	Provide logistical support to State Level coordination units with multiple interagency missions from the national EVD coordination task force.

Output 1	Field coordination hubs in the key EVD priority locations supported			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Number of missions to state level coordination hubs	8	60	Electronic Flight Management Application (Takeflite)
Explanation of output and indicators variance:		Indicator 1.1 – The overachievement in this indicator is due to the high level of demand to support coordination at the state level hubs.		
Activities	**Description**		**Implemented by**	
Activity 1.1	Facilitate planning and coordination of flights to scheduled field hubs.		National Task Force & EVD Logistics Technical Working Group as coordination bodies (WHO, UNICEF, WFP and Ministry of Health)	

Output 2	EVD sample transfer supported			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	Percentage of samples requested for transfer by UNHAS from the field to Juba completed	100%	100%	Electronic Flight Management Application (Takeflite)
Indicator 2.2	Time taken to deploy aircraft and return to Juba when request is initiated	24 hours	24 hours	Electronic Flight Management Application (Takeflite)
Explanation of output and indicators variance:		Indicators achieved as planned. The provision of a dedicated EVD aircraft ensured the transfer of any suspect EVD sample from the origin to Juba for further testing. This dedicated aircraft was critical to assure the samples transfer were completed in a timely manner (within 24 hours as per the SOP). A quick test turnaround time is critical for the early detection of a potential outbreak.		
Activities	**Description**		**Implemented by**	
Activity 2.1	Collection of samples from the field for further testing		WFP, 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?

UNHAS does not work directly with community members benefiting from the overall CERF allocation as transportation services are provided specifically to humanitarian organizations and staff. As such, there is nothing specifically to report on involvement of crisis-affected people involved in the design, implementation, and monitoring of the project. However, EVD flight schedules were designed based on input received by the EVD National Task Force and requests submitted to WFP, ensuring that implemented activities were based on and responded to feedback from EVD partners.

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?

UNHAS does not work directly with community members benefiting from the overall CERF allocation as transportation services are provided specifically to humanitarian organizations and staff. As such, there is nothing specifically to report on use of existing local/national consultation mechanisms.

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? UNHAS does not work directly with community members benefiting from the overall CERF allocation as transportation services are provided specifically to humanitarian organizations and staff. However, UNHAS communicates project activities, especially flight schedules, to partners through the National Task Force.
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 complaint mechanism used for EVD flight remain the same as for any UNHAS passenger flight services across all operations, via email sent to the UNHAS customer service office. No complaints were received from EVD passenger flights during the reporting period.
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 ☒ For this project, staff members were requested to use WFP's existing mechanisms for any reporting and handling of Sexual Exploitation and Abuse (SEA) related complaints.
Any other comments (optional): N/A

7. Cash Transfer Programming

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

Planned	Achieved
No	No

7.b Please specify below the parameters of the CTP modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CTP Modality	Value of cash (US$)	a. Objective	b. Cluster/Sector	c. Conditionality	d. Restriction
Non	US$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.

Supplementary information (optional):
N/A

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

No evaluation was planned as part of this project nor were WFP's activities evaluated as part of the simulation exercises, as they had ended by the time of the evaluation exercises.	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

8.4 Project Report 19-RR-WHO-003 – WHO

1. Project Information			
1. Agency:	WHO	**2. Country:**	South Sudan
3. Cluster/Sector:	Health - Health	**4. Project Code (CERF):**	19-RR-WHO-003
5. Project Title:	Strengthening coordination, surveillance, laboratory capacity and case management for prevention, detection and response to a threat of EVD outbreak in South Sudan		
6.a Original Start Date:	10/01/2019	**6.b Original End Date:**	09/07/2019
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$ 5,493,040
	b. Total funding received for agency's sector response to current emergency:	US$ 6,410,606
	c. Amount received from CERF:	US$ 1,016,882
	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

WHO, through this CERF Rapid Response grant, was able to recruit a deputy for National Task Force (NTF) Secretariat P3 for 6 months to support coordination; recruited 4 national Public Health Officers (PHO) to coordinate Tambura, Maridi, Torit and Kajo-Keji; trained 6 State Task Force (STF) leads on coordination and supervision of Ebola Virus Disease (EVD) activities; trained 60 community volunteers on community surveillance; trained 550 frontline healthcare workers (HCW) on EVD case detection, reporting and investigation; trained 7 rapid response teams (RRT) teams, comprised of 70 people, on EVD investigation; rented 3 vehicles for Yambio and Nimule to investigate EVD alerts; trained 10 people for 7 days on GeneXpert laboratory analysis; trained 550 frontline HCW on management of suspected EVD cases; conducted 3 monitoring and supervision missions of HCW in Nimule, Yambio and Yei; procured 15 kits of viral haemorrhagic fever personal protective equipment (VHF PPEs); and distributed the 15 kits to Juba, Maridi, Nimule, Tambura, Yambio, and Yei.

