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# **SOUTH SUDAN RAPID RESPONSE FLOOD 2020**

## **20-RR-SSD-45085**

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Resident/Humanitarian Coordinator a.i

## PART I – ALLOCATION OVERVIEW

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### Reporting Process and Consultation Summary:

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

15<sup>th</sup> August 2021

The After Action Review process was scheduled for the 9<sup>th</sup> of August 2021, however due to conflicting priorities and time constraints the virtual meeting could not take place. A desk review was in turn conducted where different stakeholders such as clusters, recipient agencies and their partners provided information that fed into the AAR process. The AAR process involved OCHA sharing the AAR templates with clear guidance on the requirement to the different agencies and they in turn provided feedback on the in country CERF consultation process, the appropriateness of the allocation, CERFs added value in coordination, to time critical response to critical needs, leverage to additional resources and overall results achieved and beneficiaries reached. The feedback provided was in consultation with clusters and their implementing partners and consolidated into this report.

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

The report on use of CERF funds was discussed with the HC/HCT on the 07 September 2021 and cleared for further review with the CERF secretariat.

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

A final version of the RC/HC report was shared for review with all the recipient agencies and relevant stakeholders on 07th September 2021.

## 1. STRATEGIC PRIORITIZATION

### Statement by the Resident/Humanitarian Coordinator:

Since July 2020, flooding due to high intensity of rainfall caused a widespread devastation to an estimated 1,066,000 people living in counties along the White Nile. The flood crisis forced people into displacement, submerged and destroyed crops, cut off trade routes, and led to increased cases of malaria, pneumonia and diarrhea. The impact of the floods worsened the humanitarian situation which was already constrained by conflict, displacement, food insecurity and communicable disease outbreaks. Although, the humanitarian community responded immediately at the onset of the crisis using existing resources, especially in the most affected states of Jonglei, Lakes and Unity, the number of people affected by flooding and in need of immediate humanitarian assistance was alarmingly high. As such, the impact of the floods was overwhelming as the humanitarian community struggled with its rapidly dwindling resources in its effort to keep people safe in dry homes, avoiding more displacements. As the humanitarian needs increased, the CERF grant offered a crucial bridging funding mechanism that augmented response, as consultations continued bilaterally with donors for additional contributions. Furthermore, CERF supported scaling up of immediate response to mitigate the humanitarian effect of floods on 360,000 people, in the worst affected areas, while addressing urgent priority interventions in food assistance and livelihood, health, shelter/NFI, protection and water and sanitation, including logistical support reaching 597,652 people.

### CERF's Added Value:

CERF funds contributed to the strengthening of multisectoral coordination for immediate and life-saving flood response in South Sudan. It improved coordination among the humanitarian players as it allowed partnerships between agencies, clusters, international and national organizations. Effective coordination among all stakeholders during the consultation process prevented overlaps and duplication of services during project implementation. The Fund also contributed to fast delivery of services because it provided flexibility in fund usability and this allowed agencies to use CERF funds to replenish supplies while using the available stocks to immediately respond to emergency needs. This flexibility enabled agencies to deliver food assistance and livelihood, Shelter-NFI emergency items, protection services, including dignity kits, health and WASH services to people with the most critical needs in a timely and effective manner. CERF funding was also instrumental in kick-starting the response process to flood affected persons in south Sudan, thus agencies and partners who had received the money had a ground to advocate and fundraise for additional funding from other donors. Additionally, CERF provided leverage for partners to advocate and access more resources, with evidence of needs or gaps that it had not supported in this CERF allocation.

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

Yes

Partially

No

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

Yes

Partially

No

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

Yes

Partially

No

### Did CERF funds help improve resource mobilization from other sources?

Yes

Partially

No

## Considerations of the ERC's Underfunded Priority Areas<sup>1</sup>:

The projects addressed protection concerns by ensuring participation of women and girls in most activities including distribution of fishing nets. Although fishing is a male dominated trade, FSL ensured that 44% (82,412) were women and girls who accessed fishing kits. During SFNIs distribution, priority was given to critical vulnerability households such as the female headed ones thus reaching 99,843 women and girls. Information on availability of GBV and RH services that were inclusive, choice-driven, client-focused and supportive of the unique needs of women, girls and sexual and gender minorities was disseminated accordingly. This contributed to gender equality, promoted the empowerment and protection of women and girls, as well sexual and gender minorities. The Dignity Kit programming also provided an opportunity to support the development of self-protection capacities towards assisting women and adolescent girls to claim their rights, including such as rights to health and food.

77,216 persons with disabilities (PWDs) participated in the different project activities. The project employed a number of mechanisms to enable their participation which included prioritization of PWDs during distribution of S/NFIs, Wash Supplies and fishing kits. PWDs were consulted during the establishment of distribution points which enabled easy access to the site. Information was also shared with the PWDs during the distribution, Pre-distribution and post distribution. This enhanced reception of adequate information on the project through different methodologies including individual engagements with PWD who could not leave their house due to either physical or visual impairments and thus mitigated against discrimination, exclusion, or restriction based on disability.

The projects didn't directly address the education gaps but some project activities such distribution of WASH supplies and dignity kits contributed to the learning outcomes. The distribution of WASH supplies quickened the recovery of the affected children from flooding events and enabled quick return to school; it is also anticipated that the provision of hygiene supplies at the household level helped prevent WASH related diseases that reduced lost school days due to these illnesses.

There is need for strengthening coordination and partnerships with organisations that support people with disabilities in South Sudan. This will improve the agencies' technical capacity for PWDs inclusion and ensure provisions of the required and critical services.

**Table 1: Allocation Overview (US\$)**

<b>Total amount required for the humanitarian response</b>	<b>43,600,436</b>
CERF	9,739,548
Country-Based Pooled Fund (if applicable)	9,707,143
Other (bilateral/multilateral)	0
<b>Total funding received for the humanitarian response (by source above)</b>	<b>[19,446,691]</b>

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

AGENCY	Project Code	Sector/Cluster	Amount
FAO	20-RR-FAO-030	Food Security - Agriculture	300,000
IOM	20-RR-IOM-029	Shelter and Non-Food Items - Shelter and Non-Food Items	1,400,000
UNFPA	20-RR-FPA-039	Protection - Gender-Based Violence	600,000

<sup>1</sup> In January 2019, the Emergency Relief Coordinator identified four priority areas as often underfunded and lacking appropriate consideration and visibility when funding is allocated to humanitarian action. The ERC therefore recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and 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](#).

<b>UNICEF</b>	20-RR-CEF-058	Water, Sanitation and Hygiene - Water, Sanitation and Hygiene	2,740,349
<b>WFP</b>	20-RR-WFP-047	Food Security - Food Assistance	3,010,000
<b>WFP</b>	20-RR-WFP-047	Common Services - Logistics	490,000
<b>WHO</b>	20-RR-WHO-037	Health - Health	1,199,199
<b>TOTAL</b>			<b>9,739,548</b>

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

<b>Total funds implemented directly by UN agencies including procurement of relief goods</b>	<b>9,280,400</b>
Funds sub-granted to government partners*	0
Funds sub-granted to international NGO partners*	459,148
Funds sub-granted to national NGO partners*	0
Funds sub-granted to Red Cross/Red Crescent partners*	0
<b>Total funds transferred to implementing partners (IP)*</b>	<b>459,148</b>
<b>Total</b>	<b>9,739,548</b>

\* 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:

Since July 2020, heavy rains led to flooding, which caused widespread devastation to more than 600,000 people living in counties along the White Nile. Flooding has forced people into displacement, submerged and destroyed crops, cut off trade routes, and led to an increase in cases of malaria, pneumonia and diarrhea. Floods compounded humanitarian effects for people who were already vulnerable to conflict, displacement, food insecurity and communicable disease outbreaks had the potential of worsening humanitarian outcomes of those affected.

The humanitarian community began responding immediately since the onset of the crisis using existing resources, especially in the most affected states of Jonglei, Lakes and Unity. However, the numbers of people affected are large in quantity and vulnerability. Further predicted rainfall is anticipated to cause and compound additional flooding. As such, the impact will be overwhelming as the humanitarian community is currently struggling with its rapidly dwindling resources in its effort to keep people safe in dry homes, avoiding more displacements.

### Operational Use of the CERF Allocation and Results:

As the humanitarian needs increase, a CERF grant offered a crucial bridging funding mechanism that enabled a critical scaling up of response, as consultations continue with bilateral donors for additional contributions. Funds from CERF supported urgent priority interventions in food assistance and livelihood, health, shelter and basic household goods, protection and water and sanitation that were highlighted as essential among communities worst affected by the floods, including logistical support and strengthen humanitarian response through a multi-sector approach. The strategic objective of this CERF request is to support the scaling up of immediate response to mitigate the humanitarian effect of floods on 360,000 targeted people, in 12 priority counties in South Sudan. This CERF allocation was strictly prioritized for immediate life-saving assistance for the flood-affected population.

### People Directly Reached:

Agencies and partners developed a range of tools for data collection which included Purchase Orders, Inventory reports, Waybills, Request Service Forms (SRFs), core pipeline tracking sheets, distribution lists and report. All data collected on affected persons was disaggregated by gender, age and location. A total of 597,652 beneficiaries were reached, this was computed based on the "Max" method, where the maximum number of people reached per administration level 2 or county level is assumed to be the overall reached across all sectors. This enables to offset any double-counting within a county or administration level2. The overall figure is computed by aggregating the maximum figure reached in the different counties.

### People Indirectly Reached:

The indirect beneficiaries included household members and communities of individuals who received different supplies from the core pipelines which included NFI items, dignity kits, fishing kits and emergency health kits within the 12 priority locations. Thus, the projects estimated 1.8 million household members to have benefitted indirectly. It is anticipated that Households with beneficiary recipients had reduced HH expenditure, psychosocial distress which would have resulted from lack of food, flood-related diseases and lack of critical supplies. The health project further contributed to reduced transmission of infectious diseases among indirect beneficiaries which would have happened if the health gaps were not addressed in a timely manner. In communities where dignity kits were distributed, 22,872 women and girls indirectly benefited from a wide range of information on Gender-Based Violence prevention, risk mitigation, and service provider availability including information on Protection Against Sexual Exploitation and Abuse. In addition, these women and girls were also provided with information on Reproductive Health Service provision including awareness-raising on Covid-19 preventive measures.

