

**REPUBLIC OF THE SUDAN
RAPID RESPONSE
ECONOMIC DISRUPTION
TIME-CRITICAL INTERVENTIONS
2020**

20-RR-SDN-40765

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PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:

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

01 June 2022

The After-Action Review (AAR) was conducted on 01 June 2022 where all recipient agencies were invited, in addition to relevant sectors' leads. All agencies were represented apart from UNDP and IOM. Sector representation was limited to the protection (GBV sub-sector) representation. UNHCR was represented by a mixed of staff from Khartoum and field offices.

Please confirm that the report on the use of CERF funds was discussed with the Humanitarian and/or UN Country Team (HCT/UNCT).

Yes ☒ No ☐

Please confirm that the final version of this report was shared for review with in-country stakeholders (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

Yes ☐ No ☒

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

In 2020, 9.3 million people were estimated to be in need of humanitarian assistance in Sudan. The Emergency Relief Coordinator (ERC) generously approved a \$100 million CERF allocation to Sudan. This allocation came after the profound changes in 2019 precipitated by the fall of the regime and the convening of a Transitional Government. The allocation allowed Agencies to front-load the humanitarian response in early 2020 and provided a useful framework to address the protracted crises, to achieve durable solutions and to create better linkages between humanitarian, development and peacebuilding assistance. The overarching objective of this allocation was to focus on life-saving interventions to reduce food insecurity and malnutrition, as well as support protection for the most vulnerable people in priority locations of Sudan. The Emergency Relief Coordinator (ERC) agreed that two tranches addressing identified emerging humanitarian needs would be the strategic focus for this CERF rapid response allocation. The first tranche of USD 60 million was centred around food security, the second tranche of USD 40 million was focused on durable solutions to improve shelter and security for displaced persons, as well as agricultural tools and seeds to help people prepare for the planting season and care for their livestock. UN agencies and partners have overachieved the set target by 14 per cent. The relatively long duration of the projects and the flexibility of CERF funding processes have enabled agencies to better target assistance, which enhanced value for money.

CERF's Added Value:

The size of the CERF allocation coupled with its relatively extended duration and flexibility helped agencies to address the most time critically needs of the targeted population. Funding was a significant challenge for partners in early 2020 and this allocation was catalytic for the humanitarian response in localities affected by conflicts, particularly in Darfur where there was a serious funding gap.

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

Yes ☒

Partially ☐

No ☐

CERF is one of the fastest funding mechanisms available to the humanitarian operation in Sudan. The extended duration of the allocation, coupled with its flexibility helped partners navigate in the face of multiple challenges during the implementation period, including restrictions caused by the COVID-19 pandemic and the recurrent political instability in Sudan. This allocation also targeted states that typically struggle for resources to enable humanitarian-peacebuilding-development nexus interventions. The allocation enabled education services in 22 localities. For GBV, the multisectoral nature of the allocation allowed for partners to address GBV from multiple angles, thus increasing effectiveness. During the Covid-19 lockdown, out of caution, authorities and religious leaders shutdown of all Muslim gathering places (Khalwa). The allocation helped in re-opening these places through the provision of mitigation materials that created safe spaces for children to meet again.

Early in the implementation phase, UNHCR managed to exceed the targeted number of refugees with essential medical equipment and WASH interventions. WHO interventions, including health, nutrition and WASH, were all delivered in a timely fashion. UNFPA employed mobile clinics using the CERF funds, which assisted in fast delivery of sexual and reproductive health (SRH) services in addition to the preposition of SRH supplies. At the height of the Covid-19 pandemic, when food insecurity-related needs had significantly increased, this contribution from CERF was crucial to not only meet requirements in areas already receiving assistance, but also to expand into new locations where the situation worsened. The allocation provided resources to enable timely procurement and in turn ensured prompt delivery of food assistance on the ground.

Did CERF funds help respond to time-critical needs?

Yes ☒

Partially ☐

No ☐

The deteriorated malnutrition status in the eastern states and Khartoum were addressed in a timely manner since these localities were included in previous CERF allocations and other donors' support. The flexibility of CERF helped in extending the support for beneficiaries without delay. Through this CERF funding, WHO managed to enhance the surveillance system of vector borne diseases in the eastern part of Sudan and consequently Dengue fever and chikungunya outbreaks were pre-empted leading to fewer reported cases during the implementation period compared to historical trends. Cash-based interventions for NFIs by UNHCR helped in responding to time-critical needs of displaced people at the beginning of 2020. Going beyond the extremely time-sensitive needs facing Pregnant and Lactating Women and under-five and school-aged children, the contribution played an extremely critical role in meeting the needs of a wider swathe of vulnerable food-insecure in Sudan during a time when the cash pipeline for WFP Country Office was experiencing an imminent break. Through a reprogramming in its final days, which enabled accommodating provision of cash-based assistance, WFP Sudan reached over 425,000 food-insecure people through unconditional cash assistance during the final two months of the contribution, as food insecurity continued to rise. CERF funding came at a time when funding was in limited supply and partners would not have been able to meet existing and newly emerging needs.

Did CERF improve coordination amongst the humanitarian community?

Yes ☐

Partially ☒

No ☐

There was coordination between partners who implement peace-building projects and who implemented the CERF allocation, notably in states where funding was not previously available. The contribution enabled close coordination with State Ministries of Education and Health in the delivery of emergency school feeding and nutritional support. Aside from strengthening capacities of these line ministries during the ancient period of the civilian government, it also enabled WFP to expand its engagement with the Education and Nutrition Sectors, as well as the Cash Working Group and other partners in new geographic areas of interventions.

Did CERF funds help improve resource mobilization from other sources?

Yes ☒

Partially ☐

No ☐

CERF has been the top donor for newly targeted states which allowed other donors to allocate additional funding for these states. For example, UNHCR managed to mobilize other resources for the protection sector, including ECHO, specifically for NFIs interventions. The Peace-building fund was mobilized by UNHCR to complement this CERF allocation and were implemented in close coordination and integration though it was challenged by the deteriorating security situation.

Considerations of the ERC's Underfunded Priority Areas¹:

¹ 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 HCTs/UNCTs 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. While CERF remains needs based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the questions and answers on the ERC four priority areas [here](#).

The Humanitarian Coordinator was committed to providing stronger support to women and girls through this CERF allocation, which has been a chronic deficiency. With close guidance from the relevant sectors, partners were requested to strongly consider this priority into their project strategies. The differentiated needs of women and girls with respect to WASH services including security/safety, water fetching burden and gender sensitive facilities were systematically considered in project implementation. The construction/ rehabilitation of water systems and the construction of household latrines enabled women and girls to have safe access to improved water sources closer to their houses and to collect water without long queuing. Latrines location and design offered privacy for women and girls while diminishing the risks of harassment, violence and abuse particularly at night-time. Women and girls were encouraged to participate and to lead community hygiene promotion activities and management of water points. The early recovery initiative focused on achieving gender equality through female resilience-building whilst strengthening the capacity and engagement of youth to support peace, civic and recovery processes.

Although there was no stand-alone project specifically addressing persons with disabilities (PWD), the HC encouraged the inclusion of PWD in the beneficiary selection criteria. Targeting PWD was ensured in project design of protection, FSL, WASH and education related activities through case management, provision of un-conditional cash grants, special latrine design and facilitation to children with specific needs to access education services. Provision of basic services in health, nutrition, shelter and protection covered all vulnerable groups, including PWD.

The Humanitarian Coordinator strongly supported education, another area with historic gaps, through a significant allocation to a school feeding project that helped to increase the number of out-of-school children, especially girls and children from economically and socially vulnerable families, accessing primary education through the provision of a daily meal at school. Access to a safe and inclusive quality education benefitted some 100,000 children.

As stressed by the Humanitarian Coordinator, protection was mainstreamed in all projects and at all stages of project management. But more importantly, each protection sub-sector benefitted from a stand-alone project. In particular, child protection and GBV services, both considered less attractive to traditional donors, supported some 500,000 women and children through comprehensive direct protection services. This, in concert with strengthened community protection networks provided by the allocation, enabled women and children to actively take part with increased chances of sustainability even after the project was completed.

Table 1: Allocation Overview (US\$)

Total amount required for the humanitarian response	1,400,000,000
CERF	99,874,841
Country-Based Pooled Fund (if applicable)	140,417,912
Other (bilateral/multilateral)	1,545,359,244
Total funding received for the humanitarian response (by source above)	1,785,651,997

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

AGENCY	Project Code	Sector/Cluster	Amount
FAO	20-RR-FAO-005	Food Security - Agriculture	2,973,215
IOM	20-RR-IOM-003	Early Recovery	1,950,000
IOM	20-RR-IOM-003	Common Services - Safety and Security	540,000
IOM	20-RR-IOM-003	Multi-Purpose Cash	510,000
UNDP	20-RR-UDP-001	Food Security - Agriculture	1,800,000
UNDP	20-RR-UDP-001	Early Recovery	1,200,000
UNFPA	20-RR-FPA-005	Health	3,030,013
UNFPA	20-RR-FPA-005	Protection - Gender-Based Violence	1,010,004
UNHCR	20-RR-HCR-004	Protection	14,631,311
UNHCR	20-RR-HCR-004	Shelter and Non-Food Items	13,735,516
UNHCR	20-RR-HCR-004	Multi-Purpose Cash	1,492,991
UNICEF	20-RR-CEF-006	Nutrition	8,059,588
UNICEF	20-RR-CEF-006	Education	4,605,478
UNICEF	20-RR-CEF-006	Health	4,375,204
UNICEF	20-RR-CEF-006	Water, Sanitation and Hygiene	3,684,383
UNICEF	20-RR-CEF-006	Protection - Child Protection	2,302,739
WFP	20-RR-WFP-005	Food Security - Food Assistance	18,000,000
WFP	20-RR-WFP-005	Nutrition	12,000,000
WHO	20-RR-WHO-006	Nutrition	2,424,383
WHO	20-RR-WHO-006	Health	834,624
WHO	20-RR-WHO-006	Water, Sanitation and Hygiene	715,392
TOTAL			99,874,841

Table 3: Breakdown of CERF Funds by Type of Implementation Modality (US\$)

Total funds implemented directly by UN agencies including procurement of relief goods	73,216,573
Funds sub-granted to government partners*	7,708,393
Funds sub-granted to international NGO partners*	12,468,586
Funds sub-granted to national NGO partners*	6,4216,064
Funds sub-granted to Red Cross/Red Crescent partners*	60,225
Total funds transferred to implementing partners (IP)*	26,658,268
Total	99,874,841

* Figures reported in table 3 are based on the project reports (part II, sections 1) and should be consistent with the sub-grants overview in the annex.

2. OPERATIONAL PRIORITIZATION:

Overview of the Humanitarian Situation:

The political context of Sudan changed profoundly in 2019; culminating in a Transitional Government that convened in September. The economic situation has had an impact on communities across the country, including areas where current humanitarian operations are concentrated and others which have not had significant humanitarian programming. Some 9.3 million people – 23 per cent of the population – needed humanitarian assistance in 2020 (HRP 2020). Acute and chronic food insecurity continues to threaten people's lives, livelihoods and is mainly driven by the prolonged conflict, environmental deterioration, natural disasters such as drought and floods and more recently the economic crisis. Health systems were at risk of collapsing, water and sanitation coverage remains poor, and the education system was ill equipped to accommodate existing, let alone increasing needs. In rural areas, the delivery of basic services was even lower. The effects of climate change have also weakened an already stretched system. Nearly two million people remained internally displaced, following decades of conflict, for whom durable solutions have not been achieved; some 800,000 were living as refugees outside the country of whom some 300,000 live in Chad.

Operational Use of the CERF Allocation and Results:

The overarching objective of this allocation of \$100 million was to focus on life-saving interventions to reduce food insecurity, malnutrition and support protection of the most vulnerable people in priority locations of Sudan. This humanitarian intervention contributed to the Government's agenda for peace building, freedom and justice and school for all, including the displaced and returnees. The allocation focused on localities in the states of eastern and central Sudan: Khartoum, Blue Nile, Central Darfur, North Darfur, South Darfur, South Kordofan, West Darfur and West Kordofan. The engagements proposed by the agencies had a lasting and positive impact on the affected people, due to which they needed more time for implementation. The allocation included two tranches. The first tranche was devoted to initiatives that were an entry point to social protection activities that are important in areas of the country with deteriorating living conditions. School feeding programmes, designed to include health and nutritional awareness messaging, education and services that benefit the wider community of the school location, were also included. The second tranche focused on the areas hosting displaced persons so that partners are able to holistically support refugees, internally displaced people, and host communities in a collective, sustainable manner. This allocation targeted 3,946,292 people with 8 projects implemented by UN agencies and partners.

People Directly Reached:

UN agencies and partners managed to reach 4,478,896 beneficiaries, which exceeded by 14 per cent the planned target of 3,946,292 people. These additional beneficiaries enjoyed a mix of basic services based on needs.

To safeguard against double counting of results, the aggregated number of people reached (table 4) are disaggregated by population categories (refugees, returnees, etc.) and the maximum numbers of age and gender disaggregated numbers are included in tables 5 and 6.

While all sectors' targets were overachieved due to efficiencies and adjustments in targeting, the education and nutrition sectors underachieved to a degree due to WFP re-programming of USD 11,672,239 from Nutrition (school feeding) to Food support activities. The targets for school feeding activities were still achieved, however the lower frequency of the support should be considered here. The reprogramming accommodated a new activity titled "General Food Assistance" to enable 850,000 people affected by shocks to meet their immediate needs for food assistance within CERF-eligible locations. Using this contribution, WFP Sudan reached nearly 1.23 million through assistance under the Food Security and Livelihoods cluster.

A total of 454,870 persons with disabilities were reached compared to the total target of 422,828, representing approximately an 8 per cent overachievement.

People Indirectly Reached:

FAO reached an additional 45,000 pastoralists with livestock vaccination. These livestock-owning households were nomadic groups that happened to be present in the locations at the time livestock vaccination was taking place for the community.

The overall objective of IOM project was to promote durable solutions for 43,200 IDPs and returnees. It is estimated that an additional 20 to 30 per cent of the catchment population (indirect beneficiaries) were reached and will continue to benefit beyond the implementation of the project as more returns in the targeted areas occur. As an example of the project's reach beyond the targeted locations, in Bambodai, Blue Nile, individuals coming from neighbouring villages to Bambodai can seek services at the clinic that has been rehabilitated under this project, which is the only health facility in the area providing needed services with between 100 to 150 consultations a day.

A total of 726,530 people, including 55 per cent women, indirectly benefited from the UNDP Project. Through the economic activities generated by the direct beneficiaries, additional opportunities for seasonal labour in agricultural fields during planting, weeding, and harvesting seasons were created, assisting more than 400,000 labourers indirectly.

Moreover, this allocation contributed to creating surplus supply of SRH and GBV services in the targeted localities and surrounding areas. An estimated 70,000 vulnerable people including women and girls will continue benefiting from CERF-supported health facilities and the trained midwives and other health care providers by the end of 2022.

UNHCR protection interventions including support to durable solutions action plans and resulting advocacy indirectly benefited a wider group of people via the outcomes of the community support projects (CSPs). These activities provided better access to life-saving services and much needed assistance to the population in the wider targeted locality and in neighbouring localities, to address inter-communal tensions over scarce resources and public services, thereby contributing to improve conditions for durable solutions for returning IDPs and refugees, as well as their host communities.

Historically the three states, Khartoum, River Nile and Al Gezira, where emergency nutrition activities were implemented using CERF funding were under-served, which resulted in significant indirect positive impacts for the targeted communities. In particular, these activities provided an opportunity to build the capacity of state level personnel to be able to implement and coordinate nutrition activities in their respective states. The nutrition activities also improved access to the nutrition centres and outreach work by nutrition volunteers to the beneficiaries, caregivers and general community members, which increased their knowledge and awareness on good practices.

WFP scaled-up the school feeding programme with CERF funds to new states that had previously not benefitted from such interventions, expanding outreach for direct and indirect beneficiaries through programme delivery and awareness campaign delivery. WFP created and rolled out radio messaging in three states, of which North Kordofan was the most active, highlighting the importance of education and the role school meals play in supporting food security, children's growth and protection at school. Through partnerships with nine state ministries of education, this programme also sought to work closely with government staff to expand their knowledge of service delivery and develop capacity on food storage and preparation, monitoring and reporting. Finally, 5,772 Information, Education and Communication (IEC) materials were distributed to 1,924 schools, reaching 962,000 students, teachers and parents.

TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR/CLUSTER*

SECTOR/CLUSTER	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
EARLY RECOVERY	43,441	33,411	21,706	19,521	118,079	85,343	95,658	60,309	50,960	292,270
EDUCATION	3,000	4,290	382,413	429,587	819,290	3,454	3,287	47,462	52,942	107,145
FOOD SECURITY - AGRICULTURE	2,646	1,878	4,522	4,133	13,179	285,069	262,873	558,314	597,020	1,703,276
HEALTH	69,352	17,339	127,789	106,345	320,825	170,265	106,887	275,469	246,183	798,804
MULTI-PURPOSE CASH	612	588	918	882	3,000	507	384	323	322	1,536
NUTRITION	206,630	0	172,964	166,180	545,774	157,411	0	91,663	88,069	337,143
PROTECTION	639,223	544,700	882,736	752,202	2,818,861	641,802	542,805	775,597	701,812	2,662,016
SHELTER AND NON- FOOD ITEMS	2,124	1,711	1,779	1,413	7,027	73,325	69,325	100,583	94,721	337,954
WATER, SANITATION AND HYGIENE	414,515	398,259	456,125	438,239	1,707,138	452,187	421,333	489,353	461,217	1,824,090

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

Table 5: Total Number of People Directly Assisted with CERF Funding by Category*

Category	Planned	Reached
Refugees	128,683	77,742
Returnees	148,472	560,454
Internally displaced people	1,762,499	1,756,293
Host communities	1,707,138	1,604,469
Other affected people	199,500	479,938
Total	3,946,292	4,478,896

Table 6: Total Number of People Directly Assisted with CERF Funding*

			Number of people with disabilities (PwD) out of the total	
Sex & Age	Planned	Reached	Planned	Reached
Women	1,036,077	1,122,588	95,883	116,394
Men	803,985	911,544	81,705	101,149
Girls	1,135,342	1,247,199	132,410	124,916
Boys	992,502	1,197,565	112,830	112,411
Total	3,967,906	4,478,896	422,828	454,870

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 20-RR-FAO-005

1. Project Information			
Agency:	FAO	Country:	Republic of the Sudan
Sector/cluster:	Food Security - Agriculture	CERF project code:	20-RR-FAO-005
Project title:	Enhancing the agriculture and livestock-based livelihood situation of the most vulnerable households from the IDPs, Returnees and host communities		
Start date:	24/02/2020	End date:	23/02/2021
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 25,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 0
	Amount received from CERF:		US\$ 2,973,215
	Total CERF funds sub-granted to implementing partners:		US\$ 272,022
	Government Partners		US\$ 0
	International NGOs		US\$ 14,060
	National NGOs		US\$ 257,962
	Red Cross/Crescent Organisation		US\$ 0

2. Project Results Summary/Overall Performance

Through this CERF grant, FAO and its partners procured and distributed agricultural, livestock and income generating items and services for a total of 54,923 vulnerable IDP, returnee, and resident households (329,538 persons) in South Kordofan, Blue Nile, South Darfur, and West Darfur states. Of the total, 56.2 per cent were female headed households. The project provided the targeted beneficiaries with on the job training in improved plant and animal husbandry practices, as well. The targeted beneficiaries utilized the inputs and knowledge gained from the training to produce nutritious food and enhance their income that contributed to restoring their food and nutrition security as well as making affordable food available on the local market. The beneficiaries' livelihood needs covered by the project included the following:

- Provided field crops and vegetables seeds and donkey ploughs and on the job training for 20,000 households (120,000 individuals);
- Provided vaccination and deworming services to 500,000 animals (sheep and goats), belonging to 32,917 vulnerable households (197,502 individuals) and training in improved livestock health and husbandry practices;
- Provided milking goats, concentrate animal feed and mineral licks to 1,431 vulnerable households to improve their protein intake and income; (more than 50 per cent were female headed HHs);

- Provided donkey carts with donkeys to 575 vulnerable households (3,450 individuals), more than 50 per cent of them were female headed household, as sources of income generation and creation of employment opportunities, especially for youths;
- The field implementation of the project activities, including distribution of the inputs to the targeted beneficiaries, was done by the following FAO Implementing Partners (IPs):
 - Peace and Development National Organization (PDNO) implemented the project activities in Bilail locality, South Darfur state;
 - Jebel Mara Charity Organization (JMCO), implemented the project activities in Sharg Jebel Marra locality-South Darfur state;
 - Alshrooq Organization for Social and cultural Development (AOSCD), implemented the project activities in Mershing locality-South Darfur state;
 - Siyaj Charity Organization (SCO) implemented the project activities in Kereneik and Jebel Moon localities- West Darfur state;
 - Future for Community Development (FCD) implemented the project activities in Beida locality-West Darfur state;
 - Al Sawaid Alkhadra Organization, implemented the project activities in -Ed Daein and BahrElarab localities- East Darfur state;
 - South Kordofan:
 - ARIAF Organization for training and Development (ARIAF) implemented the project activities in Abujibaiha, Abukarshola and Talodi localities- South Kordofan state;
 - Islamic Relief worldwide (IRW)-Implemented the project activities in Damazine, Geissan and ElRosaires localities- Blue Nile;

Table 1: Agriculture and livestock-based livelihood inputs planned, procured and distributed to the beneficiaries:

Type inputs	Unit	Planned Quantities	Procured Quantities	Total Quantities Distributed to the Beneficiaries
1. Agricultural inputs:				
Sorghum	MT	162.9	100	100
Groundnut	MT	186	120	120
Sesame	MT	41.9	16	16
Cowpea	MT	65.2	40	40
Okra	Kg	3,228	2,000	2,000
Watermelon	Kg	1,629	1,000	1,000
Donkey plough	Each	4,896	2,448	2,448
Donkey carts	Each	650	575	575
2. Livestock inputs:				
- Male Donkeys	Each	650	575	575
- Female goats	Each	2,250	4,743	4,743
- Male goats	Each		981	981
- Animal concentrate feed	MT	150	150	150
- Mineral licks	MT	10	10	10

- PPR vaccine	Dose	250,000	250,000	250,000
- Sheep pox vaccine	Dose	250,000	250,000	250,000
- Veterinary drugs:				
minzene aceturate (Sacket 3.6 gram)	Each	2,000	2,000	2,000
Cypermethrine -Pour on Vial/100 m	Each	400	400	400
Ivermectin gel tube of 9 gm weight	Each	2,000	2,000	2,000
Ivermectin drench Bag/1 litre	Each	500	300	300
Ivermectin 1 per cent injection Vial/50 ml	Each	500	500	500

Discussions with assisted farming households during FAO field monitoring indicated that, the provided seeds enabled the vulnerable farming households to cultivate their farms during the 2020 rainy season. A package of 5 kg of sorghum, 10 kg of ground nut, 2 kg of cowpea, 100 gm of okra and 50 gm of watermelon seeds was provided per household in Darfur and a package of 5 kg of sorghum, 2 kg of sesame, 2 kg of cowpea, 100 gm of okra and 50 gm of watermelon seeds per household in Blue Nile and South Kordofan states. With the above-mentioned package per household, an average area of 3-5 feddans cultivated with the mentioned crops and vegetables' seeds; estimated sorghum production per household was five sacks (90 kg weight, equivalent to 450 kg) which will sustain the household consumption for about five months; the groundnut, sesame and watermelon produce were sold for income generation. Through that fund, the agricultural production capacity of the reached beneficiaries was enhanced as well as their food security and livelihood situation were improved.

It should be note that, because of the extreme increase of actual prices of seeds, of all crops, the actual procured quantities were less than the planned quantities, e.g. actual price of sorghum seeds increased from planned price of \$ 645 per 1 ton to \$1,425 per ton, so FAO was forced to reduce the quantity to 100 tons instead of the planned quantity of 162.9 tons, accordingly the total number of actual reached beneficiaries was reduced from the planned target of 32,580 vulnerable households (195,480 individuals) to 20,000 vulnerable households (120,000 individuals).

On the other hand, FAO procured under this project 1,000,000 doses of veterinary vaccines (500,000 doses of sheep pox and 500,000 doses of PPR), delivered as planned and used for supporting the vaccination campaigns in the East Darfur, South Darfur and West Darfur states for vaccination of 5000,000 heads of animals (sheep and goats), belong to 32,917 households (197,502 individuals). FAO also procured and delivered veterinary drugs as in indicated in table 1 above, used for animals' treatment/deworming in the covered states.

With reference to the restocking intervention, FAO procured a total of 5,724 heads of goats (4,743 heads of female milking goats and 981 heads of male goats) distributed to 1,431 neediest households (more than 50 per cent of them were female headed households) in the targeted states; the planned target was 750 households, but there is an increase of 681 households, compared to the planned targeted households of 750; that increase was due to decrease in the actual unit price per head of animal compared to the planned

unit price, led to available budget used to purchase more female goats distributed to additional vulnerable households which was mentioned above.

It should be noted that, the impact of the goat distribution was clearly observed on the beneficiaries, especially the women headed households when they received the goats; they were very happy, expressed their thanks and appreciated for providing them these goats.

On the other hand, the milk that obtained from the distributed goats, will provide a diet that contains adequate amounts of all necessary nutrients required for daily activity, adequate growth and immunity of the body, especially for children and pregnant women (Photos of the distributed attached in the annex of this report).

The donkey carts and donkeys were procured and distributed to 575 vulnerable households (50 per cent were women headed households), at a rate 1 cart and one donkey per household. The plan was to distribute 650 carts with donkeys to 650 households, but because of the increased in the actual unit price per cart; the number was reduced to 575 households, reached with these carts.

