

**SOUTH SUDAN
RAPID RESPONSE
POST-CONFLICT NEEDS
(LIKELY FAMINE)
2021**

21-RR-SSD-47076

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PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:

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

26/01/2022

The AAR was held online and in attendance were UNICEF, FAO, WHO, and cluster representatives from the protection, WASH, health, and nutrition clusters. The AAR meeting provided recipient agencies, cluster coordinators to share their experience on the consultative process for the CERF allocation and its added value around coordination, timeliness in addressing critical needs and its complementarity to other funding sources or mechanisms.

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

Recipient UN agencies and its partners reported on its achievements in addressing post conflict needs and likelihood of famine in South Sudan under this CERF grant. A consolidated report on use of CERF Funds was discussed with the HCT/UNCT on 08 February 2021.

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

The final version of the report was shared with the HC/HCT and OCHA South Sudan senior management for review and clearance before submission to CERF. The report from recipient agencies, is a result of the organisations input, its implementing partners and contribution from relevant cluster coordinators. Another set of review with recipient agency, cluster coordinators and implementing partners on the consolidated report was not required.

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

The CERF allocation came at a critical time, when people of South Sudan were facing the worst food insecurity emergency globally. The grant supported a scale up of the humanitarian response in six priority 1 counties (Tonj North, Tonj South, Tonj East, Akobo, Pibor and Aweil South) while also attracting additional resources from donors. Recipient agencies addressed the most urgent humanitarian needs by reaching 506,664 affected persons, including persons with disability, with food and livelihood assistance, protection support, health, nutrition, and WASH services as well as logistical support. The response helped prevent people already facing emergency levels of acute food insecurity from further falling into chronic food, thereby contributing to the effort of averting famine.

Furthermore, CERF funding strengthened coordination and partnership among stakeholders, especially recipient agencies, implementing partners and cluster coordinators, in addressing immediate needs in the targeted locations. It also enabled UNICEF to promote multi-sectoral life-saving response through nutrition, protection (Child Protection and Gender Based Violence), WASH and logistics activities. Women and children received preventive and curative nutrition services, and UNICEF provided WASH services in locations with high GAM rates - nutrition centres and communities, child protection services and GBV services to women and girls, including GBV survivors. Additionally, logistical support helped scale up and expand humanitarian response and services in the Greater Pibor Administrative Area during rainy season.

CERF's Added Value:

CERF funds contributed to strengthening of multi-sectoral coordination for immediate and life-saving 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. CERF funds contributed to fast delivery of services as it provided flexibility in fund usability, this allowed agencies to use CERF money to replenish supplies while using the available stocks to immediately respond to emergency needs. Additionally, CERF grant enabled recipient agencies to scale up response. For instance;

UNICEF – Scaled up life-saving nutrition response in targeted counties and coordinated with WASH partners who provided comprehensive WASH interventions in locations with high global acute malnutrition rates.

WFP – All recipient agencies coordinated and collaborated with the logs clusters for delivery of supplies and personnel.

FAO – To avoid duplication and overlap of response, FAO collaborated and coordinated with partners through the FSL cluster to ensure effective programming. Furthermore, FAO used readily available stock for fast and timely delivery of fishing kits to people affected by the floods, while CERF was used to replenish those items.

UNFPA – There was improved coordination between UNFPA, the reproductive health technical working group and the health cluster, which resulted in timely delivery of the reproductive health kits.

WHO – Supported health facilities and established mobile clinics which contributed to improved and timely access to essential health services.

UNHCR – Utilized the pre-positioned Core Relief Items, sanitary kits and shelter materials for immediate response, which were replenished by CERF funding.

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

Yes

Partially

No

Generally, CERF provided quick and time sensitive emergency funding required to establish life-saving services in highly food insecure communities. The Fund also enabled agencies to replenish supplies making it possible for early distribution of supplies to implementing partners for pre-positioning, and to cover costs of distribution of supplies. Agencies were able to internally pre-finance projects to ensure quicker delivery of services to affected populations. However, disruption in the global supply chain system did result in some delays in the delivery of supplies into the country.

Did CERF funds help respond to time-critical needs?

Yes

Partially

No

The funds were used to support crisis affected populations with no access to food. CERF funds enabled beneficiaries to access food immediately, made it possible to support health facilities and establish mobile clinics, and to ensure availability of life saving reproductive health commodities.

Did CERF improve coordination amongst the humanitarian community?

Yes

Partially

No

CERF funding supported the process of joint determination of needs, quantification and priorities setting which increased collaboration between agencies, clusters, and implementing partners on the ground. The agencies encouraged county-level coordination which avoided duplication and overlaps during implementation. Collaboration with the logistics cluster also ensured delivery of supplies and personnel to response locations.

Did CERF funds help improve resource mobilization from other sources?

Yes

Partially

No

CERF funding complemented other funding mechanisms such as the South Sudan Humanitarian Fund (SSHF) and was a means to additional bilateral funding. For instance, UNICEF mobilized \$300,000 from the Government of Germany and \$1.4 million from FCDO for WASH activities in High GAM areas. UNFPA mobilized additional \$216,000 FROM European Union.

Considerations of the ERC's Underfunded Priority Areas¹:

Women and girls were consulted through focus groups, one-on-one interviews, and gender analyses to understand their needs and concerns during the needs assessment and throughout project implementation. Women and girls were supported by provision of case management services for GBV and PSS at the women and girls' friendly spaces, provision of referral services for general protection and GBV, and provision of the reproductive health information and services including a targeted MISP package which focused on needs of women and girls related to GBV interventions. Recipient agencies applied a protection and gender lense in designing and implementing activities and put in place mechanisms to handle issues of women, girls, gender, and sexual minorities. Messaging around GBV/SGBV and child marriage were incorporated during activities in nutrition sites, WGFS, community consultations, and through the health centers and mobile clinics. Partners strengthened community-based networks for quicker feedback and project data was disaggregated by gender, age and disability status and used for reporting purposes.

The needs of people with disabilities were considered during design and implementation of interventions for example training of water committees specifically ensured that PWDs can access water. Nutrition services were inclusive, selection criteria included families with PWDs during identification of beneficiaries and included gender and disability dimension in risk analyses. People with disabilities were also reached through disability networks and organizations during project implementation to ensure they are mobilized and are actively participating. In health, for example, partners worked with community leaders, social mobilizers/home health promoters to map out households with PwD and extended services to them through mobile services by intentionally selecting locations for mobile outreaches with considerations for PWDs, providing separate queues for PWDs during distributions, transport support and home deliveries for PWDs. Lastly, disability status was included in data collection and reporting, and the Washington Group Questions was incorporated in some of the monitoring tools.

Protection is cross cutting and involved local authorities, community leaders and civil society in coordination with the Protection Cluster, the AAP Technical Working Group, and other clusters. The centrality of protection was key for partners and the application of the principles of 'do no harm' and confidentiality were applied. Considerations were made of vulnerable groups such as children, female headed households, and other persons with special needs during Safety Audits, and Protection Risks Analyses. Efforts were made to ensure all partners have PSEA policies and guidelines and adhered to the signed codes of conduct.

Table 1: Allocation Overview (US\$)

Total amount required for the humanitarian response	68,472,784
CERF	10,000,359
Country-Based Pooled Fund (if applicable)	12,968,066
Other (bilateral/multilateral)	323,052
Total funding received for the humanitarian response (by source above)	23,291,477

¹ In January 2019, the Emergency Relief Coordinator identified four priority areas as often underfunded and lacking appropriate consideration and visibility when funding is allocated to humanitarian action. The ERC therefore recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and HCTs/UNCTs when prioritizing life-saving needs for inclusion in CERF requests. These areas are: (1) support for women and girls, including tackling gender-based violence, reproductive health and empowerment; (2) programmes targeting disabled people; (3) education in protracted crises; and (4) other aspects of protection. While CERF remains needs based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the questions and answers on the ERC four priority areas [here](#).

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

Agency	Project Code	Sector/Cluster	Amount
FAO	21-RR-FAO-006	Food Security - Agriculture	1,800,000
UNFPA	21-RR-FPA-006	Health - Sexual and Reproductive Health	200,020
UNHCR	21-RR-HCR-006	Protection	324,201
UNHCR	21-RR-HCR-006	Protection - Gender-Based Violence	276,171
UNICEF	21-RR-CEF-010	Water, Sanitation and Hygiene	3,330,001
UNICEF	21-RR-CEF-010	Nutrition	450,000
UNICEF	21-RR-CEF-010	Protection - Child Protection	360,000
UNICEF	21-RR-CEF-010	Common Services - Logistics	180,000
UNICEF	21-RR-CEF-010	Protection - Gender-Based Violence	180,000
WFP	21-RR-WFP-006	Food Security - Food Assistance	991,960
WFP	21-RR-WFP-006	Common Services - Humanitarian Air Services	607,975
WHO	21-RR-WHO-008	Health	1,300,031
Total			10,000,359

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

Total funds implemented directly by UN agencies including procurement of relief goods	6,547,721
Funds sub-granted to government partners*	0
Funds sub-granted to international NGO partners*	2,060,711
Funds sub-granted to national NGO partners*	1,391,927
Funds sub-granted to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	3,452,638
Total	10,000,359

* 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:

At the time the CERF request was made, around March/April 2021, people in South Sudan were experiencing one of the worst food insecurity emergencies globally. With the humanitarian situation continually deteriorating, the CERF Rapid Response grant represented a crucial funding injection as it enabled a critical scaling up of the response and served as a catalyst for mobilization of additional resources. CERF funds were allocated to support immediate and priority humanitarian response activities in food security and livelihoods, health, nutrition, protection, logistics and water and sanitation highlighted as the most urgent needs among affected communities in the six priority 1 locations - Tonj North, Tonj South, Tonj East, Akobo, Pibor and Aweil South. Consequently, this CERF allocation was strictly prioritized for the most urgent immediate life-saving assistance, focusing on the most prioritized needs and critical activities; food and livelihood assistance, water, sanitation and hygiene, health, nutrition and protection, including logistics services. In advance of the allocation, a comprehensive review of the response in each county was conducted to identify the most important actions. To strengthen and operationalize the humanitarian response, a multi-sector approach was employed.

Operational Use of the CERF Allocation and Results:

The activities implemented with funding from CERF contributed to mitigating the effects of food insecurity, helped prevent malnutrition in children and pregnant and lactating women, contributed to averting famine and helped improve the well-being of affected people. Activities supported cluster priorities in health, nutrition, WASH, protection, and logistics through provision of livelihood assistance, life-saving sexual and reproductive health services, integrated health and nutrition services, and replenishing core pipeline supplies which also enabled prepositioning of supplies in the six priority locations. A total of 506,664 beneficiaries were reached through this CERF allocation, 156,093 women, 125,941 girls, 97,879 men, and 126,751 boys. Furthermore, CERF funding strengthened the ongoing humanitarian response through a multi-sector approach and influenced the allocation of additional resources from donors. Clusters working in coordination and the in-built feedback mechanisms (After Action Review) further improved the in-country CERF processes and enhanced the strategic use of CERF funds. In addition, the CERF allocation complemented an allocation of \$13 million from the South Sudan Humanitarian Fund which supported procurement of core pipeline items for health, nutrition, water, sanitation and hygiene, food security and livelihoods, and protection; and provided front line response. This CERF allocation complemented a \$7 million cash programming CERF grant that supported 221,600 food insecure households to meet their food needs locally through unrestricted cash. This complementarity with other funding opportunities contributed towards building preparedness capacities and resilience to recurring emergencies.

People Directly Reached:

Out of the 511,084 people targeted, the agencies reached 506,664 people with assistance through this CERF grant. To avoid double counting of persons reached as much as possible, a "MAX" methodology was used. Data was consolidated from each recipient agency and the highest disaggregated data on persons reached, by category (IDPs, host communities, returnees, and refugees) and location was considered as the overall figure reached. The methodology used was exactly the same as that of targeted beneficiaries during the chapeau development stage. The highest target beneficiary number was considered per category, disaggregation, including county to avoid duplication in 3 states (6 counties) in South Sudan. Although there were initially 9,000 refugees targeted, there were ultimately no refugees reached as part of the allocation.

People Indirectly Reached:

The total number of indirect beneficiaries reached were 770,510. This was achieved through awareness raising on GBV/SGBV and child marriage and hygiene promotion messaging, families of direct beneficiaries e.g., abducted children and women, household members to the mothers, men, boys, and girls who received health services, caregivers of children under 5 years reached through nutrition activities, and recipients of produce sold in the communities after harvesting/fishing, assets created at communal level such as roads and dykes.

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
COMMON SERVICES - LOGISTICS	0	60	0	0	60	14	44	0	0	58
COMMON SERVICES - HUMANITARIAN AIR SERVICES	0	0	0	0	0	0	0	0	0	0
FOOD SECURITY - FOOD ASSISTANCE	14,932	12,720	36,556	31,141	95,349	14,932	12,720	36,556	31,141	95,349
FOOD SECURITY - AGRICULTURE	90,000	54,000	18,000	18,000	180,000	117,000	33,900	24,180	6,120	181,200
HEALTH	16,224	13,843	21,707	21,094	59,720	20,180	13,646	15,805	13,527	63,158
HEALTH - SEXUAL AND REPRODUCTIVE HEALTH	9,000	3,000	2,250	750	15,000	7,054	2,155	1,806	475	11,490
NUTRITION	3,122	500	637	662	4,921	4,057	325	782	640	5,804
PROTECTION	7,074	4,032	9,760	7,686	28,552	6,660	2,499	4,162	3,330	16,651
PROTECTION - CHILD PROTECTION	2,833	1,544	5,365	5,258	15,000	5,196	3,185	6,409	7,851	22,641
PROTECTION - GENDER-BASED VIOLENCE	1,807	13,409	2,800	13,200	31,216	7,264	2,235	4,322	2,583	16,404
WATER, SANITATION AND HYGIENE	65,881	60,391	71,369	76,859	274,500	85,787	78,638	92,937	100,082	357,444

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

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

Category	Planned	Reached
Refugees	9,000	0
Returnees	47,213	14,526
Internally displaced people	123,845	204,170
Host communities	249,276	144,419
Other affected people	81,750	143,549
Total	511,084	506,664

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

Sex & Age	Planned	Reached	Number of people with disabilities (PwD) out of the total	
			Planned	Reached
Women	187,470	156,093	11,576	12,868
Men	118,295	97,879	10,476	11,796
Girls	108,558	125,941	13,150	19,939
Boys	96,761	126,751	13,889	15,013
Total	511,084	506,664	49,091	59,616

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 21-RR-FAO-006

1. Project Information			
Agency:	Food and Agriculture Organization (FAO)	Country:	South Sudan
Sector/cluster:	Food Security - Agriculture	CERF project code:	21-RR-FAO-006
Project title:	2021 Life-saving emergency livelihood response in South Sudan		
Start date:	10/04/2021	End date:	09/10/2021
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

Funding	Total requirement for agency's sector response to current emergency:	US\$ 18,000,000
	Total funding received for agency's sector response to current emergency:	US\$ 2,000,000
	Amount received from CERF:	US\$ 1,800,000
	Total CERF funds sub-granted to implementing partners:	US\$ 432,637
	Government Partners	US\$ 0
	International NGOs	US\$ 213,342
	National NGOs	US\$ 219,295
Red Cross/Crescent Organisation	US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF UFE grant, FAO and its partners provided livelihood support to 180,000 people (or 30,000 households), of which 25,150 households were female-headed. The support composed of provision crop seeds, vegetable seeds, fishing kits and one agriculture hand tools.

