

**SOUTH SUDAN
UNDERFUNDED EMERGENCIES
ROUND I
VIOLENCE/CLASHES
2021**

21-UF-SSD-48521

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Resident/Humanitarian Coordinator a.i

PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:

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

N/A

An After-Action Review was not conducted due to time constraints and competing priorities, however, inputs were collected from the recipient agencies, their partners, and clusters. The inputs provided highlighted CERF 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 ☐

The consolidated report and the use of the CERF funds were shared with the HC/HCT on 26 June 2023

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

Yes ☒

No ☐

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

The final version of the report was shared with the H/HCT and OCHA South Sudan senior management for review and clearance prior to CERF submission. The report is a result of consolidated inputs from recipient agencies, their partners, and contribution from cluster coordinators on the achievements. An additional layer of review by the cluster coordinators was not required when consolidating the report.

South Sudan remains in a protracted protection crisis, with women and girls continuously at risk of being attacked while carrying out their daily routines as they care for their families' needs. They are at risk of sexual abuse and gender-based violence. Gender inequality and disability exclusion in the country allow for the continued marginalization of at-risk groups, particularly women and girls. Additionally, millions of children are out of school with the highest number being girls. Conflict and insecurity, fuelled by inter-communal violence, continue to be among the main drivers of humanitarian needs in South Sudan. The timely allocation of \$12.4 million, addressed the needs of 192,749 individuals, including 45,469 women, 63,505 girls, and 4,560 persons with disability. The grant contributed to an inclusive and holistic humanitarian response by empowering 4,560 persons with special needs to access services such as vocational training, access to assistive devices, and cash assistance. Capacity building of Organizations for Persons with Disabilities (PWDs) and community members, reduced barriers, and stigmatization of PWDs. Access to education and protection services has been promoted, inducing prevention and response to Gender Based Violence (GBV). Overall, the resources helped recipient agencies and their partners reach the most vulnerable and neglected people.

CERF's Added Value:

The CERF funds ensured timely response through WASH, Education, and protection interventions in the prioritized locations. Despite access challenges, recipient agencies and their partners were able to coordinate and reached 192,749 vulnerable people, including 4,560 persons with disabilities.

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

Yes ☒

Partially ☐

No ☐

- CERF enabled UNFPA to rapidly respond to the time-critical needs of the affected people in the project target locations. With the funding from CERF allocation, UNFPA rapidly mobilized supplies and implementing partners to establish access for affected people to GBV and SRH services. The rapid delivery of humanitarian assistance contributed to saving the lives of 73,683 who have direct beneficiaries and indirectly benefitted 221,049 indirect people.
- The period between the initiation of the concept paper and to disbursement of funds was short and helped the emergency response by UNHCR and its partners. UNHCR South Sudan's funding expectations and needs haven't been properly filled in 2021 and 2022 (funding levels were 52% and 53% respectively), due to the diversion of donors' interest in the Ukraine Crisis and waning donors' interest in protracted humanitarian crises in South Sudan. UNHCR at the start of 2022 did not have substantial earmarked contributions for protection, and as UN Agency depended on voluntary contributions, few financial contributions can be expected from the beginning of 2022. In this context, CERF funding was crucial to kick-start lifesaving and protection activities for displaced populations in vulnerable conditions.
- The CERF fund disbursement was done promptly, enabling UNICEF and its partners to immediately provide life-saving quality education services, school WASH facilities, and child protection emergency services to the most vulnerable. Teachers were trained on education in emergencies, basic child-centered pedagogy, and psychosocial support to ensure meaningful learning. The CERF grant bridged the gap in WASH services, particularly in institutions where the need is huge.

Did CERF funds help respond to time-critical needs?

Yes ☒

Partially ☐

No ☐

- The UNFPA project contributed to saving the lives of 73,683 who have directly benefited from the project to address their time-critical need, while 221,049 benefitted indirectly.
- The project enabled UNHCR to address the most pressing protection needs of affected communities with a specific focus on the most vulnerable population, prevention, and response to sexual and gender-based violence (GBV), and persons with specific needs.
- The CERF fund enabled UNICEF and its partners to scale up lifesaving emergency services to affected women and children in emergencies with critical needs. For example, with CERF's contribution, UNICEF, with its partners, was able to provide Temporary learning spaces to children, including IDPs, giving the learners materials and a conducive learning environment. CERF funds also helped in the provision of safe water supply and sanitation in the temporary learning space constructed. This helped in ensuring the mitigation of the risk of water-borne diseases.

Did CERF improve coordination amongst the humanitarian community?

Yes ☒

Partially ☐

No ☐

- During the implementation of the CERF project, UNFPA strengthened the coordination of GBV and Sexual and Reproductive Health (SRH) activities. UNFPA's leadership as GBV AoR lead and SRH working group lead placed UNFPA in a position to use the CERF project as an opportunity to enhance effective coordination with partners.
- Coordination enabled UNHCR and its partners to avoid duplication and gaps of services in both geographical areas and target populations. The process of forming prioritization among the Protection Cluster articulating the critical needs and funding gaps improved the planning and resource allocation for UNHCR.
- Some of the UNICEF CERF targeted areas, such as Pibor Tonj East and North counties, respectively, are hard to reach; hence at the inter-cluster level, UNICEF collaborated with the Logistics Cluster in terms of how supplies and staff could be transported support the interventions. UNICEF also worked with the WASH cluster/partners to provide technical input into the infrastructure and WASH package in the targeted schools. CERF funding enhances coordination and integration where WASH, Child Protection, and education partners made interventions in joint assessment facilities where WASH, Child Protection, and education are needed.

Did CERF funds help improve resource mobilization from other sources?

Yes ☒

Partially ☐

No ☐

- With the CERF support, UNFPA established a strong foundation for resource mobilization. UNFPA used the achievements of the CERF-funded project to mobilize additional resources from ECHO and South Sudan Humanitarian Fund (SSHF).
- CERF funding complemented other flexible funding UNHCR received from donor countries, and supplement other critical and underfunded activities for the target populations.
- CERF's contribution meets the objective of providing critical lifesaving services during the onset of an emergency. UNICEF aligned the CERF support with the ongoing long-term, multiyear flagship programmes supported by Education Cannot Wait (ECW), Multiyear Resilience Programme (MYRP), Global Partnership for Education (GPE), Girls Education South Sudan (GESS), EU, Norway, and African Development Bank (AfDB), etc.

Considerations of the ERC's Underfunded Priority Areas¹:

This CERF grant considered fully the four priorities. Through an inclusive process, people with special needs received assistive devices and were empowered with training and cash assistance, 73,683 beneficiaries received GBV and sexual reproductive health services, and 176,595, individuals benefitted from protection assessment and monitoring. Additionally, 38,720 children were enrolled in schools and received comprehensive child protection services. During the project implementation, access challenges were highlighted by recipient agencies and their partners due to insecurity and flooding.

Table 1: Allocation Overview (US\$)

| | |
|---|--------------------|
| The total amount required for the humanitarian response | 242,401,984 |
| CERF | 12,441,721 |
| Country-based Pooled Fund (if applicable) | 19,351,934 |
| Other (bilateral/multilateral) | 0 |
| Total funding received for the humanitarian response (by source above) | 31,793,655 |

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

| Agency | Project Code | Sector/Cluster | Amount |
|--------------|---------------|---|-------------------|
| IOM | 21-UF-IOM-017 | Protection | 1,500,000 |
| UNFPA | 21-UF-FPA-020 | Protection - Gender-Based Violence | 1,200,016 |
| UNFPA | 21-UF-FPA-020 | Health - Sexual and Reproductive Health | 800,010 |
| UNHCR | 21-UF-HCR-016 | Protection | 3,999,937 |
| UNICEF | 21-UF-CEF-032 | Education | 3,805,154 |
| UNICEF | 21-UF-CEF-032 | Protection - Child Protection | 1,136,604 |
| Total | | | 12,441,721 |

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

| | |
|--|-------------------|
| Total funds implemented directly by UN agencies including procurement of relief goods | 5,461,178 |
| Funds sub-granted to government partners* | 0 |
| Funds sub-granted to international NGO partners* | 3,435,301 |
| Funds sub-granted to national NGO partners* | 3,545,242 |
| Funds sub-granted to Red Cross/Red Crescent partners* | 0 |
| Total funds transferred to implementing partners (IP)* | 6,980,543 |
| Total | 12,441,721 |

* 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.

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

2. OPERATIONAL PRIORITIZATION:

Overview of the Humanitarian Situation:

At the time of the allocation the humanitarian situation in South Sudan remained fragile, especially in a context characterized by conflict and sub-national violence, political instability, underdevelopment, food insecurity, and environmental hazards; all of which, over many years, have affected the resilience and heightened the vulnerability of large swathes of the population across the country. Meanwhile, volatile conditions on the ground continued to prompt sizeable population movements made up of new internal displacement and, increasingly, returns of internally displaced people (IDPs) and refugees. These movements often converge towards locations where access to services and humanitarian assistance remains extremely limited, increasing the risk of tensions with existing local communities. Further compounded by the impact of COVID-19 the humanitarian situation had taken a disproportionate toll on South Sudanese women and girls because of existing structural gender inequality and unequal gender power relationships, with rising levels of gender-based violence (GBV) in a country where the phenomenon was already pervasive before the start of the pandemic. At least 2.2 million children, most of whom are girls, were out of school in South Sudan, before the pandemic. Protracted conflict devastated the country's education system, and the pandemic left an additional 2.1 million children out of school. Protection concerns, which are generally high across the country, are particularly acute for girls exposed to early marriage, early pregnancies, and the denial of education. In addition, the 2013-2016 conflict exposed the South Sudanese population to harmful conditions which led to different types of disabilities, increasing the number of persons with disabilities and risks of sexual abuse among women and girls because of their vulnerability. It should be noted that 1 Woman with disabilities are up to 10 times more likely than women without disabilities to experience sexual, emotional, and physical violence, as well as forced abortions and sterilizations. Violence against women and girls with disabilities is created through the intersection of multiple layers of discrimination linked to their age, disability, gender, and socio-economic status. Other risk factors include increased dependency on others for daily care, difficulties to defend themselves physically or verbally, social isolation, misconception about their sexuality, and economic dependence. Women and girls with disabilities have limited access to information about sexual and reproductive health and rights, how to protect themselves from violence, and where to seek support. The overall situation of persons with disabilities in the South is worsened by conflict, poverty, illiteracy, and varying degrees of negative attitudes. Most persons with disabilities in South Sudan have limited access to basic social services such as education, health as well as employment, and information, hence are unable to realize their rights.

Operational Use of the CERF Allocation and Results:

The allocation scaled up response into education and protection of women, men, girls, and boys, including persons with disabilities. The CERF allocation supported 73,683 individuals with lifesaving GBV and SRH services as well as prevention of sexual exploitation and abuse, 192,749 individuals in communities across the 11 prioritized counties, including 104,696 women and girls reached with specific protection engagement, and WASH engagements in schools that also benefitted the overall communities and psycho-social support to 38,720 individuals of whom 32,573 are students. The allocation reached 9,131 people through empowerment and inclusion of persons with disabilities, provision of assistive devices and mobility orientation, functional adult literacy, business skills, life skills sessions for individuals, women and girl's empowerment and strengthening networks and associations of, persons with disabilities. It also provided MHPSS through community-support, focused support, and referral to specialized services when needed and possible, to persons with disabilities, including neurological conditions and severe mental disorders and engage caregivers and family members to equip them with relevant skills on emotional self-regulation and self-care, and psychosocial approach to caregiving and providing assistance without gender discrimination.

People Directly Reached:

The overall 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 192,749 beneficiaries were 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:

It is estimated that 221,049 individuals benefitted from SRH and GBV services. As the total number of people reached with the SRH and GBV services is 73,683, UNFPA anticipates at least 3 members of each direct beneficiary's household have indirectly benefited from psychosocial messages and health education which indirect beneficiaries are expected to have received from the family members who have directly benefited from the project. 54,990 individuals were reached through awareness-raising and parenting sessions for caregivers of children with disabilities to address issues of neglect, and mental health and psychosocial support (MHPSS) activities. While 59,550 people indirectly benefited from child protection interventions through sharing of messaging, referral, and peer-based support following psychosocial support interventions, including a back-to-learning campaign. UNICEF anticipates that each of the 19,850 direct beneficiaries would, on average, provide support to 3 other members of their family or immediate communities – siblings, peers, and relatives.