The impact of the distributed donkey carts was reported by some of the beneficiaries; for example, a woman received donkey cart in West Darfur reported that, she felled extremely happy, indicating that, the donkey cart in their village has a big role in movement of the people especially children. She stated that, before she received the donkey cart, she used to collect and carry firewood and water on her head to her home, confirming that, she uses her donkey cart to transport everything, adding that, they use the donkey cart for transportation to the local market, transport their crops' harvest; they rent their donkey cart to other people and earn money; from the income of the donkey cart, she addresses the important needs of her children such as schoolbooks, exercise books; she also indicated that, they earn SDG 1,000 each week from their donkey cart, telling that, in their village, there are two market days each week, during every market day, they earn about SDG 500 by their donkey carts. She concluded that, she and her family members are very thankful for everyone who helped in changing her family and children's life to better".

3. Changes and Amendments

All agriculture and livestock inputs as well as the other livelihood support items were delivered and distributed to the targeted beneficiaries within the planned project duration and work plan. There were some implications of COVID-19 pandemic in Khartoum and the targeted states such as lockdown of businesses, restricted movement and the severe fuel shortages, but have no serious negative impact or delay in the implementation of the project activities at the field levels.

On the other hand, there were some differences between the quantities of inputs planned and the quantities of inputs actually procured and distributed to the beneficiaries e.g. the procured and distributed quantities of the agricultural inputs were less than the planned quantities and that was because of the very high actual prices compared to the planned prices of the inputs; this was also experienced for the donkey carts, which were procured with high actual prices resulted in reducing the procured and distributed quantities from 650 to 575 carts with donkeys. Meanwhile, the low actual prices resulted in procurement and distribution of increased number of goats (especially female goats) compared to the planned number (table 1).

It should be noted that, Blue Nile and South Kordofan states were not included in the vaccination intervention, because they had been covered under 2019 CERF project and covered by other projects in 2020, whereas East Darfur, South Darfur and West Darfur were in more needs for vaccines support, as they experienced more vaccination gaps compared to the other states targeted under this project i.e. South Kordofan and Blue Nile states.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Food Security - Agriculture									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	28,916	27,782	12,392	11,906	80,996	23,529	22,607	10,084	9,688	65,908
Internally displaced people	57,831	55,564	24,784	23,813	161,992	47,058	45,212	20,168	19,377	131,815
Host communities	57,832	55,564	24,785	23,813	161,994	47,058	45,212	20,168	19,377	131,815
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	144,579	138,910	61,961	59,532	404,982	117,645	113,031	50,420	48,442	329,538
People with disabilities (PwD) out of the total										
	7,300	7,000	3,100	2,900	20,300	8,151	7,832	252	242	16,477

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

The project targeted 7,500 households (45,000 persons) as indirect pastoral households in the three targeted states with livestock vaccination (East Darfur, South Darfur and West Darfur); their animals were provided with vaccination services to protect them against Transboundary Animal Diseases (TADs). These livestock-owning households were nomadic groups, had been present in the locations at the time livestock vaccination was taking place.

6. CERF Results Framework

Project objective	Reduce acute food insecurity and save lives of vulnerable IDPs, Returnees and host communities through provision of emergency agricultural and livestock support in South Darfur, East Darfur, West Darfur, South Kordofan and Blue Nile states.				
Output 1	32,580 vulnerable households from IDPs, Returnees and host communities (195,480 individuals) provided with agricultural inputs and training to produce their own food and sell the surplus. Special attention to be given to people with disabilities within the above targeted households.				
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Food Security - Agriculture				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 1.1	Total number of people supported with agricultural inputs.	195,480 individuals (32,580 households. Special attention to be given to persons with disabilities	120,000	Project implementation and monitoring reports (Field monitoring reports).	
Indicator 1.2	Quantity of field crops and vegetables' seeds procured and distributed.	460.887 tons	279	Project implementation and monitoring reports (Field monitoring reports).	
Explanation of output and indicators variance:		It should be note that, because of the extreme increase of actual prices of seeds, of all crops, the actual procured quantities were less than the planned quantities, e.g. actual price of sorghum seeds increased from planned price of \$ 645 per 1 ton to \$1,425 per ton, so FAO was been forced to reduce the quantity to 100 tons instead of the planned quantity of 162.9 tons, accordingly the total number of actual reached beneficiaries was reduced from the planned target of 32,580 vulnerable households (195,480 individuals) to 20,000 vulnerable households (120,000 individuals).			
Activities	Description		Implemented by		
Activity 1.1	Procurement of seeds and tools.		FAO and its Field Implementing Partners.		
Activity 1.2	Distribution of seeds and tools to the beneficiaries and implementation of the activities at the beneficiaries/field levels.		FAO and its Field Implementing Partners.		
Activity 1.3	Monitoring and reporting of the of the output 1 activities.		FAO field staff in the covered states		
Output 2	32,917 households (197,502 individuals) from the vulnerable pastoralists/agro-pastoralists' IDPs, Returnees and host communities provided with veterinary services (livestock vaccination & treatment) in the targeted states and localities.				
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Food Security - Agriculture				

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Total number of people supported with veterinary and livestock inputs and services.	201,102 individuals (33,517 households). Special attention to be given to persons with disabilities	197,502	Project implementation and monitoring reports (Field monitoring reports).
Indicator 2.2	Total number of animals vaccinated/treated.	500,000 heads of animals	500,000	Project implementation and monitoring reports.
Indicator 2.3	Monitoring and reporting of the output 2 activities.	FAO, SPs and joint monitoring with other UN agencies.	FAO field staff with the IPs and staff from the State Ministry of Agriculture in the covered states,	Field Monitoring reports.

Explanation of output and indicators variance: There is no variation in the achieved indicators as indicated above.

Activities	Description	Implemented by
Activity 2.1	Procurement of veterinary vaccines and drugs.	FAO
Activity 2.2	Distribution of veterinary vaccines and drugs to the beneficiaries and implementation of the activities (conduction of livestock vaccination & treatment campaigns).	FAO with its implementing partners.
Activity 2.3	Monitoring and reporting of the output 2 activities.	FAO

Output 3 4,500 individuals (750 households (50 per cent women headed households and 50 per cent poor households with number of children under 5, to be selected from the IDPs, Returnees and the most vulnerable host communities members in the five targeted states provided with small ruminant animals (goats) together with 150 tons of concentrate animal feed and 10 tons of mineral licks to be fed to distributed animals, for livelihood diversification, contributing to protection objective. Special attention to be given to persons with disabilities within the above targeted households.

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒

Sector/cluster	Food Security - Agriculture			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Total number of people received small ruminants (goats).	4,500 individuals (750 households). Special attention to be given to persons with disabilities	8,586 individuals (1,431 households)	Project implementation and monitoring reports.
Indicator 3.2	Total number of women headed households received small ruminant animals (goats).	2,250 individuals (375 women headed households). Special attention to be given to persons with disabilities	4,290 individuals (715 women headed households)	Project implementation and monitoring reports.
Indicator 3.3	Total number of goats procured and distributed.	3,000 heads of animals (2,250 female goats and 750 male goats).	5,724 heads of animals (4,743 female goats and 981 male goats)	Project implementation and monitoring reports.
Explanation of output and indicators variance:		With reference to the restocking intervention, FAO procured a total of 5,724 heads of goats (4,743 heads of female milking goats and 981 heads of male goats) distributed to 1,431 neediest households (more than 50 per cent of		

	them were women headed households) in the targeted states; the planned target was 750 households, but there is an increase of 681 households, compared to the planned targeted households of 750; that increase was due to decrease in the actual unit price per head of animal compared to the planned unit price, led to available budget used to purchase more female goats distributed to additional number of vulnerable households.
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Activities	Description	Implemented by
Activity 3.1	Procurement of the small ruminants (goats)	FAO
Activity 3.2	Procurement of concentrate animal feed and mineral lick.	FAO
Activity 3.3	Distribution of the animals together with concentrate animal feed and mineral lick to targeted beneficiaries.	FAO with its Implementing Partners.
Activity 3.4	Monitoring and Reporting of the output 3 activities.	FAO staff in FAO field offices in the covered states.

Output 4	3,900 vulnerable individuals (650 households), 50 per cent women headed households and 50 per cent poor households with big number of children under 5, with unemployed youth/people of special needs, selected from the IDPs, Returnees and the most vulnerable host communities members in the targeted states provided with donkey carts with donkeys to be used by the youth members of the targeted households as sources of income generation, and livelihood diversification, contributing to protection objective. Special attention to be given to people with disabilities within the above targeted households.
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Was the planned output changed through a reprogramming after the application stage?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Sector/cluster	Food Security - Agriculture
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Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	Total number of people received donkey carts with donkeys.	3,900 individuals (650 households). Special attention to be given to persons with disabilities	3,450 individuals (575 households)	Project implementation and monitoring reports.
Indicator 4.2	Total number of women headed households received donkey carts with donkeys.	1,950 individuals (325 women headed households) Special attention to be given to persons with disabilities	1,725 individuals (288 women headed households)	Project implementation and monitoring reports.
Indicator 4.3	Total number of donkey carts with donkeys procured and distributed to the beneficiaries.	650 donkeys with donkeys.	575 donkeys with donkeys	Project implementation and monitoring reports.

Explanation of output and indicators variance:	The plan was to procure and distribute 650 carts with donkeys to 650 households, but because of the increased actual unit price per cart; the procured number of the carts was reduced to 575 with 575 donkeys, distributed to 575 vulnerable households, 50 per cent of them were women headed households.
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Activities	Description	Implemented by
Activity 4.1	Procurement of donkey carts with donkeys.	FAO
Activity 4.2	Distribution of the donkey carts with donkeys.	FAO with its Implementing Partners.
Activity 4.3	Monitoring and Reporting of the output activities.	FAO staff in FAO field offices in the covered states.

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas² often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)³:

FAO established/revitalized Agricultural Village Committees (AVCs) and Livestock Village Committees (LVCs) as local mechanisms for participation in project implementation and monitoring. Each committee was composed of 5-7 members (at least 30 per cent were women). The main objectives of these committees were to assist the Partners in the implementation of the project activities; they received trainings and orientations, on reporting beneficiaries' complaints regardless of their sex, age or ethnicity and ensure the success of the project in achieving its objectives. These committees were effective in establishing strong bonds between the project and the local communities.

From the start, FAO assigned an active role for the affected local communities in the design, implementation and monitoring of the project activities. The first focus was on the participation of representatives from the local communities and leaders in identification of suitable criteria for the selection of villages and beneficiaries. FAO, NGOs and local authorities were also deeply involved in this process. The affected population played a major role in the selection of agricultural and livestock-based livelihood inputs and services, which covered their needs. Both Agricultural Village Committees and the Livestock Village Committees played a significant role in the implementation and monitoring of the project activities.

Community mobilization and sensitization sessions were used as vehicles to convey the critical messages about the mandate, vision and mission of FAO and its IPs. These sessions were also used in orienting the communities towards the project objectives, outputs and activities and how to be delivered and achieved. Action plans and timelines were also discussed and agreed upon in those sessions.

b. AAP Feedback and Complaint Mechanisms:

The beneficiaries' complaints, questions or clarifications were captured and timely dealt with through designated mobile phone calls organized by the FAO Partners in the project areas by having focal points on both sides. The Partners were also obliged by the contracts that was signed with FAO to complete the Beneficiary Complaint Format (BCF) and share with FAO whenever requested. The BCF contains information about the name, age, ethnic background and sex of the beneficiary, date of the call, name of the call receiver, description of the complaints and the NGO feedback.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

² These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC 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. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

³ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

Reporting on sexual abuse or exploitation was always captured through the above-mentioned mechanisms. There is no a specific mechanism for capturing the sexual exploitation or abuse, however, reporting directly to FAO on the performance of its partners is encouraged.

The FAO targeted communities were informed to report any incidences of sexual exploitation to FAO through IPs. Members of VACs and VLCs were also encouraged to report to FAO directly. Mobile phones # of concerned FAO staff were always made available to the members of the committees.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

As clearly stated in the project document, all beneficiaries disaggregated by gender (men, women, boys and girls) benefited from the provided projects support; women were given priority by providing them at least 50 per cent of the livelihood support, especially donkey carts with donkeys and distribution of milking goats to women headed households with objectives of empowering women through accessing alternative livelihood activities other than agricultural activities to minimize their exposure to gender-based violence, an important protection measure.

e. People with disabilities (PwD):

People with disabilities were given special attention whether they were members within the targeted vulnerable households, or they were heads of vulnerable households; this is one of the most important FAO vulnerability criteria for beneficiaries' targeting for livelihood support.

f. Protection:

Some livelihood interventions such as distribution of donkey carts, specifically implemented with protection direction, as it creates livelihood activity by using these donkey carts for income generation, especially for women and youth, instead of accessing other types of income generating activities, which may expose them to harassment.

g. Education:

The agriculture and livestock-based livelihood activities are the major sources of income generation, especially for the population in the rural areas in Sudan, through which they pay for education, health and other needed household services. One of the women supported with donkey cart under this project, indicated how that donkey cart is very valuable to her and her family's members, as they earn about SDG 1,000 per week from the donkey cart, used to purchase schoolbooks, exercise books for her children as well as enable them to address the other household' needs.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	NA

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

FAO did not start Cash and Voucher Assistance during implementation of this project as it was not included in the design phase.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
None	NA	US\$ 0	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
None	NA

3.2 Project Report 20-RR-IOM-003

1. Project Information			
Agency:	IOM	Country:	Republic of the Sudan
Sector/cluster:	Early Recovery Common Services - Safety and Security Multi-Purpose Cash	CERF project code:	20-RR-IOM-003
Project title:	Promotion of durable solutions in Darfur, South Kordofan and Blue Nile		
Start date:	20/02/2020	End date:	19/02/2021
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 34,680,355
	Total funding received for agency's sector response to current emergency:		US\$ 0
	Amount received from CERF:		US\$ 3,000,000
	Total CERF funds sub-granted to implementing partners:		US\$ 346,714
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 306,574
Red Cross/Crescent Organisation		US\$ 40,140	

2. Project Results Summary/Overall Performance

Through this CERF UFE grant, IOM and its partners provided multi-sectoral assistance across seven locations – 1) Ardamata Internally Displaced Persons (IDP) camp in West Darfur and other IDP gathering areas including Krinding and Um Duyaim , 2) Labado in East Darfur, 3) Kobe in North Darfur, 4) Um Dafoug in South Darfur, 5) Bambodai in Blue Nile, and 6) El Rahamania and 7) El Barka in South Kordofan. Under Output 1, DTM Reports were produced and disseminated on a regular basis, DTM teams conducted and finalised three rounds of Mobility Tracking data collection and released 30 Emergency Event Tracking (EET) reports capturing 481,881 newly displaced people across the states of North Darfur, West Darfur, South Darfur, East Darfur, South Kordofan and Blue Nile during the project implementation period. The information and data captured by the DTM products informed IOM and partners of humanitarian needs, new displacements, protection concerns, and areas of return. Furthermore, through the DTM data it was possible to track the number and level of displacements in Geneina as a result of the conflicts in 2019, 2020 and 2021.

Under Output 2 (multi-purpose cash component), vulnerable displaced and mobile populations were provided with adequate housing to ensure their protection, a total of 241 households were supported through the construction, rehabilitation or provision of materials for housing structures, contributing to the provision of adequate standards of living, whilst fifteen additional households were supported through materials. In total, 1536 individuals (507 women, 384 men, 323 girls and 322 boys) were supported through brick making trainings, brick production through the provision of 15 Soil Stabilizer Brick (SSB) Machines and through the establishment of community-based

business models for youth to continue making bricks beyond the project implementation period as a source of livelihood by using the SSB machines distributed.

In complementarity to the activities implemented under Output 1 and Output 2; under Output 3, activities aimed to improve the access to basic services through increased self-reliance and resilience, a total of 43,200 individuals were supported through improving their access to basic services. At the start of the project, in line with the DTM data, HRP prioritized localities, and OCHA recommendations, seven target locations were selected for the implementation of the project, Ardamata IDPs camp in West Darfur, Kobe return village in North Darfur, Um Dafoug returnee area in South Darfur, return area in East Darfur, Bambodai village of return in Blue Nile and the villages of return/IDPs/hosting community, El Rahamania (Abu Jubaiha) and El Barka (Abu Karshola) in South Kordofan. Across each of the seven target areas a community workshop was carried out to identify and prioritize the most needed basic services to contribute to the promotion of durable solutions and resilience. In terms of WASH services, six water infrastructures were constructed or rehabilitated, seven VIP block latrines were constructed, five water management committees were trained, four-months cleaning campaigns were conducted in five locations. Health services were supported and improved through the rehabilitation of six health facilities and provision of basic health services in three target areas, assisting a total of 11,765 individuals (3,882 women, 2,941 men, 2,471 girls and 2,471 boys). In total of four schools were rehabilitated, three women/youth centres were also rehabilitated, and 361 individuals were supported through skills trainings through the provision of the SSB machines, brick making trainings and cash for work schemes. Overall, IOM contributed to addressing the most critical needs and promoting durable solutions for 43,200 vulnerable IDPs and returnees - 7,000 in West Darfur, 10,000 in East Darfur, 6,000 in North Darfur, 7,000 in South Darfur, 1,200 in Blue Nile and 12,000 in South Kordofan.

3. Changes and Amendments

During the project implementation period, four main factors challenged the overall implementation of the project: i) the COVID-19 pandemic and subsequent country wide shut down between March 2020 and July 2020, which impacted logistics and transportation of staff and materials to project sites; ii) the outbreak of conflict in Geneina, West Darfur, in 2020 and 2021, which required change in target locations where conflict was not present; iii) the economic crisis and high inflation rates, which impacted prices for project implementation; and iv) the heavy rainy season and flooding, which temporarily restricted access to certain areas of implementation due to poor road conditions. As a result, in January 2021, IOM, and other agencies under the allocation, requested a no cost extension (NCE) to increase the project duration beyond the original end date of 20 February 2021 to 20 May 2021. However, following the first NCE request, further operational challenges and further incidences of conflict in Geneina in 2021, delayed the implementation of activities prompting the request for a second NCE which extended the project end date to 20 August 2021. As a result of the conflict in Geneina, re-adjustments to the selected project sites in West Darfur had to be made.

The IDP camp initially selected for WASH and infrastructure activities, 'Krinding camps 1 and 2' were burned down, with significant amounts of personal property destroyed. IOM shifted the project location to another IDP camp, 'Ardamata Camp', which is approximately 15 kilometres away from 'Krinding camps 1 and 2' in Ag Geneina Town. In addition, before the conflict occurred, IOM supported the three primary health clinics (PHC) within IDP gathering areas of Krinding and Um Duyaim through the capacity training for health-care service providers with the provision of medical equipment and supplies during early stage of the project. Yet, due to the conflict, the three PHCs activities had to be suspended. In Bambodai, Blue Nile, further challenges were faced for the completion of fifteen household shelters out of the thirty planned due to the country's economic conditions and high inflation rates – as a result the work was severely delayed under Output. Activities were designed in a way to benefit both communities, to the extent possible, and create a conducive environment for social cohesion and eventually, in the long-term, the implementation of conflict resolution activities. It is worth noting, that whilst no major deviations took place during the project implementation period, the events mentioned above seriously challenged the successful and timely implementation of activities.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Early Recovery									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	2,260	2,172	3,390	3,258	11,080	9,966	7,550	6,342	6,342	30,200
Internally displaced people	1,130	1,086	1,695	1,629	5,540	2,310	1,750	1,470	1,470	7,000
Host communities	565	543	848	814	2,770	1,980	1,500	1,260	1,260	6,000
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	3,955	3,801	5,933	5,701	19,390	14,256	10,800	9,072	9,072	43,200
People with disabilities (PwD) out of the total										
	0	0	0	0	0	0	0	0	0	0

Sector/cluster	Common Services - Safety and Security									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0
People with disabilities (PwD) out of the total										
	0	0	0	0	0	0	0	0	0	0

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

Sector/cluster	Multi-Purpose Cash									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	408	392	612	588	2,000	77	59	49	49	234
Internally displaced people	102	98	153	147	500	400	303	255	254	1,212
Host communities	102	98	153	147	500	30	22	19	19	90
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	612	588	918	882	3,000	507	384	323	322	1,536
People with disabilities (PwD) out of the total										
	1	6	1	2	10	3	5	1	1	10

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

The overall objective of the project was to promote durable solutions for IDPs and returnees – a total of seven areas were targeted and a total of 43,200 individuals were reached. It is estimated that an additional 20 per cent to 30 per cent of the catchment population (indirect beneficiaries) were reached and will continue to benefit beyond the implementation of the project as more returns in the targeted areas continue to occur. Individuals and communities in villages neighbouring those that were targeted will also continue to benefit from the implemented activities as they will use the services established. As an example of the project's reach beyond the targeted locations, in Bambodai, Blue Nile, individuals coming from neighbouring villages to Bambodai are now visiting the clinic that has been rehabilitated under this project as the only health facility in the area providing the needed services and conducting between 100 to 150 consultations a day. In the case of Kobe in North Darfur, a total of five neighbouring villages had access to and received services based on the prioritized needs – contributing to improved social cohesion and peace in the area of return. The return villages targeted will continue to receive new caseloads of returns, therefore, it is not possible to estimate exactly the number of people indirectly targeted. However, the impact on the ground is visible as the population. In each village targets increased by 30 per cent and 50 per cent due to the access to services between the start of the project and its completion.

6. CERF Results Framework

Project objective	To contribute to promotion of durable solution by addressing the basic needs of vulnerable IDPs and returnees			
Output 1	DTM reports are produced and disseminated on a regular basis.			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Common Services - Safety and Security			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of DTM quarterly reports published	4	3	DTM datasets and reports shared via its mailing list and information available on the IOM-DTM website.
Indicator 1.2	Number of DTM rounds completed	4	3	DTM datasets and reports shared via its mailing list and information available on the IOM-DTM website.
Explanation of output and indicators variance:		The COVID-19 pandemic, political transition, unprecedented rainy season in 2020, and ongoing insecurity combined to result in significant access restrictions to the project sites and thus a delay in implementation of Mobility Tracking (MT) rounds. Although methodically set up for quarterly rounds, the needs of urgent emergency tracking across Sudan resulted in only three MT Rounds being completed within the project implementation period but activation of a significant number of Emergency Event Tracking (EET) exercises resulted in reports for humanitarian rapid response and planning and programming. During the project period, DTM released 30 EET reports, capturing a total of 481,881 newly displaced people across four Darfur states, South Kordofan and Blue Nile and identifying their emergency needs. The most commonly identified needs across these EETs were Food, Emergency Shelter and Non-Food Items.		

Activities	Description	Implemented by
Activity 1.1	Conduct refresher trainings to support the DTM activities in areas of interest	IOM
Activity 1.2	Registration and verification activities upon request	IOM
Activity 1.3	Mobility Tracking in regular quarterly rounds	IOM
Activity 1.4	Emergency Event Tracking when needed / upon request	IOM
Activity 1.5	Conduct data collection and Multi-Sectoral Location Assessments	IOM
Activity 1.6	Produce and share quarterly reports, maps and datasets	IOM

Output 2	Vulnerable displaced and mobile populations are provided with adequate housing to ensure their protection			
Was the planned output changed through a reprogramming after the application stage?		Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>
Sector/cluster	Multi-Purpose Cash			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of assessments conducted	3	3	Weekly updates, monthly monitoring reports, final report and monitoring missions
Indicator 2.2	Number of cash for work schemes developed	2	2	Weekly updates, monthly monitoring reports, final report and monitoring missions
Indicator 2.3	Number of individuals that were able to build their own houses	250	241	Weekly updates, monthly monitoring reports, final report and monitoring missions
Indicator 2.4	Number of individuals benefiting from the SSB machines	1,500	1,536	Weekly updates, monthly monitoring reports, final report and monitoring missions
Explanation of output and indicators variance:		In total, three locations were targeted for the rehabilitation/construction of housing, Geneina West Darfur, Bambodai in Blue Nile, and Al Rahamania in South Kordofan. Three assessments were conducted, one per location, and numerous consultations were carried out with the targeted community members to finalize the design of the shelter. In total 256 households were supported (241 have fully completed their construction), 15 SSB machines, five per location were delivered, and a total of 617 individuals received a type of skills training including 256 individuals who were supported by the shelter materials (and trained). In total 1,536 individuals were targeted under this Output. Under the activity no major variance is to be reported, the targets and indicators were reached as planned.		
Activities	Description	Implemented by		
Activity 2.1	Conduct community consultations to identify and prioritize locations for (emergency) repair and refurbishment of permanent structures.	IOM, Sudanese Organization for Relief and Recovery (SORR), Al Massar, National Organization for Sustainable Rural Development (NORD)		

Activity 2.2	Conduct meeting with the targeted communities to finalize the housing designs according to local standards and materials	IOM, SORR, Al Massar, NORD
Activity 2.3	Develop cash for work schemes for the construction and possible livelihood opportunities through the purchasing and distribution of compressed stabilized soil blocks (SSB) machines	IOM, SORR, Al Massar, NORD
Activity 2.4	Conduct trainings for targeted local communities on construction techniques and use of SSB machines	IOM, SORR, Al Massar, NORD
Activity 2.5	Monitor the construction work with the local community	IOM, SORR, Al Massar, NORD

Output 3 Access to basic services are improved to increase self-reliance and resilience

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒

Sector/cluster	Early Recovery			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of community-led workshops and community action plans developed	7	7	Weekly updates, monthly monitoring reports, final report and monitoring missions
Indicator 3.2	Number of water infrastructures rehabilitated	7	6	Weekly updates, monthly monitoring reports, final report and monitoring missions
Indicator 3.3	Number of VIP latrine blocks (six latrines per block) constructed	7	7	Weekly updates, monthly monitoring reports, final report and monitoring missions
Indicator 3.4	Number of health facilities rehabilitated	3	6	Weekly updates, monthly monitoring reports, final report and monitoring missions
Indicator 3.5	Number of people assisted through the operation of the health facilities	10,000	11,765	Weekly updates, monthly monitoring reports, final report and monitoring missions
Indicator 3.6	Number of school facilities rehabilitated	3	4	Weekly updates, monthly monitoring reports, final report and monitoring missions
Indicator 3.7	Number of youth and women centres rehabilitated	2	3	Weekly updates, monthly monitoring reports, final report and monitoring missions
Indicator 3.8	Number of people assisted through skills trainings	200	361	Weekly updates, monthly monitoring reports, final

				report and monitoring missions
Indicator 3.9	Number of institutions/local authorities provided with refresher trainings	5	10	Weekly updates, monthly monitoring reports, final report and monitoring missions

Explanation of output and indicators variance:

In line with the project proposal and project design, IOM led a community workshop in each of the seven locations selected for the implementation of the area-based durable solutions pilot-initiatives. The community level workshops served as a tool to develop community-led multi-sectoral action plans and finalize the selection of the activities based on the most critical needs and sources of insecurity as identified by the community. In all seven targeted locations, the basic needs were identified as critical included water and sanitation, education, and health, and upon the final technical assessment evaluating the feasibility of the interventions and confirmation of available budget, the activities are launched on the ground. Therefore, the variance in the targets and indicator is due to the prioritization exercise conducted by the community and their final selection of activities to be implemented within each of the seven return/IDP areas. Furthermore, depending on the quotations received, based on the level of work needed for each infrastructure, IOM was able to rehabilitate a higher number of infrastructures than originally planned.