**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
<b>FOOD SECURITY - AGRICULTURE</b>	90,000	54,000	18,000	18,000	180,000	55,844	71,572	25,748	32,374	<b>185,538</b>
<b>FOOD SECURITY - FOOD ASSISTANCE</b>	43,890	35,900	29,260	23,940	132,990	43,892	35,903	29,262	23,943	<b>133,000</b>
<b>HEALTH - HEALTH</b>	100,800	108,000	72,000	79,200	360,000	98,700	106,500	68,000	77,100	<b>350,300</b>
<b>PROTECTION - GENDER-BASED VIOLENCE</b>	9,000	0	7,500	0	16,500	12,218	0	10,654	0	<b>22,872</b>
<b>SHELTER AND NON-FOOD ITEMS - SHELTER AND NON-FOOD ITEMS</b>	38,268	35,659	41,627	43,446	159,000	53,086	58,912	46,757	56,902	<b>215,657</b>
<b>WATER, SANITATION AND HYGIENE - WATER, SANITATION AND HYGIENE</b>	136,799	133,197	50,402	39,602	360,000	113,237	103,801	122,674	132,109	<b>471,821</b>
<b>TOTAL</b>	<b>418,757</b>	<b>366,756</b>	<b>218,789</b>	<b>204,188</b>	<b>1,208,490</b>	<b>376,977</b>	<b>376,688</b>	<b>303,095</b>	<b>322,427</b>	<b>1,379,188</b>

\* 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\***

<b>Category</b>	<b>Planned</b>	<b>Reached</b>
Refugees	0	0
Returnees	68,400	27,859
Internally displaced people	201,600	424,164
Host communities	90,000	134,157
Other affected people	0	11,472
<b>Total</b>	<b>360,000</b>	<b>597,652</b>

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

<b>Sex &amp; Age</b>	<b>Table 6: Total Number of People Directly Assisted with CERF Funding*</b>		<b>Number of people with disabilities (PwD) out of the total</b>	
	<b>Planned</b>	<b>Reached</b>	<b>Planned</b>	<b>Reached</b>
<b>Women</b>	86,400	154,687	16,380	18,000
<b>Men</b>	82,800	139,881	18,720	21,000
<b>Girls</b>	97,200	148,646	4,680	18,400
<b>Boys</b>	93,600	154,438	6,084	19,816
<b>Total</b>	<b>360,000</b>	<b>597,652</b>	<b>45,864</b>	<b>77,216</b>

## PART II – PROJECT OVERVIEW

### 3. PROJECT REPORTS

#### 3.1 Project Report 20-RR-FAO-030

1. Project Information			
<b>Agency:</b>	FAO	<b>Country:</b>	South Sudan
<b>Sector/cluster:</b>	Food Security - Agriculture	<b>CERF project code:</b>	20-RR-FAO-030
<b>Project title:</b>	Life-saving emergency livelihood response to flood-affected and displaced communities		
<b>Start date:</b>	01/10/2020	<b>End date:</b>	31/03/2021
<b>Project revisions:</b>	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
<b>Funding</b>	<b>Total requirement for agency's sector response to current emergency:</b>		<b>US\$ 1,300,000</b>
	<b>Total funding received for agency's sector response to current emergency:</b>		<b>US\$ 0</b>
	<b>Amount received from CERF:</b>		<b>US\$ 300,000</b>
	<b>Total CERF funds sub-granted to implementing partners:</b>		<b>US\$ 0</b>
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 0
Red Cross/Crescent Organisation		US\$ 0	

#### 2. Project Results Summary/Overall Performance

In line with the commitments of the Central Emergency Response Fund (CERF) funding agreed on 2 November 2020, FAO through its implementing partners distributed fishing kits (comprising hooks, monofilament and two spools of twine) to 30 000 households (186,974 individuals) displaced due to severe flooding that resulted to loss or severe damage of their livelihoods and sources of food. The 30 000 fishing kits, dispatched to IOM/RRF and SSHF partners for further distribution to the beneficiary households, were taken from FAO's existing stock. Thanks to the flexibility in CERF funding, FAO was able to use its existing stock and replenished the kits.

The targeted beneficiaries included host communities, IDPs and returnees in the following counties: Bor, Twic East, Ayod and Duk in Jonglei state and Rumbek East in Lakes state through the International Organization for Migration (IOM) partners (ALSI, WWoH, VSF Swiss) and FAO partner (DRDA). The urgent provision of fishing kits enabled beneficiaries to exploit the abundance of fish in flooded areas that can contribute to the food and nutrition security at the household level by improving their protein and micronutrients intake.

In addition, the project established synergies with other sectors (WASH, emergency shelter and NFIs, food, and health) for the composition of survival kits including mosquito nets, blankets, water tablets, tarpaulins and livelihood kits. It also established synergies with other

sectors, especially emergency shelter and NFIs through IOM for the composition of survival kits and other CERF funding for this response like SSHF.

Table 1: Fishing kits delivered thus far to the partners

State	Payam	Partner	No. of households	No. of fishing kits
Jonglei	Ayod	ALSI	7 000	7,000
Jonglei	Duk	WWoH	7 000	7,000
Jonglei	Bor South	SAADO	5 000	5,000
Jonglei	Twic East	SAADO	4 000	4,000
Lakes	Rumbek East	DRDA	6 000	6,000
Lakes	Rumbek East	FAO	1 000	1,000
Total			30,000	30,000

### 3. Changes and Amendments

The COVID-19 pandemic was main challenge during the implementation period. To ensure that people in need are not exposed to COVID-19 risks, the implementing partners ensured that social distance was maintained, hand sanitizers and handwashing points are established at distributions sites, use of protective equipment by all staff, and sensitization of the beneficiaries was done ahead of distribution.

#### 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	4,500	2,700	900	900	<b>9,000</b>	0	0	0	0	<b>0</b>
Returnees	4,500	2,700	900	900	<b>9,000</b>	864	488	151	881	<b>2,384</b>
Internally displaced people	54,000	32,400	10,800	10,800	<b>108,000</b>	35,369	48,822	6,027	11,505	<b>101,723</b>
Host communities	27,000	16,200	5,400	5,400	<b>54,000</b>	19,611	22,262	19,570	19,988	<b>81,431</b>
Other affected people	0	0	0	0	<b>0</b>	0	0	0	0	<b>0</b>
<b>Total</b>	<b>90,000</b>	<b>54,000</b>	<b>18,000</b>	<b>18,000</b>	<b>180,000</b>	<b>55,844</b>	<b>71,572</b>	<b>25,748</b>	<b>32,374</b>	<b>185,538</b>
<b>People with disabilities (PwD) out of the total</b>										
	0	0	0	0	<b>0</b>	729	515	91	101	1,436

\* 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

People indirectly reached included communities in areas where beneficiaries received the inputs. Through the inputs distributed by FAO, project beneficiaries can provide additional food supplies to the community markets, which will benefit the entire community.

## 6. CERF Results Framework

<b>Project objective</b>	Improvement of the food and nutrition security of 180,000 people affected by the floods in South Sudan				
<b>Output 1</b>	Life-saving support provided to food and nutrition insecure and displaced households affected by flooding				
<b>Was the planned output changed through a reprogramming after the application stage?</b>				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>Sector/cluster</b>	Food Security - Agriculture				
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>	
Indicator 1.1	People reached with fishing kits	180 000 people (30 000 households )	186,974	Partners reports	
Indicator 1.2	Fishing kits distributed	30 000 kits	30,000	Release orders	
<b>Explanation of output and indicators variance:</b>		Targets have been achieved according to the project goal within the timeframe. The project reached a higher number of population with the planned inputs.			
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>			
Activity 1.1	Mobilize and sensitize communities	IOM and FAO partners			
Activity 1.2	Beneficiaries identification/registration	IOM and FAO partners			
Activity 1.3	Collect and stock FAO Emergency Kits from the nearest FAO storage hub and transport them to the distribution areas	IOM and FAO partners			
Activity 1.4	Distribution of Emergency Kits	IOM and FAO partners			
Activity 1.5	Procurement of inputs for replenishment of stock	FAO			
Activity 1.6	Monitoring and Evaluation	IOM and FAO partners			

## 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 areas<sup>2</sup> 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.**

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

The project design was informed by data from previously implemented projects, obtained through FAO's feedback mechanism, community-level and location-based needs assessments. In the implementation phase, committees are formed at the local level comprising of representatives from various vulnerable and marginalized groups (illiterate, elderly, women, youth and disabled) who were expected to participate and engage in the project to ensure power imbalances are reduced or addressed. These committees supported beneficiary identification, registration, advised FAO and implementing partners to ensure that, the most vulnerable beneficiaries are reached through the project.

In the monitoring phase, communities provided feedback on the project activities through suggestion boxes, feedback desks, a toll-free hotline, and post-distribution monitoring (PDM) to measure beneficiaries' overall satisfaction. Results from FAO's implemented PDM have resulted in changes to FAO-provided inputs to better tailor what is provided to local preferences, thus increasing the added value received by beneficiaries.

#### **b. AAP Feedback and Complaint Mechanisms:**

FAO implemented functional feedback mechanisms, including:

1. Suggestion boxes were placed in community safe sites (i.e. markets, distribution centers and livestock auction sites). Information reported was mostly on implementing partner procedures during distribution.
2. Feedback desks were used by beneficiaries to ask questions, seek clarification and give feedback on the project from the AAP focal point and partner staff.
3. A toll-free hotline number was used mostly by beneficiaries for reporting confidential information, issues after input distribution or information that required urgent response during project implementation. The hotline number was received and responded to by the helpline operator.
4. AAP focal points were trained and employed by FAO in each county. The focal points were hired specifically to receive complaints from beneficiaries from the feedback desks and suggestion boxes.

The various feedback and complaint options were expected to enable the most vulnerable to feel safe enough to speak up.

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

FAO ensured the PSEA online training to partners engaged in the Emergency Livelihood Response Program (ELRP). The partners were also trained by IOM, and PSEA was included in their letters of agreement with IOM and SSHF. During the distributions, beneficiaries received information about FAO toll-free hotline numbers to report cases of PSEA.

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

Although fishing is traditionally a male-oriented activity in South Sudan, the project reached a total of 82,412 women and girls, which represents 44 percent of the total number of people reached. Including women and girls in the distribution of fishing kits allowed to contribute to gender equity and promote their empowerment of them. Increasing access to fisheries for women could reduce gender-based violence cases as there will be less dependence on males to provide for families.

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<sup>3</sup> 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](#).

#### e. People with disabilities (PwD):

The project did not focus specifically on persons with disabilities but considered disability as part of a larger vulnerability-based beneficiary selection criteria. The project reached a total of 1,436 people with disabilities giving them an opportunity to engage in fishing activity by distributing fishing inputs.

#### f. Protection:

The project ensured protection by establishment of distribution points in close vicinity to affected people villages to avoid long distances thro and ensuring that distributions were done during the day time.

#### 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	Not Applicable

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.

The CVA was not part of the programme as the donor allocated funds for in-kind support.

#### 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
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

### 9. Visibility of CERF-funded Activities

Title	Weblink
Operational Update #SouthSudan   Jan-Feb 2021	<a href="https://twitter.com/FAOSouthSudan/status/1379718469369888777">https://twitter.com/FAOSouthSudan/status/1379718469369888777</a>
Thanks to @UNCERF's generous backing,	<a href="https://twitter.com/FAOemergencies/status/1331163416594100234">https://twitter.com/FAOemergencies/status/1331163416594100234</a>

@FAOSouthSudan

will provide fishing kits Fishing pole and fish and improve the food security and nutrition of 180 000 people, who have been displaced following the floods Water waveWater wave in Jonglei and Lake States, #SouthSudan:

South Sudan | Life-saving emergency livelihood response to flood affected and displaced communities

<http://www.fao.org/emergencies/fao-in-action/projects/detail/en/c/1332529/>



## 3.2 Project Report 20-RR-IOM-029

1. Project Information			
<b>Agency:</b>	IOM	<b>Country:</b>	South Sudan
<b>Sector/cluster:</b>	Shelter and Non-Food Items	<b>CERF project code:</b>	20-RR-IOM-029
<b>Project title:</b>	Provision of Shelter-NFI Emergency Supplies For Flood Affected Populations in South Sudan		
<b>Start date:</b>	04/11/2020	<b>End date:</b>	03/05/2021
<b>Project revisions:</b>	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
<b>Funding</b>	<b>Total requirement for agency's sector response to current emergency:</b>		<b>US\$ 3,923,000</b>
	<b>Total funding received for agency's sector response to current emergency:</b>		<b>US\$ 1,222,800</b>
	<b>Amount received from CERF:</b>		<b>US\$ 1,400,000</b>
	<b>Total CERF funds sub-granted to implementing partners:</b>		<b>US\$ 0</b>
	Government Partners		US\$ 0
	International NGOs		US\$ 0
National NGOs		US\$ 0	
Red Cross/Crescent Organisation		US\$ 0	

## 2. Project Results Summary/Overall Performance

The CERF grant enabled IOM Core Pipeline to support the Shelter and Non-Food Items (S-NFI) Cluster in providing frontline implementing partners with life-saving S-NFI supplies for their timely emergency response to flood-affected areas across South Sudan, reaching a total 31,728 households (approximately 215,657 individuals).

