

**RESIDENT/HUMANITARIAN COORDINATOR  
REPORT ON THE USE OF CERF FUNDS  
SOUTH SUDAN  
RAPID RESPONSE  
DISPLACEMENT  
2019**

**19-RR-SSD-34983**

<b>RESIDENT/HUMANITARIAN COORDINATOR</b>	<b>ALAIN NOUDEHOU</b>
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## REPORTING PROCESS AND CONSULTATION SUMMARY

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

5 December 2019

An After-Action Review (AAR) session was held on 5 December 2019. All agencies involved in the allocation were invited and participated, except for UNHCR who did not attend. Relevant clusters also received an invitation, with CCCM and S/NFI clusters participating and WASH cluster providing feedback in written format. All agencies received a written questionnaire in advance of the AAR to help them prepare internally for the session, with responses from the questionnaire forming the basis of the main areas of discussion of the AAR.

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 an overview of the completed report for their review and comment as of the week of the 23 December 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 ☐

A final version of the RC/HC report was shared for review with in-country stakeholders as of 13 December 2019; this includes all participating agencies and relevant cluster coordinators.

## PART I

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

In the light of the revitalized peace process and the continued ceasefire, South Sudan has seen a marked increase in displaced people deciding to return. Thanks to the allocation of USD \$10.9 million from the Central Emergency Relief Fund (CERF), returnees have been provided with support to prevent a worsening of their conditions and to ease their transition and integration in their places of return.

Through the efforts of the Food and Agriculture Organization, the International Organization of Migration, the United Nations Population Fund, the United Nations High Commissioner for Refugees, the United Nations International Children's Emergency Fund, the World Food Programme, the World Health Organization, and their implementing partners, a total of 292,220 people were reached with specialized and general support services. 157,500 internally displaced returnees were provided with a package of targeted support, including food, nutritional support to prevent and treat malnutrition, agricultural tools and supplies, and non-food items such as kitchen pans, sleeping mats, and soap. Medical centres, schools, women's centres, nutrition sites, among others, have also been established or scaled up to address crucial needs, as well as protection, hygiene, and coordination services.

The generous support from the CERF has contributed to improving the conditions in areas of return. With a sustained improvement in the political and security context in the country, more internally displaced people will be returning to a more sustainable lifestyle, away from the displacement sites.

## **1. OVERVIEW**

**TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)**

<b>a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE</b>	<b>40,035,623</b>
<b>FUNDING RECEIVED BY SOURCE</b>	
CERF	10,917,832
COUNTRY-BASED POOLED FUND (if applicable)	0
OTHER (bilateral/multilateral)	2,523,636
<b>b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE</b>	<b>13,441,468</b>

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

<b>Date of official submission: 13/03/2019</b>			
<b>Agency</b>	<b>Project code</b>	<b>Cluster/Sector</b>	<b>Amount</b>
FAO	19-RR-FAO-007	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)	2,102,366
IOM	19-RR-IOM-006	Emergency Shelter and NFI - Shelter and Non-Food Items	1,351,501
IOM	19-RR-IOM-006	Water Sanitation Hygiene - Water, Sanitation and Hygiene	503,500

IOM	19-RR-IOM-006	Camp Coordination / Management - Camp Coordination and Camp Management	397,500
IOM	19-RR-IOM-006	Health - Health	238,500
IOM	19-RR-IOM-006	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)	159,000
UNFPA	19-RR-FPA-011	Protection - Sexual and/or Gender-Based Violence	652,552
UNFPA	19-RR-FPA-011	Health - Health	241,355
UNHCR	19-RR-HCR-005	Emergency Shelter and NFI - Shelter and Non-Food Items	658,016
UNHCR	19-RR-HCR-005	Protection - Protection	546,014
UNHCR	19-RR-HCR-005	Camp Coordination / Management - Camp Coordination and Camp Management	196,005
UNICEF	19-RR-CEF-025	Education - Education	455,081
UNICEF	19-RR-CEF-025	Nutrition - Nutrition	377,384
UNICEF	19-RR-CEF-025	Protection - Child Protection	277,489
WFP	19-RR-WFP-018	Food Security - Food Assistance	1,991,420
WFP	19-RR-WFP-018	Nutrition - Nutrition	271,557
WHO	19-RR-WHO-015	Health - Health	498,592
<b>TOTAL</b>			<b>10,917,832</b>

<b>TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)</b>	
<b>Total funds implemented directly by UN agencies including procurement of relief goods</b>	<b>8,872,207</b>
Funds transferred to Government partners*	0
Funds transferred to International NGOs partners*	1,001,107
Funds transferred to National NGOs partners*	1,044,518
Funds transferred to Red Cross/Red Crescent partners*	0
<b>Total funds transferred to implementing partners (IP)*</b>	<b>2,045,625</b>
<b>TOTAL</b>	<b>10,917,832</b>

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

## 2. HUMANITARIAN CONTEXT AND NEEDS

Since 2013, the newly independent South Sudan has faced years of an internal conflict that has forced almost 4 million people to flee their homes in search of safety, nearly 1.5 million of them within the country and more than 2.2 million outside the country as refugees. While one year has passed since the signing of the Revitalized Agreement on the Resolution of the Conflict in South Sudan (R-ARCSS), the ceasefire still holds. However, intra- and inter-communal violence, combined with small-arms proliferation and weak rule of law, is still evident. Cattle raiding especially is a deeply rooted widespread practice in South Sudan, but one that is increasingly politicized and linked to the broader conflict and insecurity.

The extended instability in South Sudan has eroded the government's ability to provide consistent basic services to its people - for example, every third school in South Sudan has been damaged, destroyed, occupied, or closed since 2013. The conflict,

displacement, and underdevelopment have marginalized women's formal employment opportunities and weakened families' ability to cope with the protracted crisis and sudden shocks, like the death of a wage earner or loss of cattle. The livelihoods of 80 per cent of people was based on agricultural and pastoralist activities. Farmers, who are mostly women and their families were displaced from their fertile lands. About 1.5 million people live in areas facing high levels of access constraints – places where armed hostilities, violence against aid workers and assets, and other access impediments have rendered humanitarian activities severely restricted, or in some cases impossible. Combined with violence against humanitarian personnel and assets, communities' inability to access support risks pushing them deeper into crisis. The cumulative effects of these factors have left more than 7.5 million people, or about two thirds of the population, in dire need of some form of humanitarian assistance and protection.

At the time of proposal submission, the revitalized peace process brought increasing hope for peace. This was accompanied by positive signs of change, such as improved security and community dialogues. dialogue between communities or intra-community and humanitarian actors A general decrease in fighting led to a degree of improved humanitarian access, with movement by road, river and air improving in areas of return.

As a result of these changes, a powerful sentiment to return home has been high on people's minds across Protection of Civilian sites (PoCs), collective centres, and spontaneous settlements across South Sudan. DTM's Intention-Perception Survey from the Wau PoC (11 January 2019) found that 40% of households surveyed intended to leave the PoCs, with 40% of those intending to return declaring that at least one family member had already returned to their intended location of return. Indeed, IOM's Displacement Tracking Mechanism (DTM) reports that South Sudan saw significant and increasing numbers of returnees in the first three months following the signing of R-ARCSS as of September 2018. As of 19 July 2019, at least 534,082 individuals have returned to their place of origin since then (South Sudan Mobility Tracking Round 5), with the number of returnees per month averaging at 96,278 individuals for both refugee and IDP returnees.

IDP returnees, if they choose to return, face significant challenges. As per the Humanitarian Needs Overview for South Sudan (2020):

*“Recent interviews with internally displaced people (IDPs) found that beyond the continued threat of conflict, potential barriers to return included lack of safety, services and livelihood opportunities in areas of return; the destruction or occupation of former homes; and lack of accountability for human rights violations committed during the war, including sexual violence. Intention surveys with refugees found lack of livelihoods; inadequate basic services; lack of political solutions; safety and security; and lack of education opportunities as key reasons for not returning.”*

Over half of returnees live in inadequate housing, such as makeshift shelters or partially damaged housing. Many do not have access to land or property. Nearly 445,000 IDP returnees are in extreme need for support, and within them include other vulnerable groups that may have specific needs including children, women at risk, the elderly, people with disabilities, single-headed household members, and the extremely poor. There is a significant need to help IDP returnees integrate into communities of origin, as in the short to medium term, their presence creates additional pressures on and competition with host communities over food, livelihoods or shelter. Compared to non-displaced populations, their coping mechanisms may also be exhausted, given that many returnees from within South Sudan may have been subjected to protracted or multiple displacements during the conflict.

The 2019 Humanitarian Response Plan for South Sudan's objectives are to save lives by providing timely and integrated multi-sector assistance and services to reduce acute needs among the most vulnerable women, men, girls, and boys; (2) protect vulnerable women, men, girls, and boys through the provision of specialized and integrated services; and (3) support at-risk communities to promote and sustain their resilience to acute shocks and chronic stresses. As part of these objectives and based on the increases in returnee flows experienced following the signing of R-ARCSS, support for IDP returnees was intended to provide immediate and time-sensitive assistance to support safe, dignified and voluntary returns of IDPs before the end of the dry season.

### 3. PRIORITIZATION PROCESS

On 8 February 2019, the Humanitarian Coordinator convened a meeting with Heads of FAO, IOM, UNHCR, UN Women and WFP to discuss opportunities for undertaking time sensitive interventions for populations who would like to return or who have expressed intentions to return before the end of the dry season and ahead of the planting season. The Humanitarian Country Team requested data and analysis from the state-level Solutions Working Groups (SWGs) on the number, location, situation, and needs of returnees across South Sudan, finalized the week of 18 February 2019. The SWGs are inter-agency, inter-sectoral entities comprised of staff from UN agencies, OCHA, UNMISS and other stakeholders.

Two meetings were conducted on 27 February and 4 March 2019, with participation from agency representatives, Cluster Coordinators and members of SWGs, during which the population data was reviewed and CERF project locations were agreed. 10 counties were selected across Jonglei (Ayod, Uror, Akobo, Fangak), Unity (Koch, Leer), Western Bahr el-Ghazal (Raja, Wau) and Western Equatoria (Tambura, Yambio), with a focus on areas that had, at the time, high levels of returnees, or were projected to receive high levels of returnees. Inter-agency rapid needs assessments, humanitarian mission reports, and IOM's displacement tracking matrix and surveys informed this decision-making process, including an assessment completed by UNHCR mid-February 2019 on the intentions of IDPs living in POC sites to return.

On 4 March, the Humanitarian Coordinator reviewed and endorsed the proposed request for CERF funding, after which agencies formulated project proposals. Consultation of proposals during their drafting was agency-specific and agency-driven, with cluster coordinators, implementing partners, and OCHA providing input as needed. UNICEF, for example, consulted their nutrition, education, and child protection implementing partners during the proposal drafting process. UNFPA organized joint meetings with implementing partners, as well as consulted the state-level GBV sub-cluster for information on service mapping.

Proposals were aligned between agencies and across sectors to ensure a coordinated and coherent multi-sectoral approach and best overall use of the funding to be provided. The overarching design of the response was community-based, with assistance provided to those in greatest need and most vulnerable, including women and girls, children, persons with disability, and those with other protection needs. Upholding the principles of safe, dignified and voluntary nature of return was paramount, as was avoiding harm through potential exposure to increased risks to lives and wellbeing. Criteria for potential interventions considered included what activities would be targeted (agriculture), timeliness (the start of the rainy season), type of aid (immediate), beneficiary target (IDP returnees), contextual factors (housing, land, and property issues), and non-duplication with existing resources (from the SSHF). Based on this criteria, main activities targeted focused on the distribution of livelihood kits, rehabilitation of health and education facilities for basic service provision, the establishment of temporary learning spaces, emergency primary health and reproductive health services, disease outbreak prevention and response, distribution of food to vulnerable populations and therapeutic food for severe and acute malnutrition among children under five years old, protection services (strengthened women and girl-friendly spaces and community-based protection structures, including case management services and emergency referrals), return monitoring, distribution of non-food items, and rehabilitation of boreholes and WASH facilities.

Gender and age were mainstreamed throughout project proposals in both design and implementation. In regard to the allocation, activities were included to meet the differentiated needs of women, girls, and boys (child protection, education, nutrition, reproductive health, and gender-based violence, etc). In individual project design and monitoring, beneficiary targets and accountability to affected populations mechanisms across UN agencies ensured the representation of men, women, girls, and boys, as well as persons with specific needs. During project implementation, mainstreaming was dependent on the agency: for example, WASH activities included GBV risk assessments and safety audits, and protection assessments used gender and age to identify population-specific protection risks and to promote meaningful access, safety, and dignity for beneficiaries. Agencies mainstreamed access to services for persons with disabilities through their proposed interventions. IOM and UNHCR also included a component to ensure the needs of persons with disabilities. IOM through its CCCM activities worked with community members to build community self-management capacity in gender and disability inclusive structures through site committees. UNHCR on the other hand supported persons with specific needs through cash grants and distribution of NFIs, which includes persons with disabilities. For FAO, Persons with disabilities are part of FAO's vulnerability criteria.

Regarding complementarity with country-based pooled funds, at the time of proposal submission, the South Sudan Humanitarian Fund (SSHF) had finished an allocation of \$34.5 million. While there was overlap in the locations selected between both allocations, the projects funded were not specifically targeting IDP returnees. Activities therefore were not duplicative with projects funded through the application; in fact, agencies who had received SSHF funding designed their project activities to be complementary to their existing operations.

Health: IOM supported health facilities gave priority line for consultation to people with disability. Crowded controllers and other health facility staffs were required to escort people with disability as they move to the different units within the facility (to lab, to dispensary, etc)

WASH: IOM has worked closely with community leaders and Community hygiene promoters to identify and register the PwD (mobility, visual impairment) for WASH NFI distribution. To mitigate risk of being assaulted and/or looted, the team and the leaders ensured close relatives accompany them at the distribution sites, and being the first beneficiaries to receive their kits, so they can reach home during daylight.

Core Pipeline: For CP: Partners are required to submit assessment reports before any response to the WASH and SNFI cluster, which considers gender, age disaggregation and needs of people with disabilities. All these are considered by the clusters before approval of requests of supplies from pipeline is approved. CP then supports the partners' response with the in-kind items. In terms of monitoring, data is collected about gender, age, and vulnerabilities of beneficiaries during household survey. The Washington-short-set (WSS) of questions are included in the survey questionnaire for post-distribution monitoring (PDM) to gauge if people with disabilities were considered in the distribution and make necessary recommendations for agencies who have conducted the response.

CCCM: In coordination structures, IOM ensured that Persons with Disabilities were represented in community governance committees and community care and maintenance committees. This enabled PLWDs to communicate their needs and priorities to humanitarian partners, access community maintenance tools, and assist in setting priorities for community site works.

S-NFI: IOM team identified people with disability at assessment and identification phase of the response. Households with PWDs were prioritized for in-kind and cash-based interventions. There were separate lines for vulnerable households, particular people with special needs. Volunteers supported them in transporting their S-NFI items to their homes.

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

CERF allocated \$10.9 million to South Sudan from its window for rapid response to sustain the provision of life-saving assistance to South Sudanese IDP returnees in 2019. This funding enabled UN agencies and partners to provide a package of food, nutritional supplements, and livelihood support to 157,500 returnees. Children were targeted with both preventative and therapeutic nutritional interventions and families were supported with agricultural, or in some cases, cash-for-work livelihood activities. 93,502 people also benefited from in-kind or cash-based shelter and non-food item distribution. As part of the scale up of general service provision within communities, mobile medical and reproductive health services and expanded early warning systems supported better health outcomes for 121,530 people. 26,500 people were reached by improved water and sanitation infrastructure and education. General protective services (case management services, psychosocial support, awareness-raising, the creation of protection networks, etc.) were extended to 131,217 people, with gender-based violence programming reaching 21,959 women and girls. Targeted protection services and economic reintegration support for children, and especially for those at risk of joining or those having already joined an armed group, reached 24,048 children. 10 temporary learning spaces improved educational infrastructure and outcomes, benefiting 11,494 children and adults. 50,770 people benefited from enhanced self-management capacities, flow monitoring, and enhanced governance mechanisms. WASH, NFI, health, FSL, and nutrition supply procurement were essential for ensuring the delivery of the above critical services.

United Nations agencies individually achieved the following:

FAO and partners supported a total of 157,500 returnees in all target locations (excluding Ayod and Uror) to receive 341,250 kg of crop seeds, 5,528 kg of vegetable seeds, agricultural hand tools, and 15,750 fishing kits. This was achieved in areas experiencing severe acute and chronic food insecurity and during a period of increased influx of returnees. It contributed to helping build the livelihoods of already vulnerable returnee households to avoid the adoption of severe negative coping strategies and enhance livelihood-based production sectors while reducing vulnerability to shocks and stressors. Some of the key negative coping mechanisms include; skipping meals, reducing portion sizes, and consuming cheaper and less preferred foods, Boys and young men opting to be recruited into armed groups as opposed to engaging in agricultural related activities; others sell their livestock and due to social importance of cattle, selling them is seen as a major negative coping mechanism.

IOM provided a multi-sectoral package of assistance to reduce the needs of IDP returnees in Wau and Raja. As part of the targeted support, cash-for-work support was provided through conditional cash transfers to 2,211 returnees in Wau County, with a focus on agricultural land clearance and construction/restoration of community assets. IOM assisted 58,013 people through in-kind distribution of plastic sheets and non-food items or cash-based assistance. 33,535 beneficiaries were supported through enhanced community governance and feedback mechanisms, expanded flood risk mitigation, and improved community infrastructure. Primary health care services supported 39,570 individuals, including consultations, vaccinations, psychosocial support services, and assisted births. 53 rehabilitated boreholes and essential supplies (WASH NFIs, MHM kits, latrine-digging kits) provided access to water and enhanced levels of hygiene for 26,500 individuals. Returnee flow monitoring was conducted in Tambura and Yambio.

UNFPA and its partners provided quality sexual and reproductive health (SRH) and gender-based violence services and information to women, men, girls and boys in Koch and Wau. 12,283 people were reached with reproductive health services, including 986 pregnant women with antenatal services, 1,987 women with supplies for a safe delivery, 74 women with assisted births, and 4,170 men with counselling on family planning and STIs/HIV. 116 health providers were trained on emergency obstetric and new-born care, etc. On GBV response, 21,959 women and girls were supported with access to women and girl-friendly spaces, case management services, psychosocial support, referrals, and material/logistical support.

UNHCR and partners supported a protective environment for IDP returnees and host communities through NFI and protection support across all target locations and limited CCCM support in Koch and Leer. The protection interventions supported 131,217 people through rapid protection assessments and monitoring missions and strengthened community-based structures that monitor returns and identify persons with specific needs to be included as part of the vulnerable community members to receive assistance. Protection monitoring identified cases with specific needs, requiring urgent protection assistance and in responding to this core relief items were distributed. 61,901 persons received NFI support, with emphasis on persons with specific needs. 17,234 persons benefited from strengthened coordination and partnership with local authorities, as well as increased provision of information on services available as channelled through protection desks in main transit points.

UNICEF and partners provided a multi-sector holistic package of support (child protection, education, nutrition) for children in Wau, Koch, and Leer. Child protection interventions, consisting of psychosocial support and reintegration activities, reached 15,678 people. A total of 11,494 beneficiaries were supported through 10 temporary learning spaces, including 11,090 children, 200 volunteer teachers, 200 Parent Teacher Association members, and 4 governmental education inspectors. UNICEF also reached a total of 53,383 people with nutrition interventions, including 758 people trained on maternal, infant and young child nutrition counselling, early child development and growth monitoring and promotion. Beneficiaries received nutritional supplies and equipment, counselling, and hygiene messaging.

WFP reached 124,867 returnees in all locations (except Ayod and Uror) with 1,131 mt of assorted food and nutrition commodities and 27,000 boys and girls with specialized nutritious products to prevent acute malnutrition. Thanks to the food received, negative coping strategies such as skipping meals, reducing portion sizes, and consuming cheaper and less preferred foods among returnee households were reduced. According to post-distribution surveys, the average reduced coping strategy index (rCSI) for beneficiary populations reduced from 7 in 2018 to 3 in 2019. The rCSI measures behavioural strategies that people apply when they cannot access enough food or when they foresee a decrease in food security. A higher

score indicates a higher stress level and vice versa. Additionally, the distribution of food assistance prevented a worsening of the food security situation as monitoring data revealed that 62% of targeted households had either a poor or borderline food consumption score. In coordination with FAO and IOM, WFP helped beneficiaries to support themselves and better integrate in areas of return.

WHO reached 81,960 people with lifesaving health services across Tambura, Yambio, Fangak, Akobo, Koch, and Raja. Over 50,000 lifesaving medical consultations were enabled through mobile medical teams, and 8 major suspected outbreaks were addressed promptly. A total of 810 alerts were picked through the expanded early warning alert and response system, of which 662 (81.7%) were investigated within 48 hours. IDP returnees received critical essential medicines through 116 emergency health kits and 300 trained health care workers. The funding enabled WHO to provide essential lifesaving health services and medicines to 81,960 people, thus ensuring increased access for vulnerable populations is achieved.

## 5. PEOPLE REACHED

Overall, a total of 292,978 out of the 268,652 planned were reached with the emergency support package intended for IDP returnees and host community members; this includes 207,239 IDP returnees and 84,467 host community members. For simplifying the reporting process, “host community” in this case refers to those living in the community with returnees; this may include refugees, internally displaced peoples, refugee returnees, and other categories as relevant. Additionally, 1,272 people were trained through this allocation, predominantly including teachers, government officials, PTA members, health workers, and nutrition workers, among others.

Beneficiaries receiving targeted support (i.e. food, crop kits, etc.) were reached as planned, with the exception of food distributed by WFP. Due to a calculation error, WFP revised estimates down from 157,500 to 128,000 people targeted during project implementation, as noted in the interim report, with 124,867 people reached with food distribution. While general service provision in some locations saw over-achievement (Education, SNFI, Protection) and in others saw under-achievement (CCCM, Nutrition), this typically was due to, respectively, 1) higher needs, or 2) lower needs in the target locations than expected, or 3) inaccessibility of project locations (i.e. flooding, rain). In some counties, both higher and lower returnee populations were noted by UN agencies; as service provision was scaled up based on needs, agencies in some cases targeted different payams (sub-county areas) in their response. In other cases, certain services deliberately targeted more remote locations than other areas (i.e. IOM-CCCM). 18,360 persons with disabilities were reached by IOM and UNHCR, although the total number of persons with disabilities reached through the allocation is likely higher, as not all agencies have established systems for tracking services provided to persons with disability.

