United Nations CERF Central Emergency Response Fund

SOUTH SUDAN
RAPID RESPONSE
FLOOD
2022

22-RR-SSD-52855

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PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:

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

An After-Action review was not conducted, but a monitoring framework was developed to track the implementation of the activities throughout the project duration for each recipient agency. The tool brought together recipient agencies and cluster coordinators at the national and sub-national levels. It strengthened the coordination mechanisms at Juba, field, and HQ levels. The monitoring framework enabled engagement in the field as well as regular discussions in the HCT throughout the project implementation phase. The collected data was fed into a dedicated, public CERF dashboard which clearly presented cumulative achievements across 74 indicators as reported on a weekly basis by the recipient agencies between 16 June and 08 November 2022.[1]

Recipient agencies, their partners, and clusters for this grant provided inputs on the CERF's added value in the four areas: time-critical needs, improved coordination, improved resource mobilization, and fast delivery of humanitarian assistance.

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 ☐

In line with the monitoring framework that was developed for this allocation, recipient agencies and their partners reported on the achievements of this CERF grant on a weekly basis. The consolidated report on the use of CERF funds was discussed with the HC/HCT on 02 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 H/HCT and OCHA South Sudan senior management for review and clearance prior t CERF submission. The report is a result of consolidated inputs from recipient agencies, their partners, and contribution from cluste coordinators on the achievements. An additional layer of review by the cluster coordinators was not required when consolidating th report.

[1] CERF Early Action Monitoring Framework 2022

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

The country experienced extreme flooding over the past three years and its negative impact on the lives and livelihood of millions of people triggered humanitarian actors to respond. With the recurrent and predictable nature of floods, the capacity and ability to cope for most affected people remained low because of their exposure to other multiple shocks that include sub-national violence, civil war, displacement, food insecurity, and disease outbreaks. High levels of rainfall and water levels upstream from neighbouring countries and saturated soils unable to retain additional water highlighted a significant risk of catastrophic flooding in 2022.

Ahead of the flood situation unfolding, the ERC made an informed decision to allocate $15 million through the Central Emergency Response Fund, complemented by a $4 million allocation through the South Sudan Humanitarian Fund. The timeliness of the funds prevented a mass catastrophe in Unity state, especially in Bentiu an Island surrounded by flood water. Additionally, the formation of a high-level special task force that included a special envoy, deputy special envoy, and a senior OCHA employee based in Bentiu supported effective coordination and oversight of the operation.

Through this CERF grant recipient UN agencies and their partners provided timely assistance before the flooding disaster occurred by constructing and reinforcing dykes, provision of life-saving interventions such as health, nutrition, protection, and Wash services to the most vulnerable, reaching 301,649 people. The CERF grant was catalytic in leveraging additional funding from South Sudan Humanitarian Fund and other sources.

CERF's Added Value:

The CERF funds initiated early interventions that helped mitigate the impact of shocks in the lives and livelihoods of the crisis-affected populations. It also strengthened the capacity of humanitarian actors to react faster in the face of crises, especially national actors. Additionally, it promoted effective coordination and programming among humanitarian actors.

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

Yes ☒ Partially ☐ No ☐

Overall, the recipient agencies confirmed that the funds led to fast delivery of assistance. CERF funds paved the way for the rapid deployment of UNICEF partners. Increased the readiness of WHO health partners to implement case management, laboratory, and community-based surveillance in a timelier manner. The Rapid Response Team (RRT) drills increased the readiness of the health workforce to also respond in a timely manner. The reactive campaigns helped to interrupt cholera transmission and the country was able to maintain a case fatality rate from cholera of < 1%.

CERF funds also allowed a fast delivery of WASH and Shelter/Non-Food items to Bentiu which resulted in the timely distribution of the supplies to affected persons. UNHCR was able to maximize the available emergency response supplies in the Bentiu warehouse for the fast delivery of assistance while leveraging its global warehousing and supply chain strength for further replenishment and response. Given CERF's flexibility UNFPA was able to deliver dignity kits to women and girls in a timely manner using its stock and replenished using CERF funds.

Did CERF funds help respond to time-critical needs?

Yes ☒ Partially ☐ No ☐

CERF funds were time critical in supporting disease surveillance, reporting, detection, investigation, and response to suspected disease outbreaks associated with flooding while interrupting the cholera outbreak and HEV in Bentiu.. CERF grant enabled IOM to respond to time-critical needs through the construction and reinforcement of 55km of berms and dykes. The timeliness of the response prevented major set-back because of flooding. CERF funds supported UNHCR Juba and Bentiu Field Office not only to respond to immediate lifesaving needs at the IDP Sites, but also to access information for protection analysis and advocacy at inter-agency fora for timely and coordinated actions.

Did CERF improve coordination amongst the humanitarian community?

Yes ☒ Partially ☐ No ☐

The CERF funds improved coordination at all levels through different systems and structures. At the design phase, IOM coordinated with the Inter-Cluster Coordination Group (ICCG), OCHA, and the respective clusters including CCCM, Shelter, WASH, and health. During implementation, coordination continued with the core pipeline, implementing partners (national and international NGOs), and cluster working groups such as the cash working group. In addition, the project coordinated with different community-based structures and local authorities. These were the Bentiu Camp management committees, Boma health teams, county health department, and county water department committees.

It strengthened the coordination of health response as well as coordination with other clusters. WHO deployed technical teams to support sub-national coordination and offer on-the-ground technical support to responders. WHO was able to mobilize partners to support Oral Cholera Vaccine campaigns. Humanitarian actors in Bentiu benefited from improved coordination as CERF funds enabled concerted efforts across sectors based on frequent information sharing (on weekly basis) in project areas and coordinated actions to avoid duplicated efforts. There was effective and improved coordination among the health cluster, the sexual and reproductive health in emergencies technical working group, and the protection (GBV sub-cluster and other stakeholders. In addition, improved coordination among the humanitarian actors and the existing coordination forums within the cluster and sub-clusters for the different thematic areas. The formation of a high-level special task force that included a special envoy, deputy special envoy, and a senior OCHA employee based in Bentiu supported with the effective coordination and oversight of the operation.

Did CERF funds help improve resource mobilization from other sources?

Yes ☒ Partially ☐ No ☐

CERF funds were used to leverage resources from bilateral donors. IOM was able to secure additional funding from FCDO $2 million to further reinforce the construction of the dyke in Bentiu. WHO mobilized partners to bring in resources to fill in gaps in health response including support to oral cholera vaccination campaigns. To complement the CERF funded response, UNHCR leveraged its core funding (globally flexible contributions from donors) to ensure smooth delivery of the targeted actions. UNHCR also presented the emergency response in Bentiu IDP Sites in its donor mission programmes. UNFPA was able to mobilize additional $500,000 from the European Union to complement the CERF funds for the procurement of dignity kits and Inter-Agency Emergency Reproductive Kits (IARH kits).

Considerations of the ERC's Underfunded Priority Areas[2]:

This CERF grant considered the four priorities throughout the project implementation. The response engaged with women and girls through the distribution of dignity kits. The distribution encouraged girls' enrolment, retention, and equal participation in learning. Women and girls were trained as community animal and health workers to increase access to life skills and participation in community activities. Support was provided to women and girls-friendly spaces to strengthen the literacy of women and girls whose schooling and participation in formal education had been disrupted by multiple shocks. While Gender-based violence survivors received case management and psychosocial support services. Cash assistance was provided to women for energy materials to reduce the risk women and teenage girls face while collecting firewood in hard-to-reach areas. Persons with special needs and pregnant women were prioritized for cash assistance, while children on the borderline of severe acute malnutrition were considered for admission to the sites. Finally, regular Gender Based Violence (GBV) safety assessments and protection monitoring were conducted to ensure that persons of concern have been identified and assisted with meaningful interventions that increase their well-being and security levels. There were no challenges in advancing these areas through humanitarian response in this allocation.

Table 1: Allocation Overview (US$)

Total amount required for the humanitarian response	**0**
CERF	14,990,010
Country-Based Pooled Fund (if applicable)	4,244,949
Other (bilateral/multilateral)	2,572,075
Total funding received for the humanitarian response (by source above)	**21,807,034**

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

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

Agency	Project Code	Sector/Cluster	Amount
FAO	22-RR-FAO-016	Food Security - Agriculture	400,000
IOM	22-RR-IOM-015	Water, Sanitation and Hygiene	3,200,000
IOM	22-RR-IOM-015	Shelter and Non-Food Items	3,200,000
IOM	22-RR-IOM-015	Health	1,120,000
IOM	22-RR-IOM-015	Camp Coordination and Camp Management	480,001
UNFPA	22-RR-FPA-020	Health - Sexual and Reproductive Health	500,008
UNFPA	22-RR-FPA-020	Protection - Gender-Based Violence	500,007
UNHCR	22-RR-HCR-017	Camp Coordination and Camp Management	599,497
UNHCR	22-RR-HCR-017	Protection - Gender-Based Violence	490,497
UNICEF	22-RR-CEF-030	Water, Sanitation and Hygiene	1,500,000
UNICEF	22-RR-CEF-030	Nutrition	500,000
WFP	22-RR-WFP-028	Nutrition	500,000
WHO	22-RR-WHO-018	Health	2,000,000
Total			**14,990,010**

Table 3: Breakdown of CERF Funds by Type of Implementation Modality (U

Total funds implemented directly by UN agencies including procurement of relief goods	**12,508,939**
Funds sub-granted to government partners*	0
Funds sub-granted to international NGO partners*	2,167,804
Funds sub-granted to national NGO partners*	313,267
Funds sub-granted to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	**2,481,071**
Total	**14,990,010**

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

2. OPERATIONAL PRIORITIZATION:

Overview of the Humanitarian Situation:

At the onset of the 2022 rainy season, communities across South Sudan were already suffering from the effects of severe floods for three years in a row. Typically, flooding in South Sudan fluctuates, with peaks seen during the wet season and flood waters receding up until April and May each year. However, according to the analysis by the Centre for Humanitarian Data, which was conducted ahead of the 2022 rainy season, as of the end of April, standing water levels were well above those recorded at the end of the 2021 dry season, which were extraordinarily high at the time, creating a situation in which even limited additional rain or water inflow could result in flooding and humanitarian suffering at or beyond the levels seen the year prior. Without mitigatory measures, an additional flood shock during the upcoming rainy season was projected to further aggravate vulnerability and humanitarian needs, particularly in flooded areas surrounding the Sudd wetlands, compounded by existing public health challenges, including Cholera outbreaks and Hepatitis E, which would result in additional displacement, amplify protection issues, and exacerbate an already dire food and nutrition situation. In Unity State, more than 320,000 people faced a high risk of flooding. Although some protective infrastructures was in place, especially around the Bentiu camp for internally displaced people (former PoC site) and informal displacement sites in Bentiu town, without proper maintenance and reinforcement, additional dyke breaches were expected, which would force people to relocate to increasingly crowded areas at higher grounds, including the Bentiu IDP camp where approx. 107,000 people are already located.

Operational Use of the CERF Allocation and Results:

Instead of waiting for projected floods to compound vulnerable people's needs during the 2022 rainy season, CERF allocated $15m in early action funding to help mitigate the impacts of projected floods. Focusing on the Bentiu camp for internally displaced people and surrounding areas in Unity State, which are among the areas most exposed to severe flooding, the allocation from CERF was designed to prevent further displacement, mitigate the risk of a widespread public health emergency and reduce protection risks, among other lifesaving aims. Funding from CERF enabled UN agencies and partners to mitigate and respond to the flood-related lifesaving needs of 301,649 people, including 89,857 women, 91,954 men, 60,253 girls, 59,585 boys, and 37,383 people with disabilities in the Water, Sanitation and Hygiene, Nutrition, Agriculture, Camp Management, Shelter, Health and Protection sectors.

People Directly Reached:

The overall data collected on directly targeted and directly reached persons for this allocation was disaggregated by gender and age, and population category (IDP's, Host communities and Other affected persons. A total of 301,649 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:

This grant benefitted people indirectly through awareness outreach on Sexual Reproductive Health (SRH) and GBV, including Protection, Sexual Exploitation and Abuse (PSEA) to 17,200 people; awareness on prevention of GBV as well as improved access to services to 31,000 women and girls; messaging to 54,456 people on healthy diets, a cooking demonstration of specialized foods as well as Maternal Infant and Young Child Counselling and increased access to food to 242,010 people with income from livestock. While an estimated 868,365 people were reached indirectly through individuals who participated in health education and hygiene promotion awareness implemented by IOM.

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**
Camp Coordination and Camp Management	29,916	32,742	38,595	41,820	**143,073**	26,066	28,747	34,419	36,565	**125,797**
Food Security - Agriculture	12,000	12,000	18,000	18,000	**60,000**	19,360	29,042	0	0	**48,402**
Health	96,775	100,725	43,092	45,766	**286,358**	88,515	91,556	59,095	58,931	**298,097**
Health - Sexual and Reproductive Health	9,540	917	8,050	583	**19,090**	25,869	2,486	21,828	1,581	**51,764**
Nutrition	4,556	0	5,126	4,394	**14,076**	4,556	0	2,910	2,536	**10,002**
Protection - Gender-Based Violence	9,323	2,102	5,394	931	**17,750**	12,046	2,716	6,970	1,203	**22,935**
Shelter and Non-Food Items	18,588	18,970	25,126	24,316	**87,000**	23,884	22,046	27,454	25,340	**98,624**
Water, Sanitation and Hygiene	27,097	25,440	29,355	31,013	**112,905**	25,641	24,378	33,649	36,546	**120,214**

* 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	405	405
Returnees	3,391	2,404
Internally displaced people	168,839	173,412
Host communities	140,165	124,685
Other affected people	743	743
Total	**313,543**	**301,649**

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	98,483	89,857	14,516	13,181
Men	101,054	91,954	15,109	13,719
Girls	56,012	60,253	7,182	5,083
Boys	57,994	59,585	7,556	5,400
Total	**313,543**	**301,649**	**44,363**	**37,383**

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 22-RR-FAO-016

1. Project Information

Agency:	FAO	**Country:**	South Sudan
Sector/cluster:	Food Security - Agriculture	**CERF project code:**	22-RR-FAO-016
Project title:	Life-saving emergency livelihood support to flood- affected agro-pastoralist communities in Unity State		
Start date:	01/05/2022	**End date:**	31/10/2022
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 1,000,000**
Total funding received for agency's sector response to current emergency:	**US$ 400,000**
Amount received from CERF:	**US$ 400,000**
Total CERF funds sub-granted to implementing partners: .	**US$ 70,000**
Government Partners	US$ 0
International NGOs	US$ 70,000
National NGOs	US$ 0
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

Between May and November 2022, under this CERF RR grant, FAO and VSF-Suisse vaccinated 217 880 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 220 747 (190 747 more than the planned target) were also treated and dewormed for endoparasites, ectoparasites, CBPP, CCPP, Pneumonia, and Foot Rot. Overall, 438 627 animals were vaccinated, dewormed, and/or treated.

