

**REPUBLIC OF THE SUDAN
RAPID RESPONSE
FLOOD
2022**

22-RR-SDN-55370

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PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:

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

No

Due to the conflict situation in most parts of Sudan, an invitation for virtual AAR was sent to agencies and relevant sectors. Unfortunately, only UNICEF and UNHCR representatives showed up for the meeting. There was a brief discussion on the added value of having this AAR with 50% representation from agencies and no sector presence and the consensus to cancel the AAR as all humanitarian actors are busy responding to the growing humanitarian needs.

Please confirm that the report on the use of CERF funds was discussed with the Humanitarian and/or UN Country Team (HCT/UNCT).

Yes No

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

Yes No

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

Funding for flood response was minimal in 2022 due to the overall funding shortfall of the Humanitarian Response Plan (HRP) last year. Mid-flood season reporting in August 2022 indicated that less than 15 percent of those impacted had been reached, which was indicative of the low funding levels across most of the relevant sectors. This allocation relayed an important signal to donors regarding the status of flood response funding and HRP funding in general. The allocation request was discussed at a meeting of the Humanitarian Coordination Team (HCT), with donors present. Such discussions took place at a time when donors were allocating leftover 2022 humanitarian budgets and preparing for 2023 budget strategies. Therefore, this CERF allocation was timely not only to address the increasing flood response needs but also to influence other donors' funding.

Agencies and their implementing partners managed to reach 331,153 vulnerable people in the most flood-affected localities with timely, life-saving services, including the procurement of life-saving items and cash-based interventions. This achievement represents 143% of the 232,365 people initially targeted, due to the increased number of people who visited health facilities in some states, as a result of concurrent reported outbreaks of dengue fever, Chikungunya, and Malaria in White Nile, Sennar, Gazira, Gadaref, Kassala, South Darfur, and Central Darfur states. Following the events of April 15, 2023, UNHCR re-programmed its cash for shelter, for the distribution of emergency shelter and procurement of additional Non-Food Item (NFI) kits to conflict-affected displaced populations in White Nile and Gadaref states, which received a high influx of IDPs.

The response also systematically and effectively addressed the four chronically underfunded priority areas, based on the needs assessments that have been carried out. Agencies' response strategies have integrated the targeting of these most vulnerable people in their emergency response. Women, girls, and persons with disabilities were engaged in the selection of services, highlighting protection issues while promoting inclusiveness, to avoid negative repercussions of the services. Gender has been mainstreamed to promote equality and equity in service delivery and collecting and analyzing data has been disaggregated by sex, age, and disability to monitor and respond to the implications of the current crisis. Although targeted at the general population, this allocation has enabled agencies and partners to improve Persons with Disabilities (PwDs) access to adequate services, both in camps and in the host communities, reaching 18,464 persons with disabilities. As part of this allocation, there was specific funding for Education in Emergencies, where UNICEF and its partners managed to reach 8,400 children and adolescents with education services.

CERF's Added Value:

Not discussed since AAR didn't take place.

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

Yes

Partially

No

The funds had helped agencies and partners in fast delivery of assistance to those who were affected by floods but also provided S/NFIs to the displaced people who fled the clashes after 15 April 2023.

Did CERF funds help respond to time-critical needs?

Yes

Partially

No

Floods response delivery of assistance, including shelter, health, WASH and Education In Emergency (EiE) is time-critical needs which have been met through this CERF allocation. WHO contributed to responding to the outbreaks of Arboviral diseases and malaria resulting from the rainy season and the emergency needs of people that had been displaced to White Nile, Sinnar, Gazira, Kassala and Gadarif to flee intercommunal violence in the Blue Nile state

Did CERF improve coordination amongst the humanitarian community?

Yes

Partially

No

This CERF allocation services were provided in a coordinated and complementarity with other donor funding especially few states were targeted by this allocation.

Did CERF funds help improve resource mobilization from other sources?

Yes

Partially

No

Although no other resources have been mobilized, the CERF allocation has complemented other donor sources.

Considerations of the ERC's Underfunded Priority Areas¹:

All through the planning and implementation of this CERF allocation, agencies and partners considered vulnerable groups, including women and persons with disabilities, in the selection of suitable services and highlighting protection issues in order to avoid negative repercussions of the services while promoting inclusiveness. The times of distributions of the NFI kits were agreed upon with local committees to ensure that they were appropriate to maximize women's participation. More specifically, particular attention was paid to selecting timeframes that did not conflict with women's household work, and that were considered safe for them to travel to distribution points. The education and WASH activities were implemented in-line with guidelines for gender equality, including considerations for women and girls' preferences and different needs for security/safety, dignity, domestic chores, and gender-sensitive facilities. Gender has been mainstreamed to promote equality and equity in health service delivery and collecting and analysing data has been disaggregated by sex, age, and disability to monitor and respond to the implications of the current crisis.

Specific attention was also given to PWDs who were identified through the household verification exercise and registration to receive NFI kits. Furthermore, those who were not able to travel to the distribution points were requested to send their relatives on their behalf to receive assistance. More so, PWDs among other vulnerable groups, also participated in the consultation meetings to ensure that their needs and concerns were captured and included in all the project activities. Although being targeted at the general population, this allocation has enabled agencies and partners to improve PwD's access to adequate services, both in camps and in the host communities.

All activities under this allocation had integrated the needs of different genders, ages, and backgrounds in addition to Persons with Specific Needs (PWSN) and other vulnerable groups. This was incorporated into the design and implementation of all activities through needs assessments and consultation meetings. The allocation specifically targeted vulnerable populations at an increased risk of morbidity and mortality, such as people over 60, children under five, and women who were particularly susceptible to flood-related diseases, including vector-borne and water-borne diseases in the nine targeted states. Agencies and partners additionally worked with the protection cluster to fulfil the commitment to incorporate human rights and protection into service provision.

Through this allocation, UNICEF and its partners reached 8,400 children and adolescents with education services. Furthermore, 380 teachers, facilitators and education personnel were trained in Education in Emergencies (EiE) and Prevention of Sexual Exploitation and Abuse (PSEA). This education personnel capacity building will benefit more than 4,000 children in 40 safe learning spaces in the targeted two states.

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

Table 1: Allocation Overview (US\$)

Total amount required for the humanitarian response	81,000,000
CERF	6,001,611
Country-Based Pooled Fund (if applicable)	1,930,000
Other (bilateral/multilateral)	21,450,088
Total funding received for the humanitarian response (by source above)	29,381,699

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

Agency	Project Code	Sector/Cluster	Amount
IOM	22-RR-IOM-027	Shelter and Non-Food Items	500,000
UNHCR	22-RR-HCR-029	Shelter and Non-Food Items	2,500,000
UNICEF	22-RR-CEF-067	Water, Sanitation and Hygiene	1,004,142
UNICEF	22-RR-CEF-067	Education	697,793
WHO	22-RR-WHO-039	Health	1,299,676
Total			6,001,611

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

Total funds implemented directly by UN agencies including procurement of relief goods	5,529,228
Funds sub-granted to government partners*	311,284
Funds sub-granted to international NGO partners*	106,512
Funds sub-granted to national NGO partners*	54,587
Funds sub-granted to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	472,383
Total	6,001,611

* Figures reported in table 3 are based on the project reports (part II, sections 1) and should be consistent with the sub-grants overview in the annex.

2. OPERATIONAL PRIORITIZATION:

Overview of the Humanitarian Situation:

Continuous heavy rainfall over the past two and a half months has resulted in flooding across large parts of Sudan. As of 03 October, approx. 348,724 people have been affected in 16 out of the 18 states, and possibly many more in hard-to-reach, conflict-affected areas where assessing flood impacts continues to pose a significant challenge. Nearly 25,000 homes have been destroyed and another 48,250 damaged. On 19 September, government authorities reported that approximately 129 people have died and 120 people have been injured since the beginning of the rainy season in June. To date, flood impacts have primarily resulted from heavy rains (flash floods), but with above-average rainfall predicted to continue across the region and Nile river levels in Sudan already recording alarming or critical levels, it is expected that riverine flooding will exacerbate current needs. Scenarios based on previous flood shocks, particularly from the 2020 rainy season, show that the total number of affected people could rise to as high as 500,000. Given the current low funding levels, an injection of funding is required to scale up assistance in priority sectors such as shelter, basic household items, health, water, sanitation and hygiene and education.

