

**SOUTH SUDAN
RAPID RESPONSE
FLOOD
2021
21-RR-SSD-50353**

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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.

05 October 2022

The AAR was held on 5th October 2022; with both in person and online attendance by UNICEF, WFP, WHO, IOM, and clusters. The cluster representatives were from the protection (child protection), health, logistics and food security and livelihood clusters. The AAR meeting provided an opportunity for recipient agencies and 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 their partners reported on achievements in addressing needs of flood affected communities in South Sudan under this CERF grant. A consolidated report on use of CERF Funds was shared with the HCT on 7th October 2022.

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 was compiled based on the organizations' respective inputs, information from implementing partners and contributions 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 country has faced floods for three consecutive years and the rains in 2021 worsened the already dire humanitarian situation of people in South Sudan, leaving them without food and land to cultivate. The impact of the floods worsened the humanitarian situation which was already constrained by conflict, displacement, food insecurity, and communicable disease. With more than 835,000 people impacted by the floods, the CERF grant allowed a quick and timely response to mitigate the humanitarian effect of floods in the worst affected areas, through the provision of life-saving interventions in food security and livelihoods, health, shelter, and non-food items, water sanitation, and hygiene (WASH) sectors, and Logistics as a critical enabler reaching 411,399 people. The grant supported the scale up of humanitarian response in flood affected counties in Unity, Upper Nile and Jonglei States. The funding came at a time when South Sudan was dealing with the additional burden of food insecurity and limited resources. The CERF grant served as an important catalyst for the response, it helped to generate much-needed additional resources to meet immense needs. 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.

CERF's Added Value:

CERF funds improved the functionality and activeness of different coordination structures such as the Flood Response Technical Task Force, inter cluster working groups, and the ICCG. The multi-sectoral program approaches also improved coordination among humanitarian players particularly during the project design stage. 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 the fund 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, the CERF grant enabled recipient agencies to scale up the response and to respond to real time critical needs as highlighted below:

- The fund enabled **WFP** to rehabilitate and complete a section of 18 Km along the Bentiu-Panakuach road, which enabled the Logistics Cluster to coordinate convoys and deliver more than 2,600 mt of Non-Food Items to Bentiu on behalf of the entire humanitarian community.
- Through the multi-sectoral response, **IOM** was able to holistically address the needs of vulnerable households in the flood affected areas. The cash component was used to supported shelter upgrades and thus protected households from flooding while the wash component contributed to increase access to safe water and reduced the impact of water borne diseases among households.
- **WHO** invested in water testing and monitoring capacity to avert the potential risk of cholera and other waterborne diseases.
- **UNHCR** responded to the most pressing protection needs of affected communities with a specific focus on the most vulnerable population, survivors of GBV, and those with specific needs.

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 flood affected communities. The fund also enabled agencies to replenish supplies making it possible for early pre-positioning and distribution of supplies to affected persons. The quick turnaround time between project inception and disbursements also contributed to fast delivery of assistance. For example, WFP rehabilitated and completed a section of 18 Km along the Bentiu-Panakuach road, which was utilized to transport over 5,000 mt of food commodities to respond with life-saving food assistance to around 190,000 IDPs and flood affected people in Bentiu and surrounding areas

Did CERF funds help respond to time-critical needs?

Yes

Partially

No

The funds were used to support flood affected populations. With the CERF funds, the beneficiaries received and accessed basic needs and services such as food, shelter and non-food items, protection, WASH, and health services. For example, the

fund enabled UNHCR to address the most pressing protection needs of affected communities with a specific focus on the most vulnerable population, survivors of sexual and gender-based violence (GBV), and those with specific needs.

Did CERF improve coordination amongst the humanitarian community?

Yes

Partially

No

CERF funding supported the process of joint needs determination, quantification and priorities setting which provided the opportunity for collaboration between agencies, clusters, and implementing partners on the ground. It also contributed to improved functionality and strengthening of different coordination structures in the country such as the Flood Response Technical Task Force. Coordination happened both at national and state levels. During Implementation, agencies continued to coordinate with their respectively implementing partners for example UNHCR, worked with sub-implementing partners in conducting joint assessments.

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, WHO received additional funding from ECHO and the Recovery, Stabilization, and Resilience Trust Fund (RSRTF), IOM received funding from BHA, and UNHCR received funding from donor countries.

Considerations of the ERC's Underfunded Priority Areas¹

During needs assessments, women and girls were consulted through focus group discussions to understand their needs and concerns. Women and girls were supported by skills building, provision of dignity kits, and financial support. Female enumerators were hired, and vulnerable women and girls were prioritized for registration and distribution. Care was taken to minimize the possibility of GBV associated with distribution and utilization of resources through interagency GBV safety audits.

Community-based approaches such as forming committees and engaging community members in discussions on gender roles, stereotypes, stigma, and SGBV awareness helped create a safe and protective environment. Mobile medical teams included female clinicians to respond to victims of Gender-Based Violence (GBV) and an appropriate referral system was put in place for GBV cases. Health workers training package was revised to incorporate clinical management of rape to ensure that all survivors get the optimum care, and facilities were supported to have safe spaces to facilitate counselling and information sharing.

The needs of people with disabilities were considered during design and implementation of interventions like needs assessments, community consultations and inception meetings. Inclusion of people with disabilities was intentional, for example creating additional lines to prioritize people with disabilities during the registration and distribution and further conducting door-to-door registration and distribution for beneficiaries who could not access the distribution site. Further, WASH facilities such as the hand pumps were fitted with handrails and ramps and disability kits attached to latrine slabs were procured and distributed. The health mobile medical teams brought services closer to the communities and reduced access challenges for people with disabilities.

This allocation did not specifically target education though supplies provided by UNICEF indirectly contributed to education by ensuring that affected children and communities recovered faster from the impacts of flooding and were able to return to school. Functionality and access to safe water in schools were facilitated by drilling two boreholes in two schools in Site E and Site D in Rubkona.

Protection is cross cutting and was ensured through awareness raising and training of non-protection humanitarian partners, stakeholders, and Community based structures on protection mainstreaming, PSEA, GBV, child protection and safe referral pathways along with individual protection assistant (IPA). Safety audits were conducted to ensure the safety of beneficiaries and easy access to distribution sites, and WASH facilities were constructed and installed in accessible locations. Under the health sector, facilities were supported with emergency health kits which were selected with gender and protection considerations.

Table 1: Allocation Overview (US\$)

Total amount required for the humanitarian response	60,412,137
CERF	12,909,258
Country-Based Pooled Fund (if applicable)	28,493,272
Other (bilateral/multilateral)	0
Total funding received for the humanitarian response (by source above)	41,402,530

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

Agency	PROJECT CODE	SECTOR/CLUSTER	AMOUNT
IOM	21-RR-IOM-034	WATER, SANITATION AND HYGIENE	1,421,000
IOM	21-RR-IOM-034	SHELTER AND NON-FOOD ITEMS	1,102,000
IOM	21-RR-IOM-034	CAMP COORDINATION AND CAMP MANAGEMENT	377,000
UNHCR	21-RR-HCR-031	PROTECTION	1,549,570
UNICEF	21-RR-CEF-056	WATER, SANITATION AND HYGIENE	995,741
UNICEF	21-RR-CEF-056	PROTECTION - CHILD PROTECTION	203,947
WFP	21-RR-WFP-039	FOOD SECURITY - FOOD ASSISTANCE	4,195,800
WFP	21-RR-WFP-039	COMMON SERVICES - LOGISTICS	984,200
WHO	21-RR-WHO-039	HEALTH	2,080,000
Total			12,909,258

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

Total funds implemented directly by UN agencies including procurement of relief goods	10,891,302
Funds sub-granted to government partners*	0
Funds sub-granted to international NGO partners*	1,062,255
Funds sub-granted to national NGO partners*	955,701
Funds sub-granted to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	2,017,956
Total	12,909,258

* 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:

Flooding across South Sudan affected 780,000 people and was compounded by an escalation of violence in areas such as Tambura. The flooding impedes physical access, which limits people's ability to move and access services, negatively impacts the ability of humanitarian actors to reach people in need and makes the transport of humanitarian commodities difficult. The massive flooding and rising water levels displaced thousands of people across the country, destroyed homes and public facilities, and curtailed livelihood opportunities for the affected people. For others, they remain displaced since 2020 or before, due to previous years' flood impact, predominantly where flood waters have failed to recede from their places of origin. Many people have taken refuge on higher open grounds, in community buildings without adequate access to basic services including health, WASH, and services, shelter and NFIs and livelihood support.

According to the Inter-Cluster Coordination Group (ICCG) situation report (12 November 2021), the worst affected states included Jonglei state (278,000 people), Unity (208,000 people), Upper Nile (126,000), Northern Bahr el Ghazal (65,000), Lakes (61,000), Warrap (23,000), Western Bahr el Ghazal (10,000) and Central Equatoria (10,000). The flooding has displaced thousands of people who have taken refuge on higher ground within their county, with many sheltering in churches, schools, and public spaces.

Humanitarians continued to provide humanitarian response services to the affected people with support from bilateral donor contributions and South Sudan Humanitarian Fund (SSHF) allocations. The increasing number of people in need because of the floods and the escalation of violence in Tambura has overstretched the available resources particularly for core pipelines. The increasing humanitarian needs have created additional burden and outstripped the capacity of critical life-saving clusters.

The CERF Rapid Response grant was required to support the replenishment of critical life-saving core pipelines to enable the continuation of the ongoing frontline services. The CERF funding provided timely funding injection to replenish core pipelines, as existing commodities were re-prioritized to meet the most vital lifesaving needs to scale up the response and serve as a catalyst for mobilization of additional resources.

Operational Use of the CERF Allocation and Results:

The CERF allocation supported the provision of critical life-saving activities to flood affected people in 20 counties. The funding enhanced the ongoing humanitarian response, reduced suffering, averted direct harm and protected the dignity of affected people. The allocation promoted multi-sectoral response for people in some of the worst affected counties by ensuring convergence of response in the prioritized counties. It supported six critical sectors; camp coordination and camp management (CCCM), Emergency Shelter and Non-Food Items, Food Security, Health, Protection and WASH and enhanced humanitarian response through direct assistance and, where needed, the replenishment of core pipelines. The CERF allocation was informed by the IASC Statement on the Centrality of Protection in Humanitarian Action, employs a conflict sensitive approach, and prioritizes persons with specific needs. The CERF fund was channelled through five UN agencies, prioritized by the Humanitarian Country Team (HCT) based on their comparative advantage and operational mandate. Through the CERF funding IOM implemented a multisector project including CCCM, emergency shelter and NFIs and WASH activities in Rubkona and Leer counties. UNHCR provided emergency protection response – including cash and voucher assistance for flood affected people in Rubkona, Guit, Mayom, Leer, Mayendit, Koch, Panyijjar, Canal / Pigi, Nassir, Malakal, Panyikang, and Melut counties. WHO supported timely access to essential health care services through the replenishment and distribution of Emergency Health Kits, essential medicines in Rubkona, Leer, Mayom, Fashoda, Malakal, Tonj East, Canal/Pigi, Fangak, Ayod, Twic East, Guit, Mayendit, Panyijjar, Panyikang, Koch. WFP provided food assistance to flood affected people in Fangak, Rubkona, Mayom, and Leer counties. It distributed existing food stocks to support flood affected people and replenished core pipeline stocks that have been drawn for the current response. The funding also supported the logistics cluster by working on the rehabilitation of the access route between Manga port and Bentiu to facilitate and ensure the emergency response and delivery of supplies. UNICEF provided WASH and child protection services in Mayendit, Leer and Rubkona in Unity State, and provision of core pipeline supplies.

People Directly Reached:

All data collected on directly targeted and directly reached persons for this allocation was disaggregated by gender and age, and population category (IDP's, Host communities and Other affected persons. A total of 411,399 beneficiaries was reached. This was computed based on the "Max" methodology, where the overall figure is computed by aggregating the maximum figure reached in each cluster for men, women, boys and girls. This helped avoid double-counting.

People Indirectly Reached:

Beyond the people who were directly reached with CERF-funded assistance, the allocation also had indirect beneficiaries who were reached through awareness raising and community sensitization activities. For instance, IOM's Shelter and Settlement Unit, in collaboration with the Dike Management Committee, conducted community awareness and sensitization on flood disaster management and related topics for the community. The Key messages were: avoid swimming in and drinking flood water, prioritize the collection of water from clean water sources, avoid blockade of drainage channels, keep lifesaving items in elevated places, monitor the water level, evacuate to higher ground when the water level rises, stay away from rivers, etc.

Similarly, UNHCR and its partners provided awareness-raising sessions and sensitization campaigns to 1,500 returnees and 8,500 refugees on improved living conditions and identifying concerns of particular interest in their community and providing information that will drive local solutions and enhance community efforts towards self-protection and reliance.

Approximately 100,000 people benefitted indirectly from UNICEF's child protection interventions through sharing of messaging, sharing of self-care, referral and peer-based support following psychosocial support interventions. While 19,648 people indirectly benefitted from WASH interventions, through hygiene promotions messages using local FM radio stations that cover the target location, peer learning on household water treatment procedures which the target beneficiaries were trained.

WFP's repair works of the roads not only opened road access for delivery of humanitarian assistance but also provided opportunities to market traders.

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
Camp Coordination and Camp Management	7,412	6,738	10,445	9,097	33,692	11,937	8,563	17,434	20,184	58,118
Food Security - Food Assistance	20,659	15,798	44,964	40,103	121,524	20,659	15,798	44,964	40,103	121,524
Health	105,405	101,272	28,019	26,920	261,616	103,297	99,246	27,458	26,383	256,384
Protection	29,911	22,612	12,641	15,025	80,189	30,093	19,557	11,901	14,748	76,299
Protection - Child Protection	1,250	700	3,100	2,950	8,000	5,502	4,274	14,364	8,902	33,042
Shelter and Non-Food Items	7,661	7,069	10,854	9,576	35,160	40,025	33,266	47,573	40,526	161,390
Water, Sanitation and Hygiene	11,487	11,009	12,446	12,924	47,866	23,048	19,148	22,558	20,928	85,682

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

Category	Planned	Reached
Refugees	0	0
Returnees	3,580	0
Internally displaced people	200,426	198,118
Host communities	115,592	113,281
Other affected people	0	100,000
Total	319,598	411,399

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

Sex & Age	Table 6: Total Number of People Directly Assisted with CERF Funding*		Number of people with disabilities (PwD) out of the total	
	Planned	Reached	Planned	Reached
Women	106,209	130,324	15,811	15,495
Men	102,043	122,281	15,191	14,887
Girls	58,410	83,362	4,203	4,119
Boys	52,936	75,432	4,038	3,957
Total	319,598	411,399	39,243	38,458

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 21-RR-IOM-034

1. Project Information			
Agency:	IOM	Country:	South Sudan
Sector/cluster:	Water, Sanitation and Hygiene Shelter and Non-Food Items Camp Coordination and Camp Management	CERF project code:	21-RR-IOM-034
Project title:	Provision of Emergency and Lifesaving Multisectoral Assistance in Response to Floods in Bentiu		
Start date:	15/12/2021	End date:	14/06/2022
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\$ 7,548,417
	Total funding received for agency's sector response to current emergency:		US\$ 2,896,121
	Amount received from CERF:		US\$ 2,900,000
	Total CERF funds sub-granted to implementing partners:		US\$ 0
	Government Partners		US\$ 0
	International NGOs		US\$ 0
National NGOs		US\$ 0	
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

The CERF funds enhanced IOM's ability to respond to the needs of flood-affected communities in Unity (Rubkona and Leer) in South Sudan. This was achieved during the challenging period of increased influx of IDPs in both Bentiu and Rubkona towns after their places of origin were overrun by flooding.

