United Nations CERF Central Emergency Response Fund

SOUTH SUDAN RAPID RESPONSE VIOLENCE/CLASHES 2022

22-RR-SSD-52756

Sara Beysolow Nyanti

Resident/Humanitarian Coordinator

PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:

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

An After-Action Review was not conducted but inputs were collected from the recipient agencies, their partners, and clusters. The inputs provided highlighted CERF added value around coordination, timeliness in addressing critical needs, and its complementarity to other funding sources or mechanisms.

Please confirm that the report on the use of CERF funds was discussed with the Humanitarian and/or UN Country Team (HCT/UNCT).	Yes ☒	No ☐

The consolidated report and the use of the CERF funds were shared with the HC/HCT on 28 March 2023.

Please confirm that the final version of this report was shared for review with in-country stakeholders (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members, and relevant government counterparts)?	Yes ☐	No ☒

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

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

People in South Sudan continued to face critical, deteriorating humanitarian conditions driven by years of conflict, a surge in sub-national violence, continued climate crisis, ongoing public health challenges, and worsening food insecurity. This CERF grant came at a time when food insecurity was at its peak in four counties, Leer, Mayendit, Fangak, and Pibor. Recipient agencies were able to reach more than **700,000** people, including persons with special needs with assistance and services through Food Security and Livelihood, Health, Multi-Purpose Cash, Nutrition and Water Sanitation and Hygiene. The response helped prevent people facing emergency levels of acute food insecurity from further falling into chronic food insecurity due to fragile livelihoods.

CERF's Added Value:

The implementation of CERF activities provided additional avenues for joint planning, oversight, and timely response to the needs of beneficiaries. Overall, the CERF consultation process was inclusive and participatory. Through this CERF allocation, additional funding was secured from other sources and the implementation of the activities was well coordinated and timely. The recipient agencies and their partners played a key role in the effective programming of under this grant.

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

Yes ☒ Partially ☐ No ☐

WHO was able to quickly deploy emergency medicines from its stockpiles to address health needs occasioned by acute food insecurity. IOM implemented multipurpose cash (MPC) project in Fangak and Pibor which enabled faster delivery of assistance to people who needed it most. Cash modality faced minimal logistic and access challenges as compared to transportation of other supplies. The availability of CERF funds allowed WFP to respond in a timely manner to the increased needs and dire humanitarian situation in Fangak and Pibor. FAO was able to supply inputs to flood-affected households from its existing stock and replenish the pipeline using CERF grant. The project fund supported and led to the fast delivery of quality nutrition progamme activities in respective counties in Jonglei and Unity states. This project fund also benefited many beneficiaries indirectly through nutrition sensitives activities.

Did CERF funds help respond to time-critical needs?

Yes ☒ Partially ☐ No ☐

CERFs support was critical in addressing the humanitarian needs in areas already burdened by multiple shocks such as flooding, internal violence, and disease outbreak. The provision of multi-purpose cash fostered greater flexibility and choices and enabled them to prioritize their most critical needs. Due to the severe and catastrophic food insecurity levels in the two counties and the flooding situation, the funding and response came at a critical time. The CERF funding was the game change in facilitation of nutrition programme activities in response to food insecurity IPCs phase 5 and floods across the selected counties in Unity and Jonglei states.

Did CERF improve coordination amongst the humanitarian community?

Yes ☒ Partially ☐ No ☐

The health cluster has been able to strengthen cluster and inter-cluster coordination with WASH and nutrition clusters at the national and states level. As part of the response WHO will be deploying sub-national health cluster coordinators in Unity and Upper Nile States as well as maintaining technical officer cluster integration with support from USAID, this will further strengthen coordination, ensure complementarity, and avoid duplication. IOM worked closely with UNOCHA, Inter-Cluster Coordination Group (ICCG), SNI clusters and cash working groups, community leaders, implementing partners (ADA), and state and county leadership. IOM held coordination and

consultative meetings with the respective stakeholders to share progress, and challenges and forge a way forward. One of the major results of the consultation was the revision of the minimum amount to be received per household from 150usd to 128usd, this enabled the project to reach more people in dire need of MPC assistance. CERF supported a coordinated approach in terms of response to humanitarian needs amongst different clusters including the food security and livelihoods as well as nutrition clusters. FAO was able to coordinate with UNHCR, UNCEF, UNHCR and WHO, among other UN agencies. As a result, vulnerable returnee households were able to build their livelihoods and avoid adopting negative coping mechanisms. In addition, it reduced household vulnerability to shocks and stressors by enhancing livelihood-based production sectors. The project strengthened and improved coordination among the humanitarian community through a multi-sectoral approach in addressing the prevalence of acute malnutrition among children 6-59 months in food insecurity IPCs phase 5 and flood-affected counties.

Did CERF funds help improve resource mobilization from other sources?

Yes ☒ Partially ☐ No ☐

WHO was able to mobilize additional 5 million dollars from USAID and another 900,000 dollars from WHO internal resources, while IOM mobilized an additional $2 million from SSHF. The CERF resources complemented other funding streams availed to WFP for emergency and crisis response, especially in these locations of IPC Phase 4 and Phase 5 levels of food insecurity. For UNICEF, the CERF project has jump-started the need to improve resource mobilisation from other sectors or sources in exploring the multisectoral approaches in implementing or addressing acute malnutrition across Jonglei and Unity state counties.

Considerations of the ERC's Underfunded Priority Areas[1]:

This grant supported the four ERC priorities that were mainstreamed and effectively implemented in the program. No challenges were reported.

1) **support for women and girls, including tackling gender-based violence, reproductive health, and empowerment:** Women and girls received menstrual hygiene and management kits, multipurpose cash, and clinical management on rape. In addition, Women-headed households received emergency and livelihood inputs and services.
2) **Programmes targeting disabled people**: More than 56,000 persons with special needs benefitted from assistance and services under this CERF grant through health, WASH, Nutrition, Food assistance and livelihood, and Multipurpose cash.
3) Education: Women and girls benefitted from training as Community Animal Health Workers,
4) **Protection** and AAP was at the core of the project design to ensure services were accessible, safe, dignified,and appropriate to all men, women, boys, girls, and the vulnerable including persons with disabilities (following Do not Harm principles).

Table 1: Allocation Overview (US$)

[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.

Total amount required for the humanitarian response	**65,205,640**
CERF	15,000,028
Country-Based Pooled Fund (if applicable)	6,711,919
Other (bilateral/multilateral)	5,900,000
Total funding received for the humanitarian response (by source above)	**27,611,947**

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

Agency	Project Code	Sector/Cluster	Amount
FAO	22-RR-FAO-020	Food Security - Agriculture	1,800,000
IOM	22-RR-IOM-020	Multi-Purpose Cash	1,200,000
UNICEF	22-RR-CEF-039	Nutrition	3,480,017
UNICEF	22-RR-CEF-039	Water, Sanitation and Hygiene	2,520,013
WFP	22-RR-WFP-035	Food Security - Food Assistance	2,679,999
WFP	22-RR-WFP-035	Nutrition	1,320,000
WHO	22-RR-WHO-024	Health	1,999,999
Total			**15,000,028**

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

Total funds implemented directly by UN agencies including procurement of relief goods	**9,504,815**
Funds sub-granted to government partners*	0
Funds sub-granted to international NGO partners*	3,424,723
Funds sub-granted to national NGO partners*	2,070,490
Funds sub-granted to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	**5,495,213**
Total	**15,000,028**

* 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:

The impact of severe flooding, conflict, and persistent economic challenges continue to drive food insecurity and vulnerability in South Sudan. Close to 8 million people or 62.6 per cent of the country's population were projected to face elevated food insecurity by the peak of the lean season between April to July 2022. This includes 2.9 million people likely to face emergency acute food insecurity and 87,000 people likely to be in Catastrophe acute food insecurity (IPC Phase 5) over the same period. Based on results from SMART nutrition surveys in 2022, an estimated 1.34 million children under five years were expected to suffer from acute malnutrition with 0.3 million Severe Acute Malnutrition (SAM) and 1 million Moderate Acute Malnutrition (MAM). In addition, the elevated levels of food insecurity, the major factors contributing to acute malnutrition include high prevalence of diseases and inadequate feeding practices of infant and young children.

Operational Use of the CERF Allocation and Results:

In response to the crisis, the ERC allocated $15 million on 13 April 2022 from CERF's Rapid Response window for the immediate commencement of life-saving activities. This funding enables UN agencies and partners to target 495,107 people with life-saving assistance, including 197,497 women, 106,343 men, 191,267 children, and 52,676 people with disabilities in the Nutrition, WASH, Health, Multi-purpose Cash and Food Security sectors.

People Directly Reache

The data collected on directly targeted and directly reached persons for this allocation was disaggregated by gender and age, and population category (IDPs, Host communities, and Other affected persons. A total of **732,586** beneficiaries were reached, this was computed based on the "Max" methodology, where the overall figure is computed by aggregating the maximum figure reached in each cluster for men, women, boys, and girls. This helped avoid double-counting.

People Indirectly Reached:

At least more than 517,230 individuals in five counties benefitted through increased access to and use of quality animal health services and estimated 82,000 individuals from the host community accessed the goods in the market. The WASH components of this project indirectly reached 11,400 beneficiaries with key hygiene messages on safe sanitation and Hygiene practices through an extended campaign period beyond the project implementation. In addition, 25,000 people were reached with specific messages on Hepatitis E prevention mitigation and referral to treatment centres, as an outbreak of hepatitis E was reported by health partners during the implementation of the project in Leer and Mayendit. UNICEF/Medair quickly responded with key messages in the affected area. 5,000 mothers and caretakers of children aged 6-59 months indirectly benefitted from infant young child feeding practices.