The project assisted a total of 227,140 people and enabled South Sudan to prepare for likely outbreak of EVD between January and July 2019 across Kajo Keji, Juba, Yei, Magwi, Torit, Ezo, Maridi, Nagero, Nzara, Tambura, and Yambio. This was achieved at the peak of EVD transmission in Democratic Republic of Congo.

3. Changes and Amendments

All project activities except the prepositioning of GeneXpert machines and supplies across three states (Nimule, Yambio, and Yei) was completed during project timelines. While local capacity assessments were completed in Nimule, Yambio, and Yei hospitals; laboratory conditions, bio-security, and environmental and other services (waste management, water, cold chain, electricity) were determined to be not yet suitable for the deployment, installation, and safe use of the machines in the three states.

The inability to preposition the GeneXpert machines in the states did not result in any unspent project funds, as there was no budget associated within the project for this activity. The machines were procured and expected to be transported through other funding sources. As soon as lab conditions are sufficient and final confirmation from the Ministry of Health on their deployment has been received, the GeneXpert machines will be moved to their state locations and the trained laboratory personnel will use the machines to conduct the tests with support from the flying WHO lab staff and other technical partners. This is anticipated to take place by mid-January 2020.

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	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	58,978	50,250	52,301	56,665	**218,194**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	N/A	N/A	N/A	N/A	**N/A**

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	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	61,396	52,310	54,445	58,987	**227,140**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	N/A	N/A	N/A	N/A	**N/A**

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:	Community health workers, volunteers, and community members in the target areas have directly benefitted from project activities, with the increase in those reached related to population movement in and out of the affected areas.

5. CERF Result Framework

Project Objective	To ensure that national and sub-national partners support government preparedness and response activities through effective coordination, enhanced surveillance, improved lab capacity; and management of suspected EVD cases.

Output 1	EVD preparedness and response supported by national and sub national partners strengthened			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Number of Public Health Officers (PHOs) recruited to support EVD Coordination activities in Tambura, Maridi, Torit and Kajo-keji	4	4	Weekly reports ToRs
Indicator 1.2	Number of state task force (STF) leads trained on coordination, supervision of EVD activities	6	6	Training report Participants' list, Attendance lists
Explanation of output and indicators variance:		Indicators achieved as planned.		

Activities	**Description**	**Implemented by**
Activity 1.1	Recruit a deputy for NTF Secretariat P3 for 6 Months to support coordination	WHO
Activity 1.2	Recruit four national PHOs to coordinate Tambura, Maridi, Torit and Kajo-keji	WHO
Activity 1.3	Training of 6 state task force (STF) leads on coordination, supervision of EVD activities (Transport and DSA for 3 days)	WHO, MoH

Output 2	EVD surveillance by frontline health facilities in priority states for early case detection and notification strengthened.			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	Number of Community Volunteers trained on community surveillance	60	60	Training report Participants' list, Attendance lists
Indicator 2.2	Number of frontline health workers trained on EVD case detection, reporting and investigation in health care facilities of 3 high risk states	550	550	Training report Participants' list, Attendance lists
Explanation of output and indicators variance:		Indicators achieved as planned.		

Activities	**Description**	**Implemented by**
Activity 2.1	Training of 60 Community Volunteers for 1 day on community surveillance	WHO, MoH
Activity 2.2	Training of 550 Frontline health workers on EVD case detection, reporting and investigation in health care facilities of 3 high risk states	WHO, MoH
Activity 2.3	Training of additional 7 RRT teams of 10 members each on EVD investigation in Counties which do not have trained teams	WHO, MoH
Activity 2.4	Rent 3 vehicles for investigating EVD alerts by RRT for 6 months in the 3 high risk states	WHO, MoH

Output 3	Laboratory surge capacity for Ebola Zaire diagnosis in Yei, Yambio and Nimule			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 3.1	Number of staff trained on GeneXpert	10	10	Training report, Participants' list, Attendance lists
Indicator 3.2	Number of States with GeneXpert machines and supplies prepositioned	3	0	Delivery notes, Monthly warehouse dispatch logs Waybills

Explanation of output and indicators variance:	Indicator 3.2 - Prepositioning the GeneXpert machines across the three states was not taken due to insufficient laboratory conditions at the selected locations for the machines.