The number of people reached were carefully analysed to avoid double-counting and were estimated as follows:

1. For numbers of *persons directly assisted with CERF funding by sex and age*, all agency figures were reviewed by location, broken down by sex and age. Within each location, the largest population provided services by agencies was used to calculate total beneficiaries reached for that location, and all location numbers were summed up to reach total beneficiaries per each age category.
2. For sector-specific populations, agency figures were used as representative of sector achievements. For CCCM, Health, Nutrition, and S/NFI (sectors with multiple contributing agencies), population numbers provided by agencies were reviewed by location, broken down by gender and age. The largest population provided by agencies per location was used, and all location numbers were summed to reach total persons assisted.
3. This approach removes some double-counting, although it runs the risk of under-counting some beneficiaries. Challenges were specifically faced in accurately reporting on persons with disabilities, as location-disaggregated data on persons with disabilities was unavailable. Additionally, as “IDP returnee” does not have a standardized definition, these numbers may also reflect different methodological approaches to determining categories across the agencies.

**TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY<sup>1</sup>**

Category	Number of people (Planned)	Number of people (Reached)
Host communities	92,962	84,467
Refugees		0
Returnees	175,300	207,239
Internally displaced persons	0	3,376
Other affected persons	390	1,272
<b>Total</b>	<b>268,652</b>	<b>296,354</b>

<sup>1</sup> 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<sup>2</sup>**

	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
<b>Planned</b>	65,149	80,795	58,111	64,597	<b>268,652</b>
<b>Reached</b>	68,111	91,146	60,594	77,511	<b>296,354</b>

<sup>2</sup> 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)<sup>3</sup>**

	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
<b>Planned</b> (Out of the total targeted)	7,333	9,328	10,237	11,259	<b>38,157</b>
<b>Reached</b> (Out of the total reached)	4,911	5,387	3,911	4,151	<b>18,360</b>

<sup>3</sup> Best estimates of the number of people with disabilities directly supported through CERF funding.

**TABLE 7a: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (PLANNED)<sup>4</sup>**

By Cluster/Sector (Planned)	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Camp Coordination / Management - Camp Coordination and Camp Management	30,539	36,696	37,492	41,837	<b>146,564</b>
Education - Education	260	100	3,570	3,439	<b>7,369</b>
Emergency Shelter and NFI - Shelter and Non-Food Items	15,051	17,515	17,326	18,915	<b>68,807</b>
Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	31,740	63,240	31,980	31,980	<b>158,940</b>
Food Security - Food Assistance	42,525	51,975	28,350	34,650	<b>157,500</b>
Health - Health	27,696	37,618	28,801	30,583	<b>124,698</b>
Nutrition - Nutrition	13,104	32,274	28,162	29,276	<b>102,816</b>
Protection - Child Protection	5,360	5,040	7,004	5,628	<b>23,032</b>
Protection - Protection	19,800	23,100	30,800	36,300	<b>110,000</b>

Protection - Sexual and/or Gender-Based Violence	0	10,000	0	4,000	<b>14,000</b>
Water Sanitation Hygiene - Water, Sanitation and Hygiene	5,250	5,500	7,000	7,250	<b>25,000</b>

**TABLE 7b: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (REACHED)<sup>4</sup>**

By Cluster/Sector (Reached)	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Camp Coordination / Management - Camp Coordination and Camp Management	11,255	13,582	12,208	13,725	<b>50,770</b>
Education - Education	237	167	7,510	3580	<b>11,494</b>
Emergency Shelter and NFI - Shelter and Non-Food Items	17,799	28,239	20,200	27,264	<b>93,502</b>
Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	48,227	72,123	19,958	17,192	<b>157,500</b>
Food Security - Food Assistance	33,714	41,206	22,476	27,471	<b>124,867</b>
Health - Health	33,808	35,753	23,425	28,544	<b>121,530</b>
Nutrition - Nutrition	8,112	12,544	24,963	31,064	<b>76,683</b>
Protection - Child Protection	1,295	2,151	5,924	6,308	<b>15,678</b>
Protection - Protection	31151	44067	23746	32253	<b>131217</b>
Protection - Sexual and/or Gender-Based Violence	0	13,936	0	8,023	<b>21,959</b>
Water Sanitation Hygiene - Water, Sanitation and Hygiene	4,529	6,001	7,817	8,153	<b>26,500</b>

<sup>4</sup> Best estimates of the number of people directly supported through CERF funding by sector.

## 6. CERF'S ADDED VALUE

<b>a) Did CERF funds lead to a <u>fast delivery of assistance</u> to people in need?</b>		
YES <input checked="" type="checkbox"/>	PARTIALLY <input type="checkbox"/>	NO <input type="checkbox"/>
<p>Supported by CERF's timely disbursement of project funding, UN agencies reported they were able to scale-up activities and deploy funding quickly since agencies had already-existing operations or already-ongoing partnerships with implementing organizations in target locations. CERF funding was noted to be more flexible than other funding sources; partners are permitted to use existing stock to immediately implement activities. This was especially important for organizations like FAO and WFP, where agricultural activities were particularly time-sensitive and seed/food stock cannot be stored long-term. It was also noted by most of the other agencies, including WHO and UNFPA. Cash-based multi-sector assistance was provided in this allocation, which was suggested to add value in a rapid response project as it can be more quickly deposited to identified beneficiaries than in-kind support.</p>		
<b>b) Did CERF funds help respond to <u>time-critical needs</u>?</b>		
YES <input checked="" type="checkbox"/>	PARTIALLY <input type="checkbox"/>	NO <input type="checkbox"/>
<p>The need to support IDP returnees to integrate into the community was time-critical. IDP returnees faced issues related to lack of food and access to livelihoods; without immediate humanitarian response, it would have been possible that IDP returnees would have missed an entire agricultural season and humanitarian actors would have seen a deterioration of food security among this population. While general service provision was already available on the ground in project locations, agencies noted that existing services were constrained and had insufficient capacity to respond to the new needs. For example, one agency noted that host populations were</p>		

sharing supplies and materials with returnees, leading to tension and significant pressure for non-food items; another raised that returnee populations are more highly vulnerable to disease outbreak and immediate health and WASH support is essential to prevent disease and death. One reproductive health colleague shared her surprise at arriving with a team on the first day to a field location to set up CERF activities... and watching colleagues launch immediately into service provision (birth delivery) for expecting mothers in response to requests from the community.

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

YES ☐

PARTIALLY ☒

NO ☐

There is some evidence that the CERF allocation improved coordination: FAO, WFP, and IOM noted that their experience in targeting food, agricultural support, and cash-for-work activities encourages them to conduct similar efforts in future projects. Another partner noted that good levels of coordination between agencies in the proposal-writing stage had led to coordination in the field level, giving the example of multi-sector health-nutrition interventions for SAM and MAM families. However, on the other hand, the attempt to use Solutions Working Groups as an avenue for engaging field colleagues in CERF proposal-writing processes unfortunately led to targeting errors and implementation challenges, as numbers received were inaccurate. Cluster coordinators, who play an essential role in the South Sudan pooled funds allocation process and in overall humanitarian coordination processes, were, as a result, excluded throughout the proposal design process. In sum, while the allocation has some examples of where innovation has been experienced in this project, there are also lessons learned for improvement of projects and consultation structures in the future.

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

YES ☐

PARTIALLY ☒

NO ☐

Partially; most agencies noted that they had not been able to leverage CERF's allocation to encourage additional funding specifically for IDP returnees. However, they suggested that the CERF allocation has raised the profile of the needs of IDP returnees in South Sudan. Agencies also noted that one benefit of the allocation has been the compilation of data specific to the situation of IDP returnees, which has allowed them to create tools and advocacy documents for use in discussions with donors. Some agencies, including UNFPA, noted that, thanks to the CERF allocation, they had been able to ask for, and receive, pre-financing from their headquarters to enable the immediate implementation of project activities.

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

N/A

## 7. LESSONS LEARNED

**TABLE 8: OBSERVATIONS FOR THE CERF SECRETARIAT**

Lessons learned	Suggestion for follow-up/improvement
CERF's timely disbursement of funding, as well as support for pre-positioning and use of existing stock to start project activities, is essential for immediate commencement of activities.	CERF is encouraged to continue to allow flexibility in use of stock and funding complementarity to complement existing activities.
Reporting on sector-specific indicators can be challenging in a multi-sectoral response, and especially in one that is highly coordinated, as indicators do not accurately capture or portray project achievements.	Implementing partners recommended the use of multi-sectoral indicators in project design and reporting.
Single-sector proposals limit collaboration between partners and restrict project impact.	Colleagues suggested the inclusion of multi-agency proposals, to improve use of resources and impact.

**TABLE 9: OBSERVATIONS FOR COUNTRY TEAMS**

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Collaboration in targeting agricultural, food, and cash-for-work activities has multiple advantages: it improves overall outcomes for targeted beneficiaries and it enhances the effectiveness of intervention (for example, when beneficiaries have food, they are less likely to eat seeds).	Future synergies between agencies should be encouraged and explored in project design, especially, as noted, between food distribution and livelihood support (both agricultural livelihood and cash-for-work).	UN Agencies, cluster coordinators
AAP mechanisms implemented individually during a multi-cluster response are not the most efficient modality, as information learned through these mechanisms is not necessarily shared and valuable feedback is lost.	In inter-agency responses, partners are encouraged to set up collaborative or joint feedback mechanisms that will allow information received through each channel to be shared with all relevant partners at field level.	UN agencies
Introduction of resiliency and recovery activities within humanitarian projects helps to improve project outcomes and overall sustainability of interventions i.e. disaster risk reduction, sexual and reproductive health activities.	Increased complementarity with development and resiliency funding streams and in activities at the time of allocation will likely improve activity outcomes.	UN agencies Cluster coordinators OCHA
Partners noted that project outcomes improved when: <ul style="list-style-type: none"> <li>• Kitchen gardens operated within OTPs</li> <li>• Medical and nutrition staff target and implement malnutrition activities together</li> <li>• Multi-purpose, multi-sectoral cash assistance is distributed, as it provides freedom of choice to beneficiaries (however, it should be noted that effectiveness can be dependent on the existence of markets)</li> <li>• Adequate time is allocated to mentorship and capacity-building, given the capacity of implementing partners in South Sudan</li> <li>• Protection information desks are established. In one project, this led to persons with disabilities being supported to obtain land accreditation through local chiefs</li> </ul>	Suggestions to be taken forward in future programming by relevant agencies.	UN agencies and partners
While there is a need to engage the field in CERF proposal processes, alternative mechanisms and further consultation with stakeholders is needed to ensure that proposal design and estimates are accurate.	Colleagues suggested in particular that: <ul style="list-style-type: none"> <li>– State-level ICWGs, with the support of SWGs, would be helpful in future allocations to ensure accuracy of data used during proposal design and to ensure that all relevant agencies are consulted at field-level;</li> <li>– Involvement of cluster coordinators during the allocation process will improve programmatic implementation and overall project outcomes;</li> <li>– Confirming location estimates after funding allocation will help to ensure that activities can be achieved as expected, or modified as needed</li> <li>– Engaging with government actors may strengthen the consultative process</li> </ul>	OCHA

## PART II

### 8. PROJECT REPORTS

#### 8.1. Project Report 19-RR-FAO-007 - FAO

1. Project Information			
<b>1. Agency:</b>	FAO	<b>2. Country:</b>	South Sudan
<b>3. Cluster/Sector:</b>	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)	<b>4. Project Code (CERF):</b>	19-RR-FAO-007
<b>5. Project Title:</b>	Emergency support to enable food production and rebuild the livelihoods of vulnerable returnees in South Sudan		
<b>6.a Original Start Date:</b>	29/03/2019	<b>6.b Original End Date:</b>	28/09/2019
<b>6.c No-cost Extension:</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	N/A
<b>6.d Were all activities concluded by the end date?</b> (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
<b>7. Funding</b>	<b>a. Total requirement for agency's sector response to current emergency:</b>		US\$ 5,771,628
	<b>b. Total funding received for agency's sector response to current emergency:</b>		US\$ 2,752,366
	<b>c. Amount received from CERF:</b>		US\$ 2,102,366
	<b>d. Total CERF funds forwarded to implementing partners</b> of which to:		<b>US\$ 629,252</b>
	Government Partners		US\$ 0
	International NGOs		US\$ 215,284
National NGOs		US\$ 413,968	
Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance
<p>Through this CERF RR grant, FAO and its partners provided livelihood assistance through the provision of essential inputs to vulnerable returnees in Akobo and Fangak in Jonglei State (30,000 people), Koch and Leer in Unity State (42,000 people), Raja and Wau in Western Bahr el Ghazal (32,000 people) and Tambura, Ezo, Nagero and Yambio in Western Equatoria State (53,500 people). Under this project, 157,500 returnees received crop seeds, vegetable seeds and agricultural hand tools (hoes and malodas), as well as fishing kits (inputs). FAO and its partners distributed 341,250 kg of crop seed, 5,528 kg of vegetable seed and 15,750 fishing kits (comprising two boxes of hooks, two spools of twine and one coil of monofilament) between March and June 2019 for the 2019 cropping season.</p> <p>The project was linked to WFP's CERF allocation. Both agencies targeted the same beneficiaries with a coordinated package to enhance food security outcomes. Activities were also coordinated with other UN agencies, notably WFP, IOM, UNICEF, UNHCR, WHO, and UNFPA. This contributed to helping build the livelihoods of already vulnerable returnee households so they avoid the adoption of severe negative coping strategies. It also aimed to help enhance livelihood-based production sectors while reducing overall vulnerability to shocks and stressors.</p>

### 3. Changes and Amendments

Activities have been completed as expected without significant delays. One change to note is that FAO's area of operations expanded during project implementation to also include Ezo County and Nagero County, which are adjacent to Tambura. Following assessments, it was confirmed that the target of 38,500 IDP returnees in Tambura in the proposal was too high because Tambura had lower numbers of returnees than expected. Due to the quick response required by the seasonal calendar (planting season), FAO and WFP divided the total target of people to be reached in Tambura between Ezo, Nagero and Tambura, as all three locations experienced returnee movements. 15,120 people reached in Tambura by FAO and WFP, with similar numbers reached in Ezo and Nagero.

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

Cluster/Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	31,500	63,000	31,500	31,500	157,500
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>31,500</b>	<b>63,000</b>	<b>31,500</b>	<b>31,500</b>	<b>157,500</b>
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	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	48,227	72,123	19,958	17,192	157,500
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>48,227</b>	<b>72,123</b>	<b>19,958</b>	<b>17,192</b>	<b>157,500</b>
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:	<p>Overall targets were reached as expected. According to the FAO Country Gender Assessment in Agriculture and the Rural sector (April 2016, updated in June 2019) the incidences of poverty is higher in 2019 among Female-headed households (82 percent) compared to households headed by men (73 percent). The report adds that 71 percent of households in South Sudan are female headed with more prevalence in rural than in urban areas where the male members of the household have left in search for economic opportunities or to join the armed groups.</p> <p>Additionally, the FAO gender policy requires 60-70% targeting of women due to the challenges they encounter in access to productive resources and inputs to enhance their ability to produce whilst reducing their vulnerability to climate change and other shocks.</p>
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## 5. CERF Result Framework

<b>Project Objective</b>	To protect the livelihoods of the most vulnerable returnees and enhance food production while strengthening their resilience
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<b>Output 1</b>	Enhance the food availability of severely food insecure returnees			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	Number of returnees (men, women, boys, and girls) that received livelihoods support, including female-headed households	157,500 (31,500 men, 63,000 women, 31,500 boys, 31,500 girls)	157,500 (48,227 men, 72,123 women, 19,958 boys, 17,192 girls)	Beneficiary registration and distribution lists, Back to Office Reports, Post-Distribution Monitoring assessments
<b>Explanation of output and indicators variance:</b>		<p>Activities achieved as planned.</p> <p><u>Partner changes:</u> Budget notes that 8 letters of offer will be signed for activity implementation, based on the 8 areas of operation; however, some partners agreed to cover multiple locations so only 6 agreements needed to be signed.</p>		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Procure and receive crop seed, vegetable seed, hand tools, and fishing equipment	FAO		
Activity 1.2	Selection and contracting of implementing partners through Letters of Agreement	FAO		
Activity 1.3	Warehousing/storage of crop seed, vegetable seed, hand tools, and fishing equipment	FAO		
Activity 1.4	Targeting of beneficiary households, with priority given to women-headed households	Star Trust Organization, Nile Hope, World Relief, Action for Development, Community Organization for Emergency and Rehabilitation, Food for the Hungry		
Activity 1.5	Provide basic impact training on use of inputs to beneficiary households	Star Trust Organization, Nile Hope, World Relief, Action for Development, Community Organization for Emergency and Rehabilitation, Food for the Hungry		
Activity 1.6	Receiving of inputs and distribution to beneficiary households	Star Trust Organization, Nile Hope, World Relief, Action for Development, Community Organization for Emergency and Rehabilitation, Food for the Hungry		
Activity 1.7	Monitoring and evaluation (one PDM per activity location; one evaluation)	Star Trust Organization, Nile Hope, World Relief, Action for Development, Community Organization for Emergency and Rehabilitation, Food for the Hungry		

## 6. Accountability to Affected People

### 6.a IASC AAP Commitment 2 – Participation and Partnership

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

The project design was informed by data from previously implemented projects, as obtained through FAO's feedback mechanism and community-level location-based needs assessments. Communities and beneficiaries are involved in the project design, through FAO's feedback mechanism, where inputs received from the communities through the different feedback channels are used for re-programming new projects.

In the implementation phase, committees were formed at the local level comprising representatives of various vulnerable and marginalized groups (illiterate, elderly, women and youth) who are expected to participate and engage in the project to ensure power imbalances are reduced or addressed. These committees supported beneficiary identification and registration and advised FAO and implementing partners on whether the most vulnerable were reached through the project. They also addressed issues affecting the targeted population, gender disparities, and resolved issues related to the provision of the services. The selection of the members of the committee is based on loyalty, trust and familiarity in the community this gives them a solid significance in resolving conflicts as well as mitigating conflicts. When a conflict arise in the project, the committees often sit and listen to enable them jointly identify the factors fueling the conflict and jointly agree to resolve their differences. In the past project experience, communities preferred selecting a women as chairperson of the committee because of their role in conflict mediation. The Accountability committee also work hand in hand with the natural resource management committees to solve issues emerging from access to water points for irrigation, access to land for cultivation including issues on exclusion during targeting and domestic violence cases as a result of participation in project activities.

In the monitoring phase, communities were able to provide feedback into project activities through the following feedback mechanisms: suggestion box, feedback desks, a toll-free hotline, and post-distribution monitoring (PDM) to measure beneficiaries' overall satisfaction. Results from FAO's implemented PDM have resulted in changes to FAO-provided inputs to better tailor what was provided to local preferences, thus increasing the added value received by beneficiaries. For example, pumpkin is a preferred vegetable seed in Greater Upper Nile and was therefore procured and added to the kit composition.

**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?**

To ensure there is a diversity of peoples represented and supported by the response, FAO and implementing partners formed and trained community representative committees. As noted above, committees were formed at the local level and comprise of representatives of various vulnerable and marginalized groups (illiterate, elderly, women and youth). FAO actively involves chief and local administration during setting of beneficiary selection criteria, and ensures beneficiary lists are complete and verified by the chief and local administration.

Through the mobilization and sensitization phase of the project, FAO mobilizes the communities of the purpose of the action at payam level. This involves initial meetings in the selected villages with local leaders, local authorities, leaders and representatives of community vulnerable groups (women, elders, widows, persons with disability or chronically ill, IDP, refugee, youth at risk) to sensitize communities on project activities and avenues for reporting any issues or complaints. (See mechanisms outlined below).

### 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?**

During the project's mobilization phase, local authorities and communities were sensitized to the project and available services/support, FAO, the implementing partner and its objectives, as well as their code of conduct. FAO staff and implementing partners clearly explained the purpose of the distribution, the items and quantity to be distributed, the independence of FAO from any political motivation, accountability to affected people principles and objectives, and FAO's complaints procedures.

This information was repeated during all activities, including the distribution of inputs, where committees, FAO and partner staff addressed the beneficiaries and communities directly. PSEA and anticorruption awareness was also routinely conducted to both IPs and beneficiaries to encourage the reporting of incidents of sexual exploitation and abuse.

**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 ☐

FAO implemented functional feedback mechanisms including:

- Suggestion boxes are placed in community safe sites (i.e. markets, distribution centers and livestock auction sites). Information reported is mostly on implementing partner procedures during distribution.
- Feedback desks are used by beneficiaries to ask questions, seek clarification and give feedback on the project from the AAP focal point and partner staff. Common feedback includes lost token cards, high prices of seed fairs, late time of distribution, need for more seeds, the long distribution hour, and beneficiary selection procedures among others.
- A toll-free hotline number is used mostly by beneficiaries for reporting confidential information, issues after seed distribution, or information that requires urgent response i.e. cattle disease outbreak and pest infestation, issues on seed purity or germination, PSEA, fraud and poor partner procedures during project implementation. The hotline number is received and responded to by the helpline operator.
- AAP focal points are trained and employed by FAO in each county. The focal points are hired specifically to receive complaints from beneficiaries from the feedback desks and suggestion boxes, communicate to the helpline operator, and respond back to the complaints from these channels. The focal points also disseminate information on how beneficiaries can provide feedback, communicate with beneficiaries on what they are entitled to in project and follow up with partners to ensure inputs are not diverted.

The various feedback and complaint options were expected to enable the most vulnerable to feel safe enough to speak up. Complaints received from FAO's helpline operator are relayed to project managers to formulate responses that were then shared with beneficiaries via the helpline operator and AAP focal point. This made key project staff aware of perceived needs and accountable to beneficiaries.

**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 ☒

FAO used its feedback mechanism, mentioned above, to address SEA-related complaints, and worked with the UN PSEA Task Force to establish a community feedback mechanism (CBCM). All IPs were regulated under a Letter of Agreement with FAO that outlines FAO's principles and AAP commitments: partners are obligated to train staff on PSEA, demonstrate a framework for PSEA, and implement a mechanism to ensure reporting and prevention and reporting of SEA complaints/cases. FAO trained staff and partners on PSEA and ensured that AAP focal points carried out awareness-raising on PSEA during the mobilization phase. FAO also supported PSEA and anticorruption training/awareness at cluster level, with such aspects closely monitored by FAO officers and M&E staff. FAO has not received any SEA complaints during the implementation of this 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).