Operational Use of the CERF Allocation and Results:

On 21 September 2022 the ERC allocated \$6 million from the Central Emergency Response Fund (CERF) for an urgent response to floods in Somalia. Funding from CERF's rapid response window will enable UN agencies and partners to immediately provide assistance in priority sectors such as shelter, basic household items, health, water, sanitation and hygiene, and education. In total, the allocation targets more than 230,000 of the most severely flood-affected people, including 54,609 women, 66,270 girls and 21,200 persons living with disabilities.

People Directly Reached:

Through this CERF allocation, agencies and their partners managed to achieve 143% (331,153 people reached compared to the planned 232,365). This overachievement is mainly caused by the increased number of people who visited health facilities in some states due to the concurrent reported outbreaks of dengue fever, Chikungunya, and Malaria in White Nile, Sennar, Gazira and Gadarif, Kassala, South Darfur and Central Darfur states.

To minimize the potentiality of double counting, and since the projects targeted almost the same states, only the highest numbers reached of population categories in specific sector are taken into consideration. For more details, only (22,923) refugees reached by NFIs services were considered in calculations while the total reported service provision was 25,143; about half of the returnees (8,051); IDPs received NFIs support (53,237) and host communities who received health services (246,942).

Agencies and their partners also managed to reach 18,464 persons with disabilities, which is slightly below the planned target of 20,000.

People Indirectly Reached:

By providing NFI kits to the most vulnerable households, the allocation contributed towards alleviating the strain on other community members to support their neighbours and share their, often already limited, resources. The distribution of the NFI kits also helped reduce tensions within and between communities affected by the floods and other crises. Thus, the distribution of emergency assistance to IDPs, reduced pressure on host communities as they are already struggling financially

Also, indirect beneficiaries of the were business owners and others who may benefit from the procurement of shelter materials that are locally available creating a positive impact on the local economy. Further, the provision of cash assistance is typically expected to have positive impact on the development of national markets, as it contributed in activating the economy through expenditure and financial exchanges.

For education, 16,800 children are indirectly benefiting from the project activities. 380 teachers and education personnel will translate the training on education in emergencies into classroom and recreational activities. Additionally, community engagement campaigns and resilience strengthening capacity building have engaged 100 PTAs and communities' leaders and school management.

The indirectly targeted population for WASH included people residing in the surrounding communities which benefitted from water supply interventions, which included: 1 newly constructed and 4 rehabilitated water facilities as well repairs and provision of water pumps for 3 main water treatment plants serving bigger communities at large and sharing their water facilities with IDPs.

A total of 3,988,656 people indirectly benefitted from the project interventions related to the expansion of access to essential and life-saving health, WASH and vector control services, including disease surveillance, facilitation of access to epidemic laboratory surveillance, outbreak prevention including the RCCE and control interventions.

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	205	160	8,000	4,000	12,365	195	185	10,800	7,600	18,780
Health	19,600	20,400	29,401	30,599	100,000	68,663	65,971	71,465	68,664	274,763
Shelter and Non-Food Items	20,474	18,342	17,651	13,533	70,000	24,550	20,875	30,938	25,511	101,874
Water, Sanitation and Hygiene	19,600	13,540	11,218	10,912	55,270	10,948	10,520	16,638	15,565	53,671

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

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

Category	Planned	Reached
Refugees	22,299	22,923
Returnees	11,908	8,051
Internally displaced people	70,522	53,237
Host communities	127,636	246,942
Other affected people	0	0
Total	232,365	331,153

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

Sex & Age	Table 6: Total Number of People Directly Assisted with CERF Funding*		Number of people with disabilities (PwD) out of the total	
	Planned	Reached	Planned	Reached
Women	54,609	81,882	5,291	4,423
Men	52,442	76,378	5,828	3,844
Girls	66,270	89,588	5,510	5,529
Boys	59,044	83,305	4,571	4,668
Total	232,365	331,153	21,200	18,464

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 22-RR-IOM-027

1. Project Information			
Agency:	IOM	Country:	Republic of the Sudan
Sector/cluster:	Shelter and Non-Food Items	CERF project code:	22-RR-IOM-027
Project title:	Providing operational and logistical assistance to humanitarian actors supporting flood-affected populations across Sudan		
Start date:	07/10/2022	End date:	06/04/2023
Project revisions:	No-cost extension <input 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\$ 6,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 0
	Amount received from CERF:		US\$ 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 the CERF funding, between October 2022 and April 2023, IOM and its implementing partners (IPs) distributed a total of 11,000 non-food item (NFI) kits to vulnerable populations across Sudan. This support allowed IOM and its IPs to respond to needs of vulnerable population as per the IOM Disaster Risk Reduction (DRR) standards. Specifically, a total of 8,000 NFIs were distributed through IOM's IPs to vulnerable populations in River Nile, South Darfur, West Darfur, South Kordofan and West Kordofan states. Furthermore, IOM conducted direct distributions of an additional 3,000 NFIs to vulnerable households in North, South and West Darfur states. The distributions reached a total of 57,951 beneficiaries (14,488 women; 11,590 men; 16,806 girls and 15,067 boys). The NFI kits consisted of seven items per household; one kitchen set, one solar lamp, one jerry can, two mosquito nets, two plastic sheets, three small sleeping mats and three blankets. In addition, the distributions were conducted in coordination with community leaders, Humanitarian Aid Commission (HAC) and local security committees who assisted in identifying the beneficiaries and informing them of the dates, times, and locations for the NFI distributions. Initially, IOM planned to provide assistance to refugees, returnees, IDPs and host community members, however the project provided support to only IDPs and returnees, targeted through the assessments and community consultations which identified the emergency needs of the most vulnerable populations in the targeted locations.

3. Changes and Amendments

In January 2023, IOM requested to re-program and adjust the logistics and operational support components of the project, including the reprogramming of underspent logistics and operational budget to procure and distribute additional NFI kits to assist affected populations and cover critical humanitarian gaps in multiple locations in Sudan; and reduction in the number of IPs from 25 to five. IOM was anticipating supporting up to 25 IPs with the full logistic package including (transportation, vehicle rental, UNHAS flights, daily subsistence allowance (DSA), and enumerators), with each IP delivering at least 300 NFI kits. However, during implementation, IPs only requested specific types of operational and logistic support based on what was needed in the flood-affected areas. For instance, the IP Al Manara only requested vehicle rent and enumerators and Norwegian Church Aid (NCA) requested only transportation support. As part of its common pipeline system, IOM had already prepositioned kits in final distribution centres across Sudan, which reduced the transportation costs to some of the identified distribution points. Since this reduced the overall logistical costs and the humanitarian needs were greater than forecasted, IOM and its IPs exceeded the original targeted number of kits distributed and were able to assist a greater number of crisis-affected individuals than initially anticipated. The reprogramming request was approved by the donor.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Shelter and Non-Food Items									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	2,720	2,400	1,600	1,280	8,000	0	0	0	0	0
Returnees	2,720	2,400	1,600	1,280	8,000	1,553	1,243	1,802	1,616	6,214
Internally displaced people	5,440	4,800	3,200	2,560	16,000	12,934	10,347	15,004	13,452	51,737
Host communities	2,720	2,400	1,600	1,280	8,000	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	13,600	12,000	8,000	6,400	40,000	14,487	11,590	16,806	15,068	57,951
People with disabilities (PWD) out of the total										
	2,040	1,800	1,200	960	6,000	2,173	1,739	2,521	2,260	8,693

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

5. People Indirectly Targeted by the Project

The host communities or community members, approximately 11,590 individuals, were the indirect beneficiaries of this project. By providing NFI kits to the most vulnerable households, the project contributed towards alleviating the strain on other community members to support their neighbours and share their, often already limited, resources. The distribution of the NFI kits also helped reduce tensions within and between communities affected by the floods and other crises. Thus, the distribution of emergency assistance to IDPs, reduced pressure on host communities as they are already struggling financially.