A total of 98 (19 female, 79 male) Community Animal Health Workers (CAHWs) were trained and received animal health services kits (e.g. veterinary drugs, vaccines, and equipment) to scale up the animal health response in the affected areas. CAHWs were trained in basics of animal health, delivery of extension services, business skills, and COVID-19 awareness. Trainees included participants from the Unity State Ministry of Animal Resources and Fisheries (MARF), cattle camps, youth and women. In addition, with support from the trained CAHWs and MARF, eight disease surveillance missions were conducted during the project period

The project supported 200 households (63 female-headed [32 percent]) with conditional multipurpose cash transfers for carcass collection and disposal in ten locations across Guit and Rubkona Counties to mitigate the public health and environmental hazards posed by dead

and decomposing animal bodies. A total of 17 757 carcasses (cattle: 12 796, goats: 2 949, sheep: 1 704, and other: 308) were collected and 85 percent were burned. Health partners (Ministry of Health, Ministry of Environment, MARF, Town Councils, and Relief and Rehabilitation) assisted in the oversight of carcass collection and disposal.

Overall, the project assisted a total of 13 716 households (7 358 households [44 148 individuals] through the vaccination / treatment campaign and an additional 6 358 households [38 148 individuals] or 190 747 animals treated which were over and above the initially planned target of 30 000 animals which did not contribute towards the calculation of the overall household target). The whole campaign benefited 82 296 individuals (41 147 female (49.9%))

3. Changes and Amendments

While flood waters receded in most project areas, rains began during the project implementation period, necessitating the increase in animal health services to protect critical livestock assets from endemic diseases and prevent associated human health issues. This resulted in overachievement in the number of households reached with animal health services, 82 296 individuals(13,716HH) compared to the 60,000 individuals (10,000 HH) originally planned. The implementing partner was able to mobilize additional resources for the drugs required for the treatment and deworming campaign, and synergized with the operational funding provided by the project to achieve a target beyond the initially planned 30 000 households benefiting from the treatment campaign

A challenge encountered was the movement of households and their herds to higher and more remote areas due to incoming flooding in the lowlands. This limited staff and CAHWs' access to communities when vaccinating and treating livestock. Cattle raids also at times hindered staff movement in the region causing halts in project implementation in areas where there was insecurity (e.g. Mayom County), until conflict cleared and the safety of staff was ascertained. However, the project staff worked with local authorities and local herders to use vaccination and treatment services as a means of promoting and encouraging peace in the cattle camps. In addition, the rapid mobilization and training of 98 local CAHWs was successful in mitigating the impact of population movement and conflict on project activities. Mobilization and training of existing CAHWs from previous FAO projects in addition to new CAHWs allowed for the project to exceed its target of 60 CAHWs trained, by an additional 38. In addition, prior to the start of the project, the existing CAHW network supported treatment in remote areas and pre-positioned treatment drugs leftover from previous FAO and VSF-Suisse animal health campaigns. This enabled 438,627 animals (160,964 cattle, 137,440 goats, and 140,223 sheep) to be vaccinated, dewormed, and/or treated, exceeding the project target of 300,000 animals. However, due to the lack of availability of Newcastle vaccines at the time of the campaign, the project was unable to achieve the target for the vaccination of 1,500 poultry.

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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	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	6,000	6,000	9,000	9,000	**30,000**	6,783	6, 783	10,170	10,172	**33908**
Host communities	6,000	6,000	9,000	9,000	**30,000**	9,678	9,678	14,516	14,516	**48 388**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**12,000**	**12,000**	**18,000**	**18,000**	**60,000**	**16,461**	**16,461**	**24,686**	**24,688**	**82 296**
People with disabilities (PwD) out of the total										
	120	120	180	180	**600**	164	165	247	247	**823**

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

5. People Indirectly Targeted by the Project

Under the project, 48,402 households (290,412 individuals) were reached with animal preventive and curative health services. This prevented the loss of livestock assets, which beneficiary households largely depend on for animal-sourced protein as well as a source of income. Thus, in addition to the 48,402 household heads that benefitted from the project, the 242,010 members of their households also benefitted indirectly through increased access to food and resources purchased with income from livestock access.

A total of 98 CAHWs were trained and received animal health services kits. These CAHWs cover all eight counties (Abiemhom, Bentiu, Guit, Koch, Leer, Mayiendit, Mayom Parieng and Rubkona), increasing access to basic animal health services for the 1,125,769-core siding in Unity State.

FAO worked with the Unity State Director General for the MARF, the Director of Bentiu Town Council, and the Bentiu Public Health Director to produce a 30-minute talk show in the Nuer language on proper carcass disposal. The talk show was aired daily for 31 days and was accompanied by a one-minute Public Service Announcement (PSA) on Kondial FM. Kondial FM 97.2 is a crucial information source for internally displaced people (IDPs) and the host community in Bentiu. The radio station located in the Bentiu Protection of Civilians (PoC) site in Rubkona County of Unity State. It broadcasts to populations within a 25 km radius of the Bentiu POC and its shows are aired 12 hours daily in Nuer and Arabic to ensure that local populations receive accurate information to make informed decisions.

Furthermore, the July 22 edition of Ziraa Tanna, FAO's weekly programme on agricultural issues, was dedicated to covering the carcass disposal activities in Bentiu. The programme, which is broadcasted across the country in local Arabic on Eye Radio, featured practical advice on proper carcass disposal as well as interviews with beneficiaries who participated in the disposal activities. A 2x1 meter informational banner with proper guidelines for carcass disposal was also produced and hung in four of the locations where disposal activities were taking place.

6. CERF Results Framework

Project objective	To save lives through the reduction of high levels of critical food insecurity
Output 1	Livestock assets of agro-pastoralists protected against priority animal diseases.

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	FS.5a Percentage of households with an acceptable food consumption score (outcome) [35% (3 500 households) with acceptable food consumption score]	35	30	FSNMS Round 28
Indicator 1.2	Ag.2 Number of animals vaccinated, dewormed and/or treated (Output) [180 000 animals vaccinated by week 12 and a total of 300 000 by week 24. 10 000 animals dewormed or treated by week 12 and a total of 30 000 by week 24]	300,000	217,880	Project reports

Indicator 1.3	Number of Community Animal Health Workers (CAHWs) trained (Output) [60 CAHWs trained by week 6]	60	98	Project reports
Indicator 1.4	Number of disease surveillance missions/assessments supported (Output)	8	8	Project reports
Indicator 1.5	Cash.3a Number of people receiving conditional cash transfers [1,200 beneficiaries from 200 HHSs will receive multi-purpose cash by week 24]	1,200	1,200	Project reports
Indicator 1.6	Cash.3b Total value of conditional cash transfers distributed in USD	20,000	20,000	Project reports
Explanation of output and indicators variance:		During implementation there was a change in context (additional flooding and outbreak of conflicts) and an increase in need across targeted counties		

Activities	**Description**	**Implemented by**
Activity 1.1	Partner identification and training	FAO
Activity 1.2	Procurement of livestock inputs	FAO
Activity 1.3	Mobilization and sensitization of communities, beneficiary identification and verification	FAO and VSF-Suisse
Activity 1.4	Vaccinate 300 000 animals against priority animal diseases	FAO and VSF-Suisse
Activity 1.5	Deworm or treat 30 000 animals against	FAO and VSF-Suisse
Activity 1.6	Train 60 Community Animal Health Workers to support the delivery of livestock services	VSF-Suisse
Activity 1.7	Conduct 8 participatory livestock disease surveillance missions	FAO and VSF-Suisse
Activity 1.8	Facilitate carcass disposal and awareness campaigns together with health sector partners through cash-for-work scheme	FAO
Activity 1.9	Monitoring and Evaluation	FAO

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas[3] 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.**

[3] 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)[4]:

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. Under this project, nine mobilization meetings (one state level, eight county level) were conducted with the attendance of 166 local leaders and community representatives (127 male, 39 female) to lobby support for project activities. During the meeting response needs of the community, project objectives, key deliverables, and beneficiary selection criteria were discussed. To enable transparent targeting communities were engaged through participatory rural appraisal to allow beneficiaries including the marginalized and vulnerable i.e PWDs, the elderly and women as well as non-beneficiaries to understand why they were or were not targeted.

b. AAP Feedback and Complaint Mechanisms:

Under this project, the feedback and response mechanisms consisted of suggestion boxes, help desks, toll free hotline numbers (Programme feedback – 515, PSEA – 882) AAP community committees, and AAP Focal Points that are trained and employed by FAO in each county. 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 provided PSEA online trainings to our partners and PSEA was embedded in their Letters of Agreement (LoA). Through the AAP information and feedback mechanism, beneficiaries were informed about PSEA focal points in all FAO field offices to offer support, awareness creation, monitor and report cases as per the FAO South Sudan PSEA Guidance Note. FAO also has a dedicated PSEA hotline (882). Allegations of SEA could also be reported through other grievance channels (suggestion boxes, email, AAP committees, etc.). If allegations are received, they are referred immediately by the FAO Representative to the Office of the Inspector General (OIG) in FAO HQ, Rome, Italy. The OIG conducts a preliminary review within 45 days and based on the results an investigation is conducted. The findings of the OIG report are sent to the Assistant Director General who decides on further appropriate action in accordance with Staff Regulations and Rules if an FAO staff is involved. If the case involves a Partner's staff, further appropriate action will be taken in line with the terms stipulated in the Letter of Agreement or Goods and Services contract.

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

The project prioritized female-headed households (FHH), reaching 22,800 Female (47%) out of a total of 48,402 Individuals – almost half of the households that received services. This is an accomplishment as women and girls play an essential of improving household food and nutrition security in South Sudan where conflict has increased the number of woman-headed (single parent) and child-headed households. Women were also prioritized during the selection of cadres for Community Animal Health Workers' (CAHW) training. The project trained and provided animal health services kits to 19 female CAHWs out of a total of 98 CAHWs – almost a quarter of the CAHWs that received training and equipment. This is an increase of 7% from the number of female CAHWs in Unity State in 2021. The production and transfer of livestock and/or their by-products benefit the most vulnerable, including women and girls, as sources of income through trade, barter, or sale in locations where markets are functioning. The training and equipping of female CAHWs also helps in the empowerment of women and girls through increased access to life skills and participation in community activities.

[4] 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.

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.

f. Protection:

Protection is mainstreamed throughout the project, ensuring at-risk groups' specific needs were taken into consideration and risks mitigated where and when possible. Safety audits were conducted monthly to identify protection issues/risks for women and girls in project locations. FAO contributed to the protection of individuals through mitigating gender discrimination in participation and access to productive resources through beneficiary selection criteria, contract requirements, Feeback and Response Mechanisms (FRMs) and AAP/PSEA trainings.

g. Education:

As part of a cost-recovery scheme for sustainability after the project closed, training on basic financial skills were provided to CAHWs to assist in the provision of animal treatment services on a privatized basis.

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	1200

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

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

This project included a Cash for Work activity. This involved conditional cash transfers to participants who worked on animal carcass clearing following flooding. This intervention helped protect community health by preventing disease from water contamination by the carcasses. It also provided a critical source of income support to vulnerable families in a time of financial strain due to natural disaster. The cash was Multipurpose, allowing households to prioritise their own needs, purchasing food and other household necessities. The intervention considered the SSSNP (South Sudan Safety Net Program) day rate of $2.70 per day but opted for a somewhat higher day rate of $5.00 per day, due to the increased number of hours per day of work, the nature of the work, and the relatively short timeframe of the intervention.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
Activity 1.8	1,200	US$ 20,000	Food Security - Agriculture	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
Bentiu, Unity State Floods have inundated pastures, leaving animals to starve. Excessive water also creates conditions conducive to disease outbreak. Thanks to funding from @UNCERF, @FAO is assisting to safely dispose of carcasses to prevent environmental contamination.	https://twitter.com/FAOSouthSudan/status/1550084844218105856?s=20

3.2 Project Report 22-RR-IOM-015

1. Project Information			
Agency:	IOM	**Country:**	South Sudan
Sector/cluster:	Water, Sanitation and Hygiene Shelter and Non-Food Items Health Camp Coordination and Camp Management	**CERF project code:**	22-RR-IOM-015
Project title:	Provision of Multisectoral Lifesaving Assistance for Flood-Affected population in Bentiu and Rubkona		
Start date:	09/05/2022	**End date:**	08/11/2022
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding		
	Total requirement for agency's sector response to current emergency:	**US$ 13,187,880**
	Total funding received for agency's sector response to current emergency:	**US$ 0**
	Amount received from CERF:	**US$ 8,000,001**
	Total CERF funds sub-granted to implementing partners:	**US$ 242,689**
	Government Partners	US$ 0
	International NGOs	US$ 242,689
	National NGOs	US$
	Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

During the project period, IOM **reached 192,968 beneficiaries** affected by severe flooding in Unity State through multisectoral lifesaving assistance focusing on health, camp coordination, and camp Management (CCCM), shelter and non-food items (SNFI) and water, sanitation, and hygiene (WASH).

Health: IOM reached **192,968 individuals** with lifesaving primary health care activities at the Sector 3 Bentiu internally displaced persons (IDP) camp clinic, and within the four mobile sites. Twenty-five health workers were trained to support community case management of malaria and acute watery diarrhoea, which resulted in early detection and treatment of vulnerable groups including children under the age of five years, pregnant women, the elderly, and people with physical impairments The top three morbidities treated included acute respiratory infections, malaria, and acute watery diarrhoea. In addition, **219,242 individuals** were reached with key health promotion messages focusing on the prevention, detection, and referral of diseases. The biweekly messaging activities resulted into positive outcomes, such as improved knowledge of disease prevention among the community members.

IOM targeted 23,940 PWDs (15 per cent of the targeted under health), however only 9,648 or 40 per cent of the target was achieved majorly because of the stigmatization of persons with disabilities ad limited access to health facilities due to mobility challenges.

Shelter and NFI: IOM assisted **98,724 individuals** with in-kind NFI items in Rubkona IDP sites (Pakur) and supported shelter renovation and construction in Rubkona camp, reaching **71,724 IDPs** whose shelters were damaged due to flood. **15,000 people** (2,500 HH in Bentiu IDP site A, B, C, D and E and Rubkona (Mankuai and Shilaak) were reached through cash-based intervention of $96.4 per household. Findings from three Post Distribution Monitoring (PDM) Surveys showed that 87 per cent of respondents reported that the assistance addressed their main urgent needs and 93 per cent agreed to the fact that the assistance was timely. In addition, the IOM SNFI Core Pipeline used funds directly from CERF to replenish 310 metric tons of supplies. The S-NFI supplies replenished included plastic sheets, bamboo poles, wooden poles, rubber rope, blankets, mosquito nets, NFI bags, kangas, kitchen sets and solar lamps.