Type of vegetable seed	Amount per sachet (g)
Amaranth	20
Okra	50
Eggplant	20
Cabbage	20
Tomato	20
Onion	20
Collard	20

In Akobo, the Nile Hope (NH) reached a total of 25,000 households (30,000 people) of which 3,000 were female headed and 2,000 were male headed. Each beneficiary received 3 kg of cowpea, 5 kg of maize, and 5 kg of sorghum, and one sachet of each vegetable

seed including okra, amaranths, collard, and fishing kit (hooks, monofilament and twines).

In Aweil South, FAO, through direct implementation, reached 5,000 households (30,000 people) including 4,300 female-headed households and 700 male-headed. Each beneficiary received 5 kg of maize, 3 kg of cowpea, 1 kg of green gram, 1 hoe or maloda, as well as one sachet of collard, okra, tomato, cabbage, and amaranth.

In Tonj North, FAO, through its implementing partner, World Vision, reached a total of 5,000 households (30,000 people), of which 4,228 were female-headed and 772 were male-headed, with distribution of 5kg of maize, 3 kg of cowpea, and 5kg of sorghum wad ahmed, as well as one sachet of each vegetable seed including onion, cabbage and okra, and fishing kits (hooks). Moreover, the project established and trained 330 people (211 female, 119 male) and established 10 demonstration farms. The project also trained 360 people (235 female, 125 male) on vegetable production. Finally, the project trained 186 fisher folks (51 female, 135 male) in fishing practicing and management including net making, fish preservation and making of fishing net, fish preservation such as salting, smoking and sun drying.

In Tonj South, FAO, through direct implementation reached 4 000 households (24 000 People) of which 2,280 were female-headed and 1,120 were male-headed). Each household received 5 kg bag of sorghum, 5 kg bag of maize, 3 kg bag of cowpeas, sachets of two types of assorted vegetable which included okra, onion, and a maloda. Further, the beneficiaries were provided with technical agronomic practices and information on how to prevent the spread of COVID-19, including practicing social distancing, hand hygiene, and the use of masks.

In Tonj East, FAO, through its partner, the South Sudan Grassroots Initiative for Development (SSGID), reached a total of 6,000 households (36,000 people) including 3,600 female-headed households and 2,400 male-headed. The project also established 16 demonstration plots and trained six vegetable groups composed of 800 beneficiaries (560 female, 240 male) and 900 fisher folks (135 female, 765 male). Each beneficiary received 3 kg cowpeas, 5 kg of sorghum, and 5 kg maize, as well as 50 g of onion, 25 g of cabbage, 20 g of amaranth, 25 g of collard, 25 g of eggplant, 25 g of tomato, 25 g of kudra, and one coil of monofilament and another coil of twine, including one hook sized either #7 or #8. Beneficiaries were also provided with training on agriculture/crop production, land preparation, minimum tillage practice, lay out of vegetable gardens, number of seeds and methods of planting, row planting, preparation of nurseries and nursing techniques, water conservation techniques such mulching, pest and disease control, harvesting technique, drying techniques, and vegetables utilization through field days. Fisher folk groups have received training in net making, fish preservation techniques such as sun drying, smoking and dry salting.

In Pibor, Joint Aid Management (JAM) reached a total of 5,000 households (30,000 people), including 2,700 females and 2,300 males. The project distributed 5 kg of sorghum seeds, 5kg of cowpeas, and one hoe each. Moreover, the project trained a total of 150 beneficiaries (77 female, 28 male) in good agriculture practice (GAP) as well as 100 households (20 female-headed, 80 male-headed) in fishing production.

Since the emergency inputs were distributed and training of farmers on crop farming, vegetable production and fishing practices had been completed. It hoped that the hunger and malnutrition levels of food insecure households will improve after they grow the crops and vegetable and eventually harvest, with fishing now part of their diet, this would provide diversity in food which improves the nutritional status of the household members, especially children under five and women.

3. Changes and Amendments

The project was implemented without any changes during implementation period.

5. People Indirectly Targeted by the Project

People indirectly targeted/reached by the project are communities in project areas. The entire community is benefitting from the project, as supported households will be able to sell surplus of their produce (crop, vegetables and fish) on the market. Moreover, established demonstration plots are going to serve for dissemination of knowledge on best agriculture practices for all the communities.

6. CERF Results Framework

Project objective	Protect the livelihoods of the most vulnerable households and increase their food production				
Output 1	Increased capacity for food production of severely food insecurity and displaced households				
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Food Security - Agriculture				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 1.1	Number of people reached with emergency livelihood kits	180 000 people (equivalent to 30 000 households)	180 000 (equivalent to 30 000 households)	Partners' reports and FAO reports	
Indicator 1.2	Number of emergency livelihood kits distributed	30 000 kits (one kit per household)	30 000 kits (one kit per household)	Partners' reports and FAO reports	
Explanation of output and indicators variance:		N/A			
Activities	Description	Implemented by			
Activity 1.1	Mobilize and sensitize communities	FAO, SSGID, JAM, NH, WVI			
Activity 1.2	Procurement of inputs for replenishment	FAO, SSGID, JAM, NH, WVI			
Activity 1.3	Beneficiary identification/registration	FAO, SSGID, JAM, NH, WVI			
Activity 1.4	Collect and stock FAO emergency livelihood kits from nearest FAO warehouse and transport them to the distribution sites	FAO, SSGID, JAM, NH, WVI			
Activity 1.5	Distribute the emergency livelihood kits	FAO, SSGID, JAM, NH, WVI			
Activity 1.6	Monitoring and evaluation	FAO			

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas² often lacking appropriate

² These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP) ³:

The project was designed based on needs assessments done by FAO and other UN agencies and NGOs, during which crisis-affected people were consulted. During the implementation, community level engagements had been conducted by project staff, locally hired community mobilizers, chiefs, and the County Agriculture Department (CAD). The purpose of mobilization was to assist in the identification of local level partners as well as support and facilitate the collection and documentation of success stories on a weekly and monthly basis. Additionally, community mobilizers assisted in mobilizing and facilitating active participation of women and individuals living with disability, in project planning, implementation and monitoring. Although PwDs were not targeted directly, households with PwDs were selected to align with the criteria. Further, information on the rights of both beneficiaries and non-beneficiaries, and the complaint and feedback mechanism was also provided. In the remaining activities, Project staff and community mobilizers worked alongside the Project Implementation Committee (PIC) in order to facilitate and streamline community participation and engagement.

b. AAP Feedback and Complaint Mechanisms:

The project established the feedback or complaint mechanisms through a complaints box. AAP committees were available during distributions of inputs, allowing beneficiaries to submit a written form or provide feedback directly to them. Moreover, the project beneficiaries were also directed to provide feedback to FAO AAP assistants and through toll-free lines. FAO has ten AAP assistants and two toll free lines for programmatic and PSEA feedback (515 and 882 respectively).

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

FAO has toll free lines for reporting cases of PSEA (882). The posters with information about PSE were displayed during meetings with project beneficiaries. As part of the Letters of Agreement (LoAs), the implementing partners were required to undertake Gender Safety Audit to assess and identify safe locations and the accessibility of the location in terms of distance, security, access to water, to ensure women and girls have access to the location without any challenges.

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

The project ensured participation of females from the beginning to the end of the project. Moreover, gender empowerment was supported by distribution of female-friendly inputs such as vegetable seeds.

e. People with disabilities (PwD):

Selection criteria for identification of beneficiaries included families with people with disabilities. As such households with PwD were identified and selected for distributions of inputs. The project did not target PwD directly, but rather their households so that they could receive inputs.

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

f. Protection:

To ensure protection, especially for female headed households, implementing partners undertook Safety Audits to ensure that women and girls have access to the location without any challenges.

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	Choose an item.	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 project did not consider CVA, as the inputs which were identified through needs assessments, were not available locally to be purchased. As such provision of cash would not meet project beneficiaries' needs as they would not be able to procure high-quality seeds, tools and fishing equipment at the local markets.

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
N/A	N/A	US\$ [insert amount]	Choose an item.	Choose an item.
N/A	N/A	US\$ [insert amount]	Choose an item.	Choose an item.
N/A	N/A	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
Twitter	https://twitter.com/FAOSouthSudan/status/1433002183004508163
Twitter	https://twitter.com/FAOSouthSudan/status/1429749218097475586

3.2 Project Report 21-RR-FPA-006

1. Project Information

Agency:	UNFPA	Country:	South Sudan
Sector/cluster:	Health - Sexual and Reproductive Health	CERF project code:	21-RR-FPA-006
Project title:	Delivering Integrated Sexual and Reproductive Health Services and Information for Crisis -affected population in South Sudan.		
Start date:	30/04/2021	End date:	29/10/2021
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

Funding	Total requirement for agency's sector response to current emergency:	US\$ 600,000
	Total funding received for agency's sector response to current emergency:	US\$ 100,000
	Amount received from CERF:	US\$ 200,020
	Total CERF funds sub-granted to implementing partners:	US\$ 0
	Government Partners	US\$ 0
	International NGOs	US\$ 0
	National NGOs	US\$ 0
Red Cross/Crescent Organisation	US\$ 0	

2. Project Results Summary/Overall Performance

Through the CERF UFE grant, UNFPA procured and distributed 100 assorted Emergency Reproductive Health Kits (ERH) to health partners implementing reproductive health services in the targeted counties of Akobo, Pibor, Aweil South, Tonj East, Tonj North, and Tonj South. The procured items included drugs, supplies and equipment for clean delivery, clinical delivery assistance, clean delivery tools for birth attendants, post rape treatment, treatment of sexually transmitted infections, management of complications of miscarriage, suture for vaginal tears, drugs and equipment for referral level facilities and supplies for blood transfusion

By the end of the project on 29 October 2021, a total of 100 assorted kits have been used fully, benefitting reproductive health service outlets in the 6 project locations.

Health commodities are a crucial and important input in the provision of health services including reproductive health, without which, provision of services would be impossible. Therefore, using commodities procured using this grant UNFPA partners were able to provide lifesaving quality sexual and reproductive health and Gender Based Violence (GBV) services and information to women, men, girls and boys. Overall, the project reached 11,490 affected people with various SRH service; among whom were 7,054 women of reproductive age, 1,806 girls, 475 boys and 2,155 men. A majority of those reached were host community at 5,836, while the internal displaced persons accounted for 4,884 of those reached. While UNFPA had not anticipated to serve returnees at the project design, we noticed that in some of the areas served, there were 770 returnees who benefited from the services.

The services provided include clean and safe deliveries, antenatal care, post-natal care, and management of Sexually transmitted

diseases and clinical management of rape survivors. 6,000 beneficiaries were served with clean and safe deliveries, while the rest got other services. Please refer to the attached matrices of kits distribution and aged disaggregation data for details. Also a significant number of beneficiaries (3,239) are from Jonglei and Warrap (2,300) where the needs for reproductive health supplies was the highest.

3. Changes and Amendments

There were changes to the project. UNFPA bought 100 IARH Kits below the intended target of 145 assorted kits due to changes in the contents of the New Version of the IARH Kits.

This is due to changes in the version of the IARH Kit contents with different (higher) prices. The project proposal budgeted using the price of the old IARH Kit prices, however, the procurement was done when already the old version of the IARH kits were phased out.

5. People Indirectly Targeted by the Project

None

6. CERF Results Framework

Project objective	Improve availability and access to life-saving reproductive health commodities for most vulnerable populations in flood affected areas				
Output 1	15,000 women, adolescent girls, boys and men have access to reproductive health kits				
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Health - Sexual and Reproductive Health				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 1.1	Number of assorted RH kits procured, disaggregated by types of kits	145	100	Request for procurement of ERH Kits and Distribution Plan, Goods Receipt Note, Delivery Slips.	
Indicator 1.2	Number of assorted RH kits distributed, disaggregated by types of kits and geographical area distributed to.	145	100	ERH Kits Distribution Plan, Delivery Slips and Programme Supply Distribution Agreements (PSDA)	
Indicator 1.3	Number of people directly benefiting from RH kits procured and distributed, disaggregated by age, sex and geographical area	15,000	11,490	Health Facility Monthly and Quarterly Reports	
Explanation of output and indicators variance:		Generally, there is variance between the outputs and the indicators. We achieved about 76.6%, below the intended target by 23.4% due to changes in the contents of the New Version of the IARH Kits. This is due to changes in the version of the IARH Kit contents with different (higher) prices. The project proposal budgeted using the price of the old IARH Kit prices, however, the procurement was done when already the old version of the IARH kits were phased out.			
Activities	Description	Implemented by			
Activity 1.1	Procure assorted RH kits required for implementation of Minimum Initial Services Package (MISP)	UNFPA			
Activity 1.2	Distribute RH kits to priority areas most affected by flooding	UNFPA			
Activity 1.3	Conduct monitoring visits to selected locations to ensure RH kits are distributed and used for intended purposes	UNFPA			

7. Effective Programming

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

a. Accountability to Affected People (AAP) ⁵:

During the design phase, assessments were conducted to identify the needs of the affected population through community consultation, including discussions on project sites, risks as understood by the communities and their leaders. Reproductive Health in Emergency Technical Working Group (RHIE TWG) partners had monthly meetings to identify and assess emerging issues. Beneficiaries were sensitized on accountability standards and complaints mechanisms. Communities were also informed about availability of focal points to whom they could raise any arising issues. The feedback and reporting procedures were displayed in safe places within the project location. Community user friendly monitoring tools (colour coding for community to indicate implementation progress, e.g. Green for completed, Yellow for ongoing/on track and Red for activities not implemented/started) were developed for those who cannot read and write to encourage inclusivity and participation of the beneficiaries and communities at large.

b. AAP Feedback and Complaint Mechanisms:

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

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

Last Mile Assurance (LMA) monitoring tools such as delivery slip, Programme Supplies Distribution Agreement (PSDA) and PSDA report will be used to track movement of supplies from UNFPA warehouse to partners' warehouses/stores and final to health facilities. Partners will use PSDA reporting form to report on the consumption of the supplies, indicating the value of supplies in terms of monetary value distributed to patients/clients and stock at hand. Lastly LMA audit for selected partners will be conducted usually at the end of the year to ascertain rational use of the RH Kits.