The procurement process immediately started once the project commenced in November 2020. The items procured were based on the S-NFI cluster recommended in-kind flood survival shelter materials and non-food items, which included plastic sheets, rubber ropes, and mosquito nets. The procurement was completed within 120 days of delivery of items into the country.

Due to the nature of Pipeline operations, IOM was able to respond to partners' pipeline requests even while procurement was ongoing. IOM Core Pipeline's capacity made it possible to support partners with supplies originally intended for other humanitarian responses. The supplies procured from CERF funding, once delivered in country, served to replenish the supplies that were released to partners to ensure that there would be no gaps for other humanitarian needs. Upon review and approval from the S-NFI Cluster, IOM administered and processed 27 approved pipeline requests for flood response from 11 frontline S-NFI partners, which consisted of five international NGOs (ACTED, Danish Refugee Council, Medair, Norwegian Refugee Council, and Polish Humanitarian Action), and six national NGOs (African Development Aid, Care for Children and Old Age South Sudan, Coalition for Humanity, Hope Restoration South Sudan, Touch Africa Development Organization, and Titi Foundation). A dedicated Core Pipeline unit within IOM works cohesively to manage pipeline requests so that all approved requests are responded to within the cluster standard of 72 hours ensuring rapid release and/or deployment of

supplies to response locations. The emergency S-NFI flood response kits reached a total of nine prioritized counties, namely Rumbek East, Twic East, Awerial, Panyijar, Ayod, Duk, Pibor, Bor South, and Juba.

Prepositioning supplies closer to response locations is a vital operation of pipeline management for efficient supply chain management and to ensure that there is an uninterrupted supply of S-NFIs. The long and heavy rainy season during the start of the project posed some challenges, particularly in transporting supplies to logistics hubs where roads are impassable, which was exacerbated by the flooding of some areas, particularly Bor Hub, which was still inaccessible until January 2021. IOM continued to preposition supplies to key-hub locations which were still accessible and was able to transport 77.952 metric tons of S-NFI supplies by road, and six (6) metric tons by air when roads were impassable due to flooding.

The number of people reached under other affected people was not reached or was less because the initial figures provided were an estimation. The actual number of affected persons reached were based on the distribution reports from implementing partners that received supplies from IOM Core Pipeline. Most of the locations that were reached when the SNFI distribution response was conducted had more actual numbers of displaced population due to flooding, host communities that gave refuge to those displaced due to flood waters, and returnees rather than other affected people that was estimated in the initial information during the onset of the emergency.

### **3. Changes and Amendments**

-

No changes/amendments applicable.

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Shelter and Non-Food Items - Shelter and Non-Food Items									
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	1,395	1,300	1,517	1,583	5,795	6,857	7,610	6,042	7,350	27,859
Internally displaced people	9,050	8,433	9,844	10,274	37,601	23,686	26,286	20,861	25,391	96,224
Host communities	8,190	7,632	8,909	9,299	34,030	19,719	21,882	17,367	21,134	80,102
Other affected people	19,633	18,294	21,357	22,290	81,574	2,824	3,134	2,487	3,027	11,472
<b>Total</b>	<b>38,268</b>	<b>35,659</b>	<b>41,627</b>	<b>43,446</b>	<b>159,000</b>	<b>53,086</b>	<b>58,912</b>	<b>46,757</b>	<b>56,902</b>	<b>215,657</b>
<b>People with disabilities (PwD) out of the total</b>										
	1,901	1,771	2,068	2,158	7,898	3,329	2,735	3,446	3,106	12,616

The number of people reached under other affected people was not reached or was less because the initial figures provided were an estimation. The actual number of affected persons reached were based on the distribution reports from implementing partners that received supplies from IOM Core Pipeline. Most of the locations that were reached when the SNFI distribution response was conducted had more actual numbers of displaced population due to flooding, host communities that gave refuge to those displaced due to flood waters, and returnees rather than other affected people that was estimated in the initial information during the onset of the emergency..

\* 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

IOM Core Pipeline supported vital procurement and transportation of key shelter materials and non-food items for emergency responses of S-NFI frontline partners in flood-affected locations across the country. Partners were responsible for the distribution of items to flood-affected populations targeted by the S-NFI Cluster with disaggregation detailed in the table above. The actual numbers of people directly assisted through the supplies provided by IOM Core Pipeline were based on the actual number of beneficiaries submitted by partners through their distribution reports and verified by the S-NFI Cluster.

## 6. CERF Results Framework

**Project objective** To enable S-NFI Cluster partners to provide integrated and life-saving humanitarian assistance to flood-affected households through the provision of SNFI core pipeline relief items.

**Output 1** Provision of life saving SNFI flood response supplies to affected people in prioritized locations

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

Sector/cluster	Shelter and Non-Food Items - Shelter and Non-Food Items			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of S-NFI flood response kits procured for replenishment of life-saving supplies released for the flood response	26,500	26,500	IOM Core Pipeline Tracking; Purchase Orders
Indicator 1.2	Number of metric tons of core S-NFI pipeline supplies transported to preposition in key hubs and/or targeted response locations	79	83.952	IOM Core Pipeline Tracking; Waybills
Indicator 1.3	Percentage of approved partner requests for S-NFI core pipeline supplies that are processed within 72 hours.	100	100%	IOM Core Pipeline Tracking Sheet

**Explanation of output and indicators variance:** The variance for indicator 1.2 of metric tons transported was a result of disparities in unit weight in supplies delivered as compared to that initially foreseen. For example, the unit weight of rubber rope can vary depending on the batch received.

Activities	Description	Implemented by
Activity 1.1	Procurement of S-NFI supplies to replenish the 26,500 SNFI kits released as in-kind flood survival items	IOM (Core Pipeline; and Procurement/Logistics Units)
Activity 1.2	Provision of 26,500 SNFI flood response kits for immediate distribution by partners to the flood affected households within 2 to 3 months	IOM Core Pipeline Unit
Activity 1.3	Transportation of supplies to key hubs and response locations	IOM (Core Pipeline; and Procurement/Logistics Units)
Activity 1.4	Conduct post distribution (PDM) exercise	[IOM Core Pipeline Unit
Activity 1.5	Daily management of S-NFI pipeline	IOM Core Pipeline Unit

Activity 1.6	Administer partner requests for S-NFI flood response supplies and release the requested supplies on the endorsement of S-NFI Cluster	IOM Core Pipeline Unit in coordination with the S-NFI Cluster Coordination TEAM
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## 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 areas<sup>4</sup> 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)<sup>5</sup>:

All S-NFI endorsed requests from partners go through a rigorous review process by the S-NFI Cluster, through which assessment reports and response/project documents are required for approval. Partners' supplies requested from IOM Core Pipeline were based on rapid needs assessment – typically inter-agency – to provide an immediate overview of the emergency situation on the ground in order to make initial rough estimates of the needs of the flood-affected population and define priorities for humanitarian action. These assessments entailed actual field visits and consultations with the affected communities. Assessment reports were submitted to and consulted with the S-NFI Cluster Coordination Team, including state and national level focal points, who verified and acknowledged the needs of interventions and emergency responses in the prioritized areas. The review considers how partner organizations target beneficiaries, with priority given to the most vulnerable segments of the population.

### b. AAP Feedback and Complaint Mechanisms:

IOM supports the S-NFI Cluster as they advocate for community consultations to be at the core of S-NFI interventions. S-NFI frontline partners that rely on IOM Core Pipeline for provision of supplies for their responses submit assessment reports which are reviewed by the S-NFI Cluster Coordination Team before any pipeline request is approved for release of supplies. Within their responses, frontline partners established participatory distribution committees, village development committees, and disaster management committees depending on the needs and context applicable in the response locations. Household interviews, focus group discussions, and key informant interviews are conducted with the community prior to each intervention.

IOM also supports the S-NFI Cluster's priority for all frontline agencies to strengthen their feedback mechanisms. Within select post-distribution monitoring, IOM Core Pipeline includes surveys to collect information from beneficiaries, such as presence of feedback mechanisms, whether feedback has been addressed, and satisfaction with the feedback mechanism process in place.

<sup>4</sup> 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](#).

<sup>5</sup> 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](#).

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

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

IOM Core Pipeline also conducts post-distribution monitoring and during field data collection, for which all enumerators undertake a training that concerns basic PSEA concepts and means to report possible cases. Furthermore, as custodians of the supplies that are distributed by cluster partners, IOM Pipeline collaborates with the S-NFI Cluster whose agreed procedure is to have a Protection focal point in every assessment and distribution. This is to complement and support adherence to the PSEA policy agreed to in the MOUs.

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

The floods exacerbated the vulnerability of many segments of the population within the affected communities, including women and girls. IOM Core Pipeline supports the S-NFI Cluster in monitoring the submission of distribution reports of partners that have conducted S-NFI distributions. The reports included discussions on how the needs of key groups with specific needs – such as female-headed households – were prioritized. Beyond the Cluster-recommended shelter materials and non-food items included in the essential flood response kits, IOM Core Pipeline also released other S-NFI supplies to partners for distribution to affected communities if they were deemed appropriate, as indicated in the needs assessment reports and approved by the S-NFI Cluster. IOM released items such as kangas and solar lamps, which are targeted/prioritized to meet the needs of women and girls in some responses.

### **e. People with disabilities (PwD):**

The needs of people with disabilities are exacerbated during flooding. During the review of requests and assessment reports, IOM Core Pipeline and the S-NFI Cluster ensured that the identification of registration of persons with disabilities was prioritized within flood responses. The distribution reports, which are a requirement after partners' responses, include a section on disaggregation of beneficiaries according to people with disabilities reached. For the responses reached with CERF funding, approximately 12,616 people with disabilities were reached.

IOM Core Pipeline also conducted post-distribution monitoring of a select partner response and a key informant interview with a representative of PWDs was conducted in order to verify how the partner agency assessed their specific needs and how they were prioritized during the distribution.

### **f. Protection:**

IOM Core Pipeline provided pipeline support to the S-NFI cluster and its partner organizations. The flood response that CERF funding contributed to was coordinated through the S-NFI Cluster, which ensured that all partners adhere to standards of protection mainstreaming.

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IOM Core Pipeline team ensured that templates for distribution/utilizations reports account for beneficiaries with disaggregation by gender and persons with special needs and disabilities. The narrative component of the report also requires the partner agency to describe how they have mainstreamed protection concerns in their response.

**g. Education:**

N/A

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

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

<b>Planned</b>	<b>Achieved</b>	<b>Total number of people receiving cash assistance:</b>
No	No	N/A

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.