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 |
| Education | 1,169 | 704 | 16,324 | 10,882 | 29,079 | 2,828 | 3,319 | 13,749 | 18,824 | 38,720 |
| Health - Sexual and Reproductive Health | 15,126 | 3,024 | 7,563 | 4,538 | 30,251 | 13,745 | 5,438 | 7,785 | 3,610 | 30,578 |
| Protection | 41,300 | 25,165 | 57,420 | 43,215 | 167,100 | 43,769 | 26,693 | 60,900 | 45,883 | 177,245 |
| Protection - Child Protection | 0 | 0 | 11,200 | 7,500 | 18,700 | 0 | 0 | 10,202 | 9,648 | 19,850 |
| Protection - Gender-Based Violence | 18,960 | 1,896 | 9,480 | 1,264 | 31,600 | 23,818 | 2,963 | 12,801 | 3,523 | 43,105 |

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

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

| Category | Planned | Reached |
|------------------------------------|----------------|----------------|
| Refugees | 0 | 650 |
| Returnees | 24,230 | 25607 |
| Internally displaced people | 112,000 | 118,634 |
| Host communities | 40,261 | 47,956 |
| Other affected people | 0 | 172 |
| Total | 176,491 | 192,749 |

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

| Table 6: Total Number of People Directly Assisted with CERF Funding* | | | Number of people with disabilities (PwD) out of the total | |
|---|----------------|----------------|--|----------------|
| Sex & Age | Planned | Reached | Planned | Reached |
| Women | 41,300 | 45,469 | 1,975 | 822 |
| Men | 25,165 | 26,693 | 1,319 | 807 |
| Girls | 63,144 | 63,505 | 960 | 1,237 |
| Boys | 46,882 | 57,082 | 741 | 1,694 |
| Total | 176,491 | 192,749 | 4,995 | 4,560 |

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 21-UF-IOM-017

| 1. Project Information | | | |
|------------------------|---|--|--|
| Agency: | IOM | Country: | South Sudan |
| Sector/cluster: | Protection | CERF project code: | 21-UF-IOM-017 |
| Project title: | Provision of holistic humanitarian support to persons with disabilities in Aweil South and Tonj South | | |
| Start date: | 01/10/2021 | End date: | 14/03/2023 |
| Project revisions: | No-cost extension <input checked="" type="checkbox"/> | Redeployment of funds <input type="checkbox"/> | Reprogramming <input type="checkbox"/> |
| Funding | Total requirement for agency's sector response to current emergency: | | US\$ 121,952,500 |
| | Total funding received for agency's sector response to current emergency: | | US\$ 63,562,054 |
| | Amount received from CERF: | | US\$ 1,500,000 |
| | 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

Through this CERF grant, IOM and organizations of persons with disabilities (OPDs) contributed to an inclusive and holistic humanitarian response by empowering persons with disabilities to access their rights and more effectively participate in humanitarian responses. The project reached 9,131 individuals through the provision of mental health psychosocial support for caregivers, parents, and persons with disability and the implementation of initiatives that assisted and empowered persons with disabilities, while also addressing barriers they face in equitably participating in public life, including social barriers and stigmatization. It should be noted that given the focused nature of the project activities aimed at addressing the needs of PWDs, the project didn't include the people reached through awareness creation, thus the low numbers achieved across the different household categories.

To empower and assist persons with disabilities, IOM provided assistive devices for

- 474 persons with various disabilities (186 women, 222 men, 22 girls, and 44 boys) received assistive devices. Of these, 320 visually impaired individuals (131 women, 152 men, 6 girls, and 31 boys) benefitted from white canes coupled with mobility, orientation, and independence training, while 154 persons with physical disabilities (55 women, 70 men, 16 girls, and 13 boys) benefitted from physiotherapy and rehabilitation as well as individually tailored assistive devices, including wheelchairs, tricycles, knee-stabilizers, and crutches. In addition, 196 persons benefitted from rehabilitation, during which they regained their functional mobility and hence no longer needed assistive devices.

- 490 persons with disabilities (242 women, 191 men, 30 girls, and 27 boys) with individual protection or basic needs assistance, through a cash-based response. Individuals benefitting from IPA were identified from project participants, such as the vocational training, rehabilitation, and community MHPSS activities, and during mobilization and identification of participants for those project interventions. The risks and needs identified that affected persons with disabilities were related to poor conditions of shelter and sleeping arrangements, particularly for those with physical disabilities, worsening their mobility / functional ability. For women participants the cash assistance was an important factor enabling them to fully participate in project activities, with the support of male family members, mitigating domestic and intimate partner violence. Cash assistance was also used to cover transportation costs, allowing persons with disabilities living in remote places, to access key services.
- 100 persons with disabilities were enrolled in vocational training including electrical, auto mechanics, carpentry, masonry, welding, computer courses, tailoring, bedsheet making, and art and design. The training reduced the dependence of persons with disabilities on their caregivers and families and created employment and steady income to 40 per cent of the participants.
- 30 (15 female and 15 male) OPD leadership and staff were trained in advocacy, communication, administration, and OPD operations. The project also supported four OPD leaders to attend a two-week comprehensive study/exchange visit in Kenya, where they met with and learned from established OPDs in Kenya. Following this visit, the participating OPDs professionalized their operations and started new initiatives. For example, the OPDs supported the Blind Football Association to register with International Blind Sports Federation (IBSA) for participation in international competitions and mobilized resources to build a tukul (hut) to use for OPD meetings and activities. In addition, the OPDs started a tea shop where the OPD members sell tea for income generation.

To enhance the inclusion of women and girls in OPDs and amplify the voices of women and girls with disabilities, IOM trained 60 women with disabilities through empowerment and leadership sessions, building their leadership, advocacy, and negotiation skills. The project also supported these women and girls with coalition-building strategies to raise the profile of the rights of women and girls with disabilities. This coupled with the engagement of the OPD (primarily male) leadership, as well as the study/exchange visit to OPDs in Kenya, contributed to increased participation and representation of women with disabilities, not only in the OPD leadership structures but also in overall community engagement.

3. Changes and Amendments

No changes or amendments were done to this project.

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 | 122 | 98 | 218 | 212 | 650 |
| Returnees | 1,172 | 1,088 | 459 | 387 | 3,106 | 398 | 194 | 417 | 270 | 1,279 |
| Internally displaced people | 2,344 | 2,176 | 918 | 774 | 6,212 | 1,102 | 328 | 959 | 689 | 3,078 |
| Host communities | 2,344 | 2,176 | 918 | 774 | 6,212 | 1,324 | 652 | 1,241 | 907 | 4,124 |
| Other affected people | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 5,860 | 5,440 | 2,295 | 1935 | 15,530 | 2,946 | 1,272 | 2,835 | 2,078 | 9,131 |
| People with disabilities (PwD) out of the total | | | | | | | | | | |
| | 1,185 | 1,079 | 519 | 447 | 3,230 | 822 | 807 | 662 | 543 | 2,834 |

* 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

An estimated 54,990 individuals were reached indirectly by this project, including the household members of the persons who attended the different project activities including awareness-raising and parenting sessions for caregivers of children with disabilities to address issues of neglect, and mental health and psychosocial support (MHPSS) activities.

6. CERF Results Framework

| | |
|--------------------------|--|
| Project objective | Contribute to an inclusive and holistic humanitarian response that takes into consideration the specific needs of people with disabilities |
|--------------------------|--|

| | |
|-----------------|---|
| Output 1 | Persons with disabilities are empowered to access their rights and more effectively participate in humanitarian responses |
|-----------------|---|

| | | |
|--|------------------------------|--|
| Was the planned output changed through reprogramming after the application stage? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|--|------------------------------|--|

| | | | | |
|-----------------------|--|---------------|-----------------|--|
| Sector/cluster | Protection | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 1.1 | Number of persons with disabilities receiving individual protection assistance | 500 | 490 | Intake forms; beneficiary database; project reports |
| Indicator 1.2 | Number of persons with disabilities access assistive devices and independence training | 350 | 474 | Training reports, goods received notes; beneficiary database |
| Indicator 1.3 | Number of persons with disabilities access income generating activities/vocational training | 80 | 100 | Training records; beneficiary database |
| Indicator 1.4 | Number of initiatives taken to empower persons with disabilities and provide protection assistance | 04 | 04 | Photos, and Activity reports |
| Indicator 1.5 | Women and girls attending empowerment and leadership sessions | 60 | 60 | Attendance sheets; agenda |

| | |
|---|--|
| Explanation of output and indicators variance: | Indicator 1.2 was overachieved because there was a high need for assistive devices among persons with disabilities while Indicator 1.3 was overachieved because the training was conducted locally at a lower cost, allowing a higher number of participants to be reached |
|---|--|

| | | |
|-------------------|--|-----------------------|
| Activities | Description | Implemented by |
| Activity 1.1 | Conduct individual protection assessments and provision of assistance to persons with disabilities to address immediate lifesaving protection needs through the provision of Individual Protection Assistance including multi-purpose cash assistance. | IOM |
| Activity 1.2 | Provide assistive devices for persons with visual disability and people with mobility disability, and conduct mobility/independence training for use of white canes and wheelchairs with support from experienced trainer and rehabilitation specialist/physiotherapist. | IOM |

| | | |
|--------------|---|-----|
| Activity 1.3 | Provide support for income generating activities, including access to vocational training and functional adult literacy sessions for persons with disabilities to reduce their vulnerability and improve access to food, health care and information for people with disabilities and their families. | IOM |
| Activity 1.4 | IOM will support the mobilization of organisations of persons with disabilities including orientation and refresher sessions on governance, advocacy and communication skills, and conduct specific activities to build confidence and leadership for women and support to address the needs of children with disabilities who are disproportionately represented in the organizations for persons with disabilities (OPDs). IOM will conduct capacity building refresher and sensitisation sessions which may include advocacy and communication, strategic planning, financial management, monitoring and evaluation. Furthermore, IOM will facilitate cross-learning between South Sudanese OPDs and other international OPDs with an ultimate goal of enhancing self-reliance of persons with disabilities, facilitate their inclusion in the community and access to essential services. | IOM |
| Activity 1.5 | Conduct sessions for women with disabilities on women's leadership and confidence building (3 days covering topics including social constructions of gender, types of leadership and advocacy and communication skills; 30 women in each location) to improve engagement of women in OPD governance and activities. As part of a wider strategy to reinforce change for women's rights, this activity will complement an inclusive approach to ensuring equitable opportunities for women with disabilities of different ages (especially younger women) and promote women with disabilities as role models within the nascent disability rights movement in South Sudan. | IOM |

| | | | | |
|---|---|--------|------------------------------|--|
| Output 2 | Communities and humanitarian workers are sensitized to the rights of persons with disabilities and address misconceptions around disability at the community level | | | |
| Was the planned output changed through a reprogramming after the application stage? | | | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Sector/cluster | Protection | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 2.1 | CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation (staff and community/frontline workers engaged on refresher sessions on inclusion of persons with disabilities) | 150 | 182 | Training and Attendance Registers |

| | | | | |
|---|---|--|--------|--|
| Indicator 2.2 | PG.2 Number of displacement tracking matrix updates/reports | 4 | 4 | Displacement Reports |
| Indicator 2.3 | CC.2 Number of people reached through awareness-raising and/or messaging on prevention and access to services (community sensitization on disability inclusion) | 10,000 | 10,998 | Awareness-raising Registers and attendance lists |
| Explanation of output and indicators variance: | | Indicators 2.3 and 2.1 were overachieved due to intensive mobilization of communities by the project staff thus leading to higher numbers of trained and attending awareness-raising sessions. | | |

| Activities | Description | Implemented by |
|--------------|--|----------------|
| Activity 2.1 | Conduct sessions to sensitize and improve skills of front-line service providers (70% men, 30% women) on the rights of persons with disabilities and provision of inclusive services, especially targeted at emergency response staff and health care/GBV response services. | IOM |
| Activity 2.2 | Using WGQ, develop indicators and tools in collaboration with OPDs and conduct comprehensive assessment in two locations on the access to services for persons with disabilities to address the gap in information on the prevalence of persons with disabilities, particularly highly vulnerable areas with significant humanitarian needs (IPC4), to gather findings that will inform planning of humanitarian assistance that leaves no one behind and is adjusted to persons with disabilities. This will include mapping of accessibility challenges across counties and gaps in access to MHPSS service provision to inform interventions of IOM and broader humanitarian community. | IOM |
| Activity 2.3 | Work with persons with disabilities, neurological and mental health conditions to design awareness raising approaches and messages to improve understanding, acceptance and support for the rights and dignity of persons with disabilities, including the issues related to risks of GBV. | IOM |
| Activity 2.4 | Conduct community sensitisation sessions and with OPDs specifically focusing on reduction of stigma and discrimination of people with disabilities, gender equality and GBV prevention, suicide prevention and improved mental health among people with disabilities, neurological and mental health conditions, including community sensitization through 06 radio shows led by people with disabilities in each location (12 total), to increase awareness of the rights of persons with disabilities and how to access humanitarian assistance. | IOM |

Output 3 Persons with disabilities, including neurological conditions and severe mental disorders and their family members and caregivers enjoy improved mental health and psychosocial well-being