Activities	Description	Implemented by
Activity 3.1	Implement community led workshops to develop community-based action plans	IOM
Activity 3.2	Rehabilitation/construction of water and sanitation infrastructures	IOM, Tihraga and Emmar
Activity 3.3	Promotion of hygiene awareness and cleaning campaigns	IOM, Sudanese Red Crescent Society (SRCS), Tabasheer Voluntary for Development Organization (TVDO)
Activity 3.4	Rehabilitation of health facilities	IOM and Tihraga and Emmar
Activity 3.5	Provision of Minimum Basic Health Package (MBHP) to support access to basic health services	IOM, DOSHA
Activity 3.6	Rehabilitation of schools and teachers' accommodation	IOM and Tihraga and Emmar
Activity 3.7	Rehabilitation of community centres	IOM and Tihraga and Emmar
Activity 3.8	Deliver skills trainings for youth and women contribute to adequate standards of living	IOM, Al Massar, NORD, SORR
Activity 3.9	Conduct re-fresher trainings for local authorities on technical and administrative topics, including training to support the provision and maintenance of basic services	IOM

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁴ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁵:

To ensure the effective participation of targeted groups (women, girls, elderly, youth, IDPs, returnees and people with disabilities) in the decision-making process and further promote AAP, IOM led community workshops and initiatives to develop multi-sectoral action plans to finalize the selection of activities to be implemented in each of the seven targeted localities. The implementation of community led workshops and initiatives (including supporting and training community committees - water, waste and resource management committees) to develop multi-sectoral community action plans were key in identifying the most critical needs and sources of insecurity. The community's active engagement throughout the design, implementation and monitoring of the project promoted resilience and ownership of the interventions. Throughout the implementation of the activities, the community followed the work and provided inputs as needed, and at the post-delivery of the activities, they took ownership and the responsibility to ensure the continuation of the services. In the future, this can contribute to the progressive reduction of humanitarian needs among the most vulnerable communities.

b. AAP Feedback and Complaint Mechanisms:

Through the establishment of community committees (composed of women, men, youth and community leaders), IOM was able to ensure that concerns and feedback from the community were taken into consideration and modifications in the project design/delivery of the interventions implemented when needed. For example, for the construction of the shelter, in South Kordofan, the community expressed their specific needs in terms of the roofing and doors/windows needed – the needs were then worked into the design and coordinated with the Ministry of Urban Planning. At the start of the project, and during various monitoring missions, IOM ensured that community members, especially those with specific vulnerabilities (female headed households, youth, and people with disabilities) were aware and well informed of the feedback mechanisms.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

In accordance with Protection Information Management principles, DTM team engaged in data and information activities, which were carried out by staff well equipped with core competencies who underwent specific trainings focusing on Protection Enhanced DTM. This component has been an essential part of each DTM workshop. DTM team conducted a training for its staff in August 2021, which covered general training on protection and child protection and Prevention against Sexual Exploitation and Abuse (PSEA). Furthermore, all staff members within IOM have to undergo a mandatory PSEA training and periodical refresher trainings and implementing partners sign agreements with clauses including PSEA to ensure that PSEA guidelines are adhered to and suspected cases of SEA can be reported through IOM's official channels, while ensuring accessibility, confidentiality of the person reporting the case, and protection of beneficiaries including providing for their immediate needs including counselling and support/basic services in a voluntary and safe manner.

⁴ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC 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. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

⁵ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

IOM has been collecting sex and age disaggregated data (SADD) through its methodological components, which is the foundation to protection programming. Through this commitment, DTM has been providing insight to the demographic and specific gender nuances present in Sudan, which are crucial for protection-focused programming. DTM's activities incorporate SADD to ensure an accurate assessment of displaced and vulnerable population demographics across Sudan. Mobility Tracking places a concerted effort on capturing SADD, utilising a projection methodology which is based on a sample size of about 10-20 households per each location to ensure maximum representation and inclusion of protection-based information, including prioritising assistance to vulnerable women and children. Furthermore, special needs of women and girls are identified through needs assessments and community workshops or interviews and were factored into the design of all planned activities. The locations for the construction or rehabilitation of the infrastructure such as construction of latrines and locations for the water points were selected through a community-based assessment including women, youth, and other persons usually underrepresented, to reduce the need for women and children to go out to the bathroom or collect water in poorly lit and remote areas where women and children might be exposed to GBV risks.

e. People with disabilities (PwD):

DTM coordinates with the protection sector in collecting protection indicators and provides information on people with special needs and additional vulnerabilities such as the physically disabled, those with chronic illnesses and mental illnesses. Furthermore, within the project activities, IOM ensures that people with disabilities are fully integrated in the community workshops. Beneficiaries' selection and their needs are incorporated in the design of the activities. Housing designs, infrastructural designs and latrine construction ensure to support the needs of people with disabilities – infrastructures and VIP latrines for example, have an easy access ramp to ensure that those who are in a wheelchair or with mobility issues can access the latrines in safety and with dignity. For the shelter activities, people with disabilities and households with children with disabilities were prioritized and selected to receive the housing materials.

f. Protection:

DTM assessments consider demographic characteristics including age and sex to produce demographic profiles and all active DTM components assisted in bridging the gap between protection and information management by providing timely and disaggregated information. DTM collected protection indicators, such as population data, protection monitoring and protection needs assessment, including information on risks of gender-based violence (GBV), and provides information on people with special needs and additional vulnerabilities. Protection cases are referred to the relevant protection mechanism in place at the state level or to the relevant agency as required.

g. Education:

In Sudan, there are approximately 1,461,000 people with education needs (80 per cent are children between the ages of 4 and 17 years old, and 30 per cent are youth and adults between the ages of 18 - 49). The facilities available are limited and can't ensure equitable access to education for all children and youth, school supplies remain low or limited, and the average enrolment for basic school is at 40 per cent. Through the emergency refurbishment and rehabilitation of schools, protection from physical dangers (abuse, exploitation, hardship) can be promoted and a sense of normality can be re-established as schools can provide stability and support for children. To ensure improved access to primary school education, and in line with the ERC's priority area - education in protracted crisis – through this project, a total of four education facilities were rehabilitated, one in Um Dawain in West Darfur, one in Labado East Darfur, one in Um Dafoug in South Darfur, and one in Bambodai, Blue Nile. Through the rehabilitation work, a total of 2,300 students were supported. In West Darfur, the rehabilitation of the school facility in Um Dawain served as a peace dividend, as much of the humanitarian response focused on those displaced, the rehabilitation of the school in Um Dawain, an area neighbouring the Ardamata IDPs camp, supported the Arab population as well, often marginalized by the response contributing to improved social cohesion.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	No	NA

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

As per the project document, depending on the economic situation in the country at the time of implementation, IOM would opt for the purchase of the chosen materials for the targeted communities instead of issuing small grants. For this project, CVA was not used as the economic and security situation in the country was not suitable. As part of the shelter sectoral response, IOM planned to assist 250 individuals with CASH assistance to support the construction of new shelters. IOM worked with implementing partners to train individuals on shelter construction, purchased a total of 15 SSB machines, five per each of the three localities and conducted three community consultations in each of the target areas with the community to design the shelters to be constructed. At the time of the consultation, beneficiaries highlighted the need for appropriate roofing, windows, and doors for their shelters, however the pricing was too high for them to afford. Furthermore, with the on-going clashes in the area, the distribution of cash was deemed not to be a suitable or safe option with possibility of increase banditry. As an alternative, IOM and Al Massar (the IP), the beneficiaries, and with the agreement of the local authorities, it was decided to support the 26 targeted households in South Kordofan through material support as an alternative. Therefore, the in-kind support was delivered as an alternative modality – the IP was responsible for purchasing the materials, cement, sheeting, roofing, whilst the targeted beneficiaries would be responsible for the provision of, who were trained on the construction of shelters and brick making through the SSB machines purchased and distributed. Similarly, in West Darfur and Blue Nile, a total of 224 individuals were supported directly through the purchasing of shelter materials as opposed to the distribution of cash. Due to the economic crisis, exacerbated by the COVID-19 pandemic, and later by the outbreak of conflict in Geneina, a cost benefit analysis revealed that if materials were purchased directly by the IP in large quantities (meaning an overall reduction in the price per shelter constructed), then the targeted beneficiaries could be reached. On the other hand, if cash contributions were to be handed out to each household, then the cash distributed would not be enough to allow for the targeted beneficiaries to build their own shelters. To ensure the sustainability and replicability of the activities, two cash for work schemes were developed but not implemented in West Darfur and South Kordofan, the schemes were presented to the beneficiaries and business skills trainings were delivered to youth responsible to take over the production of the SSB through the SSB machines delivered.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
NA	NA	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
Map of CERF funded Activities	Promotion of Durable Solutions in Darfur, South Kordofan and Blue Nile - Google Maps. (attached as separate document)
DTM Reports	https://dtm.iom.int/sudan#:~:text=Sudan%20Middle%20East%20and%20North%20Africa&text=DTM%20is%20a%20system%20to%20track%20And%20monitor%20displacement%20and%20population%20mobility.&text=Commencing%20in%20November%202019%2C%20DTM,across%20an%20initial%20seven%20states.

3.3 Project Report 20-RR-UDP-001

1. Project Information					
Agency:	UNDP			Country:	Republic of the Sudan
Sector/cluster:	Food Security - Agriculture Early Recovery			CERF project code:	20-RR-UDP-001
Project title:	Supporting Peacebuilding and Durable Solutions in Sudan Through Early Recovery and Nexus Interventions				
Start date:	25/02/2020			End date:	24/02/2021
Project revisions:	No-cost extension	<input checked="" type="checkbox"/>	Redeployment of funds	<input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:				US\$ 3,000,000
	Total funding received for agency's sector response to current emergency:				US\$ 0
	Amount received from CERF:				US\$ 3,000,000
	Total CERF funds sub-granted to implementing partners:				US\$ 1,861,899
	Government Partners				US\$ 0
	International NGOs				US\$ 598,993
	National NGOs				US\$ 1,262,906
	Red Cross/Crescent Organisation				US\$ 0

2. Project Results Summary/Overall Performance

Under this Project, UNDP developed and delivered short-term life-saving interventions, including socio-economic assistance, vocational training, restoration of local institutional structures benefiting 400,272 individuals, including 205,917 males and 194,355 females in North Darfur, South Darfur, West Darfur, Central Darfur, East Darfur, South Kordofan, and the Blue Nile States. The beneficiaries included 192,820 host communities, 129,590 returnees, 51,572 IDPs, and 26,290 refugees. Persons with disabilities represented 8 per cent of the total targeted beneficiaries. Through this Project, UNDP has contributed towards preserving lives, reducing vulnerabilities, and restoring basic services addressing priorities of IDPs, host communities, returnees, and refugees, building community resilience, and creating an enabling environment for durable solutions.

The Project enhanced access to dispute resolution mechanisms for more than 57,000 people, including 43 per cent women, by establishing 76 community-based conflict resolution mechanisms and farm protection committees, resolving land-related conflicts and preventing its escalation to community armed confrontations as a pre-requisite for durable solutions. About 37,000 people, including 15,997 vulnerable women and youth, benefited from 19 socio-economic infrastructure, including water yards for humans and livestock, solar streetlights, and dams, reducing pressure on the limited resources that trigger inter-communal clashes and revived livelihood activities in return communities. Community asset management committees were established to ensure equitable use of the assets. UNDP supported women and youth, strengthening their resilience to extreme vulnerability by conducting refresher training for 766 at-risk youth and women groups in vocational skills and other income-generating activities. The groups were given seed micro-grants and start-

up kits to engage in breadwinning livelihoods activities. UNDP established and trained 2,905 Village Savings and Loan Associations members, including 1,107 women, and linked them to microfinance institutions to access credit.

The Project created 18 emergency employment initiatives in the targeted locations employing 4,292 (67 per cent women). More than 42,000 people, with 45 per cent women, received agro-inputs, livestock restocking, services, extension services. Over 400 community and youth leaders were trained to coordinate humanitarian assistance at the community level, contributing to the empowerment and self-reliance of vulnerable women and at-risk youth. UNDP organized 75 community events, including football games, and community forum dialogue events, enhancing peaceful co-existence. UNDP provided, solar-powered electricity, and a mobile charging system, benefiting more than 8,700 youth, including 45 per cent women, recreating social and economic interdependencies within and between communities, and restoring social networks.

3. Changes and Amendments

The outbreak of COVID-19 affected the implementation of Project activities. The pandemic prevented the timely delivery of services to communities due to movement restrictions imposed by the Sudan Government to curb the spread of the virus, impact on supply chains, and directives on public gathering, which affected community and training activities. With the unstable political situation, pockets of violence in Darfur, tribal frictions generating clashes in Eastern Sudan, inter and intra-communal clashes in the eastern corridor of South Kordofan, and the influx of Ethiopian refugees in the same area, access to some of the project intervention zone was restricted.

Due to the above contextual challenges, a no-cost extension was initially requested till 25 May 2021 to compensate for the time lost due to the COVID-19 pandemic and the unstable political situation fraught with civil unrest and protracted conflicts. A second No-Cost Extension was requested until 25 August due to the revocation of two implementing partners, resulting in further delays in the implementation. Thus, the project activities and timeline were then amended to align with the extended period of the Project.

On the economic front, the Central Bank, in February 2021, devalued its currency in an attempt to get debt relief, a crackdown on the black market, and attract money back to the country. The bank unified the currency's price with the black market at 375 pounds to one US dollar. However, at the onset of the CERF project, the official rate was 55 pounds to the US dollar. Despite this happening late in the implementation of the Project, the targets of some of the indicators were over-achieved due to exchange rate gains resulting from the devaluation of the Sudanese Pounds by Sudan's Central Bank. Therefore, the Implementing Partners reported exchange rate gains and ploughed it back into reaching more beneficiaries.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Food Security - Agriculture									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	4,000	3,000	2,000	1,000	10,000	1,683	1,122	1,827	861	5,493
Returnees	1,600	1,200	800	400	4,000	24,953	30,206	9,428	7,142	71,729
Internally displaced people	3,000	3,000	1,060	1,500	8,560	5,014	6,837	1,287	2,720	15,858
Host communities	10,000	8,000	7,155	6,000	31,155	17,419	23,975	7,387	5,348	54,129
Other affected people	20,886	14,410	4,758	4,920	44,974	0	0	0	0	0
Total	39,486	29,610	15,773	13,820	98,689	49,069	62,140	19,929	16,071	147,209
People with disabilities (PWD) out of the total										
	50	100	50	50	250	933	903	60	303	2,199
Sector/cluster	Early Recovery									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	4,000	3,000	2,000	1,000	10,000	5,139	5,459	3,188	2,278	16,064
Returnees	2,400	1,800	1,200	600	6,000	21,530	25,365	11,894	15,513	74,302
Internally displaced people	3,000	3,000	1,060	1,500	8,560	9,180	10,621	8,061	6,707	34,569
Host communities	15,000	12,000	10,732	9,000	46,732	35,238	43,413	28,094	17,390	124,135
Other affected people	31,330	21,614	7,137	7,380	67,461	0	0	0	0	0
Total	55,730	41,414	22,129	19,480	138,753	71,086	84,858	51,237	41,888	249,069
People with disabilities (PWD) out of the total										
	100	150	50	50	350	926	701	82	85	1,794

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

A total of 726,530 people, including 55 per cent women, indirectly benefited from the Project. Through the economic activities of the direct beneficiaries, such as seasonal labour in agricultural fields during planting, weeding, and harvesting seasons, more than 400,000 indirectly benefited. Over 300,000 people, mainly from surrounding communities, indirectly benefited from the water provision and conflict resolution activities provided by the Project in South Kordofan, Blue Nile, and the targeted communities in the Darfur States.

6. CERF Results Framework

Project objective	Contribute towards creating a conducive environment for durable solutions for Sudanese IDPs, returnees, and host communities, through rapid impact humanitarian interventions and support to peacebuilding			
Output 1	Co-existence and peace are fostered with a specific focus to land related conflicts that prevent Durable Solutions in Darfur, Blue Nile and South Kordofan			
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Sector/cluster	Early Recovery			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of people benefited from Community-based Conflict Resolution Mechanisms established.	20,000	57,307	IP reports, field monitoring reports
Indicator 1.2	Number of community members reporting increased access to dispute resolution mechanisms;	18,000	30,347	IP reports, field monitoring reports
Indicator 1.3	Number of community members reporting decrease in land and natural resource related conflicts in return/integration areas.	19,000	44,380	IP reports, field monitoring reports
Explanation of output and indicators variance:		All the set output targets were fully achieved. The Project ensured the inclusion of all various groups, including nomads, women, and youth in the CBRMs. The inclusion of the vulnerable groups in the CBRMs engenders confidence and trust in the activities of the CBRMs.		
Activities	Description	Implemented by		
Activity 1.1	Conduct consultations on preferred Durable Solutions including access and use of land resource between host communities, returnees, IDPs and local authorities to understand the underlying land issues that may impede durable solutions for displaced people	UNDP and Implementing partners Sudanese Hilef for Peace and Development Organization Doshia for Social Development Organization Darfur Development and Reconstruction Agency ZOA Refugees Care Al-Massar Charity Organization Rural Community Development Organization Albagiyat Voluntary Organization Zahra Centre for Integrated Development Services		
Activity 1.2	Conduct mutual discussions among native administration, authorities, host communities, returnees, IDPs to reach broad consensus on peaceful Co-	UNDP and the following Implementing partners: Sudanese Hilef for Peace and Development Organization Doshia for Social Development Organization Darfur Development and Reconstruction Agency		

	existence within certain land for settlements and livelihoods buffers.	ZOA Refugees Care Al-Massar Charity Organization Rural Community Development Organization Albagiyat Voluntary Organization Zahra Centre for Integrated Development Services
Activity 1.3	Produce up-to-date maps for areas suggested for durable solutions intervention with conflict overlays to guide the process and allow the land conflicts to be addressed using modern GPS guided solutions	UNDP and the following Implementing Partners: Darfur Development and Reconstruction Agency ZOA Refugees Care Al-Massar Charity Organization Rural Community Development Organization Global Aid Hand Relief and Mediation Corps SAWA Sudan for Development and Humanitarian Aids War Child Canada
Activity 1.4	Setup gender specific action plan to tackle the gender biases on land issue with focus on achieving gender sensitive durable solutions for displaced people	UNDP and the following Implementing partners: Sudanese Hilef for Peace and Development Organization Doshra for Social Development Organization Albagiyat Voluntary Organization Zahra Centre for Integrated Development Services Darfur Development and Reconstruction Agency ZOA Refugees Care Al-Massar Charity Organization Rural Community Development Organization

Output 2 Community Peace and social cohesion enhanced that facilitate durable solutions

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒

Sector/cluster	Food Security - Agriculture			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of people reporting being welcomed in areas of origin	80,000	91,620	Community management committees in the respective project sites
Indicator 2.2	Number of community events organised on peace, conflict resolution and Negotiation and Mediation skills;	24 events	75 events	IP reports and field monitoring reports.
Indicator 2.3	Number of local peacebuilding mechanisms supported	40	76	IP reports and field monitoring reports.
Indicator 2.4	Number of people benefitting from micro-projects	2000	5,181	IP reports and field monitoring reports.
Explanation of output and indicators variance:		The inclusion of various economic groups in resolving conflicts enabled the communities to resolve disputes, enhancing social cohesion and co-existence. Also, the exchange rate gains were used to improve coverage.		
Activities	Description	Implemented by		
Activity 2.1	Provide support to build the community's conflict analysis and conflict resolution skills; Conduct rapid conflict mapping and perception surveys in the targeted areas on	UNDP and the following Implementing partners: Sudanese Hilef for Peace and Development Organization Doshra for Social Development Organization Albagiyat Voluntary Organization		

	mechanisms in place for prevention and resolution of conflicts	Zahra Centre for Integrated Development Services Global Aid Hand SAHARI Organization for Development Africa Humanitarian Action (AHA) Relief and Mediation Corps SAWA Sudan for Development and Humanitarian Aids War Child Canada
Activity 2.2	Activate community-based conflict management committees through delivery of refresher trainings on non-violence means of conflicts resolution aiming at saving lives and properties losses.	UNDP and the following Implementing partners: Sudanese Hilef for Peace and Development Organization Dosha for Social Development Organization Albagiyat Voluntary Organization Zahra Centre for Integrated Development Services Global Aid Hand SAHARI Organization for Development Africa Humanitarian Action (AHA) Relief and Mediation Corps SAWA Sudan for Development and Humanitarian Aids War Child Canada
Activity 2.3	Establish and/or foster local peace mechanisms; conduct data collection, incident monitoring and collect incident reports on natural resource conflicts	UNDP and the following Implementing partners: Sudanese Hilef for Peace and Development Organization Dosha for Social Development Organization Albagiyat Voluntary Organization Zahra Centre for Integrated Development Services Global Aid Hand SAHARI Organization for Development Africa Humanitarian Action (AHA) Relief and Mediation Corps SAWA Sudan for Development and Humanitarian Aids War Child Canada
Activity 2.4	Organize community meetings and Peace Dialogue Forums in return areas with the high-level peace processes, with the support of relevant community-led, and government-led peace building platforms or mechanisms;	UNDP and the following Implementing partners: Sudanese Hilef for Peace and Development Organization Dosha for Social Development Organization Albagiyat Voluntary Organization Zahra Centre for Integrated Development Services Global Aid Hand SAHARI Organization for Development Africa Humanitarian Action (AHA) Relief and Mediation Corps SAWA Sudan for Development and Humanitarian Aids War Child Canada
Activity 2.5	Identification and implementation of micro-projects aimed at mitigating, preventing and addressing conflict triggers between different communities. Micro-projects implemented can have a value of up to USD 20,000 per project and must be identified, designed, partially implemented and monitored by the communities.	UNDP and the following Implementing partners: Sudanese Hilef for Peace and Development Organization Dosha for Social Development Organization Albagiyat Voluntary Organization Zahra Centre for Integrated Development Services Global Aid Hand SAHARI Organization for Development Africa Humanitarian Action (AHA) Relief and Mediation Corps SAWA Sudan for Development and Humanitarian Aids War Child Canada

Output 3 Women and Youth Resilience to extreme vulnerability strengthened

Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Early Recovery			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of people benefitting from peace and economic resilience	4000	4,158	IP reports and field monitoring reports
Indicator 3.2	Number of elders and youth leaders' sessions conducted	32	28	IP reports and field monitoring reports
Indicator 3.3	Number of youth leaders engaged and provided with refresher trainings on leadership skills	400	423	IP reports and field monitoring reports
Explanation of output and indicators variance:		All targets set were fully achieved. Due to COVID-19 restrictions, the Project had to reduced number of people attending trainings and provided personal protective equipment for all participants attending all training events and ensuring all the protection guidelines were enforced. Whilst these additional costs were not foreseen, there were no budgetary problems due to the exchange gains as stated above.		
Activities	Description	Implemented by		
Activity 3.1	Create women's and youth groups with a particular focus on peaceful co-existence and economic resilience;	UNDP and the following Implementing partners: Global Aid Hand SAHARI Organization for Development Africa Humanitarian Action (AHA) Relief and Mediation Corps SAWA Sudan for Development and Humanitarian Aids War Child Canada		
Activity 3.2	Organize dedicated sessions with elders and youth leaders on the importance of including women and young girls regarding generating emergency income, humanitarian assistance, peace and social cohesion;	UNDP and the following Implementing partners: Global Aid Hand SAHARI Organization for Development Africa Humanitarian Action (AHA) Relief and Mediation Corps SAWA Sudan for Development and Humanitarian Aids War Child Canada		
Activity 3.3	Engage youth leaders in delivery and coordination of humanitarian assistance and emergency support; including young women.	UNDP and the following Implementing partners: Global Aid Hand SAHARI Organization for Development Africa Humanitarian Action (AHA) Relief and Mediation Corps SAWA Sudan for Development and Humanitarian Aids War Child Canada		

Output 4 Community Productive capacities and emergency income-generation opportunities for vulnerable conflict-affected communities restored

Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Early Recovery			
Indicators	Description	Target	Achieved	Source of verification

Indicator 4.1	Number of infrastructure rehabilitated/developed (micro-dams, shallow wells, irrigation systems, solar water yards etc)	4	19	IP reports and field monitoring reports
Indicator 4.2	Number of people benefited from emergency employment	4000	11,300	IP reports and field monitoring reports
Indicator 4.3	Number of emergency agricultural economic initiatives	4	18	IP reports and field monitoring reports
Indicator 4.4	Number of people engaged using innovative techniques including the use of solar stoves for preparing household meals	1000	1,010	IP reports and field monitoring reports

Explanation of output and indicators variance:

All targets set were significantly exceeded. The exchange rate gains provided more infrastructure to support economic activities. Women and youth expressed different needs to engage in economic activities. These included winter farming, goats rearing, rainfed crop production, and women's processing and trading of agricultural commodities.