IOM with financial support from CERF assisted **161,390** individuals with Shelter, non-food items, cash-based interventions, and emergency disaster risk management activities. IOM Core Pipeline provided 11,000 WASH flood response kits to replenish supplies to partners for the flood response. Furthermore, 242 sanitation kits and hand pump spare parts for replenishments of supplies were released to partners for rehabilitation of communal emergency latrines and water points. 130 metric tons of WASH pipeline supplies were transported to Bentiu. During the reporting period, IOM Core Pipeline received and processed a total of 36 requests for WASH supplies from five partners.

IOM Shelter and Settlement assisted **58,390** internally displaced individuals (9,554 households) with live-saving shelter and NFIs intervention support. The Shelter and Settlement Unit provided unconditional cash assistance to 2,400 IDP HHs (17,400 individuals) displaced due to floods and settled in makeshift camps in Northern Unity State. The response was the first of its kind since the displacement of the IDPs nine months ago. Furthermore, an estimated 1000,000 individuals were provided

support through strengthening dykes and community-based disaster risk management activities, in flood-affected areas. Overall, this is 87% of the target for S-NFIs .

IOM WASH Frontline has reached a total of **36,126** individuals (13,904 women, 7,275 men, 6,855 girls, 8,092 boys) in Rubkona and Bentiu town through the provision of potable water by installing and operating 3 Surface Water Treatment plants (SWAT) and drilling of 5 new boreholes, construction of sanitation facilities and hygiene promotion activities. Based on WASH Cluster recommendations, a total of 148 latrine blocks (592 stances) were constructed and desludged regularly. Throughout the three sites (A, B & C), IOM WASH worked with community members in establishing a garbage collection schedule, thus maintaining a clean environment. As flood water is not residing, it is expected that the flood-affected population will remain in the IDP settlements. Due to the increasing needs and the necessity to maintain the WASH services, WASH Cluster has requested that IOM be more focused on providing WASH services in the IDP sites, while other WASH partners will address host community needs.

CCCM has constructed and reinforced 23,360 meters of berms around the areas of Bentiu and Rubkona towns to secure the new IDP sites from further flooding, developed drainages and discharged floodwater away from the IDP sites through stormwater management modalities to protect the IDPs and host communities. This was accomplished by continuous sandbagging, monitoring of dyke rehabilitation works, and management of trash pumps installed to discharge water from these areas. The project assisted a total of 58,118 IDPs allowing them to continue living in a safe environment by scaling up and strengthening the rehabilitation and construction of berms as well as the digging and maintenance of drainages around the sites between December 2021 and June 2022.

3. Changes and Amendments

WASH

The project intervention only focused on two locations, namely Bentiu and Rubkona. During the proposal development stage, it was envisaged that more locations would be targeted given the shifting migration patterns of flood affected populations. However, at the project implementation stage, it was decided in coordination with the WASH cluster to target the Bentiu IDP camp and the new IDP sites (A, B, C, D & E) located in Rubkona.

Sanitation activities: water levels within and around Bentiu IDP camp remained high, with Bentiu and Rubkona towns continuing to be cut off from the rest of the country, causing severe disruptions to supply chains, and leaving air transport (already operating at a limited capacity and rising costs) as the only option to preposition and bring humanitarian supplies to the state. This has affected latrine construction progress, as timbers (a critical element of latrine digging kits), are bulky and can only be air shipped in low quantities. The plans from the WASH Cluster Bentiu Sanitation TWG to ask partners to transition towards a different type of sanitation approach (i.e. constructing semi-permanent latrines) has also delayed the sanitation activities.

CCCM

Site improvement, site care and maintenance, installation of solar lights and safety audits were envisaged under this project, however, funding was re-allocated to dyke rehabilitation after the sites were handed to DRC camp management.

On the construction and rehabilitation of berms, there was limited availability of reliable heavy machinery due to the road from the Unity Oil Fields being cut off by floods. Both the IOM excavators and the hired excavator suffered breakdowns due to the extensive works and overuse of machinery.

The lack of physical access to transport supplies including heavy machinery to construct and repair dykes/berms constrained IOM capability to do more on rehabilitating the critical dikes in the two locations. Parts for repairing of the two IOM excavators were also delayed due to interruption of manufacturing and air freight in 2020-2021 by COVID-19 restrictions. The machines were repaired in April and were critical in achieving 93% of the targeted dyke rehabilitation works.

Dyke/berm breaches remains a challenge due to poor soil characteristics in Bentiu and Rubkona, human activities and high-water depth which has necessitated establishment of integrated monitoring mechanism between partners and local authorities.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Camp Coordination and Camp Management									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	7,412	6,738	10,445	9,097	33,692	11,937	8,563	17,434	20,184	58,118
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	7,412	6,738	10,445	9,097	33,692	11,937	8,563	17,434	20,184	58,118

People with disabilities (PwD) out of the total

	741	674	1,045	909	3,369	1,194	856	1,743	2,018	5,811
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Sector/cluster	Water, Sanitation and Hygiene									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees ²	952	913	1,032	1,071	3,968	0	0	0	0	0
Internally displaced people	20,811	19,067	28,351	25,235	93,464	13,904	7,275	6,855	8,092	36,126
Host communities ³	11,634	11,052	13,249	13,292	49,227	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	33,397	31,032	42,632	39,598	146,659	13,904	7,275	6,855	8,092	36,126

People with disabilities (PwD) out of the total

	3,340	3,103	4,263	3,960	14,666	2,085	1,091	1,028	1,214	5,418
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² While IOM included a caseload of Returnees in their project proposals, this population group was ultimately assigned to another humanitarian partner, which is why IOM did not reach anyone under this category.

³ While IOM included a caseload of Host communities in their project proposals, this population group was ultimately assigned to another humanitarian partner, which is why IOM did not reach anyone under this category.

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

Sector/cluster	Shelter and Non-Food Items									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	1,652	1,652	2,259	2,172	7,735	0	0	0	0	0
Internally displaced people	13,768	13,741	18,882	18,118	64,509	12,187	9,540	20,519	16,144	58,390
Host communities	1,714	1,710	2,350	2,254	8,028	811	691	788	710	3,000
Other affected people	0	0	0	0	0	27,027	23,035	26,266	23,672	100,000
Total	17,134	17,103	23,491	22,544	80,272	40,025	33,266	47,573	40,526	161,390
People with disabilities (PwD) out of the total										
	1,713	1,710	2,349	2,254	8,026	1,828	1,431	3,078	2,422	8,759

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

5. People Indirectly Targeted by the Project

S/NFIs

The Shelter and Settlement Unit in collaboration with the Dyke Management Committee conducted community awareness and sensitization on flood disaster management and related topics. The flood awareness messages been conducted in four different languages, i.e., English, Arabic, Nuer, and Dinka. The Key messages were, avoid swimming and drinking in flood water, collection of water from clean water sources, avoid blockade of drainage channels, keep lifesaving items in elevated places, monitor the water level, evacuate to higher ground when the water level rises, stay away from rivers etc. The community sensitization will continue to take place through the radio channels as well as through community outreach workers.

CCCM

Dyke construction and maintenance works, as well as stormwater management interventions not only benefited the displaced population currently sheltering in Bentiu and Rubkona Towns, but also provided protection to the Host Communities living around the two towns. The number of Host Community and Non-Displaced people in Rubkona County is estimated to be 107,813 (OCHA, 2022).

6. CERF Results Framework

Project objective	To provide life-saving assistance to flood-affected populations through targeted CCCM, WASH, and S-NFI frontline and pipeline interventions
Output 1	Displaced populations in Bentiu and Rubkona IDP sites reside in safe and dignified site environment in accordance with defined minimum standards through appropriate and timely service provision.

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

Sector/cluster	Camp Coordination and Camp Management			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of safety audits carried out by CCCM	3	0	N/A. Site improvement, site care and maintenance, installation of solar lights and safety audits were also envisaged under this project however funding was re-allocated to dyke rehabilitation after the sites were handed to DRC camp management.
Indicator 1.2	Number of displacement sites with physical site improvement	3	0	N/A. Site improvement, site care and maintenance, installation of solar lights and safety audits were also envisaged under this project however funding was re-allocated to dyke rehabilitation after the sites were handed to DRC camp management.

Indicator 1.3	Number of site population reached by site care and maintenance services	33,692	58,118	DTM population count of Bentiu and Rubkona Town sites
Indicator 1.4	Total length of berms (localized dikes) constructed in meters	25,000	23,360	Mappings of primary and secondary dikes Rubkona and Bentiu Towns, operational maps, machinery log sheets, photos.
Indicator 1.5	Number of solar streetlights installed	10	0	N/A. Site improvement, site care and maintenance, installation of solar lights and safety audits were also envisaged under this project however funding was re-allocated to dyke rehabilitation after the sites were handed to DRC camp management.

Explanation of output and indicators variance:

Site improvement, site care and maintenance, installation of solar lights and safety audits were also envisaged under this project however funding was re-allocated to dyke rehabilitation after the sites were handed to DRC camp management.

In this manner, CCCM has been able to provide displaced populations in Bentiu and Rubkona sites a safe and dignified site environment protected from further flooding by the construction and rehabilitation of dykes as well as developed drainages and discharged floodwater away from the IDP sites through stormwater management modalities. The target of 25km of berm construction was not achieved, however, 93% of the work has been completed during the project duration having rehabilitated a total of 23.4km. Challenges faced to complete the target include breakdown of machinery due to around the clock operations and lack of physical access to transport supplies.

Activities	Description	Implemented by
Activity 1.1	Carry out safety audits to identify areas at risks of further flooding that pose an imminent threat to the IDPs and require timely mitigation works, whilst supporting the government in identifying safe high land that is suitable to temporarily host the IDPs in the event of protracted displacement.	Site improvement, site care and maintenance, installation of solar lights and safety audits were also envisaged under this project however funding was re-allocated to dyke rehabilitation after the sites were handed to DRC camp management
Activity 1.2	Scale up ongoing site improvement work, particularly in the new sites, through provision of technical support in proper site planning, plot demarcation and allocation for shelters and community facilities that are necessary for a dignified living condition and safe environment to ensure that the minimum standards will be adhered to reduce health and protection risks for the displaced population.	Site improvement, site care and maintenance, installation of solar lights and safety audits were also envisaged under this project however funding was re-allocated to dyke rehabilitation after the sites were handed to DRC camp management
Activity 1.3	Scale up the construction and reinforcement of berms around the area of Bentiu and Rubkona towns to secure the IDP sites from further	IOM carried out rehabilitation of 21.07km of dykes in Bentiu town (around Site E-Aryab, Nhialdiu road-

	<p>flooding, develop drainages and flush out flood water away from the IDP site to protect the IDPs and host communities.</p>	<p>Site C, Mulsap, Koisey, Bimrok and Site A) and 2.29km of the southern and eastern berm sections around the IDP camp to mitigate population displacement of IDPs and host communities. These works were undertaken through deployment of hired and CCCM machinery targeting these dyke and berm sections after joint assessments with the State Ministry of Infrastructure identified them as the most vulnerable and critical for securing displaced and host community population. The depth of water around the southern and western dyke sections in Bentiu town and the IDP camp berm to the south and east is the deepest and thus exerts significant pressure on the dyke and berm necessitating further strengthening works.</p> <p>As part of the reallocation, casual labor was deployed for monitoring vulnerable dyke sections, recovery of Shilak village through sand bagging, monitoring of dyke rehabilitation works and management of trash pumps installed to discharge water from this area. Further, through deployment of one trash pump in New Bentiu area (Aryab), flood water trapped after the dyke was constructed was discharged and families previously displaced from this area were able to return to their homes.</p> <p>Through deployment of CCCM machinery and in collaboration with UNMISS, the recovery and elevation of the road to the solid and liquid waste disposal site above existing flood water level was completed facilitating resumption dislodging and collection of garbage from the IDP camp.</p> <p>Mapping of all primary and secondary dikes in Rubkona and Bentiu Towns for scoping subsequent flood mitigation works was also undertaken with the total length coming to 71.88 kilometres.</p> <p>During the project period, two joint monitoring missions were conducted between IOM CCCM, WFP and UNMISS to measure the depth of water along the road to Unity oil fields</p>
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		to establish the feasibility of reclaiming the road and availability of machinery. The other one was carried out with State Governor regarding planning engagement to scope works and resources required for flood mitigation in Bentiu and Rubkona towns before the rainy season.
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Output 2 Displaced populations in IDP camps hosting flood-affected individuals in Rubkona and Bentiu have access to safe, equitable and dignified critical WASH services

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

Sector/cluster Water, Sanitation and Hygiene

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	WS.6 Number of people accessing a sufficient quantity of safe water as per agreed sector/cluster coordination standards and norms	45,196	36,126	Activity reports; final project report
Indicator 2.2	Number of collective water points (boreholes/SWATs) constructed with secure location and access	17	8	Pictures; activity reports; pipeline records
Indicator 2.3	Number of WASH NFIs distributed	5,616	3,000	Pictures, distribution lists; intervention report
Indicator 2.4	Number of People reached with WASH NFIs	33,696	22,545	Pictures, distribution lists; intervention report
Indicator 2.5	Number of people with access to safe sanitation	90,000	36,126	Pictures, Weekly reports, final project report
Indicator 2.6	Number of Sanitation kits distributed	2,250	100	Weekly reports, final project report, distribution lists
Indicator 2.7	Number of people reached through direct and participatory hygiene promotion activities	90,000	36,126	Weekly reports, final project report

Explanation of output and indicators variance: Some indicators are under achieved due to adjustment occurred during the project implementation period:

- Indicator 2.1: The achieved number of beneficiaries represent the population reported by DTM in March 2022
- Indicator 2.2: The underachievement is related to the provision of sustainable solution within the IDP sites, and to increase the water provision capacity based on the visit held by WASH Cluster from 22nd to 25th November 2021. It is expected that the flood-affected population will remain in the IDP settlements longer than initially planned. WASH Cluster has requested that IOM be more focused on providing WASH services in the IDP sites, while other WASH partners will address host community needs. Thus, IOM has manually drilled 5 boreholes, within the IDP sites (2 in site A and 3 in Site B), while maintaining the operation of the 3 SWAT.

