

**RESIDENT/HUMANITARIAN COORDINATOR  
REPORT ON THE USE OF CERF FUNDS**

**19-RR-SSD-39576  
SOUTH SUDAN  
RAPID RESPONSE  
FLOOD  
2019**

<b>RESIDENT/HUMANITARIAN COORDINATOR</b>	<b>ALAIN NOUDEHOU</b>
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<b>REPORTING PROCESS AND CONSULTATION SUMMARY</b>	
a. Please indicate when the After-Action Review (AAR) was conducted and who participated.	17 August 2020
An After-Action Review session was held on 17 <sup>th</sup> August 2020 with participation from all recipient agencies, including cluster coordinators from the WASH and food security and livelihood cluster. A questionnaire was shared in advance by the agencies and their feedback provided formed the basis of discussion during their session.	
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>
Recipient of the CERF grant shared the report internally with the head of agencies for clearance, who are also members of the HCT. The consolidated report on use of CERF funds will be shared between HCT members in the upcoming HCT meeting, with a brief presentation scheduled to take place.	
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>
A final version of the RC/HC report was shared for review with all the recipient agencies and relevant stakeholders on 15 October 2020.	

## PART I

### Strategic Statement by the Resident/Humanitarian Coordinator

Flooding from June affected more than 900,000 people, destroying livelihoods and assets and displacing more than 420,000 people in Jonglei, Upper Nile, Warrap, Eastern Equatoria, Northern Bahr el Ghazal, Unity and Lakes. The impact of the floods in these states that were already vulnerable to conflict, displacement, food insecurity and communicable disease outbreaks, had the potential of worsening humanitarian outcomes of those affected. Faced with the forecast of continued rainfall, and limited resources, an interagency meeting was convened, chaired by the Humanitarian Coordinator, identified funding requirements for an initial flood rapid response for a period of two months of US 61.5 million. The requirement formed a basis for resource mobilization and a well-coordinated humanitarian response.

A CERF allocation of US 15 million under the rapid response window, provided critical bridge funding to boost ongoing response before bilateral donor contributions were received. The grant supported priority actions to increase access to food and livelihoods, ramp up surveillance and response to resurgent communicable diseases and provide basic primary health care, construct new WASH infrastructure and distribution of hygiene kits, and provide shelter and non-food items to vulnerable displaced people. Through its funding for logistical support, CERF funding enabled the lease of a helicopter to transport flight services for ICCG assessment missions and transport light cargo to affected areas without disrupting UNHAS regular passenger services. CERF funds were complimented by South Sudan Humanitarian Fund allocation of \$9.8 million that supported frontline response.

Through its strategic use in the counties worst hit by the floods, CERF funds enabled UN agencies and their partners directly reach 643,084 people who were able to benefit from either one or a mix of all funded interventions. This was slightly above the 570,000 affected people targeted at the time of the request.

## 1. OVERVIEW

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

<b>a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE</b>		<b>61,503,080</b>
<b>FUNDING RECEIVED BY SOURCE</b>		
CERF		14,999,837
Country-Based Pooled Fund (if applicable)		9,767,304
Other (bilateral/multilateral)		19,302,099
<b>b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE</b>		<b>44,069,240</b>

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

Agency	Project code	Cluster/Sector	Amount
FAO	19-RR-FAO-036	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)	500,000
IOM	19-RR-IOM-036	Water Sanitation Hygiene - Water, Sanitation and Hygiene	4,199,896
IOM	19-RR-IOM-036	Emergency Shelter and NFI - Shelter and Non-Food Items	0

UNFPA	19-RR-FPA-048	Health - Health	370,000
UNHCR	19-RR-HCR-037	Multi-Cluster - Multi-sector refugee assistance	3,000,002
UNICEF	19-RR-CEF-108	Water Sanitation Hygiene - Water, Sanitation and Hygiene	1,719,931
UNICEF	19-RR-CEF-108	Health - Health	0
WFP	19-RR-WFP-068	Food Security - Food Assistance	4,200,006
WFP	19-RR-WFP-069	Coordination and Support Services - Common Humanitarian Air Services	110,000
WHO	19-RR-WHO-053	Health - Health	900,002
<b>TOTAL</b>			<b>14,999,837</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>	14,794,467
Funds transferred to Government partners*	0
Funds transferred to International NGOs partners*	186,120
Funds transferred to National NGOs partners*	19,250
Funds transferred to Red Cross/Red Crescent partners*	0
<b>Total funds transferred to implementing partners (IP)*</b>	0
<b>TOTAL</b>	<b>14,999,837</b>

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

## 2. HUMANITARIAN CONTEXT AND NEEDS

Floods are a chronic and acute problem in South Sudan exacerbating needs in areas where populations are affected by multiple concurrent shocks. Seasonal flooding during rainy season in South Sudan is a fact of life for many communities, and “normal” flooding is dealt with through coping mechanisms. The seasonal forecast of the National Meteorological Department predicted above normal rainfall from the third quarter of 2019. Since June, South Sudan experienced unusually heavy rainfall and subsequent flooding affecting more than 900,000 people, out of whom 570,000 people were in need of immediate humanitarian assistance. Elevated rains beginning in the third quarter resulted in forced displacement, increased malaria cases, submerged and destroyed crops, cut off trade routes, disruption of basic services and infrastructure damage. The impact of the floods in these areas that were already vulnerable to conflict, displacement, food insecurity and communicable disease outbreaks, had the potential of worsening humanitarian outcomes of those affected. More than 3 million people were in need of humanitarian assistance even before the rains, out of the 7 million people in need country wide.

By August 2019, an Integrated Food Security Phase Classification (IPC) analysis was conducted, an estimated 4.54 million people (39 per cent of the population) were likely to face Crisis (IPC Phase 3) or worse acute food insecurity in September – December 2019. While the prevalence of global acute malnutrition (GAM) increased significantly from 13.3 per cent in 2018 to 16.2 per cent in 2019 which is above the 15 per cent emergency threshold. According to the IPC acute malnutrition (AMN) projection analysis, seasonal improvement of the nutritional situation was expected during the harvest and post-harvest period due to availability of food stock at household, reduced morbidities of childhood illness as well as marginal improvement in infant and young child feeding practices. However, due to high prevalence of acute malnutrition experienced at the peak lean season, improvement will be marginal. A total of 1.3 million children are projected to suffer from acute malnutrition in 2020 including close to 292,000 children with SAM.

Despite the ongoing humanitarian efforts to respond and assist the flood-affected, most of the communities in the affected regions were already facing an acute food security crisis and were in Crisis (IPC 3) and risked remaining extremely vulnerable. A scale up of assistance is required to mitigate food consumption gaps and the use of coping strategies indicative of Crisis (IPC Phase 3) or Emergency (IPC Phase 4). The torrential rains have worsened the living conditions of people in the affected counties and put people at greater risk of disease and suffering. An Inter-agency rapid needs assessment conducted on 23 October 2019 estimated 13,620 individuals have been affected by flooding in Akobo Jonglei state. Villages were flooded, forcing the majority of the people to move to high grounds and away from river banks. The flooding resulted in shelters being destroyed, assets lost, dire sanitation conditions, with no sanitation facilities and lack of safe drinking water. Another inter-agency needs assessment conducted on 28th October in Mankien-Mayom county in Unity state estimated approximately 42,000 individuals (7,000 HHs) have been affected by flooding forcing them to flee their homes to dry land. On 1st November IRNA conducted a needs assessment in Rumbek North County, Lakes state, identifying 3,850 HH that have been affected by flooding and are in need of humanitarian assistance. An estimated 63,000 hectares of arable land have been affected, of which production on an estimated 17,000 hectares has been destroyed – amounting to a loss of an estimated 20,000 MT of food production. Access roads to health facilities or nutrition centres have been rendered impassable, making it impossible for affected communities to access basic health care services. An estimated 42 nutrition centres have suspended their nutrition services, aggravating the already serious severe acute malnutrition situation, where death is possible if timely treatment is not received. An estimated 490,000 children have been affected by floods, while 70,000 families have been temporarily displaced as their homes are submerged under water, schools closed and water sources contaminated. Reduced access to basic services and markets have increased people's vulnerability.

Reports from humanitarian partners and ongoing needs assessments identified priority needs to include provision of food, health, shelter and non-food items (NFIs) and water and sanitation services. In addition, ground level access to some areas was increasingly hampered by the heavy rain with subsequent delays in the delivery of assistance. As a result, a number of key operational areas were only accessible by air either through aircraft with short landing and take-off capability or only by helicopter. Funding support for air transport was crucial to the response as it would firstly enable rapid deployment of aid workers and vital supplies to areas hitherto restricted by impassable roads and secondly, facilitate rapid needs assessments necessary to monitor the situation.

The application for CERF funding was informed by the need to bridge the initial emergency response by providing life-saving assistance to areas most heavily hit by the rains and floods, while additional resources are mobilized to meet the increasing needs.

### **3. CONSIDERATION OF FOUR PRIORITY AREAS<sup>2</sup>**

Cumulative effects of years of conflict, related displacement, flooding, and a low baseline of development have had a devastating impact on humanitarian response. To ensure effective response, the HC and HCT put emphasis on the four ERC priorities and its consideration in this CERF grant. UN agencies were requested to consider women and girls, including gender-based violence, reproductive health and empowerment, people with disability to and protection mainstreaming in the response. Additional resources were mobilized through the SSHF, that supported with rehabilitation of temporary learning spaces through a reserve allocation.

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<sup>1</sup> See link: <https://www.unicef.org/press-releases/490000-children-affected-devastating-floods-south-sudan>

<sup>2</sup> In January 2019, the Emergency Relief Coordinator identified four priority areas as often underfunded and lacking appropriate consideration and visibility when funding is allocated to humanitarian action. The ERC therefore recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. These areas are: (1) support for women and girls, including tackling gender-based violence, reproductive health and empowerment; (2) programmes targeting disabled people; (3) education in protracted crises; and (4) other aspects of protection. Please see the Questions and Answers on the ERC four priority areas here [https://cerf.un.org/sites/default/files/resources/Priority\\_Areas\\_Q\\_A.pdf](https://cerf.un.org/sites/default/files/resources/Priority_Areas_Q_A.pdf)

**a. Women and girls, including gender-based violence, reproductive health and empowerment**

UNFPA partners were able to provide lifesaving quality sexual and reproductive health and Gender Based Violence (GBV) services and information to women, men, girls and boys reaching 35,948, among them are 20,419 women of reproductive age, 9219 girls, 3827 boys and 2483 men. Since health commodities are a crucial and important input in the provision of health services including reproductive health, without which, provision of services would be impossible. With CERF grant UNFPA was able to procure the emergency reproductive health kits and provide sexual reproductive health services to those affected.

**b. Programmes targeting persons with disabilities**

IOM was able to reach 14,961 persons with disability through WASH and Shelter/NFI. Both clusters ensured that all implementing partners adhered to standards of protection mainstreaming and accountability to affected population. Partners response is preceded by an assessment of needs of target population, which is conducted through a consultative process that involves the members of the community such as community/local chiefs and leaders; local authorities; representatives of women's groups, people with disability, youth group, and other groups within the community.

Households with at least one person with specific needs or vulnerable households were offered support during the distribution to ensure they received the relief CRI kits and emergency shelter item. Support for persons with disability was offered in consultation with them through the distribution monitoring system. The persons with disability are supported at the distribution site with separate queues, transport support or home delivery, where these might be appropriate solutions. UNHCR was able to reach 1,314 persons with disability with CRI kits and emergency shelter items.

**c. Education in protracted crises**

To improve the well-being and performance children, including persons with special needs, partners funded under the SSHF created safe learning environment by constructing and rehabilitating temporary learning spaces destroyed due to the floods. They also rehabilitated and constructed WASH and sanitation facilities within the learning spaces. Early this year the schools were closed due to C-19, but other means were introduced such as educating children through radios.

**d. Other aspects of protection**

The SSHF complimented CERF by providing protection frontline services to those affected by floods. GBV survivors and at risk individuals were provided with static psychosocial support services (PSS), through peer-to-peer counseling and other sharing and participatory activities, such as drama, singing, cultural groups. In addition, GBV survivors were provided with comprehensive case management and referrals were done for those who needed health services. Women and adolescent girls benefitted from dignity kits and the distribution was conducted on need basis focusing on the attendees of the WGFSS but targeting also women and girls in need in other sites.

**4. PRIORITIZATION PROCESS**

Following partner rapid assessments and reports of rising river levels and initial flooding in June and their inability to sustain a vigorous response to the flooding, OCHA on behalf of the Humanitarian Coordinator (HC) and HCT reached out to CERF for the possibility of a grant from the rapid response window to bridge funding and response gaps necessary to scale up assistance before contributions were received from ongoing consultations with bilateral donors. The targeting of locations under this application followed initial consultations within the ICWG/ICCG, consolidation of information and rapid assessment reports from humanitarian partners by OCHA in the affected locations towards the end of October. The prioritization of locations and clusters target was arrived at in a consultative process involving all the humanitarian clusters, which agreed to focus on the most affected counties in flood affected states / persons and where needs were reportedly highest. The convergence of clusters in most counties enabled interventions from multiple sectors targeting the same beneficiaries. The areas targeted included, Central Equatoria, Eastern Equatoria, Jonglei, Lakes, Northern Bahr el Ghazal, Unity, Upper Nile, Warrap, Western Equatoria, Western Bahr el Ghazal states. The reports highlighted clean water, health services, food, shelter and household items as the most needed items among the affected households, some of who had since been displaced by the floods to higher grounds/locations.

The Logistics cluster was also included to facilitate timely delivery supplies and assessment mission by helicopter to areas where it was inaccessible due to flooding.

The HCT adopted a phased approach in its overall response to the ongoing crisis:

### **Phase 1: Immediate Emergency Response**

1. Emergency Flood - Rapid Response Kits
  - a. Humanitarians will target the most affected families currently displaced with an emergency life-saving multi-sectoral kit according to identified priorities. Priority 1 locations will be served first, followed by priority 2 and then priority 3 areas.
  - b. Target: 70,000 households
  - c. Kit contains plastic sheets; mosquito Nets; blanket; Aquatabs; filter cloth; collapsible jerry can and fishing kit (adjustable according to the availability of stocks).
  - d. In priority 3 locations, response is on-going by static humanitarian partners.
2. Sectoral Emergency Response:
  - a. Food is on-going with WFP & partners, those on distribution lists being served with general food distribution.
  - b. Health distribution of anti-malarial and other basic drugs and medical supplies to health facilities to 226,000 targeted people through WHO, UNFPA and UNICEF. Increase access to medical services through mobile health clinics.
  - c. Refugees: Provide multi-sector response, which includes food and non-food assistance to 150,000 Sudanese refugees in three camps in Maban, and to the local population of 50,000 people (UNHCR).

### **Phase 2: Strategic life-saving response. WASH infrastructure, livelihood support and restoring access to basic services**

1. Infrastructure and Basic Service Repairs
  - a. WASH infrastructure – borehole repair, technical structural repairs on affected water systems and shock chlorination to affected water points.
2. Food Security & Livelihoods
  - a. Food Security and Livelihoods support – FSL partners will work to restore the livelihoods and support the longer-term impacts on food insecurity.
3. Health, Nutrition and Education

Clusters and partners will work to restore access to centers that were damaged or destroyed as a result of the floods.