CTP Modality	Value of cash (US\$)	a. Objective	b. Cluster/Sector	c. Conditionality	d. Restriction
None	N/A	N/A	N/A	N/A	N/A

Supplementary information (optional):

N/A

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

The timeframe was not suitable for conducting an evaluation.

EVALUATION CARRIED OUT ☐

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

## 8.2. Project Report 19-RR-IOM-006 – IOM

1. Project Information			
1. Agency:	IOM	2. Country:	South Sudan
3. Cluster/Sector:	Emergency Shelter and NFI - Shelter and Non-Food Items  Water Sanitation Hygiene - Water, Sanitation and Hygiene  Camp Coordination / Management - Camp Coordination and Camp Management  Health - Health  Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)	4. Project Code (CERF):	19-RR-IOM-006
5. Project Title:	Multi-sectoral lifesaving assistance to returnees in South Sudan		
6.a Original Start Date:	28/03/2019	6.b Original End Date:	27/09/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 6,304,665
	b. Total funding received for agency's sector response to current emergency:		US\$ 2,650,001
	c. Amount received from CERF:		US\$ 2,650,001
	d. Total CERF funds forwarded to implementing partners of which to:		<b>US\$ 0</b>
	Government Partners International NGOs National NGOs Red Cross/Crescent		US\$ 0 US\$ 0 US\$ 0 US\$ 0

## 2. Project Results Summary/Overall Performance

Through this CERF RR grant, IOM provided multi-sectoral support to IDP returnees through CCCM, Health, WASH, and S-NFI activities in Wau and Raja; WASH and S-NFI activities in Koch; FSL activities in Wau; and DTM activities in Tambura and Yambio.

IOM provided lifesaving cash-for-work livelihood support through conditional cash transfers to 2,211 returnees in Wau County, with a focus on agricultural land clearance (for beneficiaries of FAO's seed distribution) and construction/restoration of community assets (hospital, schools). IOM assisted 29,038 people through in-kind distribution of plastic sheets, kitchen sets, mosquito nets, blankets and sleeping mats, and 28,975 people with cash-based interventions (CBIs). Through CCCM interventions, IOM reached a total of 33,535 beneficiaries with improved capacity of site governance committees, expanded flood risk mitigation, improved community infrastructure, and improved or newly-established representative governance structures and community-based complaint mechanisms. Through IOM's Displacement Tracking Matrix (DTM), IOM tracked and established the presence of returnees country-wide, publishing two datasets tracking mobility and 16 reports monitoring movement trends and tracking displacement events. A total of 39,570 individuals were reached with primary health care services, including 35,163 consultation sessions; 736 children vaccinated for measles; 91 births attended by skilled birth attendants; and 24,236 individuals receiving multi-layered mental health and psychosocial support (MHPSS) services. IOM rehabilitated 53 boreholes that benefitted 26,500 individuals with water services; distributed 3,461 WASH NFI kits to 24,897 individuals; provided 7,660 girls and 5,638 women with 3,461 menstrual hygiene management kits and associated training; and distributed 422 latrine kits to promote latrine construction at household level. Additionally, IOM procured 4,000 WASH NFI kits and prepositioned 437.7 metric tons of WASH and SNFI supplies, benefitting at least 26,500 IDP returnees and host community.

IOM has strengthened support for conducive environments and areas of returns, mitigated potential sources of conflict within areas of return and strengthened the resilience of IDP returnees.

In coordination structures, IOM ensured that Persons with Disabilities were represented in community governance committees and community care and maintenance committees. This enabled PLWDs to communicate their needs and priorities to humanitarian partners, access community maintenance tools, and assist in setting priorities for community site works.

## 3. Changes and Amendments

Overall, IOM has achieved most activities as outlined per the proposal, with a few significant deviations in targets and activities. Based on discussions with FAO and FSL Cluster, IOM decided to implement FSL activities in more locations throughout Wau county. This change was agreed upon to enable agricultural land to be cleared through cash-for-work activities quicker, so as to allow FAO beneficiaries to start cultivation as soon as possible. This was crucial at the time of project implementation. As such, targets were increased from 240 households to 1,200 households, enabled through shorter periods of engagement with individual beneficiaries and smaller amounts distributed than originally planned. This change was discussed with OCHA at local level and was consulted with CERF. The project overachieved the targeted beneficiaries of in-kind S-NFI assistance. The overachievement is due to the increased number of returnees in Koch and Raja following the signing of Revitalized Agreement on the Resolution of the Conflict in South Sudan and the higher levels of needs experienced on the ground across remote locations. This larger number of returnees also had an impact on the number of WASH and menstrual hygiene kits distributed, as well as people reached through health consultations, measles vaccination campaigns, and births delivered. See additional detail in the Result Framework below.

The Protection referral and cash-based intervention (CBI) component of the CCCM component are interlinked and was planned for support to vulnerable people "to reach areas of return" in the context of facilitated return. Any such undertaking operates within the guidelines set out by the HCT and ICWG and coordinated through the Solutions Working Group (SWG). During the project period, the HCT released a guidance note and due diligence checklist on facilitated return. Any facilitated return case must be referred to Protection to conduct a vetting process to ensure informed and voluntary consent. CCCM Cluster, led by IOM, as co-lead of the SWG, undertook due diligence consideration of such support in Western Bahr el Ghazal (WBeG). Following this process, SWG ruled that conditions were not appropriate for facilitated return, owing to outstanding safety and protection concerns, as well a deterioration of the security situation. The CBI component relies on protection referrals; prior to supporting any movement, household and individual-level protection interviews must be conducted as part of standard best practice to determine voluntary, informed, consent and information sharing. Given that the CBI component was not implemented, these referrals did not take place. The funds were spent on other CCCM general operational costs to provide critical support to IDP returnees in project locations. Other aspects of CCCM's responses, including trainings and reports completed, were overachieved thanks to high community interest and participation.

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

Cluster/Sector	Camp Coordination / Management - Camp Coordination and Camp Management				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	8,292	9,730	8,522	9,456	36,000
Refugees	0	0	0	0	0
Returnees	11,647	13,666	11,970	13,281	50,564
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>19,939</b>	<b>23,396</b>	<b>20,492</b>	<b>22,737</b>	<b>86,564</b>
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	1,994	2,340	2,049	2,274	8,657

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

Cluster/Sector	Camp Coordination / Management - Camp Coordination and Camp Management				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	4,754	5,578	4,885	5,420	20,637
Refugees	0	0	0	0	0
Returnees	2,971	3,486	3,053	3,388	12,898
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>7,725</b>	<b>9,064</b>	<b>7,938</b>	<b>8,808</b>	<b>33,535</b>
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	1,159	1,360	1,191	1,321	5,31

**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	4,536	10,584	11,340	11,340	37,800
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>4,536</b>	<b>10,584</b>	<b>11,340</b>	<b>11,340</b>	<b>37,800</b>
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total

Persons with Disabilities (Out of the total number of "people planned")	454	1,058	1,134	1,134	3,780
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#### 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	10,627	12,212	5,934	10,797	39,570
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
<b>Total</b>	10,627	12,212	5,934	10,797	39,570
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	191	367	122	153	833

#### 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	5,250	5,500	7,000	7,250	25,000
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
<b>Total</b>	5,250	5,500	7,000	7,250	25,000
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	525	550	700	725	2,500

#### 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	4,529	6,001	7,817	8,153	26,500
Internally displaced persons	0	0	0	0	0

Other affected persons	0	0	0	0	0
<b>Total</b>	4,529	6,001	7,817	8,153	26,500
<b>Reached</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
Persons with Disabilities (Out of the total number of "people reached")	49	56	35	61	201

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

<b>Cluster/Sector</b>	Emergency Shelter and NFI - Shelter and Non-Food Items				
<b>Planned</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
Host communities	526	617	540	599	2,282
Refugees	0	0	0	0	0
Returnees	11,408	13,385	11,724	13,008	49,525
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>11,934</b>	<b>14,002</b>	<b>12,264</b>	<b>13,607</b>	<b>51,807</b>
<b>Planned</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
Persons with Disabilities (Out of the total number of "people planned")	1,193	1,400	1,226	1,361	5,180

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

<b>Cluster/Sector</b>	Emergency Shelter and NFI - Shelter and Non-Food Items				
<b>Reached</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	10,492	14,623	16,066	16,832	58,013
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>10,492</b>	<b>14,623</b>	<b>16,066</b>	<b>16,832</b>	<b>58,013</b>
<b>Reached</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
Persons with Disabilities (Out of the total number of "people reached")	225	244	0	0	469

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

<b>Cluster/Sector</b>	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)				
<b>Planned</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
Host communities	120	120	240	240	720

Refugees	0	0	0	0	0
Returnees	120	120	240	240	720
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>240</b>	<b>240</b>	<b>480</b>	<b>480</b>	<b>1,440</b>
<b>Planned</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
Persons with Disabilities (Out of the total number of "people planned")	25	25	50	50	150

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

Cluster/Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	500	200	120	70	890
Refugees	0	0	0	0	0
Returnees	780	230	200	111	1,321
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>1280</b>	<b>430</b>	<b>320</b>	<b>181</b>	<b>2211</b>
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:	<p>CCCM: IOM and other UN agencies-based CERF project beneficiary figures on estimates from OCHA, Inter-Cluster Working Group, Needs Analysis Working Group, estimates from field missions, local authorities, and DTM mobility tracking. IOM anticipated that the high initial return movements would continue throughout the cultivation season as it had in the initial months; unfortunately, estimates were higher than reality. CCCM responded to all major accessible return areas in Wau and Raja county with planned program activities. CCCM beneficiaries are counted on a community-level, not household level, so if there are fewer returnees than anticipated across the region, the beneficiaries reached will be lower.</p> <p>Emergency S-NFI: Targeting criteria for beneficiary selection was discussed and agreed with the consultation of targeted communities for in-kind response and in consultation with village committees for CBI. During these consultations, it was agreed that assistance would only be provided to returnees, as affected vulnerable host communities were already receiving assistance from other partners on the ground.</p> <p>FSL: Based on discussion with FAO and FSL Cluster, IOM decided to implement FSL activities in more areas in Wau with shorter periods of engagement with individual beneficiaries and smaller amounts distributed, therefore reaching a larger number of beneficiaries. This change was agreed upon in order to enable agricultural land to be cleared through cash-for-work activities in order to start cultivation as soon as possible, which was crucial at the time of project implementation.</p>
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5. CERF Result Framework				
<b>Project Objective</b>	Save lives by providing timely and integrated multisector assistance to reduce acute needs			
<b>Output 1</b>	Site management and community engagement supported in areas of return in Wau, with a focus on risk mitigation and accessibility for vulnerable persons and regularly updated baseline plus event tracking on returnee numbers, locations and priority needs provided to all partners			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of site committee members trained in minimal care and maintenance for risk mitigation and utilizing tools for basic community infrastructure	750	1,017	Training attendance sheets;
Indicator 1.2	Number of feedback mechanisms established	5	5	5W Matrix; Community-Based Complaint Mechanism (CBCM) forms
Indicator 1.3	Number of site committees trained in community participation and engagement	10	12	Attendance Sheets; 5W Matrix
Indicator 1.4	Number of referrals submitted to protection partner for targeted support	500	0	N/A
Indicator 1.5	Number of geo-referenced mobility tracking datasets on returns published	2	2	IOM DTM Mobility Tracking Round 5 — Returnees By County As Of March 2019  IOM DTM Mobility Tracking Round 6 Initial Data Release
Indicator 1.6	Number of monthly flow monitoring reports published	5	10	20190531 IOM DTM DSFM Monthly April 2019 20190531 IOM DTM FMR April 2019 20190711 IOM DTM FMR Dashboard May 20191010 IOM DTM SSD FMR Dashboard June 2019 20191010 IOM DTM SSD FMR Dashboard July 2019 201909010 IOM DTM DSFM May-July 2019 20191010 IOM DTM SSD FMR Dashboard August 2019 20191106 IOM DTM DSFM August 2019 20191015 IOM DTM SSD FMR Dashboard September 2019 20191106 IOM DTM DSFM September 2019
Indicator 1.7	Ad hoc Event Tracking published for large-scale return events	4	4	29199314-15 IOM DTM Event Tracking Jur River SSD 20190409 IOM DTM Event Tracking Northern Bahr el Ghazal 20190409 IOM DTM Event Tracking Wau PoC AA, Masna 20190409 IOM DTM Event Tracking Dulu, Raja
Indicator 1.8	Total amount of cash to be distributed (USD)	45,495	0	N/A
<b>Explanation of output and indicators variance:</b>		Indicator 1.1 - Overachievement is due to the fact that CCCM invited more participants per site than in the proposal. The activity was community care and		

	<p>maintenance, teaching people how to do community-level interventions for fire risk mitigation, flood prevention, and other necessary small-scale engineering interventions. Due to the fact that returnee areas are mixed communities (IDPs, returnees, host community, different language or ethnic groups, etc), CCCM included representatives from these other groups in the training to avoid creating intra-communal conflict. In other areas, interest from the community was high to learn the skills being taught. Given that community level infrastructure work is more effective when a higher percentage of the community participates, CCCM increased the number of participants per training to respond to the expressed needs of returnee populations.</p> <p>Indicator 1.4/1.8 - The Protection referral and CBI component of the CCCM component of the CERF project was planned for support to vulnerable people "to reach areas of return" in the context of facilitated return. However, the Solutions Working Group ruled that conditions were not appropriate for facilitated return, owing to outstanding safety and protection concerns. Therefore, this component of the CERF project was not carried out and the funds were spent on other CCCM operational costs to provide critical support to IDP returnees in project locations.</p> <p>Indicator 1.6 - Three displacement site flow monitoring reports (DSFM) and six flow monitoring registry reports (FMR) and one long-term DSFM report was published and disseminated to partners. This indicator is overachieved as five flow monitoring reports are split into two reports monthly, as per the type of location.</p>
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Activities	Description	Implemented by
Activity 1.1	Undertake 15 trainings with site committees on basic infrastructure maintenance. This builds skills on risk prevention by engaging the community in the construction of communal spaces, basic flood and fire prevention systems and facilities for persons with disabilities.	IOM
Activity 1.2	Undertake brief assessment on information and communication needs in consultation with communities and provide impartial two-way information channels through information desks in the sites.	IOM
Activity 1.3	Undertake 12 two-day trainings for self-management committees on CCCM-related components,	IOM
Activity 1.4	Undertake service mapping to identify gaps in service provision (3W matrix) and ensure coordination with protection partner to support referred cases, including through the distribution of targeted cash support to identified extremely vulnerable	IOM
Activity 1.5	Deploy enumerators and collect data	IOM
Activity 1.6	Validate, analyze and disseminate information	IOM
Activity 1.7	Publish updated datasets/maps /reports / dashboards	IOM
Activity 1.8	Collect data at key transit points, analyse and identify changes in return trends, and publish findings	IOM
Activity 1.9	Regular information and awareness campaigns in areas of IDPs departure (POC and CC) and return	IOM

<b>Output 2</b>	Life-saving Shelter and NFI supplies provided to a total of 51,807 returnees in the form of return packages			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>

Indicator 2.1	Number of returnees supported with in kind life-saving emergency shelter and essential non-food items (disaggregated by shelter and NFI activities, gender, age and location)	In-kind target: 21,773 Koch: 16,411; Raja, 5,362	29,038	Activity distribution reports, assessment reports
Indicator 2.2	Number of returnees assisted with cash assistance to meet their urgent needs (disaggregated by gender, age and location)	Total cash assistance target: 30,034 Wau: 26,460; Raja: 3,574	28,975	Cash distribution report
Indicator 2.3	% of returnees served with shelter and/or NFI reporting that assistance has contributing to responding to their main urgent needs and that assistance is delivered in a safe, accessible and participatory manner	80%	81%	Post -distribution monitoring report
Indicator 2.4	# of safety audits conducted in the targeted locations	6	9	Safety Audit report
Indicator 2.5	Total amount of cash to be distributed (USD)	410,000	522,381	Financial summary

**Explanation of output and indicators variance:**

Indicator 2.1 –The in-kind demand for assistance increased in remote locations due to high case load after the signing of peace agreement.

The project achieved 96 percent of its target under the indicator 2.2, as markets were non-functional in most of the places. Wau was identified as the only place with functional markets that was also easily accessible.

Indicator 2.4: Safety audits were planned for 6 locations at the initial stage of the project. However; at the assessment stage, returnees in Wau were spread in various bomas /locations; therefore, a safety audit for each location identified through the assessment was conducted.

Indicator 2.5: Total amount to be distributed was planned as USD 410,000 and the S-NFI team distributed 522,381 USD to the beneficiaries as there was an increase in in-kind beneficiaries as indicated for indicator 2.1. Additional cash assistance was allocated from S-NFI operational costs.

Activities	Description	Implemented by
Activity 2.1	Undertake market assessment and multi-sectoral risk and needs assessment:	IOM
Activity 2.2	Provision of in-kind life-saving emergency shelter and NFIs based on need assessment and verification:	IOM
Activity 2.3	Provision of cash assistance based on needs assessment and verification	IOM
Activity 2.4	Undertake Monitoring and evaluation through baseline, post distribution monitoring and end-line assessment:	IOM
Activity 2.5	Undertake Safety Audits and Protection Mainstreaming awareness raising in the community	IOM

<b>Output 3</b>	Vulnerable and host community HH in Wau assisted to meet basic food needs			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	Number of beneficiaries that benefit from conditional transfers to improve access to food and protection of livelihood assets	250 (50% women)	2,211 total (611 female)	Cash distribution report

Indicator 3.2	Percentage of targeted beneficiaries supported through cash for work programming that are able to meet their basic food needs.	70	84%	Post -distribution monitoring report
Indicator 3.3	Total amount of cash to be distributed (USD)	72,000	67,961 USD	Cash distribution report
<b>Explanation of output and indicators variance:</b>		Indicator 3.1/3.3 - Based on discussions with FAO and FSL Cluster, it was decided to increase the number of beneficiaries in this indicator in order to ensure that more land could be cleared in time for the planting season to start. Activity was coordinated with FAO partners and beneficiaries. As beneficiaries increased yet time contracted decreased and amounts per beneficiaries were also reduced, overall amount of cash needed for this activity changed as reflected.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 3.1	Undertake market assessment and multi-sectoral risk and needs assessment	IOM		
Activity 3.2	Select 240 households in coordination with local authorities and community leaders.	IOM		
Activity 3.3	Register 240 households in coordination with local authorities and community leaders.	IOM		
Activity 3.4	Conduct CfW activities to construct or rehabilitate community assets/infrastructure	IOM		
Activity 3.5	Post distribution monitoring (PDM) of cash transfers	IOM		

<b>Output 4</b>	One PHCU and three mobile teams are operated, providing lifesaving primary health care services, in addition to the provision of mental health and psychosocial support services to target populations			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 4.1	Number of consultations (disaggregated by age and sex)	27,798	35,163 (15,070 men, 20,093 women)	MHU Weekly and monthly report
Indicator 4.2	Number of children 6 months to 15 years receiving measles vaccinations	124	736 (362 men, 374 women)	MHU weekly and monthly report
Indicator 4.3	Number of deliveries assisted by skilled birth attendants	46	91	MHU weekly and monthly report
Indicator 4.4	Number of people benefiting from psychosocial support services (PSS) interventions [disaggregated by age and sex]	24,178	24,236 (5,009 girls; 4,187 boys; 9,934 women; 5,106 men)	Weekly Activity Reports, Monthly Statistical Data, Activity Attendance Sheets,
<b>Explanation of output and indicators variance:</b>		<p>Indicator 4.1/4.3 – Consultations and deliveries assisted were higher than estimated. Services were open to all including host community, and services were provided in areas that were previously difficult to access, leading to higher numbers of community members visiting the health clinics than expected. It should also be noted that service satisfaction by the community and regular messaging on the importance of attended deliveries increases the number of visitors over time.</p> <p>Indicator 4.2 - Number of children reached through measles immunization increased due to measles outbreaks in adjacent areas. Health promotion and mobilization in targeted communities resulted in more children receiving vaccinations. Vaccinations are provided free of charge through UNICEF, so there were no budget implications associated with this increase.</p> <p>Indicator 4.4 - There were an additional 58 people who received psychosocial support services during the project period due to increased referrals from other humanitarian actors on the ground, and due to patients and caregivers referred in the static and mobile clinics in Wau. MHPSS mobile teams were able to respond to those additional needs on the ground.</p>		

Activities	Description	Implemented by
Activity 4.1	Provide outpatient consultations for common illnesses	IOM
Activity 4.2	Conduct reactive immunizations for target diseases	IOM
Activity 4.3	Provide sexual and reproductive health services, including delivery services, family planning and pre/post-natal care	IOM
Activity 4.4	Provide psychological first aid, basic counselling, follow-up and referral for vulnerable individuals and at-risk persons (people with special needs, protection/GBV related cases, and caregivers) at health facility and community levels	IOM
Activity 4.5	Procurement of medicines, medical supplies and equipment	IOM
Activity 4.6	Distribution of medicines, medical supplies and equipment to the health facilities	IOM

<b>Output 5</b>	Access to basic WASH services is increased through rehabilitation of boreholes, support sanitation at household level, provision of WASH NFI and hygiene promotion awareness activities to the most vulnerable returnee girls, boys, women and men			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 5.1	# of women, men, girls and boys reached with access to safe water	25,000 individuals (7250 girls, 7000 boys, 5500 women and 5250 men)	26,500 individuals (8,153 girls, 7,817 boys, 6,001 women and 4529 men)	Fulcrum, Final intervention reports
Indicator 5.2	# of women, men, girls and boys benefitted of WASH non-food items	19,000 individuals (5,510 girls, 5320 boys, 4180 women and 3990 men)	24,897 individuals (7660 girls, 7344 boys, 5638 women and 4255 men)	Core pipeline distribution reports, Fulcrum, Final intervention reports
Indicator 5.3	# of women and girls of menstrual age trained and benefitted of menstrual hygiene management kits	9,690 individuals (5510 girls and 4180 women)	13,298 individuals (7,660 girls and 5,638 women)	Core pipeline distribution reports, Fulcrum, Final intervention reports
Indicator 5.4	Number of WASH NFI kits procured to replenish the stock released as part of the return packages	4000	4000	Core Pipeline Procurement database
Indicator 5.5	# of latrine digging kits distributed	422 latrine digging kits	422 latrine digging kits	Core pipeline distribution reports, Fulcrum, Final intervention reports
<b>Explanation of output and indicators variance:</b>		<p>Indicator 5.1 - The actual water needs in the intervention locations were higher than expected and the team was able to improve 53 boreholes (BH) out of the targeted 50 BHs, reaching more beneficiaries.</p> <p>Indicator 5.2 – Related to the above indicator, the community hygiene promoters were asked to raise awareness in catchment populations around the 53 boreholes, rather than the 50 boreholes planned.</p> <p>Indicator 5.3 - the project reached 13,928 individuals against the planned 9,690 individuals as the needs in the intervention locations increased with more returnees after the signing of the peace agreement.</p>		
Activities	Description	Implemented by		
Activity 5.1	Selection and training of women and men as Community Hygiene Promoters, including PSEA, GBV risk reduction and GBV PFA/referrals	IOM		
Activity 5.2	Conduct daily hygiene promotion activities through household visits, group awareness sessions, jerry can clean up campaigns...	IOM		

Activity 5.3	Conduct training of men and women pump mechanics, including PSEA, GBV risk reduction and GBV PFA/referrals	IOM
Activity 5.4	Conduct training of men and women for Water Management Committees, including PSEA, GBV risk reduction and GBV PFA/referrals	IOM
Activity 5.5	Procure WASH emergency supplies for approximately 20,000 individuals	IOM
Activity 5.6	Preposition of WASH core pipeline supplies to the key hub locations: Wau; Rumbek; and Bentiu	IOM
Activity 5.7	Conduct safety and accessibility audits/consultations before borehole rehabilitation and WASH non-food items distributions	IOM
Activity 5.8	Rehabilitation of boreholes	IOM
Activity 5.9	Selection, of beneficiaries (based on criteria of vulnerability)	IOM
Activity 5.10	Registration and verification of beneficiaries (based on criteria of vulnerability)	IOM
Activity 5.11	Distribution of WASH non-food items to most vulnerable returnees, including latrine digging kits	IOM
Activity 5.12	Training and distribution of menstrual hygiene and management (MHM) kit to most vulnerable women and girls of menstrual age	IOM
Activity 5.13	Follow up visit for latrine construction at household level	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?**

Across all sectors, 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 into project activities and ensure their design was inclusive and would not cause harm to the communities. Local leaders were also consulted. For S-NFI, FSL, and WASH, this takes the form of needs assessments; for CCCM, activities included scoping missions and service mappings. Through these exercises, affected community members can provide feedback into project design.