Activities	Description	Implemented by
Activity 3.1	GeneXpert training at National level for 15 people for 7 days	WHO, MoH, CDC

Output 4	IPC/ Case Management Training			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 4.1	Number of frontline health workers trained on management of suspected EVD case	550	550	Training report Participants' list, Attendance lists
Indicator 4.2	Number of temporary holding sites with basic supplies (hand sanitizers, Liquid soaps, gloves, waste buckets, hand washing stations, spray pumps)) prepositioned	10	10	Delivery notes Monthly warehouse dispatch logs Waybills
Explanation of output and indicators variance:		Indicators achieved as planned.		

Activities	Description	Implemented by
Activity 4.1	Training of 550 Frontline health workers on management of suspected EVD case (isolation, infection prevention and other safety measures until transferred to standard isolation units) to established isolation and treatment units	WHO, MoH
Activity 4.2	Conduct quarterly supportive monitoring and supervision of frontline HCWs for adherence to standard IPC practices in 10 isolations facilities	WHO, MoH
Activity 4.3	Procure 15 kits VHF PPEs	WHO, MoH
Activity 4.4	Distribution of 15 kits VHF PPEs	WHO, WFP

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?

Overall, WHO engaged the MoH at national and state levels (national and state-level health ministers, county health directors, etc.) and the communities for participation and ownership of the program.
Stakeholder workshops were organized in the identified locations for the design and implementation of the preparedness activities. WHO provided all the necessary project information to the state MoH to mobilize the communities for implementation of the activities. Using these means, WHO also provided information to and directly consulted the following groups: community-based organizations, opinion leaders, community leaders, women groups, religious leaders, and youth. These groups formed the medium through which communities expressed their concerns and views about the project and provided regular feedback to WHO.

During implementation, WHO maintained contact and interacted with the affected communities through three focus group discussions (one every two months) with women, men, and youth on issues concerning their health and involvement in the implementation of the activities. Local community members were recruited to participate in the humanitarian response as a measure of sustainable and accountable community engagement appropriate for adopting need-based preparedness activities. For instance, 60 community volunteers, who were well known in the communities, and frontline health workers were recruited through the state MoH to support community-based surveillance and to receive feedback from community members on project activities.

Community and religious leaders, women and youth groups formed part of the monitoring and supervisory teams that visited the states to reinforce the coordination of EVD preparedness activities at the state levels. This feedback mechanism and project performance reporting helped to guide and fine-tune the project to enhance positive beneficiary experience.

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 state and community structures were used to engage the communities for participation and ownership of the projects. In the states, the County Health Departments (CHD), community-based organization, opinion and religious leaders, community leaders, women groups, and youth played vital roles in detailing the needs of everybody including women and marginalized groups. Selected members of Community Health Workers in the Counties and Payams and Boma Health Initiatives in the Boma were involved in the planning of the activities to ensure that the needs of everybody and groups were represented and addressed.

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?

WHO provided information about the project to the state MoH, CHD, community-based organizations, opinion leaders, community leaders, women groups, religious leaders, and youth through the above-detailed methods. The specific information that were provided to these stakeholders include a reiteration of WHO's mandate with an emphasis on technical support to countries in the implementation of activities, the involvement of WHO state hub offices and their expected relationship with the community members, and the chronology of all the planned activities and the respective timelines as earlier agreed with the stakeholders. The stakeholders were encouraged to provide feedback on any concerns and challenges to WHO for redress.

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 complaint mechanism outlined above under "Participation and Partnership" was directed through the existing community structures including community-based organizations, opinion leaders, community leaders, women groups, religious leaders, and youth. They were encouraged to channel all complaints to WHO for action, mostly during supportive supervisory visits at health facility and community level. Complaints and lessons learned were documented during discussion sessions with community members and health workers. WHO, in collaboration with state MoH and CHD organized a discussion session with all the community-based groups. For instance, the youth group complained about the non-inclusion of their members in the selection processes for the members of community volunteers. The issue was resolved amicably.