Camp Coordination and Camp Management (CCCM)

IOM's CCCM team assisted **102,811 IDPs** living in Bentiu IDP site as well as **21,367 host community members** from Bentiu and Rubkona towns to continue living in a safe environment protected from flooding through the construction and reinforcement of 55km of berms and dikes. 30km of road along the dikes around the Bentiu IDP site and towards Bentiu and Rubkona towns was graded and compacted for stabilization. At the same time, the IOM CCCM team in Bentiu IDP site opened 42km of channels to release water pressure once the dike works were completed.

791 ((433 female and 358 male) community members were engaged on-site care and maintenance activities (cleaning and sandbagging of drainages) through Cash-Based Interventions (CBIs). The accomplishment of these activities has resulted in securing Bentiu IDP site as well as Bentiu and Rubkona towns from further flooding as of the end of the project. 50 per cent of the community members who were engaged in site care and maintenance activities were women, this provided income and contributed to increased purchasing power for women, access to new livelihood opportunities, and increased ability to support their families' basic needs.

In addition, the IOM CCCM team, site service providers, and other stakeholders developed a Bentiu IDP site contingency plan, anticipating the arrival **of 60,000 new individuals (12,000 HHs)** to be accommodated in the event of flooding in Bentiu and Rubkona towns. The key milestones of the Bentiu IDP contingency plan were monitored through an action plan that aimed to ensure readiness and reduce the impact of further disasters and outbreaks.

Water, Sanitation and Hygiene (WASH)

The project reached **100,960 individuals** by improving access to WASH services in the Bentiu IDP camp. 135 water points (15 boreholes, 4 SWAT, and 116 taps) were rehabilitated contributing to access to safe and clean water. IOM improved hygiene and sanitation in Bentiu through the construction of 618 latrines and the rehabilitation of 969 bathing shelters. Additionally, IOM desludged 11,611 m³ of liquid waste from the Bentiu IDP camp. The project had intended to reach both IDPS and host communities in Bentiu IDP and Rubkona town. However, due to the influx of IDPS from southern unity as a result of floods, and the presence of other WASH Partners in Rubkona and in coordination with the WASH cluster, it was agreed that IOM focuses the WASH assistance in the IDP sites to reach the critically vulnerable households that were impacted by floods.

WASH NFIs were distributed to **38,449 individuals**, which included **470 pregnant and lactating mothers** who were at risk of HEV. **3,962 women and girls** of menstrual received menstrual hygiene management (MHM) kits composed of sanitary pads, panties, washing, and bathing soap.

Finally, IOM tackled the HEV outbreak, prevented further cholera cases, and mitigated against any further risk of water borne diseases by reaching **100,960 individuals** with hygiene promotion awareness activities.

3. Changes and Amendments

No changes or amendments were made during the project implementation.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Camp Coordination and Camp Management									
	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	22,480	24,620	28,902	31,327	**107,329**	20,723	23,721	27,853	30,514	**102,811**
Host communities	7,331	8,029	9,425	10,216	**35,001**	5,057	4,790	6,036	5,484	**21,367**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**29,811**	**32,649**	**38,327**	**41,543**	**142,330**	**25,780**	**28,511**	**33,889**	**35,998**	**124,178**
People with disabilities (PwD) out of the total										
	2,981	3,265	3,833	4,154	**14,233**	3,867	4,277	5,083	5,400	**18,627**

Sector/cluster	Health									
	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	29,889	32,736	38,429	41,275	**142,329**	40,249	39,651	46,265	45,577	**171,742**
Host communities	4,145	3,973	4,663	4,491	**17,272**	4,975	4,901	5,718	5,632	**21,226**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**34,034**	**36,709**	**43,092**	**45,766**	**159,601**	**45,224**	**44,552**	**51,983**	**51,209**	**192,968**
People with disabilities (PwD) out of the total										
	5,105	5,506	6,464	6,865	**23,940**	2,261	2,228	2,599	2,560	**9,648**

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

Sector/cluster	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	8,670	8,309	9,393	9,754	**36,126**	20,250	19,757	28,835	32,118	**100,960**
Host communities	14,400	13,800	15,600	16,200	**60,000**	0	0	0	0	**0**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**23,070**	**22,109**	**24,993**	**25,954**	**96,126**	**20,250**	**19,757**	**28,835**	**32,118**	**100,960**
People with disabilities (PwD) out of the total										
	3,461	3,316	3,749	3,893	**14,419**	3,038	2,964	4,325	4,818	**15,145**

Sector/cluster	Shelter and Non-Food Items									
	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	14,870	15,176	20,101	19,453	**69,600**	23,121	21,343	26,578	24,532	**95,574**
Host communities	3,718	3,794	5,025	4,863	**17,400**	763	703	876	808	**3,150**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**18,588**	**18,970**	**25,126**	**24,316**	**87,000**	**23,884**	**22,046**	**27,454**	**25,340**	**98,724**
People with disabilities (PwD) out of the total										
	2,788	2,846	3,769	3,647	**13,050**	2,534	2,745	2,204	2,388	**9,871**

* 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 **868,365 people** were reached indirectly by the project. These individuals include community members who received information from their household members and relatives that had attended the different health education and hygiene promotion sessions. The total also includes all stakeholders in the Bentiu and Rubkona market system such as the traders, transporters and shop keepers who were involved in the purchasing and selling of shelter NFIs to the individuals who had received cash.

6. CERF Results Framework

Project objective	To provide multisectoral assistance in Health, Shelter-Non-Food-Items, WASH, and CCCM to flood-affected communities in Bentiu and Rubkona, Unity State
Output 1	Displaced populations in IDP camps hosting flood-affected individuals in Rubkona and Bentiu have access to essential lifesaving healthcare services

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.7 Number of functional health facilities supported [1 static clinic (Already in place)]	1	1	Ministry of Health District Health Information System 2 (DHIS2)
Indicator 1.2	# Of mobile clinics deployed to support flood affected communities outside Bentiu IDP camp [4 mobile clinics (by week 48)]	4	4	DHIS2
Indicator 1.3	# Of beneficiaries reached with health promotion and preventive messages [59,586 in total of (by 59,586 by week 48)]	59,586	219,242	IOM weekly reports
Indicator 1.4	H.8 Number of people reached through outpatient consultations [100,000 in total (50,000 by week 12 and 100,000 by week 48)]	100,000	192,968	DHIS2, IOM weekly reports
Indicator 1.5	Number of health facilities providing SGBV services [1 static facility (already in place)]	1	1	DHIS2, IOM weekly reports
Indicator 1.6	Number of sexual violence survivors who received CMR services in health facilities [15 survivors (by week 48)]	15	1	IOM weekly reports
Explanation of output and indicators variance:		Indicator 1.3 and 1.4was overachieved because of arrival of new IDPs from other locations affected by flood and conflict such as Guit while Indicator 1.6; was underachieved because of social and cultural norms coupled with stigmatization preventing GBV survivors from seeking services at the health facility.		

Activities	**Description**	**Implemented by**

Activity 1.1	IOM will scale up services at the IOM sector 3 primary health care facility in the Bentiu IDP camp	IOM
Activity 1.2	Mobile clinics will be deployed to provide weekly medical consultations and health promotion services to flood affected communities to Roriak, Pkhur while camps, A, B,C,D and E will be provided with services twice a week for each of the camps in coordination with camp management and other partners supporting service delivery within the camps.	IOM
Activity 1.3	IOM will support Boma Health workers to provide health promotion messages and conduct community case management and community-based surveillance activities within locations outside the camps while IOM recruited health promoters will conduct similar activities within the IDP camps	IOM
Activity 1.4	Outpatient consultations and treatment of the important morbidities including malaria, acute watery diarrhoea, respiratory tract infection among others in one static and four Mobile clinics targeting 100,000 direct beneficiaries; nutrition screening for children aged 6 months-59 months; reproductive health services, Basic maternal and neonatal care services- assist deliveries, antenatal care, post-natal care; Family planning, HIV/AIDs prevention care, advocacy and treatment, routine immunization to children under 5 years - COVID19 Rapid Diagnostic Tests, Vaccinations , Health education and promotion. Health services will be linked to Mental Health and Psychosocial Support Services and WASH services to enhance maximising on resources provided.	IOM

Output 2	Flood-affected and flood-prone communities have access to Shelter and lifesaving non-food items through in-kind shelter and NFI assistance (72,000 individuals) and cash-based interventions (15,000) in Unity State.
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Shelter and Non-Food Items

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	SN.1a Number of people benefiting from in-kind shelter assistance [72,000 (28,800 by week 12 and 43,200 before the end of project)]	72,000	71,724	Registration list, pipeline request, distribution reports/activity reports
Indicator 2.2	SN.2a Number of people benefiting from in-kind NFI assistance [72,000 (28,800 by week 12 and 43,200 before the end of project)]	72,000	98,724	Registration list, pipeline request, distribution reports/activity reports
Indicator 2.3	Cash.2a Number of people benefiting from sector-specific unconditional cash transfers [15,000 (5,250 by week 12 and 9,750 before the end of project)]	15,000	15,000	Registration list, individual vouchers, financial records from cash service provider

Indicator 2.4	Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD [USD 250,000 (USD 87,500 by week 12 and USD 162,500 before the end of project)]	250,000	241,108	IOM system-generated financial report and transaction list
Indicator 2.5	Number of S-N-FI kits procured and released to partners for their distribution	12,000	12,000	Core Pipeline Tracking and Monitoring Database
Indicator 2.6	Number of metric tons of S-NFI pipeline supplies transported by road to key logistics hub in Bentiu	310	310	Core Pipeline Tracking and Monitoring Database
Indicator 2.7	Percentage of partner requests for S-NFI core pipeline supplies that are processed within 72 hours upon S-NFI Cluster approval	100	86%	Core Pipeline Tracking and Monitoring Database
Explanation of output and indicators variance:		Among the total targeted beneficiaries, a significantly higher number of beneficiaries benefited from the in-kind NFI distribution following needs assessment and verification; therefore, fewer beneficiaries/households received cash or in-kind shelter distribution.		

Activities	**Description**	**Implemented by**
Activity 2.1	Provide in-kind emergency shelter and NFIs support to affected communities in Unity state: Conduct needs assessment, verification of the households and distribute Plastic sheets, rubber ropers for Shelter and kitchen sets, mosquito nets, blankets, solar lamps and kanga as NFI kit	IOM and implementing partner –Concern Worldwide (INGO)
Activity 2.2	Construction of new emergency shelters/upgrade existing shelter in IDP camp in case of new influx by engaging local communities.	IOM and implementing partner - Concern Worldwide (INGO)
Activity 2.3	Provide sector-specific unconditional cash assistance to 2,500 households (15,000 individuals) in Bentiu where the market functional.	IOM
Activity 2.4	Communicate preparedness and response messages through electronic media, broad-based meetings in schools, churches and communities	IOM
Activity 2.5	Protect shelter and settlement from flood and rainwater using Jute bags filled with soil.	IOM
Activity 2.6	Administer S-NFI partner requests for the Rubkona response and release available items in stock upon approval of the S-NFI Cluster coordination team	IOM
Activity 2.7	Replenish critically low S-NFI pipeline supplies that have been and are being released for the RUBKONA and Twic response. Items for replenishment include plastic sheet, rubber rope, blanket, mosquito net, kitchen set, kanga, solar lamp, and NFI bag	IOM
Activity 2.8	Transport the S-NFI pipeline supplies to logistics hub in Bentiu for easier access of S-NFI frontline partners for distribution to the targeted beneficiaries in Bentiu and Rubkona	IOM

Activity 2.9	Conduct one Post Distribution Monitoring exercise WASH, S-NFI and cash-based intervention	IOM

Output 3	Displaced populations in IDP camps hosting flood-affected individuals in Rubkona and Bentiu have access to safe, equitable and dignified critical WASH services
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Water, Sanitation and Hygiene

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 3.1	WS.6 Number of people accessing sufficient and safe water for drinking, cooking and/or personal hygiene use as per agreed sector standard [96,126 (36,126 by week 2 and 60,000 additional by week 8)]	96,126	100,960	Displacement Tracking Matrix (DTM) head count and weekly reports
Indicator 3.2	WS.13 Number of communal sanitation facilities (e.g. latrines) and/or communal bathing facilities constructed or rehabilitated [300 (100 to be completed by week 4, and 200 by week 12)]	300	618	Weekly progress monitoring reports, sanitation assessment facilities
Indicator 3.3	WS.15 Number of communal water points (e.g., wells, boreholes, water taps stand systems) constructed and/or rehabilitated [139 (4 SWAT to be install by week 2, 120 taps by week 8 and 15 new drilling before end of the project)]	139	135	Weekly progress monitoring reports
Indicator 3.4	WS.16a Number of people receiving critical WASH supplies (e.g. WASH/hygiene kits) [60,000 (30,000 by week 4, and 30,000 by week 8)]	60,000	38,449	Distribution reports
Indicator 3.5	WS.16b Number of WASH/hygiene kits distributed [10,000 (5,000 by week 4, and 5,000 by week 8)]	10,000	6,809	Distribution reports
Indicator 3.6	WS.17 Number of people receiving WASH/hygiene messaging	96,126	100,960	Weekly field reports
Indicator 3.7	SP.1a Number of menstrual hygiene management kits and/or dignity kits distributed [5,000 (2,500 by week 4, and 2,500 by week 8)]	5,000	3,962	Weekly field distribution lists
Indicator 3.8	Number of WASH NFI kits replenished and made available to partners for their distribution	12,000	12,000	Core Pipeline Tracking and Monitoring Database
Indicator 3.9	Number of metric tons of WASH pipeline supplies transported by road to key logistics hub in Bentiu	200	200	Core Pipeline Tracking and Monitoring Database

Indicator 3.10	Percentage of partner requests for WASH core pipeline supplies that are processed within 72 hours upon WASH Cluster approval	100%	93%	Core Pipeline Tracking and Monitoring Database

Explanation of output and indicators variance:	Indicator 3.1 was overachieved due to the increase in the population in the camps and sites based on the DTM head count data, compared to the initial population data used during the project inception. Indicator 3.2: More sanitation facilities were constructed to achieve the minimum cluster and Sphere standards as the need for additional latrines continued to increase. Indicator 3.6 The number of people reached is slightly above the target, due to the influx of IDPs due to flooding in South Unity. The underachievement of indicators 3.4 and 3.5 due to the over strained core pipeline supply chain thus other WASH partners supported the remaining caseload There were great needs for WASH items across South Sudan; making it hard to cover the planned target.

