

**REPUBLIC OF THE SUDAN
RAPID RESPONSE
TIGRAY REFUGEES
2020**

20-RR-SDN-46213

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Resident/Humanitarian Coordinator

PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:

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

12 August 2021

After Action Review (AAR) took place on 12 August 2021 with participation from UNICEF, UNHCR and the Refugees Consulting Forum (RCF). Due to conflicting schedule, WHO was absent from the meeting.

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:

The conflict in the Tigray region in Ethiopia led to large-scale forced displacement into East of Sudan in November 2020, causing a refugee influx that overwhelmed the existing response capacities of the Government of Sudan and humanitarian actors. The CERF funding was received at a critical time, when the Government and humanitarian partners were struggling to respond to COVID-19 pandemic, floods, and needs induced by intercommunal conflict. The CERF funding permitted the delivery of life-saving assistance to the displaced people in the transit centers and the refugee camps, providing them with shelter, non-food items, health, protection and WASH services. Overall, the CERF funding enabled the Government and humanitarian partners to reach more than 81,000 Ethiopian refugees and 43,000 people from host communities, with about 50 per cent of them being children. The CERF funded response activities played a crucial role in stabilizing the emergency situation in the first six months following the refugee influx from Tigray into Sudan.

CERF's Added Value:

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

Yes

Partially

No

CERF enabled partners to start delivery the assistance as early as mid-November or, shortly after the onset of the emergency/influx of Ethiopian refugees in November 2020. This allowed partners that were already on the ground to strengthen their capacity to respond to the most critical lifesaving needs; to expand their activities for broader services; and to increase beneficiary coverage and thus, serve more people. CERF-funded projects provided a targeted and multi-pronged response in critical life-saving sectors of ES/NFI, health, WASH and protection, which in turn played a critical role in supporting the transition to a more stable response six months after the initial influx from Ethiopia's Tigray region.

Did CERF funds help respond to time-critical needs?

Yes

Partially

No

CERF enabled partners to start delivery the assistance as early as mid-November or, shortly after the onset of the emergency/influx of Ethiopian refugees in November 2020.

Registration sites were immediately established, thus enabled registration of newly arrived refugees via Biometric Identification Management System (BIMS) in the camps. Communal shelters were constructed to provide refugees protection from the harsh, outside elements – all of which is needed to restore refugees' personal security, self-sufficiency and dignity to receive the refugees. Access to clean water, sanitation and hygiene facilities were sufficiently provided, both for refugees and host communities. The only integrated emergency health services were provided through CERF-funded project, allowing refugees to access basic health services. The COVID-19 isolation wards played a crucial role in containing the threat of COVID-19 and reducing the likelihood of an outbreak.

Did CERF improve coordination amongst the humanitarian community?

Yes

Partially

No

The Refugees Consulting Forum (RCF) has been involved closely since the application process. They coordinated with the applying agencies and provided input to help ensuring the fund is strategically used to meet the most critical lifesaving needs of the most vulnerable people. Coordination was continued during the project implementation under the leadership of RCF.

Under CERF project, WHO hired technical staff to strengthen coordination among health sector partners operating in the targeted areas. WHO discussed with partners the priorities and plans to ensure complementarity and avoid duplication.

WHO hold weekly health coordination meetings at state and field levels. Early Warning and Alert Response System reports were presented; updates were shared with partners, and solutions for challenges were discussed. WHO used CERF fund to expand its presence in Eastern Sudan through additional technical staff and logistic capacities and thus, took the lead and coordinated with partners and MoH on vector control and water quality activities.

Did CERF funds help improve resource mobilization from other sources?

Yes

Partially

No

Partners used CERF funds to start their timely response and at the same time, to help raising donor's attention on the significant gap in this crisis that required urgent support. In addition to the UN agency partners, some sub-grantee partners have also been able to secure funding from their bilateral donors. The CERF funds helped WHO to focus on this crisis and to shift existing resources to cover humanitarian needs in other states.

Considerations of the ERC's Underfunded Priority Areas¹:

Urgent funding was requested for protection and reproductive health that specifically targeted women and girls while applying UNHCR's gender, age diversity approach. Needs of women, girls, boys and elderly persons identified through registration desks and prioritized throughout the implementation cycle. Gender equity principles were at the core of the response to promote the empowerment and protection of women and girls, children, the elderly, as well sexual and gender minorities. Similarly, assistance, particularly in WASH and Shelter ensured access for persons living with disabilities to ensure their protection, safety and dignity while safeguarding inclusiveness. The CERF funding helped to establish basic Accountability to Affected Populations standards that ensures that beneficiaries play a central role in the development, implementation, monitoring and evaluation of the proposed intervention. The Refugee Response in East Sudan worked closely with the newly established Sudan Accountability to Affected People and Community Engagement Working Group and thereby linked its actions to the PSEA Joint Framework of Action (JFA), and Collective Framework for AAP/CEA 2020 – 2021 in Sudan.

Table 1: Allocation Overview (US\$)

Total amount required for the humanitarian response	147,605,592
CERF	5,000,000
Country-Based Pooled Fund (if applicable)	5,731,017
Other (bilateral/multilateral)	57,576,706
Total funding received for the humanitarian response (by source above)	68,307,723

Table 2: CERF Emergency Funding by Project and Sector/Cluster (US\$)

Agency	Project Code	Sector/Cluster	Amount
UNHCR	20-RR-HCR-033	Protection	950,000
UNHCR	20-RR-HCR-033	Health	900,000
UNHCR	20-RR-HCR-033	Shelter and Non-Food Items	650,000

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](#).

UNICEF	20-RR-CEF-066	Water, Sanitation and Hygiene	1,500,000
WHO	20-RR-WHO-041	Water, Sanitation and Hygiene	580,000
WHO	20-RR-WHO-041	Health	420,000
Total			5,000,000

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

Total funds implemented directly by UN agencies including procurement of relief goods	3,090,917
Funds sub-granted to government partners*	639,945
Funds sub-granted to international NGO partners*	653,458
Funds sub-granted to national NGO partners*	615,680
Funds sub-granted to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	1,909,083
Total	5,000,000

* 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:

Following the military confrontations in the Tigray region of Ethiopia between federal and regional forces in November 2020, tens of thousands of people have crossed into Kassala and Gedaref State in Eastern Sudan and even further South in the country's Wad Ali Mahi region of Blue Nile State. This caused emergency situation that has overwhelmed existing Government of Sudan (GoS) and the humanitarian communities' response capacities.