6. CERF Results Framework

Project objective	To address flood response gaps by providing logistical/operational support and distributing ES/NFI to humanitarian partners assisting the flood-affected population in Sudan.			
Output 1	Humanitarian actors can provide more ES/NFI assistance to flood-affected communities across Sudan.			
Was the planned output changed through a reprogramming after the application stage?		Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>
Sector/cluster	Shelter and Non-Food Items			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of humanitarian partners supported	25	5	IOM project reports
Indicator 1.2	SN.2a Number of people receiving in-kind NFI assistance	40,000	57,951	Distribution reports, pictures, Monitoring reports
Explanation of output and indicators variance:		IOM received only five requests from IPs for logistics and operational support, less than the 25 IPs that were anticipated based on the Emergency Shelter (ES)/NFI Sector assessments and coordination meetings that took place between the ES/NFI and Logistics Sectors. Following this, IOM requested the reprogramming and used the funds that were allocated for logistics and operations to procure an additional 3,000 NFIs to directly distribute to affected populations. The initial target was 8,000 NFIs to be distributed to 8,000 households through IPs reaching approximately 40,000 individuals. However, due to the additional 3,000 NFI kits distributed directly by IOM following the reprogramming, the number of households increased to 11,000 (57,951 individuals).		
Activities	Description	Implemented by		
Activity 1.1	Provide transportation support to the humanitarian actors	IOM		
Activity 1.2	Provide logistical/operational support and distribution coordination to other humanitarian actors	IOM		
Activity 1.3	Provide in-kind ES/NFI kits to other humanitarian actors	IOM/IPs (Al Manara Charity Society, Practical Action, Norwegian Church Aid (NCA), Friends of Peace and Development Organization (FPDO), Gender and Peace Building Center (GPBC))		
Activity 1.4	Conduct post-distribution monitoring mission	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:

To promote accountability to affected people, discussions with representatives of all age groups were used to incorporate the needs of IDPs and other vulnerable groups in the design, implementation, and monitoring of the project. During the registration process, the facilitation of community meetings enabled target households to be identified by the community.

IOM conducted post-distribution monitoring (PDM) missions to gather feedback with the active participation of vulnerable groups (including women, girls, older people, youth, IDPs, returnees, and people with disabilities) to ensure that their responses were captured. Moreover, IOM provided operational and logistics support to the IPs, as needed, to ensure the planning and implementation of assistance is informed by inclusive and community-level consultations. In addition, IOM made it possible for PWDs and elderly who preferred to send their relatives to receive the NFI kits on their behalf to avoid anything that would compromise their wellbeing. Moreso, door-to-door distributions were conducted for those who had no one to collect on their behalf.

The beneficiary selection process was agreed in coordination with HAC, sector/working groups, and community leaders across all targeted states. Community meetings were used to disseminate information and local leadership took the leading role in articulating ongoing distribution activities to the beneficiaries.

b. AAP Feedback and Complaint Mechanisms:

Various complaint and feedback mechanisms (CFM) were established/used during the project. Suggestion boxes were available during the consultation meetings and at the distribution points. These were used by those who were benefiting from the distributions and/or affected population in the targeted states and localities. A "help desk" was also available at all consultation meetings to receive, record and attend any issues raised and to share information about IOM and its partners' principles, staff code of conduct, and the intended programme deliverables. IOM and its partners also made use of the community leaders to cascade information, feedback and actions to the affected population at large.

During the distribution of NFIs, a separate CFM point was designated with a focal person and used as a meeting place with confidentiality to report complaints and provide feedback. A complaints/feedback register was also maintained, updated regularly, and documented in a centralized database across all states supported with NFIs registration, assessments and distribution.

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

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](#).

Prevention of sexual exploitation and abuse (PSEA) was prioritized within the project and mainstreamed at all levels. IPs were trained and, per their partnership agreement, agreed to adhere to IOM's PSEA guidelines and zero-tolerance policy, and to report any suspected case of SEA via IOM's confidential reporting portal; <https://weareallin.iom.int/>. PSEA training, including refresher training guided by IOM PSEA policy and standard of conduct manual⁴, was also provided to all IOM staff, and they were equipped with adequate knowledge on reporting and referring potential SEA cases. Community leaders were also empowered to report/refer SEA reports raised within the affected communities. A clear reporting channel was established, and all cases were handled by qualified counsellors to ensure confidentiality of the person reporting the case and protection of beneficiaries.

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

IOM and its partners considered gender in the project NFI distribution plans and activities. Vulnerable groups including women took part in consultation meetings during which they were able to contribute to the selection of distribution points and highlight protection issues to be taken into account in order to avoid negative repercussions of the distributions while promoting inclusiveness. Thus, the times of distributions of the NFI kits were agreed upon with local committees to ensure that they were appropriate to maximize women's participation. More specifically, particular attention was paid to selecting timeframes that did not conflict with women's household work, and that were considered safe for them to travel to distribution points. In addition, priority was also given to pregnant and lactating women during the distribution of NFIs to receive assistance first and protect their well-being. More so, IOM's distribution activities incorporated Sex and Age Disaggregated Data (SADD) to ensure maximum representation and inclusion of protection-based information, including prioritizing assistance to women, girls, children, and other affected groups.

e. People with disabilities (PwD):

Specific attention was also given to PWDs, which represented 15 percent of the beneficiaries who were identified through the household verification exercise and registration to receive NFI kits. Their needs and safety were also considered during the distribution of NFIs, where IOM and its partners created separate lines for PWDs to receive NFIs first without compromising their well-being. In addition, those who were not able to travel to the distribution points were requested to send their relatives on their behalf to receive assistance. More so, PWDs among other vulnerable groups, also participated in the consultation meetings to ensure that their needs and concerns were captured and included in all the project activities.

f. Protection:

All activities under this project integrated the needs of different genders, ages, and backgrounds in addition to Persons with Specific Needs (PWSN) and other vulnerable groups. This was incorporated into the design and implementation of all activities through needs assessments and consultation meetings. In addition, IOM also ensured that all IPs commit to IOM's protection standards and codes of conduct in all their activities. Mechanisms were created for all protection cases to be referred to relevant specialized services/support.

g. Education:

NA

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	NA

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

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

For this intervention, cash transfers were not used due to the crisis and economic challenges during the project implementation period, including the devaluation of the local currency and price increases for basic goods and commodities. Cash transfers would have been more suitable if the purchasing power was not eroded. In kind transfer modalities were the preferred option during the project implementation period as the project was responding to the immediate in-kind needs of vulnerable households and strengthening the common pipeline system that IOM is trying to establish in the country, supporting the humanitarian 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
NA	NA	US\$ 0	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
None	

3.2 Project Report 22-RR-HCR-029

1. Project Information			
Agency:	UNHCR	Country:	Republic of the Sudan
Sector/cluster:	Shelter and Non-Food Items	CERF project code:	22-RR-HCR-029
Project title:	Shelter and NFI assistance to communities affected by floods in 2022		
Start date:	12/10/2022	End date:	11/04/2023
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\$ 29,639,925
	Total funding received for agency's sector response to current emergency:	US\$ 3,600,000
	Amount received from CERF:	US\$ 2,500,000
	Total CERF funds sub-granted to implementing partners:	US\$ 161,099
	Government Partners	US\$ 0
	International NGOs	US\$ 106,512
National NGOs	US\$ 54,587	
Red Cross/Crescent Organisation	US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF RR allocation, UNHCR and partners were able to respond under two main projects components, to the large-scale displacement due to the floods in Central Darfur, South Darfur, Gadarif, White Nile and Kassala. In 2022-2-23 and conflict displaced people after April 2023.

1. Non-food item (NFI) distribution: the target for which was the distribution of 4000 kits. Ahead of the conflict, UNHCR completed the procurement of the total targeted, 4000 NFIs kits of which 3,739 were distributed to flood affected households most in need comprising 16,825 individuals. Following the event of 15 April, an additional 1,083 NFI kits were procured and total of 1,344 kits were distributed to 5,376 conflict displaced persons (1,344 households). Hence a total of 5,083 floods affected and displaced households comprising 27,071 individuals were assisted with NFI kits under this CERF allocation.
2. Cash for Shelter: 4,050 floods affected households received cash supporting them with building, upgrading or rehabilitating shelter and in restoring dignity, safety, and resumption of daily domestic activities in and around the home. The total amount distributed is \$607,500.
3. Conflict-affected displacement: Following the events of 15 April 2023, UNHCR re-programmed the cash for shelter to the distribution of emergency shelter and procurement of additional NFI kits (see above) to conflict affected displaced populations. Distribution locations which received a large influx of people, were accessible and in urgent need of assistance such as White Nile State and Gadarif were chosen for these reprogrammed activities. UNHCR with partners distributed emergency

shelters/tents to 1,030 newly displaced households (4,120 individuals) in White Nile State and 150 HHs (750 individuals) secondarily displaced households into Gadarif

3. Changes and Amendments

Following the sudden eruption of fighting between the Sudan Armed Forces (SAF) and the Rapid Support Forces (RSF) in Sudan on 15 April 2023, humanitarian activities were severely affected by large-scale looting, attacks against humanitarian premises and the killing and injury of humanitarian staff. The heavy fighting in Khartoum, the Darfur states and Northern Kordofan has led to displacement to neighbouring states and into neighbouring countries. Conflict affected populations are at increased protection risks due to heightened vulnerabilities related to forced displacement.