The common pipeline program is a centrally managed supplies mechanism to provide frontline Shelter-NFI partner organizations with the required lifesaving supplies in their emergency responses. The IOM Core Pipeline unit enables uniform and coordinated responses across the country by assuring harmonization of supplies for frontline responses, sustained availability of core items across various logistic hubs in the country, and cost-efficiency due to economies of scale. Cash and voucher assistance is an S-NFI frontline program activity while Pipeline program supports in-kind responses of S-NFI frontline partners. This CERF allocation was intended for flood emergencies mostly in locations where markets were not fully functional and were also affected by flooding themselves.

**Parameters of the used CVA modality:**

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

**9. Visibility of CERF-funded Activities**

<b>Title</b>	<b>Weblink</b>
[Insert]	[Insert]
[Insert]	[Insert]
[Insert]	[Insert]

### 3.3 Project Report 20-RR-FPA-039

1. Project Information			
Agency:	UNFPA	Country:	South Sudan
Sector/cluster:	Protection - Gender-Based Violence	CERF project code:	20-RR-FPA-039
Project title:	Restoring the dignity of women and girls affected by floods in 12 counties of South Sudan		
Start date:	03/11/2020	End date:	02/05/2021
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	<b>Total requirement for agency's sector response to current emergency:</b>		<b>US\$ 5,491,085</b>
	<b>Total funding received for agency's sector response to current emergency:</b>		<b>US\$ 2,800,000</b>
	<b>Amount received from CERF:</b>		<b>US\$ 600,000</b>
	<b>Total CERF funds sub-granted to implementing partners:</b>		<b>US\$ 0</b>
	Government Partners		US\$ 0
	International NGOs		US\$ 0
National NGOs		US\$ 0	
Red Cross/Crescent Organisation		US\$ 0	

### 2. Project Results Summary/Overall Performance

Through this CERF grant, UNFPA procured 22,872 Dignity Kits and worked with 7 Implementing Partners (Hope Restoration South Sudan, Women Aid Vision, Active Youth Agency, IRC, CIDO, INTERSOS and Samaritan Mission Aid) to distribute the Dignity Kits to 22,872 women and girls in the identified locations. Out of these, 19,220 were Internally Displaced persons (10,450 women, 8,770 girls), 3,652 Host Communities (1,768 women, 1,884 girls) and finally among those beneficiaries were 203 People with Disability (119 women, 84 girls).

The first batch of 14,301 Dignity Kits were procured and distributed between 18<sup>th</sup> Jan – 12<sup>th</sup> Feb 2021 and the balance of 8,571 were procured and distributed by the 30<sup>th</sup> of March 2021. While the project had planned to procure 16,500 Dignity Kits; however, UNFPA was able to procure the kits from a local supplier that resulted into savings. The Savings enabled UNFPA to procure additional 6,372 dignity kits. Therefore, overall the project was able to serve 22,872 women and girls.

Each beneficiary received a Kit containing a T-Shirt (1 Pc), Reusable Sanitary Pad (1 PAC of 6 Pcs), Pair of Sandals (1 Pc), Washing Soap (1 Bar), Underwear (4 Pcs), Carrying Bag (1 Pc), Solar Flashlight (1 Pc) and Multi-purpose garment (1 Pc).

The Dignity Kits procured and distributed were context-specific with particularly sanitary pads culturally acceptable for women and girls in South Sudan fit for addressing their menstrual hygiene and safety needs.

The grant provided an entry point for UNFPA to work with women and girls to identify GBV risks in the displacement sites, and to advance GBV prevention and response programs through focus group discussions with women and girls and key Informant Interviews particularly



with People with Disability on important topics such as preventing and responding to GBV and available GBV services. During the group engagements, women and girls were able to receive information on where to access GBV services including additional support to GBV survivors and PWD who presented during the distribution.

The project enhanced coordination with other GBV implementing Partners on ground and the GBV Sub-Cluster thus avoiding duplication and enhancing leveraging existing information already gathered by other sectors about the needs of women and adolescent girls including Persons with Disability in relation to menstrual hygiene management and identification of vulnerable women and girls especially those with disability.

The project reached 22,872 women and girls with GBV prevention messages as well as messages on available service provision and how they can support GBV survivors to seek for help. The women and girls who attended the pre, during and post distribution discussions were further oriented on how they can disseminate GBV prevention, risk mitigation and service availability messages they had received to other target audience such as men, boys, community and youth leaders as primary prevention and holders of social norms towards creating a positive transformative impact towards protecting women and girls against violence.

The project did not target men and boys, as it was majorly Dignity Kit Programming meant to address women and girl's hygiene issues. In terms of State distribution, the following targets were achieved by the project (see table below).

<b>State</b>	<b>County</b>	<b>Quantities</b>
<b>Central Equatoria</b>	Juba	2,258
<b>Unity State</b>	Pariang	1,941
<b>Jonglei State</b>	Bor South	2,696
	Duk	2,002
	Pibor	1,890
	Ayod	1,673
	Twic East	1,805
<b>Lakes State</b>	Awerial	1,977
	Rumbek East	2,038
	Rumbek Centre	1,511
	Rumbek North	1,203
	Panyanjiir	1,878
	<b>Total</b>	<b>22,872</b>

### 3. Changes and Amendments

There were no changes or amendments to the project.

There was delay in procuring all the dignity Kits at once, while UNFPA was able to procure and distribute the first batch of 14,301 dignity kits between 18<sup>th</sup> Jan – 12<sup>th</sup> Feb 2021 out of the planned 16,500 dignity kits and the last batch of 8,571 was procured and distributed by 30<sup>th</sup> of March 2021. To ensure that all the identified displaced persons were served without delay, locations such as Rumbek that had missed out on the initial procured Dignity Kits was served from the second procurement.

There is a variance between the planned targets for dignity kit procurement and distribution from 16,500 to 22,872 as more Dignity Kits were procured with additional 8,571 from savings made. The Dignity Kit Programming only covered distribution to the planned target of women and girls and Persons with Disability.

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Protection - Gender-Based Violence									
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	7,500	0	6,500	0	14,000	10,450	0	8,770	0	19,220
Host communities	1,500	0	1,000	0	2,500	1,768	0	1,884	0	3,652
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>9,000</b>	<b>0</b>	<b>7,500</b>	<b>0</b>	<b>16,500</b>	<b>12,218</b>	<b>0</b>	<b>10,654</b>	<b>0</b>	<b>22,872</b>
<b>People with disabilities (PwD) out of the total</b>										
	90	0	70	0	160	119	0	84	0	203

\* 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 particular project did not have indirect beneficiaries, as the support was limited to procurement and distribution of Dignity Kits to women and girls. However, the 22,872 women and girls benefited from a wide range of information on Gender Based Violence prevention, risk mitigation and service provision availability including information on Protection Against Sexual Exploitation and Abuse. In addition, beneficiaries were also provided with information on Reproductive Health Service provision including awareness raising on Covid-19 preventive measures.

## 6. CERF Results Framework

**Project objective** Restoring the dignity of women and girls affected by floods in South Sudan

**Output 1** 16,500 women and girls have access to Dignity Kits and information on GBV.

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

Sector/cluster	Protection - Sexual and/or Gender-Based Violence			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of Dignity Kits Procured	16,500	22,872	Procurement documents including Delivery Note and Good Received Notes.
Indicator 1.2	Number of women and girls receiving dignity kits	16,500	22,872	Project Progress Report, DKs Distribution Plan, Delivery Slips and Programme Supply Distribution Agreements (PSDA).
<b>Explanation of output and indicators variance:</b>		<p>UNFPA managed to procure the 22,872 Dignity Kits through a local Procurement process that enabled the kits to be delivered within the project period.</p> <p>Initial Partners (SIDO, DRC, ARC, IMC, Voice of Hope and World Vision) listed in the proposal were not in position to distribute the dignity kits as some partners had closed their projects in the project locations and others lacked qualified staff on the ground to conduct dignity kit programming.</p> <p>These partners were substituted by other partners identified in coordination with the GBV Sub-Cluster and these included Hope Restoration South Sudan, Women Aid Vision, Active Youth Agency, IRC, CIDO, INTERSOS and Samaritan Mission Aid.</p>		
Activities	Description	Implemented by		
Activity 1.1	Procure dignity kits	UNFPA		
Activity 1.2	Distribute Dignity Kits to implementing partners	UNFPA		
Activity 1.3	Distribute Dignity Kits to beneficiaries (women and girls) by Partner including women and girls with disabilities	Hope Restoration South Sudan, Women Aid Vision, Active Youth Agency, IRC, CIDO, INTERSOS and Samaritan Mission Aid.		

## 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 areas<sup>6</sup> 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)<sup>7</sup>:

UNFPA and its Implementing Partners gathered information about preferred communication channels for the different age and gender groups. By instituting separate discussions with adult women and girls in the project sites prior to the distribution as well as engaging separately with PWD and elderly, the project gained more insights into specific needs and most preferred communication channels for the individual and group engagements.

During the consultations, it was revealed that older women preferred to be engaged alone and the younger 16-25 years old preferred to have their own FGDs. Pictorial illustrations, Information Education and communication (IEC) materials for low literacy populations and local staff/volunteers who speak native languages were available for the sessions. The results from the Pre Distribution FGDs and individual engagements informed how the distributions could be organised including identification of safe areas for the meetings, messages for dissemination during the distribution and post distribution including information on GBV referral pathways, RH and GBV service Centres. The FGDs were also used to evaluate the appropriateness and need specific contents of the dignity kits. For example, the women and girls suggested body lotion to be included in the contents of the dignity kits. The GBV sub cluster will pick up this suggestion and discuss their applicability and the beneficiaries will be informed accordingly.

The FGDs especially the post distributions engagements generated a lot of relevant data and analysis to understand and practically address menstrual hygiene needs using culturally appropriate materials for women and girls and issues around safety towards enhancing the use of dignity kits in GBV programming in the project areas. In addition, information was generated on GBV risk factors and hot spots and this information was used by Implementing partners on ground to come up with preventive measures, which are being implemented with the help of the communities and GBV –Sub Cluster Partners.

### b. AAP Feedback and Complaint Mechanisms:

Whereas information about the location/placement of complaints boxes was shared with the beneficiaries, the women and girls preferred to share feedback through group discussions so that many of them could learn from experience sharing and they also noted that many of them did not know how to read and write making them to shy away from using the complaint boxes as you are required to write on paper and drop in the box

Recognizing these limitations, partners introduced modifications, which were discussed with the beneficiaries and agreed upon so that everyone has the opportunity to express their feelings, needs and ideas in form of pictures /photos.

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<sup>6</sup> 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](#).

<sup>7</sup> 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](#).

The beneficiaries were also reminded of the designated Complaint and Feedback Hotline numbers that they could use and specific staff who speak the local language and are well versed with the project were selected to receive the calls and act or refer the complaints for appropriate action. Piece of laminated paper indicating the numbers were distributed and also displayed in strategic places with clear messages to further inform the beneficiaries were encompassed. Project staff received information from community members seeking information on where they could access Dignity Kits including information on GBV services. In some cases community members also called to inform of PWD who could not physically access the project sites, in such cases the project officers followed the client where they are.

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

Having assumed the Inter-Agency Standing Committee (IASC) Championship on Protection from Sexual Exploitation and Abuse and Sexual Harassment (PSEAH) at the global level and in collaboration with its UN system partners, UNFPA is implementing a PSEA strategy, through a range of coordinated actions to strengthen prevention and response, management and coordination.