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

⁴ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

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

There is a PSEA hotline in place and the email psea@unfpa.org for reporting SEA cases. Awareness raising about SEA as a violation and information on victim assistance through existing GBV referral Pathway continued through the project process especially partners who provide Clinical Management of Rape (CMR) by use of ERH Kit 3 – Post Rape Treatment Kits. UNFPA has a PSEA policy in place for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints as an agency and also as part of the Inter Agency PSEA Task Force.

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 implemented a PSEA strategy, through a range of coordinated actions strengthened prevention and response, management and coordination. Similarly, with a dedicated PSEA Focal Point in place UNFPA enhanced awareness raising about SEA as a violation and information on victim assistance through existing GBV and Health Referral Pathway through partners who provided GBV case management as well as ensured SEA Victims have access to survivor centred case management including RH services and care through the GBV service centres and supported health facilities. In addition, project implementation staff were trained on PSEA before the inception of the project. Awareness raising on PSEA was one of the key topics in all integrated SRH outreach activities.

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

UNFPA worked through partners in the selected locations in the delivery of SRH, GBV prevention, risk mitigation and response among the counties that witnessed mass displacement due to flooding which exacerbated the vulnerability of women and girls. Reproductive health information and services were provided them essential health needs and enhanced decision making in terms of their health and choices. The MISP package also focused on needs of women and girls related to GBV interventions, including information on clinical management of rape, strengthening referrals to other specialised services such as psychosocial support and physical protection where necessary in collaboration with other partners.

e. People with disabilities (PwD):

UNFPA ensured integration of PwD in the project with the aim to meet the essential needs and ensured accessibility. Further, UNFPA included gender and disability dimension in risk analysis, project design and implementation for its interventions towards enhancing gender/disability responsive approaches and promoted shared recovery benefits' by improving knowledge of the gender/disability dimensions of disaster and protection risks.

f. Protection:

UNFPA conducted a Protection Risk Analysis based on prioritized activities, identified protection risks (including risk of gender- based violence) and sexual exploitation and abuse, as well as strategies to mitigate these risks. These pre-analysed protection risks and mitigation measures were used as guidance for contextualizing the risks with reference to the four protection mainstreaming principles which underpin all humanitarian work to ensure people, their needs, and diversity of risks and needs remained at the centre of our intervention and as such we considered prioritizing the safety and dignity of beneficiaries and avoided causing harm, ensured meaningful access to assistance/services, accountability, participation and empowerment.

g. Education:

The project was meant to scale up immediate response towards improving availability of life-saving reproductive health commodities to flood-affected populations in prioritized areas, however, UNFPA integrated elements of education towards improving health-seeking behaviour especially after encountering rape as well as enhanced awareness raising on prevention of early pregnancy, HIV/AIDS and STDs. By providing reproductive health education in the health facilities, UNFPA and its implementing partners encouraged the formation of healthy sexual attitudes and practices as UNFPA and its implementing partners continued to provide emergency lifesaving reproductive services, information and RH supplies.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

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

Not applicable.

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	<u>Restriction</u>
N/A	N/A	US\$ [insert amount]	Choose an item.	Choose an item.
N/A	N/A	US\$ [insert amount]	Choose an item.	Choose an item.
N/A	N/A	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
[Insert]	[Insert]
[Insert]	[Insert]
[Insert]	[Insert]

3.3 Project Report 21-RR-HCR-006

1. Project Information

Agency:	UNHCR	Country:	South Sudan
Sector/cluster:	Protection Protection - Gender-Based Violence	CERF project code:	21-RR-HCR-006
Project title:	South Sudan Concept Note: Addressing the protection needs of persons with specific needs		
Start date:	01/04/2021	End date:	31/12/2021
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

Funding	Total requirement for agency's sector response to current emergency:	US\$ 1,221,238
	Total funding received for agency's sector response to current emergency:	US\$ 0
	Amount received from CERF:	US\$ 600,372
	Total CERF funds sub-granted to implementing partners:	US\$ 325,346
	Government Partners	US\$ 0
	International NGOs	US\$ 150,000
	National NGOs	US\$ 175,346
Red Cross/Crescent Organisation	US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF grant UNHCR was able to implement six key activities, including protection monitoring and identification of persons with specific needs (PSNs), referrals to multisectoral services, distribution of core relief items (CRIs), community engagement and GBV awareness raising, survivor centered psychosocial support and GBV case management. In Akobo and Pibor, UNHCR and its partners (HDC, CAO and INTERSOS) reached cumulative total of 24,422 individuals through awareness raising, identification and support of PSNs with CRIs and other non-cash assistance, referrals to other services and comprehensive management of SGBV cases including provision of survivors with material support and counselling. These includes screening and profiling of 8,313 PSNs, 238 referrals to multi-sectoral services, distribution of CRIs to 8,100 PSNs including 100 shelter items for 100 households, 578 SGBV survivors supported with material assistance and/or psychosocial counselling, and 7,193 individuals reached through awareness raising campaign on prevention and response to SGBV.

3. Changes and Amendments

While the composition of the project did not change, two adjustments were made in response to the evolving humanitarian context. Firstly, UNHCR repositioned CRIs in Bor in the first half of the year ahead of the wet season, the quantities were not enough to meet the revised targets were incorporated into CERF funding support which are a part of UNHCR's efforts to increase protection services addressing the worsening humanitarian crisis in Pibor and Akobo counties of Jonglei state. Additional core relief items were required

to be sourced through UNHCR pipeline and shipped to Bor for onward transportation to the targeted PSNs in Pibor and Akobo. Due to this reason, UNHCR requested a Non-Cost Extension until 31 December 2021 on 27 September 2021, which was approved on 5 October 2021.

Secondly, the number of reached beneficiaries were smaller than the planned figures. These results are due to the following individual complementary factors. The large scale gathering for awareness raising activities were not encouraged in the most location, which limited the number of awareness raising campaigns on prevention and response to SGBV. The deterioration of security in Pibor and Akobo was the major cause of limiting the outreach capacity of UNHCR and its partners. The age-set fighting in Pibor, road ambushes between Pibor and Gumuruk, Pibor and Lekuangle, inter-communal fights and revenge killing in Akobo had hindered many outreach activities. In Akobo, the fear of reaching out was the big deal due to insecurity and continues attacks by criminals, while in the town and Akobo west, the major setback was the continues revenge attacked in the town that halted humanitarian activities occasionally as staff fears being targeted in revenge killing.

Thirdly, with the customized assistance provided in Pibor and Akobo, the number of individuals assisted increased by far as most of the vulnerable households of the PSNs had higher numbers of the different categories, the support provided enabled the households to revive their livelihoods and provided protection to the families assisted. The assistant includes the provision of IPAs, CRIs, sanitary materials and construction of 100 shelters to hundred families.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection									
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	3,093	1,458	5,184	3,200	12,935	2,664	1,000	1,665	1,332	6,661
Internally displaced people	2,864	1,800	3,200	2,520	10,384	2,997	1,124	1,873	1,499	7,493
Host communities	1,117	774	1,376	1,966	5,233	999	375	624	499	2,497
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	7,074	4,032	9,760	7,686	28,552	6,660	2,499	4162	3,330	16,651

People with disabilities (PwD) out of the total

0	0	0	0	0	0	733	350	291	167	1,541
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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	800	200	800	500	2,300	1,224	272	680	544	2,720
Internally displaced people	800	200	800	500	2,300	1,574	350	874	699	3,497
Host communities	5,000	200	5,000	400	10,600	699	155	389	311	1,554
Other affected people	6,600	600	6,600	1,400	15,200	0	0	0	0	0
Total	13,200	1,200	13,2000	2,800	30,400	3,497	777	1,943	1,554	7,771

People with disabilities (PwD) out of the total

0	0	0	0	0	0	125	249	93	155	622
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5. People Indirectly Targeted by the Project

Indirectly the project benefited over 68,000 individuals which were reached through different assessments, protection monitoring and through IEC materials and others mostly through the support provided to the direct beneficiaries and they ended up benefiting such as the families staying together with the supported households.

6. CERF Results Framework

Project objective Address the protection needs of persons with specific needs through identification, direct lifesaving assistance and referrals to multi-sectoral services in Pibor and Akobo areas in Jonglei state.

Output 1 Identification and referral to available lifesaving multisectoral services through referral pathways Protection - Protection

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

Sector/cluster Protection

Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# of PSNs identified	12,000	8,313	Monthly reports shared by partners
Indicator 1.2	# of PSNs referred to available lifesaving multisectoral services	730	238	Monthly reports shared by partners
Indicator 1.3	# of PSNs receiving customised assistance, including core relief items, sanitary items, emergency shelter materials, material support based on the individual specialised needs items	7,000	8,100	Monthly reports shared by partners

Explanation of output and indicators variance: With the customized assistance provided in Pibor and Akobo, the number of individuals assisted increased by far as most of the vulnerable households of the PSNs had higher numbers of the different categories, the support provided enabled the households to revive their livelihoods and provided protection to the families assisted. The assistant includes the provision of IPAs, CRIs, sanitary materials and construction of 100 shelters to hundred families.

Activities	Description	Implemented by
Activity 1.1	Identification of the most vulnerable PSN including persons with disabilities and older persons)	Partners (CAO, INTERSOS and HDC) in Pibor &Akobo,
Activity 1.2	PSNs including persons with disability and elderly persons will be referred to available lifesaving multisectoral services through the existing referral pathways	Partners (CAO, INTERSOS and HDC) in Pibor &Akobo,
Activity 1.3	PSNs including persons with disability and elderly persons are provided with core relief items	Partners (CAO, INTERSOS and HDC) in Pibor &Akobo,

Output 2 Provision of survivor centred psychosocial support, appropriate GBV case management, GBV awareness raising and strengthen GBV referral systems. Protection - Protection

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

Sector/cluster	Gender-Based Violence/Protection			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	# of individuals reached through awareness raising campaigns on SGBV prevention and response in Akobo	11,800	7,193	Monthly reported and field visit to the site
Indicator 2.2	# of reported SGBV incidents for which survivors receive psychosocial counselling in Akobo	198	247	Monthly report, biweekly report and Field visit to the site
Indicator 2.3	# of reported SGBV incidents for which survivors receive material assistance in Akobo	130	331	Monthly report
Explanation of output and indicators variance:		With the interruption of activities by COVID-19 and conflict in Akobo, the huge gathering for awareness were not encouraged in most cases hence reducing the number of attending. Instead, UNHCR and its partners distributed IEC materials and mobilized the local volunteers for community outreach. The reporting rate of incidences including SGBV survivors seeking support increase due to the knowledge increase on SGBV prevention and response in the area as a great impact of the ongoing project and referral mechanism put in place by UNHCR and partners.		
Activities	Description	Implemented by		
Activity 2.1	Community engagement and awareness raising activities on GBV risk factors, mitigation measures and on available GBV response services	Partners (CAO, INTERSOS)		
Activity 2.2	Provision of survivor-centered psychosocial support focused on healing, empowerment, and recovery	Partners (CAO, INTERSOS)		
Activity 2.3	Provision of appropriate GBV case management services including coordinated care and support	Partners (CAO, INTERSOS)		

7. Effective Programming

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

⁶ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

a. Accountability to Affected People (AAP) ⁷:

UNHCR's "Community-based Protection (CBP)" puts the capacities, agency, rights, and dignity of persons of concern at the centre of programming and harnesses the knowledge and resources of communities and to strengthen their capacities. Displacement affects individuals differently, depending on their age, gender, disability, and other diversity characteristics. UNHCR's Age, Gender and Diversity (AGD) policy is at the forefront of each intervention as it ensures that all persons of concern (PoC) can fully participate meaningfully in decisions that affect them and enjoy their rights on an equal footing with others. A multi-sector participatory assessment was conducted with IDP communities to gather information regarding their needs, concerns, and priorities. This information is used to prioritize interventions in this proposal.

b. AAP Feedback and Complaint Mechanisms:

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

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

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

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

In view of the high protection risks in South Sudan, particularly to women, girls and persons with specific needs, the provision of assistance must be accompanied by enhanced protection services, targeted approach in assistance distribution, which includes prioritization of needs of women, girls, UASC, persons with disabilities, elderlies without family member. UNHCR and partners, being present in most of the locations, conducted protection by presence, protection monitoring to identify and refer the most vulnerable cases and those with specific needs. Community-based networks has been strengthened and maintained for awareness raising activities to mitigate GBV risks, monitoring and providing initial responses to general protection incidents.

e. People with disabilities (PwD):

Households with at least one person with specific needs or vulnerable households were offered support to receive the Core Relief Items (CRIs) and/or to ensure they have access to protection and assistance provided by UNHCR and partners such a psychosocial support and multi-sectoral support to Persons with Specific Needs (PSNs). Support for persons with disability (PwD) was offered in consultation

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

with them through the distribution monitoring system. PwDs were also supported at the distribution site with separate queues, transport support or home delivery, where these were appropriate solutions.

f. Protection:

As the lead agency of the Protection Cluster in South Sudan, UNHCR collaborate with partners to prioritize the safety and dignity of displaced population in vulnerable situations, ensure meaningful access to assistance and services in proportion to need and without any physical or institutional barriers, establish community-based mechanisms where affected populations can address concerns and complaints, and support the development of self-protection capacities and assist the displaced population to claim their rights.

g. Education:

Not applicable.