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 3.1 | Number of community members capacitated in provision of focused mental health and psychosocial support services and operating as Psychosocial Mobile Team to provide services to persons with disabilities, including neurological conditions and severe mental disorders. | 20 | 20 | Attendance list training agenda, weekly and monthly reports |
| Indicator 3.2 | H.9 Number of people provided with mental health and psychosocial support services (people with disabilities, including neurological conditions and/ or severe mental disorders, and their caregivers (women, men, girls and boys) benefiting from focused MHPSS services) | 3,000 | 3,128 | Weekly, monthly reports, logbooks, registers and attendance or activity sheets |
| Indicator 3.3 | Number of family members and/ or caregivers of people with disabilities, including neurological conditions and/ or severe mental disorders capacitated to practice daily self-care and emotional self-regulation. | 500 | 487 | Weekly, monthly reports, logbooks, registers and attendance or activity sheets |
| Indicator 3.4 | Number of referrals made by Psychosocial Mobile Team to facilitate access of people with disabilities, including neurological conditions and severe mental disorders to available specialized services. | 60 | 64 | Referral forms, weekly reports and registers |
| Indicator 3.5 | Number of women and men participating in psychosocially informed-parenting / care givers skills sessions. | 1,500 | 1,238 | Weekly reports, logbooks, registers and activity sheets |
| Indicator 3.6 | Number of community leadership structure representatives (women and men) sensitized on mainstreaming of MHPSS considerations and promotion of inclusive care. | 60 | 40 | Attendance list, training agenda, weekly and monthly reports |
| Indicator 3.7 | Number of teachers (men and women) and secondary school students (girls and boys) sensitized on psychosocial considerations, specifically, reduction of stigma and | 300 | 158 | Weekly reports, logbooks and activity sheets |

| | | | | |
|---------------|---|-------|-------|---|
| | discrimination towards people with disabilities, including neurological conditions and severe mental disorders. | | | |
| Indicator 3.8 | Number of people with disabilities, including neurological conditions and severe mental disorders, their caregivers and family members participating in socio-relational, cultural, creative and arts-based activities. | 3,000 | 2,689 | Weekly reports activity sheets and registers |

Explanation of output and indicators variance:

Indicators 3.2 and 3.4 were overachieved because of intensive community mobilization to promote attendance in project activities. Indicator 3.3 and 3.5 was also underachieved because some of the identified care givers and parents could not attend the project activities due to other family obligations. Fewer community leaders were available for the training than initially planned due to their busy schedules, thus leading to underachievement for indicator 3.6. Indicators 3.7 was also underachieved because schools experienced a high turnover among the teachers in the different schools thus leading to a lower achievement than planned.

| Activities | Description | Implemented by |
|--------------|--|----------------|
| Activity 3.1 | Capacitate OPD members and community volunteers to operate as Psychosocial Mobile Teams and provide MHPSS through community support, focused support (Psychological First Aid (PFA), Counselling, Interest- and/ or Problem-based Group) to persons with disabilities, including neurological conditions and severe mental disorders residing in Aweil South and Tonj South. | IOM |
| Activity 3.2 | Provide caregivers of persons with disabilities, including neurological conditions and severe mental disorders with psychoeducation sessions focusing on self-care, help-seeking behaviours, positive coping practices, stress management, and psychosocial considerations in the context of caring for a person with disabilities, including neurological conditions and severe mental disorders. | IOM |
| Activity 3.3 | Perform referrals of persons with disabilities, including neurological conditions and severe mental disorders to available specialized services. | IOM |
| Activity 3.4 | Mobilize and capacitate community leadership structure representatives on mainstreaming of MHPSS considerations with specific focus on inclusive care for people with disabilities, including neurological and severe mental disorders to facilitate community-driven sensitization towards reduction of stigma and marginalization of the latter. | IOM |

| | | |
|--------------|--|-----|
| Activity 3.5 | Non-formal education sessions on psychosocial implications of disability, inclusive care and prevention of stigma and discrimination towards people with disabilities, including neurological conditions and severe mental disorders will be provided for children in secondary school settings in close cooperation with UNICEF, Ministry of Education and Education Cluster. | IOM |
| Activity 3.6 | Facilitate access of people with disabilities, including neurological conditions and severe mental disorders and their family members to socio-relational and cultural, creative and arts-based activities promoting self-expression and participation in rituals and celebrations for positive impact and enhancement of their well-being. | IOM |

7. Effective Programming

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

a. Accountability to Affected People (AAP)³:

Representatives of OPDs were consulted from the onset of project design. IOM established relations and regularly conducted meetings with the OPD Union in Juba during the project conceptualization and project development stages. This approach ensured an emphasis on the inclusion of women and girls with disabilities including those with mental and cognitive disabilities, as well as the engagement of family members and care givers of persons with disabilities. It is worth noting that the need to include training and income-generating support was consistently highlighted as a key intervention during feedback sessions with both OPDs and individual persons with disabilities in both Aweil South and Tonj South. For activities implemented under output 3, IOM also consulted with persons from the communities, identified and selected through community leaders' support, community-led mobilization, advocacy sessions, and with persons with disabilities and their household members by actively involving them in the identification of beneficiaries. IOM also presented the project objectives, outcomes and activities planned to the Governor's Office, including representatives from the Ministry of Gender, Child and Welfare, and the Relief Rehabilitation Committee (RRC). While the RRC provided support in terms of security and facilities in which the project could host project participants, the Ministry of Gender, Child and Welfare, alongside the OPDs, were an active partner supporting project implementation.

b. AAP Feedback and Complaint Mechanisms:

Persons with disabilities, their care givers and family members were informed about different communication channels for feedback and complaints to project management, or senior management in Juba. Project staff who worked in the communities daily, and representatives

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

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

of OPDs were typically the preferred and used channel for community members to provide feedback as access to mobile phones, internet coverage, etc. required for hotline reporting was low. In addition, IOM also held periodic feedback sessions through focus group discussions (FGDs) organized as homogenous groups accounting for gender, age, displacement status, etc. During these sessions, IOM also provided information on confidentiality and opportunities to submit feedback and complaints anonymously. Finally, beneficiaries were also able to provide feedback and complaints at the resource centres where the psychosocial support teams met regularly.

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

During the implementation of all activities, IOM stressed that all assistance and services provided was free of charge and as mentioned above, informed all community members of the different channels for feedback and complaints but also for reporting of misconduct and sexual exploitation and abuse (SEA), including channels for anonymous reporting, and reporting to toll-free numbers that connected them to the PSEA Task Force (not IOM directly). All staff and workers engaged throughout the process were also trained on PSEA, focusing on the key principles and IOM's standards of conduct, especially that SEA is grounds for dismissal, as well as the Clear Check HR system. The training also emphasized the vulnerabilities and risks faced by women and girls with disabilities, and the duty of staff to adhere to the do-no-harm principle. Finally, community leaders were also sensitized on IOM's zero tolerance of SEA.

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

From the onset of the project, and during the project design, the need for gender-specific components to promote gender equality was identified as a dedicated focus. As a result, IOM conducted leadership and empowerment training for women with disabilities in the two target communities, focusing on confidence, leadership skills, and women's coalition-building. MHPSS activities implemented under Output 3 also had a particular focus on women who, in most cases, are the immediate care givers of the persons with disabilities. These women also became great advocates, addressing stigma around disability in the communities. The project also organized specific training and awareness sessions on gender-based violence (GBV) and the impact of GBV on survivors, and communities.

e. People with disabilities (PwD):

This project was designed specifically to meet the needs and aspirations of persons with various impairments and disabilities, while engaging care givers and the broader community to address stigma and advocate for the rights of persons with disabilities. The design and implementation were informed by OPDs and persons with disabilities, as well as data generated through activities implemented under Output 2. As such, the project worked on through several means, on the one hand, by meeting the needs of persons with disabilities (assistive devices, independence training, protection assistance, and psychosocial support), and on the other hand, by supporting their empowerment through vocational training and income-generating activities. At the same time, the project worked to address barriers faced by persons with disabilities, including social barriers and community stigmatization, by targeting community leaders, service providers, and other decision-makers/stakeholders through community sensitization sessions.

f. Protection:

The vulnerabilities, protection risks and discrimination that persons with disabilities are facing in their day to day lives, specifically in Aweil South and Tonj South, were identified through the project's disability inclusion reports, which informed the project approach and design. Safe and meaningful access by persons with disabilities to project locations and activities was provided through the "Support of a Support Person", often the caregiver, to accompany the persons with disabilities participating in the project. At the same time, this focal point was often a female member of the household who was also responsible for household chores, which the project also needed to account for in order not to increase risks of GBV linked to the participation of persons with disabilities and their support persons in the project activities. To mitigate such risks, the project conducted house to house sessions with care givers and family members aimed at addressing the GBV concerns. Cash assistance (individual protection assistance) was also used to address and mitigate protection risks, including risks associated with their participation in the project, ultimately enabling persons with disabilities to participate in project activities, such as vocational training, that required sustained engagement over a longer period. Provision of assistive devices enabled persons' physical access to public spaces outside their immediate household/community, while engagement with family members and sensitization with communities addressed social barriers such as stigma. Finally, Braille and sign language training and vocational training and income

generation support empowered people to fully participate as equal members of their community and to reduce their dependence on family members.

g. Education:

Teachers were identified as key actors that regularly interact with children with disabilities, and key allies to persons with disabilities as they can contribute to creating a positive environment for children with disabilities enrolled in school, and to facilitate their access to an education free from bullying and discrimination. Teachers were also included in the Braille and Sign Language training for persons with visual and hearing impairments, to enable them to use these tools for children in their schools, but also to increase their awareness on the rights-based approach to inclusion and inclusive education. Teachers were also one of the stakeholder groups that were consistently targeted and included in activities under Output 3.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

| Planned | Achieved | Total number of people receiving cash assistance: |
|---|---|---|
| Yes, CVA is a component of the CERF project | Yes, CVA is a component of the CERF project | 490 (242 women, men 191, 30 girls, 27 boys) |

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

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

The project reached 490 persons with disabilities with Cash assistance aimed at addressing and mitigating against protection risks as well as to enable them to participate in project activities, such as vocational training, that required sustained engagement over a longer period. The cash was majorly used to transport beneficiaries to project activity location, it also enabled them to access services and reduce GBV issues among households as women used money to meet basic needs at household level which is one of the major causes of GBV.

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 |
|--|--------------------------------|----------------------|----------------|--------------|
| Indicator 1.1: Number of persons with disabilities receiving individual protection assistance | 490 | US\$ 24,500 | Protection | Unrestricted |

9. Visibility of CERF-funded Activities

| Title | Weblink |
|--|---|
| Exchange visit to Nairobi, Kenya | https://www.facebook.com/iomsouthsudan/posts/pfbid0yfwwAxcLRBpd2VBx8zqmVRL18BwmxLi4DuBQ7B3AVLxE1eYYZsvD32nXWehPs8dwl |
| Capacity Building Training for Organizations of Persons with Disabilities (OPDs) | https://www.facebook.com/iomsouthsudan/posts/pfbid0NcM3y5h1FLXG3wPvojRLHWpkH9uUiKv9s6Fe2tyaR9X2un3tagUHp4kxjoEJWXGxl |
| Vocational skills training | https://www.facebook.com/iomsouthsudan/posts/pfbid02SACw5tU1nzdV6dw2tBkGFrS2goCyUkP3mKdFc7rMcWui9Wa7tS4hiQ9Ru9sCsyuXI |
| Graduation from vocational training programme | https://twitter.com/PeterAuweraert/status/1584888215957172224?s=20 |
| Internship in IOM for persons with disabilities | https://twitter.com/PeterAuweraert/status/1591058550021058560?s=20 |

3.2 Project Report 21-UF-FPA-020

| 1. Project Information | | | |
|---------------------------------|--|--|--|
| Agency: | UNFPA | | Country: South Sudan |
| Sector/cluster: | Protection - Gender-Based Violence Health - Sexual and Reproductive Health | | CERF project code: 21-UF-FPA-020 |
| Project title: | Scale-up access to integrated Sexual and Reproductive Health, including Gender Based Violence information and services for women and girls affected by the crisis in ten prioritized counties of South Sudan | | |
| Start date: | 08/09/2021 | End date: | 07/09/2022 |
| 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\$ 4,500,000 |
| | Total funding received for agency's sector response to current emergency: | | US\$ 500,000 |
| | Amount received from CERF: | | US\$ 2,000,026 |
| | Total CERF funds sub-granted to implementing partners: | | US\$ 990,934 |
| | Government Partners | | US\$ 0 |
| | International NGOs | | US\$ 746,041 |
| | National NGOs | | US\$ 244,893 |
| Red Cross/Crescent Organisation | | US\$ 0 | |

2. Project Results Summary/Overall Performance

Through this CERF UFE grant, UNFPA and its partners directly reached 73,683 beneficiaries; these beneficiaries were targeted in different locations receiving GBV and SRH services from different service delivery points. There is no overlap with the counting of the total number of people reached with the services. Out of these 30,578 (41.5%) were reached with Sexual Reproductive Health (SRH) services and 43,105 (58.5%) received GBV services. The beneficiaries included 37,563 (51%) women; 8,401 (11%) men; 20,586 (28%) girls; and 7,133 (10%) boys. The beneficiaries are also categorized into 9,812 returnees; 34,575 internally displaced persons (IDPs); and 24,325 host community members. The interventions also directly reached 2,728 persons with disabilities (1,191 benefitted from health and 1,537 benefitted from GBV services). In addition, UNFPA and its partners supported 172 fistula survivors. The fistula survivors were mobilized in fistula camps where operations/fistula repairs were conducted on them. Further medical support was provided to them to enhance their healing. They received psychosocial support and dignity kits, among others. Persons with disabilities were often identified at the entry points to the health facilities and GBV service centers and aided to comfortably access the various services. They included those with physical disability, vision impairment and hearing impairment who were assisted through care givers and community members to establish communication so that their needs are met. They were fast tracked in accessing services given the community

culture to support persons with disabilities. They received PMTCT, ANC, treatment for STIs, GBV services, including psychosocial support, CMR for some rape cases, and dignity kits, among other services,

For SRH 4,053 women were reached with basic and comprehensive emergency obstetric care services against a target of 5,000. A total of 24,573 individuals against a target of 25,000 were reached with other forms of reproductive health services, including family planning, sexually transmitted Infections (STIs) treatment Prevention of Mother to Child Transmission (PMTCT), and ante-natal care (ANC) The shortfall was due to low uptake of family planning services attributed to cultural norms. A total of 346 health workers benefitted from refresher training on various forms of reproductive health services against a target of 250. The positive variation was due to the CERF project leveraging other projects which increased the number that could be trained.