As of today, over 54,000 people have taken refuge in Sudan. 43% are women and girls, 45% children under 18 years old. The border entry points, Lugdi and Hamdayet, in Eastern Sudan are located in extremely remote locations, only accessible via sand tracks and other non-paved roads. New arrived, highly vulnerable refugees were in urgent needs of critical lifesaving assistance in the Protection (refugee registration and PSN support), emergency Shelter/NFI, WASH and Health sectors. Meanwhile, more comprehensive support needed at newly established Um Rakuba and Tunaydah refugee camp in Gedaref. Other sites are also being considered.

Humanitarian partners are planning for an influx of 100,000 over six months and have started to provide protection and lifesaving assistance in line with the overall strategy of the Country Refugee Response and detailed in the inter-agency refugee emergency response plan.

Operational Use of the CERF Allocation and Results:

The overarching operational objectives of the response were:

- i) to support the Government of Sudan in maintaining access to territory and asylum for all individuals who seek to flee the country, through the provision of refugee protection services including registration;
- ii) to timely decongest the border entry points, and settlement of refugees in designated sites suitable for hosting large numbers of people;
- iii) to provide multi-sectoral lifesaving humanitarian assistance for all new arrivals at border points and in designated settlement sites as well as for vulnerable host communities and
- iv) to identify persons with specific needs and vulnerable persons and provide them with targeted services.

The Emergency Refugee Response provided a multi-sectoral response including basic protection services focusing on registration of new arrivals at registration desk. The engagement provided safe and adequate shelter at the newly established sites in Um Rakuba, Hamdayeet and Tunaydbah as well as other potential new sites. The water, sanitation and hygiene (WASH) sector provided safe water by establishing and rehabilitating water sources and ensured regular quality control and costs for operation and maintenance to ensure free access to water. Additionally, sanitary facilities were established in combination with hygiene promotion to reduce the risk of disease outbreaks. Special attention was given to COVID-19 prevention measures including risk communication, as well as support to an isolation center. Primary health services and health referral services were provided in addition to communicable disease management and emergency medicines and medical supplies.

People Directly Reached:

The numbers in Table (4) reflect the cases of service delivery for each sector and do not tally as the same person could have received multiple services or even one service several times e.g., health consultation. Here the duplication is obvious as the table sums up the numbers reported by partners.

To safeguard against duplication in Tables (5) and (6), the report considers the highest number of population category (women, men, girls and boys) of both refugees and host communities in one of the sectors targeted by the allocation. The reported total number of 124,104 is the sum of following details:

- i) 10,136 men and 11,194 women of host communities reached by health sector,
- ii) 11,337 boys and 10,627 girls of host communities reached by WASH interventions and,
- iii) 20,639 men, 19,833 women, 20,824 boys and 19,811 girls of refugees reached by the WASH sector.

This estimation approach is used carefully to minimize duplication and thus, can be considered as the actual number of people served.

All reported numbers of persons with disabilities are fully considered in the report. This number is fairly small, hence the likelihood of duplication is low.

People Indirectly Reached:

Indirect beneficiaries include host community members (other than the originally targeted 20,000 people) who might have learnt knowledge from the persons attending hygiene promotion sessions and utilised the rehabilitated or newly established water facilities. In this project, most of the activities directly targeted refugee population living in the settlements, while some host community members may have benefitted from occasionally sharing water collection points.

More than 200,000 people living in Fashaga and Galabat localities indirectly benefited from CERF funded activities, the host communities protected against outbreaks due to prompt investigation and response to outbreaks. In Hamdayet, most of the refugees live among host communities and therefore the number of host community members directly benefiting from the provided services might be underestimated.

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
Health	23,650	31,350	19,350	25,650	100,000	29,273	29,527	25,844	23,823	108,467
Protection	11,825	15,675	9,675	12,825	50,000	9,308	15,117	5,323	6,108	35,856
Shelter and Non-Food Items	710	940	580	770	3,000	784	1,226	386	604	3,000
Water, Sanitation and Hygiene	12,648	12,152	18,972	18,228	62,000	29,617	30,455	32,161	30,438	122,671

* 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	75,000	81,107
Returnees	0	0
Internally displaced people	0	0
Host communities	25,000	43,294
Other affected people	0	0
Total	100,000	124,401

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

Sex & Age	Planned	Reached	Number of people with disabilities (PwD) out of the total	
			Planned	Reached
Women	23,650	31,027	473	427
Men	31,350	30,775	627	253
Girls	19,350	30,438	387	181
Boys	25,650	32,161	513	189
Total	100,000	124,401	2,000	1,050

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 20-RR-HCR-033

1. Project Information			
Agency:	UNHCR	Country:	Republic of the Sudan
Sector/cluster:	Protection	CERF project code:	20-RR-HCR-033
	Health		
	Shelter and Non-Food Items		
Project title:	Emergency response to Ethiopian refugees in Eastern Sudan		
Start date:	15/11/2020	End date:	14/05/2021
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\$ 49,310,650
	Total funding received for agency's sector response to current emergency:		US\$ 13,644,447
	Amount received from CERF:		US\$ 2,500,000
	Total CERF funds sub-granted to implementing partners:		US\$ 1,454,969
	Government Partners		US\$ 450,000
	International NGOs		US\$ 653,458
	National NGOs		US\$ 351,511
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Through CERF funds, this project provided targeted and multi-pronged response in three key sectors – protection, health and shelter – which in turn played a critical role in supporting the transition to a more stable response six months after the initial influx from Ethiopia's Tigray region.