	<ul style="list-style-type: none"> - Indicator 2.3: Number of households registered in the IDP sites by December 2021 - Indicator 2.4: The achieved number of beneficiaries represent the population reported by DTM in December 2021 - Indicator 2.5 and 2.7: same as indicator 2.1 - Indicator 2.6: As flood water is not residing, IDPs are settling in the sites longer than expected. Based on recommendations from WASH Cluster, IOM had to adjust to the donor driven approach by directly constructed latrines blocks
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Activities	Description	Implemented by
Activity 2.1	Number of people with access to safe water.	Throughout the project period, IOM has installed and operated three (3) Surface Water Treatment plant (SWAT) in sites A (13,035 individuals), B (16,776 individuals) and C (6,315 individuals) to ensure the flood affected internally displaced population can access to safe drinking water. Total of 36,126 individuals (13,904 women, 7,275 men, 6,855 girls, 8,092 boys). Additionally, IOM drilled 5 boreholes (2 in site A and 3 in Site B) and equipped with India Mark II handpumps to supplement water supply from the SWAT in these locations.
Activity 2.2	Installation and operation of a SWAT system.	IOM has installed and operated three (3) Surface Water Treatment plant (SWAT) located in sites A, B and C. The team has recruited and trained 5 casual workers for daily operations. Throughout the project period, total of 30,073,000 litres were produced (9.28 litres per person per day)
Activity 2.3	Provision of water treatment products (PUR, Aquatabs)..	Due to the lack of water containers and soap for personal hygiene, IOM has conducted the general WASH NFI distribution targeting the overall population residing in all three sites. Total of 22,545 individuals (8,677 women, 4,540 men, 4,278 girls, 5,050 boys) were reached with kits composed of bucket without tap (1 piece), collapsible jerrican (1 piece), 3 bars of soap, PUR (60 sachets), filter cloth (1 piece) and Aquatabs (250 tablets)
Activity 2.4	Conduct safety audits and a Community Safety Audit Plan, to WASH infrastructure and WASH NFI distribution to minimize exposure to GBV	As part of the GBV risk mitigation strategy, prior to the installation of the water and sanitation facilities, IOM has conducted a rapid safety audit to identify the accessible and safe locations for users. For water supply, to ensure women and girls can access them anytime with less exposure to GBV threats, water taps were installed inside the IDP sites in open space and visible. For sanitation, jointly with DRC CCCM, community meetings were held with community leaders to discuss on the shared latrine approach and to identify the potential the sanitation corridor. Later, meetings were held with community members to discuss on the identified locations and the assignment of latrine per cluster of households (6 households: 1 stance). In total, 69 participants attended the meetings across the three sites (22 Site A, 26 site B and 21 site C). The main identified risks across the sites were related to gender segregated latrines, latrine gender marking and latrine privacy- lockable latrines with iron

		<p>sheets. IOM ensured the design of the latrines addressed this identified risk by installing lockable latrines doors, separate latrines by gender and all latrines constructed with Iron sheets.</p>
Activity 2.5	<p>Recruitment of 12 pump mechanics and 06 SWAT Operators responsible for operating and maintaining (O&M) the WASH infrastructure</p>	<p>IOM has recruited and trained 5 SWAT operators (men) to ensure the daily operations and maintenance of the water supply systems. The training was focus on measuring water's turbidity; water treatment using flocculation, sedimentation and treatment method; and monitoring the Free Residual Chlore prior to distribution. As part of IOM policies, the team was also trained on IOM Code of conduct and PSEA, thus mitigating risk of misconduct.</p>
Activity 2.6	<p>Distribute Sanitation Kits to households clustered into groups (1 sanitation kit to 2 households).</p>	<p>At the early stage of the response, IOM has distributed 100 latrine digging kits and 300 slabs, as part of the community engagement to accompany households in constructing their own latrines. Total of 201 emergency latrines were constructed.</p> <p>As flood water is not residing, it was concluded that IDPs will remain longer in their current settlements. To mitigate risk of potential waterborne diseases outbreak, and based on clear guidance from WASH Cluster, it was agreed IOM to adjust the approach by adapting a donor driven approach by constructing latrine blocks.</p>
Activity 2.7	<p>Daily supervision of latrine construction as well as provision of guidance on technical aspects of the construction process</p>	<p>For latrine construction, IOM has provided daily supervision as well as provision of guidance on technical aspects of the construction process to those households. Throughout the supervision period, total of 201 emergency latrines were constructed through community driven approach.</p> <p>Based on WASH Cluster recommendations, IOM has adjusted its approach and has constructed 148 latrine blocks composed of 4 stances each in sites A (80), B (64) and C (48). Total of 36,126 individuals are accessing to sanitation facilities. For operation and maintenance, the Community hygiene promoters sensitized the households to take responsibilities for the cleaning of the latrines. Additionally, IOM has extended the solid waste management outside Bentiu IDP camp/Ex-PoC to the IDPs sites (A, B, C, D and E), and has carried to the landfill 24 m3 of solid waste.</p>
Activity 2.8	<p>Recruitment of 77 Community Hygiene Promoters (CHPs)</p>	<p>For the project period, IOM completed recruitment and training of 38 Community Hygiene Promoters (CHPs) (27 men, 11 women), identified from within the IDP communities themselves with 12 (8 men, 4 women) in site A; 14 (11 men, 3 women) in site B; and 12 (8 men & 4 women) in site C. As part of its commitment to promoting community engagement from the onset, IOM extended this training to 6 community leaders (5 men, 1 woman) with 2 from each site (A, B & C)</p>
Activity 2.9	<p>Hygiene promotion dissemination through household visits, jerry can clean up campaigns and group awareness sessions on WASH-related diseases and hygiene behaviours, conducted by CHPs.</p>	<p>CHPs begun conducting hygiene promotion activities from 20th January onwards, across the 3 sites, including: household visits, jerry can clean up campaigns, environmental cleaning campaigns, as well as group</p>

		awareness sessions on WASH related diseases and hygiene behaviour. In total, since training was concluded, IOM's CHPs reached 36,126 individuals (13,904 women, 7,275 men, 6,855 girls, 8,092 boys). As part of the environmental cleaning up campaign, IOM supported IDP communities in Site A, B, C with waste management, with 24m ³ of garbage being collected and carried to the landfill for disposal (Site A - 8m ³ and Site B - 16 m ³). In Site C, IOM also supported with garbage collection at site level.
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Output 3 Emergency WASH flood response supplies provided to affected people in prioritized locations

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

Sector/cluster	Water, Sanitation and Hygiene			
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Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of WASH flood response kits for replenishment of supplies released to partners for the flood response. Items to be replenished include: household water treatment, household water storage, menstrual hygiene management kits, and soap	10,500	11,000	WASH Core Pipeline Request (CPR) forms, Core Pipeline database
Indicator 3.2	Number of sanitation kits and hand pump spare parts for replenishment of supplies released to partners for rehabilitation/construction of communal emergency latrines and water points/boreholes	200	242	WASH Core Pipeline Request (CPR) forms, Core Pipeline database
Indicator 3.3	Number of metric tons of WASH pipeline supplies transported by road, air, and river to key-hubs location specifically in Bentiu, Bor, and Malakal	126.77	130	WASH Core Pipeline Request (CPR) forms, Core Pipeline database
Indicator 3.4	Percentage of approved partner requests for WASH core pipeline supplies that are processed within 72 hours	100%	100%	WASH Core Pipeline Request (CPR) forms, Core Pipeline database

Explanation of output and indicators variance: The Core Pipeline Unit released 11,000 WASH flood response kits vis a target of 10,500 to cater for new needs as the flood situation evolved. Similarly, there were 242 sanitation kits and hand pump spare parts released to replenish stocks for rehabilitating communal emergency latrines and water points. This was against an initial target of 200. The additional 42 units served to cater for additional needs.

Activities	Description	Implemented by
Activity 3.1	Administer partner requests for flood response supplies and release of available items in stock upon endorsement of the WASH Cluster Coordination Team	During the reporting period, there were 36 requests for WASH supplies from five organizations. Three international (Concern Worldwide, IRC, Mercy Corps) and two UN agencies (IOM and UNICEF). The WASH

		kits included the following items, boxes of aqua tabs, buckets with taps, buckets without taps, bags of aluminium sulphate, collapsible jerry cans, collapsible water tanks, tap stands, onion tanks, hygiene kits, latrine slabs, boxes of soap and drums of chlorine.
Activity 3.2	Replenish critical WASH supplies released as lifesaving flood response kit for partners' distribution	IOM Core Pipeline supplied 242 sanitation kits and hand pump spare parts for replenishment of supplies released to partners for rehabilitation/construction of communal emergency latrines and water points/boreholes]
Activity 3.3	Transport the WASH supplies to logistics hubs (Bentiu, Bor, Malakal, Wau) closer to partner response	A total of 130 metric tons of WASH supplies were moved to supply hub in Bentiu. Of these 30 metric tons were moved by air while 100 tons were moved by road
Activity 3.4	Conduct one post-distribution monitoring (PDM) exercise	One post distribution monitoring exercise was conducted by IOM partner, Hope Restoration South Sudan (HRSS) from 14 to 25 July 2022, in Unity State Rubkona County and Budaang, Cotjok, Kaljaak, Panhiany, Kwegueinin and Nhialdiu Payams. The beneficiaries noted that the assistance was appropriate, useful, and timely to their needs especially during the rainy season, affording them dignified shelter. The quality of the plastic sheet, mosquito net, blankets and rubber ropes was considered good and the assistance was rated as critical and urgent for flood mitigation. It was recommended that more time be dedicated to demonstrating proper use of the S/NFIS materials provided as some plastic sheets were observed to have been damaged due to poor installation. Therefore, correct messaging on the proper use of the S/NFIS materials needs be emphasized among beneficiary communities during distributions.

Output 4 Flood-affected communities are supported by providing shelter and NFI assistance as well reinforcement of dike to prevent further displacement

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

Sector/cluster		Shelter and Non-Food Items		
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	SN.1b Number of in-kind shelter kits distributed	10,943	9,554	Distribution report
Indicator 4.2	SN.2b Number of in-kind NFI kits distributed	10,943	9,554	Distribution report
Indicator 4.3	Cash.2a Number of people benefitting from sector-specific unconditional cash transfers	13,800	17,400	Distribution report and PDM report
Indicator 4.4	Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD	184,000	156,000	Payment sheet which is conducted by third party

Indicator 4.5	Cash.3a Number of people benefitting from conditional cash transfers	500	500	Beneficiary daily attendance-
Indicator 4.6	Cash.3b Total value of conditional cash transfers distributed in USD	12,500	10,000	Payment sheet
Indicator 4.7	Number of people benefited from the reinforcement of dike	35,000	Approximately 100,000 IDPs and host community settled along the dykes in Bentiu town	DTM and interview with local authorities

Explanation of output and indicators variance: Indicators 4.1 and 4.2 are underachieved due to access challenges to some locations. S/NFIS team could not reach some beneficiaries due to insecurity and inaccessibility of roads caused by flooding. Nonetheless, the S/NFIS team managed to reach 9,554 households for live-saving shelter and NFI assistance against 10,943 targets.

Activities	Description	Implemented by
Activity 4.1	Provide in-kind emergency shelter and NFIs to flood affected communities in Unity and Jonglei. IOM will request the release of items from the S-NFI Core Pipeline and coordinate with the Logistics Cluster to transport the items to the distribution sites. The project will follow Cluster standard package for distribution of S-NFI items to the flood-affected communities. The standard package includes plastic sheet, ropes, blankets and mosquito nets.	In coordination with the logistic cluster and core pipeline, IOM provided in-kind emergency shelter and NFIs assistance to flood-displaced households in Jonglei and Unity states. IOM followed cluster standard methodology and package of distribution for flood-affected communities (plastic sheet, rubber rope, blanket, and mosquito net). IOM S/NFIS team conducted a detailed need analysis, and based on the recommendations, S/NFIS distribution was conducted. Prior to distribution, safety audit was conducted. Beneficiaries were informed through community leader about distribution date and location. Beneficiaries were equally told of items to receive and how to use them.
Activity 4.2	Provide sector-specific cash assistance and cash-for-work with verification reports shared with Cluster for review, endorsement, and response decision.	The Unconditional cash distributed by IOM helped IDPs cover basic needs such as shelter, food, and health-related expenses. The cash assistance also contributed to the reduced vulnerability of women and girls to different violence. On a similar note, the flood situation in Bentiu increased to intensify over a period.
Activity 4.3	Engage local communities and a service provider to provide emergency construction and/or repair of the dike to ensure lifesaving protection at the new location and across Bentiu Town. In coordination with other stakeholders, IOM will reinforce and repair dike using local labour, sandbags and heavy machinery depending on technical requirements.	IOM conducted a detailed technical assessment in Rubkona and produced short-term to medium and long-term recommendations to protect the town from future flooding. Equally, IOM mobilized equipment to rehabilitate over 30km of dykes in Bentiu town. However, due to the nature of increased human activity along the dykes, rehabilitation of weak points and embankments are required using sandbags and community labor. IOM in collaboration with community leaders, RRC Focal point, and Dike Management Committee Chairperson, identified 31 embankments and weak points with increased human activities, i.e., crossing points for fishing, firewood collection, swimming, water fetching, and canoe docking and reinforced these areas using sandbags. Over 500 HHs benefited from the DRR projects through provision of tools & training to the community, sensitization, and cash assistance as a form of incentives. IOM also mobilized trucks to dump soil along the

		sections. IOM deployed Engineers and community workers to provide technical guidance and sensitization, respectively. The community appreciated the project and expressed their gratitude to IOM for the great initiative. The purpose of the DRR interventions is to ensure community participation and ownership of the dykes.
Activity 4.4	Conduct rapid monitoring, post distribution and post construction monitoring. IOM follows a participatory monitoring approach where communities are engaged to ensure a quality response. The distribution committees and village development committee play an essential role in monitoring the project activities throughout the project cycle and ensure that response is inclusive and equitable.	For all S/NFIS distribution, the IOM S/NFIS team conducted rapid monitoring to assess the quality of the process of the intervention, the quality and quantity of items distributed, and document lessons for future intervention. Equally, IOM S/NFIS conducted PDM for cash transfer to flood displaced population in Rotriak unity state. 94% of beneficiaries considered the selection process to be fair, inclusive, and transparent.