Table 4: Number of People Directly Assisted with CERF Funding by Sector/Cluster*

	Planned					Reached				
Sector/Cluster	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Food Security - Agriculture	197,497	106,343	37,980	37,980	**379,800**	230,455	252,122	87,596	87,037	**657,210**
Food Security - Food Assistance	8,180	6,170	11,770	8,880	**35,000**	8,180	6,170	11,770	8,880	**35,000**
Health	95,280	70,605	97,373	87,913	**351,171**	92,623	55,917	115,815	109,902	**374,257**
Multi-Purpose Cash	7,176	7,127	7,144	7,053	**28,500**	9,000	9,368	7,363	7,665	**33,396**
Nutrition	5,200	0	4,476	3,814	**13,490**	31,070	0	4,476	3,814	**39,360**
Water, Sanitation and Hygiene	44,883	41,143	48,624	52,364	**187,014**	55,556	47,619	49,604	45,635	**198,414**

* 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	2,430	1,422
Returnees	37,980	64,557
Internally displaced people	195,594	178,761
Host communities	255,305	477,391
Other affected people	3,798	11,825
Total	**495,107**	**733,956**

Table 6: Total Number of People Directly Assisted with CERF Funding*			**Number of people with disabilities (PwD) out of the total**	
Sex & Age	**Planned**	**Reached**	**Planned**	**Reached**
Women	197,497	230,455	14,292	13,893
Men	106,343	252,122	10,591	8,387
Girls	98,156	132,350	14,606	17,372
Boys	93,111	119,029	13,187	16,485
Total	**495,107**	**733,956**	**52,676**	**56,137**

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 22-RR-FAO-020

1. Project Information

Agency:	FAO	**Country:**	South Sudan
Sector/cluster:	Food Security - Agriculture	**CERF project code:**	22-RR-FAO-020
Project title:	2022 Life-saving Emergency Livelihood Response in South Sudan		
Start date:	02/05/2022	**End date:**	01/11/2022
Project revisions:	No-cost extension ☒ Redeployment of funds ☐		Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 6,000,000**
	US$ 0
Amount received from CERF:	**US$ 1,800,000**
Total CERF funds sub-granted to implementing partners:	**US$ 622,313**
Government Partners	US$ 0
International NGOs	US$ 394,197
National NGOs	US$ 228,116
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

Between May and November 2022, under this CERF UFE grant FAO through it partners (CH, HAD, JAM, NPA, and SEA Partners) assisted a total **657,210** people (**230,455** women, **252,122** men, **87,596** girls, **87,037** boys) benefitted from lifesaving, livelihood assistance. A total of **78,793** households received emergency livelihoods assistance in the form of agricultural inputs (**51,871** HHs received crop, vegetable, and/or fishery kits) and livestock inputs (**26,922** HHs received vaccinations and/or treatment for their animals).

FAO, NPA, and VSF Suisse vaccinated **598,991** animals against priority endemic diseases, including Anthrax, Black Quarter, Contagious Bovine Pleuropneumonia (CBPP), Contagious Caprine Pleuropneumonia (CCPP), Haemorrhagic Septicaemia (HS), Lumpy Skin disease (LS), Peste des Petits Ruminants (PPR), Rabies and Sheep and Goat Pox. Animals (**47,931**) were also treated and dewormed for endoparasites, ectoparasites, CBPP, CCPP, Pneumonia, and Foot Rot. Overall, **646,922** animals (**322,169** cattle**,** **187,237** goats, and **137,516** sheep) were vaccinated, dewormed, and/or treated.

The project also trained some beneficiaries on improved crop and vegetable production and farming (**1,884** people) and fish production and preservation techniques (**1,207** people). A total of **150** (**39** female, **111** male) Community Animal Health Workers (CAHW) were also trained on basic animal health, extension services, business skills, and COVID-19 awareness and received animal health services

kits (e.g. veterinary drugs, vaccines, and equipment) to scale up the animal health response in the affected areas. Trainees included participants from the State Ministry of Animal Resources and Fisheries (MARF), cattle camp leaders, youth leaders, women leaders, faith-based groups and Payam and Boma Administrators. In addition, with support from the trained CAHWs and MARF, eight disease surveillance missions were conducted during the project period.

3. Changes and Amendments

For Output 2, the project was unable to achieve indicator 2.1 and 2.2 targets (Indicator 2.1 – 65% achieved, Indicator 2.2 – 81% achieved). The targeted beneficiaries for this project were households classified as IPC Phase 5 in severely flood-impacted areas. The region was also impacted by heavy rains during project implementation. This led many households to move to higher grounds away from implementation areas with their animals. It also limited the CAHW's mobility, reducing their access to households that remained in the targeted region. The overachievement because of increase in needs for livestock intervention, availability of vaccines and trained CAHWs in the accessible locations.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Food Security - Agriculture									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	1,264	680	243	243	**2,430**	832	590	0	0	**1,422**
Returnees	19,750	10,634	3,798	3,798	**37,980**	17,881	19,624	14,840	12,212	**64,557**
Internally displaced people	75,760	40,794	14,569	14,569	**145,692**	39,825	42,720	21,187	20,682	**124,414**
Host communities	98,748	53,172	18,990	18,990	**189,900**	167,000	188,565	46,232	53,195	**454,992**
Other affected people	1,975	1,063	380	380	**3,798**	4,917	623	5,337	948	**11,825**
Total	**197,497**	**106,343**	**37,980**	**37,980**	**379,800**	**230,455**	**252,122**	**87,596**	**87,037**	**657,210**
People with disabilities (PwD) out of the total										
	1,975	1,063	380	380	**3,798**	2,125	1,779	2,344	2,414	**8,662**

* 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

In collaboration with Government Extension Officers, our partners trained farmer groups and fisher folk on good farming and/or fishing practices. These farmers and fisher folk, in turn, taught techniques to other local farmers and fisher folk in their communities (e.g. crop demonstration plots) thus increasing the communities' access to knowledge. In addition, vegetable farmers and fishermen also sold their excess produce and products, benefitting other households in their communities by increasing their access to and availability of diverse and nutritious food options in local markets - thus communities at large. There were also many new arrival returnees living with the host communities and other targeted beneficiary households supported by FAO, thus they also were indirect beneficiaries of assistance. In addition, a total of **150** (**39** female, **111** male) Community Animal Health Workers (CAHW) were trained and received animal health services kits (e.g. veterinary drugs, vaccines, and equipment) to scale up the animal health response across the five counties. Thus, county residents indirectly benefitted through increased access to and use of quality animal health services (Fangak-196,950, Leer-77,811, Mayendit-70,936, Panyijar-120,261, and Pibor- 228,287).

6. CERF Results Framework

Project objective	Protect the livelihoods of the most vulnerable households and increase their food production
Output 1	Food production capacity of food-insecure/vulnerable households is enhanced

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

Sector/cluster	Food Security - Agriculture			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	Ag.1 Number of people receiving agricultural inputs (items/packages/kits)	240,000	495,558	Project reports
Indicator 1.2	Number of emergency livelihood kits distributed	40,000	51,871	Project reports
Explanation of output and indicators variance:		The number of people receiving agricultural inputs was increased due to high demand in Fangak County. Additional vegetable kits were given to NPA to meet needs.		

Activities	**Description**	**Implemented by**
Activity 1.1	Mobilize and sensitize communities	Partners (CH, HAD, JAM, NPA, and Sea Partners)
Activity 1.2	Procurement of inputs for replenishment	FAO
Activity 1.3	Beneficiary identification/registration	Partners (CH, HAD, JAM, NPA, and Sea Partners)
Activity 1.4	Collect and stock FAO emergency livelihood kits from nearest FAO warehouse and transport them to the distribution sites	Partners (CH, HAD, JAM, NPA, and Sea Partners)
Activity 1.5	Distribute the emergency livelihood kits	Partners (CH, HAD, JAM, NPA, and Sea Partners)
Activity 1.6	Monitoring and evaluation	FAO and Partners (CH, HAD, JAM, NPA, and Sea Partners)

Output 2	Livestock assets are safeguarded

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

Sector/cluster	Food Security - Agriculture			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	Ag.2 Number of animals vaccinated, dewormed and/or treated	1,000,000	646,992	Project reports
Indicator 2.2	Ag.3 Number of people receiving livestock inputs (animal feed/live animals/kits/packages) (livestock vaccination)	199,800	161,532	Project reports
Explanation of output and indicators variance:		Targeted beneficiaries for this project were households classified as IPC Phase 5 in severely flood impacted areas. Heavy rains were also ongoing during project period. The additional rains and increased insecurity in the areas led many households and cattle camps to move to higher ground with their animals. This also limited CAHWs' mobility and access to HHs. Thus, the project was unable to achieve full target.		

Activities	**Description**	**Implemented by**
Activity 2.1	Vaccination of Animals	FAO and Partners (NPA and VSF Suisse)
Activity 2.2	Treatment of Animals	FAO and Partners (NPA and VSF Suisse)

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas[2] 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]:

FAO promotes an AAP framework with seven commitments: strengthening leadership and governance to embed good practices; greater and more routine transparency; feedback and timely response; fair and representative population; accountability to affected communities mainstreamed in design, monitoring and evaluation; prevention of sexual exploitation and abuse; and collaboration with partners. To enable transparent targeting communities were engaged through participatory rural appraisal to allow beneficiaries as well as non-beneficiaries to understand why they were or were not targeted. Under this project, five mobilization meetings (two state level, five county level) were conducted with the attendance of local leaders and community representatives to lobby support for project activities. During the meeting response needs of the community, project objectives, key deliverables, and beneficiary selection criteria were discussed. Safety audits were conducted in all payams to find out the needs and concerns of women, girls and other vulnerable populations in the community. FAO partners also initiated the formation and training of AAP committees to empower the vulnerable by guiding them through understanding their roles and position in the society.

b. AAP Feedback and Complaint Mechanisms:

[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.

Under this project, the feedback and response mechanisms (FRM) consisted of suggestion boxes, help desks at distributions, toll free hotlines for programme feedback and prevention of sexual exploitation and abuse (PF=515; PSEA=882), AAP committees, and AAP focal points that are trained and employed by FAO to handle, refer, and log complaints. The gender-based violence (GBV) focal person, Chairperson, and Secretary of the AAP Committees also received training on GBV issues, including privacy, confidentiality, respectful reporting, and follow up as appropriate. Additionally, the project generated beneficiary satisfaction data using post-distribution monitoring exercises to establish beneficiary satisfaction with project actions or items distributed.

The various options for feedback and complaints helped to facilitate increased access to the system so that the most vulnerable would feel safe to speak up if they wanted to. All communications related to the project were carried out using local languages, methods and timing preferred by target beneficiaries, in line with AAP principles. In addition, the FAO monitoring system included help desks during the distribution of inputs to obtain rapid feedback from beneficiaries and post-distribution monitoring assessments to obtain feedback on perceived positive aspects of assistance as well as shortcomings – further strengthening AAP.

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

FAO has a PSEA Policy and Code of Conduct, that describes appropriate standards of conduct, other preventive measures, reporting, monitoring, investigation and corrective measures of it work , The Gender and Protection Officer holds mandatory trainings for all personnel on the organization's PSEA policy and procedures and its Code of conduct. The organization has mechanisms and procedures for personnel, beneficiaries and communities, including children, to report PSEA allegations that comply with core standards for reporting (i.e. safety, confidentiality, transparency, and accessibility) and ensures that beneficiaries are aware of them. In addition, the organization has a system to ensure survivors of PSEA, including children, receive immediate professional assistance through Hotline, Gender Desk and referral pay ways and the provision of psychosocial support services. The organization has a Committee and process for investigation of allegations of PSEA and provides evidence that it has appropriately dealt with past SEA allegations, if any, through investigation and corrective action. No cases were reported over the course of this project in ithe implementation areas.