These circumstances created a vacuum in cash liquidity and/or other cash modalities, which became unavailable as result of the ongoing conflict in Sudan. Targeted populations received in-kind shelter assistance in targeted locations that remained accessible to UNHCR and partners. Budgets allocated to locations that became inaccessible were reprogrammed to respond to the huge influx of secondarily displaced refugees to White Nile State and Gadarif. Since the outbreak of fighting UNHCR has responded through registration/verification of refugees secondarily displaced in White Nile State, Gadarif and Kassala and provision of basic services and assistance including shelter, hot meals core relief items, and emergency sanitation facilities, among other protection responses.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Shelter and Non-Food Items									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	2,062	1,903	2,895	2,140	9,000	5,251	4,846	7,376	5,450	22,923
Returnees	344	317	483	356	1,500	344	317	483	356	1,500
Internally displaced people	344	316	483	357	1,500	344	316	483	357	1,500
Host communities	4,124	3,806	5,790	4,280	18,000	4,124	3,806	5,790	4,280	18,000
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	6,874	6,342	9,651	7,133	30,000	10,063	9,285	14,132	10,443	43,923
People with disabilities (PwD) out of the total										
	1,031	952	1,448	1,069	4,500	1,509	1,393	2,120	1,566	6,588

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

5. People Indirectly Targeted by the Project

Indirect beneficiaries of the project were business owners and others who may benefit from the procurement of shelter materials that are locally available. This will have had a positive impact on the local economy. Further, the provision of cash assistance is typically expected to have positive impact on the development of national markets, as it will contribute activating the economy through expenditure and financial exchanges. Overall, an estimated 14,373 individuals benefitted indirectly, including through protection monitoring which is mainstreamed in all sectors.

6. CERF Results Framework

Project objective	Flood-affected communities have access to essential household items and shelter that provide protection from weather elements, privacy, security and a space to live in a dignified manner.			
Output 1	Flood-affected communities have access to essential household items			
Was the planned output changed through a reprogramming after the application stage? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
Sector/cluster	Shelter and Non-Food Items			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	SN.2a Number of people receiving in-kind NFI assistance	20,000	27,071	PDM
Indicator 1.2	SN.2b Number of in-kind NFI kits distributed	4,000	5,083	PDM
Explanation of output and indicators variance:		Reprogramming following 15 April 2023 conflict. Change of cash for shelter modality to in-kind NFI assistance. The value of cash for shelter assistance per household, which creates important new opportunities for meeting humanitarian needs in ways that restore and enhance individual choice allowing them to independently prioritize and meet their needs, typically exceeds that of in-kind NFI assistance. As such, the reprogramming from cash for shelter to in-kind NFI assistance, meant that more people were reached with NFI kits, though this does not necessarily signify better impact.		
Activities	Description	Implemented by		
Activity 1.1	Needs assessment and beneficiaries' selection	UNHCR & IP (SORR, WHH, NRC, ACTED, ADRA, NCA)		
Activity 1.2	Distribution planning and transportation of NFIs	UNHCR & IP (SORR, WHH, NRC, ACTED, ADRA, NCA)		
Activity 1.3	NFI kits distribution to the beneficiaries	UNHCR & IP (SORR, WHH, NRC, ACTED, ADRA, NCA)		
Activity 1.4	Reporting and post distribution monitoring	UNHCR & IP (SORR, WHH, NRC, ACTED, ADRA, NCA)		
Output 2	Flood-affected communities have access to shelter			
Was the planned output changed through a reprogramming after the application stage? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
Sector/cluster	Shelter and Non-Food Items			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Cash.3a Number of people receiving conditional cash transfers	30,000	20,250	PDM

Indicator 2.2	Cash.3b Total value of conditional cash transfers distributed in USD	1,800,000	607,500	PDM
Explanation of output and indicators variance:		Reprogramming following 15 April 2023 conflict, was necessary as the situation had created a vacuum in cash liquidity and/or other cash modalities, which became unavailable as result of the ongoing conflict in Sudan. Cash assistance targets that had not yet been met before April 15 required a change of cash modality to in-kind assistance for shelter and NFI items.		
Activities	Description	Implemented by		
Activity 2.1	Market assessment	UNHCR & IP (SORR, WHH, NRC, ACTED, ADRA, NCA)		
Activity 2.2	Community Mobilisation and beneficiaries' selection	UNHCR & IP (SORR, WHH, NRC, ACTED, ADRA, NCA)		
Activity 2.3	Cash distribution process and monitoring	UNHCR & IP (SORR, WHH, NRC, ACTED, ADRA, NCA)		
Activity 2.4	Reporting and post distribution monitoring	UNHCR & IP (SORR, WHH, NRC, ACTED, ADRA, NCA)		

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 areas⁵ 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)⁶:

UNHCR systematically holds regular consultations and information-sharing with affected populations at all stages of project cycle, in line with its Age, Gender, Diversity (AGD) policy and regularly solicits feedback to verify if activities met intended purposes and identify whether activities were essential/appropriate, to flag any protection risks (including SEA-SH), and improve, where possible, activities/assistance provided by UNHCR.

UNHCR consistently seeks to ensure that all affected populations can equally enjoy their rights, have access to protection, services, and assistance on an equal footing, and can participate fully in decisions that affect them and their family members and communities. UNHCR also involves displaced populations in the evaluation phase through post-distribution monitoring exercise. Moreover, project planning and design includes a CwC strategy, so that persons are aware of the activities/assistance they will receive and for which purpose. Timely and effective communication with beneficiaries is made possible using clear messaging, visually appropriate for persons with disabilities or low literacy and in languages spoken for the targeted community. The project will consider the various capacities and priorities of women, men, girls, and boys of diverse backgrounds, persons with disabilities and older persons into all shelter/NFI and protection services and assistance.

b. AAP Feedback and Complaint Mechanisms:

⁵ 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](#).

⁶ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

UNHCR holds itself accountable to all persons of concern in all aspects of its work by involving them in identifying and analysing their needs and the risks that they face, and in designing, implementing, and evaluating its operations. Confidential complaints and feedback mechanisms (CFM) have been instituted, with standard operating procedures in place. UNHCR promotes multiple channels or entry points for providing feedback or lodging complaints. The goal is to make it safe, simple, and easy for community members, but also to ensure that feedback is appropriately provided.

In locations where UNHCR is newly establishing its presence, including the project location in Al Jazira state, accessibility to feedback mechanisms and follow-up are being instituted, meanwhile UNHCR is mainstreaming its national hotline to serve this purpose.

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

UNHCR co-chairs the PSEA Network in Sudan. PSEA assessments are conducted for each partner implementing activities with UNHCR. UNHCR partners, staff and volunteers involved in the distributions and/or in direct contact with beneficiaries are/will be trained on PSEA and will be required to sign the Code of Conduct before implementing activities. Effective confidential community-based complaint and feedback mechanisms and handling of SEA complaints will continue through established mechanisms, and through the PSEA network. Allegations received through established CFM in targeted communities are referred to relevant focal persons within UNHCR or relevant partners for further intervention and follow up whilst ensuring confidentiality safeguards are in place. Each State has senior PSEA Focal points to receive and refer cases following UNHCR/IASC policy on SEA with regards to other stakeholders involved. SEA complaints received through beneficiaries, partners, other stakeholders are referred to UNHCR Inspector General's Office. Training/sensitisation of beneficiaries, staffs and government counterparts will continue. All survivors whether wishing to continue to report will be helped through established SGVB referrals and PSEA Network Sudan Framework for SEA survivors' support.

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

UNHCR strives to mitigate the protection risks of displaced populations by addressing their specific needs with due consideration for AGD. UNHCR supports qualitative and quantitative needs and protection assessments at the household and community level by strengthening its staff and partners' capacity. Monitoring and vulnerability assessments will enhance timely identification and referral of persons with specific needs and will inform eligibility for assistance – including emergency cash assistance and shelter- with due attention to specific needs and vulnerabilities. The specific situation of women and girls will be considered in determining eligibility and distributing assistance.

e. People with disabilities (PwD):

UNHCR adheres to the UN Convention on the Rights of Persons with Disabilities. Vulnerable persons/households will be prioritised for assistance in line with established criteria which target women, children, and older persons at risk, physical disabilities, and others marginalised from the community. Additional measures such as community-based structures will be put in place to identify and reach PSNs.

f. Protection:

UNHCR takes into consideration the protection of all persons affected and at-risk across all sectors and throughout the programme management cycle. Ensuring a do no harm approach is part of what UNHCR does and takes protection and inclusion very seriously. As protection cluster lead agency, UNHCR continues to coordinate protection responses to emergencies and engage in advocacy on protection issues affecting refugees, stateless people, returnees, IDPs and other civilians in the country.