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.

n/a

Parameters of the used CVA modality:

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

9. Visibility of CERF-funded Activities

Title	Weblink
[Insert]	[Insert]

3.4 Project Report 21-RR-CEF-010

1. Project Information			
Agency:	UNICEF	Country:	South Sudan
Sector/cluster:	Water, Sanitation and Hygiene Nutrition Protection - Child Protection Common Services - Logistics Protection - Gender-Based Violence	CERF project code:	21-RR-CEF-010
Project title:	Emergency assistance to food insecurity affected communities in South Sudan		
Start date:	06/04/2021	End date:	05/10/2021
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input checked="" type="checkbox"/>	Reprogramming <input checked="" type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:	US\$ 31,391,958	
	Total funding received for agency's sector response to current emergency:	US\$ 10,399,050	
	Amount received from CERF:	US\$ 4,500,001	
	Total CERF funds sub-granted to implementing partners:	US\$ 1,754,699	
	Government Partners	US\$ 0	
	International NGOs	US\$ 1,305,925	
	National NGOs	US\$ 448,774	
Red Cross/Crescent Organisation	US\$ 0		

2. Project Results Summary/Overall Performance

Through this CERF grant, UNICEF and its partners rehabilitated 101 boreholes with handpumps, constructed 15 new handpumps, installed and operated one emergency surface water treatment unit, constructed 383 latrines, provided hygiene items to 357,444 people, and reached 103,562 individuals with hygiene promotion messaging in the food insecurity priority counties of Aweil South, Tonj East, Tonj North, Tonj South, Pibor, and Akobo. In addition, UNICEF and its partners reached a total of **10,187** beneficiaries (1,340 boys, 2,768 girls, 1,613 men, 4,466 women) with gender-based violence (GBV) risk mitigation, prevention awareness including case management, COVID prevention messages, safe referral for multisectoral GBV services as well as PSS and skills building courses at the two women and girls friendly spaces in Pibor and Gumruk. Of this total, 5,695 people (1,382 girls, 2,345 women, 884 boys and 1,084 men) were reached with GBV prevention, response, and risk mitigation services, plus 712 women and girls who were reached with case management services. Of these, 3,780 individuals (456 boys, 1,062 girls, 529 men, 1,733 women) reached with GBV risk mitigation, prevention awareness messages on COVID in Pibor and Gumruk

The intercommunal conflict that took place in Gumruk during the project period led to destruction of facilities including women and

girls' friendly spaces (WGFS) and displacement of people to Pibor. The displaced people were further supported at the WGFS, leading to an overachievement of the target. With regards to child protection interventions, 22,641 persons were provided MHPSS services; 10,551 children (5,230 girls) were reached with focused and non-focused MHPSS interventions including awareness raising sessions on child protection and MHPSS in both Akobo and Pibor. An additional 10,509 individuals were reached with MHPSS and COVID-19 prevention messages in Akobo and 1,581 adults were reached with MHPSS awareness raising. UNICEF is supporting a RSRTF project on reconciliation in Jonglei which was being implemented alongside the CERF funded project. Two of the four protection partners are involved in both projects and clarity was sought on targeted locations to ensure that there was no duplication of locations and targeted beneficiaries. The project assisted a total of 86 case workers (36 women) who received refresher training on case management while 54 CBCPCN members received a refresher in child protection case management standard operating procedures- this included 10 government social workers in Pibor who were key in supporting recovered child abductees in Pibor in the UNICEF supported interim care facility pending reunification. In addition, CBCPCN and caregivers benefitted from key messages to prevent family separation and positive parenting. 342 children (173 girls) were newly registered and provided with case management services. Of this number, 139 children (72 girls) were identified as unaccompanied and separated children (UASC) - of these, 47 children (15 girls) were reunified with their caregivers. In Pibor the majority of the UASC were recovered child abductees.

For the nutrition component of the project, to improve the quality of Maternal, Infant and Young Child Nutrition (MIYCN) and Community-based Management of Acute Malnutrition (CMAM) services and adherence to the national protocol for treatment of children with Severe Acute malnutrition (SAM) in Akobo and Pibor counties, UNICEF and nutrition implementing partners Nile Hope for Development Forum (NHDF) and Joint Aid Management (JAM) & JAM and NHDF trained 33 health and nutrition workers (19 males and 14 females) using CERF funding, providing nutrition prevention and treatment services in South Sudan. JAM and NHDF are nutrition implementing partners in Pibor and Akobo respectively. UNICEF also employed a team of 14 dedicated nutrition monitors across the country to conduct programme monitoring, on-the-job mentorship, and supportive supervision as part of the continuous quality improvement project, which significantly improved the quality of SAM treatment and allowed for adaptations to nutrition programming in the COVID-19 context.

During the project period (6 April – 5 October 2021), a total of 4,382 caregivers (4,057 pregnant and lactating women (PLWs)/grandmothers/in laws and 325 men) received key messages and were counselled on MIYCN, health and WASH in both counties. Maintaining good nutrition during adolescence and pregnancy is critical for the health of girls, mothers and unborn children. It is also important to prepare the mother to properly feed the infant (early initiation of exclusive breastfeeding and importance of nutrition for the mother). Nutrition counselling for behaviour change is a critical strategy to improve the nutritional status of women during adolescence and pregnancy. If the mother is prepared well in advance during pregnancy, her ability to practice early initiation and exclusive breastfeeding is enhanced. Additionally, sanitation and handwashing were among the key messages provided especially in the context of the COVID-19 outbreak. Moreover, husbands, grandmothers and in-laws were also included in the counselling as they strongly influence whether mothers and caregivers can adopt and sustain optimal MIYCN practices.

Furthermore, a total of 1,422 (640 boys; 782 girls) children suffering from SAM were treated in stabilization centers (SC) and outpatient therapeutic programmes (OTP) in Akobo and Pibor counties with CERF financial support; reaching 109 per cent of the target. The performance indicators for SAM treatment were above the acceptable minimum Sphere standards, with a cure rate of 95.83 per cent, a death rate of 0.13 and a defaulter rate of 2.14 per cent.

UNICEF has prepositioned nutrition supplies from the available buffer stock procured from other resources and dispatched them to nutrition sites in the target areas for consumption starting from April 2021. UNICEF has also transferred cash to implementing partners for operational costs to implement planned activities (See Annex). In addition, 24 tents (16 tents, light weight, rectangular,42m² and 8 tents, light weight, rectangular,72m²) procured using CERF funding have been distributed to the priority counties for establishment of temporary nutrition sites in the flood prone areas.

3. Changes and Amendments

UNICEF requested a budget reprogramming on 10 August 2021 to realign budget categories, shift some frontline services to WASH

core pipeline needs, and reprogram one of the boats under common services to Bor. These changes were formally approved by the CERF Secretariat on 13 September 2021. Through this reprogramming the additional supplies for the core pipeline account for the increased beneficiaries that received hygiene items through this grant (original target of 274,500 individuals reached with hygiene items and 357,444 reached). Due to the insecurity and access constraints in Pibor there is an unspent balance of 30,000 USD that was not expended by Oxfam, resulting in an unplanned under-expenditure.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Common Services - Logistics									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	60	0	0	60	14	44	0	0	58
Total	0	60	0	0	60	14	44	0	0	58
People with disabilities (PwD) out of the total										
	0	0	0	0	0	0	0	0	0	0

Sector/cluster	Nutrition									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	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	3,122	500	637	662	4,921	4,057	325	782	640	5,804
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	3,122	500	637	662	4,921	4,057	325	782	640	5,804
People with disabilities (PwD) out of the total										

0	0	0	0	0	0	0	0	0	0	0
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Sector/cluster		Water, Sanitation and Hygiene								
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	-	-	-	-	-	-	-	-	-	-
Returnees	791	725	856	922	3,294	1,030	945	1,115	1,201	4,291
Internally displaced people	34,818	31,916	37,719	40,620	145,073	45,338	41,560	49,117	52,893	188,908
Host communities	3,815	3,497	4,132	4,450	15,894	4,967	4,553	5,382	5,794	20,696
Other affected people	26,457	24,253	28,662	30,867	110,239	34,452	31,580	37,323	40,194	143,549
Total	65,881	60,391	71,369	76,859	274,500	85,787	78,638	92,937	100,082	357,444
People with disabilities (PwD) out of the total										
	9,882	9,058	10,706	11,529	41,175	12,868	11,796	13,939	15,013	53,616

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	1,009	551	437	239	2236	0	0	0	0	0
Host communities	834	456	361	198	1849	4,466	1,613	2,768	1,340	10,187
Other affected people	97	53	42	23	215	0	0	0	0	0

Total	1940	1060	840	460	4,300	4,466	1,613	2,768	1,340	10,187⁸
People with disabilities (PwD) out of the total										
	53	97	23	42	215	0	0	0	0	0

Sector/cluster	Protection - Child Protection									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	1,473	803	2,790	2,734	7,800	0	0	0	0	0
Host communities	1,218	664	2,307	2,261	6,450	5,196	3,185	5,456	7,118	20,955
Other affected people	142	77	268	263	750	0	0	953	733	1,686
Total	2,833	1,544	5,365	5,258	15,000	5,196	3,185	6,409	7,851	22,641⁹
People with disabilities (PwD) out of the total										
	142	77	268	263	750	40	12	22	17	91

⁸ Please note that the numbers reached include 3,780 individuals (456 boys, 1,062 girls, 529 men, 1,733 women) reached with GBV risk mitigation, prevention awareness messages on COVID in Pibor .

⁹ Please note that the numbers reached include 10,509 individuals (2,530 boys, 1,179 girls, 2,450 men, 4,350 women) reached with MHPSS awareness messages on COVID in Akobo.

5. People Indirectly Targeted by the Project

For the WASH component, UNICEF reached 103,562 individuals with hygiene promotion and Covid-19 prevention messaging through this CERF grant.

For the child protection component, it is expected that 50,000 people or more indirectly benefited from the child protection programming from the awareness raising sessions with children and adults and from the peer-to-peer adolescent sessions. The indirect beneficiaries were comprised of families of UASC, child survivors of violence, recovered child and women abductees from the activities and child protection awareness sessions done during the project.

For nutrition, a total of 7,000 (140 per cent of the target) caregivers for children U5 increased their knowledge on how to screen for malnutrition for their own children at home through the family Mid Upper Arm Circumference (MUAC) screening approach. UNICEF and nutrition partners established community nutrition stakeholders within this new catchment area which includes community nutrition committees and Mother to Mother Support Groups (MtMSG). Community Nutrition Volunteers (CNVs) and nutrition assistants with skills in taking MUAC and interpretation of the results trained the community nutrition stakeholders, mothers and care givers and distributed family MUAC tapes. CNVs were allocated a specific number of household targets in their respective villages. This achievement has shown significant positive variance after a robust improvement plan.

UNICEF C4D in partnership with United Networks for Health (UNH) and in collaboration with the Ministry of Health and County Health Departments implemented integrated risk communication and community engagement interventions. In Pibor and Akobo, 23 radio listener groups with a total of 230 participants (200 females and 30 males) were oriented and participated in weekly radio listening and interactive sessions. Each group were provided with solar radios loaded with pre-recorded nutrition drama episodes and jingles on prevention and control of undernutrition and malnutrition through promotion of positive behavioural practices among caregivers particularly pregnant and lactating mothers. The intervention, which has been linked to health facilities with OTP services, has shown a high rate of learning among the participants as evidenced by monthly feedbacks sessions. The programme was also complemented with the broadcast of radio talk shows, drama episodes and jingles translated in local languages through a community-based radio station in Pochalla. Additionally, a total of 35 trained community mobilizers conducted monthly community engagement at household level, reaching 6,500 households with approximately 39,000 individuals (25,500 females 13,500 males) with integrated lifesaving messages including promotion of maternal, infant, and young child nutrition (MIYCN) and child caring practices.

6. CERF Results Framework

Project objective	To minimize morbidity and mortality due to the direct and indirect impacts of food insecurity, lack/poor health services, poor sanitation, COVID-19 and flooding			
Output 1	Girls and boys under age five have increased and more equitable access to improved preventative nutrition services and treatment of severe acute malnutrition.			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Nutrition			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of health and nutrition workers trained to provide Maternal, Infant and Young Child Nutrition (MIYCN) counselling and Community-based Management of Acute Malnutrition (CMAM) services as per national standards; (12	33	33	Training Report

	Female and 21 Male)			
Indicator 1.2	Number of primary caregivers of children aged 0-23 months who received counselling on MIYCN (3,122 PLW and 500 husbands/men)	3,622	4,382	Quarterly Progress Report
Indicator 1.3	Number of children aged 6-59 months with SAM who are admitted for treatment in nutrition sites. (662 boys and 637 girls);	1,299	1,422	Quarterly Progress Report and Nutrition Information System.

Explanation of output and indicators variance:	<p>Indicator 1.1:</p> <p>The indicator was achieved as planned. A total of 33 (19 males and 14 females; 100 percent of the target) staff were trained on MIYCN, with a slight increase in the participation of women than originally targeted. In the pre-test, ten staff scored below expectation; 11 did well with good passing marks; and 12 were assessed as excellent. However, in the post-test, 19 staff scored excellent; ten staff scored as good; and 4 scored poor results. Due to roll-out on the additional package on the MIYCN preventive module, the staff will continuously access the capacity building skills through on-job training to improve their competency level to deliver quality services.</p> <p>The same number of staff were trained in CMAM. The post-training evaluation (post-test) had positive results, as trained staff had improved from a 50% mean average (pre-test) to over 75% (post-test). The skills added value to implementation as staff were able to treat and provide preventive health education to caregivers and vulnerable children.</p> <p>The trainings have been conducted in phases, with each group comprising of 15 and 20 participants to minimize the risk of covid-19 spread.</p> <p>Indicator 1.2:</p> <p>The overall target for this indicator was exceeded by 21 per cent through active mobilization of women, men and fathers who are caregivers to participate in this activity in the target area (Pibor and Akobo counties). However, the male involvement in care of children is still minimal, and only 325 out of the targeted 500 men (65 per cent) were reached with MIYCN counselling. The reduced reach for men was mainly related to local perception within the community and social and cultural practices that do not reinforce men's roles as caregivers. Thus, the over achievement of this indicator is mainly due to participation of a large number of women.</p> <p>The counselling sessions were conducted with COVID-19 precautions.</p> <p>Indicator 1.3:</p> <p>Overachieved the target by 9%.</p> <p>UNICEF and nutrition implementing partners admitted and treated 1,422 children (782 females) with severe acute malnutrition (SAM) using CERF funding for operational costs in the priority counties (Pibor and Akobo). The achievement is 109 per cent against the planned target of 1,299.</p>			
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The percentage of children discharged from outpatient therapeutic care who have recovered in the targeted areas is 95.83 per cent, which met Sphere standards. (See table below).

UNICEF prepositioned nutrition supplies from the available buffer stock procured from other grant and dispatched them to nutrition sites in the target areas for consumption starting from April 2021. UNICEF has also transferred cash to implementing partners for the operational costs of implementing planned activities. In addition, 24 tents (16 tents, light weight, rectangular, 42m² and 8 tent, light weight, rectangular, 72m²) were procured using CERF funding and have been distributed to the priority counties for establishment of temporary nutrition sites in flood prone areas.