Since there was a need for frontline response, the HC agreed to allocate additional resources through the SSHF to complement the CERF allocation. The clusters submitted their respective priorities approved by the Humanitarian Coordinator with the support of OCHA / SSHF Humanitarian Financing Unit (HFU). This consultative process established a detailed prioritisation framework, including cluster envelopes, key activities and priority locations. The clusters under the SSHF RA allocation were health, WASH, Food assistance and Livelihood, Shelter and NFI, Nutrition, Education and Protection.

## 5. CERF RESULTS

The CERF grant of USD 15 million to South Sudan provided a bridge funding mechanism that enabled time critical scaling up of the response to devastation brought on by flooding in 10 states in South Sudan. The fund enabled UN agencies and partners to provide emergency food assistance to 420,000 people; provide SRH services to 35,948 men, women, boys and girls, distributed 4,367 mt of Sorghum; and facilitate transportation of supplies to areas cut off by flooding through the support for hiring suitable aircraft, distribute hygiene kits to and Non-food items to 35,000HH, install 150 emergency latrines and disinfect boreholes, provide with cold chain equipment, vaccines, primary health care kits as well as mobile outreach activities to ensure life-saving vaccination and curative services, provide WASH and Shelter/NFI supplies to 45,924HH and 49,187HH; and facilitate transportation of supplies to areas cut off by flooding through the support for hiring suitable aircraft. Through CERF funding,

- FAO and its partners provided livelihood assistance through the distribution of essential fishing kits (comprising hooks, monofilament and two spools of twine) to 420,000 vulnerable flood-affected people. The targeted beneficiaries were host communities, internally displaced persons (IDPs) and returnees in the following counties: Upper Nile state, Unity state, and Jonglei state. The distribution was coordinated by IOM through the Food Security and Agriculture Cluster using downstream partners.
- IOM was able to support S-NFI and WASH cluster partners in providing timely and efficient response to the flood affected people in parts of South Sudan. IOM through its pipeline was able to reach 45,924 households with S-NFI emergency kits and 49,187 households with WASH emergency kits supplies. The items distributed plastic sheets, blankets, mosquito nets, and rubber ropes; and WASH items such as household water treatment (Aquatabs, PuR water flocculant/disinfectant, filter cloths), household water storage (buckets with and without tab, collapsible jerry cans), bulk water treatment, hand-pump spare parts, sanitation materials and hygiene supplies (soap, menstrual hygiene management kits, latrine supplies).
- UNFPA through its pipeline was able to provide lifesaving quality sexual and reproductive health and Gender Based Violence (GBV) services and information to women, men, girls and boys. Overall the project reached 35,948 affected people with various SRH service; among whom were 20,419 women of reproductive age, 9219 girls, 3827 boys and 2483 men. A majority of those reached were internally displaced persons at 19,666, while the host population accounted for 15,242 of those reached.
- WFP was able to distribute emergency food assistance to 161,594 people who were in need of assistance. WFP reached slightly more people than planned due to a reduction in the planned ration size from 70% to 50%.
- WFP/UNHAS transported 159 passengers and 14.9 MT of light cargo on behalf of 14 humanitarian organizations participating in flood assessment missions through the Inter-Cluster Working Group (ICWG) with the dedicated helicopter.
- UNHCR through its pipeline partners was able to distribute 30,797 relief CRI kits and emergency shelter items to 146,802 individuals have been reached, including 123,437 refugees and 23,365 host community members. Regular monitoring and post distribution monitoring of CRI/ES support has been provided. The number of beneficiaries reached was slightly lower than initially targeted due to the difference in family size.
- UNICEF and its partners provided hygiene kits and non-food items to 210,000 people, installed 150 emergency latrines for 7,521 flood affected people and disinfected 310 boreholes. Urgently scaled-up life-saving health interventions reaching 42,352 vulnerable pregnant women, boys and girls under five years of age.
- WHO was able to provide health services to 415,000 people, verified 170 Early Warning Alert System out of 200 disease alert picked within 48 hours, distribute essential life-saving health kits to 14 flood-affected counties.

## 6. PEOPLE REACHED

The decision by the HCT to allocate CERF funds only to cluster lead agencies considerably reduced the challenges of estimating the numbers of beneficiaries reached by each cluster. Most agencies reported adjusting responses as necessary as needs evolved. With this CERF grant, recipient agencies were able to reach 643,084 people, out of the 570,000 targeted. Below is a summary of how the people reached were reported by each recipient agency;



**FAO:** Fishing kits comprising of two boxes of hooks, two spools of twine and one coil of monofilament to 70,000HH as initially targeted through IOM and FAO RRM.

**IOM:** The upward variance between the target and people directly assisted for both WASH and S-NFI is because different response locations had varying items of need, based on assessment for respective locations. There are locations that required one or two items from the kit, and other locations that would require the complete flood response kit. IOM relied on the partners' requested items as well as cluster approval for the release of WASH and S-NFI supplies. The clusters approval was based on needs assessment reports attached to every request for emergency flood response supplies from IOM Pipeline. Estimation was done through the approved core pipeline requests. Each request was coordinated with the S-NFI Cluster, WASH Cluster, OCHA, and the Logistics Cluster. Most of the requests received were part of the joint WASH and S-NFI responses.

**UNICEF:** Through the WASH intervention hygiene kits were distributed comprising of household water treatment chemicals and woman's dignity kit items; and non-food items (NFI) comprising of soap, jerry cans and buckets to 35,000HH (210,000 people). Additionally, through its implementing partners and use of its contingency stock, UNICEF installed 150 emergency latrines for 7,521 flood affected people in Jonglei state. Using additional chlorine stock, they were able to disinfect 310 boreholes in Bor and Pibor in Jonglei state. The number of beneficiaries reached was obtained from program outreach reports, data from District Health Information Software 2 for the counties supported during the project period. The number of people reached for the health component is lower than anticipated due to limited resources for outreach services. The CERF grant was allocated to support only two counties, where hard to reach settlements in the said location could only be accessible at the beginning of 2020 due to travel restrictions as a result of C-19.

**UNFPA:** The number of people reached is slightly above the initial targeted, because returnees benefitted from the services but were not included in the initial project design. A total of 1,040 returnees were captured in the data collection tools.

**UNHCR:** The number of beneficiaries reached was slightly lower than initially targeted due to the difference in family size, reaching 146,802 people. Notwithstanding 98% of the targeted number of people was reached. Additionally, the number of host community members reached is lower than initially planned due to additional NFI contributions received after the CERF allocation by an NGO partner that solely focused on host community distributions. This aimed at ensuring complementarity of distributions and avoid duplications. As such and since the needs of flood-affected populations were higher than those targeted by the CERF contribution, more refugees were targeted than initially anticipated in order to compensate the decreased number of host community members.

**WFP:** Although WFP purchased a little more than planned with CERF funding, total food available for the project was not enough to distribute at full ration and hence the ration cuts to 50%. With the reduction in planned ration size from 70% to 50%, WFP reached slightly more people than planned. The number of people reached was established using partner distribution reports, verified by the field office and the country office's partnerships, planning and reporting unit.

**WHO:** According to WHO each Emergency health kit distributed to partners and health facilities is intended to treat an estimated number of people, therefore the kits procured under CERF grant was used to arrive to 415,000 people. For instance, one Interagency emergency health kit covers 10,000 people over 3 months and one Malaria kit 1,000 for 3 months. The initial target was 420,000 people, however not all the target emergency health kits were achieved due to the interruption in the supply chain system as a result of the COVID-19 restrictions, including other pre-existing factors such as intercommunal conflict and cattle raiding. Access to the health facilities was limited, especially among boys and men due to insecurity.

**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	144,000	120,367
Refugees	100,000	123,437
Returnees	43,086	73,730
Internally displaced persons	282,914	325,542
Other affected persons	0	0
<b>Total</b>	<b>570,000</b>	<b>643,076</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>	161,734	197,039	105,805	105,422	<b>570,000</b>
<b>Reached</b>	143,281	178,179	152,062	169,554	<b>643,076</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)	16,755	17,988	20,401	19,556	<b>74,700</b>
<b>Reached</b> (Out of the total reached)	3,368	3,591	4,054	3,948	<b>14,961</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
Coordination and Support Services - Common Humanitarian Air Services	0	0	0	0	<b>0</b>
Emergency Shelter and NFI - Shelter and Non-Food Items	55,851	59,959	68,002	65,188	<b>249,000</b>
Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	159,600	246,000	7,200	7,200	<b>420,000</b>
Food Security - Food Assistance	36,391	44,251	24,602	29,842	<b>135,086</b>
Health - Health	118,860	120,540	89,460	91,140	<b>420,000</b>
Multi-Cluster - Multi-sector refugee assistance	28,719	33,203	44,944	43,134	<b>150,000</b>
Water Sanitation Hygiene - Water, Sanitation and Hygiene	124,103	130,368	80,451	84,378	<b>419,300</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
Coordination and Support Services - Common Humanitarian Air Services	0	0	0	0	0
Emergency Shelter and NFI - Shelter and Non-Food Items	54,785	73,802	66,715	80,241	275,543
Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	158,000	246,000	8,000	8,000	420,000
Food Security - Food Assistance	43,532	52,934	29,430	35,698	161,594
Health - Health	71,102	145,667	67,231	131,000	415,000
Multi-Cluster - Multi-sector refugee assistance	27,832	33,491	43,634	41,845	146,802
Water Sanitation Hygiene - Water, Sanitation and Hygiene	138,027	157,092	96,565	113,436	505,120

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

## 7. CERF'S ADDED VALUE

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

YES

PARTIALLY

NO

The recipient agencies reported that the CERF funding enabled fast delivery of assistance to affected population. The flexibility of the fund enabled the different partners to use their existing pipeline stocks and later replenish it with the funds received from CERF, this was cited by FAO, WFP, WHO, UNICEF, UNFPA, IOM and UNHCR. This pre-financing approach enabled WFP to scale up its emergency food assistance to meet the increased dietary needs of people in flood-affected communities. UNICEF too was able to urgently scale up the primary health care services in the flood affected areas, deploy and commit WASH contingency stock in a timely manner. It also led to UNFPA's quick procurement and distribution of ERH Kits, thus addressing and responding to the RH needs of flood affected population in the target area in a timely manner.

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

YES

PARTIALLY

NO

The CERF funding addressed time-critical needs under the Shelter/NFI, health, WASH, Food security and Livelihood sectors. Under the health, UNICEF supported the State Ministry of Health (SMOH), county health departments and implementing partners with cold chain equipment, vaccines, primary health care kits as well as mobile outreach activities necessary for resumption of vaccination and curative PHC services. WHO was able to conduct emergency mobile medical outreaches in places where health infrastructures and medical supplies were damaged by floods. In Partnership with the respective health partners, WHO too was able to respond to the floods caused a spike in epidemic outbreaks and surge in common illnesses and disease alerts. UNFPA enabled women and Girls of reproductive health to access reproductive health commodities thus contribution to the reduction of maternal deaths. Under the Food Security sector, WFP addressed time critical needs through distribution of emergency which prevented worsening of food insecurity situation for the flood affected population. UNICEF and IOM mobilized the WASH partners who responded to time-critical needs under the WASH sector by conducting water purification exercises and distribution of WASH and hygiene kits.

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

YES

PARTIALLY

NO

The CERF Flood response grant contributed to the strengthening of the multisector coordination for the immediate flood response. This was achieved through OCHA convening emergency meetings attended by all relevant clusters and pipeline agencies to discuss rapid emergency responses and provision of key relief supplies. In term of funding support from CERF, the allocation was clearly established

and divided, ensuring that both direct implementation and provision of supplies were adequately covered. During implementation, the different agencies ensured that coordination was achieved too for example, UNICEF worked with the respective health and WASH partners; to jointly identify needs and priorities aimed at developing implementation plans, that reduce duplication efforts. WHO also collaborated with the health and WASH clusters in development of cholera preparedness and contingency activities. A range of mechanism and platforms were employed by different agencies to achieve proper coordination. FAO conducted routine meetings with the relevant stakeholders, which was an excellent avenue for information sharing, progress monitoring and addressing challenges. A number of partners used the cluster platforms as a means of coordination, for example WFP used the Inter Cluster Working Group (ICWG) for its coordination efforts, which led to other agencies advocating for Funds on behalf WFP/UNHAS so as to increase their reach, UNICEF and WHO used the WASH, Nutrition and health cluster platforms while UNFPA engage the Reproductive Health Working group (RHWG) and the GBV-sub cluster.

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

YES

PARTIALLY

NO

Implementing agencies were able to demonstrate to other donors that some of the needed resources for flood affected areas had already been mobilized from the CERF Fund. They were also able to show the funding gaps and unaddressed needs in the respective sector. For example, the CERF Fund received by UNFPA had only addressed one critical aspect of ERH which was provision of ERH Kits yet other aspects of ERH has to be addressed too such as provision of support to critical ERH staff such as doctors, clinical officers and midwives. The unaddressed gaps and additional needs were used by partners to advocate for more funds and contributions from the respective donors. The funds leveraged as a result of the CERF fund are as follows; WFP received funding from other donors worth USD14.2 million, UNICEF raised at least USD199,733.41 from DFID for procurement and prepositioning of measles vaccines for vaccination of children aged 6months-15years in flood affected areas. UNFPA mobilized additional \$100,000, from its core resources and \$100,000 from the European Union to complement the CERF funds. WHO also received more funds from OFDA worth USD 500,000 in support of the core pipeline. FAO received more emergency funds from different donors including USAID or DFID to further scale up the distribution of emergency fishing kits.

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

The partnership approach taken by the CERF funded implementing Agencies has led to successful implementation of the frontline activities by national organizations that do not necessarily have requisite funding for procurement of the pipeline items. Through existing structures, mechanisms, and human resources, the Local partners could access and distribute the pipeline items needed to address the humanitarian frontline needs of the flood affected communities.

**8. LESSONS LEARNED**

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

Lessons learned	Suggestion for follow-up/improvement
The entire process provided opportunity for a fast and efficient delivery of emergency support to the most needed locations at the time.	The CERF secretariat should consider funding preparedness activities, such as pre- stocking of emergency supplies before the start of the rainy season since the flooding season is predictable.