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	20,250

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.

Shelter sector-specific unconditional transfers, to respond to life-saving shelter needs arising from the floods.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
Activity 2.3	20,250	US\$ 607,500	Shelter and Non-Food Items	Restricted

Select an item from drop-down

9. Visibility of CERF-funded Activities

Title	Weblink
Post 15 April 2023 emergency response in WNS	https://x.com/unhcrinsudan/status/1666705368171380737?s=46&t=1gtS7jgNhAVS9nV-UztoiQ
Cash assistance to flood affected communities	https://x.com/unhcrinsudan/status/1584214996556271617?s=46&t=1gtS7jgNhAVS9nV-UztoiQ
Cash assistance to flood affected communities in Gedaref	https://x.com/unhcrinsudan/status/1630528992741670912?s=46&t=1gtS7jgNhAVS9nV-UztoiQ
Cash assistance to flood affected communities in Darfur	https://x.com/unhcrinsudan/status/1632417567703703553?s=46&t=1gtS7jgNhAVS9nV-UztoiQ

3.3 Project Report 22-RR-CEF-067

1. Project Information			
Agency:	UNICEF	Country:	Republic of the Sudan
Sector/cluster:	Water, Sanitation and Hygiene Education	CERF project code:	22-RR-CEF-067
Project title:	Provision of essential and lifesaving WASH and Education services to flood affected population across nine states		
Start date:	07/10/2022	End date:	06/04/2023
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\$ 270,000,000	
	Total funding received for agency's sector response to current emergency:	US\$ 101,680,281	
	Amount received from CERF:	US\$ 1,701,935	
	Total CERF funds sub-granted to implementing partners:	US\$ 311,284	
	Government Partners	US\$ 311,284	
	International NGOs	US\$ 0	
	National NGOs	US\$ 0	
Red Cross/Crescent Organisation	US\$ 0		

2. Project Results Summary/Overall Performance

Through this CERF Rapid Response project, UNICEF and its partners reached 8,400 children and adolescents with education services. Furthermore, 380 of teachers, facilitators and education personnel were trained in Education in Emergencies (EiE) and Prevention of Sexual Exploitation and Abuse (PSEA). This education personnel capacity building will benefit more than 4,000 children in 40 safe learning spaces in the targeted two states. Lastly, the project procured supplies and equipped temporary learning spaces, reaching 10,000 children (6000 girls) with essential supplies and learners seating. The project encountered a number of challenges, including supplies procurement and distribution being significantly affected by the political and security situation, economic situation and inflation, which affected contracts with local contractors/procurement, and the conflict which broke out in April 2023 restricted access to many project sites, temporarily froze the banking system and impacted both UNICEF and its implementing partners ability to operate. The security situation continues to prevent access and supplies distribution to some project sites. Similarly, verification and additional reporting for the latest period of programme implementation is still pending due to access restrictions. This includes reporting on supplies distribution, temporary learning spaces establishment and teachers training in Kordofan states.

Through this project, 53,671 individuals (27,586 Women; 26,085 Men) were reached with access to improved and sufficient water for drinking. This was achieved through: i) the construction/rehabilitation of 5 water facilities (1 newly constructed and 4 rehabilitated) for highly vulnerable emergency affected populations in Gadarif, River Nile, White Nile, South Darfur, Central Darfur and Sennar States; ii) water trucking services to 3 gathering points hosting new IDPs in Blue Nile State, iii) rehabilitation of 3 water treatment plants in Blue Nile, Sennar and Gadarif States and vi) provision of regular operation and maintenance services including daily water chlorination across 15

water yards in White Nile, Central Darfur and Sennar. In addition, these funds also ensured that 4,500 (2,295 women; 2,205 men) vulnerable people gained access to basic sanitation services. This was achieved through UNICEF-led ODF interventions, resulting in construction of 750 household latrines and attainment of ODF status in 5 communities in White Nile State; and 534 families/3,204 people (1,634 Women; 1,570 Men) people benefiting from construction of 534 emergency latrines. Additionally, 12,937 people (6,597 Women: 6,340 Men) were also reached with critical WASH supplies including soap and hygiene kits.

3. Changes and Amendments

There were no major changes to WASH interventions during the implementation period, except for refugees who were part of initial planned targets, but were not at the target locations during actual implementation, thus were not included in UNICEF response.

Education interventions were affected by prevailing situation in the country - economic crisis, inflation, security and political unrest, floods – in terms of implementation and changing needs of targeted communities, increasing their needs of the most essential services and supplies. there has been a growing gap in learning spaces and essential supplies, including some schools obliged to reschedule their end year exams due to lack of supplies. Accordingly, UNICEF increased supplies provision component of the project, and restoration and provision of students seating to compensate the flood damages and increase in enrolment.

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	30	20	1,100	900	2,050	10	10	1,200	1,000	2,220
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	175	140	6,900	3,100	10,315	185	175	9,600	6,600	16,560
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	205	160	8,000	4,000	12,365	195	185	10,800	7,600	18,780

People with disabilities (PwD) out of the total

0	0	800	400	1,200	0	0	0	0	0
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Sector/cluster	Water, Sanitation and Hygiene									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	931	880	729	709	3,249	0	0	0	0	0
Returnees	690	652	540	526	2,408	1,642	1,578	2,496	2,335	8,051
Internally displaced people	6,534	6,174	5,115	4,975	22,798	5,474	5,260	8,319	7,782	26,835
Host communities	6,175	5,834	4,834	4,702	21,545	3,832	3,682	5,823	5,448	18,785
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	14,330	13,540	11,218	10,912	50,000	10,948	10,520	16,638	15,565	53,671

People with disabilities (PwD) out of the total

1,600	1,360	1,020	1,020	5,000	241	232	367	343	1,183
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* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

For education, 16,800 children will benefit indirectly from the project activities. 380 teachers and education personnel will translate the training on education in emergencies into classroom and recreational activities. Additionally, community engagement campaigns and resilience strengthening capacity building have engaged 100 Parent Teacher Associations (PTAs) and communities' leaders and school management. Led by community leaders and PTAs these training will benefit more than 10,000 learners across 40 schools.

The indirectly targeted population for WASH included people residing in the surrounding communities which benefitted from UNICEF's water supply interventions, which included: 1 newly constructed and 4 rehabilitated water facilities as well repairs and provision of water pumps for 3 main water treatment plants serving bigger communities at large and sharing their water facilities with IDPs.

6. CERF Results Framework

Project objective	Provision of essential and lifesaving WASH and Education services to flood affected population			
Output 1	More out-of-school children, especially girls, and those in the most vulnerable situations, access quality pre-primary, primary and alternative learning opportunities. Ensure inclusive access to education opportunities with a specific attention to girls, children with disabilities, refugees, displaced children and other vulnerable.			
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 1.1	Number of children accessing formal or non-formal education	3,000	8,400	Monthly progress reports
Indicator 1.2	Number of temporary learning spaces and/or centres established and/or rehabilitated	40	30	Monthly progress reports
Indicator 1.3	Number of people (teachers and/or children) accessing teaching, learning and/or recreational materials	12,365	10,000	Monthly progress reports
Indicator 1.4	Number of teachers receiving training on basic pedagogical skills, psycho-social skills and/or life-saving skills	400	380	Monthly progress reports
Explanation of output and indicators variance:	Supplies have been prepositioned including TLS ready for distribution once access is restored to several project implementation sites. Additional figures of children benefiting from project activities will be confirmed by the state ministries of education once the schools reopen. Over achievement against indicator (1) is due to the increase in engagement of both children and adolescents in temporary learning spaces following April 2023, particularly in states and localities where higher number of IDPs reside. The suspension of schools and delays in schools reopening led to a higher intake in the few learning spaces available/established through CERF funding. Children engagement in adolescents led clubs and recreational activities resulted in a higher-than-average attendance in newly established TLSs. The			

		average number of children per learning spaces is decreasing as more TLSs are established across states receiving IDPs.
Activities	Description	Implemented by
Activity 1.1	Provision of 40 school tents as temporary learning spaces, to support the learning of 3,000 children (60% girls, 10% refugees).	UNICEF, and SMoE Gedarif and South Kordofan
Activity 1.2	Emergency repair of education facilities and learning equipment to support continuation of learning for 6,000 children (60% girls, 10% refugees) across 20 schools. This includes rehabilitation of damaged seating, and school fences for primarily girls' schools.	UNICEF, and SMoE Gedarif and South Kordofan
Activity 1.3	Provision of essential education and teaching supplies and stationaries for 12,365 children (60% girls, 10% refugees) across all targeted schools. This includes essential learners' supplies (notebooks, pens, etc.), and essential teachers' supplies. Provision of dignity kits to enhance retention of girls, and provision of school hygiene kits to enhance the learning environment.	UNICEF, and SMoE Gedarif and South Kordofan
Activity 1.4	Provide 165 teachers and 200 Schools PTA members and Mothers Group members (5 from each of the 40 target schools), training on:- Education in Emergencies (EiE), and life skills in emergencies including resilience building, PSS, child rights, MHPSS and resilience needs.- Prevention of Sexual Exploitation and Abuse, and GBV including referral mechanisms, corporal punishment, child marriage & complaint mechanism.	UNICEF, and SMoE Gedarif and South Kordofan