Output 5 Emergency S-NFI flood response supplies provided to affected people in prioritized locations

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

Sector/cluster		Shelter and Non-Food Items		
Indicators	Description	Target	Achieved	Source of verification
Indicator 5.1	Number of S-NFI flood response kits for replenishment of supplies released to partners for the flood response. Items include plastic sheets, rubber ropes, mosquito nets, and blankets	4,500	4600	S/NFIS Core Pipeline Request (CPR) forms, Core Pipeline database
Indicator 5.2	Number of metric tons of S-NFI pipeline supplies transported by road, air, and river to key-hubs location specifically in Bentiu, Bor, and Malakal	99.60	130	S/NFIS Core Pipeline Request (CPR) forms, Core Pipeline database
Indicator 5.3	Percentage of approved partner requests for S-NFI core pipeline supplies that are processed within 72 hours	100%	100%	S/NFIS Core Pipeline Request (CPR) forms, Core Pipeline database]

Explanation of output and indicators variance: Core Pipeline released 4600 S/NFIS flood response kits for replenishment of supplies released to partners against a target of 4500. The additional 100 kits served to cater for additional needs as the flood situation evolved.

Activities	Description	Implemented by
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Activity 5.1	Administer partner requests for flood response supplies and release of available items in stock upon endorsement of the S-NFI Cluster Coordination Team	During the reporting period, IOM Core Pipeline received a total of 19 requests from partners for S/NFIS flood response supplies. Upon endorsement by the S/NFIS Cluster coordination team, IOM Core Pipeline processed 18 requests for S/NFIS supplies for the flood response in Bentiu from eight partners who include two international organizations (Concern Worldwide and NRC), four national NGOs (ADA, Coalition for Humanity, Cido and HRSS) and two UN agencies (IOM and UNHCR). The supplies included blankets, kitchen sets, mosquito nets, plastic sheets, sleeping mats, NFI bags, rubber ropes, bamboo bundles, wooden poles, and solar lamps. One request for S/NFIS flood response supplies was received from an international organization (NRC) for the flood response in Tambura. The S/NFIS supplies released include plastic sheets, rubber ropes, NFI bags and solar lamps. All the requests were successfully processed following IOM Pipeline standard operating procedure of responding to partner's requests after approval from the cluster within 72 hours. This served to minimize delays in frontline response.
Activity 5.2	Replenish the S-NFI supplies released as lifesaving flood response kit for partners' distribution	[During the reporting period, IOM Core Pipeline released 130 metric tons of S/NFIS supplies metric tons to Bentiu and Tambura to replenish S/NFIS supplies released as lifesaving flood response kits for partners' distribution
Activity 5.3	Transport the S-NFI supplies to logistics hubs (Bentiu, Bor, Malakal, Wau) closer to partner response	IOM maintains six logistical hubs across the country to enable quicker access to emergency pipeline supplies. Through the CERF funding, 130 metric tons of shelter materials and non-food items were transported to warehouses in Bentiu and Tambura where partners were able to collect the items closer to their response locations
Activity 5.4	Conduct one post-distribution monitoring (PDM) exercise	A post-distribution monitoring survey was conducted by IOM partner, Hope Restoration South Sudan (HRSS), in Unity State Rubkona County and Budaang, Cotjok, Kaljaak, Panhiany, Kwegueinin and Nhialdiu Payams. The beneficiaries noted that the assistance was appropriate, useful, and timely to their needs especially during the rainy season, affording them dignified shelter. The quality of the plastic sheet, mosquito net, blankets and rubber ropes was considered good and the assistance was rated as critical and urgent for flood mitigation. It was recommended that more time be dedicated to demonstrating proper use of the S/NFIS materials provided as some plastic sheets were observed to have been damaged due to poor installation. Therefore, correct messaging on the proper use of the S/NFIS materials needs be emphasized among beneficiary communities during distributions.

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:

S/NFIS teams provided information about the overall targeting and distribution process to target beneficiaries through community leaders and block leaders. Community leaders are involved in the selection and registration of beneficiaries. Block leaders oversee the complete registration and distribution process for their respective block residents and participated in sensitization and awareness creation as well.

At the onset of the response, IOM WASH has coordinated with the camp manager (DRC CCCM) in engaging the newly displaced population settle in three sites (A, B & C) to identify their most critical WASH related needs to be addressed. Community meetings were conducted for the selection of sites for the construction of water and sanitation facilities including community pre-safety audits prior to borehole drilling and latrine constructions. Later, IOM ensured job advertisement were displayed within the sites, and application letters received by IOM staffs. Both written test and interview were conducted by IOM team composed of man and woman staffs, thus providing an equal opportunity to both genders. Jointly with DRC CCCM, community members were engaged with the identification and selection of the sanitation corridors. The WASH engineers ensured the design was discussed prior to implementation including addressing the risk and recommendations by the community as per the safety audit outcomes.

Because of IOM's continuous presence in the onset of the floods, during the emergency flood mitigation works, CCCM project teams ensured that the affected population was consulted throughout the process in order to secure community buy-in and collaboration of the emergency interventions. Community leaders and the authorities (RRC) were part of the implementation of the project, securing access and supporting in the monitoring of the conditions of the dykes. In addition, the IOM CCCM team regularly coordinates with DRC, the Camp Management Agency for all five sites in Bentiu Town, who have formed Dyke Monitoring Committees and regularly communicate findings in real-time to IOM CCCM for intervention if needed. In addition, findings of safety audits conducted by the Sexual Gender based Violence (SGBV) Sub-Cluster were analysed and integrated into intervention plans, complementing dyke and vulnerability mappings conducted by the C&M teams, so as to ensure that site C&M works reduced exposure to a number of risks to safety and security, with a specific focus on persons with special needs, women, girls, the elders, as well as persons with disabilities.

b. AAP Feedback and Complaint Mechanisms:

In WASH and S/NFIS operations, an information and complaint desk was put in place and trusted community leaders from men and women been selected to receive complaints and facilitate feedback on the complaints. Several complaints about the targeting, inadequate number of beneficiary allocation, as well as positive feedback on information sharing, handling vulnerable cases during registration & distribution, and crowd management, and non-related complaints been received and responded accordingly.

For the Core Pipeline, all WASH and S/NFI endorsed requests from the partners go through a rigorous review process by the WASH and S-NFI cluster where assessment reports and response/project documents are required for approval. Partners requested supplies based on their assessment of the needs of the crisis-affected population in the location of the assessment.

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](#).

The flood response assessments were usually inter-agency and provided an immediate and quick overview of the emergency on the ground in order to identify the immediate impacts of the crisis, make initial rough estimates of the needs of the affected population for assistance, and define the priorities for humanitarian action. Reports of assessment were submitted to and consulted with the Cluster, which verified and acknowledged the needs of interventions and emergency responses in those areas. The review considers how partner organizations target beneficiaries with priority given to the most vulnerable and marginalized segments of the population

For CCCM operations, in addition to regular consultations with the various representative committees of the affected population, IOM CCCM operates and maintains a digital CFM whereby cases are received daily, securely stored and referred to responsible partners on a weekly basis, with consistent follow-up in order to galvanize action. IOM CCCM does its best to ensure that the feedback loop is closed for each, and every single complaint received, with replies provided to complainants on the action taken on their case. All CwC team members are trained in core concepts of CCCM, the handling of community feedback in humanitarian settings, as well as AAP, Protection, Data Protection Policies, as well as localized PSEA/Protection/SGBV referral pathways. In addition, referrals related to flood mitigation works and requests are received from the DRC, the Camp Management Agency for the 5 sites in Bentiu Town – on which the C&M complete assessments and act based on necessity.

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

During S/NFIS project activities, adequate orientation was provided to the registration team about PSEA. The enumerators and crowd controllers also signed an undertaking before engaging with IOM which enforces them to comply with IOM code of conducts.

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

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

For WASH operations, to mitigate risk of gender-based violence, IOM WASH teams ensure beneficiaries are fully aware that humanitarian services are free of charge and beneficiaries informed of were to report any staff misconduct related to PSEA. Registration and verification were directly conducted by IOM staffs. All the recruited 50 volunteers (11women, 39 men), composed of 38 Community Hygiene Promoters, 5 SWAT operators, 1 translator and 6 guards, were trained on GBV, IOM code of conduct and PSEA and all signed the IOM code of conduct. Posters on the *Rules on Sexual Conduct for Humanitarian Workers* (6 principles) in two languages (English, Nuer) were also displayed in public places, such as markets, tea places, restaurants.

During the project period, CCCM has maintained its commitment to IOM's institutional framework on GBViC which entails that all IOM staff proactively undertake mitigation measures to protect IDPs from and ethically respond to any forms of sexual abuse and exploitation. In this manner, on the one hand, CCCM has trained all its staff on PSEA, data protection, humanitarian principles, protection and standards of conduct; while, on the other hand, CCCM has ensured that the community is aware of the reporting mechanisms in place- how to report, where to report and what their rights to protection and confidentiality. IOM have also launched the "We are all in" platform, an internal reporting mechanism that is made available to anyone who wish to directly report misconduct committed by IOM staff including PSEA.

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

Under the S/NFIS team, Female enumerators are hired to handle gender sensitive issues. Vulnerable women and girls are prioritized for registration and distribution. A separate FGD was conducted with women group led by female enumerators.

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

The WASH team conducted pre safety audits in all the three IDP sites A, B and C prior to latrine construction and borehole drilling, to understand and address safety concerns, GBV risks when accessing WASH facilities including proposed risk mitigation strategies in the siting and design of the WASH facilities.

CCCM has made sure that vulnerable groups such as women and girls, especially those with special needs, are equally represented in the activities that IOM undertakes ensuring their meaningful participation without compromising their safety to mitigate GBV cases. Through the construction and reinforcement of berms around Bentiu and Rubkona IDP sites, CCCM has ensured to protect all IDPs including those most vulnerable from further flooding guaranteeing their equal safety and that no one is left behind. CCCM mainstreams protection and GBV across all its programming as guided by the GBViC institutional framework as well as supported by the establishment of community feedback desks that set up strong referral mechanisms strengthening communication and accountability linkages between partners and the community.

e. People with disabilities (PwD):

IOM S/NFIS team usually ensures additional lines are created to prioritize people with disabilities during the intervention (registration or distribution). For beneficiaries who cannot access the distribution site, the IOM S/NFIs ' team conducts door-to-door registration and distribution. The most vulnerable beneficiaries are equally accompanied by the distribution team to their home.

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

Through the safety audits, access, and usability of WASH facilities for people with special needs were discussed and beneficiaries' suggestions included in the design. IOM ensured hand pumps were fitted with handrails and ramp for accessibility by people with special needs.

CCCM ensures the needs of persons with disability are met through inclusive programming. PwDs accessibility and inclusion has been considered when conducting the construction and rehabilitation of the berms as well as in the development of the drainages in both Bentiu and Rubkona towns new sites.

f. Protection:

During selection, the S/NFIS team ensure female and person living with disabilities are selected and included in the beneficiary list. The safety audit is equally conducted to ensure the safety of beneficiaries and easy access to the distribution site.

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

IOM ensured WASH facilities are constructed and installed in accessible locations and sited at visible locations within the settlements. Additionally, NFI distributions sites were identified within each site and all distributions were done during working hours.

As part of accountability and conflict sensitivity commitments, CCCM has ensured protection is mainstreamed for all core CCCM activities. CCCM operations are always inclusive of all community groups, women, girls, men, boys as well as PwDs.

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:
Yes, CVA is a component of the CERF project 13,800 individuals	Yes, CVA is a component of the CERF project 2,400 households	17,400

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 community reported that the shelters are not up to standards and some of the IDPs lives under trees. During the cash distribution, the plastic sheets, elephants' grasses were not available in the markets since the flooding covered all the bushes and community are not able to get the shelter construction material under water. The IDPs reported using the cash to buy shelter materials to improve shelter conditions and its surroundings.

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 4.2	17,400	156,000	Multi-Purpose Cash	Unrestricted
Activity 4.3	500	10,200	Multi-Purpose Cash	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
IOM CCCM flooding response by building critical infrastructures that protect communities & ensure humanitarian access	https://bit.ly/3KhkY9m
UN CERF support for emergency infrastructure & storm water management allows IOM to conduct response works in Rubkona Town	https://bit.ly/3Kf4ApT
The recent heavy rainfall in #Rubkona has affected most displaced families settled along the dyke in Mankuai. With support from the EU Civil Protection and Humanitarian Aid (ECHO) and the UN Central Emergency Response Fund (UNCERF), IOM has distributed plastic sheets and ropes to protect 2,000 IDP households in Mankuai, Shilak and Dhier-informal sites in Rubkona.	https://bit.ly/3AgOo2Y

Since the onset of record flooding in [#SouthSudan](#), IOM has responded by building critical infrastructures that protect communities & ensure humanitarian access.

Here is a video highlighting the tremendous work behind the recovery of submerged villages in [#Bentiu](#) & [#Rubkona](#) Towns.

<https://bit.ly/3ccW6TL>

Amidst unprecedented floods and ahead of the rainy season, IOM Camp Coordination and Camp Management teams have deployed heavy-duty machinery to strengthen the perimeter berms of the Bentiu IDP Site, hosting over 107k internally displaced persons.

<https://bit.ly/3wsGT7I>

To keep IDP camps safe, [#CCCM](#) conducts regular drainage maintenance by removing silt and pumping the water of the main channel.

<https://bit.ly/3pGfoUz>

We just installed this Onion Tank at one of flood displacement sites in Bentiu, Unity State. 30,000 litres of water, increasing our water treatment capacity to 60,000. Response to needs

<https://bit.ly/3cl6EQv>

To respond to the devastating floods in [#Bentiu](#), IOM has pre-positioned much-needed humanitarian items to help the flood-affected communities.

Take a look 🙌 at our Flood Response Update (Nov 16-Dec 3, 2021)

<https://bit.ly/3R6pl9v>

To keep IDP camps safe, [#CCCM](#) conducts regular drainage maintenance by removing silt and pumping the water of the main channel

<https://bit.ly/3AGQFpk>

The recent heavy rainfall in Rubkona has affected most displaced families settled along the dyke in Mankuai. With support from [@eu_echo](#) & [@UNCERF](#), IOM has distributed plastic sheets and ropes to protect 2,000 IDP households in Mankuai, Shilak & Dhier- informal sites in Rubkona.

<https://bit.ly/3R51GX4>

Amidst floods and the looming rainy season, IOM [#CCCM](#) teams deployed machinery working around the clock to strengthen the perimeter berms and dykes in the Bentiu IDP Site, hosting over 107k internally displaced persons.