Activities	**Description**	**Implemented by**
Activity 3.1	Provision of WASH and NFI, kits composed of water containers (bucket, jerrycan), water treatment product (Aquatabs, PUR), and soap, including training on water treatment and safe handling	IOM
Activity 3.2	Recruitment of 120 Community Hygiene Promoters (CHPs)	IOM
Activity 3.3	Hygiene promotion dissemination through household visits, jerry can clean up campaigns and group awareness sessions on WASH-related diseases and hygiene behaviour, conducted by CHPs.	IOM
Activity 3.4	Distribution of Menstrual Hygiene Management (MHM) kits to women and girls of menstrual age, including demonstration of the proper usage of the items.	IOM
Activity 3.5	Construction of 300 new latrines blocks equipped with handwashing stations in the newly flood affected displaced sites within the IDP camp/Ex-PoC and settlement areas (Rubkona/Bentiu Town IDP sites A, B,C as well as potentially other areas depending on the need. Additionally, IOM will also scale up the current desludging rate, by increasing the vehicle rotation with 5 tractors, desludging pumps and increasing the number of working hours. IOM will ensure GBV risk are mitigated through community consultation and safety audits (safety, security and accessibility for latrine users) prior to intervention. The team will ensure latrines blocks are gender-separated, and doors have locks.	IOM
Activity 3.6	Connection of the contingency borehole from S4B9 to tap stands in the newly established flood affected IDP site inside the IDP camp/Ex-PoC. In case water provision is not sufficient, IOM intends to install and operate SWAT to complement the water provision and reach the SPHERE standard (15 liters per person per day). Surface	IOM

	Water Treatment (SWAT) is used to supply safe drinking water in emergency settings through coagulation, flocculation, sedimentation and disinfection of surface water (river, flood water…)	
Activity 3.7	Drilling and/or rehabilitation of new boreholes	IOM
Activity 3.8	Operation and maintenance of SWAT in the IDP sites A, B & C as well as potentially other areas depending on the need	IOM
Activity 3.9	Administer WASH partner requests for the Rubkona response and release available items in stock upon approval of the WASH Cluster coordination team.	IOM
Activity 3.10	Replenish critically low WASH pipeline supplies that have been and are being released for the Rubkona response. Items for replenishment include Aquatab, PuR, filter cloths, buckets, soap, MHM kits, and latrine materials	IOM
Activity 3.11	Transport the WASH pipeline supplies to logistics hub in Bentiu for easier access for the distribution WASH frontline partners to Bentiu targeted beneficiaries	IOM
Activity 3.12	Conduct one PDM monitoring exercise (integrated WASH and S-NFI)	IOM

Output 4	Displaced populations in Bentiu and Rubkona IDP sites reside in safe environment in accordance with defined minimum standards through appropriate and early action.
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Camp Coordination and Camp Management

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 4.1	Number of people benefitting from site improvement, infrastructure maintenance and early action activities.	142,330	124,178	DTM population Headcounts, CCCM bi-weekly reports, CCCM results monitoring matrix, beneficiary satisfaction surveys, photos
Indicator 4.2	Cash.3a Number of people receiving conditional cash transfers [720 (IDPs will benefit with maximum of 15 days cash for work intervention. Each month there will be 120 IDPs targeted)]	720	791	CBI lists, attendance sheets, photos
Indicator 4.3	Cash.3b Total value of conditional cash transfers distributed in USD	76,600	76,600	CBI lists, attendance sheets, payment forms, photos
Indicator 4.4	Percent of berms, dikes, humanitarian access roads, water channels opened, constructed, rehabilitated, and reinforced within the project period [80% (at least 15km dikes will be completed each	80%	80%	CCCM bi-weekly report, CCCM Results Monitoring Matrix, monitoring maps, photos, site care and

	month for the first 3 months of the project to cover 55km before the rainy season)]			maintenance flooding monitoring reports
Explanation of output and indicators variance:		Indicator 4.1 was underachieved due to changes in population sizes living in Bentiu IDP site as well as Bentiu and Rubkona towns while Indicator 4.2 was over-achieved because no skilled labourers were contracted instead 720 unskilled labourers and 71 semi-skilled were hired at a cheaper cost allowing for more labourers to be contracted.		

Activities	**Description**	**Implemented by**
Activity 4.1	55km dike and berm work includes widening, increasing the height and compacting of existing dikes and berms to strengthen and ensure it can stand to the pressure of flood water. Building more dikes towards Rubkona and Bentiu towns	IOM
Activity 4.2	Opening of 42km water channels to release pressure of water once the dike works are completed. Desilting the drainage network across 5 sectors of Bentiu IDP camp.	IOM
Activity 4.3	Grading, flattening and compacting the 30km road along the dikes for stabilization. Rehabilitate internal access roads damaged from last year's floods to ensure humanitarian services will not be impeded.	IOM
Activity 4.4	Selection of 720 beneficiaries for cash-based intervention ensuring 50% will be allocated to women. CFW alternative income generation will help meet the basic needs of women and their families. Community led care and maintenance will be undertaken throughout the project duration.	IOM
Activity 4.5	Development of the site contingency plan. Coordinate partners' action plans and monitor progress according to the set timelines to ensure readiness and reduce impact of disaster	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[5] often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)[6]:

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

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

IOM project teams ensured that the affected population was consulted throughout the project implementation to secure community buy-in and collaboration on the emergency interventions. Rapid assessments needs assessments and Post Distribution Monitoring (PDM) contributed to the engagement of the crisis-affected people with women's and girls' participation highly prioritized., IOM and partner staff also conducted door-to-door mobilization to ensure the effective participation of critically vulnerable persons such as the elderly, people with a disability, and child-headed households.

Prior to the construction of WASH facilities, safety audits were conducted, through consultations and participation of the affected community members including the elderly, women and people with special needs were conducted. The feedback received was incorporated into WASH activities' implementation such as determining the locations for borehole drilling, latrine constructions, and rehabilitations.

Throughout the project implementation, the Bentiu IDP site's community leaders and the local authorities were engaged in securing access and supporting in the project monitoring such as monitoring the conditions of the dikes. In addition, the IOM CCCM team regularly coordinated with Danish Refugee Council (DRC), the camp management agency for all five sites in Bentiu Town, who formed Dyke Monitoring Committees and regularly communicated findings in real-time to IOM's CCCM team for intervention if needed. IOM's SNFI team also engaged community-based stakeholders, in particular the local chiefs, to further explain the support modality and gather feedback from the households on the quality of services received.

Through the health promotion sessions, health promoters continuously provided information on health services available to the community. The project also organized facility-level focus group sessions with community leaders aimed at assessing client satisfaction levels. The sessions provided a platform for feedback provision, experience-sharing, and recommendations for better service delivery.

b. AAP Feedback and Complaint Mechanisms:

The project conducted regular consultations and meetings with the various existing community structures and representative committees of the affected population as feedback and complaint mechanisms. For example, the IOM WASH field team, hygiene promoters, and community mobilizers acted as focal persons in receiving community concerns including feedback on positive outcomes. Under the health response, community members provided feedback through focused group meetings, such as the monthly antenatal care (ANC) and women support group meetings. Additionally, the project installed a suggestion box at the health facility where feedback was provided and conducted client exit interviews after clinic visits for most of the admitted beneficiaries.

IOM CCCM operated and maintained a digital complaints and feedback mechanism (CFM) where cases were received daily, securely stored, and referred to responsible partners on a weekly basis, with consistent follow-up to galvanize action as needed. IOM's CCCM team ensured that the feedback loop was closed for each, and every single complaint received, with replies provided to complainants on the action taken on their case. All members of the community feedback teams were trained in core project concepts, the handling of community feedback in humanitarian settings, AAP, protection, data protection policies, and localized PSEA/protection/SGBV referral pathways. The beneficiary Community Feedback Mechanism (CFM) in IDP sites and collective centres enabled IOM to identify and rehabilitate damaged shelters in a timely manner. An assessment conducted to determine the functionality of the IOM complaint responses showed that 92 per cent of the beneficiaries that shared their complaints were satisfied with the complaint response process.

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

The project maintained its commitment to IOM's institutional framework on GBV in Crises (GBViC), which entails that all IOM staff proactively undertake mitigation measures to protect IDPs from and ethically respond to any forms of sexual abuse and exploitation. In this manner, the project trained all its staff and volunteers on PSEA, data protection, humanitarian principles, protection, and standards of conduct.

The project also ensured that the community members were aware of the reporting mechanisms in place, including how to report, where to report and what their rights are regarding sexual abuse, exploitation, protection, and confidentiality. In addition, IOM informed community members about the "We are all in" platform, a reporting mechanism that is made available to anyone who wish to directly report misconduct committed by IOM staff including PSEA.

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

IOM ensured that vulnerable groups such as women and girls, especially those with special needs, were equally represented and meaningfully participated in project activities without compromising their safety. Across all project interventions, there were deliberate efforts to ensure women and girls' participation as highlighted below:

- 52% of the in-kind and cash recipients were women and girls.
- 86% of PDM key informant interviews were women respondents and women-led households.
- 50% of CBI beneficiaries for site care and maintenance activities in Bentiu IDP site were women.

In addition, safety audits were conducted to ensure that all WASH facilities were in safe and secure areas for women, girls, and persons with disability. Even though, the number of gender-based violence (GBV) survivors accessing clinical management of rape (CMR) services at the healthy facilities remained significantly low, IOM, in collaboration with the protection partners, such as UNFPA continued to disseminate information on availability of GBV services at the health facilities. It was noted that the stigmatization of GBV survivors prevented women and girls from accessing GBV services at the health facility.

Finally, the construction and reinforcement of berms around Bentiu and Rubkona towns ensured to protect all IDPs including the most vulnerable from further flooding, guaranteeing equal safety for all.

e. People with disabilities (PwD):

The project ensured that the needs of persons with a disability were met through inclusive programming. Consultations and focus group discussions with persons with disabilities (PwDs) were conducted, which enabled the project to understand their specific needs. Feedback was incorporated into the WASH facilities design including the construction of flood-resilient borehole platforms with a wider ramp and rails to ease their accessibility. The IOM Health Unit developed standard operating procedures (SOPs) for serving PwDs at the clinic, which were shared with staff. This guidance contributed to better service delivery for PwDs at the different facilities. Pregnant women with a physical disability were also considered as mothers, at risk therefore they were prioritized during ANC, closing monitoring was ensured and these patients were referred to the next level of service delivery at the recommended time to ensure safer deliveries.

f. Protection:

As part of accountability and conflict sensitivity commitments, IOM ensured protection was mainstreamed for all core activities. CCCM operations were inclusive of all community groups, including women, girls, men, and boys as well as PwDs. Prior to any distribution, both WASH and SNFI staff conducted safety audits to ensure that distribution sites were secure and accessible to all community members including the most vulnerable persons such as the elderly, children, and persons with disabilities. Additionally, during the distributions, the WASH team coordinated with Protection teams to ensure priority and assistance to vulnerable beneficiaries, which included the elderly, pregnant mothers, and persons with special needs. IOM's Health Unit aligned the CMR activities with protection standards, ensuring that all GBV cases were handled with a high level of confidentiality and privacy.

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	15,791

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.

According to the PDM,78 per cent of the beneficiary households had spent up to 75 per cent of the cash received through IOM cash transfers; the majority purchased shelter and NFI items from local markets. 7 per cent of the households had only spent 50 per cent of the cash amount received, while 11 per cent of supported households had not spent the cash because they were saving it for future emergencies. In addition, the PDM findings showed that 55 per cent of respondents reported to have increased purchasing power and saving capacity after receiving cash assistance. It is anticipated that the impact of negative shock on the beneficiaries (majority IDPs) has been reduced in the immediate aftermath of the crisis.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
Activity 2.3	15,000	US$ 241,108	Shelter and Non-Food Items	Restricted
Activity 4.3	791	US$ 76,600	Camp Coordination and Camp Management	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
CCCM human success story: Displaced women in Unity State prevent Bentiu IDP site from flooding	Displaced women in Unity State prevent Bentiu IDP Site from | IOM South Sudan
Following the heavy rains in #Bentiu that caused a dike breach, @IOMSouthSudan and partners have been working round the clock - rebuilding and maintaining the infrastructure to protect the #IDP camp, Bentiu town and Rubkona against flooding.	https://twitter.com/IOMSouthSudan/status/1580441845041332224?s=20&t=j_9DHZZ-wvDGnwcnEF8R8w

3.3 Project Report 22-RR-FPA-020

1. Project Information

Agency:	UNFPA	**Country:**	South Sudan
Sector/cluster:	Health - Sexual and Reproductive Health Protection - Gender-Based Violence	**CERF project code:**	22-RR-FPA-020
Project title:	Provision of Integrated Lifesaving Reproductive Health and GBV Prevention and Response Services for floods and crisis Affected Communities		
Start date:	25/05/2022	**End date:**	24/11/2022
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 9,500,000**
Total funding received for agency's sector response to current emergency:	**US$ 500,000**
Amount received from CERF:	**US$ 1,000,015**
Total CERF funds sub-granted to implementing partners:	**US$ 477,111**
Government Partners	US$ 0
International NGOs	US$ 172,380
National NGOs	US$ 304,731
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

The CERF UFE project implemented by UNFPA, and partners was instrumental in proving sexual and reproductive health (SRH) and gender-based violence (GBV) response interventions to 74,699 people affected by floods, conflict, and general insecurity in Unity State (Mayendit, Rubkona and Leer counties), South Sudan. The beneficiaries included 37,915 (51%) women; 28,798 (38.5%) girls; 5,202 (7%) men; and 2,784 (3.5%) boys. The GBV component reached 22,935 (31%) beneficiaries (12,046 women; 6,970 girls; 2,716 men; and 1,203 boys) while the SRH component reached 51,764 (69%) beneficiaries (25,869 women; 21,828 girls; 2,486 men; and 1,581 boys). The project provided information and services to 5,602 persons with disabilities under both SRH (3,882) and GBV (1,720) components. The project supported 7 health facilities; supported 6 health teams; provided sexual and reproductive health in emergencies (SRHiE) services (safe birth deliveries, ante-natal care, family planning counselling, and referrals) to 19,314 people; reached 6,254 adolescent boys and girls with adolescent sexual and reproductive health in emergencies services; and provided SRHiE information to 26,196 people. The project supported six women and girls' friendly spaces; provided 5,000 dignity kits to women and girls; provided GBV services to 502 survivors; provided cash assistance to 616 beneficiaries; supported 440 fuel-efficient stove owners; and supported 298 women to run income-generating projects. The project also provided mental health and psychosocial support services to 5,887 people; and disseminated information on GBV services to 14,935 people. Overall, the project achieved slightly more than double (203%) the projected target of 36,840 beneficiaries. The over achievement is attributed to the increase in the overall number of people in need; effective SRH and GBV outreaches; effective coordination between implementing partners, national, state and county government authorities and UNFPA; timely delivery of project supplies and robust project monitoring and documentation.