Output 2 Access to basic gender-sensitive water supply is improved and sustained for 50,000 most vulnerable population

Was the planned output changed through a reprogramming after the application stage?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Sector/cluster	Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of people accessing sufficient and safe water for drinking, cooking and/or personal hygiene use as per agreed sector standard	50,000	53,671	Monthly output indicators, Progress reports, field visit reports
Indicator 2.2	Number of communal water points (e.g. wells, boreholes, water taps stands, systems) constructed and/or rehabilitated	5	8	Monthly output indicators, Progress reports, field visit reports
Explanation of output and indicators variance:		Indicator 2.1 is over—achieved due to: i) an additional number of needs being identified among conflict-affected populations in 3 gathering points in BN State, where 18,939 people (9,659 females; 9,280 males) were reached through water trucking services; ii) additional population of 34,732 also benefitted from O&M services, including daily water chlorination continuously for 6months. Indicator 2.2. was overachieved, as 4 additional water yards were rehabilitated through UNICEF provision of centrifugal pumps, installation of storage tanks		

and distribution of water points, in Shamar, Hussar IDP camps in Al-Damazine for resuscitation of 3 treatment plants one each in in Blue Nile, Gedarif and Sennar States.

Activities	Description	Implemented by
Activity 2.1	Rehabilitation of 5 non-functional water yards	WES Blue Nile State; WES White Nile State; WES Gedarif State; WES South Darfur; WES Central Darfur;
Activity 2.2	Rehabilitation of 4,000 m water network	[WES Blue Nile State; WES White Nile State; WES Gedarif State; WES Sennar; WES Central Darfur; WES South Darfur.
Activity 2.3	Installation of 5 Tiga Tanks and construction of distribution systems	WES Blue Nile State; WES White Nile State; WES Gedarif State; WES Central Darfur; WES South Darfur
Activity 2.4	Water Chlorination for 6 months	WES White Nile State; WES Central Darfur; State; WES Sennar State.

Output 3 Access to basic, gender-sensitive sanitation facilities is improved and sustained for 3,000 and hygiene awareness raising including reach 50,000 vulnerable affected population vulnerable affected population.

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

Sector/cluster Water, Sanitation and Hygiene

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of household sanitation facilities (e.g. latrines) and/or household bathing facilities constructed or rehabilitated	500	1,284	Monthly output indicators, Progress reports, field visit reports
Indicator 3.2	Number of people who are directly utilizing functional handwashing facilities)	3,000	3,204	Monthly output indicators, Progress reports, field visit reports
Indicator 3.3	Number of people receiving critical WASH supplies (e.g soap, and Hygiene Kits)	24,860	12,397	Monthly output indicators, Progress reports, field visit reports

Explanation of output and indicators variance:

There are some variations on the results, but most were fully met or overachieved.

Over-achieved indicators 3.1 and 3.2. Under 3.1. - more latrine squat slabs being distributed and installed than initially planned to account for existing needs, on top of the 750 latrines constructed in White Nile State (through CLTS interventions where 5 communities were declared ODF), and 534 emergency latrines constructed with material support from UNICEF-SMOH in River Nile and Gezira States. Under 3.2., additional families were supported with construction of their own household-level handwashing tippy taps, which resulted from increased demand as a result of UNICEF's hygiene education in the communities.

Indicator 3.3 was significantly under achieved as more funding was required for provision of water trucking support for the emergency response to mass displacement Blue Nile.

Activities	Description	Implemented by
Activity 3.1	Construction of 500 new emergency latrine	SMOH Gezira; SMOH Central Darfur; SMOH River Nile State; SMOH White Nile State
Activity 3.2	Installation of 250 hand washing facilities near shared latrines and public places	SMOH River Nile; SMOH Central Darfur; SMOH White Nile; SMOH Gezira
Activity 3.3	Hygiene promotion and 9 cleaning campaign for 6 months including distribution of IPC supplies	SMOH White Nile State; SMOH Central Darfur State; SMOH River Nile
Activity 3.4	Provision of hygiene kits & WASH NFIs including soap	SMOH Gedarif; SMOH Gezira State; SMOH River Nile State

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 areas⁷ 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)⁸:

Accountability to affected populations is one of UNICEF's core commitments in humanitarian actions. UNICEF is consistently encouraging its partners at the national and sub-national levels to design and implement beneficiary-centered interventions. During project design and implementation, local authorities, community leaders and affected populations have been consulted for example, to determine the locations for construction of new water facilities, emergency latrines as well as selection of sites for rehabilitation works. Feedback mechanisms were also established at distribution points. UNICEF and its implementing partners considered conflict sensitive and do no harm approaches through engaging members from different parties and groups with the focus on serving the children and communities in needs.

b. AAP Feedback and Complaint Mechanisms:

UNICEF and its partners engaged not only with community chiefs, but a wider group of stakeholders, including women and youth groups to ensure their views and needs in Education and WASH interventions were taken on board. UNICEF partnered with SMOH through their female staff to organise separate meetings to capture women's views and opinions as women were not always comfortable to voice their opinions in front of male community members.

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

PSEA continued to be integral to UNICEF Sudan's work. Each implementing partners' organizational risk was assessed, and partner staff were trained to prevent and respond to PSEA cases. UNICEF was actively engaged with other humanitarian actors and partners to ensure coordinated, appropriate, and effective responses to any reported incidents of PSEA. Internally, UNICEF continued to rely on both in-country and head quarter levels reporting channels and notification procedures for escalation and institutional accountability and follow up, particularly for child survivors. Focal point for PSEA was assigned to provide the needed assistants and ensure the implementation of

⁷ 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](#).

⁸ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

the UNICEF supported interventions including capacity building and support risk mitigation and awareness among the targeted communities.

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

This project was gender-sensitive and planned Education and WASH activities were implemented in-line with guidelines for gender equality, including considerations for women and girls' preferences and different needs for security/safety, dignity, domestic chores, and gender-sensitive facilities. For example, location of new water collection points was determined upon consultation with female users. Also, women were engaged to participate, and lead community mobilization activities in hygiene promotion activities including men (usually not involved in these activities) as well trained as teachers and hygiene promoter volunteers.

e. People with disabilities (PwD):

UNICEF interventions targeted the most vulnerable children/women, this included people with disabilities. UNICEF made sure that water collection points' design took into consideration the needs of children and people with physical disabilities and ensured that Children with Disability received the provided WASH and learning services on an equity basis.

f. Protection:

Equity is at the heart of UNICEF's programming whereby the most vulnerable and needy children are reached with lifesaving and preventive services. The selected states and localities were experiencing multiple vulnerabilities of dry spell and food insecurity. UNICEF and partners (MOH and NGOs) ensured that children in the targeted localities received lifesaving WASH and Education services. Protection and prevention under the GBV Area of Responsibility (AOR) and guidelines were observed and maintained to support beneficiaries, especially vulnerable women, and girls at risk of GBV. GBV protection and coordination mechanisms were in place.

g. Education:

Sensitization to the communities and capacity building is an integral part of all UNICEF interventions.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	NA

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

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

CVA require details analysis of market conditions, risks and delivery modality and was not part of this CERF project. However, UNICEF implemented with other funding.