<https://bit.ly/3dMXOLT>

[@IOMSouthSudan](https://twitter.com/IOMSouthSudan) continues to respond to the flooding in Bentiu with much-needed humanitarian assistance to help the flood-affected communities. Read our latest Flood Response Update (Dec 1- 31, 2021) <https://bit.ly/3HE3sJV>

<https://bit.ly/3wuVsaX>

Flooding response in Bentiu and Rubkona towns (inside the CCCM quarterly report)

<https://bit.ly/3R7JVGA>

Better Days to Come: Ensuring the Well-being of Flood-Affected Communities in South Sudan

<https://bit.ly/3pDM3u3>

3.2 Project Report 21-RR-HCR-031

1. Project Information

Agency:	UNHCR	Country:	South Sudan
Sector/cluster:	Protection	CERF project code:	21-RR-HCR-031
Project title:	Addressing the Protection Needs of Populations Affected by the Floods in Unity and Upper Nile		
Start date:	01/11/2021	End date:	30/04/2022
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\$ 8,000,000
	Total funding received for agency's sector response to current emergency:	US\$ 0
	Amount received from CERF:	US\$ 1,549,570
	Total CERF funds sub-granted to implementing partners:	US\$ 945,301
	Government Partners	US\$ 0
	International NGOs	US\$ 538,600
	National NGOs	US\$ 406,701
Red Cross/Crescent Organisation	US\$ 0	

2. Project Results Summary/Overall Performance

The CERF RR funded project has mainly four (4) key activities of which include protection monitoring and identification of persons with specific needs (PSNs), establishment and enhancement of community-based protection mechanism, referrals to multisectoral services, and provision of services to the survivors of gender-based violence (GBV). In Upper Nile (Canal / Pigi, Khorfulus, Nassir, Malakal and Melut) and Unity (Bentiu IDP camp, IDP site A-E, Koch, Rubkona, Guit, Leer, Mayendit, and Panyijjar), UNHCR and its partner (DRC, HDC, HRSS) cumulative total of 76,299 individuals benefited from protection monitoring, community-based protection mechanisms, referrals to relevant service providers, and core GBV services. These includes 14 protection monitoring mission conducted by UNHCR and its partners, 14 community-based protection networks (CBPN) maintained and strengthened, 66,476 persons with specific needs (PSNs) from both IDP and host communities referred to relevant service provider for further assistance, and 27,679 women and girls from both IDP and host communities receiving core GBV services.

UNHCR and partners provided Core Relief Items (typical kit includes mosquito net, blankets, sleeping mat, kitchen set, jerry can, buckets and soap) to 5,000 PSNs households in the flood affected locations, which were among 67,476 individuals who benefited from referral pathways. Those 67,476 IDP PSNs were referred to relevant service providers, such as DRC (GBV, CCCM, Shelter/NFIs), IOM (biometric registration, MHPSS, WASH), WCH (child protection), IMC (health), ICRC (family tracing and reunification), WVI (food and WASH), and UNHCR (NFIs, dignity kits and food items). UNHCR and partners also provided 5,000 hygiene kit (typical kit includes soap, sanitary cloth/napkin and underwear) as part of GBV service among 27,679 individuals, and firewood and charcoal for the most extremely vulnerable households, such as female headed households. Awareness session on GBV prevention and response were held prior to distribution.

14 community-based protection networks (CBPNs) formed and strengthened with involvement of women, elderlies, men, girls and boys. The capacity of community-based structures strengthened through training on protection mainstreaming, PSN profiling and durable solution to expand on the capacity of the existing community-based protection structures, as well as provision of in-kind support in a form of stationery and visibility. Through the CBPNs, information on available assistance,

HLP rights, flood situation, complaint and feedback mechanisms were shared with the community (Communication with Communities).

Together with other humanitarian actors, including ICCG and HCT, UNHCR provided HLP support including consultations with local authorities and landowners especially in the context of newly created IDP sites or areas occupied by the flood induced IDPs. 16 small scale community-based projects (Quick Impact Projects) for mitigating the flood situation (dyke maintenance and drainage clean-up) were organized. These community support projects included trainings and capacity building activities on floods mitigation through dyke maintenance and drainage cleaning, provision of canoes to communities to facilitate access to services in areas severely affected by floods.

3. Changes and Amendments

Both Upper Nile and Unity States continues to be dynamic and a very sensitive area for humanitarian operation in South Sudan, most parts of the state remained not accessible due to insecurity and flooding, and some few places which were accessible proved to be very costly in terms of time and finance to reach. During this reporting period, UNHCR and partners continued to contribute to enhancing the protective environment for persons affected by floods amidst the challenges.

Key issues if change from monitoring activities in the period include increased taxation on IDPs from the PoC residence when transporting items from Malakal Town or Riverside and influx of IDP returns from other states and counties and refugee returnees from Sudan and Ethiopia particularly Gambela camp in Ethiopia in escape of insecurity in the country of asylum and in search of services, this increment continued to mount pressure on the little available services. During the implementation, market inflation impacted the price of goods and services affected the cost of implementation of activities mostly required to deliver community-support projects.

During the finalization of the proposal, there was a discussion among the UNHCR whether to consider "cash for protection" as equivalent to "cash and voucher assistance" and the point was not fully clarified during the process. During the implementation process, UNHCR hired a dedicated CBI (cash-based intervention) officer overseeing both refugee and IDP operations, which assisted the implementation of CVA in Malakal and Bentiu. Therefore, what UNHCR originally considered to be "cash for protection" has been re-interpreted as CVA as the field officer reported back. With this background, CVA component was considered to be out in the planning process, and later reconsidered to be in in the reporting stage. Late completion of cash / IPA distribution to the targeted beneficiaries due to the delayed approval of the additional CERF funds top-up.

It's recommended to expand on the locations under the next CERF grant to cover other counties which could relatively be accessible in case of insecurity or prolonged floods as well as revise targets to fall with the allocated budgets regarding the current inflations.

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
Returnees	-	-	-	-	-	0	0	0	0	0
Internally displaced people	27,479	20,376	10,867	13,467	72,189	27,479	17,619	10,867	13,467	69,432
Host communities	2,432	2,235	1,775	1,558	8,000	2,614	1,938	1,034	1,281	6,867
Other affected people	-	-	-	-	-	0	0	0	0	0
Total	29,911	22,611	12,642	15,025	80,189	30,093	19,557	11,901	14,748	76,299
People with disabilities (PwD) out of the total										
	2,094	1,583	885	1,052	5,614	1,846	1,369	730	905	4,850

* 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.

People Indirectly Targeted by the Project

During this reporting period, UNHCR and partners also indirectly contributed to enhancing the protective environment to over 1,500 refugee returnees and 8,500 IDP returnees (as per UNHCR data population movement tracking and IOM DTM mobile roundtrip 12) who were also affected by floods in areas of Canal / Pigi, Khourfulus, Nassir, Malakal, Panyikang, Melut and Malakal town through provision of NFIs, the items distributed are clothes, dignity kits, plastic sheets, plastic mat, blanket, soap, and buckets /plastic jerrycan. These populations also benefitted from awareness raising sessions and sensitization campaigns aimed at improving the living conditions and identifying concerns of particular interest in their community and provide information that will drive local solutions and enhance community efforts towards self-protection and reliance.

Furthermore, protection desks in most of these locations (Malakal and Bentiu) were established and were accessed by all PSNs regardless of their categories to allow wider outreach and provide them information as well as register complaints regarding services. Temporary desks along with protection service desks received and assisted all categories of persons of concern with specific needs on variety of requests and complaints, such as request for information on access to services, referral support, reports on incidents, safety issues including request for supporting needs of vulnerable households.

6. CERF Results Framework

Project objective Emergency Protection response for populations displaced by flooding.

Output 1 Strengthening of community-based protection and protection mainstreaming.

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	Number of monitoring missions to identify and assess the situation of the flood affected population, conducted that inform the humanitarian response.	6	14	Biweekly protection updates, Field Mission reports, Inter-agency field mission report (including IRNA and vulnerability screenings)
Indicator 1.2	PP.2 Number of community-based protection mechanisms established to identify, prevent, mitigate and respond to violations of International Humanitarian Law and Human Rights Law.	12	14	Attendance list during meetings and trainings, Partner monthly reports
Explanation of output and indicators variance:		Indicators 1.1 was overachieved because of the increase in the displacement of the people caused by continued and prolonged flooding in the locations. Also partners and UNHCR had to undertake separate missions with a combined mission TORs to the affected locations to expand on frequency of monitoring as well as follow up on reported cases and incidences as well as interventions after assessments.		
Activities	Description	Implemented by		
Activity 1.1	Protection monitoring and reporting.	UNHCR, HDC, DRC, HRSS (Direct and partner implementation)		

Activity 1.2	Establishment of protection community networks with affected people, community leaders and community-based groups.	UNHCR, HDC, DRC, HRSS (Direct and partner implementation)
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Output 2 Delivery of targeted individual protection assistance.

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 2.1	PP.1b Number of people benefitting from referral pathways.	72,189	66,476	Biweekly protection updates, Field Mission reports, Inter-agency field mission reports
Indicator 2.2	Number of people benefitting from core GBV services	27,950 (this is 65% of sum of women and girls)	27,679	FGD minutes, GBV training minutes and awareness, Dignity distribution lists

Explanation of output and indicators variance:

Breakdown of Beneficiaries per Status

	IDP	Host	Total
Referral	62,421	5,055	67,476
GBV	25,868	1,811	27,679

Breakdown of Beneficiaries per Locations

	Malakal	Bentiu	Total
Referral	38,091	29,385	67,476
GBV	15,624	12,055	27,679

Due to the movement restriction caused by the flooding and security situation, persons of concern access to community-based protection networks (CBPNs) and protection information desks had been restricted, and hence the result was lower than the target during the reporting period. However, with the full implementation of CBPNs and protection information desks in the project areas, target population will benefit for referral pathways through out of the year.

Activities	Description	Implemented by
Activity 2.1	Enhancement of referral mechanisms for people with specific protection needs including case management and support for effectively accessing services.	UNHCR, HDC, DRC, HRSS (Direct and partner implementation)
Activity 2.2	Mobilization or enhancement of inter-agency referral framework and case management system for GBV response in displacement sites.	HDC, DRC, HRSS (Partner implementation)
Activity 2.3	Provision of targeted material assistance for Protection.	HDC, DRC, HRSS (Partner implementation)

7. Effective Programming

a. Accountability to Affected People (AAP) ⁶:

Ensuring the participation of and accountability to the affected population (APP), organizational principles while implementing this project. UNHCR and partners adopted a community-based approach to project implementation, in which beneficiaries were involved in prioritizing, planning, and implementing the activities. With fundamental regards, activities were executed while adhering to age, gender, and diversity mainstreaming (ADGM). Under ADGM approach, through engaging representatives from all segments of the target community, including representatives from different ethnic groups, members of the IDP and host community, men and women, youth and elderly, and persons with disabilities. In addition, as part of the communication strategy with the target community project information was disseminated to all community members and adapted key messaging to ensure that it is accessible to different genders, age groups, and persons with disabilities.

This was also possible because the project designing was aided through the outcomes from the participatory assessment conducted by UNHCR, DRC, HDC and HRSS in the Q4 of 2021 in some of the locations like Malakal, Pigi/Canal, Rubkona/Bentiu. The identified needs and gaps resulting from the information collected through the focus group discussions, key informant interviews, and community-based protection networks were conducted with girls and boys, men and women, elderlies, and PSNs to address their specific concerns and hear the voice of affected population.

b. AAP Feedback and Complaint Mechanisms:

The static protection desks in the Malakal POC, Pigi County, Rubkona and Bentiu IDP sites served as an information and complaint mechanism, complaint boxes were stationed at the desks, communities accessed the desks for different purposes including need for information or referral, community or individual concern, feedbacks related to program activities. The confidentiality and safety of individuals were greatly ensured through sitting areas separate from cubicles where complaints were received. PSNs who could not reach protection desks due to their vulnerability were assisted through protection monitoring and outreach activities. Regular follow-up was conducted with respective partners and actors to ensure concerns of individuals are addressed. Local community groups have been established, trained on protection principles and human rights who proven themselves to be an important inter-actor between affected population and project staff.

UNHCR and partners also conducted information awareness sessions on feedback and complain mechanism for communities, people were given the opportunity to address concerns and file complaints through confidential and community accepted ways. UNHCR as Upper AAP focal point ensured that AAP principles are mainstreamed within its response and by other clusters.

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

UNHCR and partner staff received training on the Code of Conduct and Prevention of Sexual Exploitation and Abuse (PSEA). All agencies have a zero-tolerance for sexual exploitation and abuse cases, UNHCR, DRC, HDC and HRSS have mechanisms in place to manage reported cases or incidents through their clearly stipulated Code of Conduct reporting mechanism. This applies to anyone working with these agencies and extends to casual workers. UNHCR and partners ensured that PSEA is mainstreamed within implemented activities. Thus, during protection awareness sessions, distribution of NFIs' – information on PSEA and reporting channels has been shared with project beneficiaries. Code of conduct was signed before any contractual involvement with service providers. Lastly, information awareness sessions on PSEA as conducted throughout the implementation stage.

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

With this collective approach from experienced staff, UNHCR together with its protection partners engaged the IDP community at the grassroots' level to share knowledge in the community on the importance and how to promote gender equality, empowerment and protection of women and girls. Committees were formed and trained together with the community leaders on SGBV awareness and presentation, they were the forerunners of change in their respective communities. In order to ensure female participation, women/girls were at centrality of all project implementation, this helped to rule out violence of

⁶ 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](#).

similar kind and create a more peaceful environment where people were able to identify their problems and solve them amicably through effective communication and collective support from the community regardless of their gender.

e. People with disabilities (PwD):

Specific projects were implemented with key emphasize and involvement of the persons with disabilities, e.g., the protection and community-based response which targeted and selected the extremely vulnerable community members like, very elderly, women-headed households, men, women, boys, and girls with physical disabilities using a community-based approach guided by the UNHCR vulnerability criteria to respond to longer-term solutions programming. UNHCR promoted the targeted groups' commitment and involvement, ensuring accountability to the affected population (AAP) and inclusion of vulnerable groups in decisions affecting them. UNHCR and partners also ensured community participation and involvement through introductory project meetings with the key community and their leader's representation to ensure that project implementation is relevant, effective, and responsive to the needs of displaced populations and understand the scope of activities services to be provided in the villages.

f. Protection:

In order to ensure protection principles were mainstreamed through humanitarian response during the implementation of this project, UNHCR and partners trained non-protection humanitarian partners, stakeholders and Community based structures on protection mainstreaming, PSEA, Gender based violence, Child protection and safe referral pathway along with individual protection assistant (IPA). This included conducting awareness-raising on protection issues, such as protection mainstreaming, human rights, HLP, and PSEA, as well as COVID 19 preventive messaging with communities in collaboration with the community-based protection networks (CBPNs), PSN identification and referrals, and advocacy for the CBPN to support community sustainability of the interventions. In addition to ensure the CBPN capacity is developed on GBV and CP referrals, technical support from GBV partners was provided during trainings to CBPN on GBV and child protection concepts including safe referrals to survivors of violence.

g. Education:

Not applicable for this proposal.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	Yes, CVA is a component of the CERF project	762 (Malakal 437 + Bentiu 325)

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.