As of 14 May, a total of 35,856 individuals completed individual registration via Biometric Identification Management System (BIMS) – UNHCR's principle biometric identity management system which secures, preserves and anchors individual identities, ensuring continuity of identity over time and across operations. Of this figure, 18,673 were registered in Um Rakuba camp and 17,183 in Tunaydbah camp. Given the pace of arrivals, two (2) registration sites were set up – both of which were essential in ensuring the registration and identification of new arrivals.

In addition, 14 communal shelters were established: eight (8) in Hamdayet (providing shelter to newly arrived refugees) and six (6) in Um Rakuba (prior to the distribution of emergency shelters kits-ESKs). A total of 500 Rakubas (traditional shelters) were also provided with shelter materials. Through CERF funding, UNHCR was able to bolster the shelter response and provide refugees protection from the harsh, outside elements – all of which is needed to restore refugees' personal security, self-sufficiency and dignity. Moreover, two (2) COVID-19 isolation wards were set up during the reporting period. These wards played a crucial role in containing the threat of COVID-19 and reducing the likelihood of an outbreak. The consultation target was also exceeded and a total of 28,443 consultations were carried out during the reporting period, benefitting both refugees and host communities.

In all, these CERF funds were able to bolster the humanitarian response to the Tigray situation and ensure refugees had access to basic assistance in three critical sectors.

3. Changes and Amendments

Several challenges were experienced. In November 2020, UNHCR and Sudan's Commissioner for Refugees (COR) began registering new arrivals at the household level. Once refugees were relocated away from the border, UNHCR and COR proceeded with individual biometric registration. This process resulted in the revision of the overall refugee statistics. By mid-May, UNHCR and COR registered 35,856 individuals although BIMS registration continued.

When UNHCR submitted its proposal, only Um Rakuba camp was established. However, due to the pace of arrivals, Tunaydbah settlement was opened in January. As such, 2 registration sites were constructed.

Muslim Aid provided hot meals to refugees in Hamdayet, Um Rakuba and Tunaydbah following the relocation of new arrivals from Hamdayet and Village 8. The provision was planned for 20,000 new arrivals, however, the target reached was high 52,315 refugees were served cumulatively due to delays with the distribution of WFP rations, relocation from Hamdayet to the camps and month to month statistics provided by Muslim Aid.

Although refugees were able to benefit from legal aid, the 1,000 targets was not met because the initial estimate was high. As such, legal assistance/counselling was provided to some 238 refugees.

Moreover, UNHCR planned to scale up the use of emergency shelter kits, however, supply issues were experienced with the contractor due to the seasonality of certain local materials. As such, UNHCR shifted its response to the distribution of family tents, which substantially increased the budget. By project end, approximately 8,900 tents were provisioned and pitched in both Um Rakuba and Tunaydbah.

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	4,730	6,270	3,870	5,130	20,000	4,247	4,023	3,731	3,883	15,884
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	4,116	3,414	3,013	2,050	12,593
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	4,730	6,270	3,870	5,130	20,000	8,363	7,437	6,744	5,933	28,477

People with disabilities (PwD) out of the total

95	125	77	103	400	168	224	68	100	560
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Sector/cluster	Protection									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	11,825	15,675	9,675	12,825	50,000	9,308	15,117	5,323	6,108	35,856
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	11,825	15,675	9,675	12,825	50,000	9,308	15,117	5,323	6,108	35,856

People with disabilities (PwD) out of the total

* 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.

	237	313	194	256	1,000	134	306	21	17	478
Sector/cluster	Shelter and Non-Food Items									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	710	940	580	770	3,000	784	1,226	386	604	3,000
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	710	940	580	770	3,000	784	1,226	386	604	3,000
People with disabilities (PwD) out of the total										
	14	19	12	15	60	15	21	11	13	60

* 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 capacity of the registration teams – both COR and UNHCR – increased significantly thanks to CERF funding. Individual data collected by both actors during registration was essential in providing the comprehensive population data needed for programme planning, including for shelter, food, water, health and sanitation facilities as well as other forms of targeted assistance such as core-relief items via UNHCR's global distribution system. Moreover, data collected was also an important tool in ensuring the integrity of refugee protection systems and preventing and combating fraud, corruption and crime, including trafficking in persons.

6. CERF Results Framework

Project objective Enable access to timely protection and lifesaving assistance

Output 1 Provide protection services to newly arrived refugees

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

Sector/cluster	Protection			
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Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# of individual refugees registered	50,000	35,856	Joint implementation (UNHCR/COR)
Indicator 1.2	# of refugees receiving daily hot meals	20,000	52,315	Partner reports
Indicator 1.3	# refugees receiving legal aid	1,000	238	Sudan Organization for Development
Indicator 1.4	# of registration sites constructed	1	2	On-site monitoring

Explanation of output and indicators variance:

In November 2020, some 40,000 Ethiopians had already crossed into Sudan, which is why the target of 50,000 was set. Following individual registration, some 38,856 were registered. In addition, refugees were served additional hot meals for three days after arrival due to WFP delays in distribution. Muslim Aid provided monthly statistics which means that the achievement is a cumulative figure of the six-month interventions.

The initial target of 1,000 for the number of refugees who received legal assistance was high. Nevertheless, close to 50% of refugees were able to benefit from legal counselling. Moreover, given the pace of new arrivals, an additional registration site needed to be constructed.