During project implementation, monitoring is completed on a continuous basis across all sectors to ensure participation of and feedback from beneficiaries in and on project activities. For example, S-NFI interventions include exit interviews with beneficiaries during and following distribution processes and CCCM works directly with community members to build community self-management capacity in gender- and disability-inclusive structures through site committees. Site committees supported project implementation, led implementation of complaints and feedback mechanisms, and provided feedback and prioritization for response; they include local community leaders, elders, youth leaders, women's leaders, traditional leaders, teachers, persons with disabilities, and Payam/Boma administrators. Persons with disabilities were integrated into care and maintenance and community self-management governance structures in order to strengthen their capacity in leadership to self-manage and coordinate with the local authorities and the humanitarian partners to access information and services. For WASH, during the distribution process, teams ensure activities address the needs of different populations as per feedback received through consultations, such as by ensuring separate lines were set- up to ensure people with special needs can access their kits easily and can return safely to their homes. For MHPSS, IOM collects feedback and suggestions during monthly group discussions and meetings with support groups and adjusts activities regularly.

For S-NFI, FSL, and WASH pipeline interventions, IOM conducts post-distribution monitoring that includes household interviews, FGDs and key informant interviews. Across these sectors, four PDMs took place during project implementation period. In this way, affected people have opportunities to provide feedback into, and in some cases, participate in some sector activities.

#### **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 works closely with local authorities and partners working on the ground in project locations. The engagement with the local authorities is conducted through meetings within the counties, payams, or their bomas. 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 female 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.

A central goal of the CCCM component was enhancing representation, advocacy, information sharing, and engagement with all parts of the community. Project activities focused on ensuring diversified communication systems, through committees and direct outreach. In all sites, IOM ensured that women were represented in community self-management structures as substantive participants. If present, women's committees were trained alongside male-dominated structures on communications, advocacy, governance and other self-management topics. In all sites, women were integrated into community care and maintenance committees and received technical training and in-kind support as part of these structures. IOM ensured that participation in leadership was age and gender diversified to include women, youth, persons with specific needs and disabilities, and minority groups.

## **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 general information about IOM and its principles, such as its PSEA and complaint-feedback mechanism before project start. Mechanisms for reporting complaints and feedback are communicated to communities throughout project implementation.

**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 project locations. The mechanism includes different avenues for complaints including directly to staff or volunteers, complaint desk during distributions, 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. The feedback mechanism for complaints is a closed loop, where the complainant is informed about any action taken regarding the complaint.

For the MHPSS programme, IOM has an active hotline in Wau since 2016. This hotline is managed by MHPSS staff members in Wau and the information has been disseminated at cluster and state levels and can be reached 24 hours/7 days a week. For those who do not have access to mobile phones, community leaders and social workers can reach out for any emergency needing MHPSS support. No significant feedback was received by IOM on project activities through the hotline.

**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, as well as most volunteers, have been made aware on the PSEA Standards of Conduct. Standard posters and information were disseminated to project sites on the Standards of Behaviour and reporting channels (both IOM specific as well as broader UN hotlines in South Sudan). IOM conducted PSEA orientation sessions to all staff on ground and to the majority of volunteers who participated in this project.

As per IOM's procedures, all staff must report any SEA allegations, concerns or suspicions related to SEA to their supervisor, or a PSEA focal point. There is an IOM PSEA focal point in all static locations, to whom complaints can be made in project sites. In mobile response locations, programme focal points ensure all mobile response locations have PSEA support and disseminate messages on PSEA to the community, the community can report cases directly to IOM staff while they are on the ground and are given a mobile number where they can report any time. Investigations are managed by IOM's HQ. These reports are promptly forwarded to the Ethics and Conduct Office (ECO) and the South Sudan PSEA Task Force. IOM maintains active communication with the GBV sub-cluster in project 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):**

N/A

7. Cash Transfer Programming					
7.a Did the project include one or more Cash Transfer Programmings (CTP)?					
Planned			Achieved		
Yes, CTP is a component of the CERF project			Yes, CTP is a component of the CERF project		
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 <b>value of cash</b> that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs).					
CTP Modality	Value of cash (US\$)	a. Objective	b. Cluster/Sector	c. Conditionality	d. Restriction
Multipurpose cash assistance	US\$ 522,381	Multi-purpose cash	Emergency Shelter and NFI - Shelter and Non-Food Items	Unconditional	Unrestricted
Cash for work	US\$ 67,961	Multi-purpose cash	Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	Conditional	Unrestricted
<p>Supplementary information (optional):</p> <p>Through cash feasibility surveys and market analysis, which include detailed assessments to determine market access and capacity, multipurpose cash assistance modality was implemented for S-NFI for areas with functional markets, with in-kind assistance focused in areas without markets. For FSL, the CTP modality was selected in consultation with FSL Cluster in order to provide complementary assistance to the in-kind support provided by other agencies in the form of seeds and food distribution. The cash-for-work modality was agreed in order to provide returnees with short term employment, while additionally assisting vulnerable families who would not have been able to clear farmland on their own.</p> <p>In order to avoid duplication of beneficiaries, S-NFI and DTM conducted the biometric registration of CBI beneficiaries. IOM engaged Financial Services Providers (FSP) Galaxy and TIAM for distribution of cash in all locations. The service providers distribute cash to beneficiaries with IOM's supervision based on IOM's payment sheet. This is standard modus operandi of UN agencies distributing cash in the field, as UN staff are not allowed to travel with large sums of cash due to security restrictions.</p> <p>Most CBI beneficiaries were women headed households for Shelter and Non-Food Items (ISNFI) interventions, while most of the beneficiaries for the cash for work FSL activity were men (returnees) due to the nature of the activity which is not suitable for most vulnerable populations. Cash grant amount was decided based on Cluster guideline, market assessment and minimum expenditure basket (MEB), considering the different family sizes. Village committees were engaged in identification and verification of beneficiaries. Rapid monitoring was ensured throughout the process by the M&amp;E team and exit interviews of beneficiaries were conducted. Complaint desks were established to record and address any grievances from the communities. A post-distribution monitoring survey was conducted, which is attached.</p>					

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
Due to the emergency and short-term nature of the project, an evaluation was not carried out.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

### 8.3. Project Report 19-RR-FPA-011 - UNFPA

1. Project Information			
1. Agency:	UNFPA	2. Country:	South Sudan
3. Cluster/Sector:	Protection - Sexual and/or Gender-Based Violence Health - Health	4. Project Code (CERF):	19-RR-FPA-011
5. Project Title:	Provide quality sexual and reproductive health services and support to survivors of gender-based violence in conflict affected population in Koch, Leer and Wau		
6.a Original Start Date:	28/03/2019	6.b Original End Date:	27/09/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 5,359,017
	b. Total funding received for agency's sector response to current emergency:		US\$ 1,173,907
	c. Amount received from CERF:		US\$ 893,907
	d. Total CERF funds forwarded to implementing partners of which to:		<b>US\$ 403,402</b>
	Government Partners		US\$ 0
International NGOs		US\$ 403,402	
National NGOs		US\$ 0	
Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance
<p>Through the CERF RR grant, UNFPA and its partners provided quality sexual and reproductive health (SRH) and gender-based violence (GBV) services and information to women, men, girls and boys in Koch and Wau. 986 pregnant women were provided with antenatal care (ANC) services, a total of 1,987 women received clean delivery kits, 74 women were assisted with skilled birth and 4,170 men received SRH services and information including on family planning (FP) and STI/HIV. A total of 116 health providers were trained on emergency obstetric and new-born care (EmONC), minimum initial service package (MISP), and clinical management of rape/psychological first aid (CMR/PFA). Through these reproductive health services, 12,283 people were reached. On GBV response, 84 survivors of gender-based violence were provided with comprehensive case management, 4,974 women and girls accessed women and girl-friendly spaces (WGFS) and benefited from psychosocial support services interventions. The project supported 16,125 people with community information and awareness raising sessions. 11,000 dignity kits were procured and distributed to vulnerable women and girls in Wau-Baggari and Koch between April and September 2019. In total, 21,959 women and girls were supported through these protection services.</p> <p>Through the above activities, this project enabled returnees to access a protective network of support that ensures their reproductive health and GBV needs were met.</p>

3. Changes and Amendments
<p>In overall context, UNFPA achieved the objectives of the CERF project both for health and gender-based violence. It should be noted that at the start of project implementation, UNFPA's partners in Wau were unable to access the expected health clinic for the provision of reproductive health and gender-based violence services due to a military occupation of said structure. While partners and UNFPA</p>

engaged in negotiations to re-obtain control over the property, UNFPA decided to change activities from static to a mobile modality at the end of May as a result, with reproductive health and gender-based violence teams working together. In July, the mobile teams faced particular challenges in movement to remote communities due to rains, with some locations inaccessible. This was the case across all locations, but especially in Leer where project activities were not possible outside of Koch town. In some locations, government also rejected the presence of some humanitarian workers due to their ethnic composition.

As a result of these challenges, UNFPA and partners increased the number of community outreach activities and dialoguing with local authorities in the case of staff recruitment. As a result, much of the service provision that relied on outreach is overachieved (reproductive health counselling, psychological support, awareness-raising, logistical support, etc.) and direct services are underachieved (ANC services, assisted deliveries, post-partum care, case management). UNFPA also reduced its targets for gender-based violence service provision in Leer, focusing on distributing essential supplies. Supplies procured under this project are in the process of being distributed in Leer, including 1,500 kits in early-Dec as the roads have started to dry up, and will be fully distributed by IRC by February 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	600	3,500	900	1,500	6,500
Refugees	0	0	0	0	0
Returnees	400	3,500	600	1,500	6,000
Internally displaced persons	0	0	0	0	0
Other affected persons	15	15	0	0	30
<b>Total</b>	<b>1,015</b>	<b>7,015</b>	<b>1,500</b>	<b>3,000</b>	<b>12,530</b>
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

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

Cluster/Sector	Health - Health				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	420	665	416	270	1771
Refugees	0	0	0	0	0
Returnees	1,940	6,230	892	449	9,511
Internally displaced persons	216	230	85	135	666
Other affected persons	126	110	75	21	332
<b>Total</b>	<b>2,702</b>	<b>7,235</b>	<b>1,468</b>	<b>875</b>	<b>12,280</b>
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

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

Cluster/Sector	Protection - Sexual and/or Gender-Based Violence				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	5,000	0	2,000	7,000
Refugees	0	0	0	0	0
Returnees	0	5,000	0	2,000	7,000
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>10,000</b>	<b>0</b>	<b>4,000</b>	<b>14,000</b>
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	Protection - Sexual and/or Gender-Based Violence				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	1,515	0	1,481	3,599
Refugees	0	0	0	0	0
Returnees	0	9,503	0	5,278	14,781
Internally displaced persons	0	2,598	0	1,120	2,710
Other affected persons	0	320	0	144	627
<b>Total</b>	<b>0</b>	<b>13,936</b>	<b>0</b>	<b>8,023</b>	<b>21,959</b>
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:

On gender-based violence targets, with the relative return of peace in Koch and Wau, more women and girls returned to Koch and Wau; at the same time, these areas also saw higher levels of displacement from cattle-rustling. Therefore, the mobile modalities for service provision were still able to over-reach overall beneficiary numbers.

#### 5. CERF Result Framework

<b>Project Objective</b>	Improve access of survivors of gender-based violence to secure and appropriate response services, follow up and protection
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<b>Output 1</b>	10,000 women and girls in Koch and Wau will have access to life-saving reproductive health services			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>

Indicator 1.1	# pregnant women receiving ANC services [disaggregated by age]	1,180	986	ANC Register, Monthly Service Data Report
Indicator 1.2	# pregnant women receiving clean delivery kits [disaggregated by age]	1,180	1,987	ANC Register, Monthly Service Data Report
Indicator 1.3	# of deliveries assisted by skilled birth attendant	300	74	Delivery Register, Monthly Service Data Report
Indicator 1.4	# of women receiving Postpartum care [disaggregated by age]	00	63	Delivery Register, Monthly Service Data Report
Indicator 1.5	# of health providers trained on EmONC services [disaggregated by sex]	30	110	Training Reports
Indicator 1.6	# of Clean Delivery Kits procured and distributed (each kit contains 200 individual packages of supplies for a birth, with each kit serving 200 individual pregnant women, for a total of 5,000 women)	25	25	Distribution Plan and Good Delivery Slips
Indicator 1.7	# of men receiving sexual and reproductive health services, including counselling and information for family planning and on STIs/HIV (disaggregated by age)	2,500	4,170	Outpatient Register, and Monthly Service Data Report

**Explanation of output and indicators variance:**

Indicator 1.1/1.4: The achievement is below 100% as in both locations outreach activities were slowed down due to heavy rain and thus inaccessible roads;  
Indicator 1.2: was over-achieved as more women were reached through mobile clinics and outreach activities;  
Indicator 1.3 was under-achieved as in most cases mothers were referred to Koch PHCC and Wau Hospital and Wau POC Clinic for delivery rather than to wait for the mobile teams;  
Indicator 1.5: More health providers were trained not only in EmONC, but also in PAC, CMR/PFA, and MISP; Initially the trainings were planned to take place in Juba, however, the trainings were moved to project locations to save time for staff to implement the project and thus saving and availing more fund for training more staff in MISP and MISP related components.  
Indicator 1.7: More men were reached with SRH services and information through social mobilization that targeted men in their messaging, as there were no other service delivery points nearby where men and boys could receive sexual and reproductive health services apart from mobile clinics and outreach activities.

Activities	Description	Implemented by
Activity 1.1	Provide access to life-saving RH services: antenatal, delivery and postnatal care services, including Basic and Comprehensive Emergency obstetrics and Newborn Care (EmONC), including STI management	International Medical Corps (IMC) and International Rescue Committee (IRC)
Activity 1.2	Train health workers in the provision of EmONC services in the targeted health facilities	International Medical Corps (IMC) and International Rescue Committee (IRC)
Activity 1.3	Provide health care for survivors of rape and gender-based violence, especially post exposure prophylaxis (PEP) and provision of emergency contraception to prevent unintended pregnancies respectively and HIV/STIs for both women, girls, men and boys	International Medical Corps (IMC) and International Rescue Committee (IRC)
Activity 1.4	Facilitate ambulance services for referral of women and girls with pregnancy and childbirth complications	International Medical Corps (IMC) and International Rescue Committee (IRC)
Activity 1.5	Procure Emergency Clean Delivery Kits (ERH Kit 2A), through the core pipeline	UNFPA

Activity 1.6	Distribute Emergency Clean Delivery Kits (ERH Kit 2A), including through the core pipeline	UNFPA, International Medical Corps (IMC) and International Rescue Committee (IRC)
Activity 1.7	Provide SRH services including family planning and STIs/HIV services, counselling and information	International Medical Corps (IMC) and International Rescue Committee (IRC)

<b>Output 2</b>	Most vulnerable women and girls will have access to essential minimum services for GBV protection and response			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 2.1	# women and girls accessing WGFS [disaggregated by age]	4,500	4,974	GBV case management register, Monthly and quarterly Reports
Indicator 2.2	# women and girls benefiting from comprehensive case management services [disaggregated by age and sex]	250	84	GBV case management register, Monthly and quarterly Reports
Indicator 2.3	# people benefiting from psychosocial support services (PSS) interventions [disaggregated by age and sex]	1,200	4,974	GBV case management register, Monthly and quarterly Reports
Indicator 2.4	# people benefitting from community information and awareness raising sessions [disaggregated by sex and age]	9,000	16,125	Community outreach register, Monthly and quarterly Reports
Indicator 2.5	# people benefitting from logistical and material support (apart from dignity kits)	200	805	GBV case management register, Monthly and quarterly Reports
Indicator 2.6	# of dignity kits procured and distributed	7,000	11,000	Distribution plan and Good Delivery Slips

**Explanation of output and indicators variance:**

Indicator 2.2: This number reflects the cases that were reported and referred for comprehensive case management services during this period. Stigma plays a role in disempowering and dissuading women from seeking support. The mobile modality used also likely played a role in reducing use of services, as regularity in service provision increases use of case management and reporting rates. Case management cases are difficult to predict and depends on levels of cultural awareness.

2.3: More women and girls were attracted to the improved service provided at the WGFS where they had access to free and safe environment to discuss and share experiences and skills learning opportunities available.

Indicator 2.4: More people were reached with SRH/GBV services and information through social mobilization with appropriate messaging targeting women, men, girls and boys thanks to expanded mobile outreach to remote locations.

Indicator 2.6: Given complaints previously received on the poor quality and cultural appropriateness of the standardized kits, the re-usable sanitary pad component of the kits were locally procured. The rest of the standardized kit contents were purchased, and kits were assembled in Juba. The re-usable sanitary pads procured locally were cheaper, thus leading to cost savings that were used to purchase more dignity kits.

<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>
Activity 2.1	Scaling up of Women and Girl Safe Spaces for integrated GBV prevention and response in Koch, Leer and Wau	International Medical Corps (IMC) and International Rescue Committee (IRC)
Activity 2.2	Provide basic case management services and individual counselling to GBV survivors	International Medical Corps (IMC) and International Rescue Committee (IRC)
Activity 2.3	Provide regular psychosocial support services to women and girls	International Medical Corps (IMC) and International Rescue Committee (IRC)

Activity 2.4	Outreach and information dissemination: conduct house to house outreach activities to create awareness on access to different available services.	International Medical Corps (IMC) and International Rescue Committee (IRC)
Activity 2.5	Community-based protection from GBV: organize one community forum in each project location	International Medical Corps (IMC) and International Rescue Committee (IRC)
Activity 2.6	Provide logistical and material support to survivors to facilitate access to services e.g. transportation, accommodation, meals and medication	International Medical Corps (IMC) and International Rescue Committee (IRC)
Activity 2.7	Procure 'Dignity/menstrual hygiene kits' as a protective material support for women and girls to enable dignified access to services through supporting mobility during menstruation.	UNFPA
Activity 2.8	Distribute 'Dignity/menstrual hygiene kits' as a protective material support for women and girls to enable dignified access to services through supporting mobility during menstruation.	UNFPA, International Medical Corps (IMC) and International Rescue Committee (IRC)

## 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?**

During the design phase, focus group discussions were conducted with target beneficiaries to facilitate consultations on needs, including discussions on project sites, risks as understood by the communities etc. During project implementation, regular listening sessions for women and girls were held, as well as community dialogue sessions established to allow women, girls and the target community to express any concerns regarding services provision. Beneficiaries were sensitized on accountability standards and complaints mechanisms. Communities were also informed about availability of focal points to whom they could raise any arising issues. The feedback and reporting procedures were displayed in safe places within the project location and complaints and feedback boxes were placed at WGFS and project site offices for those who can write to access. This enabled women and young persons with disability provide feedback to improve programme. Effective participation facilitated engagement of caregivers. Community user-friendly monitoring tools were developed for those who cannot read and write to encourage inclusivity and participation of the beneficiaries and communities at large.

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

UNFPA and its Implementing Partners first explored the existing community entry and dialogue/negotiation mechanisms/approaches that communities have used in the past to engage at community level to enhance more efficiency in the process – this includes meetings and consultations with local authorities such as boma and payam-level chiefs, as well as other local representatives (Ministry officials, etc.). Together with the communities, UNFPA and implementing partners used direct focus group discussions to assist in adequately capturing the needs, voices, and leadership of women, girls and marginalized groups in project design and activities.

### 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?**

UNFPA and its partners informed the affected people and provided relevant information about its procedures and principles of all organizations involved, ensuring coordinated messaging with one voice to avoid confusion. As mentioned above, meetings were held with women, girls, men and boys as part of the consultation process and relevant information about the project was provided and affected people were allowed to seek clarification at any point in time especially around what the programme intends to deliver. Communities and beneficiaries were also informed of how IP staff are expected to behave and were encouraged to report any wrongdoing by staff members that affected project implementation or beneficiaries of assistance.