Based on the calculation of the survival sectoral minimum expenditure basket, the amount was given to the IDP persons with specific needs (PSNs) with an aim to reduce their vulnerability, threats and risk they faced towards promoting a life of dignity as a last resort due to limited services in areas of response and further exposure to risk in absence of such support. PSNs who received Individual Protection Assistance (IPA) cash program support were able to seek medical/treatment, repaired their doors to enhance safety, repaired their wheelchairs and brought materials for rehabilitation of their shelters.

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 2.1	762	15-20	Protection	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
<i>Malakal canoe donation</i>	https://www.facebook.com/SouthSudanUNHCR/posts/pfbid0rtcVmApy78YvGGqw98Tv9XLC9p4A8QL6ecr1AJZ9bcw1c6jYy8QuupJ2jrk1EEu8l https://twitter.com/UNHCRSouthSudan/status/1548660592365404161?s=20
<i>Appreciation of CERF Support in 2021</i>	https://twitter.com/UNHCRgov/status/1468570284735307787

3.3 Project Report 21-RR-CEF-056

1. Project Information

Agency:	UNICEF	Country:	South Sudan
Sector/cluster:	Water, Sanitation and Hygiene Protection - Child Protection	CERF project code:	21-RR-CEF-056
Project title:	Emergency response to floods		
Start date:	20/12/2021	End date:	19/06/2022
Project revisions:	No-cost extension <input checked="" 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\$ 6,123,000
	Total funding received for agency's sector response to current emergency:	US\$ 112,000
	Amount received from CERF:	US\$ 1,199,688
	Total CERF funds sub-granted to implementing partners:	US\$ 549,000
	Government Partners	US\$ 0
	International NGOs	US\$ 265,000
	National NGOs	US\$ 284,000
Red Cross/Crescent Organisation	US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF grant, UNICEF and its partners reached 33,042 people (14,364 girls, 8,902 boys, 5,502 women, and 4,274 men) with a range of child protection in emergency services. These include 6,456 (5,691 girls and 765 boys) who received case management services; 5,182 (403 girls, 2,855 Women, 322 boys, 1,602 men) who received gender-based violence (GBV) risk mitigation, prevention awareness including case management, safe referral for multisectoral Gender Based Violence (GBV) services as well as Psychosocial Support (PSS) within women and girl-friendly spaces; and 21,404 (8,270 girls, 2,647 women, 7,815 boys, 2,672 men) were provided with mental health and psycho-social support services.

In addition, through the CERF RR grant, UNICEF and its partners established 3 emergency Surface Water Treatment Systems (SWATs) and drilled 10 boreholes that provided safe drinking water to 21,736 individuals; constructed 396 family-shared emergency latrines and another 12 emergency latrines for persons with Special Needs (PSNs) which provided access to improved sanitation to 17,654 individuals; a total of 32 hygiene promoters received refresher training and disseminated key WASH messages on disease prevention including COVID-19 and reached out to 18,522 individuals; the project also reached 18,236 individuals with critical WASH Non-Food Items (NFIs) including Menstrual Hygiene Kits for girls and women of childbearing age in the IDP camps while 3,530 people were reached with the same services within the host communities

A total of 22,052 persons were reached by this project with safe water, sanitation, and Hygiene promotion messaging and critical WASH NFIs in Sites E, D2, Mankuai, and surrounding host communities harbouring IDPs meeting WASH needs within the sphere standards

Under output 2 WASH Cluster partners provided with emergency WASH, NFIs for flood-impacted populations.

On the core-pipeline supplies distribution, WASH has reached 58,118 beneficiaries 42,000 people directly and 16,118 people indirectly. Indirect beneficiaries are those people who benefit from sharing with direct beneficiaries. Examples of WASH NFIs distributed (including squatting latrine slabs and household water treatment chemicals) were given to IDPs who settled within the host communities and constructed latrines shared by both IDPs and the communities, as well as water treatment

chemicals. On the other hand, few households could build their own latrine using locally available materials, although they did not receive the WASH NFIs. Beneficiaries reached with WASH NFI distributions targeted due to the continued displacement of the people who settled in within the host communities.

WASH 17,731 people reached water treatment chemical and Sanitation facilities constructed on a household-shared basis as per WASH cluster guidance. A cluster of 5 Household can use 1 latrine stance (i.e., 1 for 30 individuals), resulting in fewer beneficiaries for Sanitation facilities with the same number of target latrines constructed. Operations and Maintenance (O&M) items used for latrines are available in the warehouse and are distributed in communities to maintain the hygiene of latrines on the other hand 7,000 women and girls were reached with the distribution of menstrual hygiene management kits in the IDPs camp; this is more than the target because of the need and acceleration of implementation by partners.

The target reached 857 people living with disability with WASH services this is below the estimate target because the target was overestimated.

Changes and Amendment

UNICEF has requested a No-Cost extension for two months which CERF approved; originally project ended on 19 June 2022 and was extended to 19 August 2022.

Also, a budget redeployment was requested and approved. The main changes were:

1. A No-cost extension of two months to enable the completion of the drilling of the remaining boreholes.
2. A budget amendment including:
 - A. Shift of the budget allocated to the drilling from the contractual services category to the grants category.
 - B. Increase of the budget line allocated for the supervision of the drilling work to ensure quality and an one [1] time completion. The number of supervision days needed to go up to 90 days due to the weather constraints during the rainy season.
 - C. Realignment of the budget to modify costing of WASH supplies, resulting in a slight increase of the budget line (under 2% over the original amount).

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Water, Sanitation and Hygiene									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	9,024	8,272	9,776	10,528	37,600	17,625	14,621	17,320	16,074	65,640
Host communities	2,068	2,256	2,444	2,632	9,400	5,423	4,527	5,238	4,854	20,042
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	11,280	10,340	12,220	13,160	47,000	23,048	19,148	22,558	20,928	85,682

People with disabilities (PwD) out of the total

	1,551	1,692	1,832	1,974	7,049	240	206	214	197	857
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Sector/cluster	Protection - Child Protection									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	820	470	2,050	1,950	5,290	3,631	2,870	9,499	5,884	21,884
Host communities	430	230	1,050	1,000	2,710	1,871	1,404	4,865	3,018	11,158
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	1,250	700	3,100	2,950	8,000	5,502	4,274	14,364	8,902	33,042

People with disabilities (PwD) out of the total

	62	35	155	148	400	276	214	721	447	1,658
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* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

Under the child protection component, approximately 100,000 people indirectly benefited from child protection interventions through sharing of messaging, sharing of self-care, referral and peer-based support following psychosocial support interventions. We anticipate that each of the 33,042 beneficiaries would on average provide support to 3 other members back of their family or immediate communities – siblings, peers, and relatives Under the WASH component, 19,648 people indirectly Beneficiaries reached with WASH NFI distributions and water supply due to the continued displacement of the people who settled in within the host communities and were not part of the target people. Due to multiples response in supply and direct services, the number of beneficiaries exceeds the target due to the intervention of WASH NFIs distribution in both IDPs and host communities.

6. CERF Results Framework

Project objective To provide immediate, lifesaving support to flood affected populations

Output 1 Increased access to emergency WASH services for flood impacted populations

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 1.1	Number of temporary emergency latrines constructed with contribution of affected households	500 400	396	Progress reports
Indicator 1.2	Number of individuals with access to sanitation facilities	7,000	17,654	Progress reports
Indicator 1.3	Number of handpumps installed	10	10	Progress reports
Indicator 1.4	Number of emergency water treatment systems installed and operated	4 2	3	Progress reports
Indicator 1.5	Number of individuals disaggregated by age, gender, and disability, reached with safe access to water supply	7,000 8,000	18,236	Progress reports
Indicator 1.6	Number of individuals disaggregated by age, gender, and disability reached through integrated hygiene and sanitation promotion	7,000 18,000	18,522	Progress reports

Explanation of output and indicators variance:

Indicator 1.1 The target was revised to 400 after a project revision approved by CERF. The target was reached. However, four emergency latrines had to be decommissioned after Danish Refugee council (DRC) did site planning, and they were in the access road that was created

Indicator 1.2 under this output the target exceeded from initially planned due to the increase of people in the camp after the head count was done by IOM.

Indicator 1.4 under this output target was exceeded due the revised amendment to response for the cholera and Hepatitis E outbreak in the camp from the initial plan

	<p>Indicator 1.5 under this output the target was exceed due to the installation of additional two surface water treatment system.</p> <p>Indicator 1.6 Under this output, the target was exceeded due to the fact that the same number of people reached with water services benefited from sanitation and hygiene services.</p>			
Activities	Description	Implemented by		
Activity 1.1	Distribution of sanitation items and promotion of sanitation for household construction of temporary emergency latrines	Concern Worldwide (CWW)		
Activity 1.2	Construction of handpumps in displacement sites	Universal Intervention and Development Organization (UNIDOR)		
Activity 1.3	Installation and operation of the emergency water treatment system	Concern Worldwide (CWW)		
Activity 1.4	Hygiene promotion for affected populations for disease prevention	Concern Worldwide (CWW)		
Output 2	WASH Cluster partners provided with emergency WASH NFIs for flood impacted populations			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of individuals provided with hygiene NFIs	42,000	42,000	Monthly distribution report, beneficiaries' registration
Indicator 2.2	Number of individuals supported with sanitation facilities through sanitation NFIs	40,000	17,731	Project pictures, monitoring visit reports, CPR requests
Indicator 2.3	Number of individuals provided with water treatment and storage items	36,000	17,731	Distribution reports, Core Pipeline requests
Indicator 2.4	SP.1b Number of people benefiting from menstrual hygiene health kits	6,000	7,000	Distribution reports, partner reports
Indicator 2.5	SP.1a Number of hygiene kits with menstrual hygiene management kits and/or dignity kits distributed	2,000	3,500	Distribution reports, partner reports
Explanation of output and indicators variance:	<p>Indicator 2.1 On the core-pipeline supplies distribution, WASH has reached 42,000 beneficiaries benefited from the distribution (women 11,340 Men 9,660, Girls 10,920, boys 10,080) Beneficiaries reached with WASH NFI distributions targeted due to the continued displacement of the people who settled in within the host communities.</p> <p>Indicator.2.2 Under this indicator, WASH 17,731 beneficiaries were women 4,965, Men 4,255, Girls 4,433, and boys 4,078. Sanitation facilities are constructed on a household-shared basis as per WASH cluster guidance. A cluster of 5 HH is able to use 1 latrine stance (i.e., 1:30 individual), resulting in fewer beneficiaries for Sanitation facilities with the same number of target latrines constructed. O&M items used for latrines are available in the warehouse and are distributed in communities to maintain the hygiene of latrines</p>			

	<p>Indicator 2.3 Under this indicator, WASH 17,731 beneficiaries' women 4,965, Men 4,255, Girls 4,433, and boys 4,078. This number is reduced because the same number of beneficiaries benefiting from sanitation NFIs' distributions are the same people benefiting from the surface water treatment system in the camp</p> <p>Indicator 2.4 Under this output, 7,000 women and girls were reached with the distribution of menstrual hygiene management kits in the IDPs camp; this is more than the target because of the need and acceleration of implementation by partners.</p> <p>Indicator 2.5 Under this output, 3,500 women and girls, were reached with the distribution of menstrual hygiene management kits in the IDP camp; this is more than the target because of the partners' need and acceleration of implementation.</p>
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Activities	Description	Implemented by
Activity 2.1	Distribution of hygiene NFIs	Concern Worldwide and other WASH partners
Activity 2.2	Distribution of materials for construction of sanitation facilities	Concern Worldwide and other WASH partners
Activity 2.3	Distribution of household water treatment chemicals and storage and transport NFIs	Concern Worldwide and other WASH partners
Activity 2.4	Distribution of menstrual hygiene health materials (dignity kits) for women and girls	Concern Worldwide and other WASH partners

Output 3 Provide lifesaving child protection services (GBV, case management, family tracing and reunifications) to flood affected populations

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	CP.1 Number of unaccompanied or separated children identified and assisted, including family tracing and reunification (and other case management services)	1,000	6,456 (765 boys, 5,691 girls)	Monthly partner reports/ Consolidated CPiE report
Indicator 3.2	Number of community members reached with GBV risk mitigation, prevention and response messages	2,000	5,182 (403 girls, 2,855 Women, 322 boys, 1,602 men)	Monthly partner reports/ Consolidated CPiE report
Indicator 3.3	SP.1a Number of menstrual hygiene management kits and/or dignity kits distributed	1,000	471	Monthly partner reports
Indicator 3.4	Number of women and girls at Women and Girls' Friendly Spaces (WGFS) benefiting from core GBV information and services (case management, PSS, clinical management of rape, PEP, etc)	1,000	1,801 (990 girls, 811 women)	Monthly partner report/consolidated CPiE report
Indicator 3.5	CC.2 Number of people reached through awareness-raising and/or messaging on prevention and access to services (lifesaving child	8,000	6,171 (2,718 boys, 2,045 girls, 755 men, 653 women)	Monthly partner report/consolidated CPiE report

	protection prevention messages on child protection risks)			
Indicator 3.6	H.9 Number of people provided with mental health and psycho-social support services (focused and non-focused MHPSS) (disaggregated by sex)	5,000	21,404 (7,815 boys, 8,270 girls, 2,672 men, 2,647)	Monthly partner report/consolidated CPIE report

Explanation of output and indicators variance:	<p>Indicator 3.1 is a compound indicator measuring the total number of children reached with case management services and those who were separated and unaccompanied and received family tracing and reunification services. As such, a total of 6,456 children were reached with case management services, including 87 (49 boys, 38 girls) identified and reunified with their families.</p> <p>Indicator 3.2 – over achievement due to all-inclusive modality used to provide services. This includes women and girl-friendly spaces, child-friendly spaces, and door-to-door outreach activities by community-based child protection networks.</p> <p>Indicator 3.3 – underachievement of this indicator as UNFPA provided dignity kits as well and we had an overachievement in the dignity kit distribution through our WASH team. Therefore, although this target was not reached, sufficient dignity kits (more than planned) were procured and provided.</p> <p>Indicator 3.4 – over achievement due to all-inclusive modality used to provide services. This includes women and girl-friendly spaces, child-friendly spaces, and door-to-door outreach activities by community-based child protection networks.</p> <p>Indicators 3.5 – The project was able to provide more intensive and higher quality MHPSS services at scale (see output 3.6 - 21,404 people reached) through which more targeted awareness ranging and behaviour change programmes were implemented which was a better concentration of resources. The intervention both supported and increased awareness, given the context.</p> <p>Indicator 3.6 - over achievement due to all-inclusive modality used to provide services. This includes women and girl-friendly spaces, child-friendly spaces, and door-to-door outreach activities by community-based child protection networks.</p>
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Activities	Description	Implemented by
Activity 3.1	Conduct identification, documentation tracing and reunification, alternative care for UASC and case management for other vulnerable children	Women Vision, UNIDOR
Activity 3.2	Conduct community awareness raising activities on GBV risk mitigation, prevention and response to flood affected populations	Women Vision, UNIDOR
Activity 3.3	Distribution of dignity kits to women and adolescent girls	Women Vision, UNIDOR
Activity 3.4	Provide timely and specialized GBV support for girls and women who are survivors of GBV including case management, PSS and referrals to other services	Women Vision, UNIDOR
Activity 3.5	Conduct lifesaving child protection prevention messages (awareness raising) on child protection risks and available services through community-based mechanisms	Women Vision, UNIDOR

Activity 3.6	Provide focused and non-focused MHPSS activities through either static or mobile child friendly spaces (CFS) in community spaces and schools	Women Vision, UNIDOR
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7. Effective Programming

a. Accountability to Affected People (AAP)⁷:

UNICEF encourages child and community participation and feedback mechanisms to ensure that activities are child-centered and in line with their needs and wishes. For this project, community-based child protection networks, women and girl-friendly spaces, and child-friendly spaces were utilized for initial consultations with targeted populations. Feedback from these consultations formed the basis of the interventions.