**TABLE 9: OBSERVATIONS FOR COUNTRY TEAMS**

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
The quickly changing humanitarian needs call for flexibility especially around the geographical areas of implementation as to enable agencies to reach the most vulnerable or affected persons.	WFP to broaden the list of proposed locations as needs quickly change and it is important that WFP has the flexibility to respond to those most need, within the parameters of the project	WFP

<p>The inter cluster coordinating group (ICCG) played an important role in facilitating regular information sharing and a platform for coordinating interventions.</p>	<p>There is need for the fund to improve government line ministry involvement and leadership. It is also critical to engage the different humanitarian sectors so as to ensure the transparency of the whole CERF funding allocation.</p>	<p>WHO</p>
<p>The existence of clusters working in coordination is a strong element for strengthening of in-country CERF processes and enhancing the strategic use of CERF.</p>	<p>This feedback mechanism is also instrumental in helping improve future CERF allocations.</p>	<p>OCHA</p>
<p>Assessments such as IRNA led by MOHA and UNOCHA helped inform the project design while the delayed needs assessments by the government and humanitarian partners 2-3 months into the flooding period affected the response lead time</p>	<p>Continuous and proper planning backed by data from consultative process can assist in providing ready context based information for future CERF submissions given that information will be readily available for specific locations and sectors..</p>	<p>OCHA, Implementing agencies</p>
<p>Prepositioning of critical lifesaving supplies need to be done before the rainy season to respond to possible flood emergencies, disease outbreaks and any other insecurity incidents. This is to avoid challenges and delays in the responding to floods as a result of lack of critical health supplies.</p>	<p>Since flooding is seasonal and predictable, building the capacity of SMOH and CHD in emergency preparedness and response is critical to effective response in subsequent years</p>	<p>UNICEF,WHO</p>

## PART II

### 9. PROJECT REPORTS

#### 9.1. PROJECT REPORTS Project Report 19-RR-FAO-036 - FAO

1. Project Information			
1. Agency:	FAO	2. Country:	South Sudan
3. Cluster/Sector:	Food Security and Agriculture (includes livestock, fisheries and other agriculture-based livelihoods)	4. Project Code (CERF):	19-RR-FAO-036
5. Project Title:	Emergency assistance to flood-affected populations in South Sudan		
6.a Original Start Date:	02/12/2019	6.b Original End Date:	01/06/2020
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	01/06/2020
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)	
<b>7. Funding</b>	a. Total requirement for agency's sector response to current emergency:		US\$ 6,234,246
	b. Total funding received for agency's sector response to current emergency:		US\$ 2,278,236
	c. Amount received from CERF:		US\$ 500,000
	d. Total CERF funds forwarded to implementing partners		<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

With the CERF grant, the Food and Agriculture Organization of the United Nations (FAO) and its partners provided livelihood assistance through the distribution of essential fishing kits (comprising hooks, monofilament and two spools of twine) to vulnerable flood-affected people. The targeted beneficiaries were host communities, internally displaced persons (IDPs) and returnees in the following counties: Upper Nile state, Unity state, and Jonglei state.

**The selection of areas for the response was based on the recommendations from the Flood Response Working Group and the Needs Analysis Working Group. The priority areas were identified after Interagency Rapid Needs Assessment (IRNA) assessments and partners in the flood-affected areas were approached through the Cluster to carry out the distribution on behalf of FAO.**

The urgent provision of fishing kits enabled beneficiaries to exploit the abundance of fish in flooded areas to contribute to enhance households' food security and nutrition by improving their protein and micronutrients intake.

The project aimed to establish synergies with other sectors (water, sanitation and hygiene, emergency shelter and non-food items [NFI], food and health) for the composition of survival kits including mosquito nets, blankets, water tablets, tarpaulins and livelihood kits. In addition, the project will rely on the partnerships with national and international non-governmental organizations in the shelter and NFI clusters for the provision of frontline services (quick distribution of kits) and with the Logistics Cluster, responsible for the transportation

of survival kits to the final destinations. In order to quickly and effectively assist the target beneficiaries, FAO allocated 70,000 fishing kits to IOM and through FAO RRM using the previous stock intended for its dry season response and initiated the procurement process to replenish the stock. IOM coordinated the distribution of the fishing kits through the Food Security and Agriculture Cluster using downstream partners.

FAO, through IOM and FAO RRM, distributed fishing kits comprising two boxes of hooks, two spools of twine and one coil of monofilament between March and June 2020.

The project was linked to World Food Programme's (WFP) CERF allocation. Both agencies targeted the same beneficiaries with a coordinated package to enhance food security outcomes. FAO attended several meetings with the other stakeholders especially the Rapid Response Fund (RRF) team of the IOM and other clusters to collaborate and establish synergies in response to the flood impacts. The activities were also coordinated with other United Nations agencies, namely the Office of the United Nations High Commissioner for Refugees, the United Nations Children's Fund, the United Nations Population Fund and the World Health Organization. This contributed to helping build the livelihoods of already vulnerable returnee households, so they avoided the adoption of negative coping mechanisms. It also aimed to help enhance livelihood-based production sectors while reducing overall vulnerability to shocks and stressors.

### 3. Changes and Amendments

Activities have been completed as expected without significant delays.

#### 4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Food Security and Agriculture (includes livestock, fisheries and other agriculture-based livelihoods)				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	55,200	84,000	2,400	2,400	144,000
Refugees	0	0	0	0	0
Returnees	8,400	12,000	1,200	1,200	22,800
IDPs	96,000	150,000	3,600	3,600	253,200
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>159,600</b>	<b>246,000</b>	<b>7,200</b>	<b>7,200</b>	<b>420,000</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	Food Security and Agriculture (includes livestock, fisheries and other agriculture-based livelihoods)				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	54,000	78,000	2,000	2,000	136,000
Refugees	0	0	0	0	0
Returnees	8,400	12,000	1,200	1,200	22,800
Internally displaced persons	95,600	156,000	4,800	4,800	261,200
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>158,000</b>	<b>246,000</b>	<b>8,000</b>	<b>8,000</b>	<b>420,000</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

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	N/A
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<b>4.c Persons Indirectly Targeted by the Project</b>
N/A

<b>5. CERF Result Framework</b>	
<b>Project Objective</b>	To improve the food security and nutrition of the 908,000 people affected by the floods in Central Equatoria, Eastern Equatoria, Northern Bahr el Ghazal, Unity and Upper Nile, through the targeted provision of fishing kits to 420,000 flood- affected people (70,000 households).

<b>Output 1</b>	70,000 fishing kits provided to the most vulnerable flood-affected households			
<b>Sector</b>	Food Security and Agriculture (includes livestock, fisheries and other agriculture-based livelihoods)			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	Households reached with fishing kits	420,000 population/ 70,000 households	420,000 population/ 70,000 households	Partners reports
Indicator 1.2	Fishing kits distributed	420,000 population/ 70,000 households	420,000 population/ 70,000 households	Partners reports
Indicator 1.3	Basic instructions on fishing practices provided	420,000 population/ 70,000 households	420,000 population/ 70,000 households	Partners reports
<b>Explanation of output and indicators variance:</b>		N/A		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Mobilize & sensitize communities	Supported by IOM - EMERGENCY SHELTER and NFI partners in the areas of intervention (CIDO; HCD; JAM; ACF; TADO; NH; RCDI; CAFAD; TF; HDC; ACTED; SP; Tearfund; PAH; NPA) FAO		
Activity 1.2	Formation and Training of Accountability to Affected Populations (AAP) Committee	Supported by IOM - EMERGENCY SHELTER and NFI partners in the areas of interventionIOM downstream partners, (CIDO; HCD; JAM; ACF; TADO; NH; RCDI; CAFAD; TF; HDC; ACTED; SP; Tearfund; PAH; NPA) FAO		
Activity 1.3	Beneficiaries identification/registration	Supported by IOM - EMERGENCY SHELTER and NFI partners in the areas of interventionIOM downstream partners, (CIDO; HCD; JAM; ACF; TADO; NH; RCDI; CAFAD; TF; HDC; ACTED; SP; Tearfund; PAH; NPA) FAO		



Activity 1.4	Collect and stock FAO Emergency Kits from the nearest FAO storage hub and transport them to the distribution areas	Supported by IOM - EMERGENCY SHELTER and NFI partners in the areas of intervention IOM downstream partners, (CIDO; HCD; JAM; ACF; TADO; NH; RCDI; CAFAD; TF; HDC; ACTED; SP; Tearfund; PAH; NPA) FAO
Activity 1.5	Distribution of Emergency Kits	Supported by IOM - EMERGENCY SHELTER and NFI partners in the areas of intervention IOM downstream partners, (CIDO; HCD; JAM; ACF; TADO; NH; RCDI; CAFAD; TF; HDC; ACTED; SP; Tearfund; PAH; NPA) FAO
Activity 1.6	Monitoring and Evaluation	Supported by IOM - EMERGENCY SHELTER and NFI partners in the areas of intervention, IOM downstream partners (CIDO; HCD; JAM; ACF; TADO; NH; RCDI; CAFAD; TF; HDC; ACTED; SP; Tearfund; PAH; NPA) FAO
Activity 1.7	Reporting (progress, web, final)	Supported by IOM - EMERGENCY SHELTER and NFI partners in the areas of intervention, IOM downstream partners, (CIDO; HCD; JAM; ACF; TADO; NH; RCDI; CAFAD; TF; HDC; ACTED; SP; Tearfund; PAH; NPA) FAO

## 6. Accountability to Affected People

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

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

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. In the implementation phase, committees are formed at the local level comprising representatives of various vulnerable and marginalized groups (illiterate, elderly, women and youth) whom were 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 are reached through the project. They also address issues affecting the targeted population, gender disparities, and resolve issues related to the provision of the services.

In the monitoring phase, communities were to provide feedback on 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 is provided to local preferences, thus increasing the added value received by beneficiaries.

#### **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 was a diverse range of beneficiaries 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 were comprised of representatives of various vulnerable and marginalized groups (illiterate, elderly, women and youth). FAO actively involved chief and local administration during setting of beneficiary selection criteria and ensured beneficiary lists were complete and verified by the chief and local administration. Through the mobilization and sensitization phase of the project, FAO mobilized 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, handicapped or chronically ill, IDP, refugee, youth at risk) to sensitize communities on project activities and avenues for reporting any issues or complaints.

### 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. Protection against sexual exploitation and abuse (PSEA) and anticorruption awareness was also routinely conducted to both implementing partners and beneficiaries to encourage the reporting of incidents of sexual exploitation and abuse (SEA).

**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:

1. Suggestion boxes were placed in community safe sites (i.e. markets, distribution centres and livestock auction sites). Information reported was mostly on implementing partner procedures during distribution.
2. Feedback desks were used by beneficiaries to ask questions, seek clarification and give feedback on the project from the AAP focal point and partner staff. Common feedback included lost token cards, high prices of seed fairs (when FAO would organize seed fairs, the local traders would sometimes raise prices as the purchasing power was lowered, in some cases it would have been better for beneficiaries to go directly to the market), late timing of distribution, need for more seeds, the long distribution hour, and beneficiary selection procedures among others.
3. A toll-free hotline number was used mostly by beneficiaries for reporting confidential information, issues after seed distribution, or information that required urgent response i.e. cattle disease outbreak and pest infestation, issues on seed purity or germination, PSEA, fraud and poor partner implementation procedures during project implementation. The hotline number was received and responded to by the helpline operator.
4. AAP focal points were trained and employed by FAO in each county. The focal points were hired specifically to receive complaints from beneficiaries from the feedback desks and suggestion boxes, communicate to the helpline operator, and respond to the complaints from these channels. The focal points also disseminated information on how beneficiaries could provide feedback, communicate with beneficiaries on what they were entitled to under the project and follow up with partners to ensure inputs were 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 were relayed to project managers to formulate responses that were then shared with beneficiaries through 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, as mentioned above, to address SEA-related complaints, and worked with the United Nations PSEA Task Force to establish a community feedback mechanism. All implementing partners 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 monitoring and evaluation staff. FAO has not received any SEA complaints during the implementation of this project.

**Any other comments (optional):**

N/A

7. Cash and Voucher Assistance (CVA)	
Did the project include Cash and Voucher Assistance (CVA)?	
Planned	Achieved
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
The timeframe was not suitable for conducting an evaluation.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

## 9.2. Project Report 19-RR-IOM-036 - IOM

1. Project Information			
1. Agency:	IOM	2. Country:	South Sudan
3. Cluster/Sector:	Water Sanitation Hygiene - Water, Sanitation and Hygiene  Emergency Shelter and NFI - Shelter and Non-Food Items	4. Project Code (CERF):	19-RR-IOM-036
5. Project Title:	Provision of Water, Sanitation and Hygiene (WASH) and Shelter-NFI Emergency Supplies for Flood Affected Populations in South Sudan		
6.a Original Start Date:	05/12/2019	6.b Original End Date:	04/06/2020
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If yes, specify revised end date:	04/09/2020
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\$ 5,230,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 5,410,262
	c. Amount received from CERF:		US\$ 4,199,896
	d. Total CERF funds forwarded to implementing partners		<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

With funding support from CERF, IOM Pipeline was able to support S-NFI and WASH clusters and partners in providing timely and efficient flood response in South Sudan reaching 45,924 households with S-NFI supplies and 49,187 households with WASH supplies through IOM Pipeline's efficient procurement, warehousing, management, coordination, and provision of S/NFI and WASH items.

The procurement process immediately commenced in December 2019 and all items were received within 120 days. Items procured through CERF funding included S-NFI supplies such as plastic sheets, blankets, mosquito nets, and rubber ropes; and WASH items such as household water treatment (Aquatabs, PuR water flocculant/disinfectant, filter cloths), household water storage (buckets with and without tab, collapsible jerry cans), bulk water treatment, hand-pump spare parts, sanitation materials and hygiene supplies (soap, menstrual hygiene management kits, latrine supplies). Upon review and endorsement from S-NFI and WASH clusters, IOM administered 93 approved pipeline requests (43 S-NFI and 49 WASH) for flood response of 27 partners, which consisted of 14 international organizations, 12 national organizations, and a UN agency. All the approved requests were responded to by a dedicated IOM Core Pipeline within 24 hours ensuring the rapid deployment of supplies to the field locations. The emergency flood response kits reached 26 counties<sup>3</sup> in over eight states across the country. IOM Pipeline also completed three post distribution monitoring (PDM) reports to measure quality and effectiveness of partner response, which have accessed supplies from the IOM Pipeline.

In addition to this, a no-cost extension/budget modification was approved by the CERF secretariat and allowed IOM to reallocate transportation budget to procure 8,445 COVID-19 WASH home care kits, which included supplies such as soap, buckets with and without tap, and Aquatabs. These procured items replenished supplies that has been released to partners for COVID-19 infection prevention, and control and has so far reached 17 counties across the country.

### 3. Changes and Amendments

Following the WHO declaration of COVID-19 as a pandemic, and the establishment of the COVID-19 Taskforce in South Sudan, IOM Pipeline, scaled-up activities to complement efforts on COVID-19 preparedness and response. An immediate priority identified at the national level, was the procurement and distribution of household home-kits. IOM Pipeline, in coordination with the WASH Cluster and UNICEF, assessed the capacity of the WASH Pipeline in April 2020 to support immediate large-scale WASH frontline responses in targeted areas, and identified the key WASH supplies to be included in the overall inter-agency COVID-19 preparedness home kits. The urgent key supplies required were as follows:

- Soap for handwashing;
- 20-liter buckets with lid, without tap for household water storage;
- 20-liter buckets with lid and tap for storage of water for handwashing;
- Aquatabs for household water treatment; and
- Calcium Hydrochloride (“HTH” High Test Hypochlorite) for bulk water treatment.