Parameters of the used CVA modality:

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

9. Visibility of CERF-funded Activities

Title	Weblink
"We didn't find any equipment and all schoolbooks were destroyed."	https://www.unicef.org/sudan/stories/we-didnt-find-any-equipment-and-all-schoolbooks-were-destroyed
"We didn't find any equipment and all books were destroyed by flood," Khalid Abdul Azim, 13 years	https://youtu.be/Fcm-_6qTX8I?feature=shared
Education is more than learning. It provides a sense of normality to students in times of crisis. With thanks to United Nations CERF, UNICEF Sudan & partners support continuity of learning by providing education supplies to flood affected schools.	Twitter, Facebook, LinkedIn

3.4 Project Report 22-RR-WHO-039

1. Project Information			
Agency:	WHO	Country:	Republic of the Sudan
Sector/cluster:	Health	CERF project code:	22-RR-WHO-039
Project title:	Improving access to essential and life-saving health care services, through supporting WASH in health facilities and vector control interventions for flood-affected population in 31 localities in 9 states		
Start date:	13/10/2022	End date:	11/06/2023
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\$ 6,600,000
	Total funding received for agency's sector response to current emergency:		US\$ 3,100,000
	Amount received from CERF:		US\$ 1,299,676
	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-RR award, WHO contributed to responding to the outbreaks of Arboviral diseases and malaria resulting from the rainy season and the emergency needs of people that had been displaced to White Nile, Sinnar, Gazira, Kassala and Gadarif to flee intercommunal violence in the Blue Nile state. This funding enabled WHO to donate 22,000 testing kits for dengue fever, 40 IEHKs, WASH and Integrated Vector Management (IVM) supplies, and Infection Prevention and Control (IPC) supplies and support the operational costs of mobile clinics for healthcare outreach. WHO also trained 402 health and government staff, 231 males and 121 females, on several topics, including case management and infection prevention and control (IPC) and Risk Communication and Community Engagement (RCCE) for flood-related diseases, surveillance, case management and IPC and RCCE in response to haemorrhagic fever outbreaks, and water quality surveillance.

WHO investigated 95% of the reported 168 alerts within the recommended times jointly with the rapid response teams (RRT) from the Federal and State Ministries of Health (F/SMOH), carried out 30 vector surveillance missions to 30 sentinel sites, and supported 50 IVC campaigns in Gadarif, Kassala, Sinnar, South Darfur and Central Darfur. Lastly, WHO strengthened WASH services at healthcare facilities (HFs) in eight states through the provision of medical waste management tools and equipment, implemented 29 cleaning campaigns, and collaborated with local health authorities to remove accumulated medical waste in 13 HFs. The targeted host community population was originally designed to be 69,776, none the less the clinics witnessed a much higher visitation rate due to the services being free of charge, reaching a total of 246,942 beneficiaries, the implementation in some states was concurrent with the dengue fever, Chikungunya, and Malaria outbreaks reported in White Nile, Sinnar, Gazira and Gadarif, Kassala, South Darfur and Central Darfur in addition to the 2022

floods affected River Nile, Northern state and Gazira. Furthermore, the project targeted some of the IDPs displaced to Sinnar, Gazira, White Nile, Kassala and Gadarif states due to the Blue Nile intercommunal conflict. Finally, some of the planned activities were to target the control & management of Vector, Integrated vector management (IVM), due to the outbreak of vector-borne disease reported from 12 states. HH benefits from vector control interventions & mobile clinic activities both have pushed the total beneficiaries reached to more than 200 times, in addition to that the project was implemented in complementarity with other projects in the same geographic area.

3. Changes and Amendments

Delays in the process of internationally procuring planned supplies and administrative times to fully disburse payments related to mobile clinic and WASH and Integrated Vector Management (IVM) activities led to the need for WHO to request a two-month no-cost-extension in February 2023, bringing the end of the project to 11 June 2023.

The international procurement of most supplies took more than expected due to unanticipated delays at the suppliers' end. As per established practice, procured items require the technical clearance of Sudanese authorities (Federal Ministry of Health and National Public Health Laboratories). Certain items procured under this grant were rejected twice by the authorities due to suppliers' inability to procure the specific brand requested by NPHL. As a result, WHO had to restart the procurement process twice. The NCE enabled the receipt of supplies at WHO warehouse. It additionally allowed the submission of the payment documents and technical reports necessary to process payments and transfer all committed amounts to suppliers and participants.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0					0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	5,924	6,166	8,886	9,248	30,224	6,952	6,680	7,236	6,953	27,821
Host communities	13,676	14,234	20,515	21,351	69,776	61,711	59,291	64,229	61,711	246,942
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	19,600	20,400	29,401	30,599	100,000	68,663	65,971	71,465	68,664	274,763
People with disabilities (PwD) out of the total										
	2,060	2,940	1,960	2,040	9,000	500	480	521	499	2,000

* 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

A total of 3,988,656 people indirectly benefitted from the project interventions related to the expansion of access to essential and life-saving health, WASH and vector control services, including disease surveillance, facilitation of access to epidemic laboratory surveillance, outbreak prevention including the RCCE and control interventions.

6. CERF Results Framework

Project objective	To provide access to essential and life-saving emergency health services to communities affected by flooding through improving WASH in health facilities and IVM in 30 localities of 9 states in Sudan			
Output 1	Improved access to essential and life-saving health services to IDPs, and host communities affected by flooding in the targeted 31 localities South Darfur, Central Darfur, Kassala, Gedarrif,, White Nile, River Nile, Northern state, Sennar and Al Jazirah States of Sudan.			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	H.11 Number of people receiving treatment for acute watery diarrhoea (incl. cholera)	5,000	300	Clinical and laboratory reports excluded V. cholerae cases]
Indicator 1.2	Number of monthly joint supervisions to the project activities	78	60	Supervisory report
Indicator 1.3	Number of functional health facilities supported with hand washing facilities	26	26	Technical report
Indicator 1.4	H.10 Number of people referred to higher level and/or specialized health services	50	22	Mobile clinic report
Indicator 1.5	Number of emergency mobile clinics supported with operational cost and medical supplies including drugs	4	4	Supervisory report
Explanation of output and indicators variance:		<p>Indicator 1.1: Based on the surveillance and alert mechanism in coordination with Federal and states there were no cases of Cholera / and few cases of acute watery diarrhoea due to other causes, The year 2022 did not witness many cases of acute watery diarrhoea, and Cholera was not detected in the population, The number indicates people who needed and received treatment for other watery diarrhoea.</p> <p>Indicator 1.2: The mission days were extended in some states and the number of participants who joined also increased, this was reflected in reducing the total number of the missions reported.</p> <p>Indicator 1.4: The mobile clinic staff selected under this project include highly qualified medical cadre including ER specialists to reduce the burden on hospitals and secondary health care services, this resulted in reducing the total</p>		

		number of referred patients in mobile clinics even if the government is not providing health care for free in secondary health care level
Activities	Description	Implemented by
Activity 1.1	Support the clinicians case management trainings for diarrheal diseases for targeted states	WHO & MoH, 3 case management protocols updated
Activity 1.2	Conduct monthly joint supervision to the project activities with the MOH and NGOs supported by the project from national and states level	26 visits successfully done
Activity 1.3	Provision of hand washing facilities and medical waste management in 26 health facilities of 7 States and 13 localities targeted by WASH	Completed successfully in 26 health facilities
Activity 1.4	Support the clinicians case management and referral trainings for vector borne diseases including vial hemorrhagic fever for targeted states	3 protocols have been updated; referral system operational in clinics with overall 22 referred patient
Activity 1.5	Support operational cost and medical supplies to the emergency mobile clinic to flood affected communities.	Completed successfully to 4 clinics according to supervisory report

Output 2	Strengthened disease surveillance (including vector surveillance) and outbreak control interventions in the targeted at 31 localities South Darfur, Central Darfur, Kassala, Gedarrif,, White Nile, River Nile, Northern state, Sennar and Al Jazirah States of Sudan
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Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	More than 95% of public health alerts generated through community-based or health-facility-based surveillance within 24 hours	270	290	WHO technical This report contains the collective views of an international group of experts, and does not necessarily represent the decisions or the stated policy of the World Health Organization.
Indicator 2.2	More than 95% of public health alerts investigated within 24 hours	250	168	Technical report
Indicator 2.3	Number of implementing partner staff receiving training to support programme implementation (RRTs (5 individual per team) and health workers trained on surveillance and case management)	318	290	Technical report
Indicator 2.4	Number of vector surveillance missions to 60 sentinel sites supported	60	30	WHO technical report