Activities	Description	Implemented by
Activity 1.1	Registration of newly arrived refugees	Joint team (UNHCR/COR)
Activity 1.2	Provision of hot meals	Muslim Aid
Activity 1.3	Provision of legal aid	Sudan Organization for Development
Activity 1.4	Construction of registration site	UNHCR

Output 2 Provide emergency shelter and NFIs to newly arrived refugees

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 2.1	# of communal shelter erected	18	18	on-site monitoring
Indicator 2.2	# of household shelters provided	500	500	on site monitoring
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 2.1	Provision of communal shelter	Direct Implementation and SRCS		
Activity 2.2	Provision of household shelter	SRCS		

Output 3	Provide health services to newly arrived refugees			
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 3.1	# of COVID-19 isolation centres established	2	2	1 field monitoring visit to Tunaydbah and 1 field monitoring visit to Um Rakuba
Indicator 3.2	# of health consultations	20,000	28,433	Weekly Report
Explanation of output and indicators variance:		UNHCR exceeded the 20,000 target by 8,433 because some 12,593 individuals from the host community accessed these health services.		
Activities	Description	Implemented by		
Activity 3.1	Establish and run COVID-19 isolation centres	Alight		
Activity 3.2	Provision of health consultations in primary health care and antenatal health care	Alight		

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.**

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](#).

a. Accountability to Affected People (AAP) ³

The CERF funding helped to establish basic Accountability to Affected Populations standards that ensures beneficiaries play a central role in the development, implementation, monitoring and evaluation of the proposed intervention. Specifically, UNHCR and partners ensured that refugees have confidential feedback channels and are informed regarding the intended intervention. Partners carried out awareness raising sessions and further engaged all stakeholders, including host communities and government partners in the implementation of the proposed activities to achieve a high level of transparency. All partners participate in the emergency coordination structure in East Sudan, where information is shared regularly and to ensure funding is allocated efficiently and effectively. Moreover, during the reporting period, UNHCR and partners conducted a participatory assessment to better understand the issues facing refugees and see how best to address them during project design.

b. AAP Feedback and Complaint Mechanisms:

UNHCR established a hotline and email address which refugees can use to directly contact UNHCR staff and report incidents. Posters in four (4) languages were printed and disseminated in the camps and reception center. UNHCR is in process to establish information desks where complaints can be submitted and referred to relevant agencies. A health committee connected to the clinics were also set up to receive complaints. In addition to the above, shelter desks were set up by UNHCR partner SRCS at distribution points to help resolve any pending issues.

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

UNHCR has zero tolerance approach to sexual exploitation and abuse, whether perpetrated against a recipient of assistance or coworker. PSEA policy applies to all phases of the programme. All UNHCR partners – both governmental and non-governmental – were made aware of the importance of complying with this policy.

SEA cases can be reported through specified confidential reporting channels. UNHCR has a hotline and an email address which refugees can use to directly contact UNHCR staff and report incidents. The SEA complaints are followed up by face to face interviews with individuals. PSEA awareness were raised through focus group discussions with women and/or community leaders, awareness raising sessions in the community and also PSEA training of partners, government officials, law enforcement and refugees. UNHCR leads the refugee protection working group in East Sudan which has established a PSEA task force in East Sudan.

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

In many situations, women, girls and sexual and gender minorities are more disadvantaged than men and boys, have been excluded from participating in public decision-making and have had limited access to services and support. Women and girls also have additional specific vulnerabilities and protection concerns. For example, fleeing their country of origin can render women and girls particularly at risk, especially when travelling alone. In Tigray region, it was reported that sexual violence against women and girls is being used as a weapon of war.

FGDs revealed that many woman and girls experienced trauma as a result of gender-based violence, particularly rape and other forms of sexual abuse, which appears to indicate a pattern of widespread and systematic sexual violence. These incidents have humiliated, terrorized, and traumatized survivors. Identified GBV survivors were provided necessary protection and assistance including medical,

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](#).

psychosocial counseling, etc. at the transit centers and refugee camps. Referral pathways for GBV cases have been prepared and translated into Tigrinya.

Through registration, data can be disaggregated by gender which can then be used to inform programme design and implementation and in turn ensure equal access to programmes, including shelter/NFI, health and protection activities with special consideration for female headed households and single women. The intervention ensured that immediate humanitarian services were made equally available to women, girls and sexual and gender minorities.

e. People with disabilities (PwD):

UNHCR is committed to ensuring that the rights of refugees with disabilities (PwD) are met without discrimination, and also persons with disabilities are included in decision-making processes and opportunities for participation at all stages of protection, assistance and solutions programming by addressing barriers to their participation.

PwD were identified during the registration, and their specific needs were followed up by UNHCR and partners (Alight). Alight and other protection partners referred identified PwDs to tailored assistance through referral system to link PwDs to specialized assistance. Throughout the shelter interventions, PwD received special attention to ensure support is given in the construction of their shelter. The health intervention identified PwD and provided specialized assistance or referral to adequate assistance.

f. Protection:

Since the start of the influx, UNHCR conducted protection monitoring and provided protection and assistance to Ethiopian refugees who arrived in Sudan. COR and UNHCR registered Ethiopian new arrivals at the border reception centers (household registration at Hamdayet and Village 8) and also conducted individual registration in Um Rakuba camp and Tunaydbah settlement. During registration, persons with specific needs (PSNs) were identified, referred to partners and provided necessary assistance including medical and shelter/NFIs. UNHCR established protection desks at the border reception centers and in the two camps. Alight protection staff, UNHCR's protection implementing partner, managed the protection desk in the camps during the individual registration and helped to identify PSNs. All affected persons and at-risk were mainstreamed during project implementation. In addition, UNHCR developed a comprehensive six-month protection strategy and also conducted various protection assessments. Throughout implementation, UNHCR and partners considered the protection of all persons affected through its protection activities and strived to identify and respond to protection risks in the health and shelter/NFI component.

g. Education:

N/A

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.

N/A

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.
NA	NA	US\$ [insert amount]	Choose an item.	Choose an item.
NA	NA	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
NA	NA
NA	NA
NA	NA

3.2 Project Report 20-RR-CEF-066

1. Project Information			
Agency:	UNICEF	Country:	Republic of the Sudan
Sector/cluster:	Water, Sanitation and Hygiene	CERF project code:	20-RR-CEF-066
Project title:	Provision of lifesaving WASH services for Ethiopian refugees and host communities in the Eastern States		
Start date:	15/11/2020	End date:	14/05/2021
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\$ 12,443,613
	Total funding received for agency's sector response to current emergency:		US\$ 0
	Amount received from CERF:		US\$ 1,500,000
	Total CERF funds sub-granted to implementing partners:		US\$ 454,114
	Government Partners		US\$ 189,945
	International NGOs		US\$ 0
	National NGOs		US\$ 264,169
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF RR grant, UNICEF and its partners provided lifesaving water and sanitation services to 28,181 refugees in two entry points (5,626 people in Hamdayet and 3,033 people in Village 8) as well as two settlements (18,522 people in Um Rakuba and 1,000 people in Tunaydbah), in addition to supporting 14,500 people living in host communities. All activities were implemented through either government partners (Water Environmental Sanitation Project (WES) in Gedaref and the Gedaref State Ministry of Health or by national NGO partner (El Tawaki Organisation) and completed within the originally planned project period (between December 2020 and May 2021). The generous support from CERF, allowed for rapid mobilisation of funds and enabled the lifesaving water, sanitation and hygiene (WASH) interventions shortly after the onset of the emergency/influx of Ethiopian refugees in November 2020.