After the first case of COVID-19 in South Sudan in April, the WASH pipeline supplies in the country were estimated to cover the needs of approximately 8,445 households. These supplies were earmarked for other ongoing humanitarian response, including supplies procured under DFID, ECHO, and OFDA. A no-cost extension and budget modification was requested from and approved by CERF secretariat to cover the estimated needs of replenishing these supplies, as well as to complement some contingency supplies for the Pipeline to meet the needs of responses indicated in the 2020 South Sudan HRP. This replenishment of supplies helped in avoiding projected gaps in the pipeline supplies that may otherwise have affect the overall COVID-19 response across South Sudan, as well as other ongoing humanitarian responses.

The budget modification reallocated the transportation budget line (Under category B) to the procurement of key WASH supplies for the COVID-19 response. Thus, indicators pertaining to metric tons of S/NFI and WASH supplies transported to logistic hubs across the country is not reported under the CERF funding. Transportation and preposition cost were covered by other donors of the IOM Core Pipeline.

For the WASH supplies procured to replenish those used for COVID-19 response, IOM worked with suppliers with which IOM has long-term agreements concerning delivery of supplies to South Sudan, maximizing the short window of time for availability of supplies of manufacturers and vendors, due to the high demand for these supplies. In order to account for the procurement process, which takes an average of 120 days, an extension of project due date was also requested and approved.

#### 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		3,677	3,947	4,477	4,291	16,392
Refugees		0	0	0	0	0
Returnees		8,150	8,750	9,924	9,513	36,337
Internally displaced persons		35,276	37,871	42,950	41,174	157,271
Other affected persons		0	0	0	0	0

<sup>3</sup> IOM Core Pipeline supplies provided reached eight states and 26 counties in Jonglei (Ayod, Nyirol, Pibor, Pochalla, Twic East, Uror, Akobo, Bor South, Canal, Duk); Upper Nile (Longochuk, Luakpiny/Nasir, Maiwut, Melut, Ulang); Warrap (Gogrial East, Gogrial West, Tonj North, Tonj South); Unity (Mayendit, Mayom, Panyijar); Central Equatoria (Juba); Western Equatoria (Ibba); Lakes (Cueibet); and Northern Bahr el Ghazal (Aweil). The counties included in the proposal were the prioritized counties based on initial cluster strategy aligned to OCHA/NAWG’s priority locations. Considering the massive scale of the flood response that continued into 2020, the WASH and SNFI cluster approved requests after partners conducted comprehensive needs assessments beyond initial prioritized locations. IOM as pipeline agency supporting the SNFI and WASH Clusters provided supplies to these partners after cluster approval which resulted to reaching more counties than in the initial prioritized locations. IOM Core Pipeline also operates in such a way that supplies already in-country funded by other donors and earmarked for other emergencies are initially released to cover for the flood response requests while waiting for procurement of items from CERF funding. Procurement takes an average of 120 days in South Sudan so this system allows for immediate provision of supplies for emergency needs. Thus the proposal indicated that procured supplies will replenish those already released for the flood response.

<b>Total</b>	<b>47,103</b>	<b>50,568</b>	<b>57,351</b>	<b>54,978</b>	<b>210,000</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")	14,131	15,170	17,205	16,494	<b>63,000</b>

<b>4.b Number of People Directly Assisted with CERF Funding (Reached)</b>					
<b>Cluster/Sector</b>	Water Sanitation Hygiene - Water, Sanitation and Hygiene				
<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	4,712	6,036	5,738	6,563	<b>23,049</b>
Refugees	0	0	0	0	<b>0</b>
Returnees	10,436	13,372	12,709	14,538	<b>51,055</b>
Internally displaced persons	45,179	57,884	55,018	62,935	<b>221,016</b>
Other affected persons	0	0	0	0	<b>0</b>
<b>Total</b>	<b>60,327</b>	<b>77,292</b>	<b>73,465</b>	<b>84,036</b>	<b>295,120</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")	3,368	3,591	4,054	3,948	<b>14,961</b>

<b>4.a Number of People Directly Assisted with CERF Funding (Planned)</b>					
<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	4,360	4,680	5,308	5,088	<b>19,436</b>
Refugees	0	0	0	0	<b>0</b>
Returnees	9,664	10,375	11,767	11,280	<b>43,086</b>
Internally displaced persons	41,827	44,904	50,927	48,820	<b>186,478</b>
Other affected persons	0	0	0	0	<b>0</b>
<b>Total</b>	<b>55,851</b>	<b>59,959</b>	<b>68,002</b>	<b>65,188</b>	<b>249,000</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")	16,755	17,988	20,401	19,556	<b>74,700</b>

<b>4.b Number of People Directly Assisted with CERF Funding (Reached)</b>					
<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	4,279	5,764	5,210	6,267	<b>21,520</b>
Refugees	0	0	0	0	<b>0</b>

Returnees	9,478	12,768	11,541	13,882	<b>47,669</b>
Internally displaced persons	41,028	55,270	49,964	60,092	<b>206,354</b>
Other affected persons	0	0	0	0	<b>0</b>
<b>Total</b>	<b>54,785</b>	<b>73,802</b>	<b>66,715</b>	<b>80,241</b>	<b>275,543</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")	3,144	3,353	3,785	3,686	<b>13,969</b>

<p>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>	<p>There is an upward variance between the target and accomplishment of beneficiaries directly assisted for both WASH and S-NFI. This variance is because different response locations have varying items of needs based on assessment for respective locations. For its part, IOM relies on the partners' requested items as well as cluster approval for the release of WASH and S-NFI supplies to partners. The WASH and S-NFI clusters only approve items if there is evidence based on needs assessment reports attached to every request for emergency flood response supplies from IOM Pipeline. There are locations that may only require one or two items, and other locations that would require the complete flood response kit. For response that required less items, it means that more households are reached with the same quantity of procured items under CERF funding.</p> <p>The PWD target was estimated based on HNO proportions as there was no baseline specific for flood response of this scale prior. Pipeline supports the WASH and SNFI clusters in advocating for the prioritization of people with disabilities and special needs when WASH and SNFI partners target beneficiaries for their interventions. Once the supplies are provided to the partners however, frontline partners implement the rest of the response to their direct beneficiaries.</p>
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<b>4.c Persons Indirectly Targeted by the Project</b>
<p>IOM Core Pipeline supported the timely provision through procurement and transportation in key hubs of WASH and S-NFI supplies for the flood response interventions of humanitarian partners that were distributed to the targeted flood-affected population. Pipeline's indirect beneficiaries are the individual beneficiaries who received the supplies as disaggregated in the table above via the partner organizations. Aside from the households that received the flood response kits, IOM also provided handpump spare parts for the rehabilitation of approximately 194 boreholes across flood-affected areas in South Sudan. All communities that are being served by the rehabilitated/constructed borehole are also considered indirect beneficiaries of IOM Core Pipeline</p>

<b>5. CERF Result Framework</b>	
<b>Project Objective</b>	To strengthen WASH and SNFI Clusters' capacity supporting the timely and integrated multisector flood life-saving humanitarian assistance through the procurement and transportation of WASH and SNFI core pipeline relief items.

<b>Output 1</b>	Provision of life saving WASH flood response supplies to affected people in prioritized locations			
<b>Sector</b>	Water Sanitation Hygiene - Water, Sanitation and Hygiene			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	Number of WASH flood response kits, distributed per household, procured for replenishment of supplies released for the flood response and maintain for contingency. Items to be procured include:	35,500	49,187	WASH Pipeline Database; WASH Core Pipeline Request (CPR) forms

	household water treatment, household water storage, hand-pump spare parts, sanitation materials and hygiene supplies			
Indicator 1.2	Number of metric tons of core WASH pipeline supplies transported to key-hubs location in Bor and Rumbek	100	[nil]	As part of the budget modification, the allotted funds for this indicator was diverted to procuring WASH items for COVID-19 response
Indicator 1.3	Percentage of approved partner requests for WASH core pipeline supplies that are processed within 72 hours.	100	100%	WASH Pipeline Database; Official email communication with partners
<b>Explanation of output and indicators variance:</b>		N/A		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Procure WASH supplies to replenish the supplies released as in-kind flood survival items	IOM (Core Pipeline; and Procurement/Logistics Units)		
Activity 1.2	Warehousing supplies in the key-hubs location Rumbek and Bor	IOM (Core Pipeline; and Procurement/Logistics Units)		
Activity 1.3	Daily management of WASH pipeline	IOM Core Pipeline Unit		
Activity 1.4	Conduct two post distribution monitoring (PDM) exercise	IOM Core Pipeline Unit		
Activity 1.5	Administer partner requests for supplies and release the requested supplies depending on the endorsement of WASH Clusters	IOM Core Pipeline Unit in close coordination with the WASH Cluster		

<b>Output 2</b>	Provision of life saving S-NFI flood response supplies to affected people in prioritized locations			
<b>Sector</b>	Emergency Shelter and NFI - Shelter and Non-Food Items			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 2.1	Number of S/NFI flood response kits procured for replenishment of supplies released for the flood response and maintained for contingency. Items to be procured include: plastic sheets, blankets, mosquito nets and rubber ropes	41,500	45,924	S/NFI Pipeline Database; S/NFI Pipeline Request (PLR) forms
Indicator 2.2	Number of metric tons of core S-NFI pipeline supplies transported to key-hubs location in Bor and Rumbek, and/or targeted response locations	463	0	As part of the budget modification, the allotted funds for this indicator was diverted to procuring WASH items for COVID-19 response
Indicator 2.3	Percentage of approved partner requests for S-NFI core pipeline supplies that are processed within 72 hours	100	100%	S/NFI Pipeline Database; Official email communication with partners
<b>Explanation of output and indicators variance:</b>		[Fill in]		



Activities	Description	Implemented by
Activity 2.1	Procure S-NFI supplies to replenish the supplies released as in-kind flood survival items	IOM (Core Pipeline; and Procurement/Logistics Units)
Activity 2.2	Warehousing supplies in the key-hubs location Rumbek and Bor	IOM Core Pipeline Unit
Activity 2.3	Daily management of S-NFI pipeline	IOM Core Pipeline Unit
Activity 2.4	Conduct one post distribution monitoring (PDM) exercise	IOM Core Pipeline Unit
Activity 2.5	Administer partner requests for supplies and release the requested supplies depending on the endorsement of S-NFI Clusters	IOM Core Pipeline Unit in close coordination with the WASH Cluster

## 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?

All WASH and S/NFI endorsed requests from the partners go through a rigorous review process by the WASH and S-NFI cluster where assessment reports and response/project documents are required for approval. Partners requested supplies based on their assessment of the needs of the crisis-affected population in the particular location of assessment. The flood response assessments were usually inter-agency and provided an immediate and quick overview of the emergency situation on the ground in order to identify the immediate impacts of the crisis, make initial rough estimates of the needs of the affected population for assistance, and define the priorities for humanitarian action. Reports of assessment were submitted to and consulted with the Cluster, which verified and acknowledged the needs of interventions and emergency responses in those areas. The review considers how partner organizations target beneficiaries with priority given to the most vulnerable and marginalized segments of the population.

#### 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 Core Pipeline provides pipeline support to the WASH and S-NFI clusters and its partner organizations. The flood response, which the CERF funding contributed to, was coordinated through the Cluster Approach. The coordination of humanitarian organizations strengthens system-wide preparedness and technical capacity to respond to needs of the affected population requiring emergency humanitarian response. The coordination meetings from assessments to planning to implementation of the flood response was set up to prioritize and clearly define the roles and responsibilities of humanitarian organizations to avoid gaps and duplication of activities and response.

The clusters ensure that all partners adhere to standards of protection mainstreaming and accountability to affected population. Any partner response is preceded by an assessment of needs of target population, which is conducted through a consultative process that involves the members of the community such as community/local chiefs and leaders; local authorities; representatives of women's groups, people with disability, youth group, and other groups within the community.

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

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

IOM as pipeline agency for both S-NFI and WASH sector in South Sudan, coordinates on daily basis with S-NFI and WASH Clusters' coordination team in managing the core pipeline program. Flood response in South Sudan is one example on how the strong coordination between Pipeline agencies, Clusters, partners, and relevant stakeholders, is key to the successful and rapid humanitarian support during emergencies. Any feedback from partners are responded to within 24 hours as communication channels are open and accessible. The S-NFI and WASH Clusters advocates for all partners, especially with frontline activities to mainstream accountability to affected population

in planning and implementing their responses. Frontline partners describe the mechanism they have used to collect feedback from beneficiaries through distribution/utilization reports that are submitted to the clusters with the IOM Pipeline in copy.

Field data collection for post-distribution monitoring (PDM) is the only activity wherein the Pipeline unit directly interacts with the beneficiaries of WASH and S-NFI supplies. The PDM process is a collaborative process and employs a systematic methodology of communication with representatives from select response locations to inform them of the objective and requirements of the activity and ensure that the community is well-informed of the details of data collection that may include survey, key informant interviews, and focus group discussion with beneficiaries. A meeting with local authorities, leaders, representatives of minority groups within the community is a vital step of a PDM and served as information session to plan and carry out the PDM activities.

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

IOM seeks ways to continuously improve management of the Pipeline through engaging its main stakeholders in proactively generating feedback from the principal users of IOM Pipeline services. Towards the end of the year, IOM Pipeline conducts an annual partner satisfaction survey as a periodical assessment of IOM Pipeline performance based on feedback of its partners. This provides valuable insights on whether IOM Pipeline performance/services satisfactorily meet partners' requirements in responding to the needs of the affected population. The resulting findings and recommendations are used to improve IOM Pipeline services and management to better serve the humanitarian partners, and ultimately the beneficiaries.

IOM does the daily tracking of the supply chain management, partners request tracking, cargo updates including transportation convoys organised by Logistic Cluster, and procurement tracking. IOM also has a system of reporting the weekly status of the pipeline supplies in the country to both S-NFI and WASH Cluster and posted the updates on the online pipeline dashboard for the logistical hubs across the country, which are accessible to all partners. These measures ensure that all necessary information of direct pipeline beneficiaries- its partners – are accessible real time. The Pipeline team also has a common email group so that all questions, feedback and queries from partners are responded to as soon as possible, usually within a 24-hour time frame.

**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

IOM has strict policy and procedures for preventing and responding to Sexual Exploitation and Abuse (SEA). IOM actively participates in inter-agency coordination to prevent and address SEA incidents, including active participation in in-country PSEA Networks. All staff, including the Core Pipeline team are regularly trained and re-oriented on its internal policies on PSEA and how it can be integrated in project implementation especially for activities that have high exposure to beneficiaries. Core Pipeline as a unit, interacts mainly with partner organizations and not beneficiaries directly. Core Pipeline partners as the frontline organizations sign a memorandum of agreement (MOU) with IOM that has an explicit section that obligates partners and their staff to take all appropriate measures to prohibit and prevent SEA.

IOM Core Pipeline also conducts post-distribution monitoring and during field data collection, all enumerators go through a training that touches on basic PSEA concepts and means to report possible cases.