Activities	Description	Implemented by
Activity 4.1	Rehabilitate/ develop infrastructure with focus on basic and natural resources: e.g.; Water harvesting, construction n/ rehabilitation of Solar Water yards, micro-dams, shallow wells, etc.	UNDP contracted company UNDP and the following Implementing partners: Global Aid Hand SAHARI Organization for Development Africa Humanitarian Action (AHA) Relief and Mediation Corps SAWA Sudan for Development and Humanitarian Aids War Child Canada
Activity 4.2	Rehabilitate/ develop socio-economic productive infrastructure an at community level (e.g. vegetable gardens, grinding mills, grain storage markets, livelihood Centres etc.), fabricate and distribute solar stoves for household meal preparation.	UNDP and the following Implementing partners: Sudanese Hilef for Peace and Development Organization Dosha for Social Development Organization Albagiyat Voluntary Organization Zahra Centre for Integrated Development Services Global Aid Hand SAHARI Organization for Development Africa Humanitarian Action (AHA) Relief and Mediation Corps SAWA Sudan for Development and Humanitarian Aids War Child Canada
Activity 4.3	Emergency employment initiatives with focus on women and youth;	UNDP and Implementing partners (HELF, DOSHA, Albaggiyat, Zhara)
Activity 4.4	Enhance vulnerable families' access to micro-finance with humanitarian focus	UNDP and the following Implementing partners: Global Aid Hand SAHARI Organization for Development Africa Humanitarian Action (AHA) Relief and Mediation Corps SAWA Sudan for Development and Humanitarian Aids War Child Canada
Activity 4.5	Provide vocational skills based on market survey	UNDP and the following Implementing partners: Global Aid Hand SAHARI Organization for Development Africa Humanitarian Action (AHA) Relief and Mediation Corps

		SAWA Sudan for Development and Humanitarian Aids War Child Canada
Activity 4.6	Emergency agricultural economic initiatives for both in-farm and off-farm	UNDP and the following Implementing partners: Sudanese Hilef for Peace and Development Organization Dosha for Social Development Organization Albagiyat Voluntary Organization Zahra Centre for Integrated Development Services Global Aid Hand SAHARI Organization for Development Africa Humanitarian Action (AHA) Relief and Mediation Corps SAWA Sudan for Development and Humanitarian Aids War Child Canada
Activity 4.7	Introduce technical extension packages and innovative techniques on production for value chains integration, including climate change enduring farming techniques.	UNDP and the following Implementing partners: Sudanese Hilef for Peace and Development Organization Dosha for Social Development Organization Albagiyat Voluntary Organization Zahra Centre for Integrated Development Services Global Aid Hand SAHARI Organization for Development Africa Humanitarian Action (AHA) Relief and Mediation Corps SAWA Sudan for Development and Humanitarian Aids War Child Canada

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁶ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁷:

The Project was driven by the beneficiary populations from planning, design, implementation, monitoring and evaluation. The Project conducted needs assessments in all the Project targeted localities. Project beneficiaries were fully involved in needs identification, ranking, and prioritization. Based on the needs assessments, the Project implemented, for example, micro-projects/provision of communal infrastructure aimed at mitigating, preventing, and addressing conflict triggers between communities/tribes.

The Project collaborated with Humanitarian Aid Commission (HAC) and community leaders to identify vulnerable women, youth, IDPs, returnees, and refugees in the targeted localities. Rapid analyses were conducted to identify causes and triggers of conflicts/disputes and identified opportunities for managing or resolving disputes, thus, adapting the project activities to address the needs of the targeted population.

⁶ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC 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. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

⁷ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

Community Management Committees (CMCs), CBRMs, Farm Protection Committees were established with membership drawn from all groups in the community, including women, men, youth, refugees, other minority groups, host communities, etc. These established local mechanisms ensured access and fair use of resources by all community members and maintained the assets sustainably.

b. AAP Feedback and Complaint Mechanisms:

UNDP conducted monitoring visits to the targeted communities to identify progress and challenges faced by the Implementing Partners. During such visits, the Monitoring Team held review meetings and discussions with the community members to receive their feedback on their perception of their assistance. To ensure confidentiality, separate discussions are held without the presence of the IPs. In an event where the targeted areas were not accessible by UNDP Monitoring Team, telephone interviews with beneficiaries on entitlements were conducted to monitor progress and provide learning to improve implementation, targeting, and the delivery of results.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

No Sexual Exploitation and Abuse (SEA)-related complaints were received during the implementation period of the Project. However, systems that were put in place by the Project included confidential phone calls and private discussions with suspected victims if any reported. The gender focal point of the Project frequently engaged female members of the CMCs to learn more about issues of sexual exploitation and abuse in their respective regions and information treated with confidentiality.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

The Project ensured women's active participation in local decision-making mechanisms and local peacebuilding and socio-economic activities by designing interventions to assist women's skills and participation channels as equitably as their male counterparts. Benchmarks for minimum participation of women in project activities were established and implemented. Women constituted about 40 per cent of the membership of the local peacebuilding mechanisms and 55 per cent of the overall beneficiaries targeted by the Project, ensuring their interests are factored into local decision-making processes. This was achieved through negotiations with the community leaders on the need to involve women in resolving conflicts and thus, promoting peaceful co-existence. The women received training to lead these efforts, enhance the value of their participation, and create new opportunities for inclusion in various levels of the decision-making process. The inclusion of women in the CBRMs ensured women used traditional techniques to address disputes and Gender-Based Violence (GBV). Gender and age disaggregated data were collected accordingly.

In addition, the Project enhanced the self-reliance and dignity of vulnerable groups, especially women, by improving their access to productive assets and resources. This enabled them to access dignified means of livelihood instead of engaging in high-risk, low wage labour like housekeeping services or firewood collection and charcoal processing in remote locations—such activities may increase their exposure to sexual harassment and abuse. Additionally, access to decent opportunities prevented them from engaging in negative coping mechanisms that may result in community stigmatization. Also, the provision of water resources within safe walking distances prevents women from walking long distances to fetch water and protects them from attack and rape.

e. People with disabilities (PwD):

The Project prioritized the interest of the most vulnerable and disadvantaged groups, including groups at risk of being excluded or discriminated via vulnerability selection criteria. Targeting and selection criteria were used throughout project implementation. Different beneficiary groups (refugees, hosts, female, male, youth, participants with disability, other at-risk groups, etc.) were prioritized, and their needs factored into project design. The Project ensured not to leave no one behind; instead, it considered the interest and needs of each potential beneficiary and accorded all community members a fair opportunity to participate and benefit from the project assistance.

f. Protection:

Protection-specific activities have been incorporated into all activities. The Project ensured vulnerable people have access to project assistance, including sustainable livelihoods, and ensuring the use of a well-defined vulnerability-oriented selection/identification criteria of beneficiaries for project assistance.

The Project shared information on protection issues with humanitarian and protection partners working in the project region. The Project also ensured strong coordination with humanitarian actors, especially UNHCR, to avoid missed opportunities for integrating protection information in refugee profiling for project assistance. The Project also cooperated with NGOs, civil society, and community-based organizations on protection issues through the implementation phase.

g. Education:

NA

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	Yes, CVA is a component of the CERF project	11,300

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

Even though not initially planned some 11,300 were engaged in emergency employment activities through cash for work who received cash to meet urgent household food and non-food needs.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
Cash for work	11,300	US\$ 280,000	Early Recovery	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
None	NA

3.4 Project Report 20-RR-FPA-005

1. Project Information			
Agency:	UNFPA	Country:	Republic of the Sudan
Sector/cluster:	Health Protection - Gender-Based Violence	CERF project code:	20-RR-FPA-005
Project title:	Provision of Integrated Lifesaving Sexual and Reproductive Health including GBV Services to Vulnerable Population		
Start date:	20/02/2020	End date:	19/02/2021
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 37,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 0
	Amount received from CERF:		US\$ 4,040,017
	Total CERF funds sub-granted to implementing partners:		US\$ 1,004,740
	Government Partners		US\$ 148,472
	International NGOs		US\$ 12,588
	National NGOs		US\$ 823,595
	Red Cross/Crescent Organisation		US\$ 20,085

2. Project Results Summary/Overall Performance

Through this CERF allocation, UNFPA and implementing partners managed to provide sexual and reproductive health (SRH) services for the targeted population in Gedarif, Kassala, Red Sea, Gezira and Khartoum states. 310 Emergency Reproductive Health (ERH) kits and 100 Midwifery equipment were procured and distributed to 48 health facilities to serve the targeted population in the defined localities. 56,914 persons accessed consultations and received SRH services through mobile teams and Reproductive Health (RH) kits provided to the health facilities and the mobile clinics. 200 health care providers (midwives) in the identified localities received refresher and midwifery in-service training including the response for critical emergency obstetric cases and the timely referral for Emergency Obstetric and Neonatal Care (EmONC) services, CERF allocation also assisted communities in the defined localities during the flood's response in 2020 and 2021 through mobile teams.

Aiming at ensuring the availability of effective referral services for pregnant women with urgent obstetric needs, UNFPA also managed through this allocation to support community-based referral mechanisms linked to existing community structures, provided support to communities to establish and maintain the lifesaving referral services through procurement and distribution of 40 ambulance Tuk Tuks to contribute to the reduction of maternal deaths which mainly occur due to delays in accessing services.

Further, with the support of this allocation UNFPA revised and updated the Clinical Management of Rape (CMR) Service package and adapted sensitization sessions for medical care providers on CMR. The project assisted a total of 128,678 people in the defined localities through the provision of SRH services and supporting communities to access SRH service through the established referral mechanisms.

UNFPA through CERF funds also managed to assist 49,055 people with GBV interventions including awareness raising, referral pathways, community sensitization on laws and articles related to GBV prevention, and advocacy with key community figure and decision makers. 17,012 women and girls received dignity kits and attended awareness raising sessions on using the kits and maintaining personal hygiene. 380 participants were trained on GBV prevention and protection measures. The trainees subsequently disseminated information on safety, protection, and prevention of GBV in IDP and host communities.

3. Changes and Amendments

There are no significant changes in the project activities or the intended results. However, amendments were made to the timeline of the project implementation due to challenges pertaining to the environment and country context. During the implementation period, 4 no-cost extension requests extending the end date by 13 months, were approved by CERF to allow the project to meet its objectives. The following represent the main challenges which caused delay in implementation during the project:

- 1) The COVID-19 pandemic delayed the implementation of the activities under this allocation particularly with regards to the procurement of supplies including:
 - ✓ The large-scale stark decline of global and national production and procurement of medical supplies and equipment for reproductive health as efforts were focused on the production of personal protection equipment (PPE).
 - ✓ The long disruption of global logistics and freight following the closure of seaports and airports, as priority was given for PPE delivery, and the worsening scarcity of fuel in Sudan.Other COVID-19-related challenges included the lockdown and movement restrictions which affected routine service provision; disruption of banking services which obstructed regular financial transactions with implementing partners; economic deterioration and cash and fuel limitation impacted the capacity to deliver services and transport RH and dignity kits and medical equipment.
- 2) The unstable political and security situation negatively impacted the implementation of interventions in the defined locations. However, UNFPA and implementing partners put in place acceleration measures to overcome any delays in service provision to the target population.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	13,016	3,471	4,339	868	21,694	13,879	3,900	4,900	1,005	23,684
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	4,322	864	1,441	577	7,204	4,618	1,211	2,100	1,170	9,099
Host communities	52,014	13,004	17,338	4,335	86,691	53,148	9,876	18,901	4,490	86,415
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	69,352	17,339	23,118	5,780	115,589	71,645	14,987	25,901	6,665	119,198
People with disabilities (PwD) out of the total										
	2,081	520	694	173	3,468	2,149	450	777	200	3,576
Sector/cluster	Protection - Gender-Based Violence									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	3,465	809	2,730	347	7,351	3,804	1,021	2,670	501	7,996
Internally displaced people	15,015	3,504	11,830	1,502	31,851	16,527	2,537	9,987	1,760	30,811
Host communities	4,620	1,078	3,640	462	9,800	4,980	1,121	3,563	531	10,195
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	23,100	5,391	18,200	2,311	49,002	25,311	4,679	16,220	2,792	49,002
People with disabilities (PwD) out of the total										
	693	162	546	69	1,470	759	140	487	84	1,470

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

This allocation strongly contributed to building the capacity of the health system to respond to emergency needs through supporting health facilities, training of health care providers and the provision of supplies. This will maintain the service provision in the supported facilities and benefit more affected people and host communities even in areas surrounding the defined areas supported by the project.

The trained midwives will remain an asset that will contribute to the provision of SRH service to pregnant women and girls in the targeted and surrounding areas.

Moreover, this allocation has contributed to creating higher demand for SRH and GBV services in the defined localities and surrounding areas. This will further contribute to mobilizing more resources to reach more people in need.

An estimated 70,000 vulnerable people including women and girls will benefit from CERF-supported health facilities and the trained midwives and other health care providers by the end of 2022.

Through this allocation, approximately each family with 3 women supported with Dignity Kits (DKs), there will be 5,000 family headed financially benefited from the distribution of the DK. The 380 GBV workshop participants will go on to raise awareness among the community, focusing on women and girls, and reach an estimated 1900 persons with information and sensitization on GBV prevention in the defined localities.

6. CERF Results Framework

Project objective	Contribute to the reduction of sexual and reproductive health associated mortality and morbidity including SGBV through the provision of lifesaving interventions in the target states.				
Output 1	Provision of lifesaving services SRH services for people with needs				
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Sector/cluster	Health				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 1.1	Number of ERHK procured and delivered to targeted locations	310	310	Agency reports	
Indicator 1.2	Number of health care providers - trained on midwifery	200	200	Implementing reports	Partners'
Indicator 1.3	Number of Midwifery equipment procured and distributed	100	100	Implementing reports	Partners'
Indicator 1.4	Number of health facilities supported on EmONC	48	50	Implementing reports	Partners'
Indicator 1.5	Number of Tuk Tuks for referral services	40	40	Agency reports	
Explanation of output and indicators variance:		NA			
Activities	Description		Implemented by		
Activity 1.1	To procure and distribute 310 emergency RH kits at community, PHC and referral level, and 200 midwifery kits, to enable local health system to implement components of Minimum Initial Service Package (MISP) and providing emergency reproductive health services targeting women at reproductive age, and young girls,		Procurement done by UNFPA; distribution to health facilities through NGOs (CAFA, SFPA, SRCS, Asnayn) and the State Ministry of Health (SMOH) under the supervision of UNFPA.		

	including pregnant women, patients with sexually transmitted diseases, and SGBV survivors seeking health care - CMR,	
Activity 1.2	Training of Health care providers on lifesaving RH topics including (STI Syndromic approach, Family Planning, EmONC, Clinical Management of Rape survivors). These care providers are engaged in the provision of emergency and lifesaving RH interventions in the targeted localities. UNFPA will provide direct technical assistance and facilitation of these trainings, using MISP package, and the SMOH will be directly engaged in selecting training participants (health care providers from the affected localities). Trainings will be implemented through the SMOH. NGOs in the defined locations will be directly implementing the trainings.	UNFPA, Federal Ministry of Health (FMOH) and SMOH.
Activity 1.3	To support the provision of Emergency obstetric care services through Procurement and distribution of equipment, targeting 40 Basic EmONC services and 8 comprehensive, based on the national EmONC prioritization results.	UNFPA
Activity 1.4	Support the referral and treatment cost for obstetric and pregnancy related emergencies, through provision of locally adapted Tuk Tuks to the targeted localities, total of 40 will be provided and linked to the Basic EmONC. These will facilitate the referral from the communities to the PHCs, and from the basic EmONC facilities to the comprehensive EmONC.	UNFPA and CAFA (40 ambulance Tuk Tuks were procured and distributed to the targeted communities. The Tuk Tuks will be operated by targeted communities under management of CAFA and follow-up from SMOH in the respective states to facilitate the referral to primary health clinics (PHC) and EmONC services).
Activity 1.5	To support the establishment of integrated mobile teams that provide SRH services to women under high risk of obstetrical complications and SGBV survivors. The teams outreach coverage is segregated over the targeted location proportionately at state level based on the prevalence of ANC uptake, and at the specific location level based on the expected number of women being pregnant as identifier. The services are provided by directly by the contracted NGOs, however in close coordination with both UNFPA and SMOH. The NGOs coordinate with local authorities at state and locality level. UNFPA will provide technical assistance in terms of standard operating procedures and guidance in close coordination with SMOH, which are adapted to the context and the national policies and strategies. The SMOH will jointly select with the NGOs the list of care providers to be included within the mobile teams.	UNFPA, FMOH, SMOH and the following NGOs: CAFA, SFPA, SRCS and Asnayn.

Output 2	Risks reduction and mitigation of GBV consequences ensured in the targeted states.			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Protection - Gender-Based Violence			
Indicators	Description	Target	Achieved	Source of verification

Indicator 2.1	# women and girls received dignity kits	17,202	17,202	Implementing reports	Partners' reports
Indicator 2.2	# participants in the GBV sensitization workshops	380	380	Implementing reports	Partners' reports
Explanation of output and indicators variance:		NA			
Activities	Description	Implemented by			
Activity 2.1	To procure 17,202 dignity kits, to be distributed, targeting women at reproductive age, and young girls, including pregnant women, and GBV survivors,	UNFPA.			
Activity 2.2	To conduct GBV sensitization workshops including for existed community-based mechanism, aiming at increasing understanding of GBV issues referral of cases and promote the survivors' access to services.	UNFPA and implementing partner NGOs (CAFA, GAH, CDF).			

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁸ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁹:

Community consultations for SRH interventions included interviews with community leaders, focus group discussions with community members in the defined localities including women, girls, and youth on the needs to be addressed through the implementation of the CERF-funded activities through mobile clinics, outreach activities, supporting the health facilities and establishing the referral mechanisms. Committees were established to support, monitor and supervise the community referral mechanisms. Community consultation for GBV interventions included engaging women groups associated with the women centres, GBV protection networks, trained midwives and health and psychosocial support service providers, and key informants in order to facilitate community outreach and dissemination of information regarding protection and prevention of GBV.

b. AAP Feedback and Complaint Mechanisms:

UNFPA ensured the existence of complaint mechanisms through the existing M&E tools (supervisory visits, daily follow-up with partners and timely reporting) at federal and state levels and engaging the targeted communities throughout implementation phases. UNFPA field presence ensured close follow-up during the implementation to ensure confidentiality and accessibility. Moreover, UNFPA managed to support and maintain strong coordination between the implementing partners, SMOH, Ministry of Social Affairs and relevant stakeholders including community leaders and members, which in turn ensured the quality of the complaint mechanisms.

⁸ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC 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. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

⁹ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

c. Prevention of Sexual Exploitation and Abuse (PSEA):

UNFPA has made significant investments in PSEA in terms of improving the capacity of personnel, staff and implementing partners. All UNFPA Implementing Partners including those delivering CERF-supported interventions were engaged in extensive assessment and capacity development on PSEA.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

Interventions under the CERF project provided integrated lifesaving SRH/GBV services for vulnerable populations with a focus on women and girls and their empowerment in the defined localities including in refugee camps, IDP camps and host communities.

GBV awareness raising workshops and livelihood trainings for young women and women-headed households contributed to the empowerment of women and girls. The project also contributed to the motion of gender equality and supported relevant laws and articles, including Article 141 of the criminal law banning FGM, and encouraged girls' education.

e. People with disabilities (PwD):

Though no segregated data about people with disabilities were obtained in the reports of the project implementation, people in the targeted locations were served without discrimination over race, religion or disability.

f. Protection:

Protection and prevention under the GBV Area of Responsibility (AOR) and guidelines were observed and maintained to support beneficiaries, especially vulnerable women and girls at risk of GBV. GBV protection and coordination mechanisms were in place.

g. Education:

There is no standalone component of education in the project, but learning is considered in all activities where the service providers were involved. Training of the service providers, sensitizing and orienting the stakeholders and the awareness raising of the beneficiaries were crucial parts of the project implementation both for the SRH and GBV interventions.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	NA

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

CVA was not considered for this project as UNFPA was providing in kind support in terms of dignity kits and medical supplies and equipment. Moreover, all referral-related costs were being directly covered by UNFPA including transportation and service provision.

Parameters of the used CVA modality:

Specified CVA activity	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
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(incl. activity # from results framework above)				
None	NA	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
Facts about the first Tuk Tuk ambulance in Sudan	https://twitter.com/_UnfpaSudan/status/1375504788528435205
UNFPA Executive Director, Dr. Natalia Kanem, on the first Tuk Tuk ambulance in Sudan.	https://twitter.com/_UnfpaSudan/status/1375178343302184960
UNFPA Executive Director, Dr. Natalia Kanem, hand over the keys of the first Tuk Tuk ambulance in Sudan.	https://twitter.com/_UnfpaSudan/status/1374717557157068809
UNFPA dignity kits in Village 8, Gedaref	https://twitter.com/max_f_diana/status/1338924803252768770
Providing Ethiopian refugees in Sudan with SRH services to ensure safe births.	https://twitter.com/_UnfpaSudan/status/1333509041386119174
Provision of Reproductive Health kits and equipment to health facilities in Kassala.	https://twitter.com/_UnfpaSudan/status/1332610225099202561
Distribution of dignity kits to Ethiopian refugees in Gedaref.	https://twitter.com/_UnfpaSudan/status/1331988575861305345
Providing Um Rakuba refugee camp health facility with reproductive health kits and equipment.	https://twitter.com/_UnfpaSudan/status/1329488367503937537
Prepositioning and distribution of dignity kits for Ethiopian refugee women and girls in Kassala	https://twitter.com/_UnfpaSudan/status/1328426883143380992
UNFPA flood response in Khartoum 2020	https://twitter.com/_UnfpaSudan/status/1300528005366853633

3.5 Project Report 20-RR-HCR-004

1. Project Information			
Agency:	UNHCR	Country:	Republic of the Sudan
Sector/cluster:	Protection	CERF project code:	20-RR-HCR-004
	Shelter and Non-Food Items		
	Multi-Purpose Cash		
Project title:	Durable solutions and life-saving stabilization support for IDPs, Sudanese IDP/refugee returnees and hosting communities in Sudan		
Start date:	20/02/2020	End date:	19/08/2021
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input checked="" type="checkbox"/>	Reprogramming <input checked="" type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 52,563,098
	Total funding received for agency's sector response to current emergency:		US\$ 7,203,338
	Amount received from CERF:		US\$ 29,859,818
	Total CERF funds sub-granted to implementing partners:		US\$ 12,894,939
	Government Partners		US\$ 0
	International NGOs		US\$ 11,199,770
	National NGOs		US\$ 1,695,169
	Red Cross/Crescent Organisation		US\$ 0

2. Project Results Summary/Overall Performance

Through this CERF grant, UNHCR and partners identified and referred 74,882 Persons with Specific Needs to relevant services, including 17,791 supported with targeted individual protection intervention and 11,745 individuals with legal aid; provided life-saving assistance to 62,743 households, including 50,089 households with non-food items and 16,645 with emergency shelter cash grants. Furthermore, 14 localities were supported with development of durable solutions action plans, 104 multi-sectoral community support projects were implemented to provide life-saving services and much needed assistance in displacement areas, including with construction and rehabilitation of local education, transportation, health, water and sanitation facilities, and 78 micro-projects for youth-targeted protection outcomes, which exceeded project planning targets in 2020 in the volatile context of mixed new and protracted displacement.

In the 7 targeted states (5 Darfur states, South Kordofan and Blue Nile), UNHCR and its partners were able to implement an integrated context-specific assistance package from February 2020 to March 2022, with achievements in (1) supporting peacebuilding across communities with individual and household community support and evidence-based durable solutions planning, as well as (2) life-saving stabilization support in the format of shelter and non-food item assistance interventions. This project reached a total of 2,517,292 persons and allowed improved conditions an access to life-saving services for the population and contributed to improved conditions for durable solutions for returning IDPs and refugees in Sudan.

3. Changes and Amendments

The project implementation period (Feb. 2020- March 2022) was marked by the following benchmarking incidents:

- The Covid-19 pandemic with severe operating restrictions for UN and NGOs and exacerbating gaps in meeting basic health needs since March 2020;
- A significant increase of IDPs from 1.86m in 2020 to 3.03m in 2022, as result from increasing incidents of violent conflict and new IDP displacement in Darfur and Kordofan states, with significant deterioration of security situation for humanitarian workers and civilians in North, Central and West Darfur States;
- Suspension of voluntary repatriation activities by the governments of Chad and Sudan due to the volatile security situation in Darfur states;
- Hyper-inflation, reduced purchase power, shortage of basic commodities, fuel, and supplies in Sudan, intertwined with disruptions of global supply chain;
- Refugee influx in the eastern Sudan since November 2020 due to the Ethiopian situation which UNHCR declared a Level 2 emergency in Sudan;
- Dissolution of Transitional Government following a military coup at the end of October, leading to general volatile situation, continuing street protests, suspension of activities including supply chain in Port Sudan

Against this backdrop, three project revision requests were initiated by UNHCR (respectively in August 2020, July and December 2021) and approved by CERF, resulting in the following amendments:

- No-cost extension of the initial project completion date from 31 August 2021 to 31 March 2022;
- Increase of Shelter cash grant per household from USD\$400 to US\$500 to reflect the price increases of shelter materials;
- Cancellation of activities under Output 4 (Voluntary Repatriation from Chad);
- Reprogramming of available resources from savings to Output 2 (Community Support Projects).