UNFPA's SEA FP worked with partners to raise awareness on the duty to inform/notify /report SEA allegations. Further orientation was provided to GBV partners to safely identify allegations through confidential means from the range of GBV cases reported in their service centers so that the survivors can receive victim-centered care through existing GBV structures that are safe, effective, and culturally appropriate.

UNFPA shares non-identifiable information on Victims assistance with the Victims' Rights Advocate to further inform what additional support may be needed for the victims as well as share information with the PSEA Task Force Chairs who notify the Organization responsible to initiate investigations if the perpetrator is a humanitarian worker. If the allegation involves UNFPA staff, allegations are safely reported only to UNFPA OAIS through confidential means. Feedback is provided to the victims on progress so far made through the Co-chairs.

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

The project took cognisance of groups of affected populations including women, girls, and lesbian, bisexual, transsexual, transgender, transvestite and intersex persons who might be mistakenly excluded due to lack of information. UNFPA and its partners shared information on how such minorities could be safely included in the project without causing further stigma, risking their safety and exclusion due to contextual factors.

Sharing information about available GBV and RH services that are inclusive, choice-driven, client-focused and supportive of the unique needs of women, girls and sexual and gender minorities, including gender-based violence survivors contributed to gender equality as well as promoting the empowerment and protection of women and girls, as well sexual and gender minorities. The Dignity Kit programming also provided an opportunity to support the development of self-protection capacities towards assisting beneficiaries to claim their rights, including such as rights to health, food etc.

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### **e. People with disabilities (PWD):**

UNFPA uses a rights based approach through its programming to ensure Gender-Responsive Services in addressing Gender-Based Violence. Through awareness raising during the distribution, pre-distribution and post distribution, UNFPA and Partners ensured that beneficiaries received adequate information on the project through different methodologies including individual engagements with PWD who could not leave their house due to either physical or visual impairments among others and this helped to mitigate discrimination, exclusion, or restriction on the basis of disability.

During the project period, as part of the psychosocial working group within the GBV Sub-cluster, UNFPA continued to raise the matter of inclusion of PWD in every agenda so that their specific needs are recognised and taken into account. We continued to build on effective and supportive inter-agency partnerships and engagement with local disabled people organizations to coordinate with women to ensure women and girls with disability were prioritized for this support.

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### **f. Protection:**

UNFPA actively engaged with beneficiaries in coordination with other clusters such as; WASH, Health, FSL, Protection including the participation and feedback from women and girls towards upholding the “Do no harm” principle. This approach helped to further the fundamental purpose of enhancing physical and psychological security by seeking to minimize threats of violence, coercion and deliberate deprivation, reduce vulnerability to such threats, and strengthen (self-protection) capacities as well as enhancing opportunities to ensure safety and dignity of women and girls.

Protection risk analysis through Safety Audits, FGD findings informed programmatic approach and type to reduce protection risks for the affected people. Awareness on protection, behaviour change and principle of confidentiality was promoted and reinforced to ensure protection and ensured that the rights of beneficiaries are respected.

**g. Education:**

Not Applicable as this was purely distribution of Dignity Kits

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

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

<b>Planned</b>	<b>Achieved</b>	<b>Total number of people receiving cash assistance:</b>
No	No	Not Applicable

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.

The project was purely material support for women and girls in terms of the provision of Dignity Kits with no Cash and Voucher Assistance component.

**Parameters of the used CVA modality:**

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

**9. Visibility of CERF-funded Activities**

<b>Title</b>	<b>Weblink</b>
[Insert]	[Insert]
[Insert]	[Insert]
[Insert]	[Insert]

### 3.4 Project Report 20-RR-CEF-058

1. Project Information			
<b>Agency:</b>	UNICEF	<b>Country:</b>	South Sudan
<b>Sector/cluster:</b>	Water, Sanitation and Hygiene	<b>CERF project code:</b>	20-RR-CEF-058
<b>Project title:</b>	Humanitarian Response for Immediate WASH needs of flood affected communities in South Sudan		
<b>Start date:</b>	16/10/2020	<b>End date:</b>	15/04/2021
<b>Project revisions:</b>	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
<b>Funding</b>	<b>Total requirement for agency's sector response to current emergency:</b>		<b>US\$ 6,000,000</b>
	<b>Total funding received for agency's sector response to current emergency:</b>		<b>US\$ 5,992,418</b>
	<b>Amount received from CERF:</b>		<b>US\$ 2,740,349</b>
	<b>Total CERF funds sub-granted to implementing partners:</b>		<b>US\$ 0</b>
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 0
Red Cross/Crescent Organisation		US\$ 0	

### 2. Project Results Summary/Overall Performance

With support from CERF, the UNICEF Core Pipeline supported the WASH sector in South Sudan from October 2020 to 15 May 2021 to ensure critical WASH needs were met in flood affected areas across four affected states (Jonglei, Unity, Central Equatorial, Lakes). Through CERF support, UNICEF procured and prepositioned critical WASH supplies across all five hubs (two in Jonglei State). UNICEF established partnerships for management of WASH supplies in Unity State and Jonglei (Pibor) through other financing. In coordination with the WASH Cluster, UNICEF's WASH Core Pipeline released essential WASH supplies to 24 partners covering 12 counties. These supplies were released to partners with approval from the WASH Cluster, and distributions were conducted according to Sphere and South Sudan WASH Cluster standards. Through support from CERF, UNICEF provided 471,821 individuals with critical WASH items, such as soap and buckets with taps for handwashing; buckets without taps for water storage; household water treatment chemicals; and chlorine for community handwashing facilities. With the funding received from the CERF, the following results were achieved:

- 471,821 people (113,237 women; 103,801 men; 122,673 girls; 132,110 boys) provided with soap for handwashing
- 100,000 women and girls provided with hygiene kits
- 366,000 individuals (80,520 men, 87,840 women, 102,480 boys, 95,160 girls) reached with safe water supply through distribution of water treatment products (PuR and Aquatabs)
- 25,000 benefited from distribution of household latrine construction materials (latrine slabs, tarpaulin, latrine digging kits)

In the initial proposal persons living with disabilities were not specifically targeted but are reported as reached through distribution reporting.

### 3. Changes and Amendments

A no-cost extension for this intervention was necessary due to delays in delivery of some offshore supplies (GI pipes and rods), as well as insecurity along the Nimule-Juba road which led to the closing of Elegu border (Ugandan side) due to drivers' strike. Authorities from both Uganda and South Sudan worked to resolve this issue, with South Sudan military forces eventually escorting convoys of supplies to Juba. The no-cost extension was requested and approved from 15 April to 15 May 2020. The no-cost extension ensured that all pending supplies were paid before grant expiry. Due to the delay in delivery of borehole repair parts, UNICEF used supplies which were already in stock and replenished it with that procured with the CERF funding. Key supplies procured included soap, water treatment chemicals, buckets, collapsible Jerri cans, latrine slabs, latrine digging kits, dignity kits, and filter cloths. There were also changes to the quantities of supplies procured, with some quantities increased (hand pump pipes, rods, soap, tarpaulin, latrine digging kits, water flocculant, squatting plates, and calcium hypochlorite) and others reduced (dignity kits, aluminum sulfate, filter cloths, and collapsible jerricans). Procurement was informed by the status of the available supplies in the core pipeline, so UNICEF adjusted quantities according to anticipated needs. This resulted in deviation from the planned quantities (increase in soap/hygiene and sanitation beneficiaries and decrease in water container beneficiaries). Persons living with disabilities were not specifically targeted but are reported as reached through distribution reporting. Response from UNICEF.



#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Water, Sanitation and Hygiene - 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	2,933	2,544	2,835	2,893	11,205
Internally displaced people	136,799	133,197	50,402	39,602	360,000	101,114	93,234	110,855	118,961	424,164
Host communities	0	0	0	0	0	9,190	8,023	8,983	10,256	36,452
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>136,799</b>	<b>133,197</b>	<b>50,402</b>	<b>39,602</b>	<b>360,000</b>	<b>113,237</b>	<b>103,801</b>	<b>122,674</b>	<b>132,109</b>	<b>471,821</b>
<b>People with disabilities (PwD) out of the total</b>										
	0	0	0	0	0	16,986	15,570	18,400	19,816	70,772

\* 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

All beneficiaries were direct beneficiaries with no reported indirect beneficiaries for this programme.

## 6. CERF Results Framework

**Project objective** To provide life-saving access and use of safe drinking water and sanitation and adoption of key safe hygiene practices amongst flood affected populations.

**Output 1** Flood affected communities across four states (12 counties) have access to safe water in line with Sphere minimum standards of 3-5 l/c/d

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

**Sector/cluster** Water, Sanitation and Hygiene - Water, Sanitation and Hygiene

Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of floods affected people provided with household water treatment chemicals for safe water (water flocculation/chlorination powder; water treatment tablets; community level filters).	360,000	366,000	Partner distribution reports
Indicator 1.2	Number of flood affected people provided with water containers (collapsible jerry can/bucket, jerry cans) for safe water use.	360,000	300,000	Partner distribution reports

**Explanation of output and indicators variance:** 366,000 individuals were provided with safe water through distribution of water treatment products for household water treatment and surface water treatment. The number of people reached with safe water is slightly higher than the originally planned target. The number of individuals reached with water containers is less than the planned, because UNICEF procured less collapsible jerrycans than planned due to lower request for these items as compared to rigid jerrycans. Persons living with disabilities were not specifically targeted but are reported as reached through distribution reporting. Response from UNICEF

Activities	Description	Implemented by
Activity 1.1	Distribution of household water treatment chemicals	WASH Cluster NGOs (CEDS, MEDAIR, Mercy Corps, NSDO, OXFAM-GB, PAH, TEARFUND, SI, MSF, CORDAID, ACROSS, NCA, ACF, IOM, CMD, ACTED, NRC, SPCI, CH, CMC, CRS, DRC, GBI, UNIDOR, HACO, LIVEWELL, PCO, TEARM, IMC, SP, SPEDP)
Activity 1.2	Distribution of NFIs including jerry cans and buckets)	WASH Cluster NGOs (CEDS, MEDAIR, Mercy Corps, NSDO, OXFAM-GB, PAH, TEARFUND, SI, MSF, CORDAID, ACROSS, NCA, ACF, IOM, CMD, ACTED, NRC, SPCI, CH, CMC, CRS, DRC, GBI, UNIDOR, HACO, LIVEWELL, PCO, TEARM, IMC, SP)

<b>Output 2</b>	Flood affected communities across four states (12 counties) have access to hygiene enabling supplies in line with Sphere minimum standards of 3-5 l/c/d			
<b>Was the planned output changed through a reprogramming after the application stage?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
<b>Sector/cluster</b>	Water, Sanitation and Hygiene			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 1.1	Number of people provided with soap for handwashing at critical times	360,000	471,821	Partner distribution reports
Indicator 1.2	Women and girls provided with hygiene kits	187,201	100,000	Partner distribution reports
Indicator 1.2	Number of people provided with household latrine	18,000	25,000	Partner distribution reports
<b>Explanation of output and indicators variance:</b>		The number of people reached is based on the requests and distribution by UNICEF through the WASH Cluster. More people were reached with soap compared to the planned target. The number of women and girls provided with hygiene kits is less than the planned. The original overall target for hygiene kits for women and girls considered a higher percentage of women (of menstruation age) per household which has impacted this achievement. More women and girls overall (235,910) were reached with hygiene items (not the full kit that included menstrual hygiene health materials). UNICEF reached more people (25,000 people) with latrine materials than the planned target of 18,000, assuming a 1:50 ratio of emergency latrines to beneficiaries.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Distribution of soap for handwashing and personal hygiene	WASH Cluster NGOs (CEDS, CRS, ACTED, PAH, HELP, SP, CARD, MEDAIR, Mercy Corps, NRC, WORLD VISION, IOM, RI, MSF, TERM, SI, FADM, SPEDP, SP, HACO, LIVEWELL, GBI, CH)		
Activity 1.2	Distribution of hygiene kits	WASH Cluster NGOs (IRC, PCO, SI, CH, LIVEWELL, TERM, Mercy Corps, UNIDOR, PAH)		
Activity 1.2	Distribution of household latrine construction materials (Latrine slabs, tarpaulin and latrine digging kit)	WASH Cluster NGOs (HELP, ACTED, LIVEWELL, IOM, SPEDP, ACROSS, TEARFUND, CONCERN, CRS)		