Due to the sensitivities around sexual and gender-based violence, information about survivor-centered GBV services was shared in a safe, appropriate, and equitable manner with all groups with provision for feedback and complaints. This approach ensured that protection risks were identified, existing services mapped, and corrective measures were implemented to ensure that services were provided in a safe, confidential, appropriate, equitable, and inclusive

UNICEF worked with the government and other partners to ensure that the needs to be met by the core pipeline are based on the needs expressed by the community through seeking and utilizing services.

b. AAP Feedback and Complaint Mechanisms:

UNICEF has two helplines, one for English and one for Arabic, to collect confidentially any reporting on Sexual Exploitation and Abuse (SEA). These numbers were shared widely as part of the awareness raising in this project. UNICEF and implementing partners also used existing community-based platforms to incorporate feedback from project beneficiaries. The platforms include the weekly door-to-door outreach activities by community-based child protection networks as well as the network's bi-weekly coordination meetings. For instance, UNIDOR trained 13 community-based child protection networks, each comprising 15 members on identifying, responding to, and preventing child protection concerns. The networks operated in 13 payams (7 in Leer and 6 in Mayardit).

The project was implemented under the WASH cluster guidelines on project implementation. To ensure continuous feedback from beneficiaries, each group in the community, those marginalized, PWDs, women, girls, elderly people, and the staff were made aware of the existing feedback mechanism.

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

UNICEF has two hotlines that handle Sexual Exploitation and Abuse complaints; building the capacity of communities to be aware of SEA and how to report it is central to every project. In addition, GBV risk mitigation actions are taken with implementation partners to ensure that risks are not created or enhanced through implementation activities. Community reporting mechanisms were strengthened. In addition, each implementing partner is required to have organizational PSEA policies and mechanisms.

During WASH intervention, targeted communities were provided with information on SEA and how to report it through the above-mentioned feedback and complaint mechanism. The community-based networks involved were trained on how to handle allegations of SEA and child safeguarding violations. All program staff, including incentive workers, were trained on PSEA and child safeguarding and have signed their agencies' code of conduct. When an issue is recorded, the UNICEF PSEA Specialist contacts the whistle-blower/ complainant to collect additional information.

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

GBV risk mitigation measures are streamlined across all programmes to design interventions with a gender lens and to tailor implementation to the recommendations. All services supported through the programme were implemented gender-sensitive, keeping in mind the needs of vulnerable groups. Communities were engaged in discussions on gender roles, stereotypes,

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](#).

and stigmas while at the same time creating a safe and protective environment. The project also empowered women and girls through skills building and financial support.

Women and girls are at risk of sexual GBV due to overcrowding in the IDP sites with no privacy, no latrines, and sanitary facilities. Negative coping mechanisms have been reported in some locations, especially on sexual exploitation targeting young girls who have lost most of their basic items, including lack of sanitary materials. The project supported mitigating such harmful coping mechanisms by providing Dignity kits to women and girls

e. People with disabilities (PwD):

With the current floods, people with disability were also in need of services. The programming ensured they were actively sought out and given priority access/ special consideration in queuing for supplies. Also, protection partners were always available to ensure PwD needs were met. The special needs of PwD were also communicated to communities from the initial consultations and inception meetings. The programme targeted PwD with the procurement of disability kits attached to latrine slabs. These kits were not previously available through the WASH core pipeline; however, they were identified as a need to improve the WASH Cluster's response to affected populations with specific disability needs.

f. Protection:

Protection was cross-cutting and involved local authorities, community leaders, and civil society in coordination with the protection cluster, AAP Technical Working Group, and WASH Cluster. Critical protection issues such as the impact of menstruation location of water points and latrines were done through consultations with community groups to ensure the facilities do not threaten their safety, security, and dignity. Safety audits were conducted to assess risks associated with access to services. The recommendations were addressed to ensure women and children are not exposed to GBV-related risks when accessing WASH facilities and child protection services.

South Sudan children are disproportionately affected by climatic shocks, including floods and ongoing conflict, leading to high displacement levels, family separation, and severe psychological distress. These factors increase children's vulnerability to exploitation, abuse, and neglect. The centrality of protection was therefore crucial in the project, which ensured the application of the principles of "do no harm".

g. Education:

Although this project did not specifically target education, the supplies indirectly contributed by ensuring that affected children and communities recover faster from the floods and are able to return to school. Functionality and access to school boreholes were facilitated by drilling two boreholes in two schools in Site E and Site D.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

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

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

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

The Cash and Voucher Assistance (CVA) was not part of UNICEF implementation strategy, because there was no local vendor available in the project location.

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	N/A	N/A	N/A

9. Visibility of CERF-funded Activities

Title	Weblink
For every child	https://twitter.com/unicefssudan/status/1516401335029182476
South Sudan villages are under water making children sick	https://www.unicef.org/southsudan/stories/south-sudan-villages-are-under-water-making-children-sick
UNICEF Child reporter	https://twitter.com/unicefssudan/status/1438556567712960515

3.4 Project Report 21-RR-WFP-039

1. Project Information			
Agency:	WFP	Country:	South Sudan
Sector/cluster:	Food Security - Food Assistance	CERF project code:	21-RR-WFP-039
	Common Services - Logistics		
Project title:	WFP Response to Humanitarian Needs of Flood Affected People in South Sudan		
Start date:	01/12/2021	End date:	31/05/2022
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input checked="" type="checkbox"/>

Funding	Total requirement for agency's sector response to current emergency:	US\$ 30,465,441
	Total funding received for agency's sector response to current emergency:	US\$ 3,000,000
	Amount received from CERF:	US\$ 5,180,000
	Total CERF funds sub-granted to implementing partners:	US\$ 523,655
	Government Partners	US\$ 0
	International NGOs	US\$ 523,655
	National NGOs	US\$ 0
Red Cross/Crescent Organisation	US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF grant, WFP and its partners provided food assistance to around 121,524 flood affected people in Jonglei and Unity states. These beneficiaries received monthly rations for two months (December 2021 – January 2022). WFP launched a procurement process to replenish 1,899 metric tons of sorghum, pulses and oil. The slight reduction in food commodities procured by WFP from the originally planned 2,131 mt was mostly owed to a difference in the commodity price of cereals from regional and international sources. Due to procurement lead times, the dire humanitarian situation and unprecedented flooding, WFP utilized existing food stock from multi-donor support to start distributions in October 2021 to targeted beneficiaries for an immediate response. The CERF contribution was then used to replenish its stocks with 1,899 mt of sorghum to ensure continuation of food assistance for December and January.

Through this CERF grant, WFP completed both sections of the dyke and road project in Bentiu – Panakuach. Under Section I, a total of 5.3 km of dyke rehabilitation and 2.5 km of road embankment works were completed. Under Section II, and with complementary support from other donor funds, the full 18 km of road section was completed including repair and embankment works and around 12 km of the road has been gravelled to-date. The first phase of this project included emergency repairs to reopen road access to Bentiu as soon as possible. Phase II of the project included raising the road with gravel to ensure it is sustainable through the rainy season. The dyke and road repairs along the Bentiu-Panakuach section of the road will facilitate access of humanitarian as well as commercial vehicles and commodities to Bentiu, thereby benefiting the wider humanitarian community, allowing to reconnect the population with the rest of the state (Rubkona) and reopening the supply route for traders from Sudan. A river assessment was conducted with two routes evaluated; route by river from Manga to Bentiu, via Nyaring, Manyeng, and Jolquit village and the flooded area from Bentiu to Manga. The assessment team found that the only viable route is the one from Manga to Bentiu, via Nyaring, Manyeng, and Jolquit village. Light boats were used to support the transport of food commodities along this route.

3. Changes and Amendments

With a significant portion of the General Food Distributions focused on assistance to flood affected communities in Unity state, the distributions were challenging due to disruptions caused by flooding. As a result, WFP had to use a variety of transport modalities to deliver the food (especially in Bentiu) including large and small boats, trucks and all-terrain amphibious vehicles (SHERPS). The road and dyke repairs were hampered due to limited availability of heavy machinery. There are an insufficient number of contracting companies and available heavy machinery to meet the demands of competing priorities between agencies and other organisations (e.g., keeping the airstrip open, repairing dykes etc.). Brining additional capacity including machinery, contractors, and engineers, was difficult due to the lack of infrastructure.

For the riverway component of the project, following the assessment, WFP faced delays in procuring and bringing in the required machinery (shredders) to fully clear the river route from Bentiu to Manga port as none were available in country for use. The two shredders procured by WFP for clearing grasses and reeds to open river routes are expected to arrive by the end of 2022. While WFP explored other options within South Sudan, no shredders or similar machinery was identified to support the clearing of the grasses to fully open the route. Despite the challenges utilising the CERF grant, WFP managed to lead an assessment with its boat contractor and identified an alternative route accessible by boats to deliver commodities from Manga to Bentiu using small boats and canoes. This alternative route is passable without a need for a shredder machinery for the moment.

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	n/a	n/a	n/a	n/a	n/a
Returnees	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a
Internally displaced people	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a
Host communities	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a
Other affected people	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a
Total	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a
People with disabilities (PwD) out of the total										
	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a
Sector/cluster	Food Security - Food Assistance									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	20,659	15,798	44,964	40,103	121,524	20,659	15,798	44,964	40,103	121,524
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	20,659	15,798	44,964	40,103	121,524	20,659	15,798	44,964	40,103	121,524
People with disabilities (PwD) out of the total										
	650	497	1,414	1,260	3,821	650	497	1,414	1,260	3,821

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

5. People Indirectly Targeted by the Project

WFP utilized this contribution not only to address the immediate food needs of flood affected communities, but it also ensured that other humanitarian organizations operating in South Sudan, and particularly responding to the unprecedented flood response in Unity state, have unimpeded access to Bentiu utilising the rehabilitated Bentiu-Panakuach road. This intervention also gave access to Bentiu allowing commercial traders to bring goods from Sudan to markets and retailers in South Sudan, as well humanitarian access for staff and life-saving cargo and food commodities, to support assistance to vulnerable IDP communities, and. Prior to the repair works conducted by WFP, this critical road was not accessible between October 2021 and December 2021.

6. CERF Results Framework

Project objective Food assistance to the most vulnerable flood-affected communities

Output 1 Critical food assistance is timely delivered to targeted flood-affected locations

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

Sector/cluster	Food Security - Food Assistance			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	FN.1b Quantity of food assistance distributed in MT	2,131	1,899	WFP distribution report
Indicator 1.2	FN.1a Number of people receiving food	121,524	121,524	WFP distribution report
Explanation of output and indicators variance:		Refer to section 2. Project Results and 3. Changes and Amendments		
Activities	Description	Implemented by		
Activity 1.1	Procurement of food commodities	WFP		
Activity 1.2	Food delivery to WFP and/or partners warehouses	WFP		
Activity 1.3	Food distribution	Welthungerhilfe, Samaritan's Purse, Oxfam, Catholic Relief Services		

Output 2 Common Logistics Service provision on behalf of the humanitarian community (infrastructure rehabilitation works and cargo movements)

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

Sector/cluster	Common Services – Logistics			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Total distance of opened access riverway to flood-affected locations	21 Km - Manga Port to Bentiu riverway	Alternative route from Manga to Bentiu	WFP
Indicator 2.2	Total distance of opened access routes to flood affected locations	10 Km - Panakuach to Mayom and to Bentiu road	18 Km – Bentiu to Panakuach road	WFP and Logistics Cluster

Explanation of output and indicators variance:	As a result of the rehabilitated and completed section of 18 Km along the Bentiu-Panakuach road, the Logistics Cluster was able to coordinate convoys and deliver more than 2,600 mt of Non-Food Items to Bentiu on behalf of the entire humanitarian community. WFP was also able to utilize the road to move over 5,000 mt of food commodities to respond with life-saving food assistance to around 190,000 IDPs and flood affected people in Bentiu and surrounding areas. WFP identified an alternative riverway route that is accessible by boats to deliver food commodities from Manga to Bentiu using small boats and canoes.
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Activities	Description	Implemented by
Activity 2.1	Opening the riverway between Manga port and Bentiu to maintain the river service to Bentiu/Rubkona flood affected areas	WFP
Activity 2.2	Repair of choke points along road sections on main transport lines to flooded areas in Bentiu/Rubkona	WFP

7. Effective Programming

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)⁸:

WFP South Sudan is guided by the Global Protection and Accountability to the affected Population policy (2021-2027) and the new Gender Policy (2022-2026). Consistent across all its commitment to ensuring that women, men, girls and boys of all diversity are engaged in the full programme cycle and humanitarian decisions. WFP is currently revising its Gender Action Plan and Community Engagement Action Plan for the Country Office in South Sudan.

On accountability to the people we serve, WFP maintains a Complaints and Feedback Mechanism (CFM), a centralized system for receiving and managing feedback and complaints from affected populations about WFP's activities in the field. The current CFM has three channels for beneficiaries to voice their complaints/ questions/ appreciation: Hotline, Helpdesk and Outreach. Complaints are registered/logged in the corporate SugarCRM and tracked to ensure timely resolution and feedback provision to beneficiaries.