Community radio programs were also provided as part of the community awareness and sensitization activities. During these sessions, community members are given the opportunity to call and participate in the discussion. Misconceptions and complaints are address by panel of experts from the Ministry of Health, WHO and other stakeholders.

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 ☒

There was no specific mechanism set-up for reporting and addressing sexual exploitation and abuse, (SEA). The above mechanism for reporting complaints was also used to address SEA. However, there was no reported incident of SEA during the life cycle of the project.

Any other comments (optional):
N/A

7. Cash Transfer Programming

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

Planned	Achieved
No	No

7.b Please specify below the parameters of the CTP modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CTP Modality	Value of cash (US$)	a. Objective	b. Cluster/Sector	c. Conditionality	d. Restriction
Non	US$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.

Supplementary information (optional):
N/A

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

In August 2019, there was been a mid-term review of all the thematic areas in the EVD operational plan, reviewing the proportion of planned activities that were conducted and the attendant gaps. The exercise evaluated EVD preparedness activities, of which CERF funded activities were part.

In addition to the review, a full-scale simulation exercise was conducted in August 2019 to assess and evaluate the operational readiness of EVD preparedness activities in South Sudan. While a table-top exercise was carried out in July 2019 to assess the operational readiness of the National Task Force's technical working groups, the full-scale simulation exercise and the mid-term review evaluated all the EVD preparedness activities in South Sudan.

The findings of these exercises noted gaps in coordination and communication components of EVD preparedness. The rapid response teams were found to have challenges with the identification of contacts, patient monitoring, rapid deployment of teams, effective communication between team members, crowd control and psychosocial support. Other documented challenges include inadequate linkages between the states' and national task force, and limited communication between technical working groups at the national and state levels.

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-CEF-005	Water, Sanitation and Hygiene	UNICEF	INGO	$35,000
19-RR-CEF-005	Water, Sanitation and Hygiene	UNICEF	INGO	$69,320
19-RR-CEF-005	Water, Sanitation and Hygiene	UNICEF	INGO	$69,307
19-RR-CEF-005	Water, Sanitation and Hygiene	UNICEF	NNGO	$40,000

ANNEX 2: Success Stories

Religious leaders unite to raise awareness - Prevention of Ebola in Yei – (link)
By Richard Ruati

Dahia Kazimiro Adukaga, an Imam at Yei's Main Mosque and Reverend Pastor William Enoka Tikimo of the South Sudan Episcopal Church who live in Yei town, are not new to the Ebola Virus Disease (EVD). Dahia was in Yei town, when EVD outbreak was confirmed in Maridi town in 1976 and in 2004, another outbreak of EVD occurred while Rev William was in Yambio town.

Since the outbreak of Ebola in the Democratic of Congo (DRC), and subsequently in Uganda, UNICEF South Sudan is highly engaged in prevention activities in the country. An outbreak of Ebola would be devastating for the world's youngest country, hitting the most vulnerable the hardest – namely children.

Recalling the fear and stigma that affected the social cohesion of the community during the previous EVD outbreaks; the two religious leaders are united in rallying their congregation to uphold behaviour changes that will prevent the spread of the Ebola should it arrive in Yei town.

Dahia fears what happened in Maridi during the outbreak in the 1970s could happen in Yei too. "Roads were closed for three months, and sticks were used to push corpses into the graves, against the cultural practices. The community regarded the Ebola virus as an enemy." Handwashing is not enough for Dahia, he cautions the public to avoid communal gatherings that could flare the spread Ebola if an outbreak happens in Yei. Dahia stresses that a lack of enough awareness on what causes the spread of Ebola is a problem in the community. "Society does not know that processing and consuming bush meat can lead to the spread of the virus."

In Yei, awareness campaigns from Christian and Muslim religious groups form discussions on the facts surrounding the Ebola virus: how the virus is transmitted, and appropriate health measures to identify and reduce the potential spread of the disease. Yei is located in the southern part of South Sudan to the border of the Democratic Republic of Congo (DRC); it is considered one of the high-risk areas for Ebola importation from DRC. Although there are no currently reported cases of Ebola in South Sudan, it is still a major public health concern given the outbreak in neighboring Democratic Republic of Congo and Uganda. As part of the Ebola preparedness response, UNICEF has been equipping health clinics with isolation rooms to quarantine suspected cases of Ebola, as well as installing handwashing stations with soap in clinics, markets, and schools throughout the community.