## 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 areas<sup>8</sup> often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate**

<sup>8</sup> 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) <sup>9</sup>:**

This project provided essential WASH supplies through accountability mechanisms defined by the WASH Cluster. The WASH Cluster developed a checklist to guide WASH partners on how to incorporate Accountability to Affected Populations (AAP) into their programming. The partners involved communities in needs assessment and analysis, planning and implementation of activities and ensured that communities get relevant information timely. Utilization and post distribution monitoring reports by beneficiary partners were part of cluster guidelines for use of core pipeline supplies. The UNICEF pipeline manager conducted monthly analyses of core pipeline supplies during the various stages of procurement, delivery, storage, and dispatch. In addition, all warehouse managers provided monthly stock and utilization reports for supplies, which were used to plan warehouse replenishment in different locations.

**b. AAP Feedback and Complaint Mechanisms:**

UNICEF conducted monitoring visits to recipient partners and communities to ensure appropriate use of supplies and to receive feedback from beneficiaries. Implementing partners engaged with beneficiaries before, during, and after distribution to ensure communities received correct and timely information on WASH supplies and distribution processes. Monthly meetings were conducted with partners to collect feedback on the core pipeline programme.

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

UNICEF employs a PSEA Specialist who steers PSEA work within the organization and who has investigation protocol for partners and beneficiaries in place. Communities are trained on SEA, including how to recognize and report it. All programme staff, including incentive workers, are trained on PSEA and child safeguarding, and have signed their agencies' code of conduct. SEA complaints – allegedly perpetrated by UNICEF staff or arising from UNICEF supported programmes or operations – are handled confidentially through UNICEF's office in Juba in accordance with UNICEF Notification Alerts. The UNICEF PSEA Specialist contacts the complainant to collect additional information. Within 24 hours, a Significant Incident Report is completed and sent to the UNICEF Regional Office and HQ. UNICEF reports the incident to the national PSEA Task Force. Depending on the affiliation of the alleged perpetrator, investigation and victim assistance are either conducted/provided by UNICEF or its implementing partner. The case is recorded in and monitored through the UNICEF Country Office SEA Tracker. During this period, no issues of SEA were reported by WASH Cluster partners.

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

This project gave special focus to the specific needs of women and girls. Dignity kits including items for menstrual hygiene and health were procured and distributed. In addition, provision of additional water storage containers ensured that communities were able to store more water at home and reduce the frequency of water collection, thereby reducing the work burden on women and girls. Distribution points were determined in consultation with communities to ensure that all groups of communities feel safe during distribution.

**e. People with disabilities (PwD):**

During distribution of supplies, persons with disabilities were prioritized for faster access to supplies. WASH partners consulted people with disability and collect disability disaggregated data which allowed them to identify specific needs/vulnerability. Distribution sites were selected with consideration to the needs of people living with disabilities.

**f. Protection:**

This project ensured key protection issues were considered during implementation. The selection of distribution points was done through consultations with women, men, boys, girls, persons with disabilities, older persons and marginalised persons to ensure they do not pose any threat to safety and security to these vulnerable groups.

<sup>9</sup> 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](#).

### g. Education:

This project did not specifically target education, but WASH supplies distributed contributed to education outcomes by ensuring that affected children and communities recover faster from flooding events and are able to return to school. Provision of hygiene supplies at the household level helped prevent WASH related diseases to reduce lost school days due to illnesses.

### 8. Cash and Voucher Assistance (CVA)

#### Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	Not Applicable

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 modalities were not used under this project. WASH supplies were pre-positioned for rapid access to WASH partners and hence the CVA approach was not appropriate for delivery of WASH services. The WASH Cluster is planning broader market surveys to inform any potential areas where CVA may be applicable in the future.

#### 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
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

### 9. Visibility of CERF-funded Activities

Title	Weblink
[Insert]	[Insert]

### 3.5 Project Report 20-RR-WFP-047

1. Project Information			
<b>Agency:</b>	WFP	<b>Country:</b>	South Sudan
<b>Sector/cluster:</b>	Food Security - Food Assistance Common Services - Logistics	<b>CERF project code:</b>	20-RR-WFP-047
<b>Project title:</b>	WFP response to humanitarian needs in South Sudan		
<b>Start date:</b>	06/11/2020	<b>End date:</b>	05/05/2021
<b>Project revisions:</b>	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input checked="" type="checkbox"/>
<b>Funding</b>	<b>Total requirement for agency's sector response to current emergency:</b>		<b>US\$ 20,000,000</b>
	<b>Total funding received for agency's sector response to current emergency:</b>		<b>US\$ 55,926,147</b>
	<b>Amount received from CERF:</b>		<b>US\$ 3,500,000</b>
	<b>Total CERF funds sub-granted to implementing partners:</b>		<b>US\$ 459,148</b>
	Government Partners		US\$ 0
	International NGOs		US\$ 459,148
	National NGOs		US\$ 0
Red Cross/Crescent Organisation		US\$ 0	

### 2. Project Results Summary/Overall Performance

Through this CERF grant, WFP and its partners provided food assistance to 133,000 people in Jonglei, Lakes, Central Equatoria and Unity states. These beneficiaries received monthly rations for 3 months (Nov – Jan). WFP launched a procurement process of local sorghum with two vendors for a total of 2,944 mt. Due to COVID-19 related challenges, this was adjusted to 1,944 mt, while 852 mt was procured regionally. Due to procurement lead times, WFP utilized existing food stock for distribution to targeted beneficiaries for an immediate response. With the utilisation of pre-existing stocks 133,000 people in the target counties received timely food assistance amounting to 3,151 mt of sorghum for the period of November 2020 to January 2021. The CERF grant enabled WFP to replenish its stock with 2,796 mt of sorghum.

### 3. Changes and Amendments

A bulk of the contribution from CERF focused on the local purchase of sorghum from suppliers in South Sudan to be included in the GFD+ basket. WFP encountered challenges related to the COVID-19 pandemic, which led to changes to the original procurement plan and delays in concluding the procurement.

With funds from this CERF grant, WFP aimed to purchase 2,970 mt sorghum from the local market, as per the original proposal. Tender results identified two local vendors and contracted them to supply a total of 2,944.21 mt of sorghum (1,000 mt and 1,944.21 mt per vendor)

which is 25 mt less than the original plan. The change was brought on by the difference in commodity value used for planning versus the actual commodity rate at the time of procurement. One vendor contracted to supply 1,000 mt sorghum cancelled the contract in late March 2021 citing inability to fulfil delivery. The purchase order for the 1,000 mt was therefore amended to buy food from the regional market via WFP's global commodity management facility. As a result of the change in the source of the commodity, given the higher cost of moving food from the regional market to South Sudan, WFP was able to purchase 852 mt of sorghum only.

Challenges related to COVID-19 delayed the purchase of 1,944.21 mt from the second supplier. These challenges were:

- a. Acquiring empty bags to package the commodity: South Sudan does not produce food packaging bags locally but relies on imports from Khartoum. Due to COVID-19 pandemic, additional restrictions imposed on imports led to delays in cargo readiness by the supplier.
- b. Food quality inspection services are not available locally which is why the company which conducts quality testing for WFP in South Sudan are based in Kenya and Uganda. In line with COVID-19 preventative measures, such as permission to travel to South Sudan and quarantine requirements, the process was prolonged.

The food samples collected must be shipped to the laboratory in Mombasa, Kenya for testing. Due to restrictions brought on by COVID-19, the shipping company also experienced delays. Hence a process that would take 7 days is now taking two weeks or longer, meaning delays in receipt of results, and subsequently clearing of the commodities.

#### 4. Number of People Directly Assisted with CERF Funding\*

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	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	43,890	35,900	29,260	23,940	132,990	43,892	35,903	29,262	23,943	133,000
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>43,890</b>	<b>35,900</b>	<b>29,260</b>	<b>23,940</b>	<b>132,990</b>	<b>43,892</b>	<b>35,903</b>	<b>29,262</b>	<b>23,943</b>	<b>133,000</b>
<b>People with disabilities (PwD) out of the total</b>										
	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

WFP used its response not only to address short-term food needs of vulnerable people, but it also provided services to humanitarian organisations operating in South Sudan through the UNHAS and Logistics Cluster projects. The latter projects do not have populations as the direct beneficiaries of their services/support, but rather the humanitarian community itself. As such, by transporting life-saving cargo and staff members, UNHAS and the Logistics cluster were enablers to partner's programmatic activities and any partner's beneficiary indirectly benefitted from the provision of common services.

## 6. CERF Results Framework

**Project objective** Food assistance to the most vulnerable

**Output 1** Critical food assistance is timely delivered to targeted locations

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

**Sector/cluster** Food Security - Food Assistance

Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Amount of food procured and dispatched (mt)	2,970 mt	2,796 mt	WFP distribution report
Indicator 1.2	Number of beneficiaries reached	133,000	133,000	WFP distribution report

**Explanation of output and indicators variance:** Refer to section 3. Changes and Amendments.

Activities	Description	Implemented by
Activity 1.1	Food procurement	WFP
Activity 1.2	Food delivery to WFP and/or partners warehouse	WFP
Activity 1.3	Food Distribution	Joint Aid Management, Plan International, Oxfam, acted, CRS
Activity 1.4	Procurement of NFIs (400 units)	WFP

**Output 2** Common Logistics Service provision on behalf of the humanitarian community (passenger and cargo movements)

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

**Sector/cluster** Error! Reference source not found.

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of flights operated to flood-affected locations	15	16	UNHAS
Indicator 2.2	Total tonnage of flood-priority cargo transported (MT)	60 mt	71.105 mt	UNHAS

<b>Explanation of output and indicators variance:</b>	<p>The Logistics Cluster estimated its target of 60 mt based on the below methodology:</p> <p>USD 500,000 can fund helicopter rotations for a 5-week period and as such it was split between UNHAS and LC for each to scale up helicopter transportation for 2.5 weeks.</p> <p>A 2.5-week period enables the Logistics Cluster to offer 15 working days rotations. Taking into consideration that a helicopter can transport 4 MT/Day on average (5 MT maximum capacity), a 60 mt target was established (15x4).</p> <p>However, under exceptional circumstances, the Logistics Cluster is able to operate 3 rotations in a day when the distance of the final destination is not too far from Bor (e.g. Mabior or Gumuruk). As such the 11.105 mt of cargo more from the targeted cargo was transported.</p>
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Activities	Description	Implemented by
Activity 2.1	Passenger flights to flood-affected locations in support of the humanitarian community	WFP / UNHAS
Activity 2.2	Non-Food Items flood response cargo transportation on behalf of humanitarian partners	WFP / UNHAS

## 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 areas<sup>10</sup> 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)<sup>11</sup>:

WFP South Sudan is guided by the Country Office Humanitarian Protection Strategy (2018 – 2020), the Accountability to Affected Populations Strategy (2017 – 2020) and the Gender Action Plan (2017 – 2020). Consistent across all is commitment to ensuring that women, men, girls and boys of all diversity were meaningfully engaged in the full programme cycle and humanitarian decisions. Accountability to Affected Populations: This is actualized through the formalized Complaint and Feedback Mechanism, establishment of Project Management Committees (PMC) and improved access to accurate and timely information. Across all activity areas, WFP and its implementing partners worked together to establish inclusive and representative PMCs. All PMC's in field locations were comprised of women, girls, youth and persons with disabilities, as well as, representations from community leaders and stakeholders. These groups were, therefore, assisted and required to disseminate information to the wider community in an accurate and timely manner concerning distributions and registrations. PMCs have been critical in the support and management of crowds, supporting awareness raising initiatives on CFMs. There were 9,644 reported individuals participating as PMCs across WFP activities with primary responsibility being to function as additional two-way-feedback system linking WFP and community with information necessary to all stakeholders. In all response areas,

<sup>10</sup> 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](#).