This is also actualized through the establishment of the Project Management Committees (PMC). Across all activity areas, WFP and its implementing partners worked together to establish inclusive and representative PMCs. WFP is in the process of conducting refresher sessions for PMCs in the conflict hotspots and all static locations. The key objectives of the trainings are to strengthen WFP and partners commitment to community engagement with the most affected populations and dissemination of information to the wider community in an accurate and timely manner regarding distributions and registrations. Where PMC were unable to function, WFP engaged with community to identify another community-based mechanism that can assume these functions.

Logistics Cluster: The Logistics Cluster is a service provide and does not have population as the direct beneficiaries of its services/support, but rather the humanitarian community itself. Due to the indirect relationship with affected populations, activities only indirectly impact beneficiaries and affect cross cutting issues.

b. AAP Feedback and Complaint Mechanisms:

The formal WFP Complaint and Feedback Mechanism (CFM) is comprised of helpline, helpdesk and community outreach. The helpline is toll-free and accessible in locations with strong network coverage. Helpdesks provide immediate resolution of

⁸ 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](#).

issues faced by beneficiaries and communities at all end-point distribution sites. Community outreach complements the two by ensuring that WFP staff regularly visited WFP assisted locations to hold Focus Group Discussions (FGDs) and Key Informant discussions to identify their satisfaction with WFP assistance and their AAP needs, challenges and recommendations. While this may not be the most sufficient form of CFM, it allowed WFP and Cooperating Partners (CPs) to ensure that matters related to assistance are dealt with in a timely, accountable and respectable manner. WFP through its CFM activities worked to strengthen community trust in the confidentiality of community engagement activities. All WFP activities (from design to implementation to monitoring) were delivered in partnership with the communities most directly affected through FGDs, KI's and community outreach.

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

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

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

All activities delivered under the WFP Interim Country Strategic Plan (2018-2022) have been provided with a GAM score of 3. This is evidenced through sex and age disaggregation, analysis and utilisation. The Gender and Protection Unit of WFP South Sudan supported with mainstreaming gender into all activity design, implementation, evaluation and consultation. WFP has also introduced and started implementing programming with specific gender objectives to strengthen women and girl's capacity to positively benefit from WFP assistance. As part of WFP's overall programming, care was taken to minimize the possibility of GBV associated with distribution and utilization of resources through interagency (or WFP led where interagency presence is lacking) GBV safety audits. This complemented existing practice of safe site planning, awareness raising with affected populations on mitigating GBV and referral systems and awareness raising of authorities and community influencers.

e. People with disabilities (PwD):

The project focus was not specifically on persons with disability but considered disability as part of a larger vulnerability-based beneficiary selection criteria. The unconditional and blanket assistance modality captured persons with disabilities reaching around 3,821 PwD's as indicated in the achievements section. In addition, WFP continued its partnerships with protection and inclusion actors to identify barriers faced by persons with disabilities to access and utilize their entitlements. Additionally, WFP FOs worked with communities and Partners to identify PwD's to ensure that mechanisms were put in place to address their needs prior and during distributions, registrations and post-assistance follow up through our CFM.

f. Protection:

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

g. Education:

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.

About the appropriateness of modality, WFP's market analysis and feasibility assessments for cash transfer identify the most appropriate assistance modality. Given the inaccessibility of the flood-affected areas in Unity state covered under this grant, WFP provided in-kind assistance only. The Logistics Cluster provides support (common logistics services) to humanitarian organizations as opposed to individual beneficiaries. As such CVA was not applicable to this project.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
N/A	N/A	N/A	N/A	N/A

9. Visibility of CERF-funded Activities

Title	Weblink
Tweet thanking contribution	https://twitter.com/WFP_SouthSudan/status/1476553668187017218

3.5 Project Report 21-RR-WHO-039

1. Project Information			
Agency:	WHO	Country:	South Sudan
Sector/cluster:	Health	CERF project code:	21-RR-WHO-039
Project title:	Core Pipeline support and IPC/WASH interventions for flooded affected communities in South Sudan		
Start date:	17/12/2021	End date:	16/06/2022
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\$ 8,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 1,300,000
	Amount received from CERF:		US\$ 2,080,000
	Total CERF funds sub-granted to implementing partners:		US\$ [0.00]
	Government Partners		US\$ [0.00]
	International NGOs		US\$ [0.00]
	National NGOs		US\$ [0.00]
Red Cross/Crescent Organisation		US\$ [0.00]	

2. Project Results Summary/Overall Performance

Through this United Nations Central Emergency Response Fund (CERF) RR grant, The World Health Organisation (WHO) implemented a project which aimed to contribute to the reduction of avoidable morbidity and mortality among floods-affected people in 15 priority locations (Rukona, Leer, Mayom, Fashoda, Malakal, Tonj East, Canal/Piji, Fangak, Ayod, Twic East, Guilt, Mayendit, Panyijar, Panyikang, and Koch Counties) in South Sudan by providing the needed emergency health kits, other essential medicines and medical supplies. The project was successfully implemented and as a result 256,384 people (among which 38,458 people with disabilities) comprising (Women=103,297, M=99,246, G= 27,458, and B=26,383), 98% of the targeted population benefited from the core-pipeline items distributed to the 15 project locations of which communities were affected by floods that forced into displacement, submerged and destroyed crops, cut off trade routes, and led to an increase in cases of malaria, pneumonia and diarrhoea. Floods compounded humanitarian effects for people who were already vulnerable to conflict, displacement, food insecurity and communicable disease outbreaks. A total of 5,690 essential lifesaving health kits (1105 Inter Agency Emergency Kits, 100 Pneumonia kits, 293 Cholera investigation and treatment kits, 105 biological sample collection and transportation, 67 field sample transportation kits, 40 SAM/MC kits for management of complication related to Sever Acute Malnutrition in under five children, 10 kits for Emergency surgery and trauma management, 3,000 snake venom antisera, 1,000 anti-rabies vaccine) were procured under this project. All kits were distributed to the fifteen project locations except the rabies vaccine which requires trigger (report of suspected dog bites) for initiation of distribution process. The item is kept at the central Cold Chain at Juba level for future distribution whenever need arises. The supplies were given direct to health facilities through Ministry of Health (MoH) and County Health Department (CHD) and through the health cluster partners.

Around 16 Health Cluster implementing partners, listed in the next table, were involved in the distribution of the health kits to health facilities and localities to ensure accessibility

S/no	Project location (name of County)	Name of Implementing Partner	Remark
1	Rubkona	Healthcare Foundation Organization (HFO), Care International, IOM, IRC and World Relief	
2	Leer	HFO and Medair	
3	Mayom	Care International, and CORDAID	
4	Fashoda	CORDAID	
5	Malakal	Goal, IMC and IOM	
6	Tonj East	Health Action Aid(HAA) ,CCM and IOM	
7	Canal/Piji	HAA ,and International Medical Corps(IMC)	
8	Fangak	World Relief and Mediar	
9	Ayod	Medicare and CMD	
10	Twic East	IOM	
11	Guilt	HFO, Concern Worldwide, Children Aid South Sudan (CASS)	
12	Mayendit	CASS, and UNIDOR	
13	Panyijar	IRC, IOM and Care International	
14	Panyikang	IMC	
15	Koch	World Relief, and IRC	

Emergency Mobile Medical Teams deployed by WHO also helped in the last mile utilisation of the supplies through their outpatient consultations and direct deliveries in support of health facilities.

3. Changes and Amendments

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

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
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	58,833	56,526	15,639	15,026	146,024	57,656	55,395	15,326	14,726	143,103
Host communities	46,572	44,746	12,380	11,894	115,592	45,641	43,851	12,132	11,657	113,281
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	105,405	101,272	28,019	26,920	261,616	103,297	99,246	27,458	26,383	256,384
People with disabilities (PwD) out of the total										
	15,811	15,191	4,203	4,038	39,243	15,495	14,887	4,119	3,957	38,458

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

5. People Indirectly Targeted by the Project

Household members of recipients of emergency health kits within the 15 priority locations are the indirect beneficiaries of the project. Thus, an estimated 1.5 million household members benefitted indirectly. Better health for individuals reduces overall expenditure of households, reduces psychosocial distress related to ill health and increases household productivity and income. The project also contributed to reduced transmission of infectious diseases among indirect beneficiaries. The host community indirectly benefited from the significantly reduced transmission of communicable/infectious diseases

6. CERF Results Framework

Project objective	The overall objective of the project is to contribute to the reduction morbidity and mortality of preventable waterborne diseases such as cholera and diarrhoea flood affected areas and cholera hot spots.
Output 1	Increased access to essential medicines and supplies for primary health service delivery in flood affected locations in South Sudan

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

Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	H.1a Number of emergency health kits delivered to healthcare facilities	5,690	5,690	Purchase Order, Inventory reports, Waybills, Request Service Forms (SRFs), Distribution report
Indicator 1.2	H.1b Number of people covered by emergency health kits	261,616	256,384	Distribution reports

Explanation of output and indicators variance: Not applicable

Activities	Description	Implemented by
Activity 1.1	Distribution of available Emergency Health Kits and supplies to ensure equitable and timely access to lifesaving essential medicines and health care services. The type of kits includes IEHK, pneumonia, SAM/MC, Trauma kits, Cholera treatment and investigation kits, Water quality testing, water purification sachets and aqua tabs, and dispensary tents.	WHO
Activity 1.2	Procurement of emergency health kits and supplies to priority locations for replenishment of supplies for onward distribution	WHO
Activity 1.3	Conduct post-distribution monitoring through field visits in coordination with health cluster.	WHO

Output 2 Strengthen Infection Prevention and Control measures in health facilities through water quality control, testing and monitoring and health care waste management in cholera hot spots and flood affected locations.

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

Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification

Indicator 2.1	Number of water samples collected and tested through the water supply chain.	480	293	Water quality test report and online Dashboard for water quality testing monitoring and surveillance
Indicator 2.2	Number of functional health facilities supported (with colour coded bins for waste management)	20	15	WASH in health facility assessment report and online Dashboard for WASH in health facility.
Explanation of output and indicators variance:		2.1 We were not able to reach the target because of insecurity in some project locations for example Mayom and inaccessibility to Leer, Tonj East, Fashoda, Guit and Panyikang.		

Activities	Description	Implemented by
Activity 2.1	Strengthen water quality surveillance in priority flood affected locations and cholera hotspots. This includes distribution of color coded bins or replacing where not adequate based on situational analysis	WHO
Activity 2.2	Mapping contaminated drinking points water sources (boreholes, protected well, and already established surface water treatment points with clear Geo-coordinate to guide WASH cluster and implementing partners for implementation.	WHO
Activity 2.3	Review and disseminate Standard Operating Procedures SoPs for basic healthcare waste segregation and infection prevention and control mechanisms.	WHO

7. Effective Programming

a. Accountability to Affected People (AAP)⁹:

The design of the flood response project was informed by a series of multi-cluster interagency needs assessments conducted in the target locations. During the assessments people with disabilities (PWDs) and other persons with special needs were identified and included in project design to meet the needs of all the affected people. At the implementation phase, WHO worked with states and County health authorities, chiefs, community representatives and the health partners to determine priority locations to be supported. Request for medical supplies was coordinated with health authorities and the health cluster to ensure distributions was based on needs and needs alone. The Health Cluster partners supporting various health facilities within the target locations were responsible for last mile delivery of emergency medical kits.

Monitoring and supervision of the project was jointly conducted by Health Cluster, WHO, and National Ministry of Health. This enabled effective delivery of Core-pipeline supplies in flood affected areas floods and ensured accountability to the project stakeholders.

b. AAP Feedback and Complaint Mechanisms:

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

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

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

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

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

Emergency health kits delivery sites were located close to the sites where the vulnerable population are located so that women, men, boys, and girls can easily access the services without having to walk long distances. All mobile medical teams have female clinicians to ensure that victims of Gender-Based Violence (GBV) can feel free to open up and seek care. Health workers training package were revised to incorporate clinical management of rape to ensure that all survivors get the optimum care. Additionally, WHO supported facilities to have safe spaces to facilitate counselling and information sharing with at risk population who need counselling. The health information collected and used details beneficiaries reached by Gender and vulnerabilities indicating the level of consciousness in targeting and reporting on achievements for instance Male, female, boys, girls and people with disabilities are well reported on. WHO is closely working with GBV Cluster and Health cluster partners to ensure appropriate referral system is in place for all GBV cases. WHO also train health partners health workers on CMR including referral path ways.

e. People with disabilities (PwD):

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

f. Protection:

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

g. Education:

Not applicable

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

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

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

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

WHO's Rapid Response interventions comprised of Core pipeline for medical supplies which were delivered through the emergency health partners to support health service delivery. The procurement and distribution of pharmaceuticals follows Strick guidelines implemented by WHO and the national health authorities which requires direct implementation using the WHO global procurement mechanisms. In addition, the WASH component (water quality testing and monitoring) leverages technical capacity of WHO WASH experts where cash or Voucher cannot be deployed. As a result, Cash or Voucher modalities were not adopted during the design and implementation of the rapid response project.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
Not Applicable	N/A	N/A	N/A	N/A

9. Visibility of CERF-funded Activities

Title	Weblink
High delegation visit to assess & address critical humanitarian & health situation, & needs of the flood affected populations in Unity	https://mobile.twitter.com/WHOSouthSudan/status/1481622520180748294
Untitled	https://www.facebook.com/WHOSOUTHSUDAN/posts/6731152143625559

ANNEX 1: 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-CEF-056	Child Protection	UNICEF	Women Vision	WV	Yes	NNGO	\$60,000
21-RR-CEF-056	Child Protection	UNICEF	Universal Intervention and Development Organization	UNIDOR	Yes	NNGO	\$64,000
21-RR-CEF-056	Water, Sanitation and Hygiene	UNICEF	Universal Intervention and Development Organization	UNIDOR	Yes	NNGO	\$160,000
21-RR-CEF-056	Water, Sanitation and Hygiene	UNICEF	CONCERN WORLDWIDE SOUTH SUDAN	CWW	Yes	INGO	\$265,000
21-RR-HCR-031	Protection	UNHCR	Danish Refugee Council	DRC	Yes	INGO	\$538,600
21-RR-HCR-031	Protection	UNHCR	Humanitarian & Development Consortium	HDC	Yes	NNGO	\$156,000
21-RR-HCR-031	Protection	UNHCR	Hope Restoration South Sudan	HRSS	Yes	NNGO	\$250,701
21-RR-WFP-039	Food Assistance	WFP	WELTHUNGERHILFE	WHH		INGO	7,861.20
21-RR-WFP-039	Food Assistance	WFP	SAMARITAN'S PURSE	SP		INGO	175,238.41
21-RR-WFP-039	Food Assistance	WFP	SAMARITAN'S PURSE	SP		INGO	40,716.44
21-RR-WFP-039	Food Assistance	WFP	OXFAM GB JUBA	OXFAM		INGO	164,173.16
21-RR-WFP-039	Food Assistance	WFP	Catholic relief Services South Suda	CRS		INGO	135,665.72