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	28,203	26,034	38,949	35,952	129,138	17,000	19,000	17,000	19,000	72,000
Returnees	32,599	26,672	45,017	36,833	141,121	123,157	115,509	152,064	141,625	532,355
Internally displaced people	399,780	327,093	552,076	451,699	1,730,648	422,880	352,144	486,398	418,114	1,679,536
Host communities	178,641	164,901	246,694	227,718	817,954	53,454	51,473	62,697	65,776	233,400
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	639,223	544,700	882,736	752,202	2,818,861	616,491	538,126	718,159	644,515	2,517,291
People with disabilities (PwD) out of the total										
	95,883	81,705	132,410	112,830	422,828	92,474	80,719	107,724	96,677	377,594
Sector/cluster	Shelter and Non-Food Items									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	22,407	18,333	30,943	25,317	97,000	18,096	17,376	22,301	21,456	79,229
Internally displaced people	39,312	36,288	54,288	50,112	180,000	49,338	47,129	70,147	66,609	233,223
Host communities	7,161	5,859	9,889	8,091	31,000	5,891	4,820	8,135	6,656	25,502
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	68,880	60,480	95,120	83,520	308,000	73,325	69,325	100,583	94,721	337,954
People with disabilities (PwD) out of the total										
	10,332	9,072	14,268	12,528	46,200	10,999	10,399	15,088	14,208	50,694

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

Sector/cluster	Multi-Purpose Cash									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0
People with disabilities (PwD) out of the total										
	0	0	0	0	0	0	0	0	0	0

* MPC: No longer applicable following change of circumstances.

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

While the planning targets (under section 4 above) were based on total planning population figures under the Sudan Humanitarian Needs Overviews (2020), 40 per cent of the overall population were targeted directly whereas 60 per cent of the total population indirectly benefit from the project as anticipated by the proposal.

The protection interventions including the support to durable solutions action plans and resulting advocacy indirectly benefited a wider community via the outcomes of the community support projects (CSPs). In addition, more than a hundred community support projects were implemented in the seven targeted localities with new and protracted displacement, to improve the conditions and equipment of local public facilities including hospitals, water points, schools, community women and youth centres, child friendly spaces.

These activities provided better access to life-saving services and much needed assistance the population in the wider targeted locality and in neighbouring localities, striped to address the inter-communal tensions over scarce resources and public services, thereby contributing to improve conditions for durable solutions for returning IDPs and refugees, benefitting also their larger host community.

6. CERF Results Framework

Project objective	Support peacebuilding and to contribute towards a conducive environment for durable solutions, and lifesaving stabilisation, for Sudanese IDPs and refugees and host communities, through life-saving quick impact humanitarian interventions			
Output 1	Enhancing Community Based Protection Emergency Shelter and NFI - Shelter and Non-Food Items			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Shelter and Non-Food Items			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# of durable solutions locality action plans developed (same approach as PBF implementation)	10	14	Reports on data collection, community data validation, workshop reports and action plan documents
Indicator 1.2	# of PSNs identified and referred to relevant services	86,532	74,882	Partner reports (lists of identified PSNs, annual report and tracking matrix/sheets), field monitoring visits
Indicator 1.3	# of PSNs supported with targeted individual protection interventions	5,000	17,791	Monthly reports and PSNs distribution list and/or reports
Indicator 1.4	# of individuals benefiting from legal aid (incl. household members)	5,250	11,745	Monthly report and tracking sheet, beneficiary lists, partner reports, community feedback, register book
Indicator 1.5	# of micro projects for youth and other protection outcomes	30	78	Partner's reports (annual report, coordination communication), Field monitoring visits and

				reports, beneficiary feedback
Indicator 1.6	# of Protection and Returnee Monitoring Visits Conducted	500	497	Protection Monitoring reports
Indicator 1.7	# of reports on conditions in specific areas of origin of Sudanese IDPs and refugees	10	32	Protection Monitoring reports, field monitoring visits

Explanation of output and indicators variance:

Due to deteriorated security situation for humanitarian workers and civilians in the targeted localities, activities requiring close access to communities experienced significant delays in implementation. This has been the main reason that indicator 1.2 (identification of PSNs) and 1.6 (monitoring visits) were below targets.

Nevertheless, this project made significant progress in activities that aimed to enhance peacebuilding across communities with provision of assistance and support to community and individuals and community-based protection networks.

Activities	Description	Implemented by
Activity 1.1	Develop locality action plans for durable solution s, including data analysis and reporting on behalf of the wider humanitarian community in support of the inter-agency durable solutions strategy for Sudan; these durable solutions locality action plans will serve as the framework for durable solutions interventions by all partners.	UNHCR, Alight, International Aid Services, National Planning Organization, World Relief Sudan, Save the Children International, Joint IDP Profiling Service (JIPS)
Activity 1.2	Facilitation of go & see visits (refugees and IDPs);	UNHCR, Ministry of Health and Social Development, Ministry of Basic Infrastructure, Humanitarian Aid Commission, Commission for Refugees, Alight, World Relief Sudan, World Education Services, Save the Children International, International Aid Services
Activity 1.3	Formation and support to gender/age/diversity sensitive community structures, with a focus on the protection of vulnerable people;	UNHCR, Ministry of Health and Social Development, Alight, National Planning Organization, World Relief Sudan, Save the Children International
Activity 1.4	Community awareness and sensitization on the protection of vulnerable people/people with specific needs;	UNHCR, Ministry of Health and Social Development, Alight, National Planning Organization, World Relief Sudan, Save the Children International
Activity 1.5	Development of community plans for the protection of vulnerable people in collaboration with targeted communities.	UNHCR, Ministry of Health and Social Development, Alight, National Planning Organization, World Relief Sudan, Save the Children International
Activity 1.6	Identification, referral and case management of vulnerable people in need of protection services (persons with specific needs assisted); establishment of referral mechanisms; delivery of targeted protection services based on specific needs;	UNHCR, Ministry of Health and Social Development, Alight, National Planning Organization, World Relief Sudan, Save the Children International, World Vision International
Activity 1.7	Provision of paralegal aid (access to personal documentation for instance and legal consultations);	UNHCR, Ministry of Health and Social Development, Alight, National Planning Organization, World Relief Sudan, Mutawinat
Activity 1.8	Facilitating the establishment of youth networks for dialogue and representation and constituting adolescent community networks (10-17 years) in the communities	UNHCR, Ministry of Health and Social Development, Alight, National Planning Organization, World Relief Sudan, Save the Children International

Activity 1.9	Identification and implementation of micro-projects aimed at mitigating, preventing and addressing conflict triggers between different communities, and targeted also towards youth programming. Micro-projects implemented can have a value of up to USD 20,000 and must be identified, designed, partially implemented and monitored by the communities.	UNHCR, Alight, National Planning Organization, World Relief Sudan
Activity 1.10	Protection and returnee monitoring visits to areas of focus	UNHCR, Protection Sector (Inter-agency group), Ministry of Health and Social Development, Alight, National Planning Organization, World Relief Sudan, Save the Children International, World Vision International, World Education Services
Activity 1.11	Systematization and analysis of monitoring findings	UNHCR, Ministry of Health and Social Development, Alight, National Planning Organization, World Relief Sudan, Save the Children International, World Vision International, World Education Services
Activity 1.12	Development of follow-up recommendations for referral and advocacy	UNHCR, Ministry of Health and Social Development, World Relief Sudan, Save the Children International, World Vision International
Activity 1.13	Reports on conditions in specific areas of origins of IDPs and refugees, analysis if an area is ready to receive returnees, recommendations	UNHCR, Ministry of Health and Social Development, Alight, World Relief Sudan

Output 2	Community Support Projects			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Protection			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	# of community support projects completed	66 (an average set of 6 CSPs (3 micro, 2 small, 1 medium size CSP) will be implemented in at least 1	104	Multi-function team mission reports, partner reports, CSP handover matrix, community consultations reports, project monitoring reports, signed project handover documents, field visits, community feedback
Explanation of output and indicators variance:		As the deterioration of the security situation in the West Darfur prompted Chad and Sudan's authorities to suspend the VolRep and there was no indication on resumption of it, CERF approved the project revision to cancel activities under Output 4 (Voluntary Repatriation) and redirected the available resource to this Output 2 (Community Support Projects). Therefore, with additional resources, UNHCR successfully met the target, with more CSPs implementation than the initial plan.		
Activities	Description		Implemented by	

Activity 2.1	Community consultations for the identification of CSPs with IDPs, returnees, refugees and hosting communities; CSP project development and management; CSP implementation; technical monitoring and support	UNHCR, Ministry of Health and Social Development, Africa Humanitarian Action, International Aid Services, Trust Rehabilitation and Development Organization, Save the Children International
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Output 3	Enhanced NFI kits and shelter cash grants for durable solutions and Sudanese IDPs (IDPs at site of displacement for life-saving stabilization; voluntary local integration of IDPs; voluntary return of IDPs)
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Was the planned output changed through a reprogramming after the application stage?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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Sector/cluster	Shelter and Non-Food Items
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Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	# of IDP HHs receiving enhanced NFI kits	50,000	50,089	Multi-function team mission reports, Humanitarian Aid Commission, Monitoring reports, beneficiary lists, distribution reports
Indicator 3.2	# of IDP/returnee HHs receiving shelter cash grant	12,000	16,654	Multi-function team mission reports, Humanitarian Aid Commission, distribution report from the partner and UNHCR CBI section, Beneficiary lists, Distribution report, post-monitoring distribution, Community feedback

Explanation of output and indicators variance:	This project successfully met and exceeded the planned targets.
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Activities	Description	Implemented by
Activity 3.1	Distribution of enhanced NFI kits (initially starting with partial kits; once solar lamps are internationally procured – full kits and/or special distribution of lamps)	UNHCR, Humanitarian Aid Commission, Alight, Save the Children International, Norwegian Church Aid, Addition for Disasters Assistance and Development
Activity 3.2	Disbursement of shelter cash grants	UNHCR, Blue Nile Mashreg Bank, Alight, Save the Children International, Norwegian Church Aid, Addition for Disasters Assistance and Development
Activity 3.3	Targeting, shelter implementation monitoring, technical support, post distribution monitoring	UNHCR, Ministry of Health and Social Development, Alight, Save the Children International, Norwegian Church Aid

Output 4	Facilitated voluntary repatriation of 4,000 Sudanese refugees from Chad in the framework of the tripartite agreement (individual return assistance component)
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Was the planned output changed through a reprogramming after the application stage?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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Sector/cluster	Protection
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Indicators	Description	Target	Achieved	Source of verification
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Indicator 4.1	# of Sudanese voluntary repatriated from Chad	4,000	0	NA
Explanation of output and indicators variance:		As the deterioration of the security situation in the West Darfur prompted Chad and Sudan's authorities to suspend the VolRep and there was no indication on resumption of it, CERF approved the project revision to this output, leading to the cancellation of this output area during the project period and available resources reprogrammed to activities under Output 2- Community Support Projects.		
Activities	Description	Implemented by		
Activity 4.1	Transportation to transit centres and onward transport to areas of origin, transit centre management	No longer applicable following change of circumstances.		
Activity 4.2	Disbursement of multi-purpose reintegration cash grants	No longer applicable following change of circumstances.		
Activity 4.3	Post distribution monitoring	No longer applicable following change of circumstances.		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas¹⁰ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)¹¹:

When designing and implementing projects, UNHCR adopted consultations with communities through participatory assessments using semi-structured discussions. Focus group discussions were regularly conducted in target localities and villages with groups of women, men, boys and girls, and youth, including PSNs to understand their differentiated protection risks and specialized needs. Extensive consultations were conducted to identify and prioritize the needs and ensure meaningful participation of the target population.

During the project implementation and monitoring stages, local communities and authorities were involved to encourage ownership and strengthen confidence and trust between the government and communities as well as amongst the communities. Multi-function team jointly monitored the project and visited communities to allow rights holders to provide feedback on the implementation process. This is complemented by establishment of feedback and complaint mechanism, including hot lines, and community feedback via community-based protection networks and youth groups.

b. AAP Feedback and Complaint Mechanisms:

Through the established CBPNs, community-based complaint and feedback mechanism was effectively utilized throughout implementation of the project with CBPN trained and designated members acting as entry points. These committees comprised of women, men, youth, elderly, and persons with disabilities. The committee members gained trust and confidence of their respective communities

¹⁰ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC 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. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

¹¹ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

and were able to ensure that concerns and grievances as well as suggestions related to project implementation are noted and follow up for resolution. UNHCR maintained regular contact with local communities both by presence and remotely in addition to regular feedback received by implementing partners who maintained field presence in the project locations since the commencement of the project. As an essential part of Post-distribution Mechanism, UNHCR and partners also developed SOPs to allow rights holders to give their feedback on project implementation.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

UNHCR incorporated PSEA and the zero-tolerance principle in its daily work and every aspects of implementation including with implementing and operational partners. PSEA requirements are included in UNHCR staff code of conduct, and standard partner partnership agreements (PPAs) with implementing partners. For prevention and sensitization, UNHCR conducted PSEA trainings for government counterparts including Ministry of Social Affairs, HAC and partner staff to increase awareness and underline the importance of adhering to the Code of Conduct as well as the obligation to report SEA incidents

UNHCR and partners disseminated this information to the targeted population to ensure they are fully aware where they could report SEA. Poster displays in different beneficiaries' settings and in all strategic locations were used as a key tool clearly stating that humanitarian services are free of charge to deter potential SEA cases. In support of reporting mechanism and in line with PSEA policies, hotlines for receiving complaints and incident reporting on issues related to sexual harassment and abuse.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

Since women and children are disproportionately affected by multiple conflict factors, including discrimination in land ownership and sexual violence, increasing gender equity and sensitivity were guiding principles for all levels of program design and execution. UNHCR and protection partners specifically targeted women through awareness raising sessions on gender-based violence, psychosocial support, female-genital mutilation (FGM), child marriage, adolescent pregnancy, and International 16 Days of Activism campaigns. Gender mainstreaming has been a cornerstone of the project implementation, ensuring equal representation and participation of the conflict affected women and young girls in all phases of the project. Majority of the CBPN members as well as beneficiaries of other activities such as microprojects, referral pathways are women of various backgrounds and ages. CSPs on livelihoods incorporated activities for women empowerment, especially young women, who are usually marginalized due to prevailing negative gender dynamics and culture.

e. People with disabilities (PwD):

Through community-based protection networks and extensive community outreach, persons with specific needs were identified and referred for services. Partners assessed their needs and provided them with assistive devices, in-kind support, cash assistance, core-relief items. During sensitization on SGBV and CP prevention and response, special attention was put on the protection of women with disabilities, stressing on tougher penalties against perpetrators of SGBV against women and children living with disabilities. Disability mainstreaming was ensured in the implementation of CSPs, including construction of classrooms and protection desks and integrated women safe spaces, construction of health centres, public toilets. The contractors added ramps to be used by persons with disabilities. CBPNs were trained on different categories of persons with specific needs, safe identification and referral, community's role in addressing some of the issues as well as ensure meaningful engagement of vulnerable people.

f. Protection:

UNHCR have also incorporated protection principles including meaningful access, non-discrimination, safety, and dignity without causing harm in the project implementation process. It was also reflected in the work with partners when identifying CSPs as well as conducting capacity building activities, including organizing community consultations to proactively ensure meaningful participation of men, women, girls, and boys with different background. Girls and boys have safe and equal access with dignity to schools and latrines constructed inside schools with gender segregation.

As a protection agency, UNHCR aimed to enhance the protection environment for persons in need. Although the long-term impact of the interventions under this grant could only be visible in the coming months and years, UNHCR has successfully enhanced protection services, empowered beneficiaries, reduced the protection risks facing the communities and bolstered evidence-based advocacy efforts while also creating space for humanitarian actors to operate safely.

g. Education:

During the community consultation at the village level to identify the needs and their priorities, education was highlighted as a major gap and hence CSPs included schools. The low literacy levels in some localities in post-conflict remote areas was considered as well as the need to increase access to education among school-going children including refugees, IDPs, returnees and the community. Project activities were designed accordingly to ensure inclusion of illiterate individuals, including image-based ICE materials that were developed in Central Darfur to be utilized in awareness raising activities; young women who did not have chance to get primary education were selected to benefit from the microgrants, baking and handcraft vocational trainings. UNHCR together with its partners worked closely with the Ministry of Education while designing the project to ensure that schools are functional upon handover.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	16,654 Households (emergency shelter cash voucher by household)

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

For displaced population, shelter interventions protect beneficiaries from the elements and thereby reduce morbidity. The provision of shelter cash grants provides a dignified and flexible solution (can be used for different shelter types, shelter repairs etc.) to a protracted situation that often places the most vulnerable, women, girls and persons with specific needs, at risk.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
Activity 3.2	16,654 (Households)	US\$ 8,327,000	Shelter and Non-Food Items	Restricted

9. Visibility of CERF-funded Activities

Title	Weblink
Peace Day 2021	https://twitter.com/UNHCRinSudan/status/1440255807149338633
Cash for Shelter	https://twitter.com/UNHCRinSudan/status/1427275641234333702 https://twitter.com/tobyharward/status/1502022890857930756

Education in Central Darfur	https://twitter.com/UNHCRinSudan/status/1526201219907260417
Education in South Darfur	https://twitter.com/UNHCRinSudan/status/1509551514490183682 https://twitter.com/tobyharward/status/1447919382546554893
Workshop on Action plan for durable solutions in Kass locality, South Darfur	https://twitter.com/tobyharward/status/1493705697221091333 https://www.facebook.com/hoooshlive/videos/852452079046087/?extid=NS-UNK-UNK-UNK-AN_GK0T-GK1C https://www.facebook.com/286770222013131/posts/945974582759355/?sfnsn=mo
Area-based Action Planning Workshop in North Darfur	https://twitter.com/UNHCRinSudan/status/1500388212249808897

3.6 Project Report 20-RR-CEF-006

1. Project Information			
Agency:	UNICEF	Country:	Republic of the Sudan
Sector/cluster:	Nutrition Education Health Water, Sanitation and Hygiene Protection - Child Protection	CERF project code:	20-RR-CEF-006
Project title:	Addressing humanitarian needs of children and their communities in the eastern states		
Start date:	19/01/2020	End date:	18/07/2021
Project revisions:	No-cost extension <input checked="" type="checkbox"/> Redeployment of funds <input type="checkbox"/> Reprogramming <input type="checkbox"/>		
Funding	Total requirement for agency's sector response to current emergency:		US\$ 147,111,496
	Total funding received for agency's sector response to current emergency:		US\$ 12,000
	Amount received from CERF:		US\$ 23,027,392
	Total CERF funds sub-granted to implementing partners:		US\$ 8,900,959
	Government Partners		US\$ 7,019,287
	International NGOs		US\$ 350,166
	National NGOs		US\$ 1,531,506
	Red Cross/Crescent Organisation		US\$ 0

2. Project Results Summary/Overall Performance

With thanks to CERF, UNICEF with partners supported provision of health, nutrition, WASH, child protection and education services to the most vulnerable populations in need across 28 localities at the central and eastern states, as well as South Darfur, South Kordofan and West Darfur. Key achievements include:

Education

- 100,404 students (47,462 girls & 52,942 boys) and 1,142 (410 male & 732 female) teachers in 108 targeted schools were supported with education services and supplies, aimed to increase school enrolment and reduce dropouts.
- 1,056 children with disabilities (611 boys & 445 girls) received assistive devices.
- 64 ALP centres, 48 kindergartens and rehabilitation of 107 classrooms, 14 offices and 22 latrines, were established.

- Training and awareness sessions targeted 2,983 (1,205 Male, 1,778 Female) teachers and 3,758 (2,082 Male & 1,676 Female) PTA members on quality education, life skills in emergencies and awareness sessions on Prevention of sexual exploitation and abuse PSEA.

Child Protection

- Reduction of exploitation, neglect, and violence against children through supporting existing local government social work agents and building community-level child protection capacity.
- Core supplies pipeline for child protection supplies were replenished and the readiness of the to respond to the humanitarian needs were reinforced across the fifteen targeted areas.
- 74,100 persons in Red Sea, Gedaref, Kassala, Khartoum, River Nile, Gasira, South Kordofan, South Darfur and West Darfur states were trained on Child Protection in Emergencies, cases management and Child Protection and Human Right Monitoring.
- Following the closure of Khalwas (qur'anic schools) by the Federal Government due to the COVID-19 pandemic, UNICEF supported transportation of 2,253 children (boys) from South and North Kordofan, Khartoum, Kassala, Blue Nile and White Nile to different localities in South Darfur and reunified them with their families. Food and supplies such as soap bars, hygiene material, sitting mats, clothes and shoes were provided to the most vulnerable among them.
- 93,500 previously unserved vulnerable population including children and person with disabilities gained access to improved drinking water sources across 8 states.

WASH

- 51 schools were connected to clean water supply benefiting about 20,400 school children (11,209 girls, 9,191 boys).
- 47 school latrines were completed (6 units each) benefiting 19,000 school children (10,440, girls, 8,560 boys).
- 119 improved water sources systems were completed. This includes construction of 4 new water yards, rehabilitation of 4 water yards, construction of 9 new hand pumps, rehabilitation of 102 hand pumps including through the connection of water supply to 51 schools in the targeted states.
- 60 water committees, 296 hand pump mechanic and 300 chlorinators were established/trained to facilitate operations and maintenance, ensuring sustainability of new constructed and rehabilitated water schemes.
- 189,500 people trained in the CLTS approach were certified as Open Defecation Free (ODF) through the official verification and certification process.
- 221,000 vulnerable persons are reached with focused hygiene promotion interventions.
- UNICEF has provided lifesaving WASH supplies to about 267,900 people.

Nutrition

- Nutrition supplies pipeline was secured, with 72,000 cartons RUTF, 2,000 cartons of therapeutic milk, ReSoMal, and IEC materials on IYCF messages being distributed, ensuring quality treatment for 72,000 children with severe acute malnutrition (SAM) at 483 fixed, 51 mobile OTPs sites and 3 stabilization centres.
- 1,264,743 under-five girls and boys were screened for malnutrition, whereby 40,137 children were identified as severely acutely malnourished and referred to the nearest health facility (OTPs/ TSFPs).
- 1,389 mothers with SAM children and 530 community volunteers were trained on MUAC screening and active case finding and referral within the communities.
- 361 staff received basic training on CMAM and 49 health cadres at the facility level received refresher training.
- UNICEF supported the Ministry of Health to conduct training of trainers on CMAM and community nutrition for 53 state level focal points and 26 nutrition staff were trained on database management.
- To promote proper infant and young children's feeding practices, 1,613 mothers were trained on IYCF. This resulted in the formulation of 679 new mother's support groups (MSGs) and maintaining of 300 MSGs.
- 342,778 caregivers, including both mothers and fathers, received counselling on IYCF messages at both community and facility level. 120,573 individuals benefited from community awareness sessions.
- UNICEF supported the reactivation of growth monitoring activities in West Darfur state, whereby 60 nutrition staff were trained on growth monitoring and promotion for children under five years.
- Aiming to strengthen supply management system and improve the quality of services, 130 nutrition staff were trained on supply chain management.

- UNICEF supported Ministries of Health and NGOs to conduct 1,066 supportive supervisions visits to different project sites as part of regular monitoring mechanism and opportunity to conduct on job trainings to frontline staff at facility levels.
- As a lead agency in the Nutrition Cluster, UNICEF team provided technical supports for FMOH in developing nutrition sector guidance on CMAM and IYCF service and updating the treatment guideline of AWD/cholera in children with severe acute malnutrition.
- A series of ToT trainings on this new guideline were conducted in Khartoum, Al-Gazeera and Red Sea state, whereby 285 CMAM nutrition staff participated.
- Emergency response targeting Tigray refugees in the eastern states through provision of essential nutrition supplies including 85 BMS kits, 1,200 posters, 6,000 brochures on promoting IYCF practice were distributed in the Tigray language.
- 120 volunteers were identified and engaged in MUAC screening, social mobilization and IYCF counselling activities. As result, 80,756 Children U5 were screened, and 809 mothers/ caregivers received IYCF counselling.

Health

- Despite the impact of COVID-19 on the routine health services, UNICEF in collaboration with MoH and implementing partners continued provision of life-saving health services through more than 3,000 health facilities, strengthen delivery of integrated PHC services to hard-to-reach communities, maintaining delivery and monitoring of routine immunization in hard-to-reach communities through transportation and installing of 10 EPI solar cold chain refrigerator which helped in serving more than 165,000 targeted population on vaccine preventable disease.
- UNICEF procured and delivered 420,000 doses of measles vaccine, 380,000 doses of Td vaccine, 1,300,000 doses of bOPV vaccine.
- Delivery of lifesaving activities through PHC mobile clinics for three months, in addition to six temporary PHC clinics for four months in El Geneina IDPs gathering points.
- 7,833 individuals from 100 villages in hard to reach areas in South Kordofan were reached by outreach awareness raising sessions. CERF support to the PHC services was instrumental in providing life-saving services to the communities affected by El Geneina violence in January.
- 13,987 Individuals received PHC consultations and treatment including 2,786 under 5 years, 403 children under one year received the first dose of measles and 687 pregnant women received at least one ANC visit.
- Establishment of 4 PHC temporary clinics in four IDP gathering points in areas affected by the conflict. Through those clinics, 19,896 individuals including 3,820 under 5 years received consultation and treatment, 2,137 pregnant women received at least one ANC visit, 1,603 deliveries were attended by skilled midwives, 2,234 children under 1 year received measles vaccination.
- 2,000 Community volunteers were trained on IMCI/ICCM in the project targeted localities with technical support provided through the printing of guidelines and supporting materials.
- In West Darfur, El Geneina displacement, the delivery of 24 CMWs from El Geneina and Beida localities received in-services training for 12 days to strengthens their capacity to deliver high quality of reproductive health.
- To strengthen the health information system, including the IMCI and Immunization one, a total of 500 Assistant Health visitors and CMWs from CERF targeted communities in Kassala and Gadarif and South Darfur states were trained on health information system (DHIS2).
- In Red Sea, CERF funding was used to support training of 20 community midwives (CMWs) on Maternal and new borne care from 4 targeted localities for 17 days, 4 supportive Supervision for midwives who provide maternal and new-born survival interventions both at the community and facility levels and support operational cost of for Quarterly maternal and new-born review meeting in Red Sea state which facilitate reaching 13,738 live births that were attended by skilled health personnel.
- Procurement of 85 IMCI kits (serves 10,000 children under-five years for two months), 85 PHC kits (serves 10,000 people for three months), 64 different cholera kits, 50 different IEHKs, 30 Different Midwifery kits, 25 different sizes of tents, 24 oxygen concentrators and 24 nebulizers, 50,000 LLINT and Different essential drugs

3. Changes and Amendments

No-cost extension was requested and approved by CERF due to delays and challenges paused by Covid-19 pandemic and other uncertainty in the country.