**Any other comments (optional):**  
N/A

7. Cash and Voucher Assistance (CVA)	
Did the project include Cash and Voucher Assistance (CVA)?	
Planned	Achieved
No	No

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

An After-Action Review (AAR) was conducted on 17<sup>th</sup> August 2020, which was facilitated by UN OCHA and participated by all agencies that received CERF funding. The objective of the AAR is to collectively analyse the results achieved with the CERF grant and assess CERF's added value, facilitates joint lessons learning for the benefit of future CERF processes. Prior to the actual AAR meeting, IOM also answered a list of questions sent by OCHA which revolved around quality of overall CERF consultation process, appropriateness of allocation, and overall results achieved and beneficiaries reached.

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

### 9.3. Project Report 19-RR-FPA-048 - UNFPA

1. Project Information			
1. Agency:	UNFPA	2. Country:	South Sudan
3. Cluster/Sector:	Health - Health	4. Project Code (CERF):	19-RR-FPA-048
5. Project Title:	Improving Availability of Life-saving Reproductive Health Commodities to Flood-affected Populations in Prioritized Areas of South Sudan		
6.a Original Start Date:	05/12/2019	6.b Original End Date:	04/06/2020
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\$ 611,347
	b. Total funding received for agency's sector response to current emergency:		US\$ 370,000
	c. Amount received from CERF:		US\$ 370,000
	d. Total CERF funds forwarded to implementing partners		<b>US\$ 0</b>
	of which to:		
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 0
	Red Cross/Crescent		US\$ 0

### 2. Project Results Summary/Overall Performance

Through the CERF UFE grant, UNFPA procured and distributed 283 assorted Emergency Reproductive Health Kits (ERH) to health partners in the target states implementing reproductive health services. The procured items included drugs, supplies and equipment for clean delivery, clinical delivery assistance, clean delivery tools for birth attendants, post rape treatment, treatment of sexually transmitted infections, management of complications of miscarriage, suture for vaginal tears, drugs and equipment for referral level facilities and supplies for blood transfusion

By the end of the project in early June, a total of 227 assorted kits have been used fully at benefitting reproductive health service outlets in the 6 project states of Eastern Equatorial, Jonglei, Upper Nile, Unity, Northern Bahr El Ghazal and Warrap States. However, as is standard practise in the use of health commodities, a few partners reported a cumulative 56 assorted ERH Kits still in their stores as buffer stock to help respond to emerging needs as they awaited another round of distribution from UNFPA using other funding sources. This buffer stock was already integrated into the project design and therefore expected did not affect the achievement of the project targets.

Health commodities are a crucial and important input in the provision of health services including reproductive health, without which, provision of services would be impossible. Therefore, using commodities procured using this grant UNFPA partners were able to provide lifesaving quality sexual and reproductive health and Gender Based Violence (GBV) services and information to women, men, girls and boys. Overall the project reached 35,948 affected people with various SRH service; among whom were 20,419 women of reproductive age, 9219 girls, 3827 boys and 2483 men. A majority of those reached were internally displaced persons at 19,666, while the host population accounted for 15,242 of those reached. Whereas, we had not anticipated to serve returnees at the project design, we noticed that in some of the areas served, there was a small proportion of returnees who benefited from the services.

The services provided include clean and safe deliveries, antenatal care, post-natal care, and management of Sexually transmitted diseases and clinical management of rape survivors. 16,000 beneficiaries were served with clean and safe deliveries, while the rest got other services. Please refer to the attached matrices of kits distribution and aged disaggregation data for details. Also a significant number of beneficiaries (17,255) are from Jonglei and Upper Nile where the needs for reproductive health supplies was the highest.

### 3. Changes and Amendments

These were no were no changes or amendments to the project.

#### 4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Health - Health					
	Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities		714	8,573	1,429	3,572	14,288
Refugees		0	0	0	0	0
Returnees		0	0	0	0	0
Internally displaced persons		1,071	12,860	2,144	5,359	21,434
Other affected persons		0	0	0	0	0
<b>Total</b>		<b>1,785</b>	<b>21,433</b>	<b>3,573</b>	<b>8,931</b>	<b>35,722</b>
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total	
Persons with Disabilities (Out of the total number of "people planned")	N/A	N/A	N/A	N/A	N/A	

#### 4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Health - Health					
	Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities		920	8,984	1,640	3,698	15,242
Refugees		0	0	0	0	0
Returnees		243	346	165	286	1,040
Internally displaced persons		1,320	11,089	2,022	5,235	19,666
Other affected persons		0	0	0	0	0
<b>Total</b>		<b>2,483</b>	<b>20,419</b>	<b>3,827</b>	<b>9,219</b>	<b>35,948</b>
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total	
Persons with Disabilities (Out of the total number of "people reached")	N/A	N/A	N/A	N/A	N/A	

In case of significant discrepancy between figures under planned and reached people, either in the total

There is no significant variance between the planned targets and those reached as indicated in the tables above. The small variation seen are expected from project of this nature and magnitude. However, whereas we had not anticipated to reach returnees at the project design, we noticed that some of them were benefiting from the services offered through this

numbers or the age, sex or category distribution, please describe reasons:	project. Whereas their numbers are not significant, we managed to capture them in our data collection tools and that is why we are reporting them.
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#### 4.c Persons Indirectly Targeted by the Project

N/A

### 5. CERF Result Framework

<b>Project Objective</b>	Improve availability and access to life-saving reproductive health commodities in flood affected areas
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<b>Output 1</b>	35,722 women, adolescent girls, boys and men have access to reproductive health kits			
<b>Sector</b>	Health - Health			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	Number of assorted RH kits procured, disaggregated by types of kits	283	283	Request for procurement of ERH Kits and Distribution Plan, Goods Receipt Note, Delivery Slips.
Indicator 1.2	Number of assorted RH kits distributed, disaggregated by types of kits and geographical area distributed to	283	283	ERH Kits Distribution Plan, Delivery Slips and Programme Supply Distribution Agreements (PSDA)
Indicator 1.3	Number of people directly benefiting from RH kits procured and distributed, disaggregated by age, sex and geographical area	35,722	35948	Health Facility Monthly and Quarterly Reports
<b>Explanation of output and indicators variance:</b>		Generally, there is not significant variance between the outputs and the indicators. We achieved marginally above the intended target in indicator 1.3 above.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Procure assorted RH kits required for implementation of Minimum Initial Services Package (MISP)	UNFPA		
Activity 1.2	Distribute RH kits to priority areas most affected by flooding	UNFPA		
Activity 1.3	Conduct monitoring visits to selected locations to ensure RH kits are distributed and used for intended purposes	UNFPA		

### 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, assessments were conducted to identify the needs of the affected population through community consultation, including discussions on project sites, risks as understood by the communities and their leaders. Reproductive Health in Emergency

Technical Working Group (RHIE TWG) partners had monthly meetings to identify and assess emerging issues. 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. 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, Implementing Partners and other partners who benefit from the ERH Kits used the existing local/national mechanisms that communities of responders and beneficiaries have used in the past such as the reproductive health working group of the health cluster, the health cluster itself, the GBV sub cluster and GBV working groups at the sub national lev, community meetings/dialogues with different community groups like community leaders, women groups and youth groups at the local level. To enhance more efficiency in the process, together with the communities, these existing mechanisms were reviewed and additional mechanisms such as FGDs were added to the existing project mechanisms to assist in adequately capturing the needs, voices, and leadership of women, girls and marginalized groups. Some partners are using different approaches – Social auditing of project by the Youth and quarterly Sexual and Reproductive Health Services (SRHS) review meetings to access the services.

### 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 the parties involved including what the programme entailed, while ensuring coordinated messaging with one voice to avoid confusion. Meetings were held with partners through the Reproductive Health in Emergency Technical Working Group (RHIE TWG) and women, girls, men and boys using appropriate methodologies such as focus group discussions and key informant interviews with local leaders to enlist views from all those concerned 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. The affected people were also informed and encouraged to report any wrongdoing by partners'/staff member that was deemed to affect project implementation and the beneficiaries of assistance. This was facilitated through the use of complaint boxes which were placed at health facilities for easy access and in some instances some information were collected during programme performance review meetings with stakeholders.

**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

Complaint boxes were placed at the WGFS, One Stop Centres (OSC) and within health facilities, however UNFPA's experience has shown that most feedback and complaints emerge during FGDs and quarterly health facility performance review meetings with the community representatives. Feedback related to service provision has been discussed with beneficiaries to ensure their views are captured and acted upon. For example, increasing the number of outreaches in a week to enable access to services for the affected population.

**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

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](mailto:psea@unfpa.org) for reporting SEA cases. Awareness raising about SEA as a violation and information on victim assistance through existing GBV referral Pathway continued through the project process especially partners who provide Clinical Management of Rape (CMR) by use of ERH Kit 3 – Post Rape Treatment Kits.

**Any other comments (optional):**

No other comments.

<b>7. Cash and Voucher Assistance (CVA)</b>	
<b>Did the project include Cash and Voucher Assistance (CVA)?</b>	
<b>Planned</b>	<b>Achieved</b>
No	No

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



## 9.4. Project Report 19-RR-HCR-037 - UNHCR

1. Project Information					
1. Agency:	UNHCR	2. Country:	South Sudan		
3. Cluster/Sector:	Multi-Cluster - Multi-sector refugee assistance	4. Project Code (CERF):	19-RR-HCR-037		
5. Project Title:	Emergency response to flood-affected refugees and host community members in Maban County, South Sudan				
6.a Original Start Date:	01/11/2019	6.b Original End Date:	30/04/2020		
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\$ 10,000,000		
	b. Total funding received for agency's sector response to current emergency:		US\$ \$ 8,613,499		
	c. Amount received from CERF:		US\$ 3,000,002		
	d. Total CERF funds forwarded to implementing partners		US\$ 0		
	of which to:				
	Government Partners	US\$ 0			
	International NGOs	US\$ 0			
	National NGOs	US\$ 0			
	Red Cross/Crescent	US\$ 0			

2. Project Results Summary/Overall Performance
<p>Through the CERF UFE grant, UNHCR was able to conduct rapid inter-agency assessments to further understand the breath of the damage. These assessments informed the multi-sector response and also identify households with persons with specific needs. The purchase and transport relief CRI kits and emergency shelter items were done from the capital and airlifted to Maban, as the only means of transportation to this remote corner of South Sudan. Out of a target of 30,000, the Operation was able to distribute 30,797 relief CRI kits and emergency shelter items with support to persons with specific needs during distributions. Regular protection monitoring has been ongoing and post distribution monitoring of CRI/ES support have been provided. A total of 146,802 individuals have been reached, including 123,437 refugees and 23,365 host community members.</p>

3. Changes and Amendments
No changes or amendments

4.a Number of People Directly Assisted with CERF Funding (Planned)					
Cluster/Sector	Multi-Cluster - Multi-sector refugee assistance				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	11,914	11,735	13,567	12,784	50,000

Refugees	16,805	21,468	31,377	30,350	100,000
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>28,719</b>	<b>33,203</b>	<b>44,944</b>	<b>43,134</b>	<b>150,000</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")	0	0	0	0	0

#### 4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Multi-Cluster - Multi-sector refugee assistance				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	5,567	5,484	6,340	5,974	23,365
Refugees	22,265	28,007	37,294	35,871	123,437
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>27,832</b>	<b>33,491</b>	<b>43,634</b>	<b>41,845</b>	<b>146,802</b>
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	509	618	89	98	1,314

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

The overall beneficiary number is slightly lower than the 150,000 initially targeting owing to the difference in family size compared to the initial projection (30,000 households were targeted and 30,797 reached). Notwithstanding 98% of the targeted number of people was reached. Additionally, the number of host community members reached is lower than initially planned due to additional NFI contributions received after the CERF allocation by an NGO partner that solely focused on host community distributions. This aimed at ensuring complementarity of distributions and avoid duplications. As such and since the needs of flood-affected populations were higher than those targeted by the CERF contribution, more refugees were targeted than initially anticipated in order to compensate the decreased number of host community members.

#### 4.c Persons Indirectly Targeted by the Project

Considering the nature of the assistance on this proposal such as core relief items and shelter, all the projects will be direct assistance.

### 5. CERF Result Framework

<b>Project Objective</b>	Provide critical emergency assistance to meet the immediate and life-saving NFI and shelter needs of population affected by floods in Maban county
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<b>Output 1</b>	30,000 affected households receive core relief Items Multi-Cluster - Multi-sector refugee assistance			
<b>Sector</b>	Multi-Cluster - Multi-sector refugee assistance			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	Number of households receiving relief CRI kits	30,000	30,797	UNHCR monitoring and reports
Indicator 1.2	Number of households receiving emergency shelter items	30,000	30,797	UNHCR monitoring and reports
<b>Explanation of output and indicators variance:</b>		The target was reached. It has to be noted that owing to COVID-19 restrictions that were put in place in March 2020, post-distribution monitoring could not be conducted. Complaints and feedback mechanisms were maintained in order to ensure a two-way channel between beneficiaries and UNHCR.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Conduct rapid inter-agency assessments	UNHCR and the Maban Inter-Agency team		
Activity 1.2	Identify affected households who have not received emergency assistance	UNHCR, DRC, HDC		
Activity 1.3	Purchase and transport relief CRI kits and emergency shelter items	UNHCR		
Activity 1.4	Distribute relief CRI kits and emergency shelter items with support to persons with specific needs during distributions	UNHCR, DRC, HDC		
Activity 1.5	Conduct regular monitoring and post distribution monitoring of CRI/ES support provided	UNHCR, DRC, HDC		

## 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?**

Inter-agency assessments teams met with representatives of both refugees and host communities, including men, women, elderly, young people and other diversity considerations. The team also visited the affected sites to observe the current conditions and environment and had the opportunity to talk to those affected. Separate discussions were also held with women, where feasible.

Households with at least one person with specific needs or vulnerable households were offered support during the distribution to ensure they received the relief CRI kits and emergency shelter item. Support for persons with disability was offered in consultation with them through the distribution monitoring system. The persons with disability are supported at the distribution site with separate queues, transport support or home delivery, where these might be appropriate solutions.

#### **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?**

Yes, existing local mechanisms were used to engage all parts of the community as well as local authorities (Relief and Rehabilitation Commission for the response in host communities and Commission for Refugee Affairs for the response in refugee camps). UNHCR takes a community-based approach in all activities. Through consultation and participation, communities engage meaningfully and substantively in all programmes that affect them and play a leading role in change. UNHCR recognizes that, without the engagement of persons of concern, external intervention alone cannot achieve sustained improvement in their lives. Community-based protection puts the capacities, agency, rights and dignity of persons of concern at the centre of programming. It generates more effective and sustainable protection outcomes by strengthening local resources and capacity and identifying protection gaps through consultation. UNHCR endeavours to harness the knowledge and resources of communities.

**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 have been working with refugees and host communities in Maban since 2011. As such, there are regular coordination meetings with these populations and trainings of community workers on humanitarian principles, prevention of SEA and UNHCR's mandate and programmes. UNHCR engages its community-based networks, refugee leaders, local leaders and outreach workers as well as radio network operational in the area.