For GBV services, 43,105 individuals benefitted against a target of 31,600. The beneficiaries included 2,209 women and girls against a target of 2,300 received integrated Gender Based Violence (GBV) services at One Stop Centers (OSCs) and Women and Girls Friendly Spaces (WGFS). The slight shortfall (91 beneficiaries) was due to changes in the cost of establishing WGFS which limited the number of women and girls trained in IGAs. The women and girls received psychosocial support, group and individual counseling; some survivors received medical treatment while others had access to legal services Safety and security was also provided for those who survivors who felt threatened by the perpetrator. Within the WGFS beneficiaries were trained on income generation activities, including tailoring, baking, saloon care, tea making, crocheting, bedsheet making, bead making, tea/coffee making, and were provided with start-up kits to start their own business. A total of 13,143 dignity kits were procured and distributed to 13,143 women and girls against a target of 10,000. The extra 3,143 dignity kits were procured from savings accruing from a low unit cost. The project supported refresher training for 279 GBV actors against a target of 200. The positive variation was due to the Central Emergency Response Fund (CERF) project leveraging other projects. The project supported awareness creation on GBV that reached 27,474 individuals in the 10 counties against a target of 15,000. The variation was due to multi-pronged approaches like using dignity kits distribution, food distribution and public events as platforms for information sharing.

3. Changes and Amendments

N/A

4. Number of People Directly Assisted with CERF Funding*

| Sector/cluster | Protection - Gender-Based Violence | | | | | | | | | |
|--|------------------------------------|--------------|------------------|--------------|---------------|---------------|--------------|------------------|--------------|---------------|
| Category | Women | Men | Planned Girls | Boys | Total | Women | Men | Reached Girls | Boys | Total |
| Refugees | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Returnees | 1,896 | 190 | 948 | 126 | 3,160 | 2,786 | 256 | 2,847 | 221 | 6,110 |
| Internally displaced people | 9,480 | 948 | 4,740 | 632 | 15,800 | 11,097 | 1,444 | 6,009 | 1,905 | 20,455 |
| Host communities | 7,584 | 758 | 3,792 | 506 | 12,640 | 9,935 | 1,263 | 3,945 | 1,397 | 16,540 |
| Other affected people | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 18,960 | 1,896 | 9,480 | 1,264 | 31,600 | 23,818 | 2,963 | 12,801 | 3,523 | 43,105 |
| People with disabilities (PwD) out of the total | | | | | | | | | | |
| | 790 | 158 | 395 | 237 | 1,580 | 807 | 169 | 312 | 249 | 1,537 |

| Sector/cluster | Health - Sexual and Reproductive Health | | | | | | | | | |
|--|---|--------------|------------------|--------------|---------------|---------------|--------------|------------------|--------------|---------------|
| Category | Women | Men | Planned Girls | Boys | Total | Women | Men | Reached Girls | Boys | Total |
| Refugees | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Returnees | 1,513 | 302 | 756 | 454 | 3,025 | 1,902 | 519 | 864 | 417 | 3,702 |
| Internally displaced people | 7,562 | 1,512 | 3,782 | 2,270 | 15,126 | 6,923 | 1,757 | 3,701 | 1,739 | 14,120 |
| Host communities | 6,050 | 1,210 | 3,025 | 1,815 | 12,100 | 4,806 | 3,162 | 3,162 | 1,454 | 12,584 |
| Other affected people <i>Fistula Survivors</i> | 0 | 0 | 0 | 0 | 0 | 114 | 0 | 58 | 0 | 172 |
| Total | 15,125 | 3,024 | 7,563 | 4,539 | 30,251 | 13,745 | 5,438 | 7,785 | 3,610 | 30,578 |
| People with disabilities (PwD) out of the total | | | | | | | | | | |
| | 756 | 151 | 378 | 227 | 1,512 | 562 | 127 | 294 | 208 | 1,191 |

* 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

As the total number of people reached with the SRH and GBV services is 73,683, UNFPA assumes that at least 3 members of each direct beneficiary's household has indirectly benefited from the project. This include psychosocial messages and health education which indirect beneficiaries are expected to have received from the family members who have directly benefited from the project. In total, 221,049 individuals have indirectly benefited from the project receiving GBV and SRH services.

6. CERF Results Framework

Project objective To support the scale-up of access to integrated SRH, including GBV information and services for women and girls affected by the crisis in ten prioritized counties of South Sudan

Output 1 Increased access to SRH services and information, including the availability of reproductive health supplies to all partners offering reproductive health services in the ten priority counties. This objective will benefit 30,250 individuals; women, girls, boys and men in all ten target counties.

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

Sector/cluster Health - Sexual and Reproductive Health

| Indicators | Description | Target | Achieved | Source of verification |
|---------------|--|--------|----------|---|
| Indicator 1.1 | Number of women reached with basic and comprehensive emergency obstetric care only. | 5,000 | 4,053 | Quarterly health facility reports; and IPs End of Project Reports |
| Indicator 1.2 | Number of individuals reached with other forms of reproductive health services including family planning, STDs treatment, PMTCT, ANC, and others | 25,000 | 24,573 | Quarterly health facility reports; and IPs End of Project Reports |
| Indicator 1.3 | Number of health workers benefiting from a refresher on various forms of reproductive health services. | 250 | 346 | Training reports; and IPs End of Project Reports |

Explanation of output and indicators variance:

Output 1 fell short of the target by a marginal difference of 4%. A total of 28,972 (96%) individuals benefitted from the various interventions against a target of 30,251 individuals. The various could be attributed to mobility challenges especially in flood affected locations.

- Indicator 1.1: 4,053 (81%) women were reached with basic and comprehensive emergency obstetric care against a target of 5,000.
- Indicator 1.2: 24,573 (98%) individuals were reached with other forms of reproductive health services including family planning, STIs treatment, PMTCT, ANC, and others against a target of 25,000 due to low uptake of family planning services attributed to cultural norms.
- Indicator 1.3: 346 (138%) health workers benefitted from a refresher training on various forms of reproductive health services against a target of 250. The positive variation is due to the synergy and

| | | complementarity of the CERF project with other projects which reduced unit costs and increased the numbers that could be reached for training. |
|--------------|--|--|
| Activities | Description | Implemented by |
| Activity 1.1 | Support the provision and referral of basic and comprehensive emergency obstetric care for people at key health facilities in Akobo and Bor South counties. | IMA World Health (IMA) |
| Activity 1.2 | Procure and distribute supplies and assorted reproductive health commodities, including family planning to serve mainly women and girls, in all the ten affected counties. | United National Nations Population Fund (UNFPA) |
| Activity 1.3 | Conduct refresher training for Health workers from Akobo, Duk, Twic East, Ayod, and Pibor on providing various forms of SRH services, including family planning, GBV case management, clinical management of rape, emergency obstetric care and rational use of supplies | IMA World Health (IMA) |

| | | | | |
|--|--|--|----------|--|
| Output 2 | Increased access to GBV services and information, including materials for dignity for girls and women. This objective will benefit 27,500 individuals, mainly women and girls, and boys and men in all ten target counties | | | |
| Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | |
| Sector/cluster | Protection - Gender-Based Violence | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 2.1 | Number of women and girls served with integrated GBV services at OSCs and WGFS | 2,300 | 2,209 | Quarterly IP reports; and IPs End of Project Reports |
| Indicator 2.2 | Number of women and girls served with dignity kits | 10,000 | 13,143 | Quarterly IP reports; and IPs End of Project Reports |
| Indicator 2.3 | Number of GBV actors benefitting from refresher training | 200 | 279 | Training reports; and IPs End of Project Reports |
| Indicator 2.4 | Number of individuals reached with GBV awareness messages in the ten counties | 15,000 | 27,474 | Quarterly IP reports; and IPs End of Project Reports |
| Explanation of output and indicators variance: | | Output 2 significantly exceeded the target. A total of 43,105 (136%) individuals benefitted from the various interventions against a target of 31,600 individuals. <ul style="list-style-type: none">Indicator 2.1: 2,209 (96%) women and girls received integrated GBV services at OSCs and WGFS against a target of 2,300. The indicator under performed by 91 beneficiaries due to changes in the cost of constructing WGFS and procurement of WGFS training materials which limited the number of women and girls to be trained in IGAs.Indicator 2.2: 13,143 (131%) dignity kits were procured and distributed to 13,143 women and girls against a target of 10,000. The | | |

| | | <p>extra 3,143 dignity kits were procured from savings accruing from the low unit cost.</p> <ul style="list-style-type: none"> Indicator 2.3: 279 (140%) GBV actors benefitted from GBV related refresher training against a target of 200. The positive variation is due the CERF project leveraging other projects which increased the number that could be trained. Indicator 2.4: 27,474 (183%) individuals were reached with GBV awareness messages in the 10 counties against a target of 15,000 individuals. The variation is due to multi-pronged approaches like during dignity kits distribution, food distribution and public events. |
|--------------|---|--|
| Activities | Description | Implemented by |
| Activity 2.1 | integrated lifesaving GBV services for women and girls at two GBV One-Stop Centers and two women and girls' friendly spaces in Bor South and Pibor | IMA and SAADO |
| Activity 2.2 | Procure and distribute dignity kits to women and girls in all ten target counties. | UNFPA |
| Activity 2.3 | Conduct refresher training for GBV and non-GBV actors on various GBV topics, including case management, effective distribution of dignity kits and others | SAADO, IMA, IRC. |

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:

UNFPA solicited feedback from the beneficiaries to determine the possible gaps and explored actions to address the gaps together with the communities, allowing for participation and ownership as well as ensuring that the project is responsive to the needs of the target beneficiaries. For example, through the GBV safety audits, the community/beneficiaries raised GBV concerns and how the GBV prevention, response, and services should be packaged. Similarly, UNFPA conducted FGDs during dignity kit distribution with some of the communities in the project locations and some concerns regarding service delivery at both health facilities and Women and Girls' Friendly spaces were raised especially the shortage of drugs and skilled health staff. Other concerns related to the contents of the dignity kits, such as requesting for valine and different type of underwear to be added to the dignity kit contents. Additional information was collected during GBV safety audits to ascertain GBV risks that emerged from time to time, which was used to update the response strategies. RH commodity security

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](#).

and GBV concerns were discussed during the monthly UNFPA RH coordination meetings and the bi-weekly GBV Sub-Cluster meetings for partners to address these concerns and provide feedback to communities as a way of accountability.

b. AAP Feedback and Complaint Mechanisms:

Community-Based Complaint mechanisms were established and do exist in the project locations. Due to low literacy that hindered communities from using complaint boxes, UNFPA in consultation with the beneficiaries introduced modifications to include community engagement meetings with various groups such as women groups, youth, and community leaders. This provided the opportunity for them to express their feelings, needs, and ideas in form of experience sharing visual illustrations/ pictures /photos.

The beneficiaries were also reminded of the designated Complaint and Feedback Hotline numbers which are 623 and 662 managed by specific staff who speak the local language and who are well versed with the project and received calls and acted/ or referred the complaints for appropriate action. Information on laminated paper indicating the contact numbers/details is displayed in strategic places with clear messages to further inform the beneficiaries.

Spot checks for the RH commodities were carried out to ensure last mile distribution of supplies. This was made possible through Last Mile Assurance (LMA) monitoring tools such as delivery slips, Programme Supplies Distribution Agreement (PSDA) and PSDA reports which have been used to track the movement of RH supplies from the UNFPA warehouses to partners' warehouses/stores and finally to health facilities. Lastly, an LMA audit for selected partners was conducted in 2022.