In Yei town, Reverend Enoka believes, "Faith-based groups heighten awareness raising and promote behaviour changes in society, churches, mosques and funerals. The platforms can bring out the facts about the disease; promote solidarity, compassion, and humanity; and help mobilise resources and as well help create safer environments."

The overarching concern by all faith-based leaders is to prevent the social fabric breakdown, which occurred during the Yambio outbreak in 2004. "We were staying in our houses. We could not go to church and worship together as Christians," said Reverend Enoka. "Church members are fearful of contracting the virus. Many are keenly listening and following prevention messages on radio stations and during the Sunday mass."

Religious leaders have appealed to humanitarian actors to increase information and education about hygiene and healthy behaviours and, with a unified voice. In case the virus is found in Yei, "People will pray from their houses, and God will answer those prayers. We are trusting in God, but we should not tempt him," stressed pastor Enoka.

UNICEF is an active partner in the Ebola National Task Force and the several Technical Working Groups and works in close collaboration with the Government of South Sudan, the UN partners and international and local non-governmental organisations. As part of UNICEF's broader Ebola response, these activities were supported in part through the Central Emergency Relief Fund through a project titled "Improving Infection Prevention and Control through Safe Water Supply, Sanitation and Hygiene in Targeted Frontline Healthcare Facilities and Public Places" (January-July 2019) and were implemented in coordination with, among others, OXFAM, World Vision, Solidarities International, and the South Sudanese Development Organization.

School Health Club supporting EVD Preparedness in Yei
By: Mary Alai

Yei Junior Nursery and Primary school is located 3 kilometers from Yei town, along Juba road. Mr Obama Pope, the Head teacher, states that when Ebola broke out in the Democratic Republic of Congo (DRC), the school was facing a lot of challenges regarding hygiene. The school lacked handwashing stations and soap for handwashing, and poor hygiene practices by students led to frequent cases of diarrheal infections.

Ebola was first detected in DRC in August 2018, with active cases confirmed near the border crossings to South Sudan. Since then, humanitarian workers have been racing to scale up the country's systems and structures to identify and respond to an Ebola outbreak. A country without a functional health system in place and with high numbers of people travelling between DRC and South Sudan every day, South Sudan was named as the top priority country in need of Ebola prevention support.

As part of IOM's efforts to improve South Sudan's ability to detect and respond to an outbreak of Ebola, IOM has set up screening sites at border crossings with the Democratic Republic of the Congo to check incoming passengers for symptoms of Ebola. Proper hygiene is essential for reducing the spread of disease and infection rates, so IOM staff have also worked to install handwashing stations, latrines, and waste disposal systems at health centres and border crossing sites. IOM has also hired a small number of health and hygiene promoters to raise awareness on Ebola and proper hygiene at the border crossings.

Yei is short drive away from the border crossing with DRC. At Yei Junior Nursery and Primary School, IOM conducted an assessment and suggested the establishment of a school health club in the spring of 2019 for the children and the community to have a way to learn about Ebola and proper hygiene. A total of 12 students, two science teachers, and one parent from the Parents Teacher Association were selected as ambassadors for the club, with Mr. Pope volunteering as the leader. Students and teachers conducted sessions in the school and in their communities, teaching people how to properly wash their hands; how to maintain proper hygiene; what is Ebola and how to recognize it; what steps can be taken to keep yourself safe.

Today, as the risk of Ebola moving to South Sudan is still high, the school club members are vigilantly continuing to educate their peers and communities on Ebola prevention and health and hygiene. Students and teachers are practicing safe and clean handwashing, cases of diarrhea have reduced, and the school club follows a regular work plan, with support provided on occasion to the students by IOM-funded health and hygiene promoters during assemblies or break times.

Mr Pope expressed his gratitude to IOM and stated that he would ensure that all his family members understand the importance of good hygiene and how to recognize the symptoms of Ebola. For him, he hopes that this education and awareness would help to protect his community and the children under his care, in effect creating a better tomorrow for everyone.

These activities were funded through the Central Emergency Relief Fund between January and July 2019 and implemented by IOM as part of a project titled, "Screening and Prevention Activities to Support EVD Preparedness in South Sudan".