<b>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.</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Complaint boxes were placed at the WGFS and within health facilities, however UNFPA's experience has shown that most feedback and complaints emerge during FGDs. Feedback related to service provision has been discussed with beneficiaries to ensure their views are acted upon. For example, one feedback received that was responded to involved increasing the number of outreaches in a week to enable access to GBV services for beneficiaries and the community more broadly.	
<b>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.</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
UNFPA has a PSEA policy in place for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints as an agency and also as part of the Inter Agency PSEA Task Force. There is a PSEA hotline in place and the email psea@unfpa.org for reporting SEA cases. UNFPA and partners, as part of this project, conducted awareness raising about SEA as a violation and provided information on victim assistance through existing GBV referral pathways throughout project duration.	
<b>Any other comments (optional):</b> 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 <b>value of cash</b> that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs).					
CTP Modality	Value of cash (US\$)	a. Objective	b. Cluster/Sector	c. Conditionality	d. Restriction
None	N/A	N/A	N/A	N/A	N/A
Supplementary information (optional) N/A					

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
An evaluation is pending for next year and results will be shared with CERF when finalized.	EVALUATION CARRIED OUT <input type="checkbox"/> EVALUATION PENDING <input checked="" type="checkbox"/> NO EVALUATION PLANNED <input type="checkbox"/>

#### 8.4. Project Report 19-RR-HCR-005 - UNHCR

1. Project Information			
1. Agency:	UNHCR	2. Country:	South Sudan
3. Cluster/Sector:	Emergency Shelter and NFI - Shelter and Non-Food Items  Protection - Protection  Camp Coordination / Management - Camp Coordination and Camp Management	4. Project Code (CERF):	19-RR-HCR-005
5. Project Title:	Support IDP returns in South Sudan through provision of protection, assistance and promotion of solutions		
6.a Original Start Date:	03/04/2019	6.b Original End Date:	02/10/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 6,384,725
	b. Total funding received for agency's sector response to current emergency:		US\$ 2,284,131
	c. Amount received from CERF:		US\$ 1,400,035
	d. Total CERF funds forwarded to implementing partners of which to:		<b>US\$ 322,470</b>
	Government Partners		US\$ 0
International NGOs		US\$ 184,520	
National NGOs		US\$ 137,950	
Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance
<p>During the implementation period, UNHCR and its partners provided Protection and SNFI support to IDP returnees and host community members in all ten targeted counties (Akobo, Ayod, Uror, Fangak, Wau, Raja, Koch, Leer, Tambura, and Yambio), with CCCM activities targeted to Koch and Leer.</p> <p>More than 131,000 people were reached through protection interventions and 61,901 people reached through S/NFI support during project implementation. More than 48,000 returnees received information about the return areas before departure through protection information desks, protection monitors, and outreach networks. 30,000 persons with specific needs were identified as vulnerable and referred to existing services to receive support. 23 protection assessments were conducted, and community-based training conducted, including to 33 structures on SGBV and returnee monitoring. NFIs (including plastic sheets, blankets, solar lanterns, soaps, mosquito nets, buckets, and sleeping mats) and cash were distributed to those with vulnerability status, including persons with disabilities, elderly, single women at risk, people with chronic illness and pregnant and breastfeeding mothers. 17,234 people were reached with increased circulation of information, including through improved coordination channels with the authorities.</p>

Through this support, UNHCR has ensured that the protection environment continues to be conducive for safe return and peaceful reintegration and the returnees and vulnerable host community with specific needs are identified, supported and referred to specialized services.

### 3. Changes and Amendments

In Jonglei state, Ayod County, the project activities were partially implemented. Teams were prevented from entering the area due to access constraints, caused by conflict in the area in June, and followed by heavy rain and flooding that started in August. Even though Ayod was not reached, some IDPs returning from Bor POC to Ayod were provided with core relief items and multipurpose cash grants to help them meet the costs of transport from Bor to Ayod when the security and access were granted by the local authorities.

Because Ayod could not be accessed, support for this location was redirected to other locations (i.e. Akobo, Fangak) where access was possible.

In addition, UNHCR and partners conducted more trainings for community based structures, such as trainings on GBV prevention and response, self-support and self-management, peer management, etc. For example, UNHCR and partners conducted six trainings for youth and women community-based protection network in return areas in Wau Town, Baggari, Bazia and Raja while UNHCR and partners conducted eight trainings to community-based protection networks focusing mainly on persons with disabilities, women, community leaders and youth. CERF funding allowed UNHCR and partners to strengthen existing community structures and also to identify the additional protection community structures in the areas of return, especially where there had not been any existing community structures; as such, more trainings were needed than expected in areas where new community structures were established.

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

Cluster/Sector	Camp Coordination / Management - Camp Coordination and Camp Management				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	936	1,053	1,650	1,461	5,100
Refugees	0	0	0	0	0
Returnees	2,181	2,460	3,412	3,847	11,900
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>3,117</b>	<b>3,513</b>	<b>5,062</b>	<b>5,308</b>	<b>17,000</b>
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	218	246	354	372	1,190

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

Cluster/Sector	Camp Coordination / Management - Camp Coordination and Camp Management				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	1,375	2,063	1,117	1,376	5,931
Refugees	0	0	0	0	0
Returnees	2,156	2,455	3,152	3,540	11,303
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>3,531</b>	<b>4,518</b>	<b>4,269</b>	<b>4,916</b>	<b>17,234</b>

Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	297	311	229	222	1,059

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

Cluster/Sector	Protection - Protection				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	5,400	6,300	8,400	9,900	30,000
Refugees	0	0	0	0	0
Returnees	18,000	21,000	28,000	33,000	100,000
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>23,400</b>	<b>27,300</b>	<b>36,400</b>	<b>42,900</b>	<b>130,000</b>
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	1,638	1,911	2,548	3,003	9,100

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

Cluster/Sector	Protection - Protection				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	11,600	14,935	8,395	11,670	46,600
Refugees	0	0	0	0	0
Returnees	19,551	29,132	15,351	20,583	84,617
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>31,151</b>	<b>44,067</b>	<b>23,746</b>	<b>32,253</b>	<b>131,217</b>
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	2,046	2,197	1,530	1,508	7,281

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

Cluster/Sector	Emergency Shelter and NFI - Shelter and Non-Food Items				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	4,600	5,300	7,000	8,100	25,000
Refugees	0	0	0	0	0
Returnees	6,000	8,000	10,000	11,000	35,000

Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>10,600</b>	<b>12,300</b>	<b>17,000</b>	<b>19,100</b>	<b>60,000</b>
<b>Planned</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
Persons with Disabilities (Out of the total number of "people planned")	742	931	1,190	1,337	4,200

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

<b>Cluster/Sector</b>	Emergency Shelter and NFI - Shelter and Non-Food Items				
<b>Reached</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
Host communities	2,621	6,662	3,859	7,967	21,109
Refugees	0	0	0	0	0
Returnees	6,436	12,978	9,483	11,896	40,793
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>9,057</b>	<b>19,640</b>	<b>13,342</b>	<b>19,863</b>	<b>61,902</b>
<b>Reached</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
Persons with Disabilities (Out of the total number of "people reached")	944	852	804	886	3,486

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:	No significant discrepancies between planned and reached people.
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#### 5. CERF Result Framework

<b>Project Objective</b>	IDPs return to their intended destination in a safe and dignified manner and can reintegrate peacefully and receive adequate community support, with particular attention to those with specific needs
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<b>Output 1</b>	Returnees are monitored and supported to ensure safe and dignified reintegration in areas of return.			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	# of assessments conducted with protection staff in selected areas of return	20	23	Assessment reports, Joint mission reports
Indicator 1.2	# of Community-based structures in selected areas of return trained and supported to monitor IDP returns	6	14	Attendance records
Indicator 1.3	# of Community-based structures trained in SGBV prevention and response	6	19	Attendance records
Indicator 1.4	# of returnees with specific needs referred to existing programmes receiving support	30,000	30,793	Distributions and assessment reports

Indicator 1.5	# of Returnees receiving support or information about the situation in areas of return (disaggregated by age and sex)	50,000	48,554	Protection desks reports
<b>Explanation of output and indicators variance:</b>		Indicator 1.2/1.3 - UNHCR and partners conducted more GBV and return training than originally planned as the teams identified there was more need for training in locations where committees were newly established.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Conduct rapid protection assessments in key areas of return	UNHCR, Hope Restoration of South Sudan (HRSS), Danish Refugee Council (DRC), Humanitarian Development Consortium (HDC), Nile Hope, INTERSOS, Jesuit Refugee Services (JRS), Women Development Group (WDG)		
Activity 1.2	Support community-based structures to monitor IDP returns, improve reception and reintegration of returnees (depending on the location, this includes but is not limited to coordination support, training, material support or assistance for activities depending on the specific community structure).	UNHCR, Hope Restoration of South Sudan (HRSS), Danish Refugee Council (DRC), Humanitarian Development Consortium (HDC), Nile Hope, INTERSOS, Jesuit Refugee Services (JRS), Women Development Group (WDG)		
Activity 1.3	Support community-based structures provide assistance to returnee survivors of gender-based violence and contribute for SGBV prevention (depending on the location, this includes but is not limited to activities such as support to women and girl-friendly spaces, identification of survivors, case management and psychosocial support, emergency referrals, staff training, sensitization activities, awareness campaigns, PSEA activities).	UNHCR, Hope Restoration of South Sudan (HRSS), Danish Refugee Council (DRC), Humanitarian Development Consortium (HDC), Nile Hope, INTERSOS, Jesuit Refugee Services (JRS), Women Development Group (WDG)		
Activity 1.4	Provide support to returnees with specific needs and those extremely vulnerable (depending on the location, this includes but is not limited to identification of persons with specific needs, emergency counselling, referrals and psychosocial support, immediate assistance, in-kind or cash, to those extremely vulnerable).	UNHCR, Hope Restoration of South Sudan (HRSS), Danish Refugee Council (DRC), Humanitarian Development Consortium (HDC), Nile Hope, INTERSOS, Jesuit Refugee Services (JRS), Women Development Group (WDG)		
Activity 1.5	Support to voluntary, safe, dignified and well-informed returns (cash and non-cash) (Activities include transportation support, information to new arrivals, etc.).	UNHCR, Humanitarian Development Consortium (HDC), Nile Hope, INTERSOS		

<b>Output 2</b>	Returnees with disabilities are monitored and assisted to have their specific needs addressed and their reintegration prospects enhanced with the support of the community			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 2.1	# of Returnees with disabilities identified and supported (disaggregated by age and sex)	9,100	10,437	UNHCR Persons with Specific Needs database, UNHCR protection monitoring and profiling report
Indicator 2.2	# of Households with persons with disabilities referred to and assisted by other existing assistance schemes or programmes	1,500	1,479	UNHCR Persons with Specific Needs database, UNHCR protection monitoring and profiling report
<b>Explanation of output and indicators variance:</b>		Activities achieved as planned.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Monitoring of IDP returns and screening of PSNs for identification of persons with disabilities	UNHCR, Hope Restoration of South Sudan (HRSS), Danish Refugee Council (DRC), Humanitarian Development Consortium (HDC), Nile Hope,		

		INTERMOS, Jesuit Refugee Services (JRS), Women Development Group (WDG)
Activity 2.2	Provision of assistance to persons with disabilities, including mobility devices and referrals to psycho-social support or other available specialized services (up to 3.22% of the total population targeted through all sectors)	UNHCR, Hope Restoration of South Sudan (HRSS), Danish Refugee Council (DRC), Humanitarian Development Consortium (HDC), Nile Hope, INTERMOS, Jesuit Refugee Services (JRS), Women Development Group (WDG)
Activity 2.3	Submission of referrals to other service providers and assistance schemes, particularly but not limited to livelihoods and food security programmes of households with persons with disabilities	UNHCR, Hope Restoration of South Sudan (HRSS), Danish Refugee Council (DRC), Humanitarian Development Consortium (HDC), Nile Hope, INTERMOS, Jesuit Refugee Services (JRS), Women Development Groups (WDG)

<b>Output 3</b>	Returnees have equitable access to services and information in areas of return and achieve peaceful reintegration with the support of strengthened community-led governance structures			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 3.1	# of trainings to community-based structures on self-management and reintegration of returnees	6	15	Training report, UNHCR field mission to Leer
Indicator 3.2	# of information campaigns conducted in transit and areas of return in Koch and Leer Counties	4	5	Campaign report, photos from the campaigns, UNHCR mission and protection report
Indicator 3.3	# of trainings and coordination mechanisms with local authorities to ensure returnees are received in a safe and dignified manner	14	14	Training report, UNHCR field mission
<b>Explanation of output and indicators variance:</b>		Indicator 3.1 - UNHCR and partners conducted trainings targeted various community-based structures, including youth groups, women's groups, protection networks, community protection watch groups, and community leaders with a focus on persons with disabilities. Some areas of return did not have any pre-existing community structures, hence UNHCR and partners had to identify new community structures and provide a broader spectrum of training than originally planned.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 3.1	Training of community-based structures on self-management for reception and reintegration of Returnees	UNHCR, Hope Restoration of South Sudan (HRSS), Danish Refugee Council (DRC)		
Activity 3.2	Mapping of areas of return based on perception surveys and participatory assessments in transit and areas of return	UNHCR, Hope Restoration of South Sudan (HRSS), Danish Refugee Council (DRC)		
Activity 3.3	Establish and strengthening coordination mechanisms with local authorities and relevant actors for reception and reintegration of Returnees	UNHCR, Hope Restoration of South Sudan (HRSS), Danish Refugee Council (DRC)		
Activity 3.4	Strengthen information management/communication with the communities in transit areas and areas of return	UNHCR, Hope Restoration of South Sudan (HRSS), Danish Refugee Council (DRC)		

<b>Output 4</b>	Returnees with specific needs have access to emergency shelter and non-food item			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 4.1	# of returnees with specific needs provided Shelter and Non-Food Items (disaggregated by age and sex)	17,000	20,396	UNHCR PSN database, UNHCR protection monitoring and profiling report, Joint pre-assessment report

<b>Explanation of output and indicators variance:</b>		Indicator 4.1 - Within returnee groups in the targeted areas of return, the need was greater than expected in some areas such as Wau, Tambura, and Yambio. Targets were increased to ensure that all persons with specific needs in each area were supported. UNHCR and partners had different funding resources for S/NFI distribution for persons with specific needs which complemented CERF funding for more comprehensive package
Activities	Description	Implemented by
Activity 4.1	Procurement of Shelter and Non-Food Items (to replenish the stock for IDP)	UNHCR
Activity 4.2	Delivery of Shelter and Non-Food Items to distribution location (to replenish the stock for IDP)	UNHCR
Activity 4.3	Protection Assessment and Identification of returnees with specific needs	UNHCR, Hope Restoration of South Sudan (HRSS), Danish Refugee Council (DRC), Humanitarian Development Consortium (HDC), Nile Hope, INTERSOS, Jesuit Refugee Services (JRS)
Activity 4.4	Distribution of Shelter and Non-Food Items to returnees with specific needs	UNHCR, Hope Restoration of South Sudan (HRSS), Danish Refugee Council (DRC), Humanitarian Development Consortium (HDC), Nile Hope, INTERSOS, Jesuit Refugee Services (JRS)
Activity 4.5	Cash Transfer to returnees with specific needs (up to 10% of the total targeted Population)	UNHCR

## 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?**

IDPs, host communities and IDP returnees alike were consulted at the start of the project, in a similar fashion to other UNHCR programs. The communities in the targeted groups actively played a role in the beneficiary identification and selection processes through participatory and periodic assessments; they also supported with identifying the most vulnerable in the community. Community members also acted as mobilizers for the assessments.

Protection information desks operated by UNHCR and partner staff were used to identify, track, document and assist the affected people. UNHCR and partners involved representatives from all target populations including youth groups, community leaders, women groups, and the persons with disabilities in consultation meetings, periodic reviews, and in joint monitoring or evaluation exercises. Community-based complaint mechanisms, comprised of community leaders and community volunteers tasked with receiving feedback from the community on project implementation. Feedback was discussed during internal and project review meetings with the larger community and during review meetings with implementing partner. The involvement of community leaders was a part of community engagement and participation.

#### **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 national state structures and stakeholders actively supported the implementation of the project. South Sudan's Relief and Rehabilitation commission (RRC) and Relief Organization for South Sudan (ROSS), both authority figures (government and opposition) were at the front line in the implementation of the project. They both were engaged through different coordination forums, including the monthly coordination meetings of humanitarian partners. At the state level, an open coordination channel was established with the state ministry of local government, Ministry of Gender, Child and Social Welfare, and other government counterparts, and were involved in discussions at the monthly humanitarian coordination forum.

These mechanisms were strengthened by paying close attention to the women, persons with specific needs, youth, persons with disabilities and elderly groups. Most of the community-based structures trained in this project were formed with equal portion in term of gender balance, and women in particular have been empowered to participate through a series of capacity building mechanisms.

Participants were selected based on age and diversity as well, to ensure that all sections of the community (persons with disabilities, minorities, etc.) are represented. CBCMs were also used to ensure all people are able to provide feedback into project implementation.

## 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?**

UNHCR and its partners made efforts to ensure that the affected people are aware and informed of the objective of the project and the available services provided through the project using IEC materials. Posters carrying information about protection and ethical principles (including anti-fraud) were posted at various accessible locations such as premises of partners, distribution points, protection desks, public notice boards in the communities and in UNHCR partner premises. Information on UNHCR and partners were also shared through the community-based complaints mechanism, and through authorities as well. At project start, UNHCR, together with partners and the community, held discussions about the project and its objectives; activities plans were also shared with the community, as well as organizational codes of conduct. Signboards were established that displayed information about the ongoing activities, at the protection information desk, the community get accurate information about the project, and get answers or question about other relevant communication. The community feedback mechanisms were designed in such a way that they included community volunteers, through whom feedback from persons with special needs, such as the disabled as well as the illiterate would exchange information about concerns being identified and support services available.

**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 ☐

Complaints mechanisms were jointly developed with a community of concern and made use of the community's resources and structures. Community-based complaint mechanisms (CBCM) were comprised of community leaders in the community self-management structures who were trained and entrusted with responsibility to serve their community. Feedback meetings with the CBCMs were held monthly. Complaints could also be reported through complaint boxes or to PSEA focal persons from humanitarian agencies. Community members could make both written and verbal complaints. When using complaint boxes as a complaint channel, UNHCR and partner ensured safety and transparency with locks and the representatives from different agencies should be present when opening the box. CBCMs also served as an investigating agency's point of contact for delivery of feedback to the complainant/survivor, delivered in a safe and ethical manner acceptable to the recipient.

**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 ☐

While it differs from state to state, in general, there are established PSEA taskforces at state-level, which are reporting mechanisms for SEA external to all humanitarian partners. Safe/confidential places, such as women's centers, community centers, and UNHCR and partner offices, are established routes for reporting. Internally, for UNHCR and partners, all involved in this project implementation have been trained on how to detect and report SEA to these external mechanisms. Each office includes a PSEA focal point. Partners also share information on SEA with community members through CBCMs; in Jonglei state, for example, UNHCR and partners use all forums, meetings, public events, workshops to disseminate information on SEA. Community-based reporting mechanisms have been established in return areas and IDP sites, and they also reported on sexual exploitation and abuse involving persons of concern. In addition, complaint boxes have been established in all the locations. Through these two mechanisms, UNHCR and partners ensured that SEA may be identified and responded to and monitoring of these mechanisms was continuous throughout project activities.

**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
Yes, CTP is a component of the CERF project	Yes, CTP is a component of the CERF project

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 <b>value of cash</b> that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs)					
CTP Modality	Value of cash (US\$)	a. Objective	b. Cluster/Sector	c. Conditionality	d. Restriction
Multipurpose cash grant	US\$ 56,000	Multi-purpose cash	Protection - Protection	Conditional	Unrestricted
Multipurpose cash grant	US\$ 12,000	Sector-specific	Protection - Protection	Conditional	Restricted

Supplementary information (optional):

UNHCR has supported on case-by-case basis small groups of vulnerable IDPs in exercising their right to return, working with relevant actors through the area-based Solutions Working Groups that are guided by the National-level Advisory Group on Solutions. The entire process was guided by South Sudan HCT Operational Guidance Note for Humanitarian Support to Returns, Relocations and Local Integration of IDPs in South Sudan. In that context, UNHCR has provided one-off cash assistance to extremely vulnerable persons with specific needs (PSNs) to facilitate their search for solutions. In due consideration of the operational environment and remoteness of locations targeted, a cash modality was selected, using a financial service provider to deliver the cash grant to the end delivery point and UNHCR personnel to the final delivery point. Cash was also provided on a case-by-case basis to vulnerable individuals as part of the PSN support activity, with the amount tailored to their need.

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
In terms of evaluation, the Office follows the overall policy framework set by UNHCR's Evaluations Service based in Headquarters. Centralised or de-centralised evaluations are organized as and when required to assess systematically and impartially the level of achievement and impact of a programme, strategy or policy. No evaluation is planned for this project as the targeted activities – protection, CCCM and NFIs programme in South Sudan - do not fall within priority areas selected by UNHCR's Headquarters for evaluation in this year.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

## 8.5. Project Report 19-RR-CEF-025 - UNICEF

1. Project Information			
1. Agency:	UNICEF	2. Country:	South Sudan
3. Cluster/Sector:	Education - Education Nutrition - Nutrition Protection - Child Protection	4. Project Code (CERF):	19-RR-CEF-025
5. Project Title:	Provision of integrated preventive and lifesaving activities for returnees and host communities in Jonglei, Unity, Western Bahr el Ghazal and Western Equatoria		
6.a Original Start Date:	03/04/2019	6.b Original End Date:	02/10/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 8,690,388
	b. Total funding received for agency's sector response to current emergency:		US\$ 1,109,954
	c. Amount received from CERF:		US\$ 1,109,954
	d. Total CERF funds forwarded to implementing partners of which to:		<b>US\$ 690,501</b>
	Government Partners		US\$ 0
International NGOs		US\$ 197,901	
National NGOs		US\$ 492,600	
Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance
<p>Through the RR CERF allocation, UNICEF and partners provided a multi-sector holistic package of child protection, education, and nutrition services for children in Wau, Koch, and Leer. Child protection in emergencies interventions in the form of psychosocial support, case management, reunification, and reintegration activities reached 15,678 people in all three target locations. UNICEF and partners also supported a total of 11,494 beneficiaries with education interventions. 10 Temporary Learning Spaces (TLS) in Leer county and a total of 20 classrooms were completed, benefiting 7,423 school-aged children with support from 200 trained teachers, 200 trained Parent Teacher Association (PTA) members, and 4 trained education inspectors in Koch and Leer. UNICEF also reached a total of 53,383 people with nutrition interventions, allowing for the maintenance of malnutrition indicators within SPHERE standards in Leer and Koch counties in Unity State. Through the establishment of OTPs, 1,611 children were treated for severe malnutrition; 36,562 caregivers received maternal, infant and young child nutrition (MIYCN) counselling with ECD and hygiene messaging. Activities also included 15 established kitchen gardens, vitamin A supplementation reaching 47,211 children, and 758 frontline workers trained on maternal, infant and young child nutrition (MIYCN) counselling; early child development (ECD); and growth monitoring and promotion.</p> <p>Through these activities, UNICEF and partners have promoted a protective environment focused for IDP returnee children that addresses malnutrition, restores access to education, and supports reunification and integration processes.</p>

### 3. Changes and Amendments

For child protection activities, while general child protection services were made available to children in need, they were underachieved due to limited numbers of returnees experienced in target locations. On economic reintegration activities, during the project period, in Unity state, the CTFMR secured the release of 32 boys associated with armed forces and groups while another 32 extremely vulnerable children who indirectly involved in military barracks received 1 on 1 support. The specialized support was provided to all released children after comprehensive need assessments which included case management (CM) services including family tracing and reunification (FTR) services, mental health and psychosocial support (MHPSS), Education, Health, Nutrition and GBV services. The children have experienced extremely difficult circumstances including gender-based violence (GBV), harmful and hazardous situations and mental health and psychosocial distress and post traumatic disorders. Hence, immediate and specialized interventions are very important. Another 350 children in Wau have been verified and are to be released in January 2020 or have been identified for support. However, as the verification exercises within armed groups took more time than anticipated due to the delay in the peace agreement and more specifically, the disagreements related to the unified army, the target of 300 CAAFAG releases could not be achieved. The CTFMR advocated with the parties to the conflict to grant access to the cantonment site to verify CAAFAG.