In Hamdayet, a water pipeline was extended from the existing water source to Hamdayet reception centre. In addition, a 25m³ elevated water tank was established with 15m³/hour capacity water supply system, currently serving 9,626 people including refugee and host communities. In Village 8, the rehabilitation of the existing water treatment plant was done by the State Water Corporation (SWC) and WES Gedaref. A total of 26 water bladders (20 x 5,000 litres, 3 x 10,000 litres and 3 x 1,000 litres) were installed and most of them were also equipped with water collection point, shading and drainage in three refugee locations (12 in Um Rakuba, 9 in Hamdayet and 5 in Village 8). Regarding sanitation, 326 new emergency latrines were constructed (120 in Hamdayet, 120 in Village 8 and 86 in Um Rakuba), benefiting 6,520 people. A total of 62 solar-powered lights were installed in Hamdayet and Um Rakuba to ensure safe access to sanitation facilities for women and girls at night. With the CERF funds, 301 emergency/temporary latrines were decommissioned safely by partner El Tawaki organisation after latrines were fully utilised. A total of 250 handwashing facilities were installed in public areas of four refugee settlements, while 2,500 hygiene kits (containing items such as bucket, washing powder, soap, sanitary pads and child potty), 5,000 jerry

cans and 1,100 cartons of soaps were distributed mainly in Um Rakuba and Tunaydbah settlements. Implementing partners El Tawaki and the State Ministry of Health continued cleaning campaigns in Um Rakuba and Hamdayet. Overall, WASH interventions were implemented in close coordination with the protection sector and in-house prevention of sexual exploitation and abuse (PSEA)/accountability to affected populations (AAP) specialists to ensure beneficiaries' safety and dignity.

3. Changes and Amendments

UNICEF cooperated closely with the WASH sector as the situation was highly volatile and evolving, especially in the early stages. UNICEF as WASH sector lead was closely involved in the coordination of the humanitarian response and acted as 'provider of last resort' when other sector partners were unable to implement. For example:

- UNICEF initially proposed to implement activity 1.3 (as provider of last resort) as no partner was prepared to rehabilitate boreholes in Um Rakuba. However, subsequently sector partners (International Organisation for Migration, Médecins Sans Frontiers, and World Hunger Hilfe) announced that they had funds available to install the submersible pumps.
- For 1.4, other partners installed tanks during the borehole rehabilitation. The purchased tanks were therefore used to construct 4 new boreholes (which UNICEF will drill in coming months)
- For Activity 1.5, 4 units of Oxfam tanks were procured and transferred to the sector partner MSF for installation.

Instead of the initially proposed activities, UNICEF and its partners (SWC/WES Gedaref) were asked to extend the water pipeline to Hamdayet reception centre and establish a 25m³ elevated water tank. Instead of the initial target (23,000 people), this new activity served 9,626 people in Hamdayet. Therefore, the **total target for water indicator is underachieved (41,681 people reached against the initial target of 62,000 people).**

This modification of the original plan was not communicated to the CERF Secretariat on time due to the continuous discussion to clarify which organisation was best positioned to cover implementation costs, while partners' financial situation changed considerably over time. Furthermore, at least 5,626 refugees remained in Hamdayet reception centre despite the plan of transfer refugees to camps and settlements. Hamdayet centre was initially served by water trucking, but due to prolonged refugee presence, demand for a more sustainable water source increased. UNICEF Sudan hopes that the CERF Secretariat will understand that the nature of the crisis (sudden-onset) meant that UNICEF had to be flexible - often jumping in as provider of last resort - and use emergency funds in the most effective manner to reach the population in need.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Water, Sanitation and Hygiene									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	8,568	8,232	12,852	12,348	42,000	5,749	5,523	8,624	8,285	28,181
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	4,080	3,920	6,120	5,880	20,000	2,958	2,842	4,437	4,263	14,500
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	12,648	12,152	18,972	18,228	62,000	8,707	8,365	13,061	12,548	42,681
People with disabilities (PwD) out of the total										
	75	75	75	75	300	104	100	157	151	512

* 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

Indirect beneficiaries include host community members (other than the originally targeted 20,000 people) who may learn knowledge from the persons attending hygiene promotion sessions and utilise the rehabilitated or newly established water facilities. In this project, most of the activities directly targeted refugee population living in the settlements, while some host community members may have benefitted from occasionally sharing water collection points. In Hamdayet, most of the refugees live among host communities and therefore the number of host community members directly benefiting from the provided services might be underestimated.