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

The project prioritized female-headed households (FHH), reaching **38,447** FHHs (48%) out of a total of 78,793 households – almost half of the households that received emergency livelihood inputs and services. This is an accomplishment as women and girls play an essential role in improving household food and nutrition security in South Sudan, where natural and manmade disasters have increased the number of woman-headed (single parent) and child-headed households. Women were also prioritized during the selection of cadres for CAHW training, making up 37% of the 150 CAHWs that were trained and equipped.

e. People with disabilities (PwD):

The project did not focus specifically on persons with disability but considered disability as part of a larger vulnerability-based beneficiary selection criteria. However, during inception meetings, criteria for selecting beneficiaries was made clear to the community leaders. This included consideration of households with people living with disabilities among other requirements. The same requirements were also clarified during Enumerator training, with questions capturing the disability status of household members discussed in detail.

f. Protection:

FAO and its Partners recognizes the need for safety and dignity of individuals and the community and hence emphasized on community based informed interventions throughout. Services and assistance were delivered in ways that preserve the physical integrity of individuals and communities are culturally appropriate and avoid any unintended negative consequences.

g. Education:

As part of a cost-recovery scheme for sustainability after the project has closed, training on basic financial skills were provided to CAHWs to assist in the provision of animal treatment services on a privatized basis. Crop demonstration plots were established, and Lead farmers and fisher folk were trained in improved technologies for crop/vegetable/fish production and preservation so that knowledge and skills gained during project implementation could be shared with the broader community post project as well.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

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

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

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

CVA was not consider because targeted locations were IPC 5 counties with limited to no access to markets because of flooding and intra- and intercommunal conflict.

9. Visibility of CERF-funded Activities

Title	Weblink
Tweet	https://twitter.com/FAOSouthSudan/status/1527229695250644996?s=20
Tweet	https://twitter.com/FAOSouthSudan/status/1526198636148932613?s=20

3.2 Project Report 22-RR-IOM-020

1. Project Information

Agency:	IOM	**Country:**	South Sudan
Sector/cluster:	Multi-Purpose Cash	**CERF project code:**	22-RR-IOM-020
Project title:	Provision of Multipurpose Cash (MPC) to communities affected by the food insecurity in South Sudan		
Start date:	01/06/2022	**End date:**	30/11/2022
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 9,300,000**
Total funding received for agency's sector response to current emergency:	**US$ 0**
Amount received from CERF:	**US$ 1,200,000**
Total CERF funds sub-granted to implementing partners:	**US$ 60,000**
Government Partners	US$ 0
International NGOs	US$ 0
National NGOs	US$ 60,000
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

IOM and its partners provided multi-purpose cash assistance (MPCA) to 33,396h individuals (5,566 households) in Jonglei State, including 19,890 individuals reached in Fangak County and 13,506 individuals in Pibor town and Gumruk of Greater Pibor Administrative Area. The planned target was overachieved by 17% because of the high needs for cash assistance by the affected person. IOM in consultation with cash working group, NFI cluster and community leaders revised the minimum amount to be received by each household from 150usd to 128usd. The revision enabled IOM to reach extra 4,896 people thus at the time of distribution, each household received only 77,000 SSP (approx.128 USD). Prior to the cash distribution, six market and needs assessments were conducted focusing on food pricing, supply chains, and determining beneficiary needs. In parallel to the assessment, IOM conducted a refresher training on cash-based and market-based programming for 50 national non-governmental organizations' (NGOs) staff through the Cash Working Group. This training increased local partners' knowledge and skills in cash programming. In Fangak, the cash support responded to acute needs that surfaced after the Tonga conflict between August to September 2022 as well as seasonal displacement caused by flooding.

Even though most of the internally displaced persons (IDPs) who received the cash support had left due to the volatile situation in the project areas of implementation, the post-distribution monitoring (PDM) that was conducted a month after cash distribution reported that 86 per cent of respondents found the distribution safe and accessible. 92 per cent of them reported that they were aware of the planned assistance, however, only 50 per cent found the selection criteria fair, because beneficiaries were registered at community centres only. At the time of beneficiary selection and registration, IOM and its partners could not access the remote locations in both Fangak and Pibor due to the volatile situation, thus focus was shifted to the accessible areas around the towns.

It is also worth noting that further PDM findings reported that 86 per cent of beneficiaries had spent more than 75 per cent of the cash received; with majority of expenses on shelter and non-food items (NFIs) (39%), and health services (31%). The remaining 14 per cent of beneficiaries had saved more than 50 per cent of the cash received for education and livelihood inputs. In contrast to most PDMs conducted by IOM where food had been a priority expenditure for multi-purpose cash, few beneficiaries reported food expenses. Analysis suggested that both host communities and IDPs in Pibor and Fangak preferred hunting and fishing directly from the wetlands, grasslands, and rivers to save costs, hence the prioritization of other household needs.

3. Changes and Amendments

No change and changes were done.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Multi-Purpose Cash									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	718	713	714	705	**2,850**	900	937	737	766	**3,340**
Internally displaced people	5,382	5,345	5,358	5,290	**21,375**	6,750	7,026	5,523	5,750	**25,049**
Host communities	1,076	1,069	1,072	1,058	**4,275**	1,350	1,405	1,103	1,149	**5,007**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**7,176**	**7,127**	**7,144**	**7,053**	**28,500**	**9,000**	**9,368**	**7,363**	**7,665**	**33,396**
People with disabilities (PwD) out of the total										
	1,076	1,069	1,072	1,058	**4,275**	162	168	132	138	**600**

* 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 project indirectly benefited local traders who brought commodities from Juba or Ethiopia to meet the cash beneficiaries' needs in both Pibor and Fangak markets. An estimated population of 82,000 individuals from the host community also benefited from the revamped markets, as more and different type of goods were available in the markets. IOM observed from the six local markets that the traders (78% in Pibor, 89% in Fangak) increased their supplies because of increased demand and purchasing capacity during the week of the cash intervention.

6. CERF Results Framework

Project objective	To reduce impact of food insecurity through provision of multi-purpose cash assistance in Fangak and Pibor Counties.
Output 1	Most vulnerable populations under IPC 5 classification have access to their basic needs from the local market through integrated and multipurpose cash assistance.

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

Sector/cluster	Multi-Purpose Cash			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	Cash.1a Number of people receiving multi-purpose cash	28,500	33,396	Registration record, verifiable tokens, financial reports of partner
Indicator 1.2	Cash.1b Total value of multi-purpose cash distributed in USD	712,500	712,500	Registration record, verifiable tokens, financial reports of partner
Indicator 1.3	AP.5b Percentage of affected people who state that they were able to access humanitarian assistance and services in a safe, accessible, accountable and participatory manner	85%	86%	Post distribution reports
Indicator 1.4	AP.4b Percentage of affected people who state that the assistance, services and/or protection provided correspond with their needs	85%	93%	Post distribution reports
Indicator 1.5	Number of partners receiving refresher training on cash-based interventions	30	50	Cash Working Group training sign-in sheet
Explanation of output and indicators variance:		Indicator 1.1 was overachieved because the findings from the needs assessment conducted in Fangak reported a high number of IDPs in need of MPC. To reach the extra 4,896 people, IOM in consultation with the Cash Working Group and Cluster reduced the minimum cash to be received per household from150 USD to 128 USD.		

Activities	**Description**	**Implemented by**
Activity 1.1	Conduct market and needs assessment, verification and registration of beneficiaries.	IOM and Africa Development Aid (NGO)

* 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.

Activity 1.2	Provide unconditional cash assistance to 4,750 households (28,500 individuals) in Pibor and Fangak Counties where the market is functional.	IOM and Africa Development Aid (NGO), with the support of national cash service provider Mgurush (corporate)
Activity 1.3	Conduct rapid and post-distribution monitoring (PDM) exercise	IOM
Activity 1.4	Conduct CBI refresher training for the Cash Working Group partners	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 areas[4] often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP) [5]:

IOM project teams ensured that the affected population was consulted throughout the project implementation to secure community buy-in and collaboration in the emergency interventions. The project conducted six market assessments and needs assessments where 620 households participated in 12 focus group discussions. This approach provided a platform for engaging community members on their critical needs and how the project will address them. Findings from the assessment indicated that a higher number of IDPs needed support, therefore, IOM swiftly revised its operational plan in consultation with the SNFI Cluster, cash working group and local authorities by adjusting the minimum amount to be received per household from 150 USD to 128 USD to increase the beneficiaries reached. During project implementation, IOM also ensured participation of vulnerable person such as persons with disability (PwDs), unaccompanied elders and children. During beneficiary registration and distributions, the vulnerable persons were prioritised, and a separate complaint desk was purposely set up to receive and address their complaints. Additionally, the project conducted a PDM exercise in which 100 households participated. Through the PDM exercise, IOM received feedback on the cash distribution process and the impact of the cash distribution on the recipient households and the community at large.

b. AAP Feedback and Complaint Mechanisms:

IOM acknowledged that the restriction of staff movement due to insecurity, floods and rainy season reduced the team's capacity to receive and address beneficiary complaints. For example, the beneficiary registration could only take place at the town hall and by the time PDM was conducted, the majority of the IDPs who received the cash distribution had left. Consequently, following-up with them was not possible. IOM, however, deployed mobile team to observe market exchanges and monitor the cash distribution. During distribution, IOM set up a complaint desk at the distribution site while the local partner and financial service provider distributed the cash to the registered beneficiaries. It is worth noting that local chiefs were present at the distribution site to mitigate any complaint about IOM that was not addressed. This strategy enabled the team to quickly address beneficiaries' challenges, especially in case of lost/damaged tokens during encashment.

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

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

***** 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.

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

All IOM, partner staff, and local casual laborers who conducted the assessments and distribution were trained on the prevention of sexual exploitation and abuse principles, data protection, humanitarian principles, protection, and standards of conduct. Beneficiaries were also informed and oriented on the "We are all in" platform, an internal IOM reporting mechanism that is available to anyone who wishes to directly report misconduct committed by IOM staff, including PSEA.

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

The project ensured the participation of women and girls in all project activities including the needs assessment, distribution and PDMs. 49 per cent of the MPCA recipients were female. During PDM, 80 per cent of the key informants were women respondents and women-led households, which ensured gender-responsive feedback. IOM mitigated against gender-based violence (GBV)-related abuses that might arise from cash distribution by encouraging households to spend the money received in consultation with household/family members. Through the feedback and complaint mechanisms, four GBV cases were reported by women being harassed and abused by spouses because of the cash received. With consent from the women, the project referred them to local chiefs and Protection Cluster partners for further support.

e. People with disabilities (PwD):

600 persons with disabilities (473 PwD in Pibor and 127 PwD in Fangak received multipurpose cash from the project. During registration and distribution, IOM prioritized and provided extra support to PwDs by recruiting caretakers to support them during the registration and distribution processes, which improved their mobility and safety during movement to and from the distribution sites.

f. Protection:

IOM carried out safety audits prior to determining the distribution sites, which ensured safety for women and girls during cash distribution. In addition, the project responded to and mitigated against protection concerns that arose from the cash distribution. Referrals to local chiefs and protection partners were done for the four protection cases that resulted from cash distribution and households were encouraged to spend the money received in consultation with household/family members.

g. Education:

Although the project didn't have a direct component on education, the findings from the PDM show that 15 per cent of the cash recipients used the money to pay for education expenses, which include school fees, uniforms, and scholastic materials. This finding could imply that multipurpose cash contributes to access to education for children from recipient households.

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 the sole intervention in the CERF project	Yes, CVA is a component of the CERF project	33,396

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.