**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

Community-based feedback and complaint and response mechanisms were already in place in the area to ensure persons of concern can raise their concerns or provide feedback and undertake appropriate action. UNHCR has established and maintained effective feedback systems in all refugee camps including comments, suggestions and complaints using a variety of communication channels that are accessible to all persons of concern and that are appropriate for both sensitive and non-sensitive feedback. UNHCR has also allocated human and financial resources to ensure that feedback from persons of concerns is systematically collected, acknowledged, assessed and referred and responded to in a timely, confidential, and effective manner.

**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

A sexual exploitation and abuse (SEA) mechanism is already in place to report complaints. UNHCR South Sudan continues to observe zero tolerance to SEA of persons of concern by its staff and staff of partner organizations. The Operation strictly follows internal policies and procedures on protection of SEA and prioritizes a survivor centred approach to guide its activities in responding to incidents of in a safe, confidential, accountable, transparent and accessible manner. At the end of 2018 the Operation started bilateral meetings between senior management and staff of partner organizations to help them to develop internal monitoring and reporting mechanisms on SEA. UNHCR as an individual UN agency as well as an active member of the National PSEA Task Force, functioning under RCO/DSRSG, is striving to mitigate risks of SEA.

**Any other comments (optional):**

N/A

**7. Cash and Voucher Assistance (CVA)**

**Did the project include Cash and Voucher Assistance (CVA)?**

Planned	Achieved
No	No

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

The project falls within UNHCR's wider overall programming, which is evaluated at mid and end of year, thus this specific project does not have a stand-alone project evaluation.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

## 9.5. Project Report 19-RR-CEF-108 - UNICEF

1. Project Information			
1. Agency:	UNICEF	2. Country:	South Sudan
3. Cluster/Sector:	Water Sanitation Hygiene - Water, Sanitation and Hygiene  Health - Health	4. Project Code (CERF):	19-RR-CEF-108
5. Project Title:	Humanitarian Response for Immediate WASH and Health needs of flood affected communities in South Sudan		
6.a Original Start Date:	17/11/2019	6.b Original End Date:	16/05/2020
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)		
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 7,565,299
	b. Total funding received for agency's sector response to current emergency:		US\$ 1,719,931
	c. Amount received from CERF:		US\$ 1,719,931
	d. Total CERF funds forwarded to implementing partners		<b>US\$ 205,370</b>
	Government Partners		US\$ 0
	International NGOs		US\$ 186,120
National NGOs		US\$ 19,250	
Red Cross/Crescent		US\$ 0	

## 2. Project Results Summary/Overall Performance

The CERF funding helped to maintain the WASH core pipeline supply chain for the flood affected population. UNICEF procured a) 35,000 hygiene kits that comprised of household water treatment chemicals and woman's dignity kit items; and b) 35,000 non-food items (NFI) comprising of soap, jerry cans and buckets. The hygiene kits and NFI were dispatched to WASH cluster partners through the WASH cluster core pipeline and the partners distributed the items to 210,000 people affected by the floods (35,000 families of which 26,250 were women and girls). Additionally, through its implementing partners and use of its contingency stock, UNICEF installed 150 emergency latrines for 7,521 flood affected people in Jonglei state and disinfected 310 boreholes in Bor and Pibor in Jonglei state.

CERF funds were also used to urgently scale-up life-saving health interventions for the flood affected population as well as support the resilience of the affected communities. Interventions were implemented in Pibor and Maban counties, reaching 42,352 vulnerable pregnant women, boys and girls under five years of age. UNICEF supported the State Ministry of Health (SMOH), county health departments (CHDs) and implementing partners with cold chain equipment, vaccines, primary health care kits as well as mobile outreach activities to ensure life-saving vaccination and curative services to the flood-affected populations. Through mobile outreaches and fixed health facilities, integrated primary health care services were provided for the management of common health conditions such as malaria, diarrhoea, pneumonia and for the provision of antenatal care services and nutritional screening.

The main health activities implemented were the following:

- 14 mobile outreach sessions conducted for the provision of integrated Primary Health Care (PHC) services including emergency vaccination to children and pregnant women in Pibor and Maban counties.
- Essential drugs and supplies distributed to Pibor and Maban counties to support integrated service delivery. CCE were delivered to 5 static sites and health kits provided to 2 mobile units
- Direct solar drive refrigerators installed in five health facilities in Pibor, Fangak and Maban counties.
- 25 Artek devices, 100 cold boxes and 500 vaccine carriers procured to replace damaged cold chain equipment in affected health facilities in Pibor and Maban.
- Five coordination meetings were held with CHDs and implementing partners were held at Juba, county and state levels.

Please note that four looting incidents were reported to UNICEF which involved funding received from CERF under this project for WASH. The incidents took place in June 2020. UNICEF reported the incidents to OCHA on 6 July 2020. As part of emergency preparedness and response planning, UNICEF ensures contingency stock are in place in locations that experience regular emergency interventions; Pibor is one of the locations. As part of the "First In first Out (FIFO)" management of stock in the warehouses, the CERF grant replenished the stock for the intervention in Pibor. The looted stock was in the warehouse of an NGO that conducts warehouse management for UNICEF in Bor and Pibor under our nutrition programme and are not a direct implementing partner for WASH or under the project.

### 3. Changes and Amendments

N/A

#### 4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Health - Health					
	Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities		0	0	0	0	0
Refugees		0	0	0	0	0
Returnees		0	0	0	0	0
Internally displaced persons		0	13,560	31,395	32,677	77,632
Other affected persons		0	0	0	0	0
<b>Total</b>		<b>0</b>	<b>13,560</b>	<b>31,395</b>	<b>32,677</b>	<b>77,632</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		7,098	7,405	6,384	6,623	27,510
Refugees		0	0	0	0	0
Returnees		0	0	0	0	0
Internally displaced persons		3,737	4,080	3,561	3,464	14,842

Other affected persons	0	0	0	0	0
<b>Total</b>	<b>10,835</b>	<b>11,485</b>	<b>9,945</b>	<b>10,087</b>	<b>42,352</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")	0	0	0	0	0

<b>4.a Number of People Directly Assisted with CERF Funding (Planned)</b>					
<b>Cluster/Sector</b>	Water Sanitation Hygiene - Water, Sanitation and Hygiene				
<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	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	77,700	79,800	23,100	29,400	<b>210,000</b>
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>77,700</b>	<b>79,800</b>	<b>23,100</b>	<b>29,400</b>	<b>210,000</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")	0	0	0	0	0

<b>4.b Number of People Directly Assisted with CERF Funding (Reached)</b>					
<b>Cluster/Sector</b>	Water Sanitation Hygiene - Water, Sanitation and Hygiene				
<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	0	0	0	0	0
Internally displaced persons	77,700	79,800	23,100	29,400	<b>210,000</b>
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>77,700</b>	<b>79,800</b>	<b>23,100</b>	<b>29,400</b>	<b>210,000</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")	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>The number of beneficiaries reached for the health component is lower than anticipated due to the following:</p> <ul style="list-style-type: none"> <li>– Due to the limited funding for outreaches in the approved proposal, outreaches could only be carried out in the two counties mostly affected by the floods (Maban and Pibor counties).</li> </ul>
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	<ul style="list-style-type: none"> <li>- Conduct of outreach in hard to reach settlements in Pibor and Maban counties commenced only in January 2020 as a result of delays and challenges in getting the SMOHs to mobilize the mobile teams.</li> </ul>
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<b>4.c Persons Indirectly Targeted by the Project</b>	
N/A	

<b>5. CERF Result Framework</b>	
<b>Project Objective</b>	To provide life-saving access and use of safe drinking water and sanitation and adoption of key safe hygiene practices and reduce excess mortality and morbidity amongst flood affected populations through the provision of much-needed medical supplies and services

<b>Output 1</b>	Flood affected communities across seven states have access to safe water in line with Sphere minimum standards of 3-5 l/c/d			
<b>Sector</b>	Water Sanitation Hygiene - Water, Sanitation and Hygiene			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	Number of flood-affected people provided with household water treatment chemicals for safe water	210,000	210,000	Warehouse release orders to WASH cluster partners
Indicator 1.2	Number of flood-affected people provided with jerry cans for safe water use	210,000	210,000	Warehouse release orders to WASH cluster partners
Indicator 1.3	Number of boreholes chlorinated	293	310	WASH partners' report
<b>Explanation of output and indicators variance:</b>		UNICEF procured and released WASH core pipeline supplies:- Hygiene Kits, Soap, Water treatment tablets, Chlorine, Borehole spareparts, Buckets, Jerrycans for the WASH cluster partners as envisaged. UNICEF utilised its existing stock of chlorine to chlorinate and disinfect the boreholes.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Distribution of household water treatment chemicals	WASH cluster partners		
Activity 1.2	Distribution of NFIs including jerry cans and buckets	WASH cluster partners		
Activity 1.3	Shock chlorination of boreholes and wells	UNICEF WASH partners		

<b>Output 2</b>	Adoption of life-saving hygiene practices through the promotion of context-specific messages and access to essential items for practicing key hygiene behaviours at household level			
<b>Sector</b>	Water Sanitation Hygiene - Water, Sanitation and Hygiene			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 2.1	Number of households provided with soap for handwashing at critical times	35,000 households (210,000 people)	35,000 households (210,000 people)	Warehouse release orders to WASH cluster partners
Indicator 2.2	Number of women and girls provided with hygiene dignity kits	26,250	26,250	Warehouse release orders to WASH cluster partners
<b>Explanation of output and indicators variance:</b>		N/A		



Activities	Description	Implemented by
Activity 2.1	Distribution of soap for handwashing and personal hygiene	WASH cluster partners
Activity 2.2	Distribution of hygiene dignity kits	WASH cluster partners
Activity 2.3	Distribution of soap for handwashing and personal hygiene	WASH cluster partners

<b>Output 3</b>	Access to and use of emergency latrines including (handwashing stations) that are appropriate, gender separate and culturally acceptable			
<b>Sector</b>	Water Sanitation Hygiene - Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	Number of emergency latrines constructed, disaggregated by schools, health centres, community and households	100	150	UNICEF WASH partner reports
<b>Explanation of output and indicators variance:</b>		UNICEF procured and released WASH core pipeline supplies for the WASH cluster partners as envisaged. UNICEF utilised its contingency stock of latrine slabs and tarpaulins for construction of emergency latrines.		
Activities	Description	Implemented by		
Activity 3.1	Distribution of emergency latrine slabs	UNICEF WASH partner		
Activity 3.2	Latrine construction	UNICEF WASH partner		

<b>Output 4</b>	Enhanced cold chain capacity to store and distribute vaccines			
<b>Sector</b>	Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 4.1	Number of solar powered refrigerators procured for resumption of immunization service delivery	5	5	Programme report
Indicator 4.2	Number of solar powered refrigerators transported and installed at damaged health facilities	5	5	Programme report
Indicator 4.3	Number of Arktek devices procured and distributed	25	25	Programme Report
<b>Explanation of output and indicators variance:</b>		<p>Due to the long lead time for the delivery of cold chain equipment procured with CERF funds and the need to respond to the humanitarian situation, with the approval from OCHA, UNICEF used its existing stock of solar powered refrigerators and cold chain equipment to ensure timely distribution to counties and payams most affected by the floods.</p> <p>Solar powered refrigerators were installed as follows:</p> <ol style="list-style-type: none"> <li>1. TCW 4000 SDD, Pibor PHCC, Pibor</li> <li>2. TCW 40SDD, Keew PHCC, Fangak County</li> <li>3. TCW 40SDD, Juaibor PHCC, Fangak</li> <li>4. TCW 4000 SDD, Bunj PHCC, Maban</li> <li>5. TCW 2043 SDD, Khorelahmer PHCC, Maban</li> </ol>		
Activities	Description	Implemented by		

Activity 4.1	Procure solar powered vaccine refrigerators for emergency response	UNICEF/State Ministry of Health (SMOH)
Activity 4.2	Procure and distribute Arktek devices for vaccine storage	UNICEF/SMOH
Activity 4.3	Transport and install solar powered vaccine refrigerators for emergency response	UNICEF/SMOH

<b>Output 5</b>	Improved access to integrated primary health care services for displaced populations, including curative consultations, immunization and antenatal care			
<b>Sector</b>	Health			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 5.1	Number of mobile outreach sessions for providing integrated Primary Health Care (PHC) services including vaccination to children and pregnant women	10	13 (Pibor 4 and Maban 9)	Programme reports
Indicator 5.2	Number of children under 5 provided with curative consultations	1,979	3,107 (Pibor 1,604 and Maban 1,503)	Programme reports
Indicator 5.3	Number of children (6 months-5 years) vaccinated against measles	6,229	6,610 through PHCCs (6,036) and outreaches in Pibor (46) and Maban (528)	Programme reports
<b>Explanation of output and indicators variance:</b>		Due to the long lead time for the delivery of kits procured with CERF funds and the need to respond to the humanitarian situation, with approval from OCHA, UNICEF used its existing stock of PHCU (10) and PHCC (10) kits to distribute to its implementing partners to support the provision of integrated PHC services to flood affected populations.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 5.1	Procure PHC (PHCC and PHCU) kits	UNICEF		
Activity 5.2	Conduct mobile outreach sessions to hard to reach settlements and remote locations to provide integrated PHC services including vaccination	SMOH, Relief International and LiveWell		

## 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 worked closely with implementing partners and CHDs to ensure that the design of the outreaches and the locations to be visited in each county and payam was based on needs that had been identified during community meetings.

Implementing partners and CHDs conducted regular monitoring visits to the recipient facilities and communities to ensure effective use of supplies and get firsthand feedback from beneficiaries. Community leaders were fully engaged in the implementation and monitoring of the project activities.

Through the WASH cluster partners, beneficiaries were involved in targeting the distribution of supplies to vulnerable communities in hard to reach areas affected by floods. Marginalized groups especially women and girls were provided with hygiene kits. To ensure safe access to sanitation facilities women leaders were involved identification of the locations.

**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?**

Community volunteers, including women, were engaged during outreach sessions to provide clear information on hygiene promotion and other key household practices to prevent the risk of communicable diseases; in addition, identification of locations for installation of latrines was done jointly with communities affected by floods.

**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?**

Communities are engaged during each outreach session and supervisory visit. In the communities where outreaches were conducted, outreach teams organized community meetings with village leaders to explain the health services that the outreaches would provide, the frequency of visits and the expected role of community leaders including mobilizing women and children to come out and access services.

**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

A robust complaint mechanism was not put in place due to lack of time in this very short emergency response. However, community meetings were organized in which complaints and/or concerns about service delivery could be raised by community members. UNICEF implementing partners also closely collaborated with CHD and local administrative authorities and were alerted to receive any complaint that might have been raised by local authorities. During the implementation period no complaints were raised.

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

All UNICEF supported implementing partners are trained on Prevention of Sexual Exploitation and Abuse (PSEA) and have mechanisms with which to report and handle issues related to sexual exploitation and abuse. No SEA complaints were raised through UNICEF PSEA channels related to implementation under this project.