6. CERF Results Framework

Project objective	Addressing humanitarian WASH needs of children, women and their families at the refugee settlements and surrounding host communities in the Eastern States of Sudan.			
Output 1	Access to basic, gender-sensitive water supply is improved and sustained for 62,000 refugees and host communities.			
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 in humanitarian situation who has access to basic water facilities meeting SPHERE standards (minimum 15 litre/ person/ day)	62,000	41,681	Partner project report, UNHCR refugee population database
Explanation of output and indicators variance:		As per section 3 (changes and amendments), water activity indicator is under-achieved due to cancellation and replacement of activities 1.3, 1.4 and 1.5. The initial target for these three activities was 23,000 people while the replaced activities (extend pipeline to Hamdayet reception centre and establish 25m ³ elevated tank) served 9,626 people. Also, the population movement during the project period (most notably establishment of Tunaydbah settlement) has affected the number of people reached in each settlement, as this project was focused on the initial response in three locations (Hamdayet, Village 8 and Um Rakuba).		
Activities	Description	Implemented by		
Activity 1.1	27 Bladder construction including foundation, fencing, platforms and drainage)	Gedaref State Water Corporation (SWC), Water and Environmental Sanitation Project (WES)		
Activity 1.2	Water treatment facility (slow sand filter) rehabilitation work in Village 8	Gedaref State Water Corporation (SWC), Water and Environmental Sanitation Project (WES)		
Activity 1.3	Provision and installation of 3 submersible pumps in Um Rakoba 2	N/A (not implemented)		
Activity 1.4	Installation of 5 Tiga Tanks and construction of distribution systems in Um Rakoba 2	N/A (not implemented)		
Activity 1.5	Installation of three OXFAM tank 45m ³ and distribution points	N/A (not implemented) The Oxfam tanks were installed in Tunaydbah in temporary water tucking points, UNICEF provided the supplies and the installation was completed by MSF. The alternative activity (extension of pipeline to Hamdayet reception centre and establishment of 25m ³ elevated water tank) was		

		implemented by Gedaref State Water Corporation (SWC), Water and Environmental Sanitation Project (WES)
Activity 1.6	Water Chlorination for 5 locations (6 months)	Gedaref State Water Corporation (SWC), Water and Environmental Sanitation Project (WES), Gedaref State Ministry of Health Chlorine supplies were also utilised by sector partners: Médecins Sans Frontières (MSF), CARE International Switzerland (CIS) and Solidarités international (SI).

Output 2 Access to basic, gender-sensitive sanitation facilities is improved and sustained for 8,000 refugees and hygiene awareness raising including COVID-19 prevention reach 42,000 refugees

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

Sector/cluster Water, Sanitation and Hygiene

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of people in humanitarian situation who has access to sanitation facilities meeting SPHERE standards (maximum 20 person to share 1 drop hole)	6,800	7,320	Partner project report, UNHCR refugee population database
Indicator 2.2	Number of people in humanitarian situation who have participated in awareness raising sessions for hygiene promotion and COVID-19 prevention	42,000	21,824	Partner project report, UNHCR refugee population database

Explanation of output and indicators variance: Indicator 2.1 (sanitation) was slightly over-achieved due to the additional population served by the provision of additional latrines (326 latrines were built against the initial target of 300 latrines). Indicator 2.2 (hygiene) was under-achieved due to the fact that other sector partners secured funding quickly for two main refugee settlements of Um Rakuba and Tunaydbah. UNICEF's partners (El Tawaki in Village 8 and State Ministry of Health in Hamdayet) conducted hygiene promotion mainly at the two entry points.

Activities	Description	Implemented by
Activity 2.1	Emergency shared latrine construction (300 units) and rehabilitation (40 units) including installation of solar lights at strategic locations	El Tawaki Organisation for Development
Activity 2.2	Installation and operation of hand washing facilities near shared latrines and public locations	El Tawaki Organisation for Development
Activity 2.3	Cleaning campaign for six months in six locations	El Tawaki Organisation for Development
Activity 2.4	Hygiene promotion sessions at ten locations (once per week), distribution of hygiene supplies including 3,000 family hygiene kits and 5,000 jerry cans	El Tawaki Organisation for Development, Gedaref State Ministry of Health Sector partner Norwegian Church Aid (NCA) distributed 1,000 hygiene kits at Tunaydbah settlement.

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:

During the implementation of the project, UNICEF and its partners took effort to ensure accountability to affected people including child safeguarding and prevention of sexual exploitation and abuse (PSEA). UNICEF's WASH team engaged closely with the (child) protection (sub)sector and a PSEA/gender-based violence (GBV) specialist supported the implementation by providing capacity-building workshops for front-line workers, including volunteers. Community representatives were engaged during siting of construction activities, and for instance, new emergency latrine sites were suggested by community members to make it accessible from different shelter sections.

b. AAP Feedback and Complaint Mechanisms:

In all four refugee settlements (Hamdayet, Village 8, Um Rakuba and Tunaydbah), there are in the ongoing intervention. UNICEF supports the interagency community-based complaints mechanisms not only for implementation, but also for PSEA and other 'accountability to affected persons' concerns. UNICEF and its partners consulted affected populations (children, persons with disabilities, and women) during the intervention for their feedback and improvement ideas, despite the short project period. The cleaning campaign, hygiene promotion sessions, distribution of hygiene supplies and water quality monitoring activities were opportunities to engage and hear from community members.

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

During this project implementing period, UNICEF's PSEA/AAP specialist has been deeply involved in the capacity-building of front-line workers during the refugee response, including the provision of multiple capacity-building session for sector partners and government partners from December 2020 to early January 2021. At least five (5) orientation sessions and seven (7) trainings were conducted for 201 frontline workers, including employees from El Tawaki, WES and the State Ministry of Health. A follow-up training was conducted in May 2021, while communication material in Arabic was distributed to the host communities as well. UNICEF continues to participate in the inter-agency Gedaref PSEA Task Force - led by UNHCR - to ensure coordination with other actors and appropriate and effective responses to incidents of sexual exploitation and abuse. Internally, UNICEF has a reporting and notification procedure that ensures institutional accountability and follow-up, particularly for child survivors.