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

UNFPA conducted a series of awareness raising on the prevention and reporting of SEA cases among beneficiaries and supported State Level Community Based Complaint Mechanisms to sensitize community leaders on risk mitigation, identification, and reporting including organizing monthly meetings to update the SEA risk matrix addressing and identifying SEA risks. Communities through the CBCMs were able to report and refer SEA cases through CBCM focal points present at the OSCs, WGFS, and SRH clinics and notified UNFPA's PSEA Focal Point to initiate the formal reporting process as well as follow up on Victims Assistance. In places like Pibor, the project was complemented by the support to Victims of SEA through the Victims Trust Fund including support to women and girls at risk of SEA. IOM is a member of the GBV Sub-cluster and the Reproductive Health Working Group where all issues on GBV and reproductive health are discussed. Joint assessments and responses are conducted with Sub-Cluster and RH Working Group Members, including IOM. UNFPA shares non-identifiable information on Victims' assistance with the Victims' Rights Advocate and the PSEA Co-Chairs for accountability purposes indicating what support was provided for Victims as well as referrals for additional support to other service centers. Whereas UNFPA remains committed to reporting allegations including those involving UNFPA to the UNFPA Office of Audit and Investigation Services, (OAIS) through confidential means with a copy to the office of DRSSG/RC/HC through the Co-chairs, during the project implementation, on a good note, UNFPA did not encounter any SEA cases.

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

Nearly 75% of beneficiaries supported by the project were women at 38,932 and girls at 21,192. The project was delivered through partners providing SRH and GBV prevention, risk mitigation, and response information and services. The women and girls, including survivors and those at risk of gender-based violence, are also affected by mass displacement due to flooding, which exacerbated their vulnerability. The provision of reproductive health and GBV information and services enhanced decision-making in terms of their health and choices. The RH and GBV in emergency interventions addressed the needs of women and girls through clinical management of rape, and strengthening referrals to other specialized services such as psychosocial support and physical protection which were done in collaboration with other partners. Additionally, women and girls were supported through established WGFS where they received psychosocial support Training in Income Generation activities, and other GBV prevention and response services.

e. People with disabilities (PwD):

UNFPA ensured the integration of **2,728** PwD which enhanced their capacity to access SRH and GBV services. UNFPA supported the Sign Language Week for Deaf People in 2021 as well as the International Day of Persons with Disabilities on 3rd of December 2021 through creating awareness on the human rights of the deaf people for promotion of the Sign Language and inclusion in service delivery mechanisms. UNFPA and partners conducted GBV and SRHR/GBV training for people with disabilities. Further, UNFPA conducted an Accessibility Audit led by the people with disabilities to assess the access to SRHR/GBV services in health facilities to monitor and document the barriers faced by the people with disabilities in accessing health services, particularly sexual and reproductive health services. UNFPA coordinated with other GBV partners including IOM to reach out to persons with disability during the accessibility audit. Some of the needs identified were the lack of ramps in most facilities, lack of sign language experts in the facilities, visibility materials which do not support visually impaired people, among other limitations.

f. Protection:

The project collaborated with communities to undertake a protection risk analysis. Subsequently, UNFPA integrated strategies to mitigate the identified protection risks (including the risk of gender-based violence) and sexual exploitation and abuse. All GBV issues are addressed within the General Protection Cluster with UNHCR taking the lead on General Protection and UNFPA taking the Lead on GBV. UNHCR and UNFPA conducted joint safety audits and participatory assessments and based on the emerging issues, developed mitigation measures in line with the four protection mainstreaming principles that underpin all humanitarian work to ensure people, their needs, and diversity of risks and needs remain at the center of interventions. The project prioritized the safety and dignity of beneficiaries and avoided causing harm, as it promoted meaningful access to assistance/services, accountability, participation and empowerment. Protection concerns and SEA risks were identified through protection monitoring activities and beneficiaries reported these risks to Focal Point Agencies of concern to address the issues.

g. Education:

UNFPA integrated elements of education into improving health-seeking behavior, especially after encountering rape, and enhancing awareness-raising on the prevention of early pregnancy, HIV/AIDS, and STIs, through providing reproductive health education in the health facilities. UNFPA and UNICEF conducted joint GBV and Child protection Coordination Meetings to discuss common concerns that affect children as well as coordinating response for GBV child survivors. Together with UNICEF, UNFPA provided orientation to teachers on protection against sexual exploitation and abuse as well as providing key messages on GBV issues and the Teachers Code of Conduct. This contributed to the formation of healthy sexual attitudes and practices with the provision of emergency lifesaving reproductive services, information, and RH supplies including enhancing prevention and risk mitigation of GBV and Sexual Exploitation and Abuse.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

| Planned | Achieved | Total number of people receiving cash assistance: |
|---------|-----------------|---|
| No | Choose an item. | [Fill in] |

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

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

UNFPA did not budget for the cash and voucher assistance component as this was being handled by other actors.

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 |
|---|--------------------------------|----------------------|----------------|-------------|
|---|--------------------------------|----------------------|----------------|-------------|

9. Visibility of CERF-funded Activities

| Title | Weblink |
|---|---|
| Hundreds of GBV Victims In Greater Pibor given life skills to overcome trauma | https://jubaecho.com/hundreds-of-gbv-victims-in-greater-pibor-given-life-skills-to-overcome-trauma/ |

3.3 Project Report 21-UF-HCR-016

| 1. Project Information | | | |
|------------------------|--|--|--|
| Agency: | UNHCR | Country: | South Sudan |
| Sector/cluster: | Protection | CERF project code: | 21-UF-HCR-016 |
| Project title: | Addressing the protection needs of women and girls in South Sudan through an integrated protection response for female education and empowerment | | |
| Start date: | 08/09/2021 | End date: | 07/09/2022 |
| 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\$ 10,000,000 |
| | Total funding received for agency's sector response to current emergency: | | US\$ 0 |
| | Amount received from CERF: | | US\$ 3,999,937 |
| | Total CERF funds sub-granted to implementing partners: | | US\$ 3,375,000 |
| | Government Partners | | US\$ 0 |
| | International NGOs | | US\$1,770,000 |
| | National NGOs | | US\$ 1,605,000 |
| | Red Cross/Crescent Organisation | | US\$ 0 |

2. Project Results Summary/Overall Performance

Through the CERF UFE grant, UNHCR and its partners scaled up protection assessment and monitoring between September 2021 and September 2022, reaching a total of 176,595 individuals. It included 118,364 newly displaced or previously uprooted by flooding and/or inter-communal conflicts, 32,624 host community members as well as 25,607 individuals who spontaneously returned to their place of origin. This was achieved during the period of increased displacement, which succeeded the planning figures at the proposal stage. Among them, 104,329 were women and girls, making up 59% of the total in the 11 prioritized counties. In particular,

- 2,254 women and girls supported through case management and referral services, including GBV survivors and those at-risk who were identified through voluntary reporting during house-to-house visits, through community Based Protection Network members and during GBV awareness sessions.
- 23,250 women, men, girls, and boys assisted with core relief items (sleeping mats, blankets, mosquito nets, buckets, jerrycans for water, kitchen sets, women underwear, and soaps) and/or household goods (lentils, oil, maize flour, and sugar.
- Among the assisted, 1,304 Persons with Disability (PwD) were also prioritized for assistance with customized assistance according to the profile such as mobility aids.
- 4,972 women, girls, and boys, primarily from women and child-headed households, were assisted with emergency and transitional shelters.
- 16,598 women and girls were assisted with strengthened service provision, including access to 16 newly solarized/ rehabilitated boreholes, sustainable cooking/energy solutions, tailored awareness sessions on peaceful coexistence, GBV Housing, Land and Property (HLP) information, counselling, and legal assistance for individual cases.

- 1,980 women and youths provided with skills training for economic empowerment which significantly reduced the risks of negative coping mechanism, GBV and child protection, including formation of Village Saving and Loaning Association with resources mobilization training and starter kits, training of making and using energy-efficient stoves, shelter construction training and engagement in their own shelter, and other income-generating vocational training such as for tailoring and bakery.
- 31,075 women, men, girls, and boys reached by UNHCR and partner-supported community-based protection networks and women support groups through their regular monitoring, identification and referral of protection needs, community level awareness campaigns and routine cultural/collective activities in women and girl friendly spaces.

This project exceeded its targets in providing opportunities of direct empowerment to women and girls, as well as through strengthening the protection and support systems in the communities of which they are part. In an environment where customary laws and practices tend to reject women and girls as legitimate custodians, holders and managers of wealth and power, this project supported women and girls in accessing property and justice and gaining a sense of legitimacy that would continue to help them meet lifesaving needs through reduction of poverty, and also further helped to reduce the impact and risk of GBV.

3. Changes and Amendments

It was recognized that the number of women and girls assisted through case management and referral services (Indicator 1.2) was much lower than planned. The low number of voluntary reporting was interpreted along with feedbacks and analysis from protection monitoring, where the prevalence of gender-based violence and protection risks for women and girls were still reported high in the aftershock of displacement.

In response, UNHCR and partners undertook mitigation measures to upscale the efforts to address the inequitable power dynamics between genders and the negative spiral of discrimination and violence against women. This contributed to achievements beyond initial targets for the rest of indicators, including addressing essential needs (indicator 2.1 & 2.2 on CRI and household items, and shelter assistance), direct empowerment of women and girls (indicator 3.2 & 3.3 on provision of counselling, information and other services for women and girls' rights and livelihoods support), and strengthened community-based protection mechanism (indicator 4.2).

4. Number of People Directly Assisted with CERF Funding*

| Sector/cluster | Protection | | | | | | | | | |
|--|---------------|---------------|---------------|---------------|----------------|---------------|---------------|---------------|---------------|----------------|
| Category | Planned | | | | | Reached | | | | |
| | Women | Men | Girls | Boys | Total | Women | Men | Girls | Boys | Total |
| Refugees | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Returnees | 7,100 | 3,810 | 7,820 | 5,500 | 24,230 | 7,504 | 4,026 | 8,264 | 5,813 | 25,607 |
| Internally displaced people | 26,300 | 16,200 | 39,000 | 30,500 | 112,000 | 27,794 | 17,121 | 41,216 | 32,233 | 118,364 |
| Host communities | 7,900 | 5,155 | 10,600 | 7,215 | 30,870 | 8,349 | 5,448 | 11,202 | 7,625 | 32,624 |
| Other affected people | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 41,300 | 25,165 | 57,420 | 43,215 | 167,100 | 43,647 | 26,595 | 60,682 | 45,671 | 176,595 |
| People with disabilities (PwD) out of the total | | | | | | | | | | |
| | 600 | 240 | 280 | 100 | 1,220 | 489 | 629 | 115 | 71 | 1,304 |

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

5. People Indirectly Targeted by the Project

While women and girls were the primary beneficiaries of this project, over 80,000 men and boys, whether part of the households of direct beneficiaries, or belonging to the broader communities targeted, also benefited indirectly from the increased protection monitoring across host, IDP and returnee populations. Many also benefited from the awareness-raising activities organized and strengthened of community-based structures under this project.