COVID-19 also changed the way health care is provided. The Ministry of Health applied many changes to the PHC service provision to incorporate the precautionary measures for COVID-19. This mainly resulted in slow down of the outreach activities, due to restrictions on public gatherings. Travel between states was banned following the country-wide lockdown, which affected field missions and monitoring. Trainings planned under various projects were put on hold due to restriction on large gatherings.

Most amendments were related to child protection interventions. The initial plan was replenishment of core pipelines, monitoring and reporting on the grave violations of child rights and protection of civilian and TOT for humanitarian field practitioners on Child Protection in Emergencies, cases managements in the targeted areas across Red Sea, Gedaref, Kassala, Khartoum, River Nile, Gasira, South Kordofan, South Darfur and West Darfur states. These planned activities were to be implemented with focus on eastern states with 80 per cent of the CERF fund allocation. However, the COVID 19 pandemic resulted in lockdowns and travel restrictions. And further, the Government of Sudan Government decided to close the Koranic schools across the country. These necessitated changes in priorities to provide for urgent needs for the children:

- Prevention and responses for unaccompanied/separated children (documentation, transitional care, family tracing and reunification services);
- Provision of psychosocial support to the children and their families in the three child friendly spaces and the Safe Spaces for girls;
- Case management through MHPSS, Medical assistant, referral and trauma healing for the GBV cases including FGM and Child Marriage.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Education									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	7	11	325	366	6709
Returnees	100	150	2,000	2,000	4,250	105	176	2,022	2,625	4,928
Internally displaced people	400	640	18,000	18,000	37,040	502	669	17,854	20,152	39,177
Host communities	2,500	3,500	30,000	30,000	66,000	2,840	2,431	27,261	29,799	62,331
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	3,000	4,290	50,000	50,000	107,290	3,454	3,287	47,462	52,942	107,145
People with disabilities (PWD) out of the total										
	0	0	0	0	0	0	0	445	611	1,056
Sector/cluster	Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	5,037	4,840	9,877	0	0	7,469	6,892	14,361
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	95,708	91,955	187,663	0	0	142,649	137,056	279,705
Total	0	0	100,745	96,795	197,540	0	0	150,118	143,948	294,066
People with disabilities (PWD) out of the total										
	0	0	0	0	0	0	0	0	0	0

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

Sector/cluster	Nutrition									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	7,500	0	1,530	1,470	10,500	7,500	0	1,836	1,764	11,100
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	142,500	0	29,070	27,930	199,500	142,500	0	34,884	33,516	210,900
Total	150,000	0	30,600	29,400	210,000	150,000	0	36,720	35,280	222,000
People with disabilities (PwD) out of the total										
	0	0	0	0	0	0	0	0	0	0
Sector/cluster	Water, Sanitation and Hygiene									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	53,775	51,665	80,661	77,499	263,600	55,467	57,733	83,203	86,597	283,000
Total	53,775	51,665	80,661	77,499	263,600	55,467	57,733	83,203	86,597	283,000
People with disabilities (PwD) out of the total										
	0	0	50	50	100	0	0	0	0	0

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

Sector/cluster	Protection - Child Protection									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	2,422	3,320	5,742
Returnees	0	0	0	0	0	0	0	8,479	11,624	20,103
Internally displaced people	0	0	0	0	0	0	0	19,380	26,566	45,946
Host communities	0	0	0	0	0	0	0	10,937	12,995	23,932
Other affected people	0	0	47,861	47,861	95,722	0	0	0	0	0
Total	0	0	47,861	47,861	95,722	0	0	41,218	54,505	95,723
People with disabilities (PwD) out of the total										
	0	0	0	0	0	0	0	0	0	0

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

- 1,613 mothers were trained on IYCF. This resulted in the formulation of 679 new mother's support groups (MSGs) and maintaining of 300 MSGs.
- 267,781 caregivers, including both mothers and fathers, received counselling on IYCF messages at both community and facility level.
- 60 nutrition staff were trained on growth monitoring and promotion for children under five years in West Darfur.
- 120,573 individuals benefited from health community awareness sessions.
- 11,728 of mothers and fathers/ caregivers and adolescents (girls and boys) were sensitized on FGMC/ CM and remembered at least 6 out of 8 Family practices including.
- 21,991 male and female reached with Covid-19 messaging on prevention and access to the services through different forms of communication, and a total of 4005 pregnant and lactating mothers received awareness on maternal and new-born.
- 7,833 individuals from 100 villages in hard-to-reach areas in South Kordofan were reached by outreach awareness raising sessions about different public health concerns, including for Covid-19 and other outbreaks preparedness and community responses.

6. CERF Results Framework

Project objective	Addressing humanitarian needs of children and their communities in the eastern states of Sudan			
Output 1	Access to basic, gender-sensitive water supply is improved and sustained for 91,000 additional - previously unserved – populations.			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of people who have access to 15l/c/d of improved water supply (from newly established or rehabilitated facilities)	91,000	93,500	Progress report, field monitoring trip reports
Indicator 1.2	Number of community members who receive capacity building training (WASH committee, water quality, hand pump mechanics), with focus on increased participation of women	515	858	Progress report, field monitoring trip reports
Indicator 1.3	Number of facilities (schools, health centres) in emergency that are connected to water source	51	51	Progress report, field monitoring trip reports
Explanation of output and indicators variance:		There was no significant variation		
Activities	Description	Implemented by		
Activity 1.1	Water trucking (for three months) and temporary water tank (bladder) installation at IDP gathering points of West Darfur	WES		
Activity 1.2	Construct four new solar-powered water supply systems (water yards) in the eastern states	WES		
Activity 1.3	Construct seven new hand pumps in eastern states	WES		

Activity 1.4	Rehabilitate four water yards and one mini water yard in the eastern states and Darfur	[WES
Activity 1.5	Rehabilitate 80 hand pumps in the eastern states and Darfur	WES, SUDO
Activity 1.6	Train (refresher training) WASH committees and community volunteers in various activities including (1) encourage community-based water resource management, (2) violence and abuse against women, boys, girls and referral mechanisms, (3) conducting safety audits to, at, and from WASH service provision points	WES, SUDO
Activity 1.7	Train (refresher training) hand pump mechanics on basic operation and maintenance	WES, SUDO
Activity 1.8	Train (refresher training) community-based chlorinators and conduct regular water quality monitoring	WES, SUDO
Activity 1.9	Connect water pipeline from the existing water supply facility and provide water tanks in one school for eight states; for Eastern states, one health/nutrition centre to be also connected to water with construction of foundation for water tanks	WES

Output 2	Access to basic, gender-sensitive sanitation facilities is improved and sustained for 189,500 additional - previously unserved – populations, and 220,000 vulnerable persons are reached with communication for development (C4D) focused hygiene promotion interventions			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of people who receive sanitation intervention (CLTS) and live in Open Defecation Free environment	189,500	189,500	Progress report, field monitoring trip reports
Indicator 2.2	Number of people reached with hygiene messages and sensitisation activities	220,000	221,000	Progress report, field monitoring trip reports
Indicator 2.3	Number of schools that have access to improved sanitation facilities	51	47	Progress report, field monitoring trip reports
Indicator 2.4	Number of school children who are reached with hygiene messages and participate in school hygiene club activities	1,020	1,064	Progress report, field monitoring trip reports
Explanation of output and indicators variance:		There was no significant variation		
Activities	Description	Implemented by		
Activity 2.1	Construction of 100 emergency shared latrines and weekly solid waste management collection at four IDP gathering points over three months, in West Darfur	SMoH		

Activity 2.2	Initiate Community-Led Total Sanitation (CLTS) in 125 communities to achieve Open Defecation Free (ODF) community (ODF) in all eight target states	SMOH, BRDO, Altawaki, SRC SADAGAT
Activity 2.3	Community hygiene campaigns (hygiene sessions, household visits, hygiene promoter training, cleaning campaigns, distribution of household hygiene items), with trained community promoters who are at least fifty per cent women	SMOH, BRDO, Altawaki, SRC SADAGAT
Activity 2.4	Construct gender-sensitive school latrines in the eight target states	SMOH, SADAGAT
Activity 2.5	Training of school students and teachers on Child Hygiene and Sanitation Training (CHAST) and support activities of school hygiene clubs	SMOH, ` BRDO, Altawaki, SRC SADAGAT

Output 3	Service providers at the state and local levels in UNICEF-targeted areas deliver quality specialised child-protection services with appropriate referral mechanisms in place.
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Was the planned output changed through a reprogramming after the application stage?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Sector/cluster	Protection - Child Protection			
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Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	# children reached with psychosocial support	700,000	74,0000	5W matrix
Indicator 3.2	# of registered unaccompanied/ separated children supported with reunification services	1,722	1,722	5W matrix
Indicator 3.3	# of women and children reached with GBV prevention and response interventions	24,000	24,000	5W matrix

Explanation of output and indicators variance:	Further to COVID 19 pandemic eruption as of March 2020, the lockdown and travel restriction were in force. For the child protection priority was given to FTR for Children in institutions and the MHPSS considered as part of response of Public Health response in epidemics.
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Activities	Description	Implemented by
Activity 3.1	Prevention and responses for unaccompanied/separated children (Documentation, transitional care Family tracing and reunification services)	NCCW, SMOHSW; SCCW, CDF
Activity 3.2	Prevention and response interventions to sexual and gender-based violence	NCCW, SMOHSW; SCCW, CDF
Activity 3.3	Prevention and responses to separation of children from families and communities	NCCW, SMOHSW; SCCW, CDF
Activity 3.4	Provision of psychosocial support to the children and their families in the three child friendly spaces and the Safe spaces for girls	NCCW, SMOHSW; SCCW, CDF
Activity 3.5	Case management through mental health and psychosocial support (MHPSS, medical assistant, referral and trauma healing for the gender-based	NCCW, SMOHSW; SCCW, CDF

	violence cases including female genital mutilation (FGM) and child marriage.	
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Output 4	More out-of-school children, especially girls, marginalised groups and those in the most vulnerable situations in target states, are enabled to access quality pre-primary, primary and alternative learning opportunities.
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Was the planned output changed through a reprogramming after the application stage?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Sector/cluster	Education
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Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	Number of out of school children accessing formal or non-formal education	10,800 children	11,868 (5,948 boys & 5,920 girls)	School enrolment registers
Indicator 4.2	Number of children who received subsidies, scholarships, grants or social assistance to attend school	100,000 children	100,404 (47,462 boys & 52,942 girls)	Field visit reports and MoE Records

Explanation of output and indicators variance:	Supplies, rehabilitation, construction benefits all those within the target schools. Hence, the variance is minor and was due to the actual enrolment at the school compared with original estimates.
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Activities	Description	Implemented by
Activity 4.1	Rehabilitate/ construct classrooms and WASH facilities in target schools	SMoE in Khartoum, South Darfur, Gadaref, Kassala, Red Sea and SADAGAAT Charity Organisation (NNGO)
Activity 4.2	Establish pre-school and Alternate Learning Programmes in the target schools	MoE in Khartoum, South Darfur, Gadaref, Kassala, Red Sea, SADAGAAT Charity Organisation (NNGO) and CHILD DEVELOPMENT FOUNDATION (NNGO)
Activity 4.3	Purchase and distribute learning and teaching supplies to 108 schools	MoE in Khartoum, South Darfur, South Kordofan, Gadaref, Kassala and Red Sea. SADAGAAT Charity Organisation (NNGO), CHILD DEVELOPMENT FOUNDATION (NNGO), International Aid Service (INGO) and Islamic Relief Worldwide (INGO)

Output 5	Education providers, parents and communities in target states have increased capacity to contribute to quality learning in inclusive safe, protective school environments.
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Was the planned output changed through a reprogramming after the application stage?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Sector/cluster	Education
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Indicators	Description	Target	Achieved	Source of verification
Indicator 5.1	Number of school management committees with improved knowledge how to develop school improvement plans that explicitly address quality learning, social cohesion and equity issues.	4,050 members in 108 school committees	3,758 (2,082 Males & 1,676 Females)	Training reports and MoE Records
Indicator 5.2	Number of primary school teachers with enhanced knowledge to provide quality learning	3,240 teachers	2,983 (1,205 Males & 1,778 Females)	Training reports and MoE Records

Explanation of output and indicators variance:	The minor variance in both indicators were due to the COVID-19 pandemic where measures of distancing during the workshop (20 participants instead of the planned 30) and the additional items of masks and hand sanitisers affected the ability to reach the full target.
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Activities	Description	Implemented by
Activity 5.1	Train 4,050 members of school management committees on School Improvement Planning (SIP), education in emergency, Prevention of Sexual Exploitation and Abuse (PSEA), life skills in emergencies (includes psychosocial support aspects within)	MoE in Khartoum, South Darfur, South Kordofan, Gadaref Kassala and Red Sea states. SADAGAAT Charity Organisation (NNGO) and International Aid Service (INGO)
Activity 5.2	Train 3,240 teachers on education in emergency, Prevention of Sexual Exploitation and Abuse (PSEA) with signing of code of conduct, life skills in emergencies (includes psychosocial support aspects within), alternative learning programme (ALP) curriculum and learner-centred methodologies.	MoE in Khartoum, South Darfur, South Kordofan, Gadaref Kassala, Red Sea State. SADAGAAT Charity Organisation (NNGO) and International Aid Service (INGO)

Output 6	197,540 children under-five have access to lifesaving health services, including integrated management of childhood and new-born care
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Was the planned output changed through a reprogramming after the application stage?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Sector/cluster	Health
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Indicators	Description	Target	Achieved	Source of verification
Indicator 6.1	Number of children under-five years accessing integrated management of childhood illness (IMCI) services.	197,540	294,066	SMoH monthly report and Implementing partners reports

Explanation of output and indicators variance:	Using this fund, UNICEF managed to mobilize additional resources from other donors to expand the high impact health services continuity in the project targeted localities and populations. This facilitate maximizing the sustainability of the services through providing supplies and operating costs to implementing partners.
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Activities	Description	Implemented by
Activity 6.1	Support the provision of child health and new-born care related supplies	UNICEF
Activity 6.2	Support refresher training for 395 health workers to provide integrated management of childhood illness (IMCI/ICCM) services.	Sudanese Red Crescent, WAAD Organization for Development, World Vision, Rufaida, RHF (South Darfur), PHF Gezira, State Ministries of Health in Kassala, Gadaref, Red Sea, South Darfur, South Kordofan, Gezira and West Darfur.
Activity 6.3	Conduct monitoring and supportive supervisory visits to maternal, neonatal and child health care services including supporting follow/ up after training visits	Sudanese Red Crescent, WAAD Organization for Development, World Vision, Rufaida, RHF (South Darfur), PHF Gezira, State Ministries of Health in Kassala, Gadaref, Red Sea, South Darfur, South Kordofan, Gezira and West Darfur.
Activity 6.4	Support refresher training of 104 health staff to identify and treat different communicable diseases.	WAAD Organization for Development, World Vision, Rufaida, RHF (South Darfur), PHF Gezira, State Ministries of Health in Kassala, Gadaref, Red Sea, South Darfur, South Kordofan, Gezira and West Darfur.

Activity 6.5	Support 1,800 health volunteers to identify and treat common childhood illnesses at the community level (integrated community case management (ICCM)).	Sudanese Red Crescent, WAAD Organization for Development, World Vision, Rufaida, RHF (South Darfur), PHF Gezira, State Ministries of Health in Kassala, Gadaref, Red Sea, South Darfur, South Kordofan, Gezira and West Darfur.
Activity 6.6	Support the provision of mobile and outreach maternal, new-born and child health services to remote and hard-to-reach areas	Sudanese Red Crescent, WAAD Organization for Development, World Vision, Rufaida, RHF (South Darfur), PHF Gezira, State Ministries of Health in Kassala, Gadaref, Red Sea, South Darfur, South Kordofan, Gezira and West Darfur.
Activity 6.7	Support printing of child health registry books, chart booklets, wall charts, different training modules, reporting forms	UNICEF, Federal Ministry of health.
Activity 6.8	Establishment of integrated management of childhood illness (IMCI) database	Sudanese Red Crescent, WAAD Organization for Development, World Vision, Rufaida, RHF (South Darfur), PHF Gezira, State Ministries of Health in Kassala, Gadaref, Red Sea, South Darfur, South Kordofan, Gezira and West Darfur.
Activity 6.9	Support integrated management of childhood illness (IMCI) and emergency meetings	Federal and State Ministries of Health in Kassala, Gadaref, Red Sea, South Darfur, South Kordofan, Gezira and West Darfur.
Activity 6.10	Provide refresher training for 100 medical doctors on emergency obstetric and new-born care	WAAD Organization for Development, World Vision, Rufaida, RHF (South Darfur), PHF Gezira, State Ministries of Health in Kassala, Gadaref, Red Sea, South Darfur, South Kordofan, Gezira and West Darfur.
Activity 6.11	Provide refresher training for 500 medical assistants and midwives on basic maternal and new-born care (EENC)	Sudanese Red Crescent, WAAD Organization for Development, World Vision, Rufaida, RHF (South Darfur), PHF Gezira, State Ministries of Health in Kassala, Gadaref, Red Sea, South Darfur, South Kordofan, Gezira and West Darfur.
Activity 6.12	Support maternal and neonatal death surveillance and response system reviews	Federal and State Ministries of Health in Kassala, Gadaref, Red Sea, South Darfur, South Kordofan, Gezira and West Darfur.
Activity 6.13	Organise social mobilisation and awareness raising sessions on maternal, new born and child health related issues	Sudanese Red Crescent, WAAD Organization for Development, World Vision, Rufaida, RHF (South Darfur), PHF Gezira, State Ministries of Health in Kassala, Gadaref, Red Sea, South Darfur, South Kordofan, Gezira and West Darfur.

Output 7 156,100 children under-one received measles vaccination

Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 7.1	Number of children under-one year in humanitarian situations who are vaccinated against measles	156,100	311,557	SMoH reports

Explanation of output and indicators variance:	Savings in funding allowed procurement of additional vaccines, expanding the targeted populations of CERF localities and states. Timely procurement & supply distribution contributed to reduce the reported stock out significantly, maximizing reaching targets specially after the immunization services disruption due to covid19 and other emergencies including conflicts.
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Activities	Description	Implemented by
Activity 7.1	Provide training for 300 EPI vaccinators	State Ministries of Health in Kassala, Gadaref, Red Sea, South Darfur, South Kordofan, Gezira and West Darfur.
Activity 7.2	Training of locality cold chain officers on effective vaccine management to ensure that the life-saving vaccines are stored on optimal temperature.	State Ministries of Health in Kassala, Gadaref, Red Sea, South Darfur, South Kordofan, Gezira and West Darfur.
Activity 7.3	Procurement of measles, oral polio and Td vaccines	UNICEF
Activity 7.4	Procurement of six solar direct drive refrigerators	UNICEF
Activity 7.5	Implementation of routine immunisation through outreach and mobile services	Sudanese Red Crescent, WAAD Organization for Development, World Vision, Rufaida, RHF (South Darfur), PHF Gezira, State Ministries of Health in Kassala, Gadaref, Red Sea, South Darfur, South Kordofan, Gezira and West Darfur.
Activity 7.6	Implementation of community engagement activities	Sudanese Red Crescent, WAAD Organization for Development, World Vision, Rufaida, RHF (South Darfur), PHF Gezira, State Ministries of Health in Kassala, Gadaref, Red Sea, South Darfur, South Kordofan, Gezira and West Darfur.
Activity 7.7	Support monitoring and evaluation of immunisation services.	State Ministries of Health in Kassala, Gadaref, Red Sea, South Darfur, South Kordofan, Gezira and West Darfur.

Output 8 Children aged 6-59 months with Severe Acute Malnutrition in the targeted localities identified, referred and treated.

Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Nutrition			
Indicators	Description	Target	Achieved	Source of verification
Indicator 8.1	Number of children (aged 6-59 months) affected by severe acute malnutrition (SAM) are admitted for treatment.	60,000 children suffering from SAM	72,000 (108,573 reached in the targeted localities through multi-donor contribution. Out of them 72,000 supported by CERF fund)	CMAM Database
Indicator 8.2	Percentage/number of children under-five treated for SAM who have been cured.	More than 75 per cent (SPHERE standards)/More than 45,000 children with severe acute malnutrition.	91 per cent	CMAM Database
Indicator 8.3	Percentage/number of out-patient therapeutic programmes (OTPs)	95 per cent/427 OTPs	99.3 (3 OTPs reported stock out in the targeted localities)	CMAM Database

	with zero stock-out of ready-to-use therapeutic food (RUTF).		during project validity (which represents less than 2 per cent stock-out)	
Explanation of output and indicators variance:		72,000 cartons of RUTF (planned to cover the target of 60,000 with additional 20 per cent as contingency stock) enabled to reach 72,000 children with SAM (actual utilization vary depending on a child's condition). Timely procurement & supply distribution contributed to reduction in reported stock out significantly.		
Activities	Description	Implemented by		
Activity 8.1	Ensure intact nutrition supplies pipeline through supporting the procurement and timely delivery of essential nutrition supplies (ready-to-use therapeutic food, therapeutic milk, OTP drugs and anthropometric measurements)	UNICEF		
Activity 8.2	Support active case finding and referral activities in the targeted localities including the involvement of community volunteers and mother support groups	Federal and State Ministries of Health, NGO partners (Waad Organisation for Development, Rufaida Health Foundation, Sawa Sudan, Almanar Voluntary Organization, Patient Helping Fund, World Vision International, World Relief, and Concern Worldwide)		
Activity 8.3	Support the provision of treatment of children with Severe Acute Malnutrition (SAM) at out-patient therapeutic programmes (OTPs) (through health facilities and mobile teams)	Federal and State Ministries of Health, NGO partners (Waad Organisation for Development, Rufaida Health Foundation, Sawa Sudan, Almanar Voluntary Organization, Patient Helping Fund, World Vision International, World Relief, and Concern Worldwide)		
Activity 8.4	Strengthen quality of community management of acute malnutrition (CMAM) services through enhanced monitoring, supportive supervision and data management including monitoring of stocks situation	Federal and State Ministries of Health, NGO partners (Waad Organisation for Development, Rufaida Health Foundation, Sawa Sudan, Almanar Voluntary Organization, Patient Helping Fund, World Vision International, World Relief, and Concern Worldwide)		
Activity 8.5	Strengthen the complementarity and referral linkages between community management of acute malnutrition (CMAM) components (complement OTPs with TSFPs and vice versa)	UNICEF, WFP, WHO, State Ministries of Health, and implementing partners.		