The project also planned to complete 12 TLSs in Leer and Koch counties, however, 2 TLSs are still under construction in Koch county and will be completed in February 2020 (costs to be covered by UNICEF). Construction was significantly delayed due to the security situation and road inaccessibility from Boaw and Bieh, as well as unit cost increases due to the scarcity of quality construction materials. Despite these challenges in the TLS, UNICEF was able to exceed its education targets, as original estimates were conservative and spaces attracted more children than expected.

Insecurity in Boaw additionally disrupted the establishment of kitchen gardens and outreach sites, with fewer established than anticipated (15 established out of 20 planned; 11 out of 18, respectively); however, the necessary tools and seeds have been procured and once accessibility is ensured, kitchen gardens will be established. Nutrition supplies procured for treatment of SAM were fully utilised by close of December 2019. In Leer, four OTP sites were affected because costs exceeded the allocated budget. Storage costs were unexpectedly high; for example, cement could not be kept in the open. Because of the heavy rains and flooding experienced in South Sudan as of July, partners had to rely on porters which was a more costly and slower form of transportation than vehicle. However, UNICEF and partners were able to over-achieve on activities: MIYCN counselling sessions were intensified, with fathers and other caregivers included for counselling in addition to mothers. There was also overachievement in Vitamin A supplementation as its delivery was integrated with polio rounds, which led to improved coverage.

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

Cluster/Sector	Education - Education				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	1,985	1,907	3,892
Refugees	0	0	0	0	0
Returnees	0	0	1,585	1,532	3,117
Internally displaced persons	0	0	0	0	0
Other affected persons	260	100	0	0	360
<b>Total</b>	260	100	3,570	3,439	7,369
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	Education - Education				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	5,465	2,762	8,227
Refugees	0	0	0	0	0
Returnees	0	0	2,045	818	2,863
Internally displaced persons	0	0	0	0	0
Other affected persons	237	167	0	0	404
<b>Total</b>	<b>237</b>	<b>167</b>	<b>7,510</b>	<b>3580</b>	<b>11,494</b>
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

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

Cluster/Sector	Nutrition - Nutrition				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	7,404	18,027	7,473	8,096	41,000
Refugees	0	0	0	0	0
Returnees	5,700	14,247	5,906	6,397	32,250
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>13,104</b>	<b>32,274</b>	<b>13,379</b>	<b>14,493</b>	<b>73,250</b>
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

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

Cluster/Sector	Nutrition - Nutrition				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	4,904	8,270	8,818	14,207	36,199
Refugees	0	0	0	0	0
Returnees	3,056	3,668	4,961	4,741	16,426
Internally displaced persons	0	0	0	0	0
Other affected persons	152	606	0	0	758
<b>Total</b>	<b>8,112</b>	<b>12,544</b>	<b>13,779</b>	<b>18,948</b>	<b>53,383</b>

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

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

Cluster/Sector	Protection - Child Protection				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	2,720	2,080	2,794	2,406	10,000
Refugees	0	0	0	0	0
Returnees	2,640	2,960	4,210	3,222	13,032
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>5,360</b>	<b>5,040</b>	<b>7,004</b>	<b>5,628</b>	<b>23,032</b>
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	Protection - Child Protection				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	952	1,501	4,598	4,968	12,019
Refugees	0	0	0	0	0
Returnees	343	650	1,326	1,340	3,659
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>1,295</b>	<b>2,151</b>	<b>5,924</b>	<b>6,308</b>	<b>15,678</b>
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:

For education, although not all TLSs were established, overall more children were reached than expected, as needs were greater than anticipated. This achievement was more strongly shown among the boys, as the girls face more barriers to participation, including early and forced marriage and lack of community education awareness.

For nutrition, the underachievement is mainly related to inaccessibility in Koch area because of insecurity and flooding. It is important to note that the Nutrition team delivering services on the ground were on foot in many areas and as a result could not manage to reach every village due to flooding. However, UNICEF was able to support the IDP population and people in host communities, ultimately reaching a total 52,625 individuals of which 16,426 were returnees. Additionally, to maintain consistency with other agency

	<p>project reports, the 758 staff trained through this project have been included under “other affected persons”.</p> <p>The main discrepancy noted under the child protection component is related to the reach of the returnee population. The underachievement in overall beneficiary numbers is mainly related to the difficulties faced by the implementing partners to reach and support returnees in Leer and Koch. This was due to fear and reluctance on the part of IDPs to return to their area of origin as a result of the delay and uncertainties around implementation of the peace agreement. The sporadic inter-communal clashes (cattle raiding) that affected southern Unity during the implementation period were also contributing factors.</p>
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## 5. CERF Result Framework

<b>Project Objective</b>	Provision of integrated preventive and lifesaving activities for returnees and host communities.
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<b>Output 1</b>	Returnee and host children have enhanced access to protection services			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	# of returnees and host community children who access to comprehensive child protection services (disaggregated by sex)	200 children	115 (76 boys, 39 girls)	Case Management files, CPIMS and CPIMS+ records
Indicator 1.2	% of children who are reunified with their biological families or placed into permanent alternative living arrangements.	53 Children reunified	43	Case Management files, CPIE database
Indicator 1.3	# of individuals in receipt of focus and non-focus Psychosocial services and community awareness addressing protection issues (disaggregated by sex)	23,032 individuals (5,360 men, 5,040 women, 7,004 boys, 5,628 girls)	15,678 individuals (1,295 men, 2,151 women, 5,925 boys, 6,308 girls)	CPIE database, PSS Attendance files, human interest stories
<b>Explanation of output and indicators variance:</b>		Indicator 1.1-1.3: The indicators under this output were not fully achieved, as noted in the beneficiary section above, because of the limited number of returnees in Leer and Koch. The delay in implementation of the Peace Agreement coupled with the political uncertainties were contributing factors to the limited population movement and reduced return of population to their area of origin.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Provide case management services and referrals to other service providers including FTR services for returnee and host community children	Hold The Child (HCO) UNIDOR		
Activity 1.2	Conduct identification, documentation tracing and reunification for UASC and placement of children in alternative care while tracing is on-going.	Hold The Child (HCO) UNIDOR		
Activity 1.3	Provide focused (wellbeing activities) and non-focused (recreational) PSS activities through child friendly spaces (CFSSs) (either static or mobile) in community spaces and schools.	Hold The Child (HCO) UNIDOR Mercy Corps		

<b>Output 2</b>	Children (300 children formerly associated with armed forces or armed groups and 300 extremely vulnerable children and adolescents) are provided with access to socio-economic reintegration assistance			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 2.1	# of children in targeted communities provided with economic strengthening	300 children (150 children formally released and 150	133 (94 boys, 39 girls)	Case management files, CPIE database

	support as a prevention strategy for re-recruitment ((disaggregated by sex)	children from host communities)		
Indicator 2.2	# of children in targeted communities provided with vocational training/apprenticeships to help improve income generation (disaggregated by sex)	300 children (150 children formally released and 150 children from host communities)	133 (94 boys, 39 girls)	Case management files, CPIE database
<b>Explanation of output and indicators variance:</b>		Indicator 2.1/2.2 - The limited number of vulnerable children and children being released from armed forces reached was due to the delay in the implementation of the peace agreement in South Sudan, particularly the aspects around having a unified army, as verification exercises were delayed. On partner changes: because the release of children was delayed, UNICEF was unable to engage with NGO Don Bosco and Hold the Child through a partnership for the implementation vocational training. As such, the original target of engaging children in vocational training to help improve income generation was not fully achieved. Based on location, Mercy Corps was engaged instead.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Provision of economic strengthening support, such as Auto mechanics; Basketry; Bee Keeping; Bead Making/Design; Borehole pump installation, maintenance and repair; Brick Making; and Carpentry etc. in order to prevent re-recruitment.	Mercy Corp (MC) UNIDOR UNICEF		
Activity 2.2	Provision of vocational training/apprenticeships to help improve income generation.	Mercy Corp (MC) UNIDOR		

<b>Output 3</b>	Children under age of five and women have increased and more equitable access to quality preventative and curative nutrition services			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 3.1	# of health and nutrition workers including community nutrition volunteers and Mother support groups trained to provide MIYCN in emergencies (disaggregated by sex and age)	700	758	Training reports
Indicator 3.2	# of primary caregivers of children aged 0-23 months who received maternal, infant, young child nutrition counselling.	32,274	36,562	Training reports
Indicator 3.3	# of children aged 6-59 months who received vitamin A supplements and deworming during the first semester (disaggregated by sex)	27,872	47,211	Vitamin A and Deworming Tally Sheets
Indicator 3.4	# of kitchen gardens and food demonstration for strengthening complementary feedings for returnees.	20	15	Food demonstration registrar
Indicator 3.5	# of OTP outreach sites providing standard treatment services for SAM children.	18	11	OTP registrar
Indicator 3.6	# of children aged 6-59 months with SAM who are admitted for treatment in OTP sites (disaggregated by sex)	2,500	1,611	Nutrition Information System Report, OTP registrar
Indicator 3.7	# of Ready-to-Use Therapeutic Food (RUTF) procured for 2,500 SAM Children who are part of the returnees.	2,500	2,500	Nutrition Information System Report, Supply Purchase Order
Indicator 3.8	Proportion of children 6-59 months with SAM cured as per the national standards ((disaggregated by sex)	>75%	89%	Nutrition Information System Report, OTP registrar
<b>Explanation of output and indicators variance:</b>		Indicator 3.1: The training was done with nutrition workers and health workers from all the partners working in Koch and Leer,		

	<p>which was higher than the total originally targeted at the proposal stage.</p> <p>Indicator 3.2: MIYCN Counselling sessions were intensified especially during World Breastfeeding Week (1-8 August) and fathers and other caregivers were included for counselling in addition to mothers, hence there was overachievement.</p> <p>Indicator 3.3: Due to enhanced microplanning and training, teams were strengthened, which increased coverage. Moreover, the activity was integrated with polio rounds, which led to improved coverage. In addition, accessibility to many villages had improved in Koch because of peace revitalisation.</p> <p>Indicator 3.4: In Boaw, because of insecurity, kitchen gardens could not be established during the reporting period. However, the necessary tools and seeds are procured and once accessibility is ensured, kitchen gardens will be established.</p> <p>Indicator 3.5/3.6: There was constraints in establishing the outreach sites especially because of insecurity in Boaw; as a result, 3 outreach sites were not completed. In Leer, 4 sites were affected because ultimately, costs exceeded the allocated budget (funds have since been secured from other resources to complete the sites). This ultimately impacted number of children reached by the OTPs. Flooding also affected the movements of nutrition workers.</p>
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Activities	Description	Implemented by
Activity 3.1	Maternal, infant, young child nutrition in emergency training for health and nutrition workers and community volunteers, including Mother support groups.	World Relief, Unidor, Nile Hope and Medair
Activity 3.2	Setting up Mother to Mother Support Groups	WR, Unidor, NH
Activity 3.3	Implementation of Vitamin A and deworming campaign.	WR and Nile Hope
Activity 3.4	Developing kitchen gardens and providing complementary food demonstrations from locally available food for caregivers.	WR, NH, Unidor and Medair
Activity 3.5	Establishment of community outreaches for returnees.	WR and NH
Activity 3.6	Rehabilitation and maintenance of nutrition facilities burnt during conflict.	WR and NH
Activity 3.7	Procurement of RUTF for 4,700 SAM Children who are part of the returnees.	UNICEF
Activity 3.8	Distribution of RUTF for 4,700 SAM Children who are part of the returnees.	UNICEF

<b>Output 4</b>	7,009 children and adolescents have access to safe and protective enabling learning.			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 4.1	# of schools provided with temporary learning spaces (two classrooms).	12	10	Field monitoring report, pictures
Indicator 4.2	# children and adolescents have access to safe and protective TLS ((disaggregated by sex)	7,009	7,423 children (3,089 girls)	Field monitoring report, attendance sheets
Indicator 4.3	# of students learning kits procured and distributed	160	160	Release order, waybills vouchers
Indicator 4.4	# of recreational kits procured and distributed.	140	140	Release order, waybills vouchers
<b>Explanation of output and indicators variance:</b>		Indicator 4.1 - The construction of 2 TLSs in Koch county is currently underway and will be completed by end of February 2020. The		

		<p>construction was significantly delayed due to the security situation and road inaccessibility.</p> <p>Indicator 4.2 - The target was overachieved among host community, internally displaced and returnee children because the project intervention attracted a higher number of learners than expected (more students enrolled than planned). As well, when the community saw that resources were being put into the schools, it attracted children from the surrounding schools, who preferred to attend the new schools.</p>
Activities	Description	Implemented by
Activity 4.1	Establish temporary learning spaces in 12 schools.	Great Commission Operation (GCOM) and Justice for Children Organisation (J4CO).
Activity 4.2	Procure teaching kits.	UNICEF
Activity 4.3	Distribute teaching kits.	GCOM & J4CO
Activity 4.4	Procure students' kits.	UNICEF
Activity 4.5	Distribute students' kits.	GCOM & J4CO
Activity 4.6	Procure recreational kits. (Sports equipment's; Balls, rackets, skipping ropes, tennis balls, nets etc.)	UNICEF
Activity 4.7	Distribute recreational kits.	GCOM & J4CO

<b>Output 5</b>	200 teachers are equipped with knowledge and skills on Education in Emergency (EiE) to provide an improved teaching and learning experience for conflict affected children.			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 5.1	# of volunteer teachers provided with incentives (disaggregated by sex)	200	200 (72 female)	Field monitoring report, attendance sheets, teacher's verification
Indicator 5.2	# of volunteer teachers trained on EiE. (disaggregated by sex)	200	200 (72 female)	Field monitoring report, attendance sheets
<b>Explanation of output and indicators variance:</b>		Targets met as expected.		
Activities	Description	Implemented by		
Activity 5.1	Provide incentives to volunteer teachers (US\$ 40 per month) as remuneration)	GCOM and J4CO		
Activity 5.2	Equip teachers with EiE skills with improved teaching and learning experience for conflict affected children.	GCOM and J4CO		

<b>Output 6</b>	PTA/SMC members and education authorities equipped with skills and knowledge on school management and governance.			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 6.1	# of PTA/SMC members provided with training on school management. (disaggregated by sex)	156	200 (95 F)	Field monitoring report, attendance sheets
Indicator 6.2	# of education officials provided with training on schools' management and supervision. (disaggregated by sex)	4	4	Field monitoring report, attendance sheets
<b>Explanation of output and indicators variance:</b>		Indicator 6.1 - The trainings initially targeted the existing number of PTA/SMC members across 20 schools. However, when the project requested more community members to engage in the TLS		

	construction, the number of PTA members increased to include those participating community members.	
Activities	Description	Implemented by
Activity 6.1	Train PTA/SMC members on school management and governance.	GCOM and J4CO
Activity 6.2	Train education official training on school monitoring and supervision	GCOM and J4CO

## 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 involved crisis-affected people in the design, implementation and monitoring of the project:

For the Child protection component, UNICEF and its implementing partners carried out sensitisation campaigns to inform the target communities and solicit their views in order to promote the participation of marginalised groups such as women and minority ethnic groups. This was achieved in Child Friendly Spaces, during Child Protection Committees meetings and during awareness raising activities. Through the selection of partners, UNICEF encouraged the implementation of activities that promote consultation and involvement of communities, caregivers and local authorities through various meetings and focus group discussions. Their decisions and suggestions were incorporated into project decision making and design as well as providing feedback on programme implementation.

For the Nutrition interventions, in all sites, feedback meetings were conducted among various stakeholders to regularly collect feedback from the community actors and beneficiaries to inform programme intervention planning. This included discussion on programme strategy and mobilisation of locally available materials and resources. NGO partner WR also conducted a project evaluation of education and nutrition activities with stakeholders including PTAs, head teachers, CNVs and MSG representatives, and local leaders. They provided feedback on the existing services and suggestions were made for improvement.

For the Education component, UNICEF and its implementing partners carried out a Back to School campaign at the state and county level and engaged community and parents in the campaign planning process through PTAs/SMCs. The PTAs/SMC were involved in identifying and mobilising learners to enrol in schools. PTAs were also engaged in the TLS construction and distribution of supplies. Their decisions and suggestions were incorporated into the project decision making and design as well as providing feedback on program implementation.

#### **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 engaged with local community structures as described as above to capture the needs and voices of all parts of the community in the response. The local authorities, including the County Education Authorities and Commissioners were engaged in the process of project decision making. For each component, there was a slightly different entry point for this engagement, ie, for nutrition, it would have been feedback meetings at sites, while for education, initial engagement would have been with the PTA/SMC members. During this engagement, UNICEF would ensure that the voices of vulnerable groups are included. There is deliberate effort to prioritise the most vulnerable in programming to address the community's protection concerns, and vulnerable groups such as the elderly and the disabled participate and are prioritised as beneficiaries.

### 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?**

UNICEF implementing partners have been working in collaboration and with the involvement of the affected population. All selected partners for this action have been selected based on their long-term experience and acceptance in the communities. During the selection phase of the implementing partner, through the use of a Programme Cooperation Agreement (PCA), UNICEF obligates each selected partner to ensure that mechanisms such as child safeguarding policies and codes of conduct are in place, and that information about UNICEF, its policies, and those of the implementing partners' staff are communicated with the affected population. For example, at the project onset, implementing partners provided information about the project activities, beneficiary selection and target location to affected persons through mechanisms such as inception meetings, focus groups, etc.

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

There is a complaint and feedback mechanism in the programme. Beneficiaries have been sensitised in various forums that are available for such feedback. The community also provides direct feedback through their groups or volunteers such as mother support groups and community nutrition volunteers (CNVs). A common example of feedback that was received was mothers asking why their children had not been admitted to the nutrition program. This would be expressed to the community volunteers or to health workers, who in turn report this to the implementing partners. Eventually, the feedback is acted upon and the complainant is informed and they receive the required service.

**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 ☐

In compliance with UNICEF global guidelines, all UNICEF IPs received standard letters informing them about the roll-out of the UN Protocol on Allegations of SEA involving IPs, and all PCAs contain new articles integrating the legal provisions of the Protocol. UNICEF has also started the roll-out of a participatory assessment of its IPs on PSEA and Child Safeguarding. IPs in Unity and Western Bahr el Ghazal have been sensitized on PSEA/Child Safeguarding, on the new PCA clauses and the mandatory reporting to UNICEF before going through the self-audit tool to evaluate their respective procedures and mechanisms to prevent and respond to SEA. The outcome of this evaluation will inform a training strategy to build the capacity of UNICEF IPs on PSEA. Training and awareness raising of UNICEF staff and IPs on PSEA/Child Safeguarding has led to an increase in the number of allegations reported. While SEA complaints have been raised, none have been raised through this project. UNICEF is closely monitoring services provided to the victims as well as the status of investigations carried out. Lastly, UNICEF is an active member of the in-country PSEA Task Force and took part in the monthly meetings as well as in the PSEA Retreat to draft the 2019 inter-agency action plan on PSEA. UNICEF has a SEA Notification Alert Protocol that governs reporting and handling of reports of SEA. (see [Alert Diagram for Step by Step reporting to Senior Management](#)).

**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 <b>value of cash</b> that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs).					
CTP Modality	Value of cash (US\$)	a. Objective	b. Cluster/Sector	c. Conditionality	d. Restriction
None	N/A	N/A	N/A	N/A	N/A
Supplementary information (optional): N/A					

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
No evaluation was planned for this project as the project period (six months) was too short.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

## 8.6. Project Report 19-RR-WFP-018 - WFP

1. Project Information			
1. Agency:	WFP	2. Country:	South Sudan
3. Cluster/Sector:	Food Security - Food Assistance Nutrition - Nutrition	4. Project Code (CERF):	19-RR-WFP-018
5. Project Title:	Provision of food assistance and emergency nutrition support to returnees in Jonglei, Unity, Western Bahr el Ghazal, and Western Equatoria		
6.a Original Start Date:	01/04/2019	6.b Original End Date:	30/09/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 5,535,200
	b. Total funding received for agency's sector response to current emergency:		US\$ 2,262,977
	c. Amount received from CERF:		US\$ 2,262,977
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 0
	Government Partners		US\$ 0
	International NGOs		US\$ 0
National NGOs		US\$ 0	
Red Cross/Crescent		US\$ 0	

## 2. Project Results Summary/Overall Performance

Through this CERF RR grant, WFP reached 124,867 (55% female and 45% male) returnees in Akobo, Fangak, Koch, Leer, Raja, Wau, Tambura and Yambio with 1,131 mt of assorted food and nutrition commodities. 27,000 boys and girls benefited from specialized nutritious products to prevent acute malnutrition. Thanks to the food received, negative coping strategies such as skipping meals, reducing portion sizes, and consuming cheaper and less preferred foods among returnee households were reduced, as illustrated by the Consumption-Based Coping Strategy Index score (3% - CBCSI). The CBCSI calculated from returnees' data indicates that they faced lower levels of stress as they experienced shorter periods of food shortages. Additionally, the distribution of food assistance prevented a worsening of the food security situation as monitoring data revealed that 62% of targeted households had either a poor or borderline food consumption score.