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The PDM that was conducted a month after cash distribution reported that 93 per cent of respondents found the cash support met their needs and 85 per cent were satisfied (including 38 per cent who were highly satisfied) about the assistance. Due to limitations on staff movement elaborated in previous sections, the team was unable to assist the 15 per cent who reported increased tension within the household resulting from disagreement on who and how to spend the cash received.

86 per cent of beneficiaries spent more than 75 per cent of the cash received, mostly on shelter and NFI (39%) and followed by health care and medications (31%); the remaining 14 per cent of beneficiaries saved more than 50 per cent of the cash received for education (15%) and livelihood inputs (8%). These results indicate that the IDPs not only have access to local markets, but also have access to health service providers in the host communities. By putting aside, a small amount of cash for education and livelihood inputs, as well as gaining access to service providers in host communities, the IDPs are slightly better positioned than before to manage risk and volatility, more protected from poverty and inequality, and have increased access to economic opportunity.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
Activity 1.2	33,396	US$ 712,500	Multi-Purpose Cash	Unrestricted

9. Visibility of CERF-funded Activities

Title	**Weblink**
n/a	

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3.1 Project Report 22-RR-CEF-039

1. Project Information

Agency:	UNICEF	**Country:**	South Sudan
Sector/cluster:	Nutrition Water, Sanitation and Hygiene	**CERF project code:**	22-RR-CEF-039
Project title:	Contributing to the reduction of morbidity and mortality among vulnerable groups in most affected counties by severe acute food insecurity in South Sudan		
Start date:	03/06/2022	**End date:**	02/12/2022
Project revisions:	No-cost extension ☒ Redeployment of funds ☐ Reprogramming ☐		

Funding

Total requirement for agency's sector response to current emergency:	**US$ 10,305,640**
Total funding received for agency's sector response to current emergency:	**US$ 0**
Amount received from CERF:	**US$ 6,000,030**
Total CERF funds sub-granted to implementing partners:	**US$ 3,580,738**
Government Partners	US$ 0
International NGOs	US$ 2,649,211
National NGOs	US$ 931,527
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

Through this CERF grant, a total of 198,414 people (Women, 55,556 Men, 47,619 Girls, 49,604 Boys, 45,635) were reached by WASH intervention:

- 187,014 people (Women, 52,364 Men, 44,883 Girls, 46,754 Boys, 43,013) in Leer, Mayendit (in Unity State) and Pibor and Fangak (in Jonglei State) gained access to sufficient and safe water for drinking, cooking and/or personal hygiene. This was achieved by setting up and operationalizing Surface Water Treatment Systems (SWATs), rehabilitating boreholes equipping them with flood-resilient platforms, and upgrading hand pumps to motorized solar-powered mini yards by UNICEF and its partners (Medair, CMD, LMI, PAH, and ACF).
- 198,414 people (including the 187,014 people) gained access to safe sanitation through the construction and/or rehabilitation of climate-resilient semi-permanent latrines in communities, congested Internally displaced persons (IDP) sites, and Health/Nutrition sites. These beneficiaries were reached with hygiene messages focused on diahoereal diseases prevention and control, including Cholera and Hepatitis E.
- 87,818 vulnerable people (Women 24,589, Men 21,076; Girls 21,955 and Boys 20,198), including Moderate Acute Malnutrition (MAMs), Severe Acute Malnutrition (SAM), and Pregnant and Lactating Women (PLW) patients received Lifesaving WASH Non-Food - Items (NFIs)
- 5,378 adolescent girls and women of reproductive age were reached with Menstrual Hygiene Management kits in Leer and Mayendit.

* 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.

In addition, through this CERF grant, nutrition interventions were implemented in four (4) Counties; Fangak and Pibor of Jonglei, Leer, and Mayendit of Unity State. A total of 39,360 people (31,070 women (including 18,160 pregnant and lactating mothers), 4,476 girls, and 3,814 boys) were reached with nutrition programmes services.

- Screening of children and pregnant and lactating mothers on Acute Malnutrition in the CERF project locations was done by mothers/caregivers using Mid-upper arm circumference (MUAC) (family MUAC) with the support of community nutrition volunteers (CNVs).
- 8,290 (4,476 girls & 3,814 boys) severely malnourished children were admitted to the outpatient therapeutic Programme (OTP).
- A total of 18,160 pregnant and lactating mothers benefited from individual Maternal, Infant and Young Child Nutrition (MIYCN) counselling sessions.
- 31,070 people received refreshing training and community awareness sessions on maternal, infant, and young child feeding in emergencies.
- Two (2) nutrition supplies storage facilities were established; One (1) in Pibor of Jonglei and One (1) in Mayendit of Unity.

Overall, the programme improved WASH conditions in the project areas, thus reducing the severity of malnutrition amongst children under 5. The project assisted a total of 237,774 people through Nutrition and WASH interventions between May 2022 and February 2023

3. Changes and Amendments

UNICEF has implemented activities in this project as planned. However, the global crisis has impacted the timely delivery of procured supplies to UNICEF in Juba to replenish items used under this contribution. As a result, the new proposed delivery dates exceed the lifespan of the grant. Access to Leer, Mayendit, and parts of Jonglei where this project was implemented experienced severe logistical challenges to a level that even aircrafts could not land until late October 2022. As such, the WASH project activities could not be completed in the 6 months project duration. UNICEF requested a No-Cost Extension, approved by CERF. As a result, the initial expiration of the project on 25 November 2022 was extended to 25 February 2023. The number of beneficiaries reached with access to safe water (indicator 2.1) has been achieved as planned, however, as hygiene promotion was conducted for more than the envisaged period (indicator 2.6), a greater number of people could be reached with hygiene messaging than anticipated initially.

* 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.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Nutrition									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	0	0	0	0	**0**	0	0	0	0	**0**
Host communities	31,070	0	4,476	3,814	**39,360**	31,070	0	4,476	3,814	**39,360**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**31,070**	**0**	**4,476**	**3,814**	**39,360**	**31,070**	**0**	**4,476**	**38,14**	**39,360**
People with disabilities (PwD) out of the total										
	0	0	40	35	**75**	0	0	38	25	**63**

Sector/cluster	Water, Sanitation and Hygiene									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	0	0	0	0	**0**	0	0	0	0	**0**
Host communities	44,883	41,143	48,624	52,364	**187,014**	55,556	47,619	49,604	45,635	**198,414**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**44,883**	**41,143**	**48,624**	**52,364**	**187,014**	**55,556**	**47,619**	**49,604**	**45,635**	**198,414**
People with disabilities (PwD) out of the total										
	449	411	486	524	**1,870**	556	476	496	457	**1,985**

* 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 nutrition project funded by the CERF fund indirectly benefited a total of 5,000 mothers and caretakers of children aged 6-59 months who were treated for severe acute malnutrition (SAM) across the various nutrition facilities sites in Jonglei and Unity states on the promotion of adequate infant and young child feeding practices.

The WASH components of this project indirectly reached 11,400 beneficiaries with key hygiene messages on safe sanitation and Hygiene practices through an extended campaign period beyond the project implementation.
In addition, 25,000 people were reached with specific messages on Hepatitis E prevention mitigation and referral to treatment centres, as an outbreak of hepatitis E was reported by health partners during the implementation of the project in Leer and Mayendit. UNICEF/Medair quickly responded with key messages in the affected area.

6. CERF Results Framework

Project objective	Reduce morbidity and mortality due to severe wasting among young children because of food insecurity in four hard-hit counties in Unity and Jonglei States and in Greater Pibor Administrative Area.
Output 1	Nutrition services strengthened in counties most affected by food insecurity for girls and boys under five years of age to continue accessing equitable and quality nutrition services (early detection, treatment of severe wasting, and promotion of adequate infant and young child feeding practices).

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

Sector/cluster	Nutrition			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	N.3a Number of people admitted to SAM treatment programme (Therapeutic feeding)	8,290	8,290	Nutrition Information systems (NIS)
Indicator 1.2	N.3b Number of people who were admitted for SAM treatment who recover (SAM Recovery rate)	> 95%	96.7%	NIS
Indicator 1.3	N.6 Number of people receiving training and /or community awareness sessions on maternal, infant, and young child feeding in emergencies	31,070	31,070	NIS
Explanation of output and indicators variance:		No variance		

Activities	**Description**	**Implemented by**
Activity 1.1	Screening for wasting among children under five years of age and referral	Implemented by Care International, Concern Worldwide, Nile-Hope, IMC and UNIDOR.
Activity 1.2	Treatment of children under five years of aged, affected with severe wasting	Implemented by Care International, Concern Worldwide, Nile Hope and UNIDOR.
Activity 1.3	Counselling of caregivers on adequate maternal, infant, and young child nutrition	Implemented by Care International, Concern Worldwide, Nile Hope and UNIDOR.

Output 2	Provide access to improved water, sanitation, and hygiene to mitigate the negative impact of food insecurity among the affected population in the four counties.

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

Sector/cluster	Water, Sanitation and Hygiene			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	WS.6. Number of people accessing sufficient and safe water for drinking, cooking and/or personal hygiene use as per agreed sector standard	187,014	187,014	Field monitoring report & Photos, Borehole & Solar Powered Water System (SPWS) - Mini Yard reports.
Indicator 2.2	WS.13 Number of communal sanitation facilities e.g., latrine) constructed or rehabilitated at Health/nutrition facilities.	30	69	Field monitoring report & photos
Indicator 2.3	WS 14 Number of house sanitation facilities e.g., latrines constructed or rehabilitated.	1350	1,603	Field monitoring report & photos
Indicator 2.4	WS 15 Number of communal water points e. g boreholes, water taps stand, a system constructed or rehabilitated	280	212	Field monitoring report & Photos, Borehole & Solar Powered Water System- (SPWS) Mini Yard reports
Indicator 2.5	WS 16 Number of people received critical WASH supplies e.g WASH Kits (bucket, soaps)	20,000	87,818	PDM report & Photos
Indicator 2.6	WS.17 Number of people receiving WASH/hygiene messaging	187,014	198,414	FGD, Feedback mechanism (AAP/AQA)

Explanation of output and indicators variance:

Indicator 2.2 and 2.3
The context in some of the project implementation areas precisely Fangak changed. The CERF project initially targeted the Integrated IPC response in this area, but during project implementation, people were displaced to this area due to the conflict that shot up the demand for WASH Services and Facilities. As such, UNICEF Partners, from their own internal resources, not CERF/not UNICEF, constructed more latrines in Fagak to boost the latrine coverage to accommodate the displaced people, thus the over achievement of this output by more than 100% of the initial targets.
Additionally, prepositioned latrine slabs during the dry season as part of the core pipeline saved a few doors from transportation. All these were consolidated to increase latrine coverage.

Indicator 2.4.
Transportation costs for materials were way under-estimated, and the severity of the logistic challenges was not properly forecasted; as such, the project was spent on chartering materials for borehole rehabilitation/motorization. Nevertheless, we were able to achieve the targeted number of people with safe water through the larger scale water systems like the SWATs and the motorised, solar powered yards which were able to cover wider range of vulnerable communities.