Output 9	150,000 Pregnant and lactating mothers receive infant and young child feeding (IYCF) counselling to prevent malnutrition			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Nutrition			
Indicators	Description	Target	Achieved	Source of verification
Indicator 9.1	Number of mothers/caregivers accessing infant and young child feeding (IYCF) counselling	150,000 pregnant and lactating women	150,000 reached with CERF specific support. Out of the total number reached 28, 5631 through multi-donor contribution	IYCF Database
Explanation of output and indicators variance:		NA		
Activities	Description	Implemented by		

Activity 9.1	Establish/maintain mother support groups in the targeted localities.	Federal and State Ministries of Health, NGO partners (Waad Organisation for Development, Rufaida Health Foundation, Sawa Sudan, Almanar Voluntary Organization, Patient Helping Fund, World Vision International, World Relief, and Concern Worldwide)
Activity 9.2	Promote effective infant and young children feeding (IYCF) practices through community and facility level counselling.	Federal and State Ministries of Health, NGO partners (Waad Organisation for Development, Rufaida Health Foundation, Sawa Sudan, Almanar Voluntary Organization, Patient Helping Fund, World Vision International, World Relief, and Concern Worldwide)
Activity 9.3	Support monitoring and supportive supervision visits on infant and young child feeding (IYCF) counselling interventions.	Federal and State Ministries of Health, NGO partners (Waad Organisation for Development, Rufaida Health Foundation, Sawa Sudan, Almanar Voluntary Organization, Patient Helping Fund, World Vision International, World Relief, and Concern Worldwide)

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas¹² often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)¹³:

Accountability to affected populations (AAP) was incorporated at all stages of the project implementation. For Education interventions, school PTA committees and community members were involved in all phases of the implementation of education activities, starting with the prioritisation of rehabilitation needs as well as monitoring of implementation and feedback upon handing over. Community members also participated in several resilience building workshops and actively engaged in the distribution of learning materials to the most vulnerable students.

b. AAP Feedback and Complaint Mechanisms:

Health and Nutrition: To improve the quality of humanitarian assistance and protect beneficiaries, ensuring they receive basic social services in a safe and participatory manner, two-way communication channels between the service providers and the targeted beneficiaries was one of the priorities within UNICEF supported interventions. Several partners adopted feedback mechanisms such as establishing hotlines, dissemination of a mobile number of focal points for feedback and complaints, provision of complaint boxes at health facilities, community feedback logbook, patient exit interview, focus group discussion and community committees. In 2021, 1,149 complaints were received through different feedback channels. Each complaint was followed-up and appropriate corrective actions were taken. 195 complaints were received in 2022, bringing the total to 1,344 (754 F, 590 M). 99 per cent of the targeted beneficiaries served

¹² These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC 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. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

¹³ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

by different partners reported that the humanitarian assistance is delivered in a safe, accessible, accountable, and participatory manner. In West Darfur UNICEF establishment of a hotline call centre for receiving complaints and feedback from the targeted beneficiaries settled within eight IDP gathering points within the IDPs response in 2021. Community leaders were oriented, and signboards displaying the hotline number were installed at the entry points of the IDP gathering points. The call centre functioned six days a week, whereby the consultant receives and sorts out the complaints, and verifies the complaints through field visits to the sites. Weekly presentations were disseminated to UNICEF program officers so that solutions (with the involvement of governmental and non-governmental organization partners) can be identified and implemented.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

UNICEF supported capacity-building of frontline workers to report sexual exploitation and abuse concerns through internal reporting channels. Through continuous partnership engagement, UNICEF partners are trained on safe and confidential reception and handling of sexual exploitation and abuse allegations and providing survivor-centred referrals. Partners are also encouraged to have reporting channels and updated gender-based violence (GBV) referral pathways available to staff at all times.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

To ensure project interventions address practical and strategic gender needs, the project used and considered gender disparities and social analysis in design the activities to promote women empowerment and encouraged the participation of women, youth and girls in all school as well as health and nutrition activities and events. These include composition of committees, teachers /PTAs training and encouraging active and positive participation of both males and females in planning, implementation and evaluation of their initiatives, considerations for women and girls' preferences and different needs for security/safety, dignity, domestic chores and gender-sensitive facilities. Women were fully engaged and lead community mobilisation activities (hygiene promotion, mid-upper arm circumference (MUAC) screening, IYCF counselling, health and nutrition education covering both preventive and curative interventions.

e. People with disabilities (PwD):

UNICEF and implementing partners ensured that rehabilitated latrines and classrooms are accessible for people with physical disabilities. Also, through partnership with IAS, needs assessment in targeted schools was conducted and students with disabilities who have been unable to access to education due to their vulnerability were identified and assisted accordingly.

f. Protection:

Protection concerns, including child safeguarding, are incorporating in all UNICEF planning and implementation, including selection and sensitization of partners.

g. Education:

The project substantial contribution supported the implementation of key interventions which resulted in equitable provision of quality education for the conflict and emergency affected out of school children. Without this vital support many children would either have been excluded from or dropped out of school due to the direct and opportunity costs involved.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
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No	Choose an item.	NA
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If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

UNICEF has MCCT+ (Mother Child Cash Transfer +) targeting pregnant and lactating women in Kassala and Red Sea states through different funding source. For the CERF project lifesaving service provision was prioritized across health, nutrition, WASH, Education, and child protection sections taking as we work through the existing governmental system and in order to implement cash transfer, a system needs to be set up that includes referrals and ensuring access to required services. Cash will be considered in applicable context.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
NA	NA	US\$ 0	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
None	NA

3.7 Project Report 20-RR-WFP-005

1. Project Information			
Agency:	WFP	Country:	Republic of the Sudan
Sector/cluster:	Food Security - Food Assistance Nutrition	CERF project code:	20-RR-WFP-005
Project title:	Providing Emergency School Meals and Nutrition Assistance to Vulnerable Populations		
Start date:	24/02/2020	End date:	23/08/2021
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input checked="" type="checkbox"/>	Reprogramming <input checked="" type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 83,942,344
	Total funding received for agency's sector response to current emergency:		US\$ 25,144,977
	Amount received from CERF:		US\$ 30,000,000
	Total CERF funds sub-granted to implementing partners:		US\$ 1,237,843
	Government Partners		US\$ 401,481
	International NGOs		US\$ 293,010
	National NGOs		US\$ 543,352
	Red Cross/Crescent Organisation		US\$ 0

2. Project Results Summary/Overall Performance

Looking to support a manifold of objectives across both Food Security and Livelihoods, as well as Nutrition sector, this Project sought to address some of the most vulnerable food-insecure people through emergency school feeding and nutritional support. The Project was implemented since the early days of the Covid-19 pandemic for a period of 18 months. It was initially undertaken in Khartoum, Gezira, River Nile as well as Gadaref, Kassala, Red Sea, Blue Nile and the Kordofan states— later expanded nationwide towards the end of the implementation period.

The contribution was crucial in meeting unanticipated and urgent needs amid a looming break in WFP's cash pipeline towards the end of its extended run in November 2021. This enabled WFP to continue cash assistance to nearly 426,000 most food-insecure people until the end of the year and averted a complete halt of WFP assistance.

Using this contribution, WFP Sudan reached nearly 1.23 million through assistance under the Food Security and Livelihoods cluster, including those who received cash entitlements as indicated above. As part of this, more than 800,000 students received daily school meals, many of whom also received targeted nutritional education and training on hygienic practices. The Project also contributed to reinforcing the institutional infrastructures and technical capacities of key stakeholders in the newly reached states. Over 2,000 members of School Meals Committees and Parent Teacher Associations also received trainings on record keeping, implementation monitoring, among others.

In addition, through this Project, WFP Sudan was able to reach over 101,000 individuals through targeted treatment of Moderate Acute Malnutrition and trained more than 500 stakeholders on Community-Based Management of Acute Malnutrition, management of nutrition database, and Social Behaviour and Change Communication.

3. Changes and Amendments

During 2020-21, Sudan's humanitarian needs continued to grow, with nearly 30 percent of the population in need of humanitarian assistance and a record 9.8 million people being food insecure. In this backdrop, which required WFP Sudan to launch nutritional and school feeding interventions in locations previously not in need of urgent assistance, WFP was encumbered by poor capacities, lack of eligible implementing partners, exchange rate and market volatility and most of all, the ongoing Covid-19 pandemic. This global health crisis hindered delivery of planned Social Behaviour and Change Communication as well as capacity strengthening initiatives and distribution of commodities. It also prompted a reduction in expenses for SBCC and internal staffing, increased cost of field level agreements, changes to modalities and localities receiving assistance— hence the first reprogramming in April 2020.

Building on this, WFP Sudan, in tandem with other UN agencies, requested for a no-cost extension. An extension of four months until December 31, 2021 enabled WFP to have adequate time to implement key activities that had previously been delayed owing to reasons mentioned above. Later, as the end of the year approached, an imminent break in its cash pipeline prompted the WFP Sudan Country Office to make an exceptional request to CERF to allow its second reprogramming in November 2021, of nearly USD 11.7 million away from nutritional support to support provision of cash-based transfers to nearly 850,000 food-insecure individuals in need nationwide.

Rendering this change inevitably required a significant reduction to the targets under the existing Output #01: 328, 078 moderately malnourished people—including 271,448 children under five and 56,630 PLW—identified through community screening and treated with Ready to Use Supplementary Food. In the process, the previously established indicators were decreased to 108,000 moderately malnourished people—including 88,000 children under five and 20,000 PLW reached instead. With achievements on all other outputs and corresponding activities remaining on track, they remained unchanged, with a fewer number of individuals reached than intended through emergency nutritional support.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Education									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0
People with disabilities (PwD) out of the total										
	0	0	0	0	0	0	0	0	0	0

Sector/cluster	Nutrition									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	174	0	355	328	857
Returnees	0	0	0	0	0	70	0	273	273	616
Internally displaced people	0	0	0	0	0	245	0	864	1,741	2,850
Host communities	56,630	0	138,438	133,010	328,078	6,922	0	46,267	43,544	96,734
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	56,630	0	138,438	133,010	328,078	7,411	0	47,759	45,886	101,056
People with disabilities (PwD) out of the total										
	0	0	0	0	0	0	0	0	0	0

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

Sector/cluster	Food Security - Food Assistance									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	2,847	2,110	2,745	2,540	10,242
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	115,508	85,592	123,306	116,693	441,099
Host communities	0	0	332,413	379,587	1,424,000	0	0	361,914	413,274	775,188
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	0	0	664,826	759,174	1,424,000	118,355	87,702	487,965	532,507	1,226,529
People with disabilities (PwD) out of the total										
	0	0	0	0	0	0	0	0	0	0

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

Emergency Nutrition: With the states where activities were implemented using CERF funding are the three states of Khartoum, River Nile and Al Gezira, that historically did not have them, the indirect positive impacts of this Project were manifold. These activities provided an opportunity to build the capacity of state level personnel to be able to implement and coordinate nutrition activities in their respective states. The nutrition activities also improved access to the nutrition centres and, the outreach work by nutrition volunteers and spreading of nutrition messages to the beneficiaries, caregivers and general community members increased their own knowledge and awareness on good practices.

School Feeding: The programme was scaled-up with CERF funds to new states that had previously not benefitted from such an intervention, expanding outreach for both direct and indirect beneficiaries through programme delivery and awareness campaign delivery. WFP created and rolled out radio messaging in three states, of which North Kordofan was the most active, highlighting the importance of education and the role school meals play in supporting food security, children's growth and protection at school. Through partnerships with nine state ministries of education, this programme also sought to work closely with government staff to expand their knowledge of service delivery and develop capacity on food storage and preparation, monitoring and reporting. Finally, 5,772 IEC materials were distributed to 1,924 schools, reaching 962,000 students, teachers and parents (this is based on the materials being placed in prominent locations at schools).

Cash and Voucher Assistance: In light of immediate breaks in the cash pipeline, with cash assistance only being implemented during the final two months of this contribution, the Project was critical to meeting urgent needs within IDP and refugee households receiving entitlements. Undertaken in areas where markets are able to cope with increased demands and where delivery of in-kind commodities can be difficult, delivery of monthly cash transfers remains central to strengthening existing markets and local economies, by extension.

6. CERF Results Framework

Project objective	Reduce the risk of malnutrition in children under 5 years and pregnant and lactating women through treatment of moderate acute malnutrition; and ii) Ensure that school children who are affected by emergencies receive school meals programme.			
Output 1	A total of 328, 078 moderately malnourished people – including 271,448 children under five and 56,630 PLW – are identified through community screening and treated with Ready to Use Supplementary Food (RUSF)			
Was the planned output changed through a reprogramming after the application stage?			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Sector/cluster	Nutrition			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of children screened and referred for treatment	339,310	60,934	Nutrition Data Base report
Indicator 1.2	Number of PLW screened and referred for treatment	70,788	5,609	Nutrition Data Base report
Indicator 1.3	Number of children admitted to the TSFP programme	271,448	93,645	Nutrition Data Base report
Indicator 1.4	Number of PLW admitted to the TSFP programme	56,630	7,411	Nutrition Data Base report
Indicator 1.5	Performance indicators against the sphere standards	Cured > 75 per cent Default < 15 per cent Death < 3 per cent	Cure Rate = 86 per cent Default Rate = 12 per cent and Death Rate = 0 per cent	Nutrition Data Base report

Explanation of output and indicators variance:		CERF implementation was in states that had previously, historically not been targeted by the development or humanitarian sector for their activities. It took a considerable amount of planning and advocacy to have the SMOHs on board for the implementation of activities in their respective states as some of them did not have other CPs working in them. Additionally, COVID-19 related restrictions posed a barrier in community mobilization and thus screening and referral related interventions. During the latter half of the implementation period, notably the military takeover, the interventions experienced further disruptions. Despite all these challenges, performance indicators were well within the global sphere standards		

Activities	Description	Implemented by
Activity 1.1	Procurement of specialised nutrition food (Plumpy'Sup) and non-food items (NFIs) including nutrition registers, mid upper arm circumference (MUAC) tapes;	WFP
Activity 1.2	Positioning of nutrition supplies and NFIs to be used during the period of implementation	WFPs and its Cooperating Partners: SMOH Khartoum, River Nile and Al Gezira, Muslim Aid in Khartoum and Al Gezira, Almanar in Khartoum, World Relief in Khartoum
Activity 1.3	Nutrition centre assessments including for warehousing/storage capacity	WFP
Activity 1.4	Implementing partner selection and signing of agreements	WFP
Activity 1.5	Training and quality assurance activities to enhance implementation, such as refresher training	WFP and its Cooperating Partners: SMOH Khartoum, River Nile and Al Gezira, Muslim Aid in Khartoum and Al Gezira, Almanar in Khartoum, World Relief in Khartoum
Activity 1.6	Screening and referral for acute malnutrition, community mobilisation, defaulter tracing and counselling	Cooperating Partners: SMOH Khartoum, River Nile and Al Gezira, Muslim Aid in Khartoum and Al Gezira, Almanar in Khartoum, World Relief in Khartoum
Activity 1.7	Distribution of specialised nutrition food to malnourished children under 5 and pregnant and lactating women	Cooperating Partners: SMOH Khartoum, River Nile and Al Gezira, Muslim Aid in Khartoum and Al Gezira, Almanar in Khartoum, World Relief in Khartoum

Output 2	A total of 100 nutrition focal points from the state and locality level receive refresher training activities to enhance quality of TSFP service delivered activities to enhance quality of TSFP service delivered
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Was the planned output changed through a reprogramming after the application stage?					Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Nutrition					
Indicators	Description	Target	Achieved	Source of verification		
Indicator 2.1	Number of nutrition focal points trained in the CMAM package	100	470	Training Reports		
Indicator 2.2	Number of nutrition focal points trained in the nutrition database	50	50	Training Reports		
Indicator 2.3	Number of nutrition focal points trained in SBCC	50	50	Training Reports		
Explanation of output and indicators variance:		The three states targeted through this Project, being reached for the first time ever, required intensive capacity strengthening and technical assistance,				

		owing to which a larger number of individuals were trained than planned, in order to ensure effective implementation on-ground.
Activities	Description	Implemented by
Activity 2.1	CMAM training package delivered	WFP and its Cooperating Partners: SMOH Khartoum, River Nile and Al Gezira, Muslim Aid in Khartoum and Al Gezira, Almanar in Khartoum, World Relief in Khartoum
Activity 2.2	Nutrition database training delivered	WFP
Activity 2.3	SBCC and community mobilization training delivered	WFP and its Cooperating Partners: SMOH Khartoum, River Nile and Al Gezira, Muslim Aid in Khartoum and Al Gezira, Almanar in Khartoum, World Relief in Khartoum

Output 3	Enhance access to primary education to and improve the nutritional status of primary school-aged children, especially girls and children from economically and socially vulnerable families, through the provision of a daily meal at school.
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Was the planned output changed through a reprogramming after the application stage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Sector/cluster	Food Security - Food Assistance			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of children who receive daily school meals	712,000	800,791	COMET
Indicator 3.2	Number of school meals provided	113,920,000	124,008,918	COMET

Explanation of output and indicators variance:	The school feeding programme reached more children than planned using this contribution owing to higher actual enrolment numbers than estimated during the planning phase and additional students coming back to supported schools during programme implementation, which was one of the goals of this assistance. However, despite reaching a larger number of children, the programme fell short of its number of planned meals per student as implementation was delayed due to intermittent school closures due to COVID-19, ongoing insecurity and teacher strikes.			
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Activities	Description	Implemented by
Activity 3.1	Provide daily hot meals for children in primary schools that include micronutrient supplementation and meet one-third of the calorific requirements.	WFP and its Partners: State Ministry of Education 14, WedCO, Global Aid Hands, Save the Children
Activity 3.2	Delivery of food and non-food items to schools	WFP and its Partners: Partners: State Ministry of Education, WedCO, Global Aid Hands, Save the Children
Activity 3.3	Procurement of specialised nutrition supplements (MNP) and non-food items (NFIs) including logbooks.	WFP and its Partners: Partners: State Ministry of Education, WedCO, Global Aid Hands, Save the Children
Activity 3.4	Positioning of food and NFIs to be used during the implementation	WFP/ Partners: Partners: State Ministry of Education, WedCO, Global Aid Hands, Save the Children
Activity 3.5	Multi-sector school assessments on education, WASH and school feeding to determine minimum standards for school and community consultation and readiness.	WFP
Activity 3.6	Implementing partners selection and signing of agreements.	WFP

14 State Ministry of Education is WFP's cooperating partner for the school feeding programme in Red Sea, River Nile, Gezira, Blue Nile, North Kordofan, South Kordofan, and West Kordofan states.

Activity 3.7	Training community and school leadership on programme and commodity management to ensure effective programme delivery.	WFP and its Partners: State Ministry of Education, WedCO, Global Aid Hands, Save the Children
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Output 4	PTAs and SMCs have improved knowledge of school feeding to enable them to implement and monitor daily school meals.
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Was the planned output changed through a reprogramming after the application stage?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Sector/cluster	Food Security - Food Assistance			
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Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	Number of trainings for PTA and SMC members, cooks and storekeepers on record keeping for enrolment and attendance, rations calculations and proper storage methodology.	24 trainings	74	Records from Area Offices and Cooperating Partners
Indicator 4.2	Number of trainees who have improved knowledge of record keeping.	1,000	2,228	Records from Area Offices and Cooperating Partners

Explanation of output and indicators variance:	Due to a decrease in the average number of students at schools as a result of the COVID-19 pandemic, the programme supported a higher number of schools to maintain the planned caseload. To enable access and adequate support, the funds were optimized to conduct more refresher trainings and certify suitable skills for programme delivery.			
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Activities	Description	Implemented by
Activity 4.1	Conduct clustered community sensitization and mobilization meetings with at least 4 representatives of school management committees (SMCs) and parent-teacher associations (PTAs) to train on implementation and monitoring of the meals, specifically record-keeping of all contributions, enrolment and attendance.	WFP and its Partners: State Ministry of Education, WedCO, Global Aid Hands, Save the Children
Activity 4.2	Conduct trainings for storekeepers and cooks on ration calculations, storage methodology, record-keeping and hygiene.	WFP and its Partners: Partners: State Ministry of Education, WedCO, Global Aid Hands, Save the Children

Output 5	Primary school-aged children and teachers with improved understanding of nutritious diets and hygiene.
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Was the planned output changed through a reprogramming after the application stage?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Sector/cluster	Nutrition			
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Indicators	Description	Target	Achieved	Source of verification
Indicator 5.1	Number of students and teachers who received messages on good nutrition/hygiene	500,000	962,000	WFP Record
Indicator 5.2	Number of schools with IEC materials	600	1,924	WFP Record

Explanation of output and indicators variance:		The targets for outputs 5.1 and 5.2 refer to a sub-section of the total number of students, teachers and schools originally targeted. In addition, as discussed under Output 4, the number of targeted schools also increased. As a result of competitive procurement and in-house designing, WFP was able to find cost-savings for its IEC materials, enabling outreach to all supported schools under this contribution.
Activities	Description	Implemented by
Activity 5.1	Conduct trainings on essential life-saving skills and support for nutrition and hygiene using schools as a platform.	WFP and its Partners: State Ministry of Education, WedCO, Global Aid Hands, Save the Children
Activity 5.2	Conduct awareness and sensitization trainings with PTAs and SMCs on the benefit and use of micro-nutrient powders.	Partners: State Ministry of Education, WedCO, Global Aid Hands, Save the Children
Activity 5.3	Coordinate with UNICEF on layering WASH and education activities with school feeding	WFP

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas¹⁵ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)¹⁶:

To ensure accountability to affected populations, WFP and its partners ensured to provide information on entitlements and rights to those assisted in this Project. Key messages were provided on the objective of the assistance, nature of assistance provided, beneficiary's right to receive their entitlement free from fraud and corruption, to be treated with full respect, and access to community feedback and response, formerly called Complaints and Feedback Mechanism (CFM), now known as Community Feedback and Response Mechanism. Beneficiary consultations were conducted involving men, women, youth, elderly, and community leaders to design the project and understand affected populations knowledge about the activities, preferences, and levels of access to community feedback and response.

b. AAP Feedback and Complaint Mechanisms:

Through community feedback and response mechanism, those assisted were provided with the opportunity to provide feedbacks and make complaints. WFP's toll-free helpline was rolled out nationwide with a newly established national call centre manned by six operators and complemented by additional third-party monitoring and community outreach. Through the helpline, WFP and partners were able to receive and manage feedback in real time. The centralised helpline provided the people WFP serves with opportunity to directly deliver their opinion on WFP's programme, issues of concern, including misconduct, and to receive feedbacks in a safe and timely manner. To

¹⁵ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC 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. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

¹⁶ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

sensitize beneficiaries about the system, WFP developed and widely distributed helpline posters in the most preferred locations, which helped to increase people's awareness of the mechanism in place.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

To ensure prevention of Sexual Exploitation and Abuse (PSEA), community feedback and response mechanism was in place, with all incoming cases recorded and handled in a safe manner using a corporate case management system, SugarCRM. The access was strictly limited to a certain number of staff to protect privacy of beneficiaries in the system. WFP also conducted Privacy Impact Assessment for helpline database of callers. This assessment indicated an overall compliance with the handling of personal beneficiary data including information on SEA. In addition, WFP actively contributed to inter-agency fora such as Gender-Based Violence (GBV)/ Child Protection sub-sectors and PSEA network at national and state levels. Participation in these forums enhanced collaboration and coordination to strengthen WFP's approach to PSEA throughout the project.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

Gender-related considerations were integrated into the overall design, implementation, and monitoring processes to promote gender equality and women's empowerment, and protection of minorities. For instance, in the school meals programme, the activities contributed to promoting an access to education for girls and a decreased drop-out rate. In nutrition activities, nutrition education messages delivered to target both men and women members, including on optimal complementary feeding, exclusive breastfeeding and cooking demonstration, among others, which contributed to promoting shared decision making between men and women. At the Area Office level, WFP recruited two senior gender focal points who closely work with the target communities to ensure that the women, girls and minorities have access to WFP assistance in a safe and dignified manner.

e. People with disabilities (PwD):

As part of the efforts to ensure that the rights of persons with disabilities are embedded into the project, WFP collected data on the prevalence of disability among beneficiary households throughout process and outcome monitoring identifying the number of persons with disability involved in the project. WFP also had discussions with a disabled people's organization for capacity strengthening of WFP staff and partners who were involved in the project on disability inclusion. These discussions helped to identify the essential needs and to strengthen accessibility and inclusion of persons with disability.

f. Protection:

WFP designed and carried out the project in a manner so as to not increase the protection risks faced by the affected populations receiving assistance, but rather, contributed to the safety, dignity, and integrity of vulnerable people. To ensure protection, regular visits to and monitoring at project sites took place throughout the project period by different staff including four senior protection associates who were hired to be based in WFP Area Offices across Sudan. According to a survey conducted in 2021, the proportion of people receiving assistance without safety challenges was met at 99 per cent percent. In addition, WFP met the target in ensuring that the dignity of beneficiaries was safeguarded by the behaviour and approaches adopted by WFP and its partners.

g. Education:

The school feeding program targeted food insecure children in rural and conflict-affected areas, regardless of their status i.e. internally displaced and host community. Food insecure localities were identified through a Vulnerability Assessment and Mapping exercise. This was then cross-referenced with contextual analysis, nutrition and education indicators, security, accessibility and gender disparities. WFP and UNICEF also worked together on targeting localities for program delivery to ensure as much overlap as possible in education and food security assistance.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	Yes, CVA is a component of the CERF project	425,737

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

Although CVA was not initially considered a component of the CERF Project, a reprogramming allowed WFP to integrate CVA at later stage.

Market systems in Sudan, despite high price volatility and security issues, are broadly accessible and functioning. Vendors show agility in getting closer to communities with purchasing power, which makes CVA an appropriate response in many contexts. CVA is also a reliable means to ensure recipients can cover their most immediate needs without having to sell food received or store in-kind assistance for weeks, preventing waste and theft. In 2021, in Sudan, WFP delivered CVA to more than a million of people in emergency to cover their most basic food needs. WFP has been delivering cash through a bank, while providing technical support to nascent social protection schemes at national level, notably through its support to the Sudan Family Support Program.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
CASH	199,122	US\$ 1,031,339	Food Security - Agriculture	Unrestricted
VOUCHERS	226,615	US\$ 5,431,637	Food Security - Agriculture	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
Sudan: 'As a refugee, it is not easy for me to provide food for my six children'	Human interest story on WFP.org (mentions CERF as a donor) https://www.wfp.org/stories/sudan-refugee-it-not-easy-me-provide-food-my-six-children
School Meals Tweet	Mentions CERF https://twitter.com/WFP_Sudan/status/1370022144248225797

3.8 Project Report 20-RR-WHO-006

1. Project Information			
Agency:	WHO	Country:	Republic of the Sudan
Sector/cluster:	Nutrition	CERF project code:	20-RR-WHO-006
	Health		
	Water, Sanitation and Hygiene		
Project title:	Strengthen the emergency health, nutrition and WASH response in 6 states of Sudan		
Start date:	25/02/2020	End date:	31/12/2021
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input checked="" type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 6,600,000
	Total funding received for agency's sector response to current emergency:		US\$ 600,000
	Amount received from CERF:		US\$ 3,974,399
	Total CERF funds sub-granted to implementing partners:		US\$ 139,153
	Government Partners		US\$ 139,153
	International NGOs		US\$ 0
	National NGOs		US\$ 0
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

The rapid funding process of CERF helped to respond to the needs of the vulnerable communities timely and efficiently, improving access to integrated emergency health services. The prompt response made by the CERF fund has sufficiently contributed to the mitigation of all hazards risk factors and early containment of vector borne diseases preventing wide scale vector borne diseases outbreaks.