Furthermore, protection desks in most of the target counties locations were established and were accessible by all Persons with Specific Needs regardless of their categories. It allowed wider outreach, provided information on protection and service availability, and registered complaints and feedbacks. Temporary desks in mobile protection outreaches also received and assisted all categories of persons of concern with specific needs on a 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 | Enhance the protection situation of women and girls in South Sudan through an integrated protection response | | | |
| Output 1 | Identification of vulnerable households for comprehensive case management focusing on women and girls. | | | |
| Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | |
| Sector/cluster | Protection | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 1.1 | Number of women, men, girls and boys with protection concerns assessed and monitored. | 167,100 | 176,595 | UNHCR and partner field monitoring reports; Bi-weekly reports; IRNA assessment on newly displaced IDPs; IOM DTM verification of IDPs per locations. |
| Indicator 1.2 | Number of women and girls supported through case management and referral services. | 5,000 | 2,254 | UNHCR and Partners Monthly reports, Protection Desk reports, Case management files |
| Explanation of output and indicators variance: | | <p>The increase of the total number of beneficiaries with protection concerns assessed and monitored (indicator 1.1) was due to the uptick of displaced population as a result of flooding and inter-communal conflicts. UNHCR and partners stepped up the efforts to extend the protection assessment and monitoring and follow up response to extended population.</p> <p>The target number of women and girls supported through case management and referral services (indicator 1.2) were not achieved. Nevertheless, UNHCR and partners recognized that the number of voluntary reporting was due to societal norms of non-disclosure and very limited support-seeking behaviour. On one hand, UNHCR and partners continued to build case management services; on the other hand, UNHCR and partners stepped up mitigation efforts through community-based protection networks to sensitize and provide enhanced support to the most vulnerable group of women and girls.</p> | | |
| Activities | Description | Implemented by | | |

| | | |
|--------------|---|---|
| Activity 1.1 | Protection needs identification and monitoring, with a focus on the situation of girls within the community and households.to target interventions. | UNHCR, Humanitarian Development Consortium, Community Action Organization, INTERSOS, World Vision International |
| Activity 1.2 | Comprehensive protection case management, referrals and support. | UNHCR, Humanitarian Development Consortium, Community Action Organization, INTERSOS, World Vision International |

| | | | | |
|---|--|---|----------|---|
| Output 2 | Provision of material support for the most vulnerable with a focus on women and girls. | | | |
| Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | |
| Sector/cluster | Protection | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 2.1 | Number of women, men, girls and boys assisted with customized assistance (CRI and household goods). | 23,000 | 23,250 | UNHCR and Partners monthly and biweekly reports; List of Persons with Specific Needs, CRIs distribution lists; Distribution reports, Post-Distribution Monitoring reports |
| Indicator 2.2 | Number of women, men, girls and boys assisted with emergency/transitional shelter. | 4,000 | 4,972 | UNHCR and Partners monthly and biweekly reports, List of Persons with Specific Needs, Field monitoring Visits, Post-construction monitoring reports |
| Explanation of output and indicators variance: | | <p>Both Indicator 2.1 and 2.2 were achieved beyond the initial targets mainly due to increased number of women and girls with specific needs.</p> <p>Due to the aggravated humanitarian situation and increase of floods-induced displacement and displaced population, there were more Persons with Specific Needs that were identified, hence UNHCR and partners also increased the assisted population with core relief items and household goods (sleeping mats, blankets, mosquito nets, buckets, jerrycans for water, kitchen sets, women underwear, and soaps).</p> <p>In the same vein, the shelter needs also increased, resulting in increased emergency and transitional shelters, including gender-sensitive shelters for households with specific needs of women and girls. The achievement beyond target was also obtained in extended timeline for existing needs, mainly for previously identified vulnerable households who were temporarily hosted by relatives/host communities. The shelter constructions for them (mainly women headed households) were completed after the project end date during September-October 2022) where receded water also made the construction possible in Aweil South, Tonj North, Tonj South counties.</p> | | |
| Activities | Description | Implemented by | | |
| Activity 2.1 | Provision of customized individual assistance for women and girls in need or at risk (including Core Relief Items and household goods) | UNHCR, Humanitarian Development Consortium, Community Action Organization, INTERSOS, World Vision International | | |

| | | |
|--------------|---|--|
| Activity 2.2 | Provision of emergency/transitional and gender sensitive shelter for households with vulnerable girls and women | UNHCR, Humanitarian Development Consortium, World Vision International |
|--------------|---|--|

| | |
|-----------------|--|
| Output 3 | Provision of services for the most vulnerable with a focus on women and girls. |
|-----------------|--|

| | | |
|--|------------------------------|--|
| Was the planned output changed through a reprogramming after the application stage? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|--|------------------------------|--|

| | |
|-----------------------|------------|
| Sector/cluster | Protection |
|-----------------------|------------|

| Indicators | Description | Target | Achieved | Source of verification |
|---------------|--|--------|----------|--|
| Indicator 3.1 | Number of women and girls assisted with services to strengthen their rights. | 13,500 | 16,598 | UNHCR and Partners monthly and bi-weekly reports, success stories, Field visits (e.g. water yard/boreholes construction sites), Photographs, Women and Girl Friendly Space Records and Reports |
| Indicator 3.2 | Number of women and youths provided with skills training | 1,500 | 1,980 | UNHCR and Partners monthly and bi-weekly reports, List of Persons with Specific Needs and referrals, Training Reports, List of training sessions participants |

| | |
|---|---|
| Explanation of output and indicators variance: | <p>Both Indicator 3.1 and 3.2 were achieved beyond the initial targets mainly due to increased number of women and girls with specific needs.</p> <p>Due to the increased humanitarian need following new displacements, UNHCR and partners scaled up efforts to address immediate basic needs of IDP hosting communities beyond initial targets, including drilling of 6 new boreholes and rehabilitation of broken boreholes; other expanded service also included awareness-raising sessions on peaceful coexistence, Gender-Based Violence, Housing, Land and Property (HLP) information sessions, legal counselling, and assistance across the target locations.</p> <p>Similar, in response to increased identification of vulnerable women and girls, UNHCR and partners engaged more women and youth in skills training and economic empowerment, including training in managing fuel-efficient stoves, formation of Village Saving and Loaning Association with resources mobilization training and starter kits, shelter construction training and engagement in their own shelter, and other vocational training such as for tailoring and bakery.</p> |
|---|---|

| Activities | Description | Implemented by |
|--------------|--|---|
| Activity 3.1 | Provision of Housing, Land & Property programming (legal counselling and aid, access to justice, awareness raising, basic tools to secure food and household security) | UNHCR, Humanitarian Development Consortium, Community Action Organization, INTERSOS, World Vision International |
| Activity 3.2 | Provision of skills training for women and youth, including in resource management | UNHCR, Humanitarian Development Consortium, Community Action Organization, INTERSOS, World Vision International |

| | | | | |
|---|--|--|----------|--|
| Output 4 | Establishment/strengthening of community-based networks and structures involving men, women, girls and boys | | | |
| Was the planned output changed through a reprogramming after the application stage? | | Yes <input type="checkbox"/> | | No <input checked="" type="checkbox"/> |
| Sector/cluster | Protection | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 4.1 | Number of women, men, girls and boys reached through community-based structures focusing on women and girls. | 21,000 | 31,075 | UNHCR and partner field monitoring reports; Bi-weekly reports; Community-based protection network training and outreach reports, Women and Girl Friendly Space Records and Reports |
| Explanation of output and indicators variance: | | Indicator 4.1 was achieved beyond the target as UNHCR, and partners increased the outreach in response to increased displacement. The community-based structures and protection networks were provided intensified capacity building and material support to conduct regular monitoring, identification, and referral of protection needs, community-level awareness campaigns, and routine cultural/collective activities in women and girl-friendly spaces. | | |
| Activities | Description | Implemented by | | |
| Activity 4.1 | Provision of support to existing and new community-based structures focusing on women and girls. | UNHCR, Humanitarian Development Consortium, Community Action Organization, INTERSOS, World Vision International | | |

7. Effective Programming

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

a. Accountability to Affected People (AAP)⁷:

To ensure accountability to the affected population, UNHCR made sure that affected communities were consulted and engaged throughout the project implementation by using age, gender, and diversity mainstreaming approach. In establishing and supporting community-based networks and coordination mechanisms, UNHCR promoted inclusive and diverse representation to ensure the voices

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

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

of both men and women, the young and the elder, the more marginalized such as persons with disabilities, and those from different ethnic groups were represented. The systemic engagement and coordination with community-based structures helped UNHCR to ensure community participation in decision-making processes that were relevant to them, from this specific project to inter-cluster and government coordination forums. Regular protection monitoring further allowed individual community members to voice their concerns in a confidential manner. Feedback collected through these means were also given back to all community members and were also communicated to other stakeholders for information and cross-referencing.

b. AAP Feedback and Complaint Mechanisms:

UNHCR ensured that complaints and feedback were collected through multiple pathways, including in-person through protection desks and community-level structures to complaints and feedback committees/representatives in each location, digitally through calls and emails to UNHCR and partners, and post-distribution monitoring surveys and participatory assessments mandated as part of UNHCR programme management. In sensitizing direct/indirect beneficiaries in remote locations, UNHCR and its partners ensured diverse pathways were available through existing community-level mechanisms and newly established communication channels to collect feedback on the implementation of activities (e.g. delays in implementation, complaints about selection of beneficiaries). Community-level complaint and feedback focal points were also trained on standard procedure for the processing of complaints and feedback so that complaint boxes established (including at every WGFS, distribution point and training venue), were collected and processed in a confidential and safe manner.

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

UNHCR's PSEA policy in place provided various confidential ways to report related complaints, which were considered a priority at all levels of the organization and followed up/investigated centrally depending on the case. The PSEA obligation was extended to implementing partners, staff, collaborators, volunteers and contractors. At the field level, all UNHCR offices involved had a PSEA focal point, and regular trainings were provided for UNHCR partners to comply with a set of policies and actions, in common with other UN agencies. UNHCR also maintained a community-based complaint and feedback mechanism through which community Protection Committees were trained to convey SEA-related concerns where individuals might not feel they have the necessary access. Focus-group discussions and awareness-raising sessions also provided UNHCR and partners regular opportunities to receive and share information with community members about and from other feedback mechanisms to raise awareness and discuss trends.

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

This project focused on the integrated protection response for women and girls who were negatively impacted following the shocks of floods, conflicts and violence, and displacement. From the start of the project, UNHCR ensured that women, girls and gender minorities were well represented through the consultation/monitoring processes, the participatory approach of which ensured that their needs were taken into consideration and were met with targeted interventions or by being mainstreamed into community level activities. Following established referral pathways in coordination with UNFPA and its partners, UNHCR also implemented targeted interventions including individualized GBV and CP service and assistance and livelihoods support. Additionally, UNHCR ensured that women were part of the community-based structures and promoted for gender parity in leadership roles, thus empowering them by playing a more active role within the community. Furthermore, UNHCR mainstreamed gender equality and provided contextualized trainings and sessions for community leaders, men, youth, and boys on issues like GBV (including early marriage, pregnancy).

e. People with disabilities (PwD):

In project areas, UNHCR organized intervention for PwDs by both using existing data available from protection desks and referral mechanisms in places and initiated identification of PwDs in the new and hard-to-reach areas. UNHCR's vulnerability assessment tools supported the data gathering to reflect the type and level of disability; knowledge and guidance in working with PwDs were also incorporated into protection training and materials. Furthermore, UNHCR worked closely with IOM to promote disability inclusion and

services referrals in joint project locations including Tonj South and Aweil South. In building and capacitating the community-based protection and coordination structures, UNHCR ensured sufficient representation of female members who would be sensitized and trained for their outreach in identifying and supporting women and girls with disabilities. Similarly, protection teams, both mobile and present on the ground not only conducted monitoring and Persons with Specific Needs identification household visits but also collected beneficiaries' opinions and feedback on assistance received, particularly focusing on the PwDs with multiple protection concerns (GBV and CP cases).

f. Protection:

In this project, protection was at the centre of all the interventions. UNHCR and its implementing partners based its assistance and services on comprehensive and continuous protection assessments. Regular protection monitoring to project locations were conducted to ensure the persons of concern were identified and assisted. UNHCR supported community-based structures to monitor IDPs, their return, improve the reception and reintegration of returnees, from strengthening coordination mechanisms to providing trainings, material support, and assistance for activities to the community structures. Identification, assistance and/or referral for case management support for the most vulnerable individuals and households were mainstreamed into the protection monitoring process as well as community-based protection mechanism. With the leadership role in the Protection Cluster from national, to local levels, UNHCR pursued a coordinated response and joint advocacy to improve the protection environment along with OCHA, UNICEF, UNFPA and other actors.

g. Education:

In close coordination with UNICEF, and with the aim to support girl's education and also to reduce child protection risks, UNHCR took actions to mainstream the messaging on the importance of girls' education into its community-based protection approach, including in communications with communities, training with community-based protection network members, and cultural activities and awareness campaigns through women and girls friendly spaces. In recognizing the disparity in household burden on women and girls, empowerment, UNHCR and partners also actively promoted girls' access to education by supporting the most vulnerable households including the provision of more energy-efficient solutions and incoming-generating skills training, which helped to reduce girls' drop-out and to avoid negative coping mechanisms.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

| Planned | Achieved | Total number of people receiving cash assistance: |
|---------|----------|---|
| No | No | 0 |

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

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

Cash and voucher assistance was not considered in project design and implementation due to high risks associated with the constraining factors, including minimal availability of infrastructures, the lack of solid accounting software with implementing partners to fulfil corresponding procurement, HR, and inventory management requirements, and insufficient capacity to use CVA across the vast geographical areas under this project.