3. Changes and Amendments

The project was not modified. It was implemented within the planned timelines and all planned targets were achieved. The resources provided for the project were adequate to address the changes in the programming context majorly due to continued flooding that displaced more and more people, eruptions of inter-ethnic conflicts and deepening food insecurity. The main challenges that the project faced were the shortages and supply chain constraints in procurement of health commodities and supplies because of the Ukraine crisis, and access to beneficiaries because of flood waters that affected especially the road transport infrastructure. UNFPA used prepositioned health commodities and supplies to address the shortages and constrains while mobile services such as use of boats were used by implementing partners to mitigate access barriers because of abnormal flooding in the project site. The project spent a total of 96% of allocated funds. The balance in funds will be returned to the donor as per terms and conditions of the agreement between UNFPA and the CERF (OCHA).

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection - Gender-Based Violence									
	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	800	236	600	110	**1,746**	1,034	305	775	142	**2,256**
Internally displaced people	5,476	860	3,204	320	**9,860**	7,075	1,111	4,140	414	**12,740**
Host communities	3,047	1,006	1,590	501	**6,144**	3,937	1,300	2,055	647	**7,939**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**9,323**	**2,102**	**5,394**	**931**	**17,750**	**12,046**	**2,716**	**6,970**	**1,203**	**22,935**
People with disabilities (PwD) out of the total										
	932	210	539	93	**1,774**	903	204	523	90	**1,720**

Sector/cluster	Health - Sexual and Reproductive Health									
	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	1,400	107	1,600	155	**3,262**	3,796	290	4,338	421	**8,845**
Internally displaced people	5,040	100	3,860	120	**9,120**	13,667	271	10,467	325	**24,730**
Host communities	3,100	710	2,590	308	**6,708**	8,406	1,925	7,023	835	**18,189**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**9,540**	**917**	**8,050**	**583**	**19,090**	**25,869**	**2,486**	**21,828**	**1,581**	**51,764**
People with disabilities (PwD) out of the total :										
	1,886	319	1,445	151	**3,801**	1,926	326	1,476	154	**3,882**

* 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 reached an estimated 17,200 flood affected communities with awareness raising activities through outreaches on SRH and GBV, including on PSEA. It will also benefit 257 frontline service providers through awareness raising on GBV prevention related issues and refresher training.

6. CERF Results Framework

Project objective	Reduce the impact of the floods on GBV and SRH among flood affected communities and enhance GBV and SRH emergency responses to improve access and utilization of reproductive health, and GBV prevention and response services in context of flooding in Unity State.
Output 1	Improved availability of emergency obstetric and new-born care, family planning and other lifesaving reproductive health services for communities affected by the floods in Bentiu, Rubkona County, Unity State

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

Sector/cluster	Health - Sexual and Reproductive Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	H.7 Number of functional health facilities supported and Mobile Teams (to provide Reproductive Health services) 6 health Facilities supported and operational serving beneficiaries in crises affected areas: Intermediate targets in the first 12 weeks: 4,500; Final targets: 19,090	6	7	• UNFPA progress reports • Monthly health facility monitoring visit reports. • UNIDOR and IRC reports • MoH reports
Indicator 1.2	Number of Mobile Health Teams supported to provide maternity services in crisis affected areas 2 outreach Mobile Teams supported and operational [Intermediate targets in the first 12 weeks: 1,200 Final targets: 6,000	2	3	• UNFPA progress reports • Monthly health facility monitoring visit reports. • UNIDOR and IRC reports • MoH reports
Indicator 1.3	Number of people provided with integrated SRHiE services [19,090 beneficiaries Intermediate targets in the first 12 weeks: 6,300 Final targets: 19,090	19,090	19,314	• UNFPA progress reports • UNIDOR and IRC reports • MoH reports
Indicator 1.4	Number of adolescent boys and girls provided/benefited from integrated sexual and reproductive health services, 6,100 adolescent boys and girls Intermediate targets in the first 12 weeks: 2,100 Final targets: 6,100	6,100	6,254	• UNFPA progress reports • UNIDOR and IRC reports • MoH reports
Indicator 1.5	Number of people provided with integrated SRHiE information	19,090	26,196	• UNFPA progress reports

	19,090 beneficiaries Intermediate targets in the first 12 weeks: 6,300 Final targets: 19,090			• Monthly health facility monitoring visit reports. • UNIDOR and IRC reports
Explanation of output and indicators variance:		This output was fully achieved (271%). The over achievement across all indicators is attributed to the increase in the overall number of people in need; effective SRH and GBV outreaches; effective coordination between implementing partners, national, state and county government authorities and UNFPA; timely delivery of project supplies and robust project monitoring and documentation.		

Activities	**Description**	**Implemented by**
Activity 1.1	Provide Core Pipeline Emergency Reproductive Health medicines, supplies to include Post Rape Kits and equipment to HFs	UNFPA
Activity 1.2	Support maternity medical responses which will include, safe birth deliveries, ante-natal care, family planning counselling, and referrals from the community to health facilities to avoid delays	UNIDOR and IRC
Activity 1.3	Provide community-based and static adolescent-friendly integrated sexual and reproductive health services among the flood-displaced communities to promote safe sexual practices	UNIDOR and IRC
Activity 1.4	Conduct community-based awareness-raising on maternal and reproductive health to enhance uptake of RH services	UNIDOR and IRC
Activity 1.5	Conduct monthly monitoring and supervision of the supported Health Facilities and implementation sites	UNFPA

Output 2	Available and accessible lifesaving GBViE services and information
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Protection - Gender-Based Violence

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	PS.1b Number of women- and girl-friendly safe spaces and/or centres constructed, rehabilitated and/or supported Number of functional WGFS for GBV prevention and response for emergency setting [2 constructed; 4 supported to serve 17,750 vulnerable women and girls Intermediate targets in the first 12 weeks: 5,750 Final targets: 17,750]	6	6	UNFPA Progress reports WGFS reports IRC, HRSS, and UNIDOR reports
Indicator 2.2	Number of GBV survivors provided with case management [Intermediate targets in the first 12 weeks: 100 Final targets: 200]	200	502	• UNFPA progress reports • GBV IMS reports • One-Stop-Centre reports

				• IRC, HRSS, UNIDOR reports.
Indicator 2.3	SP.1b Number of people receiving menstrual hygiene management kits and/or dignity kits Number of women and girls benefit from dignity kits [Intermediate targets in the first 12 weeks: 3,500 Final targets: 5,000]	5,000	5,000	• UNFPA progress reports • IRC, HRSS, UNIDOR reports. • Women and Girls' Friendly Space reports • Dignity Kits distribution reports.
Indicator 2.4	Number of women and girls benefit from Cash Assistance [Intermediate targets in the first 12 weeks: 416 Final targets: 616]	616	616	• UNFPA progress reports • IRC, HRSS, UNIDOR reports.
Indicator 2.5	FN.3 Number of people receiving in-kind fuel assistance [Number of women and girls benefit from Fuel Efficient Stove as a GBV prevention measure Intermediate targets in the first 12 weeks:150 Final targets: 300]	300	440	• UNFPA progress reports • IRC, HRSS, UNIDOR reports.
Indicator 2.6	Number of women and girls benefit from livelihood/Income Generating Activities (IGA) [Intermediate targets in the first 12 weeks: 150 Final targets: 250]	250	298	• UNFPA progress reports • IRC, HRSS, UNIDOR reports.
Indicator 2.7	Number of affected population reached with GBV awareness messages at the community level [Intermediate targets in the first 12 weeks: 3,750 Final targets: 8,590]	8,590	14, 935	• UNFPA progress reports • IRC, HRSS, UNIDOR reports.
Indicator 2.8	Number of community leaders and local authorities aware of GBV concepts, human rights, and their roles in the chain of care for GBV [Intermediate targets in the first 12 weeks: 100 Final targets: 100]	100	257	• UNFPA progress reports • IRC, HRSS, UNIDOR reports.
Indicator 2.9	H.9 Number of people provided with mental health and/or psycho-social support services (women and girls) [Intermediate targets in the first 12 weeks: 1,000Final targets: 4,000]	4,000	5,887	• UNFPA progress reports • IRC, HRSS, UNIDOR reports.
Explanation of output and indicators variance:		This output was equally fully achieved (129%). The over achievement across all indicators is attributed to the increase in the overall number of people in need; effective SRH and GBV outreaches; effective coordination between implementing partners, national, state and county government authorities and UNFPA; timely delivery of project supplies and robust project monitoring and documentation.		

Activities	Description	Implemented by
Activity 2.1	Construction of new semi-permanent WGFS and support to existing WGFS: Expanding the reach of national level two GBV helplines (662 and 623) to be operational at Bentiu level to provide remote psychosocial support and referral linkage.Distribution of information and communication materials focusing on GBV risks, available GBV response services, referral pathways, and timely reporting of GBV incidents (within 72 hrs)	IRC, HRSS, UNIDOR
Activity 2.2	Provision of quality case management and PSS to GBV survivors and other women and girls at risk	IRC, HRSS, UNIDOR
Activity 2.3	Procurement of 5,000 dignity kits to be distributed for the most vulnerable women and girls	UNFPA
Activity 2.4	Distribution of dignity kits to the most vulnerable women and girls	IRC, HRSS, UNIDOR, DRC, Women Vision, WR, IOM, CARE, CORDAID, CWW
Activity 2.5	Identification of target beneficiaries (women and girls) and provision of Cash Assistance per month for four months	IRC, HRSS, UNIDOR
Activity 2.6	Refresher training of women and girls on the producing locally made Fuel Efficient Stove	IRC, HRSS, UNIDOR
Activity 2.7	Identification and training of target beneficiaries (women and girls) and provision of start-up kit /seed-capital	IRC, HRSS, UNIDOR
Activity 2.8	Conduct community awareness raising activities/campaign and information dissemination on GBV prevention and response	IRC, HRSS, UNIDOR
Activity 2.9	Conduct refresher training on GBV Basic Concepts, human rights, and their roles in the chain of care for GBV	IRC, HRSS, UNIDOR

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

a. Accountability to Affected People (AAP)[8]:

The design of this project was undertaken in consultation with the field clusters in Unity State and its counties as well as with the Ministry of Health, Ministry of Gender Child and Social Welfare and Ministry of Humanitarian Affairs and disaster management representation in

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

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

Bentiu. Consultations with the affected communities were carried out during various assessments in the project management cycle including project design, implementation and monitoring. The situation of the affected communities and the vulnerable and marginalized groups were identified in consultation with community members, as well as triangulation with previously conducted assessments that did consult communities in Unity State. This enables the vulnerable and marginalized groups to identify their needs such as cash assistance and dignity kits. As such the vulnerable and marginalized groups benefited from information sharing, cash assistance program, dignity kits and livelihood/skills training such as building energy efficient stoves and crafts making. Further consultation with the clusters, the government and the affected communities was carried during implementation of the project to ensure activities remain geared to the needs of the beneficiaries. Exit Focus Group Discussions with health service users were conducted to assess patient satisfaction with services. Regular reviews of project reach and relevance were undertaken to ensure that program focus is geared towards health and protection needs of the targeted populations.

b. AAP Feedback and Complaint Mechanisms:

A complaint and beneficiary feedback mechanism were implemented to ensure the project meets the needs of the beneficiaries. These included complaints boxes and complaint hotlines run by the implementing partners as well as direct reporting to UNFPA. The different reporting mechanisms were advertised within the facilities, centres, spaces, and mobile teams. The complaint mechanisms were monitored directly by UNFPA and through the implementing partners. Further feedback from communities was harnessed through Focus Group Discussions or individual beneficiaries during project monitoring field visits. Client satisfaction surveys and post-distribution assessments were also used to ensure the project remains relevant to the needs of beneficiaries. The community leaders, social workers, and case workers including other staff involved in the project were trained on the importance of confidentiality and how to manage it. Confidentiality was handled by developing SOPs of strict information-sharing practices. That is sharing information that is only necessary to those involved in the GBV survivors' care with permission from the survivors and other project beneficiaries.

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

All UNFPA staff have been trained on PSEA to be able to prevent SEA and provide appropriate support to victims of SEA during project implementation. UNFPA has also employed a PSEA Specialist to mainstream PSEA into all institutional and programmatic activities. UNFPA has played an active role in establishment of the State level PSEA Task Force and Community Based Complaints Mechanisms (CBCM) structures. Two of the three UNFPA IPs for this project are active members of the State Level PSEA Task Force. UNFPA has trained all her implementing partners on PSEA. All UNFPA implementing partners (IPs) underwent a PSEA Self-Assessment exercise and were appropriately rated (Scoring Sheet). The results of the assessment informed measures that each implementing partners had to take to strengthen PSEA measures. One of the IPs is implementing the SEA Victim-Assistance Project which is also supported by UNFPA that entails massive awareness raising on PSEA. SEA related complaints are handled with utmost confidentiality.

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

Women participated in the project design through GBV risk assessments while they participated in the project implementation through client satisfaction surveys and post-distribution assessments. Project review meetings also included women and girls and their feedback was incorporated into subsequent implementation of project activities. The project provided specific SRH services to women and girls which included maternity medical responses (safe birth deliveries, ante-natal care, family planning counselling, and referrals). The project supported six women and girls' friendly spaces; provided 5,000 dignity kits to women and girls; provided GBV services to 502 survivors; provided cash assistance to 616 beneficiaries; supported 440 fuel efficient stove owners; and supported 298 women to run income generating projects. The project employed the survivor centred approach which ensured the safety and well-being of women and girls who have been violated. The reached a total of 37,915 (51%) women and 28,798 (38.5%) girls.

e. People with disabilities (PwD):

The project targeted PwDs who were therefore involved in all stages of the project from design, implementation, and monitoring. All implementing partners and service providers were sensitized on the unique needs of PwDs to strengthen their inclusion and

participation in service uptake. Language barrier challenges affecting PwDs were addressed through interpreters. Venues of project meetings and activities were selected in consideration of the specific and unique needs of PwDs. Women and girls with disabilities were supported with transport to access services and enhance their safety. PwDs were allowed to be accompanied by a buddy during project activities to enhance their safety and protection. Women and girls with disabilities received the entire range of services offered under the project which included dignity kits, fuel efficient stoves, income generating support, MHPSS, case management, among others. The project reached a total of 5,602 (4,828 female and 774 male)- persons with disabilities under both SRH (3,882) and GBV (1,720)

f. Protection:

The project implemented diverse GBV risk mitigation interventions to enhance the protection of affected populations and persons at-risk. The measures included:
Cash assistance: direct provision of cash enabled women enjoy flexibility in their choices of basic needs to include firewood, charcoal, food and payment of school fees of their children which reduced their vulnerability.