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

WASH services are provided in line with guidelines for gender equality and GBV risk mitigation, including considerations for women and girls' preferences and different needs for security/safety, dignity, domestic chores (such as water fetching burden) and gender-sensitive

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](#).

facilities. Under this project, UNICEF purchased 100 solar-powered lights and 62 of them (21 in Hamdayet and 41 in Um Rakuba Zone 4) were installed before the project end date at strategic locations to keep communal latrine area bright and safe for use. Partners prioritised distribution of WASH hygiene and dignity kits to households with adolescent girls. UNICEF and its partners cooperated closely with the GBV working group to avoid overlap, and towards the end of the project period, distribution of hygiene and dignity kits is done through one channel (IOM) who is coordinating non-food items distribution in the camps. UNICEF and partners used the beneficiary list which was shared by the Commissioner on Refugees (COR) and IOM to avoid duplication.

e. People with disabilities (PwD):

UNICEF and its partners supported the water collection points (bladders) and shared latrines are accessible for people with physical disabilities. While emergency latrines built under this project are located at easy-access locations, UNICEF is also planning to install latrine add-on units once permanent latrines are built in two major refugee settlements in Um Rakuba and Tunaydbah. During the cleaning campaign and hygiene promotion household visits, hygiene promoters engaged with people with special needs and supported them to perform personal hygiene activities with dignity.

f. Protection:

Besides measures mentioned in section D (gender), this project supported equitable distribution of water among the target population. All new facility locations are determined with consideration of ease of access by vulnerable groups such as people with disability, children and women. Shared latrines are also located close to the settlements so that girls and children can travel to them without fear during night-time (after dark). Installation of solar-powered lights helped ease of access to shared latrines. UNICEF WASH team reports all its intervention with the protection sector to ensure coordination among the sectors.

g. Education:

The project did not include school WASH activities since there was no school planned to be established back in November 2020. During the project period, learning spaces were established in all four settlements and other WASH sector partners offered to install water and sanitation facilities. Under this project, El Tawaki organisation (UNICEF's implementing partner) installed 250 handwashing facilities (35 in Hamdayet, 10 in Village 8 and 205 in Um Rakuba) at public facilities including learning spaces, child-friendly spaces and health facilities.

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.

NA

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.

NA	NA			
NA	NA	US\$ [insert amount]	Choose an item.	Choose an item.
NA	NA	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
Reaching Tigray refugees in East Sudan with clean water, latrines, and hygiene facilities	https://www.unicef.org/sudan/stories/reaching-tigray-refugees-east-sudan-clean-water-latrines-and-hygiene-facilities

3.3 Project Report 20-RR-WHO-041

1. Project Information			
Agency:	WHO	Country:	Republic of the Sudan
Sector/cluster:	Water, Sanitation and Hygiene Health	CERF project code:	20-RR-WHO-041
Project title:	Support of the health sector response to the influx of asylum seekers from Tigray region in East Sudan		
Start date:	01/12/2020	End date:	31/05/2021
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\$ 3,200,000
	Total funding received for agency's sector response to current emergency:		US\$ 800,000
	Amount received from CERF:		US\$ 1,000,000
	Total CERF funds sub-granted to implementing partners:		US\$ 0
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 0
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

During the reporting period, the project reached a total of 79,990 (99.9% of the target) Ethiopian refugees and their closest host communities in East Sudan to receive standardized primary health care and WASH services. Among other things, the project reached 64,300 beneficiaries with curative consultation and access to other essential health care services in the health facilities (i.e. 0.81 consultation per person per 6 months which is higher than the WHO standard which is 1 consultation per person per year). The WHO procured and distributed 15 IEHK kits (100% of target) which constituted 240 different modules to meet the needs of 75,000 population with essential medicines for six months in 5 health facilities.

Furthermore, the project procured and distributed miscellaneous items for COVID-19 response included: COVID-19 PPEs (e.g. Gloves, masks, gowns, and goggles), IPC supplies (e.g. sanitizers and biohazard bags) and 40,000 COVID-19 RDTs.

In terms of vector control items, the project provided 4000 litres of Temephos insecticide (with 50% concentration), 80 compression sprayer, 200 larva inspection kits and 50,000 LLINS (mosquito nets). Besides, the project supported entomological surveillance and 23 vector control campaigns in Um Rakouba, Tunaydbah, and Kilo 8 camps, and Hamdayet reception area (these including 2 campaigns for mosquito and 3 for house flies) and inspection of 579 breeding sites of which 143 were positive, all were managed.

As for WASH intervention, the project procured 4 emergency portable water testing kits, 10 pool tester and 10 boxes of DPD 1 (250 tab at each box) and 5 water tanks (1000 L). Consequently, the project collected 2,999 water sample and analysed against the critical quality

parameter to identify the potential risks. As a result, 74 % of samples were found meeting the standard FRC rate (i.e 0.2-0.5 Mg/L). Accordingly, the result was shared with partners to take the needed actions and corrective measures.

The WHO used funding from other sources to improve surveillance and case management for water and sanitation related and vector-borne diseases through training of 84 different medical staff categories and Community Health Workers (CHW). As a result, 14 alerts for disease outbreaks were investigated within 72 hrs of reporting which is timely according to WHO standard. Among the diseases alerts reported, 82% were COVID-19.

Moreover, a total of more than 58,200 people benefited from the implemented health awareness/education and risk communication sessions on integrated vector control and COVID-19 prevention measures. WHO teams in Gedarif and Kassala continued working closely with MOH, UNHCR and other implementing partners to monitor the health and WASH situation and responded to the imminent needs of the refugee caseload at border areas and camps setting.

The presence of WHO team on the ground, in addition to implementing the project, benefited the ministry and partners to improve the disease surveillance and alert investigation and monitor the overall health care coverage and the health profiles of populations (disease burden, nutritional status, prevalence and main causes of morbidity and mortality).

3. Changes and Amendments

No major changes and amendments have been made, hence the humanitarian needs was evolving and resulted in increased caseload of refugees and host communities, the curative consultation reached with utilization rate of 0.81 which is higher than the standard for 6 months.

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	14,391	14,924	11,726	12,259	53,300	14,890	14,310	12,200	11,526	52,926
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	6,950	6,256	6,990	6,508	26,704	6,020	7,780	6,900	6,364	27,064
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	21,341	21,180	18,716	18,767	80,004	20,910	22,090	19,100	17,890	79,990
People with disabilities (PwD) out of the total										
	0	0	0	0	0	0	0	0	0	0

Sector/cluster	Water, Sanitation and Hygiene									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	14,391	14,924	11,726	12,259	53,300	14,890	14,310	12,200	11,526	52,926
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	6,950	6,256	6,990	6,508	26,704	6,020	7,780	6,900	6,364	27,064
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	21,341	21,180	18,716	18,767	80,004	20,910	22,090	19,100	17,890	79,990
People with disabilities (PwD) out of the total										

* 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.