Activities	Description	Implemented by
Activity 1.1	Recruit and refresh health and nutrition workers on MIYCN counselling and CMAM as per national standards	Joint Aid Management (JAM) & Nile Hope for Development Forum (NHDF)
Activity 1.2	Distribute MUAC tapes and demonstrate use for family MUAC screening	Joint Aid Management (JAM) & Nile Hope for Development Forum (NHDF)
Activity 1.3	Broadcast key messages on nutrition prevention through radio programme in local language.	Joint Aid Management (JAM) & Nile Hope for Development Forum (NHDF)
Activity 1.4	Provide counselling on MIYCN to primary caregivers of children aged 0-23 months.	Joint Aid Management (JAM) & Nile Hope for Development Forum (NHDF)
Activity 1.5	Identify children U5 with SAM and admit for treatment	Joint Aid Management (JAM) & Nile Hope for Development Forum (NHDF)

Output 2 Identified, documented and registered boys and girls at risk of violence, including UASC have access to family tracing and reunification (FTR) and case management services

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

Sector/cluster	Protection - Child Protection			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	# of newly identified, registered, and documented Unaccompanied and Separated Children (UASC) per month	145 (73 boys, 72 girls)	139 children (67 boys; 72 girls)	Monthly CPIE data matrix; partner narrative reports; CPIMS+
Indicator 2.2	# of UASC who received follow up visits	145 children (73 boys, 72 girls)	276 children (154 boys; 122 girls)	Monthly CPIE data matrix; CPIMS+
Indicator 2.3	# of children who are reunified with their biological families or placed into permanent alternative living arrangements	30 children (16 boys, 14 girls)	47 children (32 boys; 15 girls)	Monthly CPIE data matrix; partner narrative reports; CPIMS+
Indicator 2.4	# of children registered and receiving case management services according to the vulnerability criteria	402 children (201 boys, 201 girls)	342 children (169 boys, 173 girls)	Monthly CPIE data matrix; CPIMS+

Indicator 2.5	# of children receiving case management services referred to other service providers (other sectors)	100 children (50 boys, 50 girls)	45 children (24 boys, 21 girls)	Monthly CPIE data matrix;
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Explanation of output and indicators variance: There is minor variance in results achieved against the targets under output 2 due to the complexities of family tracing and reunification procedures for recovered child abductees in Akobo and Pibor, following the March Pieri peace agreement that ushered a new way of reunification only after political and traditional leaders involved had agreed to the reunifications among the Nuer, Dinka and Murle tribes¹⁰. GREDO and SCI were both part of the *Reconciliation, Stabilization, and Resilience Trust Fund (RSRTF)* project in Jonglei and GPAA which was implemented alongside CERF during this project with a distinction of locations. However, UNICEF and SCI have a national mandate on FTR for UASC and the partnership jointly implemented all reunifications in line with the government endorsed FTR protocols for quality assurance of FTR.

Activities	Description	Implemented by
Activity 2.1	Conduct identification, documentation tracing and reunification for UASC and placement of children in alternative care while tracing is ongoing	SCI, Plan International, GREDO
Activity 2.2	Conduct follow up visits for children receiving FTR services	SCI, Plan International, GREDO
Activity 2.3	Provide case management services and referrals to other service providers including FTR services for IDP and host community children	SCI, Plan International, GREDO
Activity 2.4	Refresh 90 community-based child protection networks (CBCPNs) members on identification and support of children experiencing and at risk of violence, abuse, exploitation; and referral of GBV services. (6 groups trained on CP and GBV, pocket guide and referral pathways)	SCI, Plan International, GREDO

Output 3 Improved mental health and psychosocial wellbeing services are available for girls, boys, women and men in IDPs and host communities in Pibor and Akobo counties

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

Sector/cluster	Protection - Child Protection			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	# of individuals receiving focused and non-focused MHPSS. (disaggregated by sex)	10,623 children (5,257 boys, 5,366 girls)	10,551 children (5,321 boys, 5,230 girls)	Monthly CPIE data matrix; partner narrative reports
Indicator 3.2	# Community-based child protection committee/network (CBCPC/N) members refreshed to support	90 persons (45 men, 45 women)	270 persons (171 men, 99 women)	Monthly CPIE data matrix; partner narrative reports

¹⁰ The normal FTR protocols consider reunification after successful tracing, child and adult verification and when there is preparedness by the child protection agency to assign a caseworker to accompany the child and there is child protection agency ready to receive the child once reunified with his/her primary caregiver.

	prevention and protection of children from violence, abuse			
Indicator 3.3	# of adolescents trained on peer to peer support	100 (50 boys, 50 girls)	137 (69 boys, 68 girls)	Monthly CPIE data matrix; partner narrative reports
Indicator 3.4	# of adults reached with awareness raising sessions on child protection and MHPSS. (disaggregated by sex)	4,377 individuals (1,545 men, 2,832 women)	1,581 individuals (735 men, 846 women)	Final project report, Monthly CPIE data matrix; partner narrative reports

Explanation of output and indicators variance:	<p>Indicator 3.2 – refresher sessions with CBCPC/N to support prevention and protection of children from violence, abuse and neglect and combined with PSS related awareness raising sessions on positive parenting which target caregivers as well in the two counties.</p> <p>Indicator 3.3. – 137 per cent of adolescents reached in Pibor alone by Plan International. The partner is strong in adolescent engagement and have previously reported on the same indicator in the 2020 CERF RR project.</p> <p>Indicator 3.4: Only 36 per cent coverage could be reached within the timeframe in view of the reasons given above.</p>
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Activities	Description	Implemented by
Activity 3.1	Provide focused and non-focused MHPSS activities through either static or mobile child friendly spaces (CFS) in community spaces and schools.	SCI, Plan International, GREDO
Activity 3.2	Community-based child protection network (CBCPN) members refreshed to support prevention and protection of children from violence/abuse, including PFA including during COVID-19	SCI, Plan International, GREDO
Activity 3.3	Adolescents trained on peer-to-peer support in six counties	SCI, Plan International, GREDO
Activity 3.4	Provide refresher training on MHPSS, GBV and psychological first aid (PFA) for staff in the CFS and WGFS	SCI, Plan International, INTERSOS
Activity 3.5	Conduct awareness raising on the prevention of family separation, prevention of recruitment and re-recruitment of children into armed forces or groups	SCI, Plan International, GREDO

Output 4 Increased availability and access to GBV prevention, response and risk mitigation services and support to vulnerable women and children, including survivors of GBV

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

Sector/cluster Protection - Gender-Based Violence

Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	# of Women and Girls' Friendly Spaces (WGFS) supported to facilitate access to GBV information and services	2 (Pibor County: Pibor town and Gumuruk)	2 WGFS (in Gumuruk and Pibor towns)	Final project report, monthly reports, consolidated CPIE data for CP section
Indicator 4.2	# of women and girls accessing case management and PSS at	300 (120 girls, 180 women)	712 (388 women and 324 girls)	Final project report, monthly reports,

	WGFS			consolidated data for CP section
Indicator 4.3	# of community members reached with GBV risk mitigation, prevention and response messages	4,000 (720 girls, 1,760 women, 460 boys, 1,060 men)	5,695 people (1382 girls, 2345 women, 884 boys and 1084 men)	Final project report, monthly reports, consolidated data for CP section
Indicator 4.4	# of referral pathways established or updated and strengthened	2 (one in each location)	2 referral pathways updated and strengthened (Pibor and Gumuruk each)	Final project report, monthly reports, consolidated data for CP section

Explanation of output and indicators variance:

The target was overachieved for indicators 4.2 and 4.3 because there was influx of IDPS to Pibor town in May 2021 due to conflict in Lekuangole, Verteth and Gumuruk. Women and girls from those IDPs joined the host communities for recreational and PSS activities that include the income generating activities such as bedsheet decoration, knitting, jewellery making, etc. as well as social activities at the WGFS in Pibor.

Activities	Description	Implemented by
Activity 4.1	Support two WGFS to facilitate access to GBV information and services	INTERSOS
Activity 4.2	Provide timely and specialized GBV support for girls and women who are survivors of GBV including case management, PSS and referrals to other services	INTERSOS
Activity 4.3	Conduct community awareness raising activities on GBV risk mitigation, prevention and response	INTERSOS
Activity 4.4	Establish and/or strengthen GBV referral systems and linking GBV survivors to available response services and support	INTERSOS

Output 5 Emergency WASH services and items provided for areas of high GAM rates and in nutrition treatment centers

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

Sector/cluster	Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of verification
Indicator 5.1	Boreholes rehabilitated	99	101	Partner reporting, programmatic monitoring visits
Indicator 5.2	Boreholes with handpumps constructed	16	15	Drilling completion reports, water quality testing reports
Indicator 5.3	People reached with hygiene non-food items	274,500	357,444	WASH Cluster core pipeline requests and distribution reports
Indicator 5.4	Emergency water treatment systems installed and operated	1	1	Partner reporting, programmatic monitoring visits
Indicator 5.5	Number of emergency latrines	250	383	Partner reporting,

	constructed			programmatic monitoring visits
Indicator 5.6	People reached with hygiene and sanitation promotion messages	96,000	103,562	Partner reporting, programmatic monitoring visits

Explanation of output and indicators variance: The target for hygiene non-food items was increased through a formal reprogramming approved by CERF on 13 September 2021, increasing the target from 274,500 to 354,500 individuals. Additional latrines were constructed in communities as a result of CERF program activities in areas where previous UNICEF latrine self-construction programs were previously done, resulting in a higher achievement against this target.

Activities	Description	Implemented by
Activity 5.1	Rehabilitate non-functional handpumps in areas of high GAM rates and at nutrition centers	CEDS, Mentor Initiative, PAH, Oxfam
Activity 5.2	Drill and install handpumps for nutrition centers and areas of high GAM rates	UNICEF
Activity 5.3	Install emergency surface water treatment systems and operate for three months	Oxfam
Activity 5.4	Distribute hygiene items to nutrition centers for caretakers and mothers of SAM patients	CEDS, Mentor Initiative, PAH, Oxfam
Activity 5.5	Replenish stocks and distribute hygiene items to affected populations through the core pipeline mechanism	CEDS, Dorcas, Catholic Relief Services, PAH, MSF, PCO, Cordaid, CH, Medair, WR, Tearfund, SPCI, IAS, NRC, Mercy Corps, ACF, Concern, ACTED, SPEDP, RUWASSA, ALRIGHT, Mentor Initiative, Oxfam
Activity 5.6	Construct emergency latrines	CEDS, Mentor Initiative, PAH, Oxfam
Activity 5.7	Conduct hygiene promotion for caretakers and mothers of SAM patients in nutrition centers and affected individuals in communities	CEDS, Mentor Initiative, PAH, Oxfam

Output 6 Common services are expanded to enable humanitarian scale up and access in Greater Pibor Administrative Area

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

Sector/cluster	Common Services			
Indicators	Description	Target	Achieved	Source of verification
Indicator 6.1	# new boats positioned in Pibor for humanitarian service	3	3	Monthly report, final project report
Indicator 6.2	# humanitarian personnel benefiting from common services	60	58 (44 men and 14 women)]	Monthly report, final project report

Explanation of output and indicators variance: Three new boats were purchased and positioned in Jonglei State ahead of the rainy season. However, as described in Section 3: Changes and Amendments, UNICEF reprogrammed one of the boats under common services to Bor, while two were positioned in Pibor. All boats were positioned ahead of the rainy season, supporting continued service delivery for UNICEF and humanitarian partners throughout the rainy season. The boats in Pibor and Bor were dedicated to support operations in IPC priority counties, including Bor South, Twic East, and Pibor.

58 inter-agency staff benefited from the UNICEF humanitarian hub through the project period, including UN agencies, NGOs, INGOS and international organisations. This number is slightly under target, as the needs through the flooded season were less than expected as compared to 2020.

Activities	Description	Implemented by
Activity 6.1	Procure and pre-position an additional 3 multi-purpose high-capacity boats, engines, spare parts, tools and safety equipment as well a management	UNICEF
Activity 6.2	Implement flood improvements and expansion works for common facilities for humanitarian actors	UNICEF

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 areas¹¹ 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)¹²:

To ensure target populations are involved throughout the project, UNICEF and partners conduct community consultations during assessment, design, implementation, and monitoring phases. UNICEF encourages child and community participation and feedback mechanisms to ensure activities are child-centered and in line with their needs and wishes, including periodic focus group discussions (FGDs) and key information interviews (KIIs) with different groups to enable appropriate and transparent communication and involvement throughout. The community are also consulted in identification of targeted beneficiaries for services, especially selection of extremely vulnerable children and adults.

UNICEF and partners have established networks embedded in communities in all locations. Community Based Child Protection Networks/ Mechanisms (CBCPN/M), Community Nutrition Volunteers (CNVs) and Hygiene promoters (HPs) have strong presence and trust to enable joint identification of needs and concerns according to different groups and raise them to relevant agency or sector focal points to identify corrective action.

JAM was able to conduct at least three-monthly focus group discussions. These included youth leaders of different age sets, women, men, elderly including people leaving with disability. One of the key feedbacks was management and safeguarding of nutrition supplies, especially during the age-set fighting's within the same community. The community of Kong Kong were positive; especially on matters on avoidance of supplies looting during the age-group fights within their community. JAM is applying the same approach, across other villages.

¹¹ 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](#).

¹² 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](#).

NHDF continues to uphold accountability to affected population principle in project implementation. During this period, NHDF engaged 37 (25 male & 12 female) key influencers to discuss the scope of the project and the level of engagement of the stakeholders involved. Whilst it is desired that the engagement becomes a voluntary and self-driven process, these meetings involved participants receiving incentives and so the level of self-drive could not be assessed at that level. However, the community influencers which included local authority, religious leaders, teachers, women group members, youth and other subsectors of the community were delighted at the services provided and the scale up interventions.

NHDF has fully entrenched the project within the community to enhance ownership through active and not passive involvement. The local staff, community nutrition volunteers, the women groups, support staff and casual laborers all have a stake in the project and are continually urged to recognize the project as their own and not an external intervention with goals for outside actors. The project steering committee for the existing Programme Document (PD) is equally included the interests of the new sites in their routine engagements with the community and provide feedback to Nile Hope.