Parameters of the used CVA modality:

| Specified CVA activity | Number of people receiving CVA | Value of cash (US\$) | Sector/cluster | Restriction |
|------------------------|--------------------------------|----------------------|----------------|-------------|
|------------------------|--------------------------------|----------------------|----------------|-------------|

| | | | | |
|---|-----|----------|-----------------|-----------------|
| (incl. activity # from results framework above) | | | | |
| N/A | N/A | US\$ N/A | Choose an item. | Choose an item. |

9. Visibility of CERF-funded Activities

| Title | Weblink |
|--|---|
| Twitter post on CERF-funded women and girl-friendly space and solarized borehole/water point | https://twitter.com/UNHCRSouthSudan/status/1597589758079033344 |
| Twitter post on CERF-funded vocational training for vulnerable women group with specific needs | https://twitter.com/UNHCRSouthSudan/status/1598301803564630019 |

3.3 Project Report 21-UF-CEF-032

| 1. Project Information | | | |
|------------------------|--|--|---|
| Agency: | UNICEF | Country: | South Sudan |
| Sector/cluster: | Education Protection - Child Protection | CERF project code: | 21-UF-CEF-032 |
| Project title: | Provision of life-saving quality education services, school WASH facilities, and child protection emergency services in schools to the most vulnerable, crisis-affected girls and boys, including those with disabilities, in six counties of South Sudan. | | |
| Start date: | 07/09/2021 | End date: | 06/11/2022 |
| 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\$ 105,949,484 |
| | Total funding received for agency's sector response to current emergency: | | US\$ 27,304,368 |
| | Amount received from CERF: | | US\$ 4,941,758 |
| | Total CERF funds sub-granted to implementing partners: | | US\$ 2,614,609 |
| | Government Partners | | US\$ 0 |
| | International NGOs | | US\$ 919,260 |
| | National NGOs | | US\$ 1,695,349 |
| | Red Cross/Crescent Organisation | | US\$ 0 |

2. Project Results Summary/Overall Performance

Through this CERF UFE grant, UNICEF and its partners reached 19,850 children (10,202 girls: 9,648 boys) with comprehensive child protection in emergency services, against a target of 18,700 children. The target was exceeded due to the all-inclusive modality used to provide services at community level, use of child friendly spaces for group Mental Health and Psychosocial Services activities. This includes 1,423 (751 girls: 672 boys) reached with case management services; 9,095 (4,545 girls: 4,550 boys) reached with Mental Health and Psychosocial Services (MHPSS); and 9,332 (4,906 girls: 4,426 boys) reached with Explosive Ordinance Risk Education (EORE) in Warrap and Jonglei states between September 2021 and September 2022. Additionally, the 19,850 children benefited from the distribution of essential child protection in emergency supplies: 100 recreational kits, 50 early childhood development kits, and 50 child-friendly space kits. These accomplishments are against a backdrop of challenges experienced at the outset. There were delays in rolling out EORE activities due to a delay by the National Mine Action Authority (NMAA) to accredit the four implementing partners (GREDO, TOCH, SCI, and Plan International). Despite these delays, the partners were able to reach 9,332 children (4,906 girls) with EORE against a target of 10,000 children.

In addition, through this CERF grant, UNICEF and its partners reached

- 38,720 (16,577 girls) children against a target of 29,079. Out of which 32,573 (13,749 girls) are learners, 500 children with a disability included from 57 schools in GPAA (Pibor, Gumuruk, Lekuangle, Verteth, Buma), Jonglei (Ayod, Twic East and

Akobo) and Warap (Tonj East and South Counties). We noted over-achievement because more IDP children from the flood-affected location enrolled in the project schools, which increased the number of children reached. The learners benefitted from play and learning materials conducive learning environment through the construction and rehabilitation of temporary learning spaces (TLSs).

- The project supported 6,200 adolescent girls with dignity kits to support their attendance and retention in schools.
- The project exceeded its target for WASH in schools and learning spaces.
 - o Against a target of 58 schools, 63 were provided with safe water sources.
 - o While 42 schools were targeted for sanitation, hygiene and handwashing, 52 were provided with sanitation facilities and 54 with handwashing facilities
 - o A total of 11,000 schools going children were reached with hygiene messages.
- The communities (an estimated of 450 persons) benefitted from clean water provided because of boreholes rehabilitated in 5 schools in Pibor and Jebel Boma.
- 24 Temporary Learning Spaces (TLSs) were constructed, and 24 were rehabilitated in GPAA, Jonglei, and Warap. 400 benches were provided to the 27 schools in GPAA (11) and Jonglei (16) in 2022. Peace clubs were established in all 57 schools. The objectives of these clubs are to promote the involvement of school children in the promotion of peace and peaceful coexistence.
- 405 (87 female) were equipped with knowledge and skills on EiE and life skills
- 202 female teachers benefitted from monthly incentives, intended to keep female teachers in school.

3. Changes and Amendments

UNICEF has requested a No-Cost extension for two months which CERF approved; the project was originally expected to end on 06 September 2022 and was extended to 06 November 2022.

Also, a project revision was requested and approved. The main changes were:

- **Change in implementing partners and locations**

The list of child protection implementing partners and locations following an internal evaluation and assessment of two partners: Community Action Organisation (CAO), considered to operate in Ayod and MHA in Twic East, did not meet the UNICEF partnership criteria. Save the Children in Akobo and Plan International in Pibor were selected as alternatives when UNICEF was unable to find a partner in Ayod to replace CAO and MHA in the case of Twic East. GREDO in Pibor and TOCH (in Tonj North and Tonj East) continued implementation as planned.

- **Shifting activities between approved locations**

With the approval of CERF, the drilling of 13 boreholes was shifted from Pibor county to Tonj East and Tonj North. The CERF education project was approved to cover the four counties, including Tonj East, Tonj North, Akobo, and Pibor. Pibor was not accessible during this time of the year. As a result, UNICEF moved the 13 boreholes to Tonj, with CERF approval, which has a similar need and was accessible. The boreholes to Tonj were accessible all year round and met the population's needs in schools as planned in the project. This was implemented under the contractual services category of the approved budget.

There were some delays in the implementation of the education component, majorly because of the access due to floods and conflict hence the two-month no-cost extension

4. Number of People Directly Assisted with CERF Funding*

| Sector/cluster | Education | | | | | | | | | |
|--|-------------------------------|------------|---------------|---------------|---------------|--------------|--------------|---------------|---------------|---------------|
| Category | Planned | | | | | Reached | | | | |
| | Women | Men | Girls | Boys | Total | Women | Men | Girls | Boys | Total |
| Refugees | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Returnees | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Internally displaced people | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Host communities | 1,169 | 704 | 16,324 | 10,882 | 29,079 | 2,828 | 3,319 | 13,749 | 18,824 | 38,720 |
| Other affected people | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 1,169 | 704 | 16,324 | 10,882 | 29,079 | 2,828 | 3,319 | 13,749 | 18,824 | 38,720 |
| People with disabilities (PwD) out of the total | | | | | | | | | | |
| | 0 | 0 | 441 | 294 | 735 | 255 | 298 | 1,237 | 1,694 | 3,484 |
| 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 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Host communities | 0 | 0 | 11,200 | 7,500 | 18,700 | 0 | 0 | 10,202 | 9,648 | 19,850 |
| Other affected people | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 11,200 | 7,500 | 18,700 | 0 | 0 | 10,202 | 9,648 | 19,850 |
| People with disabilities (PwD) out of the total | | | | | | | | | | |
| | 0 | 0 | 300 | 200 | 500 | 0 | 0 | 300 | 200 | 500 |

* 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 59,550 people indirectly benefited from child protection interventions through sharing of messaging, referral, and peer-based support following psychosocial support interventions. UNICEF anticipates that each of the 19,850 direct beneficiaries would, on average, provide support to 3 other members of their family or immediate communities – siblings, peers, and relatives.

Under Education, 25,400 people benefitted from social mobilisation and back-to-learning campaigns. Campaigns were conducted in the 4 targeted counties in GPAA and Jonglei to mobilise parents and other community members with key messages targeting parents of girls and out-of-school children to enrol children in school. The campaigns increased 70 per cent of the new enrolment, especially displaced children in the project schools. The communities also benefitted from clean water provided because of boreholes rehabilitated in schools in Pibor and Jebel Boma.

6. CERF Results Framework

| | | | | | |
|---|--|---|-------------------------------|--|-----------------------------|
| Project objective | Ensure girls, boys, and adolescents affected by emergencies have uninterrupted access to critical and quality learning that includes life skills in protective learning spaces | | | | |
| Output 1 | Improved water, sanitation, and hygiene facilities in schools for improved education access for most vulnerable girls and boys | | | | |
| Was the planned output changed through reprogramming after the application stage? | | | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Sector/cluster | WASH in school | | | | |
| Indicators | Description | Target | Achieved | Source of verification | |
| Indicator 1.1 | # Schools and learning spaces with a safe water point | 58 | 63 | Drilling supervisor and partners reports | |
| Indicator 1.2 | # Schools and learning spaces with gender-separated inclusive sanitation facilities | 42 | 52 | Partners reports | |
| Indicator 1.3 | # Schools and learning spaces with handwashing facilities | 42 | 54 | Partners reports | |
| Indicator 1.4 | # Girls provided with menstrual hygiene health materials | 6,200 | 6,200 | Partners reports | |
| Indicator 1.5 | # Girls and boys receiving hygiene messaging for disease prevention | 11,000 | 11,000 | Partners reports | |
| Explanation of output and indicators variance: | | Indicator 1.1 UNICEF exceeded the target in water supply and sanitation in schools due to the additional five motorized boreholes with solar power and contribution from the communities which were able to provide labour in some schools. | | | |
| Activities | Description | | Implemented by | | |
| Activity 1.1 | Installation of 30 water points in schools (borehole with handpump) | | Contractors | | |
| Activity 1.2 | Rehabilitation of 28 water points in schools | | PHA and Water for South Sudan | | |
| Activity 1.3 | Converting 5 boreholes to motorized water supply system | | PHA and Water for South Sudan | | |

| | | |
|--------------|---|-------------------------------|
| Activity 1.4 | Installation of 52 gender-sensitive latrine blocks in schools and temporary learning spaces | PHA and Water for South Sudan |
| Activity 1.5 | Rehabilitation of 32 blocks of latrines in schools | PHA and Water for South Sudan |
| Activity 1.6 | Installation of 54 handwashing stations in schools and temporary learning spaces | PHA and Water for South Sudan |
| Activity 1.7 | Procurement and distribution of 6,200 menstrual hygiene materials for schoolgirls | PHA and Water for South Sudan |
| Activity 1.8 | Establishment of 22 hygiene clubs and menstrual hygiene health focal points in schools | PHA and Water for South Sudan |

| | | | | |
|---|--|--|------------------------------|---|
| Output 2 | Improve access to quality education services in the most affected counties of Jonglei and Warrap | | | |
| Was the planned output changed through a reprogramming after the application stage? | | | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Sector/cluster | Education | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 2.1 | # of TLS (set of 2 classrooms) constructed | 24 | 24 | Partners', monitoring reports, construction reports. |
| Indicator 2.2 | # of classrooms rehabilitated and refurbished | 24 | 24 | Partners', monitoring reports, construction reports. |
| Indicator 2.3 | # of student learning kits procured and distributed to learners | 500 | 500 | Supplies distribution plan and report, end user monitoring reports, partners' monthly reports |
| Indicator 2.4 | # of teaching kits procured and distributed to teachers | 500 | 500 | Supplies distribution plan and report, end user monitoring reports, partners' monthly reports |
| Indicator 2.5 | # of ECD kits procured and distributed to pre-primary learners | 160 | 160 | Supplies distribution plan and report, end user monitoring reports, partners' monthly reports |
| Indicator 2.6 | # of blackboards procured and distributed to schools | 450 | 450 | Supplies receipt and delivery notes, end user monitoring reports |
| Explanation of output and indicators variance: | | n/a | | |
| Activities | Description | Implemented by | | |
| Activity 2.1 | Establish 24 sets of two classroom temporary learning spaces | Christian Mission for Development (CMD), The Organisation for Children's Harmony (TOCH). | | |
| Activity 2.2 | Rehabilitate 24 temporary learning spaces damaged from the flood/conflict | Christian Mission for Development (CMD), The Organisation for Children's Harmony (TOCH). | | |
| Activity 2.3 | Procure and distribute essential education supplies to the project schools | Christian Mission for Development (CMD), The Organisation for Children's Harmony (TOCH). | | |

| | |
|-----------------|--|
| Output 3 | Teachers are equipped with knowledge and skills on Education in Emergency (EiE) to provide an improved teaching and learning experience for most vulnerable crises affected girls and boys |
|-----------------|--|

| | | |
|--|------------------------------|--|
| Was the planned output changed through a reprogramming after the application stage? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|--|------------------------------|--|

| | |
|-----------------------|-----------|
| Sector/cluster | Education |
|-----------------------|-----------|

| Indicators | Description | Target | Achieved | Source of verification |
|---------------|--|--------|----------|---|
| Indicator 3.1 | # of teachers (40% female) equipped with knowledge and skills on EiE and life skills | 498 | 405 | Partners reports, Programme monitoring reports. |
| Indicator 3.2 | # of female volunteer teachers provided with incentives at cluster rate | 199 | 202 | Partners reports, payment sheets. Programme monitoring reports. |

| | |
|---|---|
| Explanation of output and indicators variance: | Indicator 3.1 The target for the teachers' training remains low in Gumuruk and Verteth in GPAA because of access issues. The locations were not accessible due to flood and insecurity. |
|---|---|

| Activities | Description | Implemented by |
|--------------|---|--|
| Activity 3.1 | Train teachers from on effective pedagogy and Education in Emergency (EiE) skills | Christian Mission for Development (CMD), The Organisation for Children's Harmony (TOCH). |
| Activity 3.2 | Provide incentive support to female volunteer teachers at the cluster rate | Christian Mission for Development (CMD), The Organisation for Children's Harmony (TOCH). |

| | |
|-----------------|---|
| Output 4 | Parent teacher associations (PTA)/school management committee (SMC) members and education authorities equipped with skills and knowledge on school management and governance. |
|-----------------|---|

| | | |
|--|------------------------------|--|
| Was the planned output changed through a reprogramming after the application stage? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|--|------------------------------|--|

| | |
|-----------------------|-----------|
| Sector/cluster | Education |
|-----------------------|-----------|

| Indicators | Description | Target | Achieved | Source of verification |
|---------------|--|--------|----------|--|
| Indicator 4.1 | # of community-based structure (PTA/SMC) members (50% female) trained on their roles and responsibility and governance | 782 | 626 | Partner's reports, programme monitoring reports. |
| Indicator 4.2 | # of education officials (38% female) (county and payam education team) provided refresher training on schools' management and supervision | 24 | 36 | Partner's reports, programme monitoring reports. |

| | |
|---|--|
| Explanation of output and indicators variance: | Indicator 4.1. Only 81% of the target was achieved because of the low presence of female teachers in the targeted locations. Indicator 4.2: The over-achievement resulted from the voluntary attendance of County and Payam education officials interested in gaining more knowledge from the training. However, the overall target of 24 was reached as planned. |
|---|--|

| Activities | Description | Implemented by |
|--------------|--|--|
| Activity 4.1 | Train PTA/SMC members on their roles and responsibility and governance | Christian Mission for Development (CMD), The Organisation for Children's Harmony (TOCH). |

| | | |
|--------------|---|--|
| Activity 4.2 | Train education official/Payam education supervisors on school monitoring and supervision | Christian Mission for Development (CMD), The Organisation for Children's Harmony (TOCH). |
|--------------|---|--|