Indicator 2.5	Number of integrated vector control campaigns for mosquito larvae and adults knockdown for 22 localities in 5 States	40	50	WHO technical report
Indicator 2.6	Number of water quality monitoring mission to ensure safety of drinking water at 13 localities with high risk for cholera	156	60	WHO technical report]
Indicator 2.7	Number of waste management campaigns conducted in the 13 health facilities of 13 WASH targeted states supported by the project	13	29	WHO technical report
Indicator 2.8	Number of disease protocols and RCCE materials distributed to the outbreak reported states	5	3	WHO technical report
Indicator 2.9	Number of community members from the targeted states trained on RCCE	40	50	WHO technical report
Indicator 2.10	Number of public health officers trained on water quality surveillance system in 10 localities.	50	35	[WHO technical report
Explanation of output and indicators variance:		<p>Indicator 2.2: All alerts received were investigated and the total received of these alerts was 168, 100% investigated</p> <p>Indicator2.3: The inflation of the equivalent market affected the catering cost and stationary cost and the hall rent overall cost per training affected the actual target from 318 to 290.</p> <p>Indicator 2.4: The number of vector surveillance mission days carried out under this project in coordination with vector control units in the affected states was extended due to the reported vector-borne disease during 2022 including the project states.</p> <p>Indicator 2.6: The number of WASH interventions mission days carried out under this project in coordination with WASH control units in the affected states was extended due to the reported WASH disease during 2022 including the project states, and number of people on missions was increased.</p> <p>Indicator2.7: The number of participants from the same plan Interventions (Campaign) was reduced to increase the frequency of the campaign around the health facilities aiming to ensure a clean environment around the facility and create positive PD- HERTH that allows the community to continue cleaning the environment after the end of the project.</p> <p>Indicator 2.10: The inflation of the equivalent market affected the catering cost and stationary cost and the hall rent overall cost per training affected the actual target from 50 to 35.</p>		

Activities	Description	Implemented by
Activity 2.1	Support epidemic-prone infectious diseases alert generations by trainings of health facility staff on case definitions	Training of 70 HCW was conducted in 13 localities
Activity 2.2	Support epidemic-prone infectious diseases outbreak alert investigation missions carried out by RRT	95% of reported 168 alerts were investigated within the recommended times jointly with FMOH/SMOH-RRT.
Activity 2.3	Refresher Train 1 RRTs (5 individuals per team) (1 per each State and 1 per each locality) and 150 health workers on surveillance and case management prioritizing high-risk and imminent diseases in the area	290 RRT member were trained, and 70 HCW on case management
Activity 2.4	Support 60 vector surveillance missions carried out to 60 sentinel sites in the targeted localities to inform the risk of increased transmission and guide vector control interventions to prevent and control disease outbreaks	30 SS were successfully reached in 50 vector surveillance missions in 4 states
Activity 2.5	Support 40 integrated vector control campaigns for mosquito larvae and adults knockdown for 22 localities in 5 States	50 IVM campaigns were conducted in 22 localities in 5 states
Activity 2.6	Support water 60 quality monitoring mission to ensure safety of drinking water at 13 localities with high risk for cholera	60 quality monitoring missions conducted successfully in 13 localities of targeted states.
Activity 2.7	Support 13 waste management campaigns in 13 health facilities of WASH targeted States.	29 campaigns were implemented successfully under this grant
Activity 2.8	Support printing the case management protocols and RCCE materials for the outbreak reported states.	50,000 case management protocols and RCCE material was printed.
Activity 2.9	Support training of community members from the targeted states on RCCE .	50 RCCE community members were successfully trained
Activity 2.10	Support public health officers training on water quality surveillance system from 10 localities.	70 Public health officers were trained on water quality surveillance

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁹ 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)¹⁰:

⁹ 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](#).

¹⁰ 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](#).

Before implementing any activity in this project, WHO and MOH held discussions with key community members at the targeted locations. This ensured their involvement in the supervision process, equipped them with the necessary information and that interventions prioritised women, girls, and PwD. Key community members participated in the IVM interventions and community-based surveillance, while communities led the emergency mobile clinic model. This approach helps to effectively assess the health status of vulnerable groups, and identify their health needs, expectations, and knowledge of health risks, including water-borne diseases.

b. AAP Feedback and Complaint Mechanisms:

WHO, jointly with the SMOH, considers and responds to feedback from all categories of beneficiaries. Feedback is received through various channels, including the designated complaint box, direct calls to WHO team leads in the targeted states, and direct sharing during monitoring visits and campaigns. The feedback received has contributed to improving the implementation of the project and enabled the course-correction of issues that affected the overall response under this allocation. All complaints received are treated confidentially to protect the reporter, and they are taken seriously. Key community members are kept informed on the measures taken in collaboration with MOH and partners to create a peaceful working and service delivery environment.

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

Prevention of sexual exploitation and abuse (PSEA) is a key concern for WHO. The Organization has a strict zero tolerance policy in place and provide reporting and protection mechanisms for staff, collaborators and beneficiaries. Any acts of physical violence and sexual harassment are addressed promptly. All WHO staff has to undergo regular, mandatory PSEA training.

WHO is part of the PSEA network established in Sudan and is committed to advancing the implementation of the PSEA Joint Framework of Action and the Sudan PSEA program. A specialized PSEA officer has been recruited in Sudan to strengthen WHO's PSEA policies and their implementation in country office and sub-offices, including those in the states targeted by this project. Complaints must be shared with the focal point for PSEA to minimize the risk of bias in field offices. The investigation and follow-up of complaints is carried out with the support, guidance, and advice of the regional office in Cairo.

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

In the implementation of this project, as in all its projects, WHO has prioritized gender mainstreaming to promote equality and equity in health service delivery. WHO has worked towards promoting gender balance at both programmatic and beneficiary levels. The Organization has been collecting and analysing data disaggregated by sex, age, and disability to monitor and respond to the implications of the current crisis. Moreover, WHO has been considering the specific physical, cultural, security, mental health, psychosocial, and sanitary needs of women and children. To ensure that medical, social, and protection needs of women and girls are met, WHO has been promoting gender balance. Availability of gender-balanced staff has been ensured to assure accessibility of key health services without any discrimination.

e. People with disabilities (PwD):

People with disability have been given due consideration during the implementation of the project activities, regardless of their gender and age group, as well as those with chronic illness that affects their daily performance. Although being targeted at the general population, this allocation has enabled WHO to improve PwD's access to adequate health care, both in camps and in the host communities.

f. Protection:

As part of a comprehensive approach to health and human rights, WHO has committed to integrating human rights into healthcare programs and policies at national and regional levels. The project assisted newly displaced IDPs and vulnerable host communities affected by the flood and its health-related consequences. The project specifically targeted vulnerable populations at an increased risk of morbidity and mortality, such as people over 60, children under five, and women who were particularly susceptible to flood-related diseases, including vector-borne and water-borne diseases in the nine targeted states. Therefore, the project adhered to the principles of equity, equality, and non-discrimination. The project additionally worked with the protection cluster to fulfill the commitment to incorporate human rights and protection into healthcare programs.

g. Education:

NA

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

Planned	Achieved	Total number of people receiving cash assistance:
No	No	NA

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

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

This project did not include CVA, owing to the nature of the activities which focused on health services and conventionally were not cash and voucher-based 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
N/A	N/A	US\$	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
N/A	

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Sector	Agency	Implementing Partner Type	Funds Transferred in USD
22-RR-HCR-029	Shelter and Non-Food Items	UNHCR	INGO	\$20,470
22-RR-HCR-029	Shelter and Non-Food Items	UNHCR	NNGO	\$54,587
22-RR-HCR-029	Shelter and Non-Food Items	UNHCR	INGO	\$67,529
22-RR-HCR-029	Shelter and Non-Food Items	UNHCR	INGO	\$18,513
22-RR-CEF-067	Water, Sanitation and Hygiene	UNICEF	GOV	\$23,952
22-RR-CEF-067	Water, Sanitation and Hygiene	UNICEF	GOV	\$62,998
22-RR-CEF-067	Water, Sanitation and Hygiene	UNICEF	GOV	\$42,466
22-RR-CEF-067	Water, Sanitation and Hygiene	UNICEF	GOV	\$63,300
22-RR-CEF-067	Water, Sanitation and Hygiene	UNICEF	GOV	\$4,520
22-RR-CEF-067	Water, Sanitation and Hygiene	UNICEF	GOV	\$63,267
22-RR-CEF-067	Water, Sanitation and Hygiene	UNICEF	GOV	\$8,460
22-RR-CEF-067	Water, Sanitation and Hygiene	UNICEF	GOV	\$3,905
22-RR-CEF-067	Water, Sanitation and Hygiene	UNICEF	GOV	\$38,416
22-RR-CEF-067	Education	UNICEF	GOV	\$28,612
22-RR-CEF-067	Education	UNICEF	GOV	\$30,808