WASH partners engaged communities on the design of the climate resilient infrastructure to define facilities that would address the needs in flood impacted areas. Community members are identified and trained as the local owners of water infrastructure so that they can maintain and repair facilities. Community member participated in the construction of sanitation facilities in communities through direct contribution to construction. WASH partners conducted post-distribution monitoring for NFIs delivered to households through harmonized tools to receive feedback from beneficiaries on the distribution process and the acceptability and appropriateness of NFIs.

b. AAP Feedback and Complaint Mechanisms:

To incorporate community feedback during programme implementation, UNICEF and implementing partners used different community platforms to collect feedback from the community on various aspects of implementation. Beneficiary feedback is obtained during community meetings, mother-to-mother groups and during monitoring visits. The feedback has enhanced accountability and interaction by allowing beneficiaries to contact UNICEF or partners when they have questions or issues on UNICEF supported activities.

Additional accountability mechanisms going forward included the monthly feedback meetings in different villages, complaint mechanism through the Community Nutrition Volunteers (CNVs) network and staff at the facility as well as through the local authority and County Health Department (CHD) office. The project team continued to have briefs with the government/local authority office on ongoing and planned activities and participated in the monthly cluster meetings where further information sharing with other partners and government/local authority. Ensuring that the rights of beneficiaries in terms of rations to be given, NFIs, fair treatment and upholding the 'Do no harm' principle continue to enhance accountability to the affected population. However, NHDF continued to seek a reciprocal approach from the community by asking them to divulge details that can be used to solve entrenched problems within the program. This includes information of persons misusing or selling their rations since such would compromise the treatment process of children admitted in the program.

For the WASH component, water committee trainings include discussions on accountability and participation, empowerment, and GBV mainstreaming.

For the child protection component, the project used already existing feedback mechanisms at community level, Community consultation meetings in Akobo were done during the handing over of the MHPSS Community Centre under UNICEF Project attended by 50 CBCPN, and community members. They expressed their satisfaction with the child protection services that included MHPSS, FTR and case management in all the payams of Akobo East County where UNICEF CP programme is implemented. Similarly, in Pibor, existing mechanisms to receive feedback on child protection and GBV services. For example, focus group discussions (FGD) for women and girls (satisfaction surveys) were incorporated into the project to ensure continuous feedback from project beneficiaries.

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

Through its committed PSEA Specialist, UNICEF continues to provide capacity building to partners on PSEA and gender. Training on these issues were adapted to the COVID-19 context in the project. The communities were made aware of PSEA through the partnerships on the project and provided with information on what SEA is and how to report it. These channels include community and national hotlines, and face-to-face reporting through focal points.

UNICEF has two hotlines for reporting SEA concerns, one in English and one in Juba Arabic, which can be accessed by communities from all 10 states and three administrative areas. These hotlines are part of referral pathways enabling communities in Jonglei and Pibor to call on SEA issues. No data was analysed on calls from the project area as this would require a comprehensive system that enables data collection by issue and location among other data. The implementing partners selected PSEA focal persons who are responsible for the implementation of child safeguarding measures in the project and held community meetings to discuss community-based reporting mechanisms that include complaints desks and PSEA hotlines available.

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

Sanitation facilities in communal settings are gender disaggregated to provide safe facilities for women and girls in addition to men and boy users. WASH non-food items are targeted to mothers and caretakers of malnourished children. Caretakers are primarily female. By targeting these items to the female caretakers, they were able to have hygiene items for safe hygiene for themselves and their households to practice the methods instructed by the mother-to-mother groups under the Nutrition Cluster.

The focus of the child protection component of the project was to target women for case management and PSS at the women and girls' friendly spaces (WGFS) in Gumruk and Pibor towns. Fifty women and girls benefitted from skill building courses on livelihoods and wellbeing in addition to 712 women and girls accessing case management and PSS services at the women and girls' friendly spaces. Boys and men participated in the awareness on the GBV risk mitigation and prevention activities.

The nutrition component helped ensure continued focus on women and girls by ensuring all nutrition frontline workers were aware of GBV referral pathways and that they participated in PSEA orientations. The nutrition component also established a community-based feedback mechanism for nutrition services, encouraged recruitment of female nutrition staff with necessary technical capacity, conducted consultations with women and girls about location and design of nutrition facilities, and conducted focus group discussions with women to discuss their feelings of safety in accessing nutrition services. GBV messages were disseminated through nutrition outreach and service provision sites, and safe spaces were provided within mother-to-mother support groups and community maternal, infant, and young child nutrition centres.

e. People with disabilities (PwD):

Water committee trainings include discussions on practically ensuring that people with disabilities also access the water points and are prioritized at water points. The nutrition component was tailored to be inclusive so that all parents, caregivers and children have equal access to nutrition services if they meet the criteria, regardless of disability status. Data is therefore disaggregated by gender for children under five and for caregivers, but not by disability.

f. Protection:

Protection is cross cutting and involves local authorities, community leaders and civil society in coordination with the Protection Cluster, the AAP Technical Working Group and other clusters. Children in South Sudan are disproportionately affected by ongoing conflict experiencing high levels of displacement and family separation causing severe psychological distress and leaving children vulnerable to exploitation, abuse, and neglect. The centrality of protection was therefore key in the project, which ensured the application of the principles of 'do no harm', confidentiality and the best interest of the child among the affected population. The project supported extremely vulnerable, conflict-affected girls and boys who are exposed to child protection risks through case management services, family tracing and reunification services (FTR) especially in Pibor where there was a high prevalence of abductions cases of

women and children. Women, men, girls and boys were reached with MHPSS services adapted to the COVID-19 pandemic.

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	Choose an item.	[Fill in]

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 WASH supplies procured were planned for the WASH core pipeline to enable pre-positioning of supplies in the context of access constrained areas. This also enabled specific targeting for mothers and caretakers of malnourished children.

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	<u>Restriction</u>
N/A	N/A	US\$ [insert amount]	Choose an item.	Choose an item.
N/A	N/A	US\$ [insert amount]	Choose an item.	Choose an item.
N/A	N/A	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
[Insert]	[Insert]
[Insert]	[Insert]
[Insert]	[Insert]

3.5 Project Report 21-RR-WFP-006

1. Project Information			
Agency:	WFP	Country:	South Sudan
Sector/cluster:	Food Security - Food Assistance Common Services - Humanitarian Air Services	CERF project code:	21-RR-WFP-006
Project title:	Food Assistance for Assets to strengthen resilience in IPC Phase 5 locations and support to Logistics Cluster		
Start date:	30/04/2021	End date:	29/10/2021
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 10,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 1,600,000
	Amount received from CERF:		US\$ 1,599,935
	Total CERF funds sub-granted to implementing partners:		US\$ 75,956
	Government Partners		US\$ 0
	International NGOs		US\$ 47,444
	National NGOs		US\$ 28,512
Red Cross/Crescent Organisation		US\$ F0	

2. Project Results Summary/Overall Performance

WFP used CERF funds to enable asset creations in IPC 10 priority counties as well as provide logistical support to the entire humanitarian community in South Sudan using the Logistics Cluster.

Under the FFA component, WFP supported 95,349 people in Aweil South, Akobo, GPAA and Greater Tonj with various asset creation activities. Work output included land clearance and preparation, garden bed development, fencing and planting. Cash assistance covered two months while in-kind food supported beneficiaries for six months. CERF funds enabled WFP to expand the FFA programme to Akobo and Pibor, complementing funding through the RSRTF project to provide resilience-building support alongside humanitarian in-kind food assistance funded through other donors. In all targeted locations, community consultations through the Community Based Participatory Planning (CBPP) approach were conducted. Through this process, communities were supported to identify their challenges and priorities, discuss conflict dynamics, livelihood strategies and develop community action plans under which asset creation activities fall.

Under the Logistics Cluster component, relief items were airlifted to Akobo East, which was inaccessible by road throughout the year due to physical road conditions and security constraints. A fixed-wing plane based in Juba has been made available to support partners using the usual coordination mechanisms and service request system. In total, 11 organizations were supported by the Logistics Cluster.

3. Changes and Amendments

Under the FFA component, WFP faced some delays in the implementation of food assistance using the in-kind modality. Logistics constraints and insecurity along delivery corridors in Jonglei, Greater Pibor Administrative Area and Greater Tonj impacted on the timely delivery and distributions. Threats received from the youth in Pibor resulted in a temporary suspension of activities (for three months) except for lifesaving interventions – thus affected the FFA programmes. Despite this, cash and food assistance were completely within the timeline of the project.

Sensitization of local authorities and targeted beneficiaries took longer than expected in new areas as WFP and its partners sought to commence the FFA programme in areas where General Food Assistance has been implemented since 2014.

LC Partners reported lack of storage space in Akobo. Three Mobile Storage Units have been set up to provide organisations with common storage of 720 m² (not covered by CERF funding).

5. People Indirectly Targeted by the Project

In addition to the 95,349 direct beneficiaries, the project reached approximately 124,000 indirect beneficiaries as they have access to assets created at the communal level, such as roads and dykes as well as the reduction in community violence. Thanks to the emergency dyke repairs done by WFP around Bor and Jalle, some 16,000 people were able to return to their area of origin near Baidit.

Humanitarian organisations were direct recipients of the Logistics Cluster services and the air transport service of life-saving cargo indirectly benefitted the wider communities in the Akobo East.

6. CERF Results Framework

Project objective Food insecure communities receiving food assistance

Output 1 Targeted food insecure communities access to labour-based safety nets during the lean season

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	Number of women, men, boys and girls receiving food assistance (disaggregated by sex and age)	95,349 (51,489 f 43,861 m)	95,349 (51,489 f 43,860 m)	WFP Distribution Report
Indicator 1.2	Proportion of planned food assistance actually distributed (disaggregated by modality)	100%	100%	WFP Distribution Report

Explanation of output and indicators variance:

CERF funds enabled the scale-up of FFA by ~5,000 beneficiaries in Aweil South and a total of 23,994 beneficiaries are receiving in-kind food and cash assistance for six months, covering the lean season.

CERF funds enabled the scale-up of FFA in Greater Tonj by ~10,000 beneficiaries and a total of 59,346 beneficiaries are receiving in-kind food assistance for six months.

CERF funds enabled WFP to expand the FFA programme to Akobo and Pibor, complementing funding through the RSRTF project to provide resilience-building support alongside humanitarian in-kind food assistance funded through other donors. In total 12,000 beneficiaries are receiving 6 months of food assistance in the western payams of Akobo and the western payams of Pibor.

Activities	Description	Implemented by
Activity 1.1	Provide six months of in-kind food assistance	Oxfam, World Vision, Joint Aid Management (JAM)
Activity 1.2	Provide two months of cash-based transfers	Oxfam, World Vision, Joint Aid Management (JAM)

Output 2 Community assets that enhance resilience to shocks are created or improved

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 2.1	Number of women and men participating in FFA asset creation activities (disaggregated by sex)	15,892 (7,310 f 8,581 m)	15,892 (7,310 f 8,582 m)	CP report
Indicator 2.2	% of achievement in assets built, restored and maintained (disaggregated by type)	90%	90%	CP report

Explanation of output and indicators variance:

With the exception of Pibor, asset creation activities have started as planned with majority of households creating assets that enhance food availability (Crop farms and/or vegetable gardens). In Pibor, asset creation activities started in July 2021 and extended through the latter part of the agricultural season and into the dry season of 2021/2022 (and other funds such as the RSRTF were to support this effort).

Community Based Participatory Planning (CBPP) exercises were completed in all areas with participation of diverse community stakeholders (women, youth, community associations, elders).

Activities	Description	Implemented by
Activity 2.1	Conduct training on asset creation and maintenance in targeted communities	Oxfam, World Vision, Joint Aid Management (JAM)
Activity 2.2	Distribute hand tools to facilitate asset creation and rehabilitation	Oxfam, World Vision, Joint Aid Management (JAM)
Activity 2.3	Conduct training on post-harvest management	Oxfam, World Vision, Joint Aid Management (JAM)

Output 3 Humanitarian organisations are provided air transport services to deliver life-saving cargo

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 3.1	Number of organisations supported	8	11	RITA
Explanation of output and indicators variance:	11 organisations were supported with air transport services to Akobo East. It was the most served location by aircraft, with 19% of all cargo (metric tons) transported by air destined for Akobo. This was due to Akobo being one of the Inter-Cluster Coordination Group (ICCG) priority locations and not reachable by other means of transport.			
Activities	Description	Implemented by		
Activity 4.1	Provide air transport services to enable humanitarian partners to reach affected communities in Akobo East.	Logistics Cluster		

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 areas¹³ 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)¹⁴:

Through the FFA project, WFP ensured timely provision of information to the affected people. WFP used radio, posters, community meetings and helpdesks to reach its beneficiaries to inform about programme objectives, targeting criteria, and entitlements and rights. Designed posters allowed illiterate people to understand their entitlements and different steps of food/CBT distribution to be displayed at the activity sites

As part of the FFA project, WFP consulted targeted population and invited them to provide feedback on the planned programmes. Several platforms were available for this purpose including the community based participatory planning (CBPP), project management committees (PMC) – which were comprising of at least 50 percent of women - or the helpdesks.

Affected people had access to WFPs formalized Complaint and Feedback Mechanism (CFM) which promotes two-way beneficiary feedback and engagement. It comprised of community outreach, complaint and feedback helpdesks and a complaint and feedback helpline. The CFM allowed beneficiaries, service providers, community members and any other interested parties to provide feedback on services and escalate concerns and has proven to be an effective strategy for community engagement and a foundation for improving programmes based on beneficiary feedback in a safe and dignified manner.

The Logistics Cluster activities does not directly target affected people as the air transport services were offered to humanitarian organisations.

b. AAP Feedback and Complaint Mechanisms:

During the implementation of the project, WFP South Sudan was guided by its Accountability to Affected Populations Strategy and the Gender Action Plan. WFP remained committed to ensure that women, men, girls and boys of all diversity were meaningfully engaged in the programme cycle and humanitarian decisions. This was done through both the formalized Complaint and Feedback Mechanism (CFM mentioned above) and Project Management Committees (PMC). These tools put in place procedures for recording, investigating, taking action and responding to the feedback or complaints received from beneficiaries.

The Logistics Cluster activities does not directly target affected people as the air transport services were offered to humanitarian organisations.

¹³ 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](#).

¹⁴ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

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

WFP has a Zero Tolerance Policy to Sexual Exploitation and Abuse. This was implemented through regular awareness and prevention activities. The Standard Operating Procedures 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 are regularly trained on SEA reporting. Internal and external reporting mechanisms continue to be in place to direct communities, partners and staff on the various avenues they can report PSEA. Beneficiary education on what is SEA and their rights are regularly incorporated into all key messages delivered by WFP and partners. WFP is also an active member of the South Sudan Interagency PSEA network.