**Any other comments (optional):**  
N/A

**7. Cash and Voucher Assistance (CVA)**

**Did the project include Cash and Voucher Assistance (CVA)?**

Planned	Achieved
No	No

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

Due to the short duration of the project, there was insufficient time to carry out an evaluation.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

## 9.6. Project Report 19-RR-WFP-068 - WFP

1. Project Information			
1. Agency:	WFP	2. Country:	South Sudan
3. Cluster/Sector:	Food Security - Food Assistance	4. Project Code (CERF):	19-RR-WFP-068
5. Project Title:	Provision of food assistance to flood affected populations in Jonglei and Upper Nile		
6.a Original Start Date:	01/11/2019	6.b Original End Date:	30/04/2020
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If yes, specify revised end date:	31/07/2020
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\$ 37,500,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 14,200,006
	c. Amount received from CERF:		US\$ 4,200,006
	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

Through this CERF RR grant, WFP reached 161,594 (55% female and 45% male) flood affected people in Jonglei (Pibor, Nyirol, Uror, Akobo West, Ayod, Duk, Twic East and Bor South counties) and Upper Nile (Maban, Nasir, Longochuk and Ulang counties) states. WFP withdrew and distributed from its existing stocks in country 4,367 mt of food, equivalent to the amount procured through this CERF grant, to meet the immediate food needs of the affected population. The CERF procured food was used to replenish the stocks distributed to the flood affected people. Thanks to the food received, flood affected people were able to meet their immediate food needs while beginning to restore their livelihood.

WFP reached slightly more people than planned due to a reduction in the planned ration size from 70% to 50%. As reported at interim, WFP had planned to provide a 70% ration (equivalent to 1,470 Kcal) to flood-affected people, this was however revised down to a 50% ration (equivalent to 1050 Kcal) as the number of flood-affected people was higher than initially estimated and the multi-donor funds received were inadequate to provide a 70% ration to the people in need. For the overall flood response, the number of beneficiaries in need increased from an initial 755,000 to about 976,000 in January 2020. All contributions are allocated into the pipeline of each WFP project and rations are determined based on the total available food versus the number of beneficiaries. Although WFP purchased a little more than we planned with CERF funding, total food available for the project was not enough to distribute at full ration and hence the ration cuts to 50%.

WFP worked closely with FAO, in Jonglei State, so that people receiving emergency food assistance could also receive complementary seeds and tools through FAO, enabling them to start or restart agricultural production to support their food needs. WFP worked closely with UNHCR in the assistance of people living in the Maban refugee camps. WFP's General Food Distributions (GFD) were used as an entry point to access large numbers of flood affected people in hard-to-reach areas in Jonglei, and Upper Nile states. Through Integrated Rapid Response Mechanism (IRRM) teams, composed of WFP, UNICEF and FAO, agencies distributed rapid response kits during the GFDs.

### 3. Changes and Amendments

All project activities were completed within the original timeline. WFP requested and was granted a no-cost extension for reasons given below.

WFP signed contracts with two local suppliers within the project period (29th January and 8th April) for the procurement of a total of 4,367 MT of sorghum with the CERF allocation. Agreed delivery date for the first contract of 2,250 MT was 31 March 2020 but following COVID-19 preventative measures taken by the Government by mid-March, transport between states was severely restricted. The supplier had also ordered bags from Sudan, but the border closure made it difficult to receive the items in time.

Accordingly, the delivery date was extended, and the amount was received in April. WFP's grant management system is tied to the project end date, which WFP refers to as Terminal Disbursement Date (TDD). The system automatically locks the grant by the terminal disbursement date and WFP cannot make any payments unless the date is amended. WFP HQ cannot do this unless there is a signed amendment/NCE agreement or an email from the donor. WFP needs the grant to be extended in its system to process payment to the supplier.

For the second contract of 2,117 MT, WFP's quality inspection company based in Mombasa, Kenya was supposed to send its staff to Renk, Upper Nile State and take samples but because of suspension of flights this couldn't happen. The company agreed for samples to be taken by WFP staff and sent for inspection, but again inconsistent flights delayed the sending of samples.

The initial contract for delivery of this amount was 30 April but was extended to 30 May. All payments were made within the extension period (31.07.2020) and there was no impact on project implementation. WFP indicated in the project proposal and agreed with CERF to use food it had in its stock and replenish when the CERF-funded food arrives. WFP took the equivalent amount from its stock and distributed it to targeted beneficiaries.

#### 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		36,391	44,251	24,602	29,842	135,086
Refugees		0	0	0	0	0
Returnees		0	0	0	0	0
Internally displaced persons		0	0	0	0	0
Other affected persons		0	0	0	0	0
<b>Total</b>		<b>36,391</b>	<b>44,251</b>	<b>24,602</b>	<b>29,842</b>	<b>135,086</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		43,532	52,934	29,430	35,698	161,594
Refugees		0	0	0	0	0
Returnees		0	0	0	0	0
Internally displaced persons		0	0	0	0	0

Other affected persons	0	0	0	0	0
<b>Total</b>	<b>43,532</b>	<b>52,934</b>	<b>29,430</b>	<b>35,698</b>	<b>161,594</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")	0	0	0	0	0

<p>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>	<p>No significant discrepancy. WFP reached slightly more people than planned due to a reduction in the planned ration size from 70% to 50%.</p> <p>For the overall flood response, the number of beneficiaries in need increased from an initial 755,000 to about 976,000 in January 2020. All contributions are allocated into the pipeline of each WFP project and rations are determined based on the total available food versus the number of beneficiaries. Although WFP purchased a little more than we planned with CERF funding, total food available for the project was not enough to distribute at full ration and hence the ration cuts to 50%.</p>
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<b>4.c Persons Indirectly Targeted by the Project</b>
N/A

<b>5. CERF Result Framework</b>	
<b>Project Objective</b>	To ensure flood affected populations have sufficient food and nutrition assistance to complement the provision of seeds and tools to enable agricultural production.

<b>Output 1</b>	Targeted flood affected populations receive emergency food assistance Food Security - Food Assistance			
<b>Sector</b>	Food Security - Food Assistance			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	Number of people who received emergency food assistance	135,086	161,594	WFP Distribution Reports
Indicator 1.2	Amount of food procured and distributed	4,254 (MT)	4,367	WFP Distribution Reports
<b>Explanation of output and indicators variance:</b>		N/A		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Food procurement through WFP's Global Commodity Management Facility	WFP		
Activity 1.2	Food delivery to WFP warehouse	WFP		
Activity 1.3	Registration and verification of affected population	WFP and Partners (NRC, CRS, Plan International, Oxfam and ACTED)		
Activity 1.4	Provision of emergency food assistance (70% monthly ration) for 3 months	WFP and Partners (NRC, CRS, Plan International, Oxfam and ACTED)		
Activity 1.5	Monitoring and reporting of food distributions	WFP and Partners (NRC, CRS, Plan International, Oxfam and ACTED)		

## 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. Project 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 PMCs 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 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, WFP 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 communication 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 and dignity, 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 project. 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? Briefly describe some of the key measures you have taken to address the SEA-related complaints.** Yes  No

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 for SEA. 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 SEA is 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 and Voucher Assistance (CVA)	
Did the project include Cash and Voucher Assistance (CVA)?	
Planned	Achieved
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
WFP's activities are under the 2018-2021 Interim Country Strategic Plan (ICSP). The overall evaluation of WFP's portfolio will be carried out at the end of the ICSP and will be shared with CERF when finalized.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>



## 9.7. Project Report 19-RR-WFP-069 - WFP

1. Project Information			
1. Agency:	WFP	2. Country:	South Sudan
3. Cluster/Sector:	Coordination and Support Services - Common Humanitarian Air Services	4. Project Code (CERF):	19-RR-WFP-069
5. Project Title:	Dedicated UNHAS air support for the flood emergency		
6.a Original Start Date:	02/12/2019	6.b Original End Date:	01/06/2020
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	[Fill in DD.MM.YY]
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\$ 1,400,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 810,000
	c. Amount received from CERF:		US\$ 110,000
	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

Through this CERF grant, WFP/UNHAS contracted a dedicated helicopter (MI-8MTV-1) for flood emergency response. WFP/UNHAS transported 159 passengers and 14.9 MT of light cargo on behalf of 14 humanitarian organizations participating in flood assessment missions through the Inter-Cluster Working Group (ICWG) with the dedicated helicopter. The project allowed organization participating in flood emergency response to conduct 8 assessment missions in 9 locations (Pathai; Yuai; Motot; Verteth; Pading; Purtruk; Lankien; Bor town; Pibor) of 3 counties (Uror, Greater Pibor, Bor Town) affected by the flood. This was achieved between December 2019 to March 2020 corresponding to the flood emergency response period.

## 3. Changes and Amendments

UNHAS, received CERF funds a bit late and decided to engage its own funds to contract the dedicated helicopter on 21 November when CERF funds arrived on 04 December.

UNHAS has requested in the first proposal USD 1.4 million and USD 600, 000 were for the dedicated helicopter but UNHAS received only USD 110, 000 in that context, UNHAS had challenges to support ICWG and light cargo transport requests against available funds. Therefore, UNHAS approached other partners and received USD 700,000 from USAID-OFDA which enabled UNHAS to achieve the target and extend the project for one month.

## 4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Coordination and Support Services - Common Humanitarian Air Services				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</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	Coordination and Support Services - Common Humanitarian Air Services				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</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:

Not applicable

#### 4.c Persons Indirectly Targeted by the Project

Not applicable.

#### 5. CERF Result Framework

<b>Project Objective</b>	Provide safe and reliable air transport to humanitarian community to respond to the flood emergency
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<b>Output 1</b>	Humanitarian assessment missions and medical/security evacuations supported			
<b>Sector</b>	Coordination and Support Services - Common Humanitarian Air Services			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	Number of ICWG assessment missions supported	12	8	Electronic-Flight Management Application (e-FMA) and internal tracking sheet
Indicator 1.2	Percentage of medical and security evacuation requests responded to	100	100	Electronic-Flight Management Application (e-FMA) and internal tracking sheet
<b>Explanation of output and indicators variance:</b>		<p>Of 12 assessment targeted by the project 8 assessment missions have been performed during the reporting period. The limited number of assessments is justified by the multiple locations assessed in each mission conducted.</p> <p>During the reporting period the limited funds from OCHA was not able to cover the security relocations and medical evacuation but the additional support from other donors enabled UNHAS to respond to 100% of MEDEVAC and security relocation. With the dedicated helicopter (MI-8MTV-1), UNHAS performed 21 security relocations from Rumbek to Juba and 19 medical evacuations.</p>		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Receive and dedicate helicopter for missions and evacuations	WFP/UNHAS		
Activity 1.2	Register medical/security evacuation requests and give evacuation services	WFP/UNHAS		
Activity 1.3	Monitor and report on number of ICWG missions and evacuations	WFP/UNHAS		

<b>Output 2</b>	Humanitarian light cargo transported to flood affected areas			
<b>Sector</b>	Coordination and Support Services - Common Humanitarian Air Services			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 2.1	Amount of humanitarian light cargo transported	10 MT	14.9 MT	Electronic-Flight Management Application (e-FMA) and internal tracking sheet
<b>Explanation of output and indicators variance:</b>		<p>The decreased number of targeted assessments were in part replaced by the increased transport of light cargo as UNHAS prioritized the humanitarian communities evolving needs during the flood response.</p>		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Receive and register requests for light cargo transport	WFP/UNHAS		
Activity 2.2	Move cargo to planned destination	WFP/UNHAS		

<b>6. Accountability to Affected People</b>	
<b>6.a IASC AAP Commitment 2 – Participation and Partnership</b>	
How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?	
UNHAS doesn't have direct beneficiaries but users who use its services.	
Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?	
UNHAS doesn't have direct beneficiaries but users who use its services.	
<b>6.b IASC AAP Commitment 3 – Information, Feedback and Action</b>	
How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?	
UNHAS doesn't have direct beneficiaries but users who use its services.	
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>
UNHAS doesn't have direct beneficiaries but users who use its 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 <input type="checkbox"/> No <input checked="" type="checkbox"/>
UNHAS doesn't have direct beneficiaries but users who use its services.	
Any other comments (optional):	
UNHAS doesn't have direct beneficiaries but users who use its services.	

<b>7. Cash and Voucher Assistance (CVA)</b>	
Did the project include Cash and Voucher Assistance (CVA)?	
<b>Planned</b>	<b>Achieved</b>
No	No

<b>8. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	
WFP's activities are under the 2018-2021 Interim Country Strategic Plan (ICSP). The overall evaluation of WFP's portfolio will be carried out at the end of the ICSP and will be shared with CERF when finalized.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

## 9.8. Project Report 19-RR-WHO-053 - WHO

1. Project Information			
1. Agency:	WHO	2. Country:	South Sudan
3. Cluster/Sector:	Health - Health	4. Project Code (CERF):	19-RR-WHO-053
5. Project Title:	Provision of emergency health kits deployed in flood response in 14 priority counties in South Sudan		
6.a Original Start Date:	04/12/2019	6.b Original End Date:	03/06/2020
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\$ 2,900,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 900,002
	c. Amount received from CERF:		US\$ 900,002
	d. Total CERF funds forwarded to implementing partners		<b>US\$ 0</b>
	of which to:		
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 0
	Red Cross/Crescent		US\$ 0

## 2. Project Results Summary/Overall Performance

With funding support from the United Nations Central Emergency Response Fund (CERF) RR grant. The World Health Organisation (WHO) implemented a project that aimed to contribute to the reduction of avoidable morbidity and mortality among floods affected people in 14 priority locations in South Sudan by providing the needed emergency health kits. The project was successfully implemented and as a result 415,000 flood affected community members were reached with lifesaving health services across in Kapoeta Eastern Equatoria state, Pibor, Ayod, Uror, Nyirol, Duk, Twic East & Canal/Pigi in Jonglei state; Aweil North and Aweil South in Northern Bahr el Ghazal, Nassir in Upper Nile; Twic and Tonj in Warrap and Mayom county in Unity State. At least 498 essential lifesaving health kits were procured and distributed to the fourteen priority flood affected counties where over 590,000 medical consultations were conducted by the Emergency Mobile Medical Teams deployed by WHO, MoH and health cluster partners promptly addressing three major suspected disease outbreaks including one suspected cholera outbreak two measles outbreaks. A total of 200 disease alerts were picked through the Early Warning Alert System (EWARS), of which 170 (85%) were verified and risk assessed within 48 hours. Over 500 health care workers were trained 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 the training and on-the-job mentorship, health facilities witnessed improved quality of service delivery. The content of IEHKs do vary and it is always necessary that healthcare providers are taken through the content and how to use of some of the new kits. Therefore, for the medications procured to be used correctly to the benefit of the target people training is required. And these trainings were supported by funds from other source but the knowledge acquired from the trainings is required for the use of the medical supplies procured under CERF project. Consequently, the lifesaving health care services provided contributed to the health cluster strategic objective of increasing essential clinical health services among vulnerable population.