<sup>11</sup> 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](#).

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the PMCs were re-activated to link WFP and communities that they represent as necessary. Where PMC were unable to function, WFP engaged with community to identify another community-based mechanism that can assume these functions.

Logistics: UNHAS and the Logistics Cluster are service providers and do not have populations as the direct beneficiaries of its services/support, but rather the humanitarian community itself. Due to the indirect relationship with affected populations, activities only indirectly impact beneficiaries and affect cross cutting issues.

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#### **b. AAP Feedback and Complaint Mechanisms:**

The formal WFP Complaint and Feedback Mechanism (CFM) is comprised of helpline, helpdesk and community outreach. The helpline is toll-free and accessible in locations with strong network coverage. Helpdesks provide immediate resolution of issues faced by beneficiaries and communities at all end-point distribution sites. Community outreach complements the two by ensuring that WFP staff regularly visited WFP assisted locations to hold FGDs and Key Informant discussions to identify their satisfaction with WFP assistance and their AAP needs, challenges and recommendations. While this may not be the most sufficient form of CFM, it allowed WFP and CPs to ensure that matters related to assistance are dealt with in a timely, accountable and respectable manner. WFP through its CFM activities worked to strengthen community trust in the confidentiality of community engagement activities. All WFP activities (from design to implementation to monitoring) were delivered in partnership with the communities most directly affected through FGDs, KI's and community outreach.

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

WFP has a Zero Tolerance Policy to Sexual Exploitation and Abuse. This was implemented through regular awareness and prevention activities throughout the Country Office accessible to WFP and partner staff. The WFP Standard Operating Procedure on Sexual Exploitation and Abuse in South Sudan provided guidance to all staff (including partners) on their roles, responsibilities, accountabilities and action to be taken should there be any identified / suspected issues. WFP Cooperating Partners and staff were regularly trained on SEA reporting. Internal and external reporting mechanisms were in place to direct communities, partners and staff on the various avenues they can report PSEA. These avenues were through the CFMs, FO team leaders, SEA focal point for the respective field office, access to the National PSEA hotline, and through Community Based Complaint Mechanisms CBCMs. Beneficiary education on what is SEA and their rights, including survivor services, were also incorporated into all key messages delivered by WFP and partners. WFP is also an active member of the South Sudan Interagency PSEA network. Through the interagency WFP participated in State Level PSEA taskforces (currently being established) and the Community Based Complaint Mechanisms (CBCM) active across Country.

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

All activities delivered under the WFP I-CSP have been provided with a GAM score of 3. This is evidenced through sex and age disaggregation, analysis and utilisation. The Gender and Protection Unit of WFP South Sudan supported with mainstreaming gender into all activity design, implementation, evaluation and consultation. WFP has also introduced programming with specific gender objectives to strengthen women and girl's capacity to positively benefit from WFP assistance. As part of WFP's overall programming, care was taken to minimize the possibility of GBV associated with distribution and utilization of resources through interagency (or WFP led where interagency presence is lacking) GBV safety audits. This complemented existing practice of safe site planning, awareness raising with affected populations on mitigating GBV and referral systems and awareness raising of authorities and community influencers.

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#### **e. People with disabilities (PwD):**

The project did not focus specifically on persons with disability but considered disability as part of a larger vulnerability-based beneficiary selection criteria. The unconditional and blanket assistance modality captured persons with disabilities. In addition, WFP partnered with protection and inclusion actors to identify barriers faced by persons with disabilities to access and utilize their entitlements. Additionally, WFP FOs worked with communities and Partners to identify PwD's to ensure that mechanisms were put in place to address their needs prior and during distributions, registrations and post-assistance follow up through our CFM.

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#### **f. Protection:**

Mainstreaming of protection and AAP was at the core of the project design. WFP FOs with the support of the Gender and Protection Unit directly engaged and collaborated with communities and Partners to ensure considerable mechanisms are addressed and put in place to adequately account for the needs of affected people and PwD.

**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	Not Applicable

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.

On the appropriateness of modality, WFP's market analysis and feasibility assessments for cash transfer identify the most appropriate assistance modality. Given the inaccessibility of the flood-affected areas covered under this grant, WFP provided in-kind assistance only. Logistics: UNHAS and the Logistics Cluster provided support (common logistics services) to the humanitarian organisations as opposed to individual beneficiaries. As such CVA was applicable to this project.

**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
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

**9. Visibility of CERF-funded Activities**

Title	Weblink
Twitter post	<a href="https://twitter.com/WFP_SouthSudan/status/1310874100299165696">https://twitter.com/WFP_SouthSudan/status/1310874100299165696</a>
[Insert]	[Insert]
[Insert]	[Insert]

### 3.6 Project Report 20-RR-WHO-037

1. Project Information			
Agency:	WHO	Country:	South Sudan
Sector/cluster:	Health	CERF project code:	20-RR-WHO-037
Project title:	Provision of Emergency Health Kits to 360,000 Flood-Affected Population in 12 Priority Counties		
Start date:	05/11/2020	End date:	04/05/2021
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	<b>Total requirement for agency's sector response to current emergency:</b>		<b>US\$ 4,050,745</b>
	<b>Total funding received for agency's sector response to current emergency:</b>		<b>US\$ 700,000</b>
	<b>Amount received from CERF:</b>		<b>US\$ 1,199,199</b>
	<b>Total CERF funds sub-granted to implementing partners:</b>		<b>US\$ 0</b>
	Government Partners		US\$ 0
	International NGOs		US\$ 0
National NGOs		US\$ 0	
Red Cross/Crescent Organisation		US\$ 0	

### 2. Project Results Summary/Overall Performance

Since July 2020, heavy rains led to flooding, which caused widespread devastation to more than 600,000 people living in counties along the White Nile. Flooding forced people into displacement, submerged and destroyed crops, cut off trade routes, and led to an increase in cases of malaria, pneumonia and diarrhoea. Floods compounded humanitarian effects for people who were already vulnerable to conflict, displacement, food insecurity and communicable disease outbreaks. With financial support from the United Nations Central Emergency Response Fund (CERF) RR grant, the World Health Organisation (WHO) implemented a project which aimed to contribute to the reduction of avoidable morbidity and mortality among floods affected people in 12 priority locations in South Sudan by providing the needed emergency health kits. The project was successfully implemented and as a result 350,300 people (among which 52,400 people with disabilities) comprising of (M=106,500 Women=98,700 B=77,100 and G= 68,000), 98% of flood affected community members were reached with lifesaving health services in 12 priority locations; Ayod, Duk, Twic East, Bor South and Pibor counties in Jonglei state; Rumbek Centre, Rumbek North, Rumbek East, Panyijar and Awerial counties in Lakes state; Pariang County in Unity state and Juba in Central Equatoria state.

A total of 676 essential lifesaving health kits (Inter Agency Emergency Kits, Pneumonia kits, Cholera investigation and treatment kits, biological sample collection and transportation kits and health kits for management of complication related to Severe Acute Malnutrition in under five children) were procured and distributed to the twelve priority flood affected counties. The supplies were given direct to health facilities through MoH and CHD and through the health cluster partners. Eight Health Cluster implementing partners (Medicare, Sudan Medical Care, Magna, Health Link, Medair, CUAMM, Livewell South Sudan, CARE international and ONO aid-org) were involved in the distribution of the health kits to health facilities and localities to ensure accessibility. Emergency Mobile Medical Teams deployed by WHO also helped in the last mile utilisation of the supplies through their outpatient consultations and direct deliveries in support of health facilities.

### **3. Changes and Amendments**

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

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Health - 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	67,536	72,360	48,240	53,064	241,200	66,500	72,300	48,000	52,000	238,800
Host communities	33,264	35,640	23,760	26,136	118,800	32,200	34,200	20,000	25,100	111,500
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>100,800</b>	<b>108,000</b>	<b>72,000</b>	<b>79,200</b>	<b>360,000</b>	<b>98,700</b>	<b>106,500</b>	<b>68,000</b>	<b>77,100</b>	<b>350,300</b>
<b>People with disabilities (PwD) out of the total</b>										
	18,900	21,600	6,480	7,020	54,000	18,000	21,000	6,400	7,000	52,400

\* 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

Household members of recipients of emergency health kits within the 12 priority locations are the indirect beneficiaries of the project. Thus, an estimated 1.8 million household members benefitted indirectly. Better health for individuals reduces overall expenditure of households, reduces psychosocial distress related to ill health and increases household productivity and income. The project also contributed to reduced transmission of infectious diseases among indirect beneficiaries. The host community indirectly benefited from the significantly reduced transmission of communicable/infectious diseases.

## 6. CERF Results Framework

<b>Project objective</b>	Reduce excess morbidity and mortality among the flood-affected populations in 12 priority Counties; through the provision of essential medicine and emergency Health kits for the initiation of early appropriate treatment. It is intended to cover the core pipeline emergency health needs of the partners serving the targeted population. The medical kits requested will be deployed to strategic hubs in the affected states and directly to health facilities and mobile clinics.
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<b>Output 1</b>	Women, men, boys and girls in counties affected by floods have equitable and timely access to lifesaving essential medicines and health care services.
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**Was the planned output changed through a reprogramming after the application stage?** Yes  No

Sector/cluster	Health - Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of IEHK kits procured and distributed	275	275(100%)	Purchase Order, Inventory reports, Waybills, Request Service Forms (SRFs), Distribution report
Indicator 1.2	Number of pneumonia kits procured and distributed	51	51(100%)	Purchase Order, Inventory reports, Waybills, Request Service Forms (SRFs), distribution report
Indicator 1.3	Number of SAM/MC kits procured and distributed	90	90(100%)	Purchase Order, Inventory reports, Waybills, Request Service Forms (SRFs) Distribution report
Indicator 1.4	Number of Water testing kits procured and distributed	3	0(0%)	
Indicator 1.5	Number of cholera treatment and investigation kits procured and distributed	268	260(97%)	Purchase Order, Inventory reports, Waybills, Request Service Forms (SRFs), Distribution report
Indicator 1.6	Number of dispensary tents procured and distributed	5	5(100%)	Purchase Order, Inventory reports,



				Waybills, Request Service Forms (SRFs), distribution report
Indicator 1.7	Number of counties with emergency supplies deployed	12	12(100%)	Purchase Order, Inventory reports, Waybills, Request Service Forms (SRFs) Distribution report
<b>Explanation of output and indicators variance:</b>		Due to the impact of the COVID pandemic on the global supply chain, few commodities could not be delivered in time as expected before hence impacted the in-country distribution plan. Water testing kits, cholera treatment kits and SAM/MC kits are in the category of supplies affected by the delays. WHO will distribute the supplies balances as soon as they are received.		
Activities	Description	Implemented by		
Activity 1.1	[Procure 275 emergency health kits]	WHO		
Activity 1.2	[Procure 51 Pneumonia Kits]	WHO		
Activity 1.3	[Procure 90 SAM/MC Kits]	WHO		
Activity 1.4	Procure 3 Water testing kits	WHO		
Activity 1.5	Procure 268 cholera treatment and investigation kits	WHO		
Activity 1.6	Procure 5 dispensary tents	WHO		
Activity 1.7	Deploy emergency health kits, nutrition kits and outbreak investigation kits	WHO		
Activity 1.8	Distribute emergency health kits, nutrition kits and outbreak investigation kits to partners and health facilities	WHO with the guidance form the Health Cluster		
Activity 1.9	Monitoring and supportive field visits to the 12 projects sites	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 areas<sup>12</sup> 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.**

<sup>12</sup> 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](#).