Indicator 2.5

	Conflict-displaced persons received WASH NFIs as part of the response to the conflict. The cluster, however, leveraged the presence of the UNICEF partners on the ground who were already implementing the IPC response to distribute these WASH NFIs to the conflict-displaced persons in Fangak, thus the over 400% achievement under this output. The beneficiaries of IPC and conflict distributed WASH NFI response were merged. Additionally, in Leer and Mayardit, WASH NFIs beneficiaries included those reached with water treatment chemicals and Dignity kits. These were initially not accounted for in the planned targets. **Indicator 2.6** Hygiene promotion was conducted for more than the envisaged period, thus reaching out to more people with hygiene messages. During the project implementation, a Hepatitis E outbreak was reported by the health partners, and specific messaging on Hepatitis E prevention, mitigation, and referral to treatment was carried out to curb the spread of the disease.

Activities	Description	Implemented by
Activity 2.1	Rehabilitate non-functional handpumps in areas of high GAM rates and Healthcare /nutrition facilities (flood resilient platform-elevated), if applicable	CMD/IAS/ACF/PAH/Medair
Activity 2.2	Install emergency surface water treatment systems and operate for three months	CMD/IAS
Activity 2.3	Converting or rehabilitation of 20 boreholes to Solar Powered Water System (SPWS)- mini yard	CMD/IAS/PAH/Medair
Activity 2.4	Construct climate-resilient blocks of latrines in a crowed areas (IDPs)	CMD/IAS/ACF/PAH/Medair
Activity 2.5	Construct climate-resilient blocks of latrines in Healthcare/Nutrition facilities	CMD/IAS/ACF/PAH/Medair
Activity 2.6	Rehabilitation of blocks of latrines in Healthcare/Nutrition facilities	CMD/IAS/ACF/PAH
Activity 2.7	Installation of handwashing stations in Healthcare/Nutrition facilities	CMD/IAS/PAH/Medair
Activity 2.8	Distribute hygiene items to nutrition centers for caretakers and mothers of SAM patients	CMD/IAS/PAH/Medair
Activity 2.9	Replenish stocks and distribute hygiene items to affected populations through the core pipeline mechanism	CMD/IAS/PAH/Medair
Activity 2.10	Conduct hygiene promotion for caretakers and mothers of SAM patients in nutrition centers and affected individuals in communities	CMD/IAS/PAH/Medair

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas[6] often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate**

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

how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.

a. Accountability to Affected People (AAP)[7]:

UNICEF ensured that AAP measures were taken into consideration by all implementing partners and put in place feedback mechanisms through Post Distribution Monitoring (PDM), Focused Group Discussion (FGD), and participatory meetings. Two programme implementation start-up meetings were held with all stakeholders and Implementing Partners (IPs) of this programme in Jonglei and Unity. The meetings deliberated on programme implementation strategy, and beneficiary cantered approach was adopted. During the implementation of this programme, UNICEF and its IPs very much depended on the wealth of knowledge provided by the local population. This informed the design of programme activities and services, enhanced ownership, and boosted the uptake of WASH services by the beneficiaries. Joint monitoring visits were undertaken by UNICEF, IPs, and Government line Ministries staff and community leaders to track progress and ensure quality delivery of the intervention. During these visits, UNICEF continued to provide technical expertise to the IPs and gather first-hand feedback from the programme beneficiaries.

In line with the localization agenda, UNICEF advocated and continues to advocate for the use of local materials, techniques, and labour force in the implementation of WASH programmes for enhanced ownership, improved services uptake, and sustainable use of established facilities and services.

In addition, the programme implementation start-up meeting was held with stakeholders and the nutrition implementing partners in all the counties in Unity and Jonglei state; both UNICEF and the IPs are dependent on the rich information which was provided by the population in these counties in these two counties; this has enhanced ownership and boosted the uptake of Nutrition progamme by beneficiaries. Joint monitoring and supportive supervision by UNICEF, IPs, and stakeholder counterpart (Government) line ministries staffs to track the nutrition programme implementation.

Furthermore, UNICEF provided technical support in ensuring progress of nutrition progamme implementation in the Counties of Jonglei and Unity states for the improvement of nutrition programme quality intervention and continued provision of first-hand information in terms of feedback so that UNICEF can use this for advocacy fund and improving the quality of nutrition progamme implementation through consistent programme monitoring and supportive supervision.

b. AAP Feedback and Complaint Mechanisms:

Consultative meetings and site meetings (with persons living with disability, the elderly, women and girls, and communities, including project workers) were conducted with the involvement of affected populations. Feedback received from beneficiaries was addressed in a timely manner.

Complaint and feedback desks were established throughout the project implementation to gather feedback from beneficiaries and communities on resolving issues raised. Separate complaints and feedback desks were created during the distribution of WASH NFIs and Menstrual Hygiene Management kits precisely to capture complaints during distribution. These improved the distribution exercise over time. The gathering of feedback is not only a basic right of the affected populations but also provides an opportunity for UNICEF and its IPs to reflect on how they conduct business and subsequently resulting in better ways of implementing program activities and subsequently improved services delivery and uptake by beneficiaries.

The commonly applied feedback or complaint mechanism during the project implementation to enhance ownership and booster nutrition progamme service uptake by the beneficiaries was consultative, and site meeting by the nutrition facilities' key technical, supportive, and

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

community staff was facilitated (conducted). Complaints and feedback mechanisms were deployed by installing a suggestion box in most nutrition facilities and activating community/beneficiaries' monthly feedback meetings. This feedback was so essential not only a basic right to the affected population this was also important to UNICEF and Nutrition implementing partners to explore different approaches and avenue in improving nutrition programme service delivery and uptake

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

At the onset of the project, UNICEF reminded its staff and those of the IP of UNICEF's Zero tolerance policy on sexual exploitation and abuse and the consequences of violation. Contracts for all newly recruited staff (UNICEF and IP) included a clause on SEA and the implications on the staff and the agency where the staff belongs. Beneficiaries were also sensitized on their right to receive humanitarian aid and services for free without exchange for a sexual benefit. A referral pathway for beneficiaries to report SEA misconduct was also shared with beneficiaries. Training of all community-based WASH committees included, amongst others, a section on PSEA. The integrated cross-sectoral messaging by the trained integrated team of community social mobilizers to communities had messages on PSEA.

In addition, training in PSEA is mandatory for UNICEF staff, which applies to the Nutrition and WASH implementing partners. Communities and beneficiaries were also sensitized to PSEA. Comprehensive reporting and follow-up mechanisms have been put in place through the training of Nutrition staff and the community on PSEA and how to report SEA situation.

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

Throughout the project implementation process, separate consultative meetings were held with women to capture their input in programme design and implementation. This resulted in improved quality of services and facilities that promoted safe and dignified access by women and girls. The programme design and implementation included specific activities like the distribution of Menstrual Hygiene Management (MHM) kits and MHM sessions to benefit the most vulnerable women and girls in food-insecure parts of Unity and Jonglei. This allows women to undertake their roles uninterrupted and allows school-going girls to always stay in school like their male counterparts. Selection of WASH committees encouraged women's participation not only as members of the committees but encouraged women further to take leadership roles in the WASH committees that they are a part of.

The nutrition project intended to contribute to gender equality, promoting the empowerment and protection of women, girls, and sexual minorities through having a consultative meeting with female (women) to get their input in planning and programme design and implementation. This basically to improve the quality of nutrition progamme implementation through active case searches for children under five with acute malnutrition, provision of quality treatment, and follow-ups in Unity and Jonglei states.

e. People with disabilities (PwD):

All programme activities, from design to implementation and monitoring, centred on the inclusion of persons with disabilities. Their involvement was indeed a priority and beneficial to the success of the WASH programme implementation.

In addition, the project protected people with disabilities by actively seeking them out and giving them priority access/special consideration queuing for services and supplies at all nutrition program facilities across the country state of Jonglei and Unity.

f. Protection:

GUIDANCE (delete when completed): In **max. 150 words**, please explain how protection of all affected persons and at-risk was mainstreamed in the project implementation and highlight all integrated protection outcomes obtained under this project?

Specific engagements with women and at-risk groups were also carried out during the project implementation, and concerns raised by these groups were critically evaluated and responded to. Through the Safety Audit tool, women, girls, and at-risk groups were consulted during the design and siting of WASH infrastructure, especially water points, and latrines. Latrines were designed with locks (internally and externally). Dignity kits distributed to adolescent girls and women of reproductive age included a torch allowing for safe and dignified access to latrines and other WASH infrastructure.

In addition, Local authorities, community leaders, and civil society, in coordination with the protection and Nutrition cluster, were engaged in key protection issues. Safety audits were conducted to assess risks associated with access to nutrition services and recommend ensuring women and children are not exposed to GBVs related risks when accessing Nutrition services and facilities.

g. Education:

During the implementation of the project, community-based WASH structures were given refresher training on hygiene message dissemination and the management of WASH facilities and services for sustainability.

During the implementation, all key nutrition facilities staff were given refresher training on Community management of acute malnutrition and Integrated maternal infant and young child feeding practices to boost their understanding of the mechanism and the approaches of nutrition programme implementation and its sustainability.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

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

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

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

As per the design of the project, no cash was transferred to the beneficiaries during the programme. UNICEF paid all supplies, goods, and services to the partners for the benefit of the beneficiaries as per the programme designs.

9. Visibility of CERF-funded Activities

Title	Weblink
New climate resilient facilities help prevent malnutrition in Jonglei State	https://unicef.org/southsudan/stories/new-climate-resilient-facilities-help-prevent-malnutrition-jonglei-state
Tomorrow is #GlobalHandwashingDay, a reminder of the importance of handwashing to prevent diseases.	https://www.facebook.com/unicefsouthsudan/photos/a.253130254723689/5678095532227107/
#Climatechange is putting communities in South Sudan into a cycle of floods.	https://www.facebook.com/photo.php?fbid=488505623306853&set=a.477616354395780&type=3

3.2 Project Report 22-RR-WFP-035

1. Project Information

Agency:	WFP	**Country:**	South Sudan
Sector/cluster:	Food Security - Food Assistance Nutrition	**CERF project code:**	22-RR-WFP-035
Project title:	Emergency food assistance and nutrition support to vulnerable populations in Pibor and Fangak		
Start date:	18/05/2022	**End date:**	17/11/2022
Project revisions:	No-cost extension ☐ Redeployment of funds ☐		Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 29,700,000**
Total funding received for agency's sector response to current emergency:	**US$ 13,000,000**
Amount received from CERF:	**US$ 3,999,999**
Total CERF funds sub-granted to implementing partners:	**US$ 677,413**
Government Partners	US$ 0
International NGOs	US$ 571,463
National NGOs	US$ 104,950
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

Through this CERF project, WFP in collaboration with its cooperating partners provided humanitarian assistance in the form of in-kind food assistance to 20,000 of the most vulnerable people across Pibor County and in the form of in-kind and cash assistance to a total of 15,000 beneficiaries in Fangak County. The populations served included children, elderly, disabled, chronically ill heads of households, and households with high dependency ratios. The assistance lasted from May to October 2022 (six months).