In coordination with FAO and IOM, WFP has helped beneficiaries to better support themselves and better integrate in areas of return. It is worth stressing that this was achieved during a period when humanitarian needs increased due to widespread flooding in South Sudan beginning in July 2019.

## 3. Changes and Amendments

During the proposal phase, WFP submitted a total beneficiary figure of 157,500 people to be reached with CERF funding with 15-day ration for six months. However, we used the multi-donor methodology to calculate the total beneficiary caseload. This means the total number of returnees to be reached over the six-month period in the specified locations using both CERF funding and WFP's other funding sources. This was in error; following discussions with OCHA locally, the planned beneficiary figure was revised to reflect the

number of people that could be reached with CERF-specific funding, as noted in the interim update. This is based on the total tonnage procured with CERF-specific funding. Following further review and discussions with OCHA locally, WFP revised its project targets to focus on 128,000 people reached with a 15-day ration for one month, with the remaining five months of assistance provided through multi-donor funding. The population served was located in eight counties, with six of them receiving a one-off monthly ration whilst two, in Western Equatoria, received two monthly rounds of assistance with specific CERF funding. There was no impact on coordination with FAO and IOM as beneficiaries not targeted using CERF funding were targeted/reached through WFP's ongoing assistance programmes in the targeted locations.

While the project proposal notes the involvement of partners in the CERF allocation and WFP activities, WFP has removed mention of implementing partners in section 5 below. WFP normally allocates a portion of each grant to implementing partner costs; however, for this grant, the costs of implementing partner collaboration were covered through ongoing agreements with partners using multi-donor funding and as such, CERF funding did not support IDP returnee-related partner activities.

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

Cluster/Sector	Nutrition - Nutrition				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	14,915	14,915	29,830
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>14,915</b>	<b>14,915</b>	<b>29,830</b>
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

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

Cluster/Sector	Nutrition - Nutrition				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	12,960	14,040	27,000
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>12,960</b>	<b>14,040</b>	<b>27,000</b>
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

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

Cluster/Sector	Food Security - Food Assistance				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	42,525	51,975	28,350	34,650	157,500
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>42,525</b>	<b>51,975</b>	<b>28,350</b>	<b>34,650</b>	<b>157,500</b>
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	Food Security - Food Assistance				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	33,714	41,206	22,476	27,471	124,867
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>33,714</b>	<b>41,206</b>	<b>22,476</b>	<b>27,471</b>	<b>124,867</b>
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:

As noted above, due to a calculation error, WFP reduced its targets to 128,000 beneficiaries, with 124,867 reached.

#### 5. CERF Result Framework

<b>Project Objective</b>	To ensure returnees have sufficient food and nutrition assistance to compliment the provision of seeds and tools to enable agricultural production and reintegration in areas of return
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<b>Output 1</b>	Targeted crisis affected populations in rural and urban settings receive conditional or unconditional general distributions in order to improve food security Food Security - Food Assistance			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	Percentage of targeted crisis-affected populations (households) with poor and borderline food consumption score (FCS) (<17,000 households, disaggregated by sex)	<65(102,375 people)	62 (74,258)	WFP South Sudan Post Distribution Monitoring – General Distribution Round 1

Indicator 1.2	Consumption-based Coping Strategy Index (Percentage of households with reduced CSI) (<1,312 households, disaggregated by sex)	<5(1,312 people)	3.3 (3,953 people)	WFP South Sudan Post Distribution Monitoring – General Distribution Round 1
Indicator 1.3	Percentage of targeted population (157,500 people, disaggregated by sex and age) reached	100(157,500 people)	98 (124,867)	WFP Distribution Reports
Indicator 1.4	Quantity of food provided (mt)	1,131	1,131	WFP Distribution Reports
<b>Explanation of output and indicators variance:</b>		No significant variance to note in activities or indicators. However, implementing partners have been removed from the “Implemented by” section to reflect the fact that no CERF funds were disbursed to implementing partners.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Food procurement (internationally) and transportation (internationally and in-country) from WFP Forward purchasing facilities in the region.	WFP		
Activity 1.2	Food delivery to WFP warehouse	WFP		
Activity 1.3	Registration and verification of affected population	WFP		
Activity 1.4	Provision of emergency food assistance (15-day ration) for five months to meet immediate food needs of returnees and to complement seed and tool provision by FAO	WFP		
Activity 1.5	Monitoring and reporting.	WFP		

<b>Output 2</b>	Beneficiaries have access to sufficient supplementary nutritious food to prevent acute malnutrition			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 2.1	Proportion of targeted crisis-affected populations (29,830 boys and girls) who participate in an adequate number of distributions (BSFP distributions)	>70 (at least 20,881 boys and girls)	90.8 (24,516 boys and girls)	WFP South Sudan Post Distribution Monitoring – General Distribution Round 2
Indicator 2.2	Quantity of nutritious food provided (mt)	80	80	WFP Distribution Reports
<b>Explanation of output and indicators variance:</b>		Indicator 2.1 has been met; however, it should be noted that this was a new indicator and as no data had previously been collected by WFP during its operations, the minimum corporate target was used. The achieved result, however, acts as a baseline for this indicator in future projects. Implementing partners have been removed from the “Implemented by” section to reflect the fact that no CERF funds were disbursed to implementing partners.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Food procurement (internationally) and transportation (internationally and in-country) from WFP Forward purchasing facilities in the region.	WFP		
Activity 2.2	Food delivery to WFP warehouse	WFP		
Activity 2.3	Registration and verification of affected population	WFP		
Activity 2.4	Provision of specialized nutritious foods provided (30 days ration) to children under 5 for five months to prevent acute malnutrition	WFP		
Activity 2.5	Monitoring and reporting.	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?**

WFP South Sudan is guided by the Country Office Humanitarian Protection Strategy (2018 – 2020), the Accountability to Affected Populations Strategy (2017 – 2020) and the Gender Action Plan (2017 – 2020). Consistent across all is commitment to ensuring that women, men, girls and boys of all diversity are meaningfully engaged in the full programme cycle and humanitarian decisions. This is actualized through the formalized Complaint and Feedback Mechanism, establishment of Project Management Committees (PMC) and improved access to accurate and timely information. The PMCs engage communities in project design, implementation and monitoring. At the design stage, communities are consulted to establish their preferences, get their feedback on proposed project activities and to ensure that interventions reflect community needs and preferences. Projects design is based on this engagement with communities. Similarly, project monitoring involves intensive community consultation, and the feedback from communities goes into future programming. Communities are consulted at all stages through community outreach activities such as focus group discussions, household visits and community wide meetings.

Across all activity areas, WFP and its implementing partners worked together to establish inclusive and representative PMCs. The PMCs ensure that all members of the community are provided with opportunities to share their complaints and feedback and to receive timely and accurate information, which is used to adjust project implementation, monitoring and evaluation, and future project design. For this to be possible, WFP holds regular meetings with the PMC who in turn inform their community and advocate for their viewpoints.

**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?**

WFP uses all available mechanisms to engage all parts of the community in the response, including existing local and national mechanisms such as Payam/Boma leaders and community groups. Across all activity areas, WFP and its implementing partners work together to establish inclusive and representative Project Management Committees (PMCs). The PMCs' primary responsibility being to function as an additional two-way-feedback system linking WFP and community with information necessary to all stakeholders in the response. The PMCs themselves are a mechanism to engage all parts of the community, including people that may not have their needs, voices and leadership captured through local mechanisms. WFP works to increase the engagement of women, girls and marginalized groups through initiatives such as the introduction of the standard that no less than 50% of all PMCs must have dual male and female representatives at all posts – for example, Chairman and Chairwoman. This has led to proactive and intentional community outreach and gender equality discussions with communities and to an improvement in the achievement of this requirement. Gender parity has consistently improved in the PMC and WFP continues to find ways to increase the participation of marginalized groups. In 2019, In 2019, WFP has partnered with Humanity and Inclusion to deepen meaningful access, participation and impact for persons with disabilities.

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

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

Affected people are provided with relevant information through multiple channels, this includes communications materials at distribution points (e.g. posters and information notes), through community outreach activities such as focus group discussions, household visits and community wide meetings. WFP employs all means to reach beneficiaries with relevant information about the organization and their entitlements. The information shared with beneficiaries includes introductions to the organization and to the partners, WFP and partner responsibilities towards communities (appropriate assistance as well as how we treat others), and the rights of the community (right to be treated with respect, dignity and integrity, right not to be exploited).

**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 WFP Complaints & Feedback Mechanism is comprised of helpline, helpdesk and community outreach. The helpline is toll-free and accessible in locations with strong network coverage. Helpdesks provide immediate resolution of issues faced by beneficiaries and communities at all end-point distribution sites. Community outreach complements the two by ensuring that WFP staff regularly visit WFP assisted locations to hold Focus Group Discussions and Key Informant discussions to identify their satisfaction with WFP assistance and their AAP needs, challenges and recommendations. No complaints were received during this programme. WFP generally communicates feedback to individuals through the same channel it was received e.g. beneficiaries that make a complaint through the

hotline will be contacted by phone, or if through a help desk, feedback is given directly to beneficiaries if the resolution can be resolved / given directly.

**Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints?**

Yes ☒ No ☐

**Briefly describe some of the key measures you have taken to address the SEA-related complaints.**

Complaints of SEA may be received by appointed PSEA Focal Points at the country or field office level and through the dedicated inter-agency SEA complaints hotline. This is complemented by the communication of the WFP standard hotline, which is operated by staff who have been trained on how to handle SEA and other protection related calls. Other channels for complaints include through field locations like a health centre, school or directly to a known field monitor. Complaints of SEA are handled in line with the Sexual Exploitation and Abuse (SEA) Allegations Received in South Sudan Country Office Operations Standard Operating Procedures (SOP). Any complaint of SEA is reported to the WFP Office of Inspections and Investigations (OIGI) which has the responsibility to investigate allegations of SEA against WFP employees, WFP cooperating partners, and WFP contractors. The WFP Country Office PSEA focal point prepares an anonymized report summary and coordinates with the Country Director and the WFP Ethics Office (ETO) for submission to the South Sudan Interagency PSEA Taskforce for data tracking, where active and appropriate, making sure there is no duplication of reports with other relevant UN agencies. The Country Office PSEA focal point ensures that feedback is provided to the complainant. If the victim/survivor is interviewed (and is not the complainant who brought forward the information), the person doing the investigation for OIGI ensures they know of safe referral pathways for the victim/survivor from the Country Office PSEA focal point. WFP has a zero-tolerance policy to sexual exploitation and abuse. The WFP Standard Operating Procedure on Sexual Exploitation and Abuse in South Sudan provides guidance to all staff (including partners) on their roles, responsibilities, accountabilities and action to be taken should there be any identified / suspected issues. Beneficiary education on what is SEA and their rights, including survivor services, are also incorporated into all key messages delivered by WFP and partners. WFP is also an active member of the South Sudan Interagency PSEA network. Through the interagency taskforce, WFP participates in State Level PSEA taskforces (currently being established) and the Community Based Complaint Mechanisms (CBCM) that are active across the Country. The Country Office is also undertaking bi-lateral PSEA reviews with all cooperating partners with the objective of supporting (where necessary) context relevant approach to PSEA with a focus on prevention and survivor focussed responses.

**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).

CTP Modality	Value of cash (US\$)	a. Objective	b. Cluster/Sector	c. Conditionality	d. Restriction
None	N/A	N/A	N/A	N/A	N/A

Supplementary information (optional):

N/A

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

WFP's activities are under the 2018-2020 Interim Country Strategic Plan (ICSP). This project will be evaluated as part of the overall evaluation of WFP's portfolio next year and will be shared with CERF when finalized.

EVALUATION CARRIED OUT ☐

EVALUATION PENDING ☒

NO EVALUATION PLANNED ☐

## 8.7. Project Report 19-RR-WHO-015 - WHO

1. Project Information			
1. Agency:	WHO	2. Country:	South Sudan
3. Cluster/Sector:	Health - Health	4. Project Code (CERF):	19-RR-WHO-015
5. Project Title:	Provision of lifesaving health services to IDP returnees and host community in six priority counties of Jonglei, Unity, Western Bar Ghazal and Western Equatoria States of South Sudan		
6.a Original Start Date:	28/03/2019	6.b Original End Date:	27/09/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 1,990,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 1,208,132
	c. Amount received from CERF:		US\$ 498,592
	d. Total CERF funds forwarded to implementing partners of which to:		<b>US\$ 0</b>
	Government Partners		US\$ 0
International NGOs		US\$ 0	
National NGOs		US\$ 0	
Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance
<p>Through this CERF RR grant, WHO reached 81,960 IDP returnees and host community members with lifesaving health services across Tambura, Yambio, Fangak, Akobo, Koch, and Raja. Over 50,000 lifesaving medical consultations were enabled through mobile medical teams, and 8 major suspected outbreaks were addressed promptly, including two measles outbreaks. A total of 810 alerts were picked through the expanded early warning alert and response system, of which 662 (81.7%) were investigated within 48 hours. IDP returnees received critical essential medicines through 116 emergency health kits and through 300 trained health care workers with skills on diagnosis and treatment of common communicable illnesses, clinical management of rape and management of severe acute malnutrition with medical complications, disease surveillance, investigation, and outbreak response. As a secondary benefit of training and on-the-job mentorship, health clinics saw improved reporting practices (from 30% to 79%, on average) and improved quality and consistency of services.</p> <p>Through this mobile service provision, WHO prevented deaths among the IDP returnees; as a newly transitioned population, they, and especially children under five, were particularly vulnerable to outbreaks and disease (acute watery diarrheal and measles). The CERF funding enabled WHO to provide essential medicines and services to reach 81,960 people with lifesaving health care services thus ensuring that the Health cluster strategic objective of increasing access to essential clinical health services among vulnerable populations is achieved.</p>

3. Changes and Amendments
There were no changes or amendments to the project, as activities were achieved as anticipated. The budget was fully expended.

#### 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	5,786	5,880	4,365	4,436	20,467
Refugees	0	0	0	0	0
Returnees	17,359	17,639	13,096	13,307	61,401
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>23,145</b>	<b>23,519</b>	<b>17,461</b>	<b>17,743</b>	<b>81,868</b>
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

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

Cluster/Sector	Health - Health				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	5,786	5,880	4,365	4,436	20,467
Refugees	0	0	0	0	0
Returnees	17,395	17,661	13,126	13,311	61,493
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>23,181</b>	<b>23,541</b>	<b>17,491</b>	<b>17,747</b>	<b>81,960</b>
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:

No significant discrepancies between figured planned and reached.

#### 5. CERF Result Framework

<b>Project Objective</b>	To contribute to reduction in avoidable morbidity and mortality among IDP returnees in the six counties of Koch (Unity), Fangak, Akobo (Jonglei), Raja and Wau (Western Bar Ghazal), Yambio and Tambura (Western Equatoria)			
<b>Output 1</b>	IDP returnee women, men, boys and girls have improved equitable and timely access to lifesaving health care services in Koch, Akobo, Fangak, Yambio, Tambura and Raja			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>

Indicator 1.1	Number of IEHK kits distributed and procured	116	116	Procurement records
Indicator 1.2	Number of consultations	50,000	50,396	Mobile medical team registers
Indicator 1.3	Number of persons benefitting from lifesaving health care services (men, women, boys, girls)	81,868	81,960	Mobile medical team registers
Indicator 1.4	Number of Mobile Medical team missions	6	6	MMT reports and flight bookings
Indicator 1.5	Number of health workers (males and females) trained on common management of communicable illnesses, Clinical Management of Rape (CMR) and management of medical complications in SAM	180	180	Training reports

**Explanation of output and indicators variance:**

Indicator 1.2 - The variances in number of consultations (396) was due to the overwhelming need on ground as beneficiaries could not be turned away from sites. Secondly most of the activities were running concurrently and the data could only be consolidated when the teams had completed the missions.

Indicator 1.3 – Target was over-reached as the need on ground is overwhelming and given that the mobile missions were running concurrently it was hard to reach to stop at exact targets. In most locations, one challenge faced was that people wanted to visit the clinics several times to collect medicines for their own “emergency” medicine cabinet.

Activities	Description	Implemented by
Activity 1.1	Procure medicines and outbreak investigation kits	WHO
Activity 1.2	Distribute IEHK and outbreak investigation kits to 10 partners/facilities operating in the IDP returnee locations	WHO
Activity 1.3	Train 120 health personnel on managing common illness that are potentially fatal (Communicable diseases like AWD, Pneumonia, Measles, CMR and other common ailments)	WHO
Activity 1.4	Deploy 120 health personnel on managing common illness that are potentially fatal (Communicable diseases like AWD, Pneumonia, Measles, CMR and other common ailments)	WHO
Activity 1.5	Deployment of Mobile medical teams to Koch, Fangak Tambura and Akobo)	WHO
Activity 1.6	Train 60 health care workers in Raja and Akobo on inpatient Management of Severe Acute Malnutrition with medical Complications, psychosocial support to children and caretakers and Maternal, Infant and Young Child Nutrition (MIYCN).	WHO
Activity 1.7	Deploy 60 health personnel in Raja and Akobo on Inpatient Management of Severe Acute Malnutrition with medical Complications, psychosocial support to children and caretakers and Maternal, Infant and Young Child Nutrition (MIYCN)..	WHO
Activity 1.8	Mentoring and supervision visits to static project sites (Stabilization centre, Health facilities, EWARS sites)	WHO

<b>Output 2</b>	Health workers serving IDP returnees and host community in Koch, Akobo, Fangak, Yambio, Tambura and Raja are trained and equipped with skills and tools for timely identification and reporting of alerts and outbreak-prone diseases			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Proportion of alerts investigated, and response initiated within 48 hours from notification	80%	81.7% [662/810]	EWARS
Indicator 2.2	Proportion of health facilities serving IDP returnees providing weekly surveillance information	80%	79%	EWARS

Indicator 2.3	Number of healthcare workers trained on identification and reporting of priority diseases in the 6 locations	120	120	Training Reports
<b>Explanation of output and indicators variance:</b>		Indicator 2.2 was slightly underachieved because of challenges of network connection in Fangak, Akobo and Koch. In these locations, the mobile based EWARS applications could not function. To improve the reporting, we delivered paper tools and we had to work with other partners to have the report delivered by papers so that it can then be digitized and transmitted from their offices. The 79% recorded is the average of the 6 locations. Some of the locations like Yambio, Tambura and Raja performed well above the 80% but were dragged behind by the three poorly performing sites.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Train 120 health service providers from 6 IDPs sites/host community on early warning/surveillance	WHO		
Activity 2.2	Deploy 120 health service providers from 6 IDPs sites/host community to support detection, notification and early warning/surveillance	WHO		
Activity 2.3	Support joint alert investigation missions of the trained Rapid Response Teams through the provision of DSA and transportation means.	WHO		
Activity 2.4	Weekly analysis of IDP returnee HFs surveillance data and Rapid Response Teams missions" reports to identify imminent health risk of communicable disease outbreaks among IDPs and affected hosting communities.	WHO		
Activity 2.5	Supervision visits to stabilization centers and health facilities serving IDP returnees	WHO		

## 6. Accountability to Affected People

### 6.a IASC AAP Commitment 2 – Participation and Partnership

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

The IDP returnees were involved in the design through two avenues 1) focal group discussions during assessments with the IDPs and their leaders on what their priority needs were and what challenges they had in accessing health services. Their feedback determined whether the kits were provided for the nearby health facility or mobile medical teams were deployed. During implementation, the leaders and representatives of the beneficiaries completed the WHO feedback tool that enabled us to assess the service delivery. These was done on monthly basis and was timed to coincide with the supervisory visits to the project sites. On daily basis, the beneficiaries were encouraged to provide feedback to the team leader on the services they received. This is done during the morning health education sessions. Feedback are then analysed and presented to the compliance committee at the country office in Juba. The committee recommendations follow up action and monitors its implementation. In the course of these projects, most feedback was on the need to increase the scope of services. Especially adding secondary care services as most of the locations had challenge with referrals.

#### **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?**

In all the six counties, WHO Hub coordinators engaged with the state ministries of Health, the County health departments and the community leaders were used to determine areas with the most vulnerable populations. In areas where such structures were not enough or well established like Akobo and Koch traditional and religious leaders, women and youth groups were used to obtain voices of the marginalized groups, women and girls.

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

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

The Mobile medical teams have imbedded in them a Public health officer, who routinely conducts health education before the mobile medical teams provide services. The checklist of their briefing includes the provision of the principles, values and mission of WHO. The organizations' have zero tolerance on sexual abuse and exploitation and all the practitioners on the team have to adhere to medical ethics during the services including confidentiality and do no harm. They also provide contacts to beneficiaries for the WHO hub coordinator for the state and the Coordinator of the Mobile medical teams. These are the first line supervisors of all the field missions and should be contacted in case of any urgent complaint.

**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 ☐

Given the remote locations that most of our teams operate in, WHO provides mechanisms for both a telephone reporting of complaints and written complaints through the County health departments, in addition to phone calls received to the field offices or to the project coordinator in Juba. The project staff and supervisors on the field also receive complaints directly. Through all of these avenues, no complaints were received. On several occasions, WHO faced attempted aid manipulation as some people have preferred to have the services offered in their villages; yet those villages did not meet the criteria of need that warrants deployment of the mobile medical teams. These attempts were discovered through the feedback mechanism and further triangulated in the coordination meetings with different stake holders and beneficiaries. This has reinforced the use of the EMMT criteria to ensure that only locations that are truly in need receive the services.

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

WHO South Sudan operates a zero-tolerance policy for SEA. All project staff are covered by the same policy. All new staff take a mandatory training on PSEA and reporting. All mobile medical teams have a female officer who is the SEA contact person mandated to receive any PSEA complaints and forward them to the SEA focal point in WHO. In case a complaint is received, they then constitute a committee to investigate and present their findings to the compliance committee that will prescribe sanctions. WHO is also part of the UN PSEA Taskforce and encourages the use of the UN PSEA task force and structures such as the community based complaints mechanisms in the implementation for reporting any detected cases of SEA, involving WHO staff or not. During the implementation of the project there were no SEA complaints recorded.