Fuel efficient stove: The use of fuel-efficient stoves lessens the use of firewood or charcoal that reduces the frequency of women and girls going to collect firewood from the bush that has attendant GBV risks.

Economic empowerment and livelihood / provision of income generating activities: the project supported women to access and control economic resources which meets their needs and is an effective means to enhance resilience, reduce vulnerability, and mitigate the risk of GBV.

Dignity kits programming: Distribution of dignity kits meets the hygiene needs of women and girls thus reducing their dependency and vulnerability.

g. Education:

The project used WGFS as opportunity to strengthen the literacy of women and girls whose schooling and participation in formal education had been disrupted by multiple disasters. Distribution of dignity kits to households with adolescent girls enabled the girls to be retained in school during menses. The cash assistance component of the project enabled households to pay fees for their children and retain them in school.

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	1,354

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 implemented as part / component of a broader protection intervention which helped address a range of commodity-based needs of women and girls. Direct provision of cash resources enabled the shift in demand for goods and services towards the needs of women and girls to include firewood, charcoal, their other basic needs, food and even payment of school fees for their children which ensured girls did not drop out of school. The school is a protective environment that shields girls against harmful practices such as child marriage. Households marry off girls as a solution to addressing the poverty of the family through the bride price.

Parameters of the used CVA modality:				
Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
Identification of target beneficiaries (women and girls) and provision of Cash Assistance per month for four months	616	US$ [insert amount]	Protection - Gender-Based Violence	Unrestricted
Cash assistance to GBV survivors	616	US$ 58,560	Protection - Gender-Based Violence	Unrestricted
Economic Empowerment and livelihoods / Provision of Income Generating Activities	738 (Fuel efficient stoves – 440 and Economic Empowerment and livelihoods/IGA - 298	US$ 20,000	Protection - Gender-Based Violence	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
Provision of Integrated Lifesaving Reproductive Health services and GBv Prevention and Response Services in Bentiu. Leer, and Mayendit for Flood and Crises Affected Communities-Unity State	UNFPA-Quarterly Newsletter, July-September 2022
Launching of WGFS in Bentiu	UNFPA Twitter dated 14 and 15 November 2022 HRSS Twitter dated 14, 18, 21 November 2022
Monitoring Visit of UNFPA Programme Associate	HRSS Twitter dated 13 November 2022
Commemoration of Women and Girls Friendly Space Bentiu Unity State	https://www.youtube.com/watch?v=1BFhqg_BpPk
Bentiu: Gender Minister Launches Women's Psychosocial Center	https://www.radiotamazuj.org/en/news/article/bentiu-gender-minister-launches-womens-psychosocial-center
Govt, UNFPA launch 'friendly space' for women and girls in Unity State	https://www.eyeradio.org/govt-unfpa-launch-friendly-space-for-women-and-girls-in-unity-state/
"Women and Girls Friendly Space" safe haven for victims - Jane Connors, Victims' Rights Advocate	https://southsudan.unfpa.org/en/news/%E2%80%9Cwomen-and-girls-friendly-space%E2%80%9D-safe-haven-victims-jane-connors-victims%E2%80%99-rights-advocate

3.4 Project Report 22-RR-HCR-017

1. Project Information

Agency:	UNHCR	**Country:**	South Sudan
Sector/cluster:	Camp Coordination and Camp Management Protection - Gender-Based Violence	**CERF project code:**	22-RR-HCR-017
Project title:	Provision of GBV and CCCM support to mitigate the effects of potential flooding in Bentiu		
Start date:	01/05/2022	**End date:**	31/10/2022
Project revisions:	No-cost extension ☐ Redeployment of funds ☐ Reprogramming ☐		

Funding

Total requirement for agency's sector response to current emergency:	**US$ 4,000,000**
Total funding received for agency's sector response to current emergency:	**US$ 0**
Amount received from CERF:	**US$ 1,089,994**
Total CERF funds sub-granted to implementing partners:	**US$ 965,460**
Government Partners	US$ 0
International NGOs	US$ 965,460
National NGOs	US$ 0
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

In the CERF Rapid Response project in Bentiu and Rubkona, UNHCR focused on reducing the risks of gender-based violence against women and girls, benefiting 9,205 individuals through strengthened psychosocial care, referral of survivors, and empowerment of GBV survivors, including 1,105 persons with disability (PwDs) prioritized for support; Under CCCM, 63,140 individuals benefited from improved infrastructure and strengthened coordination and capacity of site governance in Bentiu IDP Sites(18,722 in Site A, 17,748 in Site B, 8,694 in Site C, 8,444 in Site D, and 9,532 in Site E respectively), including 5,477 PwDs. In particular, the following were achieved during the project period:

- A Women- and Girl- friendly space (WGFS) in Site D was constructed, hosting a range of activities including the provision of case management and psychosocial support services, cash-based transfer, and awareness campaigns and training sessions.
- 1,263 individuals accessed the WFGS for community-based activities and services including psychosocial counselling and support, self-care health and protection info sessions, Coffee/Tea sessions by women peer support group, skill-share as well as recreational activities such as sewing, bread making, storytelling and Henna application.
- 206 women and girls received GBV psychosocial support and GBV case management.
- 300 women and girls supported with cash-based assistance, including 280 most vulnerable women and girls residing in IDP Site D&E received cash grant for energy/firewood to reduce GBV risks for women and girls, and another 20 businesswomen group were identified and trained and supported unconditional cash assistance to start up their business.

- 7,376 IDPs, including 490 women, 1,997 girls, 1,335 men and 1,554 boys, were reached with GBV awareness campaign, which included 14 refresher and sensitization sessions on GBV issues and gender equality
- 60 members from local authorities, police officers and community leaders participating in capacity building sessions on GBV concepts, guiding principles, referral pathways and prevention and response mechanisms.
- All 5 sites with physical site improvements and supported with site management services, improved infrastructure, provision of clean water, demarcation of the five IDP sites in Bentiu, and reinforcement of 24 kilometres of road networks within these sites to ensure the accessibility for IDPs and service delivery; site maintenance committees were supported to implement flood mitigation activities and community-based maintenance activities, and early warning management committees for construction of culvert drains, continued demarcation of land using earth-moving equipment, and flood site mapping.

With this project, UNHCR achieved its key objective to support early intervention with the aim at mitigating the impact of shocks on the lives and livelihoods of IDPs in Sites D&E, especially among most vulnerable people i.e., women and girls. With improved infrastructure and site maintenance activities, it was possible to bring GBV prevention and response nearer to the population to reduce the exposure of women and girls to GBV risks. This project enabled a better response to the reported GBV cases, as well as timely and appropriate provision of services with the presence of the WGFS and awareness/capacity building respectively, thereby making a real impact towards achieving the objectives of GBV sub-cluster.

3. Changes and Amendments

This project was carried out as planned, though the flooding and rainy season in 2022 further exacerbated the humanitarian needs situation of the displaced. There is an increased number of individuals accessing WGFS (Indicator 1.2) and increased number of people receiving GBV psycho-social support and/or GBV case management (indicator 1.3). Reasons included the increased displaced population in overall, causing an increase of population accessing GBV services. Meanwhile, with the overflowing water spanning across areas that used to be grazing land for livestock and firewood, women and girls were also exposed to further GBV risks as they had to face the loss of livelihood while trekking longer for energy materials, driving increased need for GBV services and psychosocial support.

This project also reached 876 returnees and 2,628 host community members residing in the Bentiu IDP Sites who also benefited from the improved facilities and infrastructure, including provision of clean water, demarcation of the five IDP sites in Bentiu, and 24 kilometres of road networks within these sites that were opened to ensure the accessibility for IDPs and service delivery. Widespread benefits were also brought to additional groups of returnees and host community by floods mitigation measures, including construction and maintenance of retention dams, flood water pumps, internal run off management, culvert cut-off in the roads and sandbags alignment and dike repairs.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Camp Coordination and Camp Management									
	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**	181	143	262	290	**876**
Internally displaced people	10,968	7,263	15,825	18,201	**52,257**	11,577	8,972	17,757	20,587	**58,893**
Host communities	0	0	0	0	**0**	542	428	787	871	**2628**
Other affected people	105	93	268	277	**743**	105	93	268	277	**743**
Total	**11,073**	**7,356**	**16,093**	**18,478**	**53,000**	**12,405**	**9,636**	**19,074**	**22,025**	**63,140**
People with disabilities (PwD) out of the total										
	1,143	781	1,650	1,903	**5,477**	1,143	781	1,650	1,903	**5,477**

Sector/cluster	Protection - Gender-Based Violence									
	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	5,141	0	3,085	0	**8,226**	6,123	1,096	1,580	406	**9,205**
Host communities	0	0	0	0	**0**	0	0	0	0	**0**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**5,141**	**0**	**3,085**	**0**	**8,226**	**6,123**	**1,096**	**1,580**	**406**	**9,205**
People with disabilities (PwD) out of the total										
	135	0	82	0	**217**	331	774	0	0	**1,105**

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

5. People Indirectly Targeted by the Project

While severe flooding and conflict situation caused widespread displacement in Bentiu and Rubkona, nearly 85% of the total displaced population are women and children who were disproportionally impacted by the shock of displacement with exacerbated vulnerability. This project benefited the most vulnerable group, i.e., over 31,000 women and girls, indirectly through raised awareness of the communities to protection of women and girls, prevention of gender-based violence, as well as improved access to services through CERF funded activities. With CCCM activities, both the host community and IDPs benefited from improved infrastructure, provision of clean water, demarcation of the five IDP sites in Bentiu, and 24 kilometres of road networks within these sites that were opened to ensure the accessibility for IDPs and service delivery. Widespread benefits were also brought by floods mitigation measures, including construction and maintenance of retention dams, flood water pumps, internal run off management, culvert cut-off in the roads and sandbags alignment and dike repairs organized through CCCM as funded under CERF.

6. CERF Results Framework

Project objective	Mitigating protection risks and preventing further displacement in the event of severe flooding
Output 1	GBV response and prevention services provided

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

Sector/cluster	Protection - Gender-Based Violence			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	PS.1b Number of women- and girl-friendly safe spaces and/or centres constructed, rehabilitated and/or supported. [1 WGFS constructed by Week 4]	1	1	UNHCR and partner field monitoring reports, field monitoring visit, progress reports, PDM, photos
Indicator 1.2	PS.1a Number of people accessing women- and girl- friendly safe spaces and/or centres. [600 Women and girls accessing the WGFS (200 individuals at Week 12; 400 individuals at Week 24)]	600	1263	UNHCR and partner field monitoring reports, field monitoring visit, progress reports, PDM, photos
Indicator 1.3	PS.2 Number of people receiving GBV psycho-social support and/or GBV case management. [120 Women and girls receiving case management and PSS (40 individuals at Week 12; 80 individuals at Week 24)]	120	206	UNHCR and partner field monitoring reports, field monitoring visit, progress reports, PDM, photos
Explanation of output and indicators variance:		Under this output, UNHCR and partners successfully enhanced GBV response and prevention service through the construction of women- and girl-friendly space. As the severe flooding increased the displaced population displaced in IDP Sites A-E, more people had accessed and benefited from the WGFS construction (indicator 1.2). Similarly, more women and girls were received and referred for GBV case management services and psychosocial support (indicator 1.3).		

Activities	**Description**	**Implemented by**

Activity 1.1	Construction of a women- and girls- friendly space in Site D.	UNHCR, DRC
Activity 1.2	Conducting GBV case management services and referral to appropriate services.	UNHCR, DRC
Activity 1.3	Providing PSS interventions such as tea talks and beading	UNHCR, DRC

Output 2	Multipurpose cash support provided
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Protection - Gender-Based Violence

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	Cash.2a Number of people receiving sector-specific unconditional cash transfers [300 Individuals at Week 12]	300	300	UNHCR and partner field monitoring reports, field monitoring visit, progress reports, PDM, photos
Indicator 2.2	Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD	52,000	52,000	UNHCR and partner field monitoring reports, field monitoring visit, progress reports, PDM, photos

Explanation of output and indicators variance:	The output 2 – provision of multi-purpose cash was implemented as planned. Unconditional cash transfer payments were made to 280 most vulnerable women and girls residing in IDP Site D&E for energy/firewood to reduce GBV risks for women and girls. 20 Businesswomen group were identified and trained to start-up their business and received unconditional cash assistance.

Activities	**Description**	**Implemented by**
Activity 2.1	Conducting vulnerability assessment	UNHCR, DRC
Activity 2.2	Delivering targeted cash assistance for energy materials	UNHCR, DRC
Activity 2.3	Supporting vulnerable women to establish tea shops stalls and bread-making activities to ensure their needs and those of the family are met.	UNHCR, DRC

Output 3	GBV response and prevention capacity-building provided
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Protection - Gender-Based Violence

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 3.1	Number of IDPs being reached by GBV refresher sessions [5,000 Individuals (2,500 Individuals by Week 12; 2,500 individuals by Week 26)]	5,000	7,376	UNHCR and partner field monitoring reports, field monitoring visit, progress reports, photos
Indicator 3.2	Number of local authorities, police officers and community leaders participating in capacity building sessions [60 Individuals by Week 12]	60	60	UNHCR and partner field monitoring reports, field monitoring visit, progress reports, training reports, attendance lists, photos

Explanation of output and indicators variance:	Under Output 3, the awareness campaign focused on GBV risk reduction, gender equality, and how to stop GBV against its deep roots in the social norms. Fourteen sessions were conducted. The beneficiaries increased because of the increased flooding displacement from other affected locations. The GBV training was conducted as planned. 60 community leaders and local authority officials (33 male, 27 female). The GBV training covered sessions on basic concepts, guiding principles, referral pathway, and how to respond and prevent GBV.

Activities	**Description**	**Implemented by**
Activity 3.1	Conduct refresher/awareness raising campaigns	UNHCR, DRC

Output 4	Physical site improvement against flooding implemented
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Camp Coordination and Camp Management

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 4.1	CM.3 Number of displacement sites with physical site improvements 05 sites by Week 12	5	5	UNHCR and partner field monitoring reports, field monitoring visit, progress reports, photos

Explanation of output and indicators variance:	The target was achieved as planned, with the 5 IDPs sites (A, B, C, D & E) benefiting from construction of access roads, infrastructure improvements, water channels, care & maintenance of sites, culverts installation, retention dams, flood water pump, sandbags alignment and dykes repairs.