The Logistics Cluster activities does not directly target affected people as the air transport services were offered to humanitarian organisations.

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

WFP's gender and protection team undertook focus group discussions and gender analysis to gain a deeper understanding of the project context and especially the constraints facing women and men (such as, inclusion of women in the decision making around the assets they require and would like, adaptation to workloads and social roles). WFP applied a protection and gender lenses in designing and implementing the FFA activities to ensure women, girls, boys and men different needs were met and in order to ensure that project activities were not imposing any of them to any additional risks. The concept of do no harm is embedded in all WFP activities. Additionally, since 2021, WFP has made great efforts to move beyond "do no harm" to also identify and pursue opportunities for peace contributions.

e. People with disabilities (PwD):

The project didn't target people with disabilities as it included asset creation and humanitarian support through the Logistics Cluster. Nonetheless, it's important to note that WFP has integrated the Washington Group Questions into all Monitoring, Evaluation, Accountability and Learning (MEAL) and Food Security and Nutrition Monitoring Survey (FSNMS) systems to increase visibility and evidence on specific needs of persons with disabilities and adjust its emergency response. WFP also has a bi-lateral partnership with Humanity Inclusion including joint assessments, risk identification and response, partnerships with Organizations of People with Disabilities and innovation in response to specific needs including through allocated funds to improve delivery of food assistance to PwD (where needed). WFP has been working with Humanity and Inclusion to better understand the holistic needs and experiences of persons with disabilities.

f. Protection:

WFP regularly ensured that conflict sensitivity is integrated into all design tools including market assessments. In July 2021, WFP produced an internal paper to provide guidance on how to adjust current programmes to the ongoing insecurity in Greater Tonj.

Protection and Gender assessments were also undertaken to document and respond to sensitive issues (e.g. GBV, child protection and SEA).

WFP and its cooperating partners included affected people about the CFMs to ensure real-time feedback and response. All WFP activities are informed by Protection and Gender Assessments. These assessments capture the specific needs of the affected population, including child-headed households, persons with disabilities, female headed households and elderly persons. For this project, WFP focused on the inclusion of women's needs (as described in section d). Given that activities supported by CERF involved asset creation, no under-age or disabled beneficiaries were enrolled.

g. Education:

WFP and its cooperating partners organized trainings on asset creation, maintenance and utilization to ensure that the assets created have maximum benefit to the community.

WFP ensured that training materials were tailored to the local context: translating messages to the local language, providing a learning environment which is conducive to the targeted beneficiaries, and recognizing the differing levels of literacy within the community.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	24,105 people for two months

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.

In targeted locations where markets were assessed as functional and providing sufficient stock at a stable price, WFP implemented the CVA. A total of 24,105 beneficiaries received assistance amounting to US\$ 6.75 per month which covered their food needs for two months. WFP and its partners conducted monthly market assessments to ensure the feasibility of this component.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
Activity 1.2 Conditional food assistance using cash-based transfers	24,105	US\$ 325,418	Food Security - Food Assistance	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
[Insert]	[Insert]
[Insert]	[Insert]
[Insert]	[Insert]

3.6 Project Report 21-RR-WHO-008

1. Project Information			
Agency:	WHO	Country:	South Sudan
Sector/cluster:	Health	CERF project code:	21-RR-WHO-008
Project title:	Scaling Up Emergency Health Response for IPC 4 and 5 Populations in Akobo and Pibor		
Start date:	30/04/2021	End date:	29/10/2021
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input checked="" type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 7,450,000
	Total funding received for agency's sector response to current emergency:		US\$ 1,000,000
	Amount received from CERF:		US\$ 1,300,031
	Total CERF funds sub-granted to implementing partners:		US\$ 864,000
	Government Partners		US\$ 0
	International NGOs		US\$ 344,000
	National NGOs		US\$ 520,000
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

The World Health Organization South Sudan in partnership with Save the Children International (SCI), United Networks For Health (UNH) and Live-Well South Sudan organisation implemented a 6-month project targeting people reported as IPC Phase 4 and 5 population in Akobo and Pibor. The project titled "Scaling Up Emergency Health Response for IPC 4 and 5 Population in Akobo and Pibor" aimed to contribute to the reduction of excess morbidity and mortality among the severely food insecure population in Akobo and Pibor. The project was implemented with significant achievements on the planned outputs and indicators. Nonetheless, it is worth noting that there were challenges and lessons learned from the project that will be useful to inform future similar interventions. Through this project, WHO and its partners successfully reached 63,158 people (Men 13,646, Women 20,180, Boys 13,527 and Girls 15,805) in need with health services representing an overall performance of 86.67% of the overall planned targets. Summary of specific achievements on outputs is summarized below.

- Recruitment and maintenance of 66 health workers to support fixed (PHC/PHCCs) and mobile clinics to deliver health services in Pibor, Verteth, Gumuruk and Akobo. The health care workers recruited were Clinical Officers, Nurses, Midwives, CHW, Vaccinators, Laboratory Assistants, Drug Dispensers, and support staff.
- 3 health facilities were renovated and equipped with an assortment of Operation theatre equipment, essential medicines,

and staff to provide basic and comprehensive emergency obstetrics and neonatal care services in Pibor, Gumuruk and Lekuangole.

- 87 health workers were oriented on major causes of maternal mortality and its management, Integrated Management of childhood illness (IMCI), Basic Emergency Obstetrics and neonatal Care (BeMONC), Gender Based Violence (GBV), Mental Health and Psychosocial Support (MHPSS) and COVID-19.
- Curative consultations were conducted for 56,676 persons (Men 13,593, Women 17,734, Boys 11,674 and Girls 13,675) in need through both fixed health facilities and Mobile clinics in Pibor, Verteth, Gumuruk, Lekuangole and Akobo.
- Deployment of vaccinators at the fixed and mobile sites where 3,983 children aged six months to 15 years were given measles vaccines.
- 294 deliveries were conducted with very good maternal and neonatal outcomes with the help of skilled birth attendants. Midwives and clinical officers were also able to detect and refer pregnant women for emergency secondary care in a timely manner.
- 8 Emergency Caesarean births were conducted, meanwhile other 229 people were supported with surgical procedures and other forms of emergencies such as gunshots, physical assault, trauma and septic wounds through basic and comprehensive emergency obstetrics and neonatal care services.
- 68 health care workers were trained on disease surveillances and outbreak investigations
- 2,129 pregnant women received Antenatal Care consultations and services
- The project also supported the transportation of medical supplies and equipment from Juba to Pibor and Akobo where partners used chartered flights, hired vehicles, boats and casual labourers to transport supplies and equipment between Juba, and Pibor, Gumuruk, Lekuangole, Verteth and Akobo.

3. Changes and Amendments

A reprogramming request was submitted to the CERF secretariat and approved in May 2021 due to changes in the programming contexts and prior design assumptions in Akobo. Save the Children had designed its activities to support 3 health facilities in Akobo East and Akobo West in anticipation that they would be the recipient of lot 8 World Bank/UNICEF funding. CERF allocation would leverage on World Bank/UNICEF and other SCI funding to scale up health services. SCI was not preferred to work in the target locations in Akobo East, thus MoH did not grant SCI permission to work in the proposed health centres. SCI also lost the World Bank/UNICEF lot 8 funding. As a result, the following indicators were affected due to the reprogramming.

- The project focus turned away from Akobo East refocusing on Pibor, Akobo West, Gumuruk, Lekuangole and Verteth
- Target number of health facilities supported reduced from 6 to 3
- Target number of OPD consultations reduced to 38,868 men, women, boys and girls from 42,618.
- Target number of deliveries conducted by skilled birth attendants reduced to 284 from 304

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	2,193	1,778	2,384	2,410	8,765	4,641	3,139	3,635	3,111	14,526
Internally displaced people	1,979	1,656	2,832	2,789	9,256	3,966	3,002	3,477	2,976	13,421
Host communities	12,052	10,409	16,491	15,899	54,847	11,573	7,505	8,693	7,440	35,211
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	16,224	13,843	21,707	21,094	72,868	20,180	13,646	15805	13,527	63,158
People with disabilities (PwD) out of the total										
	1,947	1,661	2,605	2,531	8,744	544	396	580	548	2,068

5. People Indirectly Targeted by the Project

An estimated 378,948 people benefited from the CERF allocation indirectly. The indirect beneficiaries were household members to the mothers, men, boys and girls who received health services from the CERF allocation. The health services helped the households to save income that would have been spent on medical treatment thus increasing household income and access to basic needs. In addition, good health among the households also boosted household labour capacity and productivity increasing the households' access to basic needs and improved health.

6. CERF Results Framework

Project objective	Contribute to the reduction of excess morbidity and mortality among the severely food insecure population in Akobo and Pibor				
Output 1	Improved and uninterrupted access to emergency maternal and neonatal services for women in Pibor and Akobo counties				
Was the planned output changed through a reprogramming after the application stage?				Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Sector/cluster	Health				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 1.1	Number of deliveries conducted by skilled birth attendants	304 284	294	Delivery registers	
Indicator 1.2	Number of emergency caesarean deliveries conducted at Pibor PHCC offering emergency obstetric and neonatal care	150	8 caesarean deliveries with additional 229 other surgical procedures due to emergencies such as gunshots, septic wounds, physical assault, trauma	Operation Theatre registry. Weekly reports, Progress reports	
Indicator 1.3	Number of health facilities supported to provide either basic or comprehensive emergency obstetric and neonatal care services	6 3	3	HMIS reports. Monitoring reports Progress reports	
Explanation of output and indicators variance:		The indicator target for number of emergency caesarean deliveries conducted at Pibor PHCC was not achieved due to overestimation of cases of maternal obstetric emergencies requiring Caesarean sections (CS) in Pibor County. The rate of CS deliveries is estimated to be 1-5% of total livebirth deliveries. The correct estimation should have ranged between 10-20 cases. However, the project supported additional 229 surgical procedures due to emergencies such as gunshots, septic wounds, physical assault, and trauma.			
Activities	Description	Implemented by			
Activity 1.1	Install operation theatre (OT) and conduct major renovations/rehabilitation of the OT room with a small 5-beds capacity recovery room at Pibor PHCC	Live Well renovated the Operation theatre (OT) at Pibor PHCC in Pibor Town between June and July 2021. Renovation materials were purchased in Juba and transported to Pibor by the logistics cluster, and the local vendors were contracted to carry out the renovation works. Renovation works included work on the ceiling boards, room partitioning and painting and connecting the air-conditioning equipment within the OT.			

Activity 1.2	Procure and install emergency obstetrics supplies and equipment (OT supplies, Blood transfusion equipment, including missing essential drugs in IEHK kits) for Pibor PHCC	Live Well procured and delivered an assortment of Operation theatre equipment. The equipment included 1 theatre table, 1 theatre lamp, 3 sets of surgical instruments, 1 Desktop Autoclave, 1 procedure trolley, 6 sterilizer drums, 1 electrical suction machine, 2 laryngoscopes, 2 Pulse Oximeters, 4 endotracheal tubes, 100 sets of blood transfusion equipment, 10 blood grouping reagents, 15 theatre gowns (disposable), 20 patient gowns (disposable), 20 patient drapes, 10 reusable theatre head caps, 10 pairs of gumboots, 5 pairs of theatre shoes, 4 Ambubags: 1 infant incubator, 20 reusable surgical gowns & caps, 20 reusable patient gowns & caps, 15 reusable patient drapes(75*90cm) without slits, 15 reusable surgical drapes (90*150 cm) without slits, 15 reusable surgical drapes (Mayo covers), 15 reusable surgical drapes (110*200 cm patient-lift covers), surgical blades size 23 (100pcs/pkt) and 2 procedure trolleys. The anaesthetic machine was ordered through international procurement, however due to the short nature of the project period against global supply chain challenges, the machine is expected to be delivered by 31 st January 2022.
Activity 1.3	Procure drugs/consumables for emergency obstetrics facility and Mobile team from the HC's pipeline (basic & supplementary IEHK kits, antibiotics, anticonvulsants, uterotonics, anti-hypertensive)	Live Well procured and provided assorted essential and anaesthetic drugs to the OT at Pibor PHCC.
Activity 1.4	Provide 24-hour emergency obstetrics services in Pibor PHCC	Live Well supported the OT department to provide 24-hour CEMONC services in Pibor PHCC.
Activity 1.5	Quick refresher training for health staff on major causes of maternal mortality and update on the current management guidelines.	Live Well conducted refresher training for 18 health staff (13 males and 5 females) on major causes of and management of maternal mortality in Pibor PHCC.
Activity 1.6	Support referrals for emergency secondary maternal health care services for severe cases	Live Well, SCI and UNH
Activity 1.7	Set-up and provide basic emergency obstetrics and neonatal care in Gumuruk and Lekuangle.	UNH – 2 BeMONC centres established
Activity 1.8	Quick refresher training of the Health Workers on basic emergency obstetrics and neonatal care in Gumuruk and Lekuangle and Akobo.	UNH trained 30 health care workers on BeMONC.
Activity 1.9	Provide technical/operational assistance to fixed and mobile facilities in through supportive supervision.	UNH, SCI and Live Well supported through mentorship to health staffs on Health Management Information System (HMIS), provision of essential drugs and equipment, reporting tools, communication equipment and visibility materials to facilitate mobile and fixed facilities. Technical guidance on case management to the frontline health workers remotely through telephone was also provided.
Activity 1.10	Support Walgak, Thokwat and Thokliel PHCCs to provide basic emergency obstetrics and neonatal care services through recruiting and orientation of staff, provision of guidelines and job aids and essential supplies.	Due to the reprogramming, SC conducted 120 mobile clinics and instead supported health services in Padoi, Chartier facilities. PHCC services to Walgak was only supported for 2 months.