The award allowed for a coordinated action between within WHO programs and across health, WASH and nutrition partners addressing the increasing humanitarian needs in eastern Sudan. Even though the implementation was affected by Covid 19 pandemic, the planned activities were successfully implemented. The vector control component carried out its activities in coordination with MoH and UNICEF as it was of particular importance in addressing the outbreaks of Dengue and Chikungunya fever and reduced the burden of disease among the vulnerable populations. This activity supported further fundraising activities allowing additional resource mobilization. CERF fund used for provision of 405 different IEHK modules which covered more than 385,000 people with essential medicines and curative consultation, the distribution of medicines and surgical supplies was done in coordination with health cluster partners and complemented the joint efforts to maintain access to health care and medicines during Covid 19. Surveillance and disease control tools utilized in operations with other funding sources and in partnership with other partners.

Through this CERF RR, WHO and its partners provided treatment for 14,086 <5 children (7,184 girls, 6,902 boys) suffering from severe acute malnutrition with medical complications in the 6 targeted states (Red Sea, Kassala, Gedarif, River Nile, Gezira, and Khartoum)

during the project implementation period. The total number of nutrition staff trained on SAM inpatient care were 246 (160 female, 86 male). WHO field nutrition specialist frequently visited the targeted SCs and provided on the job training to 218 (147 females, 71 male) health and nutrition staff.

WHO provided the SM nutrition Kits (6 different modules) which includes basic medicines including oral, injectable, anti-malaria medicines, consumables, and basic equipment to all the targeted 38 SCs. In addition, medical, kitchen and lab equipment were also procured and supplied to the targeted SCs. Eight stabilization canterers were rehabilitated in the targeted states. With the early release of CERF fund, WHO supported timely responses to the flood affected areas and accelerated vector control which prevented the occurrence of vector borne diseases in the East and supported the confinement of the dengue fever outbreak spread to other states. Water Quality monitoring and support to WASH in healthcare facilities in 2020 improved community resilience and prevented emergence of water borne diseases and circulation of Covid 19 among health workers, and co patients. Additionally, despite the effect of global markets and movement of goods by Covid 19 but WHO with CERF funds and the flexible extensions managed to equip Kassala, Red Sea and Gadaraf with 9 water, Water testing kits, assorted Water quality reagents, 600 sets of PPEs, 40 spraying pumps, and different lab and field vector surveillance tools. WHO also managed to train 135 participants on different environmental health/WASH related topics.

3. Changes and Amendments

The requests for No cost extensions (NCE) were approved by CERF. The last NCE was till 31st December 2021. The project could not be timely implemented due to the public health measures of the government to contain the COVID-19. The lockdown and restrictions on movement all over the project area slowed delayed WHO operation and challenged the smooth running of activities. For example, the trainings under this project were initially kept on hold due to Covid-19 precaution measures. Due to the huge need for Covid19 supplies, and challenges faced the global market in term of production, shipping and prioritization of procurement process for the Covid 19 pandemic related items, some procurements under this project were not completed timely as the procurement system was overburdened. The planned rehabilitation under this project needed more time to be completed due to the nature of rehabilitation work. Therefore, the original project period was not enough to complete some of the planned project activities and NCEs were received.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	95,586	91,838	99,488	95,586	382,498	98,620	91,900	99,450	95,570	385,540
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	95,586	91,838	99,488	95,586	382,498	98,620	91,900	99,450	95,570	385,540
People with disabilities (PWD) out of the total										
	0	0	0	0	0	0	0	0	0	0

Sector/cluster	Nutrition									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	119	114	233	0	0	218	209	427
Returnees	0	0	158	151	309	0	0	289	276	565
Internally displaced people	0	0	390	374	764	0	0	714	685	1,399
Host communities	0	0	3,259	3,131	6,390	0	0	5,963	5,733	11,696
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	0	0	3,926	3,770	7,696	0	0	7,184	6,902	14,087
People with disabilities (PWD) out of the total										
	0	0	0	0	0	0	0	0	0	0

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

Sector/cluster	Water, Sanitation and Hygiene									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	360,740	346,594	375,464	360,740	1,443,538	396,720	363,600	406,150	374,620	1,541,090
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	360,740	346,594	375,464	360,740	1,443,538	396,720	363,600	406,150	374,620	1,541,090
People with disabilities (PwD) out of the total										
	0	0	0	0	0	0	0	0	0	0

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

1.8m in 6 states are indirectly benefitted from CERF fund through the improved access to affordable and better-quality services for inpatient care of SAM in 20 SCs.

Around 14,000 mothers and caretakers of SAM children with medical complications reached by health messages were at the targeted stabilization centres. The mothers/caretakers received Infant and young child feeding (IYCF) counselling and nutrition awareness to lower relapse and prevent SAM cases in the same households. Approximately 35,000 total population benefitted from the awareness messages distributed, and the distributed portable water testing kits, vector control spraying machines and waste containers provided to serve the localities as whole.

6. CERF Results Framework

Project objective	To contribute to the reduction of morbidity and mortality of the host communities, IDP and refugee population by scaling up the availability and quality of health care for children suffering from complications of acute severe malnutrition, increasing access and quality of emergency care in referral structures, addressing the ongoing outbreaks of vector borne disease through vector control measures and improving water quality.				
Output 1	Provision of lifesaving SAM inpatient services to the under five children in the 6 targeted states of Red Sea; Kassala; Gedarif; Gezira; River Nile and Khartoum				
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Nutrition				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 1.1	Number and coverage of children suffering of SAM with complication treated in targeted SCs (expected number 7,696)	7,696 (3925 girls, 3771 boys))	14,086 (7,184 girls, 6,902 boys)	CMAM database-MoH	
Indicator 1.2	Number of health staff trained on SAM inpatient care	280 (150 Female, 130 male)	246 (160 females, 86 males)	Training Reports	
Indicator 1.3	Cure rate of hospitalized children	75 per cent	92.4 per cent	CMAM database-MoH	
Explanation of output and indicators variance:		The project extension provided opportunity to reach and treat more people in the extension period. Due to Covid-19 restrictions 246 health and nutrition staff were trained, while 218 health and nutrition staff were provided with on-the-job training and mentoring.			
Activities	Description	Implemented by			
Activity 1.1	Procurement and distribution of SAM inpatient Kits for 38 Stabilization Centres (SCs) in the targeted above localities	WHO			
Activity 1.2	Procurement of Medical equipment for SAM inpatient for 10 SCs in the targeted above 19 localities	WHO			
Activity 1.3	Procurement of Lab Reagents for SAM inpatient for 38 SCs in the targeted above localities	WHO			
Activity 1.4	Procurement of the SC Kitchen equipment for SAM inpatient for 38 SCs in the targeted above states	WHO			
Activity 1.5	Quick Refresher Training of the 280 staff in the 6 targeted states.	WHO			

Activity 1.6	IYCF counselling for mothers and care givers in all SCs	WHO
Activity 1.7	Coaching and Mentoring of the targeted SCs staff in the 6 targeted states to enhance proper management of critical cases with live threatening conditions at the stabilization centres.	WHO
Activity 1.8	Enhancing the nutrition surveillance system in the targeted States	WHO
Activity 1.9	Availing of the sets of standard protocol, job aids, and awareness raising material for inpatient case of SAM for 19 SCs	WHO
Activity 1.10	Provision of the Operation cost to the stabilization centres for Provision of the 17 Stabilization Centres including Hygiene and cleaning materials should be also covered under this activity	WHO
Activity 1.11	Minor Rehabilitation for 6 Stabilization Centres	WHO

Output 2	Access to and quality of emergency health care in hospitals serving as referral structures is improved through regular supply of essential medicines of medical supplies
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Was the planned output changed through a reprogramming after the application stage?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Sector/cluster	Health			
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Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of kits of life saving medicines and medical supplies procured	405	405	Donation certificates
Indicator 2.2	Number of referral health structures served quarterly with lifesaving medicines and medical supplies	35	34	Monitoring reports

Explanation of output and indicators variance:	No variance from what had been planned, WHO internationally procured the 405 IEHK kits, provided and utilized in 23 health facilities in 6 states			
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Activities	Description	Implemented by
Activity 2.1	Procurement of essential medicines and medical supplies	WHO
Activity 2.2	Distribution of essential medicines and medical supplies	WHO

Output 3	High transmission of water and vector borne diseases is controlled through regular water quality testing support to vector control activities
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Was the planned output changed through a reprogramming after the application stage?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Sector/cluster	Water, Sanitation and Hygiene			
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Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of health workers and volunteers trained	120	135	WHO

Indicator 3.2	Number of water quality and safety missions carried out	50	50	WHO
Indicator 3.3	Population covered by of Integrated vector control campaigns conducted	72	84	WHO
Explanation of output and indicators variance:		The variance in vector control was due to additional fund received following the cost modification done for the proposal to accelerate vector control interventions and dengue outbreak control measures, and the balance of the increased exchange rate during the implementation period.		
Activities	Description	Implemented by		
Activity 3.1	Refresher-Training of health workers and volunteers on vector control methods and implementation	WHO		
Activity 3.2	Implementation of vector control campaigns	WHO, and MoH		
Activity 3.3	Community sensitization and engagement campaigns for indoor vector breeding control	WHO		
Activity 3.4	Water quality testing campaigns	WHO		
Activity 3.5	Procurement and supply of material for vector control and water testing	WHO		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas¹⁷ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)¹⁸:

WHO had consultations with the stakeholder at the state level including SMOH and affected communities to know the needs and gaps, and to plan and implement accordingly. The information from the stakeholders were considered during the project design to be responsive to all crisis-affected children without any distinction. The project supported all people in the catchment area of the 38 targeted stabilization centres without any discrimination with the basics of leaving no one behind. Focusing on community-based interventions; WHO has series of consultations on the selected interventions and the strategies to follow in order to ensure complementarity of technical interventions carried by WHO and the community components.

WHO conducted jointly with SMOH supervision visits of the targeted centres and had discussions with beneficiaries including women and caregivers to assess their knowledge level and pass appropriate health and nutrition messages and information.

b. AAP Feedback and Complaint Mechanisms:

¹⁷ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC 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. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

¹⁸ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

No complaints about activities funded by CERF or other donors were obtained. Feed-back on WHO and potential complaints, can be posted through complaint boxes in the states at the different sites of interventions to give communities the opportunity of anonymised complaint. In addition, WHO staff, and non-staff members are encouraged to report any suspicious wrongdoing to WHO and in order to avoid retaliation the identity of a whistle-blower that comes forward for advice regarding suspected wrongdoing is protected. Staff and non-staff can contact for advice the Ethics team in the Office of Compliance, Risk Management and Ethics (CRE) or can report through the Integrity Hotline. WHO Sudan country and state office staff are briefed on the policy and are encouraged to promote it in the areas of implementation.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

WHO adheres to a strict zero tolerance policy with regards to SEA and by makes available reporting and protection mechanisms for staff, collaborators, and beneficiaries. Any acts of physical violence and sexual harassment is addressed. WHO staff must undergo regular, obligatory PSEA training and face-to-face training was conducted for staff. WHO expanded its collaboration with the PSEA network established in Sudan and advanced the implementation of the PSEA Joint Framework of Action and the Sudan PSEA program. A dedicated officer to scale up PSEA in Sudan is under recruitment as part of a strategy steered by WHO headquarter. Beneficiaries and staff can report through anonymised processes and through hotlines. No complaints have been received during the reporting period.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

WHO mainstreams gender in its project implementation and promotes gender equality and equity in health and nutrition service delivery. During CERF funded project implementation, WHO collected and analysed sex, age and disability aggregated data especially during the assessment and supervision visits and through the nutrition CMAM database data to monitor implications of the crisis on the targeted population with a special focus under-five child both girls and boys. Gender balance among health workers was promoted to ensure that female workers are accessible to meet the medical, social and protection needs of women and girls. 65 per cent of the staff trained in Nutrition for example were female. Procurement and distribution of medicines and medical supplies improved access to health care for the overall population, all genders and age groups and address some of the specific needs of women and girls]. As women are the most affected people by arboviral diseases due to the nature of their daily activities and increased risk of exposure, women were involved in the selection of the teams visiting houses, girls form 100 per cent of the inspection and awareness raising teams, while 56 per cent of the trained participants in other technical trainings were females.

e. People with disabilities (PwD):

The interventions are targeted to the general population including people living with disabilities. WHO promoted adequate access to health and nutrition services for PwD with the population living in camps and in the host communities], the supported clinics were designed and provided curative consultation and SAM services for all people based on their specific needs decided by the practitioners.

f. Protection:

WHO has a comprehensive approach to health as a human right. This CERF funded project targeted the need of host, IDPs, returnees, refugees, IDP communities, and vulnerable host communities through provision of the lifesaving nutrition services at health and nutrition centres, and WASH services for at risk population living in identified hotspots and outbreak affected areas served by WASH and vector control services. The project integrated specifically vulnerable populations such children under five who were suffering from medical complications. The project takes thus into account the principles of equity, equality and non-discrimination.

g. Education:

NA

8. Cash and Voucher Assistance (CVA)**Use of Cash and Voucher Assistance (CVA)?**

Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	[NA]

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

Cash and Voucher was not considered in the project as the nature of activities were to focus on health, WASH and services provision to the beneficiaries.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
NA	NA	US\$ 0	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
None	NA

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Sector	Agency	Implementing Partner Type	Funds Transferred in USD
20-RR-CEF-006	Water, Sanitation and Hygiene	UNICEF	NNGO	\$63,585
20-RR-CEF-006	Water, Sanitation and Hygiene	UNICEF	NNGO	\$46,461
20-RR-CEF-006	Water, Sanitation and Hygiene	UNICEF	GOV	\$114,693
20-RR-CEF-006	Water, Sanitation and Hygiene	UNICEF	GOV	\$15,211
20-RR-CEF-006	Water, Sanitation and Hygiene	UNICEF	GOV	\$134,188
20-RR-CEF-006	Water, Sanitation and Hygiene	UNICEF	GOV	\$248,080
20-RR-CEF-006	Water, Sanitation and Hygiene	UNICEF	GOV	\$206,452
20-RR-CEF-006	Water, Sanitation and Hygiene	UNICEF	GOV	\$99,860
20-RR-CEF-006	Water, Sanitation and Hygiene	UNICEF	NNGO	\$79,673
20-RR-CEF-006	Child Protection	UNICEF	GOV	\$54,166
20-RR-CEF-006	Child Protection	UNICEF	GOV	\$79,502
20-RR-CEF-006	Child Protection	UNICEF	GOV	\$80,678
20-RR-CEF-006	Child Protection	UNICEF	GOV	\$24,675
20-RR-CEF-006	Child Protection	UNICEF	GOV	\$228,201
20-RR-CEF-006	Child Protection	UNICEF	GOV	\$266,746
20-RR-CEF-006	Child Protection	UNICEF	NNGO	\$152,642
20-RR-CEF-006	Water, Sanitation and Hygiene	UNICEF	NNGO	\$8,431
20-RR-CEF-006	Water, Sanitation and Hygiene	UNICEF	GOV	\$250,291
20-RR-CEF-006	Water, Sanitation and Hygiene	UNICEF	GOV	\$215,668
20-RR-CEF-006	Water, Sanitation and Hygiene	UNICEF	GOV	\$15,211
20-RR-CEF-006	Water, Sanitation and Hygiene	UNICEF	NNGO	\$3,838
20-RR-CEF-006	Water, Sanitation and Hygiene	UNICEF	GOV	\$107,246
20-RR-CEF-006	Water, Sanitation and Hygiene	UNICEF	GOV	\$114,693
20-RR-CEF-006	Water, Sanitation and Hygiene	UNICEF	NNGO	\$147,926
20-RR-CEF-006	Water, Sanitation and Hygiene	UNICEF	NNGO	\$150,286
20-RR-CEF-006	Water, Sanitation and Hygiene	UNICEF	NNGO	\$46,461
20-RR-CEF-006	Water, Sanitation and Hygiene	UNICEF	NNGO	\$36,433

20-RR-CEF-006	Water, Sanitation and Hygiene	UNICEF	GOV	\$82,517
20-RR-CEF-006	Water, Sanitation and Hygiene	UNICEF	GOV	\$195,217
20-RR-CEF-006	Water, Sanitation and Hygiene	UNICEF	GOV	\$198,869
20-RR-CEF-006	Water, Sanitation and Hygiene	UNICEF	GOV	\$291,577
20-RR-CEF-006	Water, Sanitation and Hygiene	UNICEF	GOV	\$208,916
20-RR-CEF-006	Nutrition	UNICEF	NNGO	\$36,128
20-RR-CEF-006	Nutrition	UNICEF	INGO	\$10,000
20-RR-CEF-006	Nutrition	UNICEF	GOV	\$423,818
20-RR-CEF-006	Nutrition	UNICEF	GOV	\$453,207
20-RR-CEF-006	Nutrition	UNICEF	GOV	\$120,194
20-RR-CEF-006	Nutrition	UNICEF	GOV	\$66,500
20-RR-CEF-006	Nutrition	UNICEF	GOV	\$100,000
20-RR-CEF-006	Nutrition	UNICEF	GOV	\$475,051
20-RR-CEF-006	Nutrition	UNICEF	GOV	\$128,198
20-RR-CEF-006	Nutrition	UNICEF	NNGO	\$90,315
20-RR-CEF-006	Nutrition	UNICEF	NNGO	\$44,363
20-RR-CEF-006	Nutrition	UNICEF	NNGO	\$11,689
20-RR-CEF-006	Nutrition	UNICEF	GOV	\$2,599
20-RR-CEF-006	Nutrition	UNICEF	GOV	\$249,580
20-RR-CEF-006	Nutrition	UNICEF	GOV	\$2,426
20-RR-CEF-006	Nutrition	UNICEF	NNGO	\$25,625
20-RR-CEF-006	Nutrition	UNICEF	INGO	\$7,116
20-RR-CEF-006	Nutrition	UNICEF	INGO	\$218,737
20-RR-CEF-006	Health	UNICEF	NNGO	\$11,689
20-RR-CEF-006	Health	UNICEF	GOV	\$2,422
20-RR-CEF-006	Health	UNICEF	GOV	\$10,102
20-RR-CEF-006	Health	UNICEF	GOV	\$3,314
20-RR-CEF-006	Health	UNICEF	GOV	\$13,177
20-RR-CEF-006	Health	UNICEF	GOV	\$15,013
20-RR-CEF-006	Health	UNICEF	NNGO	\$29,667
20-RR-CEF-006	Health	UNICEF	GOV	\$5,855
20-RR-CEF-006	Health	UNICEF	GOV	\$27,826
20-RR-CEF-006	Health	UNICEF	GOV	\$1,657
20-RR-CEF-006	Health	UNICEF	GOV	\$13,269
20-RR-CEF-006	Health	UNICEF	GOV	\$7,839
20-RR-CEF-006	Health	UNICEF	GOV	\$8,000
20-RR-CEF-006	Health	UNICEF	GOV	\$8,493
20-RR-CEF-006	Health	UNICEF	GOV	\$8,493
20-RR-CEF-006	Health	UNICEF	GOV	\$9,798
20-RR-CEF-006	Health	UNICEF	GOV	\$3,301
20-RR-CEF-006	Health	UNICEF	GOV	\$1,428
20-RR-CEF-006	Health	UNICEF	NNGO	\$11,586
20-RR-CEF-006	Health	UNICEF	GOV	\$33,531
20-RR-CEF-006	Health	UNICEF	GOV	\$40,000

20-RR-CEF-006	Health	UNICEF	GOV	\$40,882
20-RR-CEF-006	Health	UNICEF	GOV	\$1,208
20-RR-CEF-006	Health	UNICEF	GOV	\$3,262
20-RR-CEF-006	Health	UNICEF	GOV	\$8,442
20-RR-CEF-006	Health	UNICEF	NNGO	\$6,071
20-RR-CEF-006	Health	UNICEF	GOV	\$15,740
20-RR-CEF-006	Health	UNICEF	GOV	\$16,562
20-RR-CEF-006	Health	UNICEF	GOV	\$13,670
20-RR-CEF-006	Education	UNICEF	GOV	\$271,811
20-RR-CEF-006	Education	UNICEF	GOV	\$96,036
20-RR-CEF-006	Education	UNICEF	GOV	\$212,977
20-RR-CEF-006	Education	UNICEF	INGO	\$114,313
20-RR-CEF-006	Education	UNICEF	GOV	\$240,135
20-RR-CEF-006	Education	UNICEF	GOV	\$1,599
20-RR-CEF-006	Education	UNICEF	NNGO	\$516,268
20-RR-CEF-006	Education	UNICEF	GOV	\$373,553
20-RR-CEF-006	Education	UNICEF	GOV	\$104,615
20-RR-CEF-006	Education	UNICEF	GOV	\$151,046
20-RR-CEF-006	Education	UNICEF	NNGO	\$12,368
20-RR-HCR-004	Protection	UNHCR	INGO	\$3,800,384
20-RR-HCR-004	Protection	UNHCR	INGO	\$4,543,367
20-RR-HCR-004	Protection	UNHCR	NNGO	\$474,270
20-RR-HCR-004	Protection	UNHCR	INGO	\$354,912
20-RR-HCR-004	Protection	UNHCR	INGO	\$215,404
20-RR-HCR-004	Protection	UNHCR	NNGO	\$1,102,813
20-RR-HCR-004	Protection	UNHCR	INGO	\$983,932
20-RR-HCR-004	Protection	UNHCR	INGO	\$830,223
20-RR-HCR-004	Protection	UNHCR	INGO	\$471,548
20-RR-HCR-004	Shelter & NFI	UNHCR	NNGO	\$118,086
20-RR-FAO-005	Agriculture	FAO	NNGO	\$30,867
20-RR-FAO-005	Agriculture	FAO	NNGO	\$30,867
20-RR-FAO-005	Agriculture	FAO	NNGO	\$21,299
20-RR-FAO-005	Agriculture	FAO	NNGO	\$61,785
20-RR-FAO-005	Agriculture	FAO	NNGO	\$30,702
20-RR-FAO-005	Agriculture	FAO	NNGO	\$44,007
20-RR-FAO-005	Agriculture	FAO	NNGO	\$38,435
20-RR-FAO-005	Agriculture	FAO	INGO	\$14,060
20-RR-IOM-003	Water, Sanitation and Hygiene	IOM	RedC	\$40,140
20-RR-IOM-003	Health	IOM	NNGO	\$67,145
20-RR-IOM-003	Shelter & NFI	IOM	NNGO	\$94,666
20-RR-IOM-003	Shelter & NFI	IOM	NNGO	\$64,666
20-RR-IOM-003	Shelter & NFI	IOM	NNGO	\$64,666
20-RR-IOM-003	Water, Sanitation and Hygiene	IOM	NNGO	\$15,431
20-RR-CEF-006	Early Recovery	UNDP	NNGO	\$87,496
20-RR-UDP-001	Early Recovery	UNDP	INGO	\$131,243
20-RR-UDP-001	Early Recovery	UNDP	NNGO	\$35,748

20-RR-UDP-001	Early Recovery	UNDP	NNGO	\$87,496
20-RR-UDP-001	Early Recovery	UNDP	NNGO	\$274,416
20-RR-UDP-001	Agriculture	UNDP	NNGO	\$137,827
20-RR-UDP-001	Early Recovery	UNDP	INGO	\$137,827
20-RR-UDP-001	Early Recovery	UNDP	NNGO	\$164,962
20-RR-UDP-001	Early Recovery	UNDP	NNGO	\$164,962
20-RR-UDP-001	Early Recovery	UNDP	INGO	\$329,923
20-RR-UDP-001	Early Recovery	UNDP	NNGO	\$70,000
20-RR-UDP-001	Early Recovery	UNDP	NNGO	\$80,000
20-RR-UDP-001	Early Recovery	UNDP	NNGO	\$80,000
20-RR-UDP-001	Early Recovery	UNDP	NNGO	\$80,000
20-RR-FPA-005	Health	UNFPA	GOV	\$51,106
20-RR-FPA-005	Gender-Based Violence	UNFPA	GOV	\$42,001
20-RR-FPA-005	Gender-Based Violence	UNFPA	GOV	\$19,783
20-RR-FPA-005	Health	UNFPA	GOV	\$25,588
20-RR-FPA-005	Gender-Based Violence	UNFPA	GOV	\$9,994
20-RR-FPA-005	Gender-Based Violence	UNFPA	NNGO	\$11,523
20-RR-FPA-005	Health	UNFPA	NNGO	\$696,103
20-RR-FPA-005	Gender-Based Violence	UNFPA	RedC	\$20,085
20-RR-FPA-005	Gender-Based Violence	UNFPA	NNGO	\$15,653
20-RR-FPA-005	Health	UNFPA	NNGO	\$79,800
20-RR-FPA-005	Health	UNFPA	NNGO	\$18,558
20-RR-FPA-005	Health	UNFPA	INGO	\$0
20-RR-FPA-005	Health	UNFPA	INGO	\$12,588
20-RR-FPA-005	Gender-Based Violence	UNFPA	NNGO	\$1,958
20-RR-WFP-005	Nutrition	WFP	INGO	\$14,859
20-RR-WFP-005	Food Assistance	WFP	NNGO	\$119,837
20-RR-WFP-005	Food Assistance	WFP	INGO	\$278,151
20-RR-WFP-005	Food Assistance	WFP	GOV	\$33,422
20-RR-WFP-005	Food Assistance	WFP	GOV	\$75,438
20-RR-WFP-005	Food Assistance	WFP	GOV	\$13,651
20-RR-WFP-005	Food Assistance	WFP	NNGO	\$394,290
20-RR-WFP-005	Food Assistance	WFP	GOV	\$49,935
20-RR-WFP-005	Food Assistance	WFP	GOV	\$31,835
20-RR-WFP-005	Food Assistance	WFP	GOV	\$154,393
20-RR-WFP-005	Food Assistance	WFP	GOV	\$17,685
20-RR-WFP-005	Nutrition	WFP	NNGO	\$29,225
20-RR-WFP-005	Nutrition	WFP	GOV	\$25,122
20-RR-WHO-006	Health	WHO	GOV	\$16,620
20-RR-WHO-006	Health	WHO	GOV	\$48,744
20-RR-WHO-006	Health	WHO	GOV	\$73,790