Due to the inaccessibility of the roads during the rainy season, WFP had to preposition food in April 2022 ahead of the lean season response and to ensure the can be delivered to the neediest people in those two counties. In Fangak, WFP utilized cash-based transfers to support 5,000 beneficiaries and in-kind food distributions for the remaining 15,000 individuals to cover their food basket requirements which includes cereals, pulses, vegetable oil and salt. In Fangak, WFP utilized cash-based transfers to support 5,000 beneficiaries and in-kind food distributions for the remaining 10,000 individuals to cover their food basket requirements which includes cereals, pulses, vegetable oil and salt. In Pibor, it was purely in-kind distribution of the same food basket because limited market functionality that did not allow for cash distributions. The challenges faced in terms of market accessibility and functionality were exacerbated by the breakout of Tonga conflict thereby restricting river movements between Juba, Malakal and Tonga in Upper Nile State.

The ration size used for distributions in both Pibor and Fangak was 70 percent to cover 21 days of food requirements per month since the October 2022 Integrated Food Security Phase Classification (IPC) results indicated that populations in these areas were likely to experience the highest levels of acute food insecurity, IPC Phase 5 Catastrophic conditions.

Under the nutrition assistance programme, from May to October 2022, WFP supported a total of 11,800 including 3,508 children under 5 years of age and 5,200 PLWs were reached through WFP's Targeted Supplementary Feeding Programme; and through the Blanket Supplementary Feeding Programme, a total of 3,029 children were provided with a preventative nutrition ration. The specialized nutritious foods distributed included the Ready-to-Use Supplementary Food (RUSF) and LNS-MQ for children and Super cereal Plus (CSB++) for PLWs. The preventative ration accompanies the General Food Distribution (GFD) food basket and is delivered at the community level.

3. Changes and Amendments

Conflict, insecurity and physical accessibility challenges affected by unprecedented levels of flooding in Northern Jonglei and Upper Nile State continued to hamper the delivery of food commodities via road and river transport to Fangak throughout this grant's implementation period. Intercommunal violence that erupted in Malakal and surrounding areas (referencing the Tonga conflict of August 2022) resulted in numerous displacements which made the delivery of food to targeted and most affected communities more complex.

Due to those frequent displacements of conflict-affected and food insecure communities, it was challenging to plan for beneficiary verification and registration, timely food distributions and process monitoring. In addition, due to non-availability of markets in Fangak County, (the entire Fangak county is served by one market in Old Fangak which is also not fully functional due to insecurity and inaccessibility) WFP shifted assistance from Cash-Based Transfers (CBT) to in-kind in order to meet the immediate food needs of the target populations.

As for Pibor, the main challenge experienced was logistical and physical access due to poor roads conditions affected by heavy rains along the main supply route along the Bor-Pibor road in Jonglei state. Despite those challenges, WFP managed to deliver food by airlifting and airdropping food commodities to Fangak when river deliveries were no longer an option, and to Pibor before the security situation escalated in Greater Pibor Administrative Area around the end of December 2022 and thus lead to a temporary halt in operations in the affected locations of GPAA.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Nutrition									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	0	0	0	0	**0**	0	0	0	0	**0**
Host communities	5,200	0	3,762	2,838	**11,800**	5,200	0	3,399	3,138	**11,737**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**5,200**	**0**	**3,762**	**2,838**	**11,800**	**5,200**	0	**3,399**	**3,138**	**11,737**
coPeople with disabilities (PwD) out of the total										
	104	0	75	56	**235**	104	0	75	56	**235**

Sector/cluster	Food Security - Food Assistance									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	0
Returnees	0	0	0	0	**0**	0	0	0	0	0
Internally displaced people	0	0	0	0	**0**	0	0	0	0	0
Host communities	8,180	6,170	11,770	8,880	**35,000**	8,180	6,170	11,770	8,880	**35,000**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**8,180**	**6,170**	**11,770**	**8,880**	**35,000**	**8,180**	**6,170**	**11,770**	**8,880**	**35,000**
People with disabilities (PwD) out of the total										
	164	123	235	178	**700**	164	123	235	178	**700**

* 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

In Pibor, beneficiaries indirectly benefited from the various light activities that were conducted to clear key community roads that ease physical access to WFP food distribution points (FDPs) as well as other essential services such as healthcare centers, water points and homesteads. Through other WFP funded activities, beneficiaries receiving food assistance from this grant, benefited from participation in the construction of shade shelters at distribution points as well as construction of temporary pit latrines using local materials. The latter activities are supported by alternative funding sources which support GFD+ activities and complement direct general food distributions (GFD).

In Fangak, beneficiaries receiving GFD including Project Management Committee members participated in awareness raising sessions on peacebuilding, social cohesion, kitchen gardens, training on modern agriculture practices which also fall under WFP's GFD+ programme. Further benefits included clearing of waterways around the market space in Fangak which greatly mitigate the overflow of water into the town, and thus ensure that communities are protected.

6. CERF Results Framework

Project objective	Address emergency food and nutrition needs of vulnerable people in Pibor and Fangak
Output 1	Critical food assistance is timely delivered to targeted crisis-affected locations
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Food Security - Food Assistance

Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	FN.1a Number of people receiving food assistance	35,000	35,000	Distribution report
Indicator 1.2	FN.1b Quantity of food assistance distributed in MT	1,162	1,716	Distribution report
Indicator 1.3	Cash.2a Number of people receiving sector-specific unconditional cash transfers	35,000	5,000	Distribution report
Indicator 1.4	Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD	289,800	85,727	Distribution report `
Indicator 1.5	FS.3 Average reduced Coping Strategies Index (rCSI)	<8	*15.4*	
Indicator 1.6	FS.4 Percentage of people enabled to meet their basic food needs	100%	*100%*	Post Distribution Monitoring
Indicator 1.7	FS.5c Percentage of households with a poor food consumption score	<20%	*65%*	Post Distribution Monitoring

Explanation of output and indicators variance:	Due to market functionality challenges, WFP provided 5,000 beneficiaries with cash-based transfers as part of the total 35,000 target. The remaining caseload of 25,000 beneficiaries in Fangak and Pibor received food commodities. Therefore, the total food distributed was 1,716 MT in Fangak and Pibor, and the cash distributed was equivalent to USD $85,727 in Fangak. An error in recording the assistance provided in Fangak once the switch was made from cash corrected. 610 MT of food reaching over 13,000

	people in Fangak who should have received assistance through cash. This allowed for more rounds of food assistance through October 2022. The planned figure of 35,000 people covered assistance through cash and in-kind representing unique beneficiaries. Given the lack of market functionality, the planned cash assistance was shifted to in-kind meaning more people were reached through in0kind food assistance in the latter parts of the assistance.

Activities	**Description**	**Implemented by**
Activity 1.1	Procurement of food commodities	WFP
Activity 1.2	Food delivery to WFP and/or partners warehouses	WFP
Activity 1.3	Contracting of cooperating partners	WFP
Activity 1.4	Food and CBT distributions	NPA and CRS

Output 2	Specialized nutritious commodities (such as RUSF and CSB++) are delivered to vulnerable groups

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

Sector/cluster	Nutrition			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	N.2a Number of people admitted in MAM treatment programme	11,800	11,800	Distribution report and program reports from WFP nutrition partners
Indicator 2.2	FN.1a Number of people receiving in-kind food assistance (MAM treatment)	11,800	11,800	Distribution report and program reports from WFP nutrition partners
Indicator 2.3	N.4 Number of people screened for acute malnutrition	11,800	11,800	Program reports from WFP nutrition partners
Indicator 2.4	N.2b Percentage of people who were admitted for MAM treatment who recovered (MAM recovery rate)	>75%	94.5%	Program reports from the Nutrition Information Systems
Indicator 2.5	FN.1b Quantity of food assistance distributed in MT (specialized commodities (such as RUSF and CSB++) distributed in MT	313	339.4	Program distribution report
Explanation of output and indicators variance:				

Activities	**Description**	**Implemented by**
Activity 2.1	Procurement of specialized nutritious commodities	WFP
Activity 2.2	Delivery to WFP and/or partners warehouses	WFP
Activity 2.3	Distribution of specialized commodities (such as RUSF and CSB++)	The Partners who were implementing nutrition services in Fangak were Action Against Hunger, Christian Mission Aid, World Relief, Nile Hope, Hold the Child & Norwegian People's Aid, while in Pibor JAM, Plan International and Catholic Relief Services

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas[8] often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)[9]:

Accountability to Affected Populations (AAP) was ensured through three core activities: provision of information; Inclusion; and Community Feedback and Response. WFP constituted project management committees made up of community representatives and through these, they are consulted and agreed on timing of the distribution, eligibility criteria and communicates with beneficiaries. This allowed WFP to mitigate and prevent protection risks during design and implementation, while providing communities the opportunity to participate in decision-making and ensure that assistance is tailored to their preferences. To strengthen community engagement, WFP supported the formation and engagement of functioning of project management committees (PMC), comprising women, men, youth, persons with disabilities, and other individuals identified as vulnerable, thereby ensuring that the PMC is representative and inclusive, and empowering the most vulnerable to have their voice heard. The committees facilitated engagement, problem resolution, and communication with Cooperating and WFP to facilitate effective delivery of life-saving food and nutrition assistance. Before and during distributions, WFP and its partners provided timely and accurate information to the affected community on program objectives, activities, eligibility criteria, entitlements, and where and how to lodge grievances and suggestions. This information was disseminated through various communication channels, including community meetings, help desks, hotlines and appointed community mobilizers.

b. AAP Feedback and Complaint Mechanisms:

As a broader part of accountability to affected populations, WFP continued the utilisation of its Community Feedback Mechanism managing feedback and complaints from the people we serve. The CFM which is made up of the helpdesk set up at distribution and registration sites; a hotline through which feedback, complaints and compliments from beneficiaries are received, documented in Sugar CRM, and resolved. The hotline – a toll managed by WFP through free call centre provides beneficiaries with an opportunity to contact WFP directly through hotline numbers which were distributed in case of any questions, feedback, or complaints. WFP's community feedback mechanism (CFM) operates at the local level, with a 360-degree monitoring, reporting and feedback process in place.

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

WFP maintained its Zero Tolerance Policy to SEA through carrying out of regular awareness and prevention activities to WFP and partner staff, and communities. The WFP Standard Operating Procedure on Sexual Exploitation and Abuse in South Sudan provides guidance to all staff (including partners) on their roles, responsibilities, accountabilities and actions in case of any identified / suspected SEA concerns. The various safe, accessible and confidential reporting mechanisms in place and accessible to communities, partners and staff include: PSEA Advisor, Ms. Miriam Warui (Cell 0926-622-6020); Office of Inspections & Investigations (OIGI) Food SAT: 1301-3663; Phone: +39

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

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

06 6513 3663; investigationsline@wfp.org; PSEA focal points at field level; and the National PSEA hotline. WFP developed communication materials with this info and displayed in strategic spaces.