Activities	**Description**	**Implemented by**
Activity 4.1	Demarcation of land, collector dams, reinforcement of roads and pathways. Using heavy earthmoving equipment.	UNHCR, DRC
Activity 4.2	Culvert drains, sandbags for areas around culverts and around shelters, supporting the community with tools.	UNHCR, DRC
Activity 4.3	Backfilling shelter block areas with soil to prevent any future flooding by increasing the ground level	UNHCR, DRC
Activity 4.4	Procurement of flood water pump with capacity of 130CM per hour and other hand tools.	UNHCR, DRC
Activity 4.5	Fencing and securing the collector dams with post and rail fence for safety and construction of the pump room	UNHCR, DRC

Output 5	Site services improvement conducted
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Camp Coordination and Camp Management

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 5.1	CM. 1 Number of displacement sites supported with appropriate site management services [05 sites by Week 12]	5	5	UNHCR and partner field monitoring reports, field monitoring visit, progress reports, photos

Explanation of output and indicators variance:	The target was achieved as planned, with 5 community leadership structures established in the 5 IDP sites with members also from host communities. Training for site management leaders, conflict mitigation desks, social cohesion projects with IDPs and host communities benefiting. Police post, CCCM desks, etc.

Activities	Description	Implemented by
Activity 5.1	Setting up early warning management committees to monitor and assess the risk of flood.	UNHCR, DRC
Activity 5.2	Develop a joint response plan with the Site Maintenance Committee involving the displaced community through training sessions.	UNHCR, DRC
Activity 5.3	Floods site mapping to address sustainability and displacement solutions	UNHCR, DRC

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

a. Accountability to Affected People (AAP)[10]:

To ensure accountability to the affected population, UNHCR made sure that affected communities were consulted and engaged throughout the project implementation by using age, gender and diversity mainstreaming approach. In February 2022, UNHCR conducted a series of participatory assessments with groups of displaced women in Bentiu. The project was designed based on the assessment, including the main outcome that the lack of livelihood opportunities and emergency materials substantially increases the risks of sexual violence among women and teenage girls. During the implementation, systemic engagement and coordination with community-based structures also helped UNHCR to ensure the community participation in decision-making processes. Regular protection monitoring further allowed individual community members to voice their concerns in a confidential manner. Feedback collected through these means were also given back to all community members and were also communicated to other stakeholders for information and cross-referencing.

b. AAP Feedback and Complaint Mechanisms:

UNHCR ensured that complaints and feedbacks were collected through multiple pathways, including in-person through protection desks and community-level structures to complaints and feedback committees/representatives in each location, digitally through calls and emails to UNHCR and partners, and post-distribution monitoring surveys and participatory assessments mandated as part of UNHCR programme management. Complaints received at the Protection desks were referred to UNHCR and partners for solutions for the complainant. Community-level complaint and feedback focal points were also trained on standard procedure for the processing of complaints and feedback so that complaint boxes established (including at WGFS, distribution point and training venue), were collected and processed in a confidential and safe manner. UNHCR has a hotline for direct reporting of cases to the office. Consultation meetings were held with the

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

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

communities to get feedback on the progress of the project and to identity gaps affecting the implementation. Joint monitoring visits with the communities held on regularly.

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

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

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

From the start of the project, UNHCR ensured that women, girls, and gender minorities were well represented through the consultation / monitoring processes, the participatory approach of which ensured that their needs were taken into consideration and were met with targeted interventions or by being mainstreamed into community level activities. At the same time, UNHCR worked to identify and assess women and girls experimenting high levels of vulnerability, using the implemented case management system to provide MHPSS and other needed services within a new women and girl's friendly space. Through protection mainstreaming approach and the strategy to mitigate GBV risks, UNHCR and partners in Bentiu delivered cash assistance for energy materials to women, linking this activity to a series of community raise awareness and capacity-building sessions. The main objective was to reduce the risk women and teenage girls face while collecting firewood inside the water or at distant and hard-to-reach places.

e. People with disabilities (PwD):

UNHCR specifically focused on identifying the most vulnerable women and girls by assessing displaced populations in Bentiu. Identification was done at the WGFS registration desk, as well as by community outreach workers during their door-to-door sensitization exercises. Identification was also done through other actors such as health service providers. For PwDs without mobility devices especially the visually impaired and physical impaired, their family and community workers were sensitized to assist with their movement to Community Centre; Case workers also prioritized home visits for follow up, conduct individual counselling on their status and refer if needed. Persons with disabilities were prioritized in all protection services. Participatory assessment ensured their concerns and gaps formed a part of project proposal. They participated in focus group discussions for the selection of beneficiaries and awareness with the community on the project. During implementation, UNHCR prioritized PwD and pregnant women for cash assistance and MHPSS.

f. Protection:

In this project, protection was at the centre of all the interventions. UNHCR and its implementing partners based its assistance and services on comprehensive and continuous protection assessments. UNHCR conducted regular GBV safety assessments and protection monitoring to ensure that persons of concern have been identified and assisted with meaningful interventions that increase their well-being and security levels. UNHCR and its GBV partner staff supported community-based structures in addressing protection concerns and eventual gaps. This included coordination support, training, mobility, material support for their activities depending on the specific community structure.

g. Education:

Not relevant.

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	300

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.

Targeted cash assistance was used for supporting vulnerable women with energy materials and for establishing tea shops stalls and bread-making activities to ensure their needs and those of the family are met

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
2.2 Delivering targeted cash assistance for energy materials.	200	US$ 32,000	Protection - Gender-Based Violence	Unrestricted
2.3 Supporting vulnerable women to establish tea shops stalls and bread-making activities to ensure their needs and those of the family are met.	100	US$ 20,000	Protection- Gender-based violence	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
Twitter post on community-based approach for women empowerment in Bentiu IDP Site	https://twitter.com/UNHCRSouthSudan/status/1577686369836711938
Facebook post on community-based approach for women empowerment in Bentiu IDP Site	https://bit.ly/3VR2UqF

3.5 Project Report 22-RR-CEF-030

1. Project Information

Agency:	UNICEF	**Country:**	South Sudan
Sector/cluster:	Water, Sanitation and Hygiene Nutrition	**CERF project code:**	22-RR-CEF-030
Project title:	Mitigating projected flood-related impacts in Unity State through targeted early action interventions in WASH and nutrition		
Start date:	09/05/2022	**End date:**	08/11/2022
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 2,500,000**
Total funding received for agency's sector response to current emergency:	**US$ 0**
Amount received from CERF:	**US$ 2,000,000**
Total CERF funds sub-granted to implementing partners:	**US$ 638,192**
Government Partners	US$ 0
International NGOs	US$ 638,192
National NGOs	US$ 0
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

Through this CERF grant, UNICEF, and its implementing partners (IPs) provided nutritional screening of 85,730 children; among these, 8,406 children (3,778 boys, 4,628 girls) under 5 years old, were identified and referred for treatment of Severe wasting in Mayom, Rubkona, Guit, Koch, Mayendit, Leer, and Panyijar counties of Unity. Through this grant, 5,000 children (2,551 girls and 2,449 boys) were treated, as well as 3,406 children through contributions from other donors. Through the CERF, UNICEF procured 5,000 cartons of RUTF and trained 30 (10 female, 20 male) health and nutrition workers on an integrated approach to Community-Based Management of Acute Malnutrition (CMAM) and Maternal, Infant, and Young Child Feeding Nutrition (MIYCN) in Rubkona and Guit counties. Furthermore, four nutrition storage facilities were installed and refurbished in Leer and Mayendit Counties to allow the safe storage of essential lifesaving supplies and protect them from deterioration due to rain and rodent infestation.

Through the CERF WASH contribution, as flood mitigation and prevention of WASH-related disease outbreaks, UNICEF and IPs constructed 608 of elevated flood resilient shared household latrines benefiting 19,254 people (5,391 Women, 4,621 Men, 4,814 Girls, 4,428 Boys) in 2 IDP sites (D2, E), Rubkhona County. In addition, 26 boreholes were repaired and equipped with elevated flood resilient platforms reaching 13,000 at-risk people with safe water (Women 3,640, Men 3,120, Girls 3,250, Boys 2,990), including IDPs and host communities. Furthermore, UNICEF and IPs conducted refresher training to forty-two (42) Water Management Committees (WMCs) consisting of 294 people (206 women, 88 Men) on sustainable operation and maintenance of their boreholes. A total of 66,131 people at-risk IDP sites (Women 18,517; Men 15,871; Girls 16,533 and Boys 15,210) were reached with lifesaving WASH NFIs, and 6,000 females

including 2,880 adolescent girls and 3,120 women of reproductive age in flood IDP sites and schools were reached with Menstrual Health Management (MHM) kits and trained on safe MHM.

Through CERF action, UNICEF further supported behavior change communication through Integrated Community Engagement activities benefiting 19,254 people (5,391 Women, 4,621 Men, 4,814 Girls, 4,428 Boys), with integrated messages on handwashing, prevention, and mitigation of AWD, Malaria, Cholera, Hepatitis E Virus (HEV) including referral to treatment centres. This action included house-to-house visits, group and child-friendly sessions and IDP site clean-up community campaigns.
The project assisted a total of 71,131 people through Nutrition and WASH interventions between May and December 2022.

3. Changes and Amendments

During the project cycle, floods persistently hindered access in Southern Unity. This was a major challenge and has constrained the timely delivery of supplies, including Mayardit, Koch, Leer, and Panyijar. This has, however, not affected the continuity of delivery of nutrition services thanks to supplies prepositioned close to service delivery points.

No changes, deviations, or amendments were made to the WASH components of the CERF Early Action program in Bentiu, Rubkona, and Guit counties. Guit county was severely flooded throughout the project implementation. As such, the planned repair and construction of elevated, flood-resilient platforms of 16 boreholes in Guit could not be achieved. All costs associated with these 16 boreholes will be returned to CERF after the project's financial reporting/closure.

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	638	612	**1,250**	0	0	638	612	**1,250**
Host communities	0	0	1,913	1,837	**3,750**	0	0	1,913	1,837	**3,750**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**0**	**0**	**2,551**	**2,449**	**5,000**	**0**	**0**	**2,551**	**2,449**	**5,000**
People with disabilities (PwD) out of the total										
	0	0	20	18	**38**	0	0	20	18	**38**

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	12,697	11,640	13,755	14,813	**52,905**	13,126	11,250	11,719	10,782	**46,877**
Host communities	3,174	2,910	3,439	3,703	**13,226**	5,391	4,621	4,814	4,428	**19,254**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**15,871**	**14,550**	**17,194**	**18,516**	**66,131**	**18,517**	**15,871**	**16,533**	**15,210**	**66,131**
People with disabilities (PwD) out of the total										
	794	728	860	926	**3,308**	926	794	827	761	**3,308**

* 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

Although the project targeted wasted children, mothers and caregivers of these children benefited indirectly through the provision of messages and counselling sessions on maternal infant and young child feeding. Mothers and caregivers also learned to measure the MUAC of their children and monitor the nutrition status of their children.
The WASH components of this intervention did not cover indirect beneficiaries. All beneficiaries reached were the targeted flood IDPs and host communities.

6. CERF Results Framework

Project objective	Mitigate projected flood-related impacts on the lives and livelihoods of people in Unity State through targeted early action interventions in WASH and nutrition
Output 1	Nutrition services strengthened in flood affected areas for girls and boys under five years of age to continue accessing equitable and quality nutrition services (early detection and treatment of severe acute malnutrition).

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.3.a. Number of people admitted to SAM treatment programme (therapeutic feeding) [5,000 children in total (target of 835 per month for 6 months); 835 children by week 4; 2,400 children by week 12]	5,000	5,000	NIS
Indicator 1.2	N.6. Number of people receiving training and/ community awareness session on maternal infant and young child feeding in emergencies [30 people in total; 15 people by week 6; additional 15 people by week 12]	30	30	Training report
Indicator 1.3	Number of nutrition supply storage facilities rehabilitated in the counties [4 facilities in total; 2 facilities by week 6; additional 2 facilities by week 12]	4	4	Monitoring report
Explanation of output and indicators variance:		No variance.		

Activities	**Description**	**Implemented by**
Activity 1.1	Screening for acute malnutrition among children under five years of aged	CARE, CWW,
Activity 1.2	Therapeutic treatment programme for people (children under five years of age) with SAM	CARE, CWW,
Activity 1.3	Organize refresher training of health and nutrition workers on service provision	CARE & CWW
Activity 1.4	Refurbish nutrition stores in existing nutrition facilities	CWW

Output 2	Provide access to improved and climate proof WASH infrastructure to reduce impact of flooding

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.14. Number of household sanitation facilities (e.g., latrines) and/or communal bathing facilities constructed or rehabilitated [608 latrines in total; 152 at week 4; 456 at week 12]	608	608	Weekly reports, site visits.
Indicator 2.2	Number of individuals with access to improved sanitation [12,155 individuals in total; 3,040 at week 4; 9,120 at week 12]	12,155	19,254	Weekly reports, site visits
Indicator 2.3	WS.17 Number of people receiving WASH/hygiene messaging [12,155 people in total; 3,039 at week 4; 9,116 at week 12]	12,155	19,254	Weekly reports, site visits
Indicator 2.4	Number of hand pumps rehabilitated and improved to climate proof infrastructure. [42 handpumps in total; 10 at week 4; 30 at week 12]	42	26	Weekly reports, site visits
Indicator 2.5	WS.6. Number of people accessing sufficient and safe water for drinking, cooking, and/or personal hygiene use as per agreed sector standard [21,000 in total; 5,000 at week 4; 15,000 at week 12]	21,000	13,000	Weekly reports, site visits
Explanation of output and indicators variance:		Indicator 2.2/2.3: During the implementation of the CERF Early Action Program, more people were displaced by the floods to the IDP sites. As such, the total number of registered IDPs in the UNICEF-supported sites benefiting from the constructed elevated latrines and receiving WASH/hygiene messaging increased from the targeted 12,155 people to 19,254 people by the end of the implementation of this project. Indicators 2.4 and 2.5: Beneficiaries reached with access to safe water reduced from 21,000 to 13,000 people because the borehole repair and rehabilitation activity were partially achieved; only 26 boreholes out of the targeted 42 boreholes were completed. The remaining 16 boreholes in Guit were submerged in flood waters throughout the project implementation period. Access to Guit was also constrained following the washing away of the road connecting Guit and Rubkona, hindering the transportation of materials and the movement of personnel/project workers. Costs related to repair and rehabilitation of all 16 boreholes will be returned to CERF.		