Output 5 'Back to learning' campaign conducted to increase enrolment in the target schools, especially targeting girls

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

| | |
|-----------------------|-----------|
| Sector/cluster | Education |
|-----------------------|-----------|

| Indicators | Description | Target | Achieved | Source of verification |
|---------------|---|--------|----------|--|
| Indicator 5.1 | # of enrolment campaign/community mobilization events organized in the target communities | 12 | 20 | Partner's reports, visibility materials and BTL reports |
| Indicator 5.2 | # of community members accessed/mobilized through enrolment campaigns] | 6,000 | 4,878 | Partner's reports, visibility materials and BTL reports |
| Indicator 5.3 | # Communication materials developed and distributed | 1,000 | 1,000 | Visibility materials distribution plan, delivery notes, waybill, pictures of materials |

Explanation of output and indicators variance: Indicators 5.1 UNICEF increased the community mobilization campaign in communities to bring more girls to schools.
Indicator 5.2. UNICEF had underachieved because of the access challenges due to heavy rains and flooding that hampered the implementation of activities.

| Activities | Description | Implemented by |
|--------------|---|--|
| Activity 5.1 | Conduct community mobilization events and back to learning campaigns in the target communities] | Christian Mission for Development (CMD), The Organisation for Children's Harmony (TOCH). |
| Activity 5.2 | Develop communication materials and distribute to the schools | Christian Mission for Development (CMD), The Organisation for Children's Harmony (TOCH). |

Output 6 Provision of integrated preventive and response child protection emergency services in schools

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 6.1 | # of unaccompanied and separated girls (60%) and boys (40%) registered with family tracing and reunification, family-based care or appropriate alternative services through schools / learning spaces | 1,400 | 1,423 | Monthly partner reports/ Consolidated CPiE report |
| Indicator 6.2 | # of girls, boys and youth (60% female) provided with psychosocial support in schools / learning spaces | 7,300 | 9,095 | Monthly partner reports/ Consolidated CPiE report |
| Indicator 6.3 | # boys and girls (60%) in areas affected by explosive ordnance provided with relevant lifesaving | 10,000 | 9,332 | Monthly partner reports/ Consolidated CPiE report |

| | | | | |
|---------------|---|-----|-----|--|
| | prevention messages in schools / learning spaces | | | |
| Indicator 6.4 | # child protection recreational kits distributed. | 100 | 100 | Monthly partner reports/ Consolidated CPiE report |
| Indicator 6.5 | # child protection early childhood development kits distributed | 50 | 50 | Monthly partner reports/ Consolidated CPiE report |
| Indicator 6.6 | # child protection child-friendly space kits distributed | 50 | 50 | Monthly partner reports/ Consolidated CPiE report |

| | | | | |
|---|--|---|--|--|
| Explanation of output and indicators variance: | | <p>Indicator 6.1 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 1,423 children were reached with case management services, including 68 (40 boys, 28 girls) identified and reunified with their families.</p> <p>Indicator 6.2 – there was an overachievement in beneficiaries of MHPSS mainly due to the all-inclusive modality used to provide this service at the community level. 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 6.3 – the project reached 93% of the targeted beneficiaries. EORE activities are regulated by the National Mine Action Authority. Implementing partners have to be trained and accredited before activities can commence. There was a slight delay in accreditation at the outset of the project but partners were still able to reach 9,332 children out of the targeted 10,000 children.</p> <p>Indicator 6.4 – the project fully achieved the target of distributing 100 recreational kits in the project areas.</p> <p>Indicators 6.5 – the project fully achieved the target of distributing 50 early childhood development kits in the project areas.</p> <p>Indicator 6.6 - the project fully achieved the target of distributing 50 child-friendly space kits in the project areas.</p> | | |
|---|--|---|--|--|

| Activities | Description | Implemented by |
|--------------|---|------------------------|
| Activity 6.1 | Provide case management and a referral mechanism for extremely vulnerable children and those with serious protection concerns in schools/learning spaces | TOCH; SCI; PLAN; GREDO |
| Activity 6.2 | Provide psychosocial support activities for children and adolescents in schools and surrounding communities. | TOCH; SCI; PLAN; GREDO |
| Activity 6.3 | Provide school-based awareness raising on key explosive ordinance risk education messages. | TOCH; SCI; PLAN; GREDO |
| Activity 6.4 | Procure and provide essential psychosocial and child protection supplies to schools / learning spaces (child-friendly space kits, early childhood development kits, and recreational kits). | TOCH; SCI; PLAN; GREDO |

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and

Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁸ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁹:

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 and child-friendly spaces were utilized for initial consultations with targeted populations. Feedback from these consultations formed the basis of the interventions. UNICEF and implementing partners have key technical staff who conduct regular monitoring visits to the recipient facilities and communities to ensure the rational use of services and supplies and get first-hand feedback from beneficiaries. Community leaders were fully engaged in the implementation and monitoring of the project activities. Day-to-day consultations with communities were the responsibility of implementing partners to ensure the correct and timely information flow of the services to the IDPs and communities. This feedback forms part of the project performance reporting to the WASH Cluster and UNICEF and helped guide the fine-tuning of the project to enhance positive beneficiary experiences. UNICEF education section engaged the community in identifying the locations for the construction of Temporary Learning Spaces (classrooms) and providing local knowledge on the construction. School Management Committees provided oversight throughout the implementation and guided cross-correction.

b. AAP Feedback and Complaint Mechanisms:

UNICEF has two helplines, one for English and one for Arabic speakers, to confidentially collect 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 weekly door-to-door outreach activities by community-based child protection networks and bi-weekly coordination meetings. The project was implemented in accordance with the WASH/Education cluster guidelines on project implementation. To ensure continuous feedback from beneficiaries, each group in the community, those marginalized, PwDs, women, girls, and elderly people, as well as staff, were made aware of the existing feedback mechanism. The system uses a complaints box for those who can read and write. It also relies on trained community leaders who act as recipients of information and obtain real-time feedback from affected communities on what they could expect in terms of response. The communities were sensitized to their right to complain/provide feedback. Child protection help desks will be situated in strategic locations in the community, such as health facilities and schools. They are also given the assurance of confidentiality, which anecdotally has been seen as a barrier to feedback. Parents and Teachers Association (PTA) /School Management Committee (SMCs) were monitored and reported to UNICEF field offices/ monitors to register any complaint pertaining to the project. PTA meeting minutes will be recorded in their logbooks and reported back during the project monitoring by the Ministry and UNICEF team.

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, the community were sensitized on their right to complain/provide feedback and given assurance of confidentiality. 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.

⁸ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

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

UNICEF trained implementing partners on Sexual Exploitation and Abuse. Partners were assessed on PSEA using the PSEA assessment tools, and necessary technical support was provided to ensure the prevention and availability of PSEA reporting mechanisms and tools among partner organisations.

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 gender-sensitive, keeping in mind the needs of vulnerable groups. Communities were engaged in discussions on gender roles, stereotypes, and stigmas while at the same time creating a safe and protective environment.

e. People with disabilities (PwD):

The special needs of PwD were communicated to communities from the initial consultations and inception meetings. 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. People with disabilities were significantly impacted by the services. The specific needs of PwD were considered and included in the distribution of supplies, design, or rehabilitation of schools, including seating, school classroom accessibility, and WASH infrastructure in schools to enable safe access for PwD. Some latrines were PSNs latrines (People with Special Needs), and among the supplies, UNICEF procured latrine add-ons for PwD. The elevated borehole platforms were steps and a ramp to help PwDs to access the handpump.

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:

UNICEF, in partnership with CMD and TOCH, worked closely with the State Ministries of Education, County Education Departments (CEDs), Payams, and local authorities in the targeted locations in the project design, implementation, and monitoring. Children and communities benefited from direct project interventions such as the construction and rehabilitation of classrooms, provision of educational supplies and dignity kits for adolescent girls, rehabilitation of boreholes to provide safe drinking water, and school club activities that encourage the active participation of girls and boys.

UNICEF involved the State ministries of education at all levels in the distribution and monitoring of education supplies in targeted schools, training of teachers and PTAs, and in community mobilization activities like the back-to-learning campaigns where authorities deliver important messages on the importance of education and particularly girls' education and children with disability. Communities and parents were involved in the schools' development and implementation plans to encourage ownership and sustainability.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

| Planned | Achieved | Total number of people receiving cash assistance: |
|---------|-----------------|---|
| No | Choose an item. | [Fill in] |

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

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

The CVA was not planned for this project as the supplies for caution items, hygiene items, rehabilitation stocks, and other NFIs are distributed to partners through the UNICEF Procurement and supply management or through the WASH core pipeline mechanism which UNICEF manages in coordination with the WASH Cluster which approves requests for all applicable WASH partners. The affected areas have insufficient market access, commodity availability or security conditions to enable CVA activities.

Parameters of the used CVA modality:

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

9. Visibility of CERF-funded Activities

| Title | |
|--|---|
| South Sudan villages are under water making children sick | https://www.unicef.org/southsudan/stories/south-sudan-villages-are-under-water-making-children-sick |
| New climate change resilient facilities help prevent malnutrition in Jonglei State | https://www.unicef.org/southsudan/stories/climate-change-resilient-facilities |
| Prolonged flooding increases challenges children face in Panyagor | https://www.unicef.org/southsudan/stories/prolonged-flooding-panyagor |

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

| CERF Project Code | Sector | Agency | Implementing Partner Type | Funds Transferred in USD |
|-------------------|-------------------------------|--------|---------------------------|--------------------------|
| 21-UF-CEF-032 | Child Protection | UNICEF | NNGO | \$ 204,000 |
| 21-UF-CEF-032 | Child Protection | UNICEF | INGO | \$ 244,920 |
| 21-UF-CEF-032 | Child Protection | UNICEF | INGO | \$ 50,000 |
| 21-UF-CEF-032 | Child Protection | UNICEF | NNGO | \$ 402,853 |
| 21-UF-CEF-032 | Education | UNICEF | NNGO | \$ 578,485 |
| 21-UF-CEF-032 | Education | UNICEF | NNGO | \$ 230,946 |
| 21-UF-CEF-032 | Water, Sanitation and Hygiene | UNICEF | INGO | \$ 624,340 |
| 21-UF-CEF-032 | Water, Sanitation and Hygiene | UNICEF | NNGO | \$ 279,065 |
| 21-UF-FPA-020 | Gender-Based Violence | UNFPA | INGO | \$ 144,441 |
| 21-UF-FPA-020 | Gender-Based Violence | UNFPA | INGO | \$ 551,372 |
| 21-UF-FPA-020 | Health | UNFPA | INGO | \$ 50,228 |
| 21-UF-FPA-020 | Gender-Based Violence | UNFPA | NNGO | \$ 244,893 |
| 21-UF-HCR-016 | Protection | UNHCR | INGO | \$ 520,000 |
| 21-UF-HCR-016 | Protection | UNHCR | NNGO | \$ 320,000 |
| 21-UF-HCR-016 | Protection | UNHCR | NNGO | \$ 1,285,000 |
| 21-UF-HCR-016 | Protection | UNHCR | INGO | \$ 1,250,000 |