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

All WFP''s programmes are implemented from Gender and protection lens to promote inclusiveness of all genders. This is ensured through consultations with the people we serve right from design throughout project cycle. Gender indicators are embedded in the project design and measured periodically to determine the level progress made in achieving Gender equality through Gender and Age marker

WFP promotes access to information especially for the most marginalised/vulnerable groups such as women and girls through usage of different channels, ranching from CFM, PMCs, community structures about the available services it offers in the community, additionally, there is close collaboration with relevant partners and platform such as protection and GBV sub clusters both at national and state level to address emerging gender issues through referrals, joint awareness creations, trainings on specific areas of interest in Gender and protection, working closely with established community/local structures to address some of the harmful practices towards women and girls such as forced and early marriage, lack of access and control over resources, barriers to meaningful participation and decision making.

e. People with disabilities (PwD):

The unconditional and blanket assistance modality will prioritize Persons with Disabilities (PwD) and other categories of persons with specific needs. WFP Field Offices will work with communities and partners to identify PwD's to ensure that mechanisms are put in place to address their needs prior and during distributions, registrations and post-assistance follow up through the WFP Complaint and Feedback Mechanism (CFM). WFP prioritizes PWDs during registration and at distribution sites. Additionally, during monitoring visit to the distribution site, community outreach sessions on protection and inclusion are conducted for affected population including PWD and feedback are collected about services provided to identify emerging issues which require improvement /actions to ensure persons with disabilities have meaningful and dignified access to their entitlements.

f. Protection:

Mainstreaming of protection and AAP are at the core of the project design to ensure food assistance is accessible, safe, dignified and appropriate to all men, women, boys, girls and vulnerable including persons with disabilities (following Do not Harm principles). WFP Field Offices with the support of the Gender and Protection Unit directly engage and collaborate with communities and cooperating partners to ensure considerable mechanisms are addressed and put in place to adequately account for the needs of affected people and PwD. Protection risk analysis is introduced for protection sensitive programming. Close coordination with protection partners ensures protection favourable environment through strengthening referral mechanism.

g. Education:

Not applicable.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	5,000

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

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

Cash based transfer as a modality for food assistance was used and not MPC.

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	5,000	85,727	Food Security and Livelihoods Cluster	Unrestricted

9. Visibility of CERF-funded Activities

Title	**Weblink**
Thank you tweet	https://twitter.com/WFP_SouthSudan/status/1539857283655532546

3.1 Project Report 22-RR-WHO

1. Project Information					
Agency:	WHO		**Country:**	South Sudan	
Sector/cluster:	Health		**CERF project code:**	22-RR-WHO-024	
Project title:	Emergency health assistance to communities in IPC 4 and 5; acute food insecurity in Fangak, Leer, Mayendit, and Pibor counties in South Sudan				
Start date:	01/06/2022		**End date:**	30/11/2022	
Project revisions:	No-cost extension	☒	Redeployment of funds	☐	Reprogramming ☐

Funding		
	Total requirement for agency's sector response to current emergency:	**US$ 8,000,000**
	Total funding received for agency's sector response to current emergency:	**US$ 7,900,000**
	Amount received from CERF:	**US$ 1,999,999**
	Total CERF funds sub-granted to implementing partners:	**US$ 764,999**
	Government Partners	US$ 00
	International NGOs	US$ 00
	National NGOs	US$ 764,999
	Red Cross/Crescent Organisation	US$ 00

2. Project Results Summary/Overall Performance

With funding from the CERF allocation, the World Health Organisation (WHO) in partnership with HealthCare Foundation (HFO), United Networks For Health (UNH), and Children Aid Organization (CASS) implemented a 6-month project to address the health consequences of acute food insecurity in 4 priority Integrated Phase Classification (IPC) 4, and 5 locations. The project "Emergency health assistance to communities in IPC 4 and 5; acute food insecurity in Fangak, Leer, Mayendit, and Pibor counties in South Sudan" aimed to contribute to the reduction of preventable morbidity and mortality resulting from the effects of acute food insecurity and the associated risk of infectious and epidemic-prone diseases. The project partners: UNH in Pibor, Children Aid South Sudan (CASS) in Mayendit, and Health Care Foundation Organization (HFO) in Leer and Fangak counties delivered a range of primary health care services including curative consultations for common conditions, maternal, child, and adolescent health, sexual and reproductive health, response to mental health and gender-based violence through the 11 static and mobile clinics supported by the project. They also provided complimentary Basic emergency new-born and obstetric Care (BemonC) services in selected health facilities. Meanwhile, the WHO provided Interagency Emergency Health Kits (IEHK) to responding partners supporting priority health facilities, support to disease outbreak detection and response, and capacities in Case management, Clinical Management of Rape, and integrated disease surveillance among others. By the project's completion, WHO and its partners had reached 376,997 (Men:56,602, Women 93, 303, Boys:110,587 and Girls:116,500) among them are 86,205 reached through curative consultations from the 11 mobile and static facilities, 9,464 children vaccinated as part of routine immunization against vaccine-preventable diseases, 423 mothers supported by skilled birth attendants, 20,832 U5s screened for malnutrition, 1,041 GBV and MHPSS survivors provided services and 276 health workforce trained on IDSR, Clinical Management of Rape and Case management for common conditions.

The interventions contributed to the humanitarian Response Plan's collective outcome of reducing the number of people in IPC 4 and 5 by 2023 (lean season May – July), and the three health cluster strategic objectives of (1) Improving equitable access to life-saving essential quality health care services, (2) reducing excess morbidity and mortality by timely detection and coordinated response to epidemic-prone diseases, and (3) enhancing resilience and promoting humanitarian-development linkages to strengthen health system recovery and coping mechanisms.

3. Changes and Amendments

During the project period, Upper Nile and Jonglei experienced cases of sub-national violence and flooding that affected the speedy delivery of the project. In Upper Nile, there was intercommunal violence between Warrap and Mayom County where 11 people were reportedly killed followed by clashes between SSPDF and forces loyal to Gen. Stephen Bouy in Mayom county that reportedly led to the death of over 40 people and several related abductions of the youth from the Protection of Civilians Camps (POC); and attacks on healthcare that included the killing of WHO staff on September 19th, 2022. Alongside floods that affected all 7 counties in the state, field operations such as the deployment of RRTs for outbreak investigations and other project activities were affected. In Jonglei state inter-communal violence that started on the 25th of December lasting till the 27th in Lekuangole and Gumuruk displaced 38,834 people destroying social services meanwhile Jonglei was the most affected by floods that displaced an estimated 305,000 people.

In addition to the changes in the context within the target counties, the project also faced challenges that were brought about by the global shortage of medical supplies resulting from the effects of protracted emergencies in Eastern Europe (Ukraine). There was delayed procurement and delivery of emergency, medical supplies in the country as WHO's global supply chain was overwhelmed with the urgent needs in Ukraine. The WHO secured a no-cost extension of 2 months because of these delays.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
Category	**Planned**					**Reached**				
	Women	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	3,336	3,218	3,638	3,774	**13,966**	3,243	2,549	4,327	4,718	**14,837**
Internally displaced people	38,731	25,957	42,714	36,326	**143,728**	37,651	20,557	50,804	45,412	**154,424**
Host communities	53,213	41,430	51,021	47,813	**193,477**	52,414	33,496	61,369	60,457	**207,736**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**95,280**	**70,605**	**97,373**	**87,913**	**351,171**	93,308	56,602	116,500	110,587	**376,997**
People with disabilities (PwD) out of the total										
	14,292	10,591	14,606	13,187	**52,676**	13,893	8,387	17,372	16,485	**56,137**

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

5. People Indirectly Targeted by the Project

An estimated 517,230 Men, Women, Boys, and Girls benefited indirectly from the project, the numbers are derived from the 86,205 people who came for curative consultations and who also benefitted from health education and awareness messages. Health education will benefit household members. The total indirect beneficiaries are calculated based on South Sudan's average household population of 6 persons per household.

6. CERF Results Framework

Project objective	To contribute to the reduction of preventable morbidity and mortality resulting from the effects of acute food insecurity and the associated risk of infectious and epidemic-prone diseases in Leer, Fangak, Mayendit, and Pibor Counties.

Output 1	Improved access to essential health services for food insecure population in 4 priority counties			
Was the planned output changed through a reprogramming after the application stage?		Yes ☐	No ☒	
Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	H.1a Number of emergency health kits delivered to health facilities	928	627	Distribution reports
Indicator 1.2	Number of people covered by emergency health kits	351,171	246,550	Consumption reports
Indicator 1.3	H.7 Number of health facilities supported to provide essential health services	11	11	Progress reports Monitoring reports
Indicator 1.4	H.8 Number of primary healthcare consultations provided	91,282	86,205	OPD registers Progress reports Monitoring reports
Indicator 1.5	N.4 Number of people screened for acute malnutrition (children and PLWs)	22,016	32,525	Weekly facility reports Progress reports
Indicator 1.6	H.4 Number of people vaccinated (children under 5 years vaccinated against measles and other vaccine-preventable diseases)	14,138	9,464	Vaccination registers Progress reports
Indicator 1.7	RH.1 Number of births attended by skilled health personnel	630	423	Birth registry Progress reports
Explanation of output and indicators variance:		The project underperformed on the provision of medical kits at 68%, it also achieved only 70% of the total numbers targeted with supplies, the number of people vaccinated, and skilled birth. The under achievements were due to various reasons. Low performance on medical supplies and the total population was due to delays in the global supply of emergency medical supplies due to the huge needs presented by the Ukraine emergency, the supplies arrived late and the balance will be distributed to responding partners in the same locations to ensure health services continuity. The Low vaccination coverage was due to cold chain challenges in the country during the year meanwhile security and floods hindered access to health services and the effects were overall		
Activities	**Description**			**Implemented by**

Activity 1.1	Procurement and distribution of Interagency Emergency Health Kits, SAM/MC kits, pneumonia kits, and Reproductive Health kits to 30 priority health facilities	WHO
Activity 1.2	Recruit, orient, and deploy health workers to support static and mobile clinics to provide primary healthcare services at the static and mobile facilities in the 4 priority counties	CASS, UNH, and HFO
Activity 1.3	Support mobile teams to conduct mobile outreaches to priority locations	CASS, UNH, and HFO
Activity 1.4	Conduct out-patient consultations for common conditions such; Malaria, Acute Watery Diarrhea using mobile and static health facilities	CASS, UNH, and HFO
Activity 1.5	Strengthen the existing PHCUs to provide Basic Emergency Obstetrics and Neonatal Care (BemonC)	CASS, UNH, and HFO
Activity 1.6	Conduct active mass screening and referral for SAM and MAM cases (children under 5 and PLWs).	CASS, UNH, and HFO
Activity 1.7	Refresher training and orientation of 120 health care workers on Case management for common diseases and rational use of drugs and supplies	WHO
Activity 1.8	Procurement of basic health equipment and buffer medical supplies	CASS, UNH, and HFO
Activity 1.9	Onsite and post-distribution monitoring of medical supplies	WHO