Improving Coordination on Ebola: The Story of Maridi
Dr. Kibebu Berta, Epidemiologist, World Health Organization

Ebola was first detected in the Democratic Republic of the Congo (DRC) as of August 2018, in the northern provinces of North Kivu and Ituri. With over 3,000 confirmed cases, it is the second-largest Ebola epidemic ever recorded globally, behind the West Africa outbreak of 2014-2016. Directly bordering DRC to the North is South Sudan, the world's newest country. With high levels of people moving through the borders to South Sudan daily, South Sudan was declared to be the country most at risk of a transmitted Ebola outbreak.
While organizations have been flooding into South Sudan to help improve the country's preparedness and response, there has been little coordination between organizations in the border communities. In some locations, activities have been duplicative, fragmented, and disorganized. "When I arrived, there were no activities taking place on the ground," says Dr. Husna Daffalla, a South Sudanese medical doctor. "There was only one organization training health workers, and even their funding was running out. We had so many gaps and needs when I arrived."

Dr. Husna Daffalla is one of four public health officers deployed by the World Health Organization (WHO) to help improve the overall coordination between humanitarian organizations in communities bordering DRC. Previously having worked with disease outbreaks like measles and cholera, she saw the potentially devastating impact Ebola could have and wanted to help ensure that her country was prepared.

Most organizations in South Sudan do not have experience working in Ebola, and in Maridi, 80 km from the border with DRC, that knowledge gap became especially obvious. "I conducted trainings for organizations, for health workers, nurses, midwives; for everyone in the area. Even the local Ministry of Health staff in Maridi. No one knew about Ebola, so the first step was to take time to hold small meetings so everyone understood the issue and could identify the gaps and needs." Over 89 healthcare workers have been trained directly by Dr Daffalla since her arrival in Maridi in May 2019.

Dr. Daffalla introduced regular meetings between humanitarian organizations to improve overall coordination on Ebola activities. Screening for Ebola has been introduced in the health facilities, the local airport, and at border crossings. At one border crossing point, over 337 people are now screened weekly. A rapid response team has been re-trained and is on standby for deployment in Maridi. She also established and currently runs technical working groups on Ebola, including one on how to engage the community.

"Community engagement is important," she notes. "Maridi is a high-risk state for Ebola, and the first Ebola outbreak in the world was detected in Maridi in 1976. We have had four alerts of potential Ebola cases in Maridi so far, and every time there is an alert, the communities are scared as they remember the last outbreak." With community mobilizers now providing information to the communities directly, she says that community members now understand Ebola, its symptoms, and how it transmits.

The work of Dr. Daffalla, and the other public health officers, is crucial. The communities feel safer and in control. The humanitarian community is working together in a coordinated fashion. And there is a system in place to detect and respond to Ebola. "I am confident that Maridi can respond to an outbreak of Ebola if it is detected here. I am the go-to person whenever there is an alert and our workers here have been trained. I am not worried."

These activities were funded through the Central Emergency Relief Fund between January and July 2019 and implemented by WHO as part of a project titled, "Strengthening coordination, surveillance, laboratory capacity and case management for prevention, detection and response to a threat of EVD outbreak in South Sudan". Activities funded across South Sudan included training of health workers and rapid response teams on Ebola case management and surveillance, as well as sensitization in the communities on Ebola and provision of supplies to health facilities and border crossing points.

ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

BHI	Boma Health Initiative
C4D	Change for development
CHD	County Health Department
CHW	Community health worker
EPI	Expanded Programme on Immunization
EVD	Ebola virus disease
FGD	Focus group discussion
FSX	Full-scale simulation exercise
GBV	Gender-based violence
IEC	Information, education, and communication
IOM	International Organization of Migration
IPC	Infection, prevention and control
KAP	Knowledge, attitude, and practices
MoH	Ministry of Health
MTR	Mid-term review
NTF	National Task Force
PHO	Public health officer
PoE	Point of entry
PPE	Personal protective equipment
PRF	Purchase requisition forms
RCSMCE	Risk communication, social mobilization, and community engagement
RRT	Rapid response team
SAG	Strategic Advisory Group
SEA	Sexual exploitation and abuse
SOP	Standard operating procedure
SSRRC	South Sudan Relief and Rehabilitation Commission
STF	State Task Force
TTX	Table-top exercise
TWG	Technical working groups
UNDSS	United Nations Department of Safety and Security
UNHAS	UN Humanitarian Air Service
UNICEF	United Nations International Children's Emergency Fund
VHF	Viral haemorrhagic fever
WASH	Water, sanitation, and hygiene services
WFP	World Food Programme
WHO	World Health Organization