Activities	**Description**	**Implemented by**
Activity 2.1	Construction of lined and elevated family-shared latrines	UNICEF in partnership with Concern Worldwide
Activity 2.2	Rehabilitation of hand pumps and providing elevated platforms	UNICEF in partnership with Concern Worldwide

Activity 2.3	Dissemination of Hygiene messages for individuals for the prevention of disease	UNICEF in partnership with Concern Worldwide
Activity 2.4	Establishment and training of water management committees	UNICEF in partnership with Concern Worldwide

Output 3	WASH Cluster partners provided with emergency WASH NFIs for mitigation of effects of flood			
Was the planned output changed through reprogramming after the application stage?		Yes ☐	No ☒	
Sector/cluster	Water, Sanitation and Hygiene			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 3.1	WS.16. a Number of people receiving critical WASH supplies (e.g., WASH/hygiene kits) [66,131 people in total; 16,533 at week 4; 66,131 at week 12]	66,131	66,131	Distribution reports, weekly reports, site visits
Indicator 3.2	SP.1a Number of menstrual hygiene management kits and/or dignity kits distributed [6,000 kits in total; 1,500 at week 4; 4,500 at week 12]	6,000	6,000	Distribution reports, weekly reports, site visits
Explanation of output and indicators variance:		No variance		

Activities	**Description**	**Implemented by**
Activity 3.1	Distribution of critical WASH NFIs to vulnerable individuals to mitigate the effects of flooding	UNICEF in partnership with Concern Worldwide

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

a. Accountability to Affected People (AAP)[12]:

UNICEF worked with partners implementing this project to ensure the needs expressed by the community are met by the services provided, which are monitored through the community's seeking and utilizing of services. UNICEF's key technical staff also conducted regular monitoring visits to the recipient facilities and communities to ensure the rational use of services and supplies and get first-hand feedback from beneficiaries.

A project start-up meeting was conducted with stakeholders on the project scope, with the roles of stakeholders clearly flagged. Beneficiaries shared with UNICEF/CWW key information on flood levels that informed the design of WASH infrastructure. The use of local

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

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

materials and labour to implement project works was encouraged to enhance ownership and sustainability. Project construction works were executed through locally recruited contractors. Ten joint site monitoring visits and project coordination meetings were conducted, and project progress, challenges/risks, and way forward were discussed. Consultative meetings were carried out with women in reproductive on the usage of distributed dignity kits. One consultative meeting was conducted at the start before distribution of the MHM kits and follow up consultative engagements to determine the suitability of the kits and any relevant feedback on the use. A Post Distribution Monitoring (PDM) survey was also conducted to gather relevant information to improve on the kits. These contributed to the improvement of the MHM kits product by the WASH cluster. Project staff were trained on PSEA and encouraged to create SEA free work environment.

b. AAP Feedback and Complaint Mechanisms:

Implementation was done by working closely with the affected population. To ensure continuous feedback and complaints are received, beneficiaries were made aware of the existing feedback mechanism and sensitized on UN/UNICEF policies on SEA, reporting channels/referral to protection partners. The system uses a complaints box for those who can read and write. It also relies on trained community Nutrition volunteers who act as recipients of information and obtain real-time feedback from affected communities on what they could expect regarding response. During the project cycle, only one complain was received from the beneficiaries and was on long waiting time at one of the facilities. This was addressed by shifting additional staff from a less populated facility to that facility.
During consultative meetings and site monitoring visits, complaints raised by the communities and their leaders were captured and addressed. Feedback on the resolution of previous concerns raised was given in subsequent meetings. Complaint and feedback desks were created during the distribution of WASH lifesaving NFIs and dignity kits. All sectors of the community were consulted, including persons living with disability, the elderly, women and girls, and communities, including project workers.

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

As per Nutrition Cluster Operational Framework on AAP, UNICEF worked closely with partners to link the four AAP, and PSEA commitments recognized at the policy level and integrated them into partners' nutrition projects by establishing key PSEA performance indicators during the designing of the project and monitoring progress. The affected communities were made aware and provided with information on what SEA is and how to report it. UNICEF ensured that partners were made aware and trained on AAP, Prevention against Sexual Exploitation and Abuse (PSEA), and gender.

All project staff was sensitized to UNICEF's Zero tolerance policy on sexual exploitation and abuse. Staff contracts 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 Community Hygiene promoters and Water Management committees included a section on PSEA. The integrated cross-sectoral messaging by the trained integrated team of community social mobilizers to communities included messages on PSEA.

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

Distribution of dignity kits to adolescent girls and women of reproductive age supported women to attend to their responsibilities or cores without any interference. The distribution of dignity kits to school-going adolescent girls encouraged girls to return to learning, and girls' retention in school enabled girls to attend classes uninterrupted like their male counterparts. Latrines were designed with locks (internally and externally), in addition to torches distributed to women and girls in the dignity kits, enhanced safe and dignified access to sanitation facilities/latrines. Women and girls were also meaningfully and involved in the design and implementation of WASH facilities and services. Women participated in digging of the latrines during the construction process and were paid wages for the work they did. 42.5% (17 out of 40) of trained Community Hygiene promoters were women and were paid daily incentives to disseminate integrated messages on safe sanitation and hygiene. Women were selected and trained as Water Management Committee (WMC) members to lead their communities in the safe and sustainable management of their water points. Women were also encouraged to take leadership roles within the WMCs in which there were part.

e. People with disabilities (PwD):

The programme ensured that children with disabilities and special needs were included and given priority.38 children with disability and are at borderline of becoming SAM cases were considered for admission in the project.
Consultative meetings with beneficiaries included Persons with Disabilities. WASH infrastructures were constructed to be disability-friendly following barrier analysis exercises carried out to identify access barriers, especially for sanitation and water facilities. Three females with disabilities were recruited as part of the WASH management committee (1) and community hygiene promoter (2) included persons with disabilities.

f. Protection:

Protection is cross-cutting, and protection issues are key in the nutrition and WASH programmes. To ensure that women and children are protected while in the nutrition facilities, safety audits were conducted in all nutrition sites to assess the risk levels associated with access to nutrition services. Recommendations from the assessment were addressed to ensure women and children are not exposed to GBV-related risks when accessing Nutrition services. Women and girls and at-risk groups like PWD and the elderly were consulted during the design and siting of WASH infrastructure, especially 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. 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. Including referrals to protect partners (Nonviolent Peace force and Women Vision)

g. Education:

Schools were also considered for the repair and rehabilitation of their water points. Hygiene awareness in schools, especially those hosting flood IDPs, was conducted. Distribution of dignity kits to school-going adolescent girls was also considered to encourage girls' enrolment, retention, and equal participation in learning. Integration of WASH facilities and services in schools was also done in partnership with education counterparts.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

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

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.

Given the programme design, no cash was transferred to the beneficiaries during the programme. All supplies, goods and services were paid by UNICEF and partners for the benefit of the beneficiaries as per the programme design.
In addition, the CVA was not considered since the WASH interventions focused on infrastructure and engagement for behaviour change practices. The latrine facilities are open for the use of the beneficiaries, and so are the water facilities, and they will not need cash to purchase water or access latrine facilities.

Parameters of the used CVA modality:				
Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
no	no	US$ 0	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
New climate resilient facilities help prevent malnutrition in Jonglei State	https://www.unicef.org/southsudan/stories/new-climate-resilient-facilities-help-prevent-malnutrition-jonglei-state
Prolonged flooding increases challenges children face in Panyagor	https://www.unicef.org/southsudan/stories/prolonged-flooding-panyagor
Children and women are often displaced due to the conflict and humanitarian crises.	https://twitter.com/unicefssudan/status/1516401335029182476

Project Report 22-RR-WFP-028

1. Project Information

Agency:	WFP	**Country:**	South Sudan
Sector/cluster:	Nutrition	**CERF project code:**	22-RR-WFP-028
Project title:	Mitigation of further deterioration of vulnerable people's health and nutrition status during flood shocks		
Start date:	15/04/2022	**End date:**	14/10/2022
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 1,025,764**
Total funding received for agency's sector response to current emergency:	**US$ 0**
Amount received from CERF:	**US$ 500,000**
Total CERF funds sub-granted to implementing partners:	**US$ 87,619**
Government Partners	US$ 0
International NGOs	US$ 87,619
National NGOs	US$ 0]
Red Cross/Crescent Organisation	US$ 0]

2. Project Results Summary/Overall Performance

Through the CERF project, WFP in collaboration with the nutrition partners provided the nutrition assistance to 9,076 people, including 4,556 women, 1,945 boys, 2,575 girls, and 1,361 people with disabilities. 27,000 people were screened for malnutrition and 122.68MT distributed equating to 100% of the planned target. 40.68 MT of Ready to Use Supplementary Feeding (RUSF) and 82 MT of CSB++ was distributed as part of the assistance. This was done in partnership with CARE International, World Relief International (WRI), Nile Hope Development (NHD), UNIDOR, IRC, IMC, Concern Worldwide (CWW) and, MEDAIR during the period from 15th April until 14th August 2022 in Unity; Guit, Rubkona, Mayom, Koch, Mayendit, Leer, and Panyijar Counties.

3. Changes and Amendments

The major challenge during implementation of the project was limitations in access to some project locations, especially in Rubkona, Panyijiar, Mayendit, Guit, Mayom and Koch. This was caused by flooding in Unity state which hindered supplies deliveries and physical monitoring of the activities. Insecurity such as inter-communal revenge fights and cattle raids in some of the locations such as Leer County, and Koch have affected activity implementation.

To overcome this, WFP extended its support to the implementation by guaranteeing delivery of supplies to remote flooded inaccessible locations through air delivery/ air drops where possible. To also ensure implementation in the cut-out locations, WFP Cooperating Partners monitored the movement of displaced populations to their new places of settlement and conducted remote monitoring for hard-to-reach areas to extend critical nutrition assistance.

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	203	0	115	87	**405**	203	0	115	87	**405**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	538	0	303	230	**1,071**	538	0	303	230	**1,071**
Host communities	3,815	0	2,157	1,628	**7,600**	3,815	0	2,157	1,628	**7,600**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**4,556**	**0**	**2,575**	**1,945**	**9,076**	**4,556**	**0**	**2,575**	**1,945**	**9,076**
People with disabilities (PwD) out of the total										
	683	0	386	292	**1,361**	683	0	386	292	**1,361**

* 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

Through awareness-raising messages on healthy diets, cooking demonstration of specialized foods as well as Maternal Infant and Young Child counselling, several populations out of the primarily targeted both males and females are reached in the given counties. A total of 54,456 people indirectly benefit benefited from the intervention. Therefore, a total of,1361 people leaving with disabilities have been prioritized and benefited from the project together with the targeted group of population.

6. CERF Results Framework

Project objective	Mitigate further deterioration of vulnerable people's health and nutritional status during flood shocks
Output 1	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 1.1	N.2a Number of people admitted in MAM treatment programme [754 children per month and 759 PLW per month (total 9,076 individuals by six months)]	9,076	9,076	Distribution report Program reports from the nutrition Partners
Indicator 1.2	N.2b Percentage of people who were admitted for MAM treatment who recovered (MAM recovery rate)	75%	75%	Program reports from the nutrition Partners
Indicator 1.3	FN.1b Quantity of food assistance distributed in MT (specialized commodities such as RUSF and CSB++) [6.7mt of RUSF per month and 13.66 mt of CSB++ (40.68 mt of RUSF and 82 mt of CSB++ by six months).]	122.68	122.68	Distribution report Program reports from the nutrition Partners
Indicator 1.4	FN.1a Number of people receiving in-kind food assistance (MAM treatment) [754 children per month and 759 PLW per month (total 9,076 individuals within six months)]	9,076	9,076	Distribution report Program reports from the nutrition Partners
Indicator 1.5	N.4 Number of people screened for acute malnutrition [4,500 per month (total 27,000 individuals by six months)]	27,000	27,000	Distribution report Program reports from the nutrition Partners
Explanation of output and indicators variance:		N/A		

Activities	**Description**	**Implemented by**
Activity 1.1	Procurement of specialized nutritious commodities to replenish stocks used for rapid distribution	WFP
Activity 1.2	Delivery to WFP and/or partners warehouses to replace items used for rapid distribution	WFP

Activity 1.3	Distribution of specialized commodities (RUSF and CSB++)	WFP and Nutrition Partners:(CARE, WRI, NHD, UNIDOR, IRC, IMC, CWW, 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[13] often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)[14]:

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 the 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.

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

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

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 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:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

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

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.

Due to the specialised nature of Nutritional products and lack of availability in markets cash could not be considered.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
N/A	0	US$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	**Weblink**
Tweet acknowledgment	(4) WFP South Sudan on Twitter: "Our #ThankYouThursday goes out to @UNCERFUN With your US$ 500k contribution @WFP will be able to support thousands of children and pregnant & lactating women with nutrition assistance in Bentiu #SouthSudan This will be provided ahead of the next flooding and rainy season🌧 https://t.co/oDJXfVzi8o" / Twitter
Photos	

Nutrition activities in Bentiu

3.6 Project Report 22-RR-WHO-018

1. Project Information

Agency:	WHO	**Country:**	South Sudan
Sector/cluster:	Health	**CERF project code:**	22-RR-WHO-018
Project title:	Early and anticipatory action for effective health response to flood-affected communities in Rubkona County.		
Start date:	03/05/2022	**End date:**	02/11/2022
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 the current emergency: .	**US$ 2,080,000**
The amount received from CERF:	**US$ 2,000,000**
Total CERF funds sub-granted to implementing partners: .	**US$ 0**
Government Partners	US$ 0
International NGOs	US$ 0
National NGOs	US$ 0
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

The World Health Organization with funding from CERF allocation implemented the early and anticipatory action aimed at reducing the impact of adverse health emergencies resulting from recurrent floods on the communities of Rubkona County in Unity state of South Sudan. The action instituted mitigatory actions and response measures ahead of floods to reduce preventable morbidity and mortality resulting from the effects of incessant floods and the associated risk of infectious and epidemic-prone diseases among 250,000 men, women, boys, and girls by ensuring consistent access to time-critical health services in the form of essential drugs and supplies, capacities in disease surveillance, reporting, detection, investigation, and response; case management and water quality surveillance for the county rapid response teams, boma health teams, and other health cadres. By project closure, WHO had successfully reached 90.8% of its targets providing health services to 227,243 Men, Women, Boys, and Girls including people with disabilities (87,966 women, 91,556 men, 23,383 girls, and 24,338 boys). The population was served with 1094 health emergency kits (780 Interagency Emergency Health Kits, 221 Cholera Investigation and treatment kits, 60 pneumonia kits, and 8 Kits for management of medical complications associated with Sever Acute Malnutrition with medical complications in