**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 <b>value of cash</b> that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs).					
CTP Modality	Value of cash (US\$)	a. Objective	b. Cluster/Sector	c. Conditionality	d. Restriction
None	N/A	N/A	N/A	N/A	N/A
Supplementary information (optional): N/A					

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
There is a planned evaluation of all the projects implemented with the Health cluster. This will happen in Q1 of 2020. The Evaluation will focus on the operations of the health cluster and the ability of the health cluster to achieve its strategic objectives in 2019.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input checked="" type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

## ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
19-RR-CEF-025	Child Protection	UNICEF	INGO	\$60,235
19-RR-CEF-025	Child Protection	UNICEF	NNGO	\$55,572
19-RR-CEF-025	Child Protection	UNICEF	NNGO	\$30,000
19-RR-CEF-025	Education	UNICEF	NNGO	\$145,197
19-RR-CEF-025	Education	UNICEF	NNGO	\$145,197
19-RR-CEF-025	Nutrition	UNICEF	NNGO	\$116,634
19-RR-CEF-025	Nutrition	UNICEF	INGO	\$137,666
19-RR-FAO-007	Livelihoods	FAO	NNGO	\$47,871
19-RR-FAO-007	Livelihoods	FAO	INGO	\$215,284
19-RR-FAO-007	Livelihoods	FAO	NNGO	\$133,570
19-RR-FAO-007	Livelihoods	FAO	NNGO	\$67,199
19-RR-FAO-007	Livelihoods	FAO	NNGO	\$63,478
19-RR-FAO-007	Livelihoods	FAO	NNGO	\$101,850
19-RR-FPA-011	Health	UNFPA	INGO	\$142,794
19-RR-FPA-011	Gender-Based Violence	UNFPA	INGO	\$260,608
19-RR-HCR-005	Protection	UNHCR	NNGO	24,640.00
19-RR-HCR-005	Protection	UNHCR	NNGO	49,500.00
19-RR-HCR-005	Protection	UNHCR	NNGO	25,410.00
19-RR-HCR-005	Protection	UNHCR	INGO	49,680.00
19-RR-HCR-005	Protection	UNHCR	INGO	110,000.00
19-RR-HCR-005	Protection	UNHCR	NNGO	38,400.00
19-RR-HCR-005	Protection	UNHCR	INGO	24,840.00

## ANNEX 2: Success Stories

### Cash-for-work assistance enables families to rebuild their lives

Liatile Putsoa, IOM, lputsoa@iom.int

Life for thirty-nine-year old Asunta Deng, a resident of Wau in the Western Bahr el Ghazal region of South Sudan was never the same again.

“We had lost everything,” said Asunta. A mother of nine children and the wife of a local chief, Asunta Deng lost her home and livelihoods when war broke out in Wau in July 2016, forcing her and her family to flee and seek refuge in the nearby United Nations Wau Protection of Civilians (PoC) site. The family lived in the Wau PoC for two years until late 2018 when they voluntarily went back to their village located on the outskirts of Wau town to rebuild their lives.



“When the fighting stopped, we were able to go back home,” said the mother of six girls and three boys. “For two years, it felt like our lives had been put on pause, yet nothing was the same when we came out of the POC.” The Deng’s house had been looted and their farmland left barren: “We were really suffering; we used to live off the land and now there was nothing to put in our mouths. We had nothing to feed our children,” she said.

In April 2019, the United Nations Central Emergency Response Fund (CERF) announced an allocation of USD 11 million to help over 260,000 people who had been displaced by conflict across the country as they returned to their homes. With support from CERF, the International Organization for Migration (IOM) implemented a cash-for-work programme in Wau which assisted returnees and host communities. Under this programme, IOM supported a total of 2,211 people to clear farmland to prepare it for planting, enabling the most vulnerable returnees and host community members, including women headed households, to address the needs of their families in terms of food security and other basic needs.

“The money that we received from the temporary work went a long way in helping us buy food for our children and helped pay for their school,” said Asunta.

The CERF-funded intervention also enabled strengthened collaboration between IOM and the UN Food and Agriculture Organization (FAO), which provided seeds for planting to families whose farmlands had been cleared by beneficiaries of the IOM cash-based programme.



“The partnership between IOM and FAO is without a doubt helping to improve stability and resilience of households in Wau county,” said Jean-Philippe Chauzy, the IOM Chief of Mission in South Sudan. “We provide conditional cash assistance, which helps meet immediate needs for the most vulnerable populations, and FAO provides seeds for crops, allowing families including those who would not have been able to exert physical labour to their land, due to physical disabilities and other reasons, the opportunity to grow food to eat,” added Chauzy.

Additionally, with the income that Asunta received from clearing the farmland, she was able to buy tomato seeds, peas and okra which she grows in her backyard. “I have a thriving vegetable garden,” said a very pleased Asunta. “We eat, and we dry the crops. We even sell some of the surplus produce.”

With the extra income that Asunta receives from selling vegetables, she and a group of women from the community were able to purchase teacups which they lend out during communal gatherings. “When there is a function in the village, anyone can borrow the teacups at no cost. This has really helped bring the whole community together,” said Asunta Deng.

*These activities were funded through the Central Emergency Relief Fund between March 2019 and September 2019, and implemented by the International Organization for Migration (IOM) as part of a project titled, “Multi-sectoral lifesaving assistance to returnees in South Sudan” and by the Food and Agriculture Organization (FAO) in “Emergency support to enable food production and rebuild the livelihoods of vulnerable returnees in South Sudan.”*

## Enhancing partnerships to restore livelihoods in South Sudan

Muna Mohamed, WFP, [muna.mohamed@wfp.org](mailto:muna.mohamed@wfp.org)

Due to persistent conflict, inter-communal violence and recurrent natural hazards such as drought and floods, displacement in South Sudan is widespread. Some 1.5 million South Sudanese are estimated to be internally displaced persons. The Revitalized Peace Agreement, signed in September 2018 strengthened the hopes for return for displaced people. However, the years of conflict have taken their toll on South Sudan and the country remains in a serious humanitarian crisis. In 2019, the country continued to experience extreme levels of food insecurity, with some 6.35 million people – 54 percent of the population - estimated to be facing crisis-level or worse levels of food insecurity at the peak of the lean season. Additionally, more than two million children, or over 70 percent, are out of school in South Sudan, putting at risk their futures and the future of the country.

Through the Central Emergency Relief Fund, United Nations agencies partnered to support safe, dignified and voluntary IDP returns. In Leer county, former Unity state, WFP partnered with FAO to support returnees meet their immediate food and nutrition needs while restoring their agricultural productivity and livelihoods. Nyaketa Koangkong Teny, a 45 year old mother of four, fled growing insecurity and armed conflict in Leer for Fangak, former Jonglei state, in 2016. Following news of the Revitalized Peace Agreement, Nyaketa, like many other people displaced, immediately started planning her family's return home to Leer.

It was difficult to make the trip to Leer with four children, but her desire to return pulled her home. However, when she got back, Nyaketa found that life was still difficult. She had no husband, nor money to pay for food or clean water. She could not afford to have her children attend school, nor pay for medicines when they got sick. There were few opportunities for her to make a living.

Thanks to coordinated efforts by the World Food Programme, the United Nations International Children's Emergency Fund (UNICEF), and the Food and Agriculture Organization, Nyaketa was offered different types of support to help her restart her life in Leer. Food rations provided by the World Food Programme (WFP) helped to feed her family, easing her worries about where their next meal would come from. WFP also provided nutrition supplements to her children, to help ensure her children did not become malnourished and underweight. With vegetable seeds and hand tools provided by the Food and Agriculture Organization, and with the energy provided by regular meals, Nyaketa was able to plant a small feddan with vegetables, her hard work meaning that her family would have food in the coming months.

At the same time as these activities have helped Nyaketa to get back on her feet and become self-sufficient and independent, she has been able to access another resource: UNICEF provided school materials, to help her children have the supplies and materials that they need to participate in school. She is grateful for these supports, as she believes education is very important for her children and their futures. With these supplies, the children are excited to be able to go to school. Without the support received Nyaketa's family would not have been able to survive in Leer; they would have been forced to move and start over again.

Nyaketa's story is not unique; there are estimated to be at least 600,000 people in South Sudan who were displaced due to conflict and have now returned back to their place of origin. Many do not have safe housing or control over land or property. Many are malnourished, as they cannot access regular sources of food. In some situations, the communities that they return to no longer welcome them, as the community does not have the capacity or resources to support those that come back.

Thanks to the multiple sources of support offered to returnees, Nyaketa now sees a way forward for her family in Leer. She hopes to start selling some of the vegetables she has planted to earn money to continue the education of her children.

*These activities were funded through the Central Emergency Relief Fund from 29 March to 28 September 2019 and implemented by World Food Programme as part of a project titled, "Provision of food assistance and emergency nutrition support to returnees in Jonglei, Unity, Western Bahr el Ghazal, and Western Equatoria". Activities funded across South Sudan included the distribution of 1,131 mt of assorted food and nutrition commodities to prevent acute malnutrition and were completed in coordination with, the Food and Agriculture Organization and the United Nations International Children's Emergency Fund.*

## Improving livelihoods for returnees: The Story of Mr Henry Cosmas

Francesca Birtley, FAO South Sudan, [Francesca.Birtley@fao.org](mailto:Francesca.Birtley@fao.org)

Since 2013, the newly independent South Sudan has faced years of an internal conflict that has forced almost 4.2 million people to flee their homes in search of safety, nearly 2 million of them within the country and nearly 2.2 million outside the country as refugees. However, following the signing of the revitalized peace agreement in September 2018, stability has begun to take hold in many areas of South Sudan and people have begun to return to their areas of origin. However, returnees face many challenges: many have been displaced multiple times and have exhausted their coping mechanisms. In some situations, returnees face hostility and aggression, as the community they settle in is so poor that they do not have the resources to help the returnee. Formerly displaced families are likely to have little to no money or property, and are unable to rebuild their lives without assistance. In view of this, the Food and Agriculture Organization, the World Food Programme, and other international organizations collaborated to provide vulnerable returnee families with livelihood assistance through the Central Emergency Relief Fund.

One of those people is Mr Henry Cosmas, a 37-year-old married returnee with five children from Lii-Rang payam, Yambio County, Western Equatoria. Before the war broke out in 2013, Henry was an entrepreneur and shop owner, selling food and assorted goods at Lii-Rangu market and going to River Sue (40 km away) to buy fish to sell in Yambio town. The crisis significantly affected many lives, including his. "The war affected my livelihood activities and crippled my business". Access constraints due to the insecurity caused by the conflict made it difficult for him to travel the usual trade routes to get products. He coped by doing casual work cultivating other people's farms and was paid in-kind or in cash (up to SSP 300) for his efforts, but he struggled to earn enough money to support his family.

His situation got worse. When insecurity broke out in September 2016, he and his family were forced to move. Henry settled with his family in Saura, in Yambio. It happened again: in 2017, he was once again displaced, moving from Saura to Sugu Siro, where he and his family stayed until February 2019 before they cautiously returned to Lii-Rangu. Upon their arrival Henry and his wife had no money, not enough food, and no clean water. They were not close to health facilities or a market, nor was there a way for Henry to send his children to school. Houses had been burned down and the road network was poor. As a result, his children became malnourished and started to become increasingly sick with diarrhea, coughs, and rashes. To provide for his family, Henry collected wild yams and did odd jobs to earn money.

In May 2019, he was informed by the local government official that returnees would be qualifying for seed distribution thanks to the Central Emergency Relief Fund. He registered and subsequently received an assortment of seeds, including maize, sorghum, cowpeas, eggplant, tomato, watermelon, a hoe and maloda and some fishing equipment. The equipment was accompanied by food rations and home utensils. "We organized ourselves and quickly began planting some of the faster-maturing seeds, including amaranth, eggplant, collard and tomatoes to provide food for my family". His first harvest, he sold vegetables to the Anisha Trading and Investment Construction Company and with the cash received, purchased food and medicine.

"Having food provided by WFP helped me to work hard. I knew the food was for us to eat and we had to plant the seed as explained by the officer", he said. Knowing that the seed crops were chemically treated and thus could not be eaten encouraged Henry to focus his efforts on harvesting, while the food rations provided by the World Food Programme helped to address the hunger of him and his family while the crops were growing. By July 2019, the tomatoes and eggplants were doing well and by September 2019, the fresh maize was ready. Through hard work, Henry and his family expanded his maize farm to six feddans, producing 2.5 tonnes of food that will be sold to the grain market established in Saura. "I will use the cash I receive from selling the maize to pay for my children's school fees and provide myself with a means of transportation".

Henry does not think he will be able to start up his business yet due to poor road conditions; however, with the rehabilitation of the Saura–Lii-Rangu road and the peaceful situation, he thinks it will soon be possible, perhaps... one day soon.



Mr Henry, 3 December, in Lii-Rangu sitting on his maize at the Catholic Church where he stored his maize waiting for market day

*These activities were funded through the Central Emergency Relief Fund from 29 March to 28 September 2019 and implemented by the Food and Agriculture Organization as part of a project titled, "Emergency support to enable food production and rebuild the livelihoods of vulnerable returnees in South Sudan". Activities funded across South Sudan included provision of essential inputs to vulnerable returnees, including crop seed (maize, cowpea and sorghum), vegetable seed (amaranth, collard, okra, eggplant, tomato, watermelon and onion) and fishing kits comprising two boxes of hooks, two spools of twine and one coil of monofilament, and were completed in coordination with Star Trust Organization, the World Food Programme and the United Nations International Children's Emergency Fund.*

## The Story of Monika Arkangelo Paulino

Mogga Anthony, FAO South Sudan, Mogga.Anthony@fao.org

Monika is a 57-year-old woman living in Saura with her husband and eight children, four of whom attend school. Saura is in Yambio county, in southwestern South Sudan. When war broke out in her village in the beginning of 2018, Monika was caught up at the frontline of the conflict between the two opposing forces. She gathered her family and fled, looking for shelter in the village. After her original home near Saura market became occupied by the army, Monika decided it was safer to move with her family to Yabonga, about three kilometers from Saura. In May 2018, she began to look for possibilities to move to a safe place once again and was finally able to leave in February 2019 and settled in Nangbangi Boma close to Yambio town, where, according to her, things were much better and safer.

Next to her current home is St. Jude Mangingbanguru Catholic parish run by the Catholic Diocese of Tambura Yambio in Saura where she is a chairlady of one of the committees tasked with supporting the parish. Her husband was once a teacher but after experiencing periods of five to seven months without a salary, he abandoned his profession and decided to focus on farming and hunting.

As a displaced mother, Monika's life and that of her family members is difficult. They lack essentials like water, soap, and food. Saura had trouble paying the fees to enrol her children in school. They had to struggle to get the things they need to survive. After learning of the Food and Agriculture Organization's support to Saura returnees through the headman of the area, Monika decided to move back to Saura, where she was able to register and receive crop seeds and agricultural tools. At the same time as the tool distribution was a food distribution as well by the World Food Programme. In regards to her status as a returnee, she said, "The decision to return home was hard but we had to since we needed to settle and engage in an activity that brings us income. Shelter, food, medication, school fees for my children, clean water and other household essentials were and still are a challenge".

The assistance provided through the World Food Programme and the Food and Agriculture Organization supported Monika and her family to not only get back on her feet, but to also thrive. The food provided by the World Food Programme stopped her hunger, and gave her the energy to plant the vegetable seeds provided by the World Food Organization. She was so excited when the first leaf of seeds poked through the dirt. Slowly the vegetables grew, until she had her first successful harvest. From her garden, she was able to sell some of her eggplant and collard; the maize she grew was kept to feed the household. The rest she plans to take to the market. At World Food Programme's Rural Aggregation Centre, run by a humanitarian organization called Star Trust Organization, she could sell her produce in order to buy needed household items.

Staring at an onion, she reflects on the challenges of being a farmer, "The onion needs a lot of water... and insects like onion just like human beings!" Despite the challenge, she expects to continue cultivating crops, including onion, but needs pesticides and more trainings in onion and tomato harvesting to be able to produce more food and expand her garden. The organizations have since connected her with an agronomist to help her grow as a farmer.

There are many women facing the same challenges as Monika and they need much support in terms of shelter, cooking pots, clothes, sleeping mats, food, seeds, tools and trainings. Supporting these women will improve their lives and provide them with a better standard of living.

*These activities were funded through the Central Emergency Relief Fund from 29 March to 28 September 2019 and implemented by FAO as part of a project titled, "Emergency support to enable food production and rebuild the livelihoods of vulnerable returnees in South Sudan". Activities funded across South Sudan included provision of essential inputs to vulnerable returnees, including crop seed (maize, cowpea and sorghum), vegetable seed (amaranth, collard, okra, eggplant, tomato, watermelon and onion) and fishing kits comprising two boxes of hooks, two spools of twine and one coil of monofilament, and were completed in coordination with Star Trust Organization, and the World Food Programme.*



Monika Archangel Paulino in Saura, 4 Dec, standing close to her eggplant garden next to her home

## Provision of Health Services to IDP returns in Tambura State

Dr Tony Tombe, WHO, [wurdatt@who.int](mailto:wurdatt@who.int) [[media link 1](#)] [[Additional information](#)]

The signing of the revitalized peace agreement in September 2018 in South Sudan brought a ray of hope that things will improve, after years of ongoing conflict. As a result, several un-facilitated voluntary returns of internally displaced persons (IDPs) were recorded across the country. Since these were not organized returns, the IDP returnees were in dire need of basic health services. The Central Emergency Response Fund (CERF) unveiled a funding window to address these urgent needs. WHO received funding to provide emergency health kits, lifesaving health services and scale up disease surveillance systems in 6 priority counties of Fangak, Akobo, Koch, Raja, Tambura and Yambio. The target was to reach 81,868 people with lifesaving health services between April and September 2019.

In Tambura, a county with few services for returnees, World Health Organization (WHO) conducted mobile clinics to the locations that had been identified during inter-cluster assessments as in need of support for returnees. Medical teams operated out of health care centres that had been closed during the conflict, ensuring the resumption of primary health care services. They also conducted visits to sites where returnees had settled; one of those they helped included Sarah (real name withheld).

Sarah is an IDP who fled inter-communal conflict in Kuarijiena County of Wau; she arrived at an IDP site in Tambura in May 2019. As a returnee, she qualified for food rations from WFP and received monthly distributions. When Sarah went into labour in July 2019, the mobile medical team were luckily nearby providing health services. An urgent message for help was sent and Dr Tony Tombe, one of WHO's medical team leaders, responded.

"I was called to help a pregnant woman in the IDP camp", says Dr Tony Tombe. "When I reached the camp, a woman was heavily pregnant and visibly in pain and labour. There was no other skilled person around to attend to her delivery. I rushed her to the nearby Zamoi primary health care unit where we proceeded to safely deliver the baby girl."

South Sudan has the highest maternal mortality rate in the world; some mothers are forced to deliver in unhygienic conditions, without adequate supplies or qualified personnel.

Thanks to you and WHO for saving my life and my baby's life," said Sarah. "I will be the best mom in the world for her and send her to school so that she will be able to help others".

Following up on Sarah's baby a few months later, the baby is doing well and has already received three sessions of vaccination.

At the end of each deployment, the team meets with the paramount chief, the RRC Coordinator in Tambura and the state minister of health to debrief them on the services provided to the community.

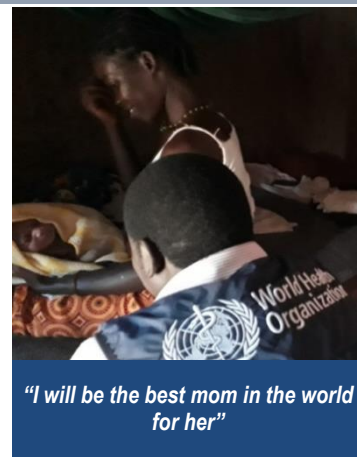
*These activities were funded through the Central Emergency Relief Fund from 28 March to 27 September 2019 and implemented by WHO as part of a project titled, "Provision of lifesaving health services to IDP returnees and host community in six priority counties of Jonglei, Unity, Western Bar Ghazal and Western Equatoria States of South Sudan". Activities funded across South Sudan were completed in coordination with the Food and Agriculture Organization and the World Food Programme, who provided essential inputs to vulnerable returnees, including crop seed, vegetable seed, and fishing kits to returnees, and food distribution.*



Women and children waiting for consultation by the mobile medical teams in Tambura



Mobile clinic operating out of the Zamoi primary health care unit



"I will be the best mom in the world for her"

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

AAP	Accountability to affected populations
ANC	Antenatal Care
AWD	Acute watery diarrhoea
BH	Borehole
CAAFAG	Children associated with armed forces and armed groups
CBCM	community feedback mechanism
CBI	Cash Based Interventions
CBSI	Consumption-Based Coping Strategy Index
CCCM	Camp Coordination and Camp Management
CERF	Central Emergency Response Fund
CMR/PFA	Clinical Management of Rape/Psychological First Aid
CO	Country office
CPiE	Child Protection in Emergencies
CNV	Community nutrition volunteer
CTFMR	Country Task Force for Monitoring and Reporting
ECD	Early Child Development
EiE	Education in Emergencies
EmONC	Emergency Obstetric and Neonatal Care
EWARS	Early Warning Alert and Response System
FP	Family Planning
FSL	Food Security and Livelihoods
FTR	Family tracing and reunification
GBV	Gender Based Violence
GCOM	Great Commission Operation
HIV	Human Immuno Virus
ICSP	Interim Country Strategic Plan
IDP	Internally displaced person
IDSR	Integrated Disease Surveillance and Response
IDTR	Identification, documentation, tracing, and reunification
IMC	International Medical Corps
IPC	Integrated Food Security Phase Classification
IP	Implementing partner
IRC	International Rescue Committee
J4CO	Justice for Children Organisation
M&E	Monitoring & Evaluation
MHM	Menstrual Hygiene Management
MHPSS	Mental Health and Psychosocial Support
MISP	Minimum Initial Service Package
MIYCN	Maternal, Infant and Young Child Nutrition
MMT	Mobile Medical Teams
MSG	Mother Support Group
NDDRC	National Disarmament, Demobilisation and Reintegration Commission
NH	Nile Hope
PAC	Post Abortion Care
PCA	Programme Cooperation Agreement
PDM	Post-Distribution Monitoring

PHCC	Primary Health Care Centre
PHCU	Primary Health Care Unit
PMC	Project Management Committees
PoCs	Protection of Civilians
(P)SEA	(Prevention) of sexual exploitation and abuse
PTA	Parent Teacher Association
RRC	Relief and Rehabilitation Commission
SEA	Sexual exploitation and abuse
SMC	School Management Committee
S-NFI	Shelter and Non-food Items
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
TLS	Temporary Learning Space
UASC	Unaccompanied and separated children
UFE	Under-Funded Emergency
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WGFS	Women and Girls Friendly Space
UNICEF	United Nations Children's Fund