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**a. Accountability to Affected People (AAP) <sup>13</sup>:**

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The design of the flood response project was informed by a series of multi-cluster interagency needs assessments conducted in the target locations. The Interagency Rapid Needs assessments (IRNA) conducted in Ulang between 20-23 October 2020, Akobo East from 14th – 15th October 2020, Bor Town on June 04th, 2020 and others conducted in Pibor, Uror, Rumbek, Mayom, Aweil North and Ayod between 3<sup>rd</sup> July and 1 November. During these assessments, key informants from States Ministry of Health, County Health Departments, health actors, community and opinion leaders provided information on the existing needs, women, men, boys and girls were also interviewed through focused group discussions where qualitative and quantitative data including personal anecdotes were obtained. The information obtained from the assessments was used to design projects that meets the needs of the affected people. At the implementation phase, WHO worked with states and County health authorities, chiefs, community representatives and the health partners to determine priority locations to be supported. Request for medical supplies was coordinated with health authorities and the health cluster to ensure distributions was based on needs and needs alone, for instance local chiefs were invited by county health authorities to provide names of health centres where affected people were displaced and community health workers (volunteers) were selected to support implementation e.g. crowd control, translations and beneficiary registration. The Health Cluster partners supporting various health facilities within the target locations were responsible for last mile delivery of emergency medical kits

Monitoring and supervision of the project was jointly conducted involving representatives from the affected people , for instance ,the health care workers on the ground , the County health departments and the state's ministry of health actively supported supervision and monitoring alongside the Health Cluster ,WHO, National Ministry of Health and health partners. This enabled effective delivery of floods response interventions and accountability to the project stakeholders.

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**b. AAP Feedback and Complaint Mechanisms:**

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The project funds were used to procure and provide emergency medical supplies through the health cluster partners, County Health departments and health facilities. Partners channelled their request through the health cluster that evaluated the needs and approved disbursement along with the CHDs providing an effective framework to respond to feedback and complains in a timely manner. The needs for emergency medical supplies were collectively determined with support from the national and local health authorities to ensure needs to be addressed reflect the community needs and a product of community participation.

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

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The health cluster partners supported by WHO are recommended on the basis of their strong systems including policies regarding Prevention of Sexual Exploitation and Abuse, the ICCG framework where WHO and other partners subscribe has PSEA mainstreamed supported by the protection cluster that delivers training and capacity building including establishment of community protection mechanisms where cases of Sexual exploitation and abuse are reported. At the community level local health care facilities have frameworks for handling PSEA and PSEA issues are reported WHO is part of the PSEA service provider and strengthens the referral mechanism for SEA responding to medical needs of victims of SEA especially management of rape cases. WHO did not receive any SEA cases. However, WHO included as a training package on clinical management of rape cases to healthcare workers so that in the event such unfortunate situation happened the healthcare workers would be in position to provide the necessary management.

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

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Emergency kits delivery sites were located close to the sites where the vulnerable population are located so that women, men, boys, and girls can easily access the services without having to walk long distances. All mobile medical teams have female clinicians to ensure that victims of GBV can feel free to open up and seek care. Health workers training package were revised to incorporate clinical management of rape to ensure that all survivors get the optimum care. Additionally, WHO supported facilities to have safe spaces to facilitate counselling

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<sup>13</sup> 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 information sharing with at risk population who need counselling. The health information collected and used details beneficiaries reached by Gender and vulnerabilities indicating the level of consciousness in targeting and reporting on achievements for instance Male, female, boys, girls and People with disabilities are well reported on. WHO is closely working with GBV/protection cluster in ensuring GBV referral and support system is in place. WHO also trained health workers in clinical management of rape and referral path ways.

**e. People with disabilities (PwD):**

WHO's support to its Mobile Medical Teams and mobile health clinics rendered by other health partners contribute towards reducing challenges of access to health services by People with disabilities considering that deployments are conducted in areas with access constraints. At the facility level, health services providers ensure the protection of at-risk people including women, children, girls, People with Disabilities and other at risk groups. At risk groups are more susceptible infectious diseases thus the emergency kits are provided to facilitate provision of life saving health interventions including investigation and response to outbreaks and other public health emergencies.

**f. Protection:**

Health facilities supported with emergency health kits were selected with gender and protection considerations to ensure ease of access by at risk population particularly women and children and other persons of concern. For instance, distance and average walking time where considered in the selection of health facilities. The emergency mobile medical deployments to areas with access constraints provided another level of protection to at risk groups considering last mile services are taken to the people where fixed health facilities do not exist.

**g. Education:**

Not applicable

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

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

<b>Planned</b>	<b>Achieved</b>	<b>Total number of people receiving cash assistance:</b>
No	No	Not Applicable

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.

The project was designed to procure and deliver Interagency Emergency Health Kits (IEHKs) and other essential medicines as part of the core pipeline for medical supplies. The supplies are distributed to health cluster partners and directly to the health facilities. WHO does not apply Cash or voucher modalities in the distribution of pharmaceuticals in a humanitarian context to ensure the right quality of supplies and standards are maintained. In addition, WHO is the core pipeline manager for medical supplies and has established strong systems for international and local procurement, shipment, warehousing, distribution, and monitoring that guarantees safety and accountability.

**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
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### 9. Visibility of CERF-funded Activities

Title	Weblink
[Insert]	<a href="https://twitter.com/WHOSouthSudan/status/1346458068184391682">https://twitter.com/WHOSouthSudan/status/1346458068184391682</a>
[Insert]	<a href="https://www.facebook.com/WHOSOUTHSUDAN/posts/4824102434330549">https://www.facebook.com/WHOSOUTHSUDAN/posts/4824102434330549</a>
[Insert]	<a href="https://twitter.com/WHOSouthSudan/status/1348202021103562754">https://twitter.com/WHOSouthSudan/status/1348202021103562754</a>
	<a href="https://www.facebook.com/WHOSOUTHSUDAN/posts/4844772028930256">https://www.facebook.com/WHOSOUTHSUDAN/posts/4844772028930256</a>
	<a href="https://twitter.com/WHOSouthSudan/status/1359926031868690435?s=20">https://twitter.com/WHOSouthSudan/status/1359926031868690435?s=20</a>
	<a href="https://web.facebook.com/WHOSOUTHSUDAN/posts/4983560481718076">https://web.facebook.com/WHOSOUTHSUDAN/posts/4983560481718076</a>
	<a href="https://twitter.com/WHOSouthSudan/status/1364127970160480257?s=20">https://twitter.com/WHOSouthSudan/status/1364127970160480257?s=20</a>
	<a href="https://web.facebook.com/WHOSOUTHSUDAN/posts/5029944267079697">https://web.facebook.com/WHOSOUTHSUDAN/posts/5029944267079697</a>
	<a href="https://mobile.twitter.com/WHOSouthSudan/status/1366707966225874947">https://mobile.twitter.com/WHOSouthSudan/status/1366707966225874947</a>
	<a href="https://web.facebook.com/WHOSOUTHSUDAN/posts/5079211565486300">https://web.facebook.com/WHOSOUTHSUDAN/posts/5079211565486300</a>
	<a href="https://mobile.twitter.com/WHOSouthSudan/status/1368811915766595585">https://mobile.twitter.com/WHOSouthSudan/status/1368811915766595585</a>
	<a href="https://web.facebook.com/WHOSOUTHSUDAN/posts/5099547043452752">https://web.facebook.com/WHOSOUTHSUDAN/posts/5099547043452752</a>
	<a href="https://www.afro.who.int/news/who-delivered-essential-medicines-and-medical-supplies-communities-lainya-wonduruba-and">https://www.afro.who.int/news/who-delivered-essential-medicines-and-medical-supplies-communities-lainya-wonduruba-and</a>
	<a href="https://twitter.com/WHOSouthSudan/status/1373885854972841984">https://twitter.com/WHOSouthSudan/status/1373885854972841984</a>
	<a href="https://www.facebook.com/WHOSOUTHSUDAN/posts/5158869304187192">https://www.facebook.com/WHOSOUTHSUDAN/posts/5158869304187192</a>
	<a href="https://mobile.twitter.com/WHOSouthSudan/status/1373885854972841984">https://mobile.twitter.com/WHOSouthSudan/status/1373885854972841984</a>
	<a href="https://www.facebook.com/WHOSOUTHSUDAN/posts/5158869304187192">https://www.facebook.com/WHOSOUTHSUDAN/posts/5158869304187192</a>
	<a href="https://mobile.twitter.com/WHOSouthSudan/status/1376505334227959810">https://mobile.twitter.com/WHOSouthSudan/status/1376505334227959810</a>
	<a href="https://www.facebook.com/WHOSOUTHSUDAN/posts/5190686484338807">https://www.facebook.com/WHOSOUTHSUDAN/posts/5190686484338807</a>
	<a href="https://twitter.com/WHOSouthSudan/status/1397856082433818626">https://twitter.com/WHOSouthSudan/status/1397856082433818626</a>
	<a href="https://www.facebook.com/WHOSOUTHSUDAN/posts/5493697054037747">https://www.facebook.com/WHOSOUTHSUDAN/posts/5493697054037747</a>
	<a href="https://twitter.com/WHOSouthSudan/status/1400357271822082050">https://twitter.com/WHOSouthSudan/status/1400357271822082050</a>
	<a href="https://www.facebook.com/WHOSOUTHSUDAN/posts/5527662653974520">https://www.facebook.com/WHOSOUTHSUDAN/posts/5527662653974520</a>

## ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	CERF Sector	Agency	Implementing Partner Type	Total CERF Funds Transferred to Partner in USD
20-RR-WFP-047	Food Assistance	WFP	INGO	\$178,950
20-RR-WFP-047	Food Assistance	WFP	INGO	\$68,549
20-RR-WFP-047	Food Assistance	WFP	INGO	\$77,049
20-RR-WFP-047	Food Assistance	WFP	INGO	\$58,313
20-RR-WFP-047	Food Assistance	WFP	INGO	\$76,287