Output 2	Increased equitable access to Sexual Reproductive Health, sexual gender-based violence, MHPSS services for victims of acute food insecurity			
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	CC.1 Number of implementing partner staff receiving training to support programme implementation (health care workers trained on CMR)	80	100	Training reports Participant's list
Indicator 2.2	Number of SGBV survivors supported	2,862	138	Facility registers
Indicator 2.3	H.9 Number of people provided with mental health and/or psycho-social support services	1,028	903	Facility registers
Explanation of output and indicators variance:		Less GBV and MHPSS survivors were supported than planned, according to stories from the field, the limited awareness of GBV and MHPSS services alongside negative cultural norms affects GBV reporting. In areas with security risk, survivors fear retaliation from perpetrators thus further suppressing GBV reporting. This explains the low achievements over the targets.		
Activities	**Description**		**Implemented by**	
Activity 2.1	Conduct community awareness and outreaches on SGBV prevention, prevention of sexual exploitation and abuse, drug abuse, peace building, and peaceful coexistence including referral services for survivors.		HFO, UNH, CASS	
Activity 2.2	Refresher training for 80 health workers on clinical management of rape, sexual reproductive health, and gender-based violence;		WHO	
Activity 2.3	Support to SBGV survivors including clinical care, treatment for STIs, emergency contraceptives, and psychosocial support for victims.		HFO, UNH, CASS	
Activity 2.4	Provide community-based level 2 and level 3 (non-specialized) MHPSS to persons living with disabilities (PLWD"s), including referrals for specialized services from other partners.		HFO, UNH, CASS	

Output 3	Increased capacity for early detection and response to disease outbreaks among communities affected by acute food insecurity.			
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 3.1	Percentage of public health alerts generated through community-based, or health facility-based surveillance or alert system investigated within 48 hours	85%	62%	IDSR bulletin
Indicator 3.2	CC.1 Number of implementing partner staff receiving training to support programme implementation (health workers trained on IDSR)	90	61	Training reports Attendance register
Indicator 3.3	Number of RRT deployments conducted	8	7	RRT reports Progress reports
Explanation of output and indicators variance:		The project underscored its targets on the total number of alerts investigated registering 62% against the planned targets of 85%. A total of 3,368 alerts were triggered out of which 2073 were investigated. This was due to insecurity and floods in most parts of Jonglei and Unity state that affected RRT deployment, It also affected health services functionality and reporting from facilities. There was also low number of participants turn up for the IDSR training likely due to the same constraints within the context.		

Activities	**Description**	**Implemented by**
Activity 3.1	Refresher training and orientation of 90 healthcare workers on Integrated Disease surveillance and response (IDSR) and outbreak management.	WHO
Activity 3.2	Deploy RRTs to conduct alert/outbreak verification, investigation, and response	WHO
Activity 3.3	Deployment of technical officers to provide technical support to humanitarian health actors.	WHO

7. Effective Programming

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

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

a. Accountability to Affected People (AAP)[11]:

WHO and its partners designed the response to address needs identified during the Integrated Food Security Phase Classification (IPC), the Famine Early Warning Systems Network (FEWSNET), and related inter-agency assessments. The locations targeted were classified as falling in severity levels 4 and 5 characterized by acute food and nutrition crises as well as chronic food insecurity. Household survey information and key informant interviews are used to draw conclusions on the food security situation which became the basis for need identification. During the project implementation phase, there was participation from a range of stakeholders including vulnerable groups. The County Health Department (CHD) and the Relief and, Rehabilitation Commission (RRC) were instrumental in guiding the partners to areas with the most pressing health needs and gaps, such locations were prioritized for mobile clinics, the county surveillance officers monitored health services delivery through regular visits and supportive supervision to health facilities, community leaders (Payam administrators and community health workers mobilized communities to attend clinics, they were also instrumental in the health education sessions and identification of locations where temporary structures were erected for mobile clinics. Marginalized groups were involved through the protection structures and representatives' hat of people with disabilities where such views informed decisions on project sites.

b. AAP Feedback and Complaint Mechanisms:

The feedback mechanism employed by WHO and the partners varied depending on the nature of the feedback and the audience. At the project implementation level, WHO conducted personal interviews with the County Health Departments (CHD), the Relief and Rehabilitation Commission (RRC), County Surveillance officers, and the county health lead organizations e.g UNIDOR in Leer. The focus was to obtain their satisfaction with the level of services provided through the partners. At the health facility level, the sub-Ips organized sessions where communities were able to provide feedback; the facilities consultation desk also doubled as the help desk where complaints that require confidentiality were raised and attended to by facilities staff. Community meetings also provided forums where WHO and its partners received complaints, such complaints were used to adapt the project to suit the needs of affected people.

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

Whereas there was no confirmed SEA case within the project locations during the project period. WHO continued to strengthen its SEA monitoring and reporting mechanisms taking advantage of the presence of the PSEA focal points at the country office and the states hubs. The country office focal point worked with the state coordinators to ensure measures are in place for reporting. Ongoing awareness creation was done at the national and sub-national level through the health cluster coordination meeting where WHO's sub-grantees were present, during the field monitoring mission in Fangak, Leer, and Mayendit in September and during WHO's annual staff retreat in January 2023. WHO also distributed large amounts of PSEA awareness materials including T-shirts, banners, and flyers to health partners and staff.

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

The project delivered health services to communities impacted by food insecurity emergencies providing medical supplies, and frontline health services, and building the capacity of health workers on disease surveillance investigation and response, case management, and clinical Management of Rape (CMR). To ensure mainstreaming of the needs of women, girls, and gender minorities, WHO's interventions, especially capacity building had strong advocacy for gender participation. During the mobilization of health workers, WHO technical staff engaged with the CHD on the need for female participation during the IDSR, CMR, and case management training. An estimated 56% of women and 31% of girls received health services from the emergency health kits provided, medical consultations, vaccinations, and other services provided through this project. Project implementation data was collected well disaggregated by gender to ensure WHO's interventions are reaching every vulnerable individual including women and girls.

e. People with disabilities (PwD):

[11] 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.

An estimated 15% of the total beneficiaries reached with health services were People with Disabilities (PWD). The health partners responding to the needs of acute food insecure communities in Leer, Fangak, Mayendit, and pibor mainstreamed disability programming in the response to ensure increased access to health services by people with disabilities. For instance, setting up priority lines during curative consultations as well as sitting arrangements, and mental health sessions eased access to services for PWDs. Health education sessions also included messages on special needs groups such as PWDs. Where mobile health services were delivered, protection risk assessment informed choices of locations to increase access to health services for PWDs. WHO and its partners also put in a mechanism to pick data on disability during the response.

f. Protection:

WHO and the health partners worked with the CHD, RRC, the local authorities, and protection partners to ensure that at-risk persons' needs are integrated into the project. Protection risk assessment data were used to design how health services were provided. During training, the choice of training venues and choice of locations was based on protection risk analysis, choice of mobile clinics supported by health partners who received supplies and those directly sub-granted by WHO was also informed by protection risk assessment information to ensure no one missed health services whenever they needed them. Project sites were chosen within walking distance, and the risk of attacks was on the way in mind. The project activities were also conducted within the hours reasonable enough that left no one walking so late or too early to be exposed especially given the security situation in Upper Nile at the time. WHO also used the UNDSS security and safety bulletins to make programming decisions, and the Field security and safety officer also guided the activities of the WHO. Finally, a strong Do No harm approach was used to ensure no one was at risk because of the assistance provided by WHO. Overall, the strategies prevented attacks on health care and help to reduce protection risk to communities as well as the health humanitarian actors.

g. Education:

Not Applicable

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

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

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

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

The project was used to procure and delivery emergency health supplies as well as provide primary health services through mobile and static health facilities. Cash or voucher assistance modalities were not used because of their lack of feasibility in delivering emergency health assistance. The health sector in South Sudan is over 90% dependent on donor funding, the market for private health services are not developed in the target locations due to access constraints, insecurity and inadequate technical capacities making cash or voucher programs unsuitable. Finally, distribution of pharmaceuticals are guided by WHOs guidelines which may not permit the deployment of voucher or cash modalities

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$ 00	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
Provision of SAM/MC Kits to stabilization centers	https://mobile.twitter.com/WHOSouthSudan/status/1585168932750532609
Strengthening disease surveillance and case management for common diseases in food-insecure counties	hhttps://mobile.twitter.com/WHOSouthSudan/status/1571840049435623425

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Sector	Agency	Implementing Partner Type	Funds Transferred in USD
22-RR-FAO-020	Agriculture	FAO	INGO	$24,500.00
22-RR-FAO-020	Agriculture	FAO	NNGO	$136,066.00
22-RR-FAO-020	Agriculture	FAO	NNGO	$92,050.00
22-RR-FAO-020	Agriculture	FAO	INGO	$191,417.00
22-RR-FAO-020	Agriculture	FAO	INGO	$84,572.00
22-RR-FAO-020	Agriculture	FAO	INGO	$93,708.00
22-RR-IOM-020	Multi-Purpose Cash	IOM	NNGO	$60,000.00
22-RR-WFP-035	Food Assistance	WFP	INGO	$24,173.00
22-RR-WFP-035	Food Assistance	WFP	INGO	$17,441.00
22-RR-WFP-035	Nutrition	WFP	INGO	$98,183.00
22-RR-WFP-035	Nutrition	WFP	INGO	$22,503.00
22-RR-WFP-035	Nutrition	WFP	INGO	$19,560.00
22-RR-WFP-035	Nutrition	WFP	NNGO	$39,997.00
22-RR-WFP-035	Nutrition	WFP	NNGO	$45,851.00
22-RR-WFP-035	Nutrition	WFP	INGO	$31,698.00
22-RR-WFP-035	Nutrition	WFP	INGO	$80,000.00
22-RR-WFP-035	Nutrition	WFP	INGO	$87,757.00
22-RR-WHO-024	Health	WHO	NNGO	$364,999.00
22-RR-WHO-024	Health	WHO	NNGO	$200,000.00
22-RR-WHO-024	Health	WHO	NNGO	$200,000.00
22-RR-CEF-039	Nutrition	UNICEF	INGO	$6,260.00
22-RR-CEF-039	Nutrition	UNICEF	INGO	$63,299.00
22-RR-CEF-039	Nutrition	UNICEF	NNGO	$178,016.00
22-RR-CEF-039	Nutrition	UNICEF	NNGO	$162,677.00
22-RR-CEF-039	Nutrition	UNICEF	INGO	$408,879.00
22-RR-CEF-039	Nutrition	UNICEF	NNGO	$237,879.00
22-RR-CEF-039	Water, Sanitation and Hygiene	UNICEF	INGO	$793,392.00
22-RR-CEF-039	Water, Sanitation and Hygiene	UNICEF	INGO	$573,783.00
22-RR-CEF-039	Water, Sanitation and Hygiene	UNICEF	INGO	$432,936.00
22-RR-CEF-039	Water, Sanitation and Hygiene	UNICEF	NNGO	$352,955.00
22-RR-CEF-039	Water, Sanitation and Hygiene	UNICEF	INGO	$370,662.00