### 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	38,795	39,344	29,199	29,748	137,086
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	80,065	81,196	60,261	61,392	282,914
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>118,860</b>	<b>120,540</b>	<b>89,460</b>	<b>91,140</b>	<b>420,000</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	Health – Health				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	29,342	69,834	27,341	55,371	181,888
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	41,760	75,833	39,890	75,629	233,112
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>71,102</b>	<b>145,667</b>	<b>67,231</b>	<b>131,000</b>	<b>415,000</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

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:

Not all the target emergency health kits were achieved due to the interruption in the supply chain system as a result of the COVID-19 restrictions. In situations where the normal societal settings are disrupted, girls are at increased risk of many hazards including rape therefore, more girls tend to seek healthcare services compared to other category distribution. In general, the affected community members and their counter parts (host community) could not easily access the centres where the mobile clinics were based due to the flood water. The approach employed to deliver the medical services were either using the semi-fixed facilities or mobile clinics. In most case men and boys are out there engaged some other activities while the clinics were being provided. And in some of the areas the insecurity prevented people from accessing the clinics. Again, most of the locations affected by the 2019 floods are areas witnessing frequent intercommunal fighting and cattle raiding. All these factors and many others prevented people (especially men and boys) from visiting the clinics).

#### 4.c Persons Indirectly Targeted by the Project

No information on persons indirectly targeted by the project.

#### 5. CERF Result Framework

<b>Project Objective</b>	Prevent Excess morbidity and mortality among the flood affected populations through provision of essential medicine for initiation of early appropriate treatment. It is intended to cover the core pipeline emergency health needs of the partners serving the targeted population. The medical kits requested will be used for both prepositioning in strategic hubs in the states and directly deployed to mobile teams
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<b>Output 1</b>	Health - Women, men, Boys and girls in counties affected by floods having equitable and timely access to lifesaving health care services.			
<b>Sector</b>	Health			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	Number of IEHK kits procured and distributed	220	220 (100%)	Purchase Order Number, Inventory reports, Way bills, Request Service Forms (SRFs)
Indicator 1.2	Number of pneumonia kits procured and distributed	125	100 (80%)	Purchase Order Number, Inventory reports, Way bills, Request Service Forms (SRFs)
Indicator 1.3	Number of SAM/MC kits procured and distributed	30	26 (87%)	Purchase Order Number, Inventory reports, Way bills, Request Service Forms (SRFs)
Indicator 1.4	Number of Water testing kits procured and distributed	2	2 (100%)	Purchase Order Number, Inventory reports, Way bills, Request Service Forms (SRFs)
Indicator 1.5	Number of cholera treatment and investigation kits procured and distributed	170	150 (88%)	Purchase Order Number, Inventory reports, Way bills, Request Service Forms) SRFs
Indicator 1.6	Number of dispensary tents procured and distributed	9	9 (100%)	Purchase Order Number, Inventory reports, Way bills, Request Service Forms (SRF)
Indicator 1.7	Number of counties with emergency supplies prepositioned	14	14 (100%)  (Kapoeta, Pibor, Ayod, Uror, Nyirol, Duk, Twic East, Canal Pigi, Aweil North, Aweil South, Nasir, Twic, Tonj and Mayom)	Distribution list, reports

<b>Explanation of output and indicators variance:</b>	Due to the global supply chain constraints brought about by the COVID-19 pandemic, some commodities could not be delivered in time as expected before hence impacted the in-county distribution plan. It should also be noted that we are yet to receive supplies ordered overseas once the border restrictions are lifted. Once the pending supplies are delivered in the country, the remaining portion will be dispatched to the targeted locations.
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Activities	Description	Implemented by
Activity 1.1	Procure 240 emergency health kits	WHO
Activity 1.2	Procure 125 Pneumonia Kits	WHO
Activity 1.3	Procure 30 SAM/MC Kits	WHO
Activity 1.4	Procure 2 Water testing kits	WHO
Activity 1.5	Procure 170 cholera treatment and investigation kits	WHO
Activity 1.6	Procure 9 dispensary tents	WHO
Activity 1.7	Preposition emergency health kits, nutrition kits and outbreak investigation kits	WHO
Activity 1.8	Distribute emergency health kits, nutrition kits and outbreak investigation kits to partners and health facilities	WHO with guidance from Health Cluster
Activity 1.9	Monitoring and supportive field visits to the 14 projects sites	WHO & MOH/SMOH/CHD/Chiefs

## 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 design of the floods response project was informed by a series of multi-clustered assessments in Pibor, Uror, Rumbek, Mayom, Aweil North and Ayod between 3<sup>rd</sup> July and 1 November. During the assessments key informants from states ministry of Health, County Health Departments, health actors, community and opinion leaders provided information on the existing needs, women, men, boys and girls were also interviewed through focused group discussions where qualitative data quantitative data and personal anecdotes were obtained. During implementation, WHO worked with states and County health authorities, chiefs, community representatives and the health partners to determine priority locations to be supported. Request for medical supplies was coordinated with health authorities and the health cluster to ensure distributions was based on needs and needs alone, for instance local chiefs were invited by county health authorities to provide names of health centers where affected people were displaced and community health workers (volunteers) were selected to support implementation e.g. crowd control, translations and beneficiary registration.

Project monitoring was done by WHO, MoH, County Health Departments and health cluster partners to ensure effectiveness of delivery of floods response interventions

#### **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?**

Local and national community structures were engaged for the success of the floods response project. The structures included community and opinion leaders, chiefs, women representatives and religious leaders mobilized and sensitized community members on planned response activities such as rapid assessments project implementation and monitoring. The States and County Health Departments worked alongside WHO and health cluster partners to design and implement the response. The Mobile Medical outreaches, trainings and capacity building activities had the participation of local health care workers as well as the county and states technical personnel.

### 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 floods response was guided by humanitarian accountability framework ensuring affected people are provided information, are consulted, participation and promptly receive feedback accordingly. WHO held briefing meetings with the County health authorities and the community leaders (Chiefs, women leaders, youth representatives and the church leaders. During such sessions, WHO provided information about the project, funding source, expected benefits, the target population and the role of different stakeholders in line with the core humanitarian principles and WHO health emergency response strategies. During such engagements community volunteers were selected through a participatory manner and empowered to support delivery of the project. Community volunteers were chosen based on their literacy abilities alongside other criteria.

**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

Alternative feedback mechanisms such as open forums with the beneficiaries/affected communities Focus Group Discussions (FGD) and Key Informants interviews were used by WHO to receive community complaints which were addressed and feedback provided.

**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 worked with the protection cluster and supported training and establishment of community protection structures where cases of Sexual exploitation and abuse were reported. At the community level local chiefs are the point persons where SEA cases are reported. WHO also strengthened the referral mechanism for SEA responding to medical needs of victims of SEA especially management of rape cases. WHO did not receive any SEA cases. However, WHO included as a training package on clinical management of rape cases to healthcare workers so that in the event such unfortunate situation happened the healthcare workers would be in position to provide the necessary management.

**Any other comments (optional):**  
N/A

**7. Cash and Voucher Assistance (CVA)**

**Did the project include Cash and Voucher Assistance (CVA)?**

Planned	Achieved
No	No

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

No end of project evaluation was planned and conducted for the CERF flood response project. WHO and MoH however conducted a one days After Action Review (AAR) of the entire flood response on the 15<sup>th</sup> July 2020. The overall objective of the AAR was to identify lessons, best practises and challenges encountered during the response to inform future preparedness and response to emerging floods and related public health threats, and to provide opportunities to validate existing mechanisms and identify areas for enhancement. The AAR was supported by WHO HQ and regional teams and the report is currently under review.

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

**ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS**

CERF Project Code	CERF Sector	Agency	Implementing Partner Type	Total CERF Funds Transferred to Partner US\$
19-RR-CEF-108	Health	UNICEF	INGO	\$19,500
19-RR-CEF-108	Health	UNICEF	NNGO	\$19,250
19-RR-CEF-108	Water, Sanitation and Hygiene	UNICEF	INGO	\$166,620

## ANNEX 2: SUCCESS STORIES

### 19-RR-FAO-036 – FAO: Saving livelihoods through quick intervention – The story of Mr. Garang Dut Wol

By Garang John Akuei, Food Security and Livelihood Officer, NRC



Figure 1: Garang Dut Wol cleaning his fish at the river side (©NRC/Garang John)

In the beginning of November 2019, over 900,000 farmers lost their livelihoods including shelters, crops and livestock, and were in dire need of immediate assistance. The damage to cultivated land in the region was 103,000 ha, with an estimated loss of 97,000 tonnes of grain in the flood-affected areas, with expected consequences on food security of the affected population. A number of states in South Sudan were affected by the loss or severe damage of their livelihoods and sources of food. These includes host communities, IDPs and returnees in Upper Nile State (Longchuk, Maiwut, Nasir, Ulang); Unity State (Mayom, Mayendit); Jonglei State (Ayod, Akobo, Duk, Nyirol, Uror, Pibor, Twic East). To urgently and effectively assist the target beneficiaries, FAO advanced the provision of fishing kits to 70,000 households from its existing stock prepositioned for the dry season distribution, and replenish the pipeline using CERF funds.

One of these people, is Mr Garang Dut Wol, a 65 year-old married returnee with five children (two sons and three daughters). He was repatriated from Sudan by IOM in 2011 and settled in Wath Thok, one of the Bomas in Malual East Payam of Aweil North County in Norther Bahar El Ghazal State. Wol is a farmer and he fishes seasonally in the Lol river which is located in the suburbs of his home. He has limited resources for his livelihood which also includes seven goats and seven

chickens.

In 2019, Wol cultivated two and half feddens of sorghum with his family, and unfortunately the whole plantation was submersed into water by erratic rain floods that left his household with limited source of livelihood. Wol resorted to fishing as alternative source to feed his family. But he lacked sufficient fishing equipment such fishing nets and hooks, and rarely caught fish for home consumption due to torn nets and worn off hooks.

Thanks to the CERF fund through IOM and FAO, Wol received fishing kits to reinstate his livelihood activities to improve his nutrition status. With the RRF intervention, he received training from the implementing partner NRC on post handling and fish preservation methods. *“With the distribution of the fishing kits, I’m able to improve my catch, in some days I get more fish and sell the surplus and use money for purchased of food items and for medical bills”*

Although Wol’s livelihood has improved with the intervention, and that restrictions imposed as a result of coronavirus disease 2019 would not allow him to buy other nutritious food items in the market due to high prices. The restriction of movement has result in a scarcity of goods and commodities from the Sudan and South Sudan.

Wol reiterated that he would continuing planting his two and half feddens with sorghum seeds despite the unpredictable weather conditions as it was his primary source of livelihood.

*These activities were funded through CERF between December 2019 and June 2020. Implemented by FAO as part of the project entitled “Emergency assistance to flood-affected populations in South Sudan”. Activities funded across South Sudan included distribution of fishing kits provided to the most vulnerable flood-affected households, formation and training of AAP committees, mobilization and sensitization of communities, monitoring and evaluation and were coordinated with NRC, IOM, WFP and other implementing partners.*

## 19-RR-HCR-037 – UNHCR: Story of Dawa Wonya



© Photo by UNHCR/Mary-Sanyu Osire; Note that Facebook posts were done tagging the CERF Secretariat account.

"I lost my front tooth in 2011 when the rebels attacked our village. As I was running, I missed a step and hit the ground hard. But even that pain does not match what I felt when I lost all my crops to the floods," says 29-year-old Dawa Wonya, a mother of eight from Upper Nile State, South Sudan.

Dawa and her community, which hosts more than 150,000 refugees, are still struggling to rebuild after catastrophic flooding destroyed their homes and killed their crops and livestock in late 2019. To aid them, over the last several months, UNHCR has supplied 50,000 with shelter materials, cookware, mosquito nets, jerrycans and other basic essentials.

"Of all the items I received today, I am most delighted about the mosquito net," Dawa says. She had given the family's only mosquito net, which they found in a pile of refuse after the flood, to her grandmother. "I am nine months pregnant and was in dire need of one. It will help to protect my baby and me from diseases."

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

<b>AAR</b>	After Action Review
<b>AAP</b>	Accountability to Affected People
<b>CERF</b>	Central Emergency Response Fund
<b>CHD</b>	County Health Department
<b>COVID</b>	Corona Virus Disease
<b>CRI</b>	Core Relief Items
<b>CVA</b>	Cash and Voucher Assistance
<b>DRC</b>	Danish Refugee Council
<b>ERH</b>	Emergency Reproductive Health
<b>ETO</b>	Ethics Office
<b>EWARS</b>	Early Warning, Alert and Response System
<b>FAO</b>	Food and Agriculture Organization of the United Nations
<b>FGDs</b>	Focus Groups Discussion
<b>FP</b>	Family Planning
<b>FPC</b>	Family Protection Centre
<b>GBV</b>	Gender Based Violence
<b>GFD</b>	General Food Distribution
<b>HDC</b>	Humanitarian Development Consortium
<b>HIV</b>	Human Immuno Deficiency Virus
<b>HTH</b>	High Test Hypochlorite
<b>IASC</b>	Inter-agency Standing Committee
<b>IEHK</b>	Interagency Emergency Health Kit
<b>IDPs</b>	Internally displaced persons
<b>IOM</b>	International Organization for Migration
<b>IRRM</b>	Integrated Rapid Response Mechanism
<b>MC</b>	Medical Complications
<b>MoH</b>	Ministry Of Health
<b>NCE</b>	No Cost Extension
<b>NFIs</b>	Non-food items
<b>NGO</b>	Non-governmental organizations
<b>OIGI</b>	Office of Inspections and Investigations

<b>OSC</b>	One Stop Centre
<b>PDM</b>	Post Distribution Monitoring
<b>PHC</b>	Primary Health Care
<b>PHCC</b>	Primary Health Care Centre
<b>PHCU</b>	Primary Health Care Unit
<b>PMC</b>	Project Management Committee
<b>PSEA</b>	Prevention of Sexual Exploitation and Abuse
<b>PSDA</b>	Programme Supply Distribution Agreement
<b>RCO/DSRSG</b>	Resident Coordinator Office/Deputy Special Representative of the Secretary General
<b>RHiE TWG</b>	Reproductive Health in Emergency Technical Working Group
<b>RR</b>	Rapid Response
<b>RRF</b>	Rapid Response Fund
<b>RRM</b>	Rapid Response Mission
<b>SAM</b>	Severe Acute Malnutrition
<b>SEA</b>	Sexual Exploitation and Abuse
<b>SMOH</b>	State Ministry of Health
<b>S/NFI</b>	Shelter and Non-Food Items
<b>SOP</b>	Standard Operating Procedure
<b>SRF</b>	Service Request Forms
<b>SRH</b>	Sexual and Reproductive Health
<b>SRHS</b>	Sexual and Reproductive Health Services
<b>STI</b>	Sexually Transmitted Infection
<b>TDD</b>	Terminal Disbursement Date
<b>UFE</b>	Under-Funded Emergency
<b>UNFPA</b>	United Nations Population Fund
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>UN OCHA</b>	United Nations Office for the Coordination of Humanitarian Affairs
<b>WASH</b>	Water, Sanitation, and Hygiene
<b>WFP</b>	World Food Programme
<b>WGFS</b>	Women and Girls Friendly Spaces
<b>WHO</b>	World Health Organization