Activity 1.11	Provide essential RH health services through 3 PHCCs and 5 PHCUs in and Akobo West	SC – 141 deliveries were facilitated with the help of skilled birth attendants in Padoi, Chartier and 2 months PHCC services to Walgak.
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Output 2	Increased and regular access to quality basic health services for the vulnerable people in the hard-to-reach locations in Verteth, Lekuagule, Gumuruk, and Akobo West
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Was the planned output changed through a reprogramming after the application stage?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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Sector/cluster	Health			
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Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of children aged six months to 15 years who have received measles vaccination	13,595	3,983	EPI Registers
Indicator 2.2	Number of curative consultations conducted through either fixed or mobile facilities	42,618 38,868	56,676	OPD Morbidity Registers
Indicator 2.3	Number of pregnant women who received ANC consultations	2400	2,129	ANC Registers

Explanation of output and indicators variance:	The project performed poorly on the target for measles vaccination at just 30%. In Gumuruk, the subnational violence which took place in May 2021 affected measles campaign as the Cold chain equipment (Arktek) in Gumuruk was vandalized by the armed youths affecting routine immunization by UNH. In Pibor and Verteth, the community's response to the booster measles vaccination was poor despite increased community awareness by Live Well. The country also suffered from general shortage of cold chain during the year thus contributing to the low performance on measles vaccination across the project locations. The overachievement on the OPD consultations was a result of mass awareness by community health workers, a possible increased number of people seeking medical services resulting increased morbidity associated with acute food insecurity and largely that services were taken to locations with no alternative health services.
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Activities	Description	Implemented by
Activity 2.1	Recruit and deploy health workers to support three PHCUs in Akobo, and conduct mobile outreaches in hard-to-reach locations in Pibor, Verteth, Lekuagule, Gumuruk, and Akobo West	WHO, UNH, Live Well and SCI recruited 66 health workers and oriented them to support fixed (PHC/PHCCs) and mobile clinics to deliver health services in Pibor, Verteth, Gumuruk and Akobo. The health care workers recruited were Clinical Officers, Nurses, Midwives, CHW, Vaccinators, Laboratory Assistants, Drug Dispensers, and support staff.
Activity 2.2	Conduct orientation and refreshers training for health workers to provide health care services in both fixed and mobile health facilities.	UNH, SCI and Live Well oriented 87 health workers on major causes of maternal mortality and its management, Integrated Management of childhood illness (IMCI), BeMONC, Gender Based Violence (GBV), Mental Health and Psychosocial Support (MHPSS) and COVID-19.
Activity 2.3	Support local transportation during mobile outreaches	UNH, Live Well, SCI and WHO provided transport for medical supplies, equipment and personnel between Juba and Akobo, Pibor alongside last mile distribution. The partners also supported mobile teams' movement to conduct clinics. Transportation included charters, road, water and manual labour.
Activity 2.4	Conduct field monitoring & support supervision	WHO, SCI, UNH and Live Well

Activity 2.5	Ship, store and provide drugs, medical supplies and equipment including last mile delivery distribution of supplies to affected communities.	SCI facilitated shipment, storage and last mile delivery of assorted supplies and equipment from the Core pipelines and SC emergency stock. Supplies were received through Lankien and Walgak airport and kept at Walgak PHCC which has 24-hour electricity. The supplies include interagency basic health kits, basic malaria modules, clinical equipment for diagnosis, dressings and deliveries, personnel protective equipment (PPE) clinical guidelines, medical stationary, job aids and information, education, and communication (IEC) materials.		
Activity 2.6	Support target PHCUs and outreach initiatives to conduct vaccination (provision of a vaccinator, transportation of vaccines and cold chain materials, EPI supervisor and 8 HHPs per payam to promote vaccination and follow up defaulters).	SCI engaged 10 vaccinators and 24 health and hygiene promoters to support health education providing information on common causes of morbidity and mortality. 1,291 children were vaccinated for measles, PV1 and PV3 respectively.		
Activity 2.7	Support target PHCUs and outreach initiatives with community midwives and TBAs to facilitate promotion, follow up and general support to mothers including transportation and management of UNFPA pipeline kits.	SCI engaged services of 2 certified midwives and 5 community midwives to extend support and follow up to mothers. This is in addition to other health personnel deployed to provide general support and management of pipeline kits.		
Output 2	Increased and regular access to quality basic health services for the vulnerable people in the hard-to-reach locations in Verteth, Lekuagule, Gumuruk, and Akobo West			
Was the planned output changed through a reprogramming after the application stage?		Yes <input type="checkbox"/>		No <input type="checkbox"/>
Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of epidemic disease alerts verified and responded to within 48 hours	24	31	IDSR/EWARS reports
Indicator 3.2	Number of staffs trained on disease surveillances and outbreak investigations	40	68 (M53, F15)	Attendance list Training reports Progress reports
Explanation of output and indicators variance:		More health care workers were trained on disease surveillance and outbreak investigations due to demand for the training and availability of complementary funding from WHO regional office.		
Activities	Description	Implemented by		
Activity 3.1	Deployment of rapid response teams to investigate and respond to infectious disease outbreaks	WHO		
Activity 3.2	Refresher training for rapid response teams and community surveillance officers	WHO trained 68 (M53,F15) health care workers on disease surveillance.		

7. Effective Programming

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

a. Accountability to Affected People (AAP) ¹⁶:

In the context of the CERF allocation, the affected people were the men, women, boys and girls affected by acute food insecurity and were assessed to be in IPC Phase 4 and 5 who are directly targeted by the project, community and opinion leaders, the network of community health workers and volunteers, local authorities' representatives of people with special needs e.g., PwD, the County Health Department, the state and national Ministry of Health. At the design phase, interagency rapid needs assessments were conducted where WHO and its partners facilitated Key informant interviews with the Relief and Rehabilitation Commission (RRCs), County Health Department (CHDs), facility-based staff, community and opinion leaders and local authorities meanwhile women, men, boys and girls were engaged using Focused Group Discussions (FGDs) and KIIs. The assessments ensured that the design of the project was informed by needs expressed by the different segments of affected people. At the implementation and monitoring phase, the CHD and other county authorities, Payams administration and community health actors were involved in the inception stage, project partners wrote letters and conducted face to face meetings allowing the stakeholders to guide the choice of project locations for priority activities. The project also identified and engaged community volunteers to participate in project implementation, for instance community midwives, health and hygiene promoters supported mobilisation and delivery of services in Akobo, the RRC and CHD officiated the opening of the operation theatre (OT) at Pibor PHCC on 7th August 2021. UNH employed most of the staffs from the target communities in Gumuruk and Lekuangle and built their capacity through trainings. In Akobo, the local community supported building of tukuls, preparation of clinic areas, water storage, latrine maintenance, selection of guards and clinics and raising awareness about services, supporting health education and patient follow up, mobilization of the community and community awareness with the help of SCI. In this way, the affected people were instrumental in identifying project priorities, monitoring its implementation to the very end strengthening community ownership.

b. AAP Feedback and Complaint Mechanisms:

The project partners made sure feedback from affected people was received, triangulated, and addressed across all locations. Project partners used a combination of methods - the local chiefs, Payam commissioners, CHD and RRC directors and program staff were the first line and focal persons for receiving community feedback. In addition, the partners established and used suggestion boxes. Furthermore, partners used patient exit interviews, monthly elders' meetings in Akobo, Real Time Reviews (RTR) with communities, community help desk, Focused Group Discussion (FGDs), pre-medical consultations whenever relevant, meanwhile in Verteth communities wrote a letter through the Payam commissioner. WHO was able to address feedback from beneficiaries and refer

¹⁵ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

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

concerns that were not within the allocation scope.

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

While no case of PSEA was reported during the project reporting period, WHO has a zero-tolerance policy on PSEA, and has established structures and systems for reporting and handling all PSEA issues. This include whistle blower hotlines where victims can call and report; mandatory courses taken by staff on PSEA, signing of PSEA policy by all staff, partners and contractors and the existence of states offices where posters and Information and Education materials aimed at increasing awareness on PSEA reporting protocols are displayed. WHO worked with project partners to ensure mechanisms for reporting PSEA were in place. In the context of this allocation, we had community protection desk and suggestion boxes among others. The project also encouraged increased participation of people at risk of PSEA to ensure incidences are reported.

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

The project put in place mechanisms to handle issues of women, girls, gender, and sexual minorities. The health services prioritized Reproductive Health support for adolescent girls, mainstreaming health response to GBV through the mobile clinics and training of health care workers in clinical management of rape and awareness raising for SGBV and child marriage during community meetings. Special attention was given to the unaccompanied boys and girls and older people during mobile clinics. WHO also ensured the interventions were informed by the Do No Harm principles and parties to the project have signed policies and protocols that support the protection of women, girls, and sexual and gender minorities. The Project Monitoring and evaluation team ensured project data was disaggregated by gender, age and disability status and used for reporting purposes.

e. People with disabilities (PwD):

People with disabilities were reached through disability networks and organisations during project implementation to ensure they are mobilised and are actively participating. UNH worked with community leaders, social mobilizers/home health promoters to map out households with PwD and extended services to them through mobile services (door-to-door visitation), SCI used the Disability Tracking Matrix to establish households with PwD, meanwhile, WHO made sure there was a separate line for PwD to access consultations during mobile clinics. A disability representative was present at all service points where health services are provided, with the goal of ensuring PwD have an equitable access to services. To increase attention and support for PwD, choice of locations for mobile outreaches were participatory and had considerations for PwD, in addition WHO made sure separate lines were created for PwD during consultations and dispensing of drugs to reduce their waiting time. Advocacy efforts were critical and central to ensure access to health, WASH and protection services among all project partners. Lastly, project and reporting data is collected and disaggregated by disability status.

f. Protection:

The project partners adopted several approaches to mainstream protection concerns in delivering the health packages. As a priority, WHO and its partners are signatories to laws that seeks to protect at risk groups in humanitarian context and have PSEA policies and guidelines in place where all staff sign as part of the contractual obligation, WHO staff and partners observed relevant codes of conduct in humanitarian assistance during project implementation. In addition, staff were also trained on MHPSS and SGBV. The project partners also conducted protection risk assessment where risk of intercommunal violence and its effect on health services access by at risk groups; risk of children and women walking long distances, risk of movement along dark and insecure roads that could expose at risk groups to potential sexual and physical abuse including snake bites assessed. The outcome of the assessment was used to determine where to set up mobile clinics and other relevant services. In Akobo, the remoteness of the locations nevertheless could not allow SCI to maintain meaningful walking distance for referrals. UNH and WHO also strengthened capacity of staff on Clinical Management of Rape, which enhanced provision of services for SGBV survivors. In collaboration with protection actors, UNH strengthened referral pathways between health and protection partners and from community to health facilities for CMR services.

The project also integrated information on child protection and GBV into the routine health education provided at the facilities and

communities. Data protection policy was used to ensure identity of SGBV survivors remains confidential by keeping confidentiality of their personnel records and obtaining consents before taking photos.

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	Choose an item.	[Fill in]

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

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

[N/A]

Parameters of the used CVA modality:

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

9. Visibility of CERF-funded Activities

Title	Weblink
Live well support	https://www.facebook.com/livewell.ssd/posts/4555813414506695
Child treated for Pneumonia by SCI	<p>Content Hub Link: www.contenthubsavethechildren.org/Share/41ama6xqr644huu77f8t2oyoq3n5841</p> <p>Contents access also be accessed on</p> <ul style="list-style-type: none"> • Website • Twitter • Facebook <p>Workplace</p>
Pibor Health facility renovated and equipped with CERF Allocation	https://www.youtube.com/watch?fbclid=IwAR2JnYPGlaOjxNteSUHL-uqbcztlr62CnDuXiTeW3ojTVM0RSsGz9C2q-ns&v=1XfHwinSVBg&feature=youtu.be

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name		Sub-grant made under pre-existing partnership agreement	Partner Type	Total CERF Funds Transferred to Partner US\$
			Extended Name	Acronym			
21-RR-WHO-008	Health	WHO	United Network For Health	UNH	No	NNGO	\$260,000
21-RR-WHO-008	Health	WHO	LIVE WELL South Sudan	LiveWell	Yes	NNGO	\$260,000
21-RR-WHO-008	Health	WHO	Save The Children	SCI	Yes	INGO	\$344,000
21-RR-WFP-006	Food Assistance	WFP	World Vision International	WVI	Yes	INGO	\$34,959
21-RR-WFP-006	Food Assistance	WFP	Oxford Committee for Famine Relief	Oxfam	Yes	INGO	\$12,485
21-RR-WFP-006	Food Assistance	WFP	Joint Aid Management	JAM	Yes	NNGO	\$28,512
21-RR-CEF-010	Water, Sanitation and Hygiene	UNICEF	Oxfam International	Oxfam	No	INGO	\$279,423
21-RR-CEF-010	Water, Sanitation and Hygiene	UNICEF	Polish Humanitarian Action	PAH	No	INGO	\$440,182
21-RR-CEF-010	Water, Sanitation and Hygiene	UNICEF	Mentor Initiative	MI	No	INGO	\$241,870
21-RR-CEF-010	Water, Sanitation and Hygiene	UNICEF	Centre for Emergency and Development Services	CEDS	No	NNGO	\$289,237
21-RR-CEF-010	Nutrition	UNICEF	Joint Aid Management	JAM	Yes	INGO	\$113,874
21-RR-CEF-010	Nutrition	UNICEF	Nile Hope for Development Forum	NHDF	Yes	NNGO	\$106,180
21-RR-CEF-010	Nutrition	UNICEF	United Network for Health	UNH	Yes	NNGO	\$30,000
21-RR-CEF-010	Child Protection	UNICEF	Plan International	Plan	No	INGO	\$66,688
21-RR-CEF-010	Child Protection	UNICEF	Grassroots	GREDO	No	NNGO	\$23,357
21-RR-CEF-010	Child Protection	UNICEF	Save the Children	SCI	No	INGO	\$73,828
21-RR-CEF-010	Child Protection	UNICEF	Save the Children	SCI	No	INGO	\$22,006
21-RR-CEF-010	Gender-Based Violence	UNICEF	INTERSOS	INTERSOS	No	INGO	\$60,200
21-RR-CEF-010	Gender-Based Violence	UNICEF	INTERSOS	INTERSOS	No	INGO	\$7,854
21-RR-FAO-006	Agriculture	FAO	Joint Aid Management	JAM	No	INGO	\$139,285
21-RR-FAO-006	Agriculture	FAO	Nile Hope	NH	No	NNGO	\$125,233
21-RR-FAO-006	Agriculture	FAO	South Sudan Grassroots Initiative for Development	SSGID	No	NNGO	\$94,062
21-RR-FAO-006	Agriculture	FAO	World Vision International	WVI	No	INGO	\$74,057
21-RR-HCR-006	Protection	UNHCR	Humanitarian Development Consortuim	HDC	Yes	NNGO	\$91,346
21-RR-HCR-006	Protection	UNHCR	Community Action Organization	CAO	Yes	NNGO	\$84,000
21-RR-HCR-006	Protection	UNHCR	INTERSOS-ITALY	INTERSOS	Yes	INGO	\$150,000