0	0	0	0	0	0	0	0	0	0	0
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* 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

More than 200,000 people living in Fashaga and Galabat localities were indirectly benefited from CERF funded activities, the host communities protected against outbreaks due to prompt investigation and response to outbreaks.

6. CERF Results Framework

Project objective	To reduce morbidity and mortality in the newly arriving refugee population and the host communities by strengthening the access and quality of health care, the implementation of vector and water quality control and the strengthening of the surveillance system.			
Output 1	Access to and quality of health care for the asylum seekers from Tigray and the host communities is strengthened in the targeted localities in Gedaref and Kassala			
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 IEHK kits procured and distributes	15	15	Distribution plans and the handover notes to the partners
Indicator 1.2	Number of masks procured and distributed	20000	20,000	Distribution plans and the handover notes to the partners
Indicator 1.3	Number of rPCR Covid19 tests procured and distributed	5000	5,000	Distribution plans and the handover notes to the partners
Explanation of output and indicators variance:		No variation		
Activities	Description	Implemented by		
Activity 1.1	Procurement and supply of essential medicines and medical supplies	MSF, MERCY CORPS, ALIGHT, ZOA, MOH		
Activity 1.2	Procurement and supply of PPES and IPC material for prevention of transmission of Covid-19	MOH, MSF, ALIGHT, MERCY CORPS		
Activity 1.3	Procurement of laboratory tests and rapid diagnostic tests	MOH, MSF, ALIGHT, MERCY CORPS		

Output 2	High transmission of water and vector borne diseases is controlled through integrated vector control, bed net distribution and water quality testing			
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 vector control campaigns conducted	20	23	Technical report
Indicator 2.2	Number of water quality missions conducted	96	96	Technical reports

Indicator 2.3	Number of communities sanitation campaigns	6	3	Technical report
Explanation of output and indicators variance:		NA		
Activities	Description	Implemented by		
Activity 2.1	20 vector control campaigns were carried out including different control strategies. Environmental Management was and larvae source management was conducted in breeding sites. The environmental management was targeting initially the habitats surrounding water points. Regular Chemical control was carried out targeting immature mosquito stages. Adult vector control was also among the implemented strategies. Additionally, adult knock down for house flies was conducted to complement the general cleaning campaigns carried out in refugee camps as response to increased flies density	[WHO, Community volunteers and MOH		
Activity 2.2	Operational support to 96 water quality / safety monitoring missions for water sampling and analysis, sanitary inspection, and risk identification	WHO - Gedarif state ((Bas&\$, AL Fashaga, ALrahad Al-Gaiabat atgarbla and Al-Quraisha) localities.		
Activity 2.3	Operational support for community sensitization and risk communication in 6 locations	WHO -Gedarif state (Um Rakouba, Tunaitba and Kelo 8 localities)		

Output 3	Diseases with epidemic potential are detected and contained due to the implementation of an early warning surveillance system			
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 3.1	Number of joint supervision visits	12	14	Investigation and monitoring mission reports
Explanation of output and indicators variance:		NA		
Activities	Description	Implemented by		
Activity 3.1	Joint supervision visits to surveillance sites in the camps and host communities	WHO, SMOH,		

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**

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](#).

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 refugees were involved and consulted in designing of the project, community leaders meeting at camp level is considered for evaluation of the services provided and satisfaction of the beneficiaries, Accountability to the affected population was ensured/enhanced especially through formation of committees from the community health volunteers who's being trained to support and facilitate the daily running of the clinic from the side of the community arrangements, maintain the best practices and protection of the clinics

b. AAP Feedback and Complaint Mechanisms:

WHO doesn't establish a parallel complaint mechanism to receive complaints directly from the communities, however; the coordination channels with implemented partners, MOH, UNHCR and the communities in addition to ;the regular monitoring and supervision are in place to handle and receive feedback, outbreaks alert and rapid response teams were established to report the unusual events and equipped with necessary tools for timely response and follow up.

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

WHO signed the humanitarian framework of PSEA, and the team established at country level of WHO providing trainings and orientations to the WHO field staff to deal with Sexual Exploitation and Abuse within the WHO operation following the tools and principles of confidentiality and follow up, the plan is underway to establish such mechanism to record and handle Sexual Exploitation and Abuse related complaints at the field level.

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

- The clinic supported by CERF fund has received full operation support established/maintained according with cluster standards for coverage and packages. An essential package of emergency services including treatment of common illnesses, emergency obstetric services, antenatal care and postnatal care, EPI is provided to the refugees.
- Continued availability of essential emergency medical supplies supported with enough qualified staff remained as asset for continuation of services in the refugee camps and host communities
- All notifications of outbreaks were timely investigated and responded including rumour verifications.

e. People with disabilities (PwD):

The project designed within principles of system resilient and policy of leave no one behind, the curative and consultation services provided based on needs of specific groups, children receive standard immunization antigens based on their ages, the essential medicines procured and provided in different forms to meet the needs of children and adults, women considered with their specific needs for health care, elder people and People with Disabilities were served based on consultation and diagnosis provided by trained staff.

f. Protection:

The project ensured access of refugees and affected population regardless of their gender and sex to essential health care services, putting the services closer to the affected communities protected the most vulnerable entering in damaging coping strategies that increases their vulnerability to exploitation and abuses (especially women and children). The improved access to free-of-charge health care for the refugees and communities affected by humanitarian crisis was added value and protection mean especially in Sudan where the out of pocket expenditure is more than 70%. while early identification and response to ongoing outbreaks as mitigation and control measures

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](#).

for public health threats/outbreaks is the most efficient way to prevent emergencies became disasters, protecting not only the wellbeing of refugees but also the host communities, both refugees and host communities were benefit getting access to the supported clinics as do no harm act.

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	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.

NA

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.
NA	NA	US\$ [insert amount]	Choose an item.	Choose an item.
NA	NA	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Guidance (to be deleted): Please list weblinks to publicly available social media posts (Twitter, Facebook, Instagram, etc.), videos and/or success stories, evaluations or other kind of reports on the agency's websites covering CERF-funded activities under this project.

Title	Weblink
NA	NA
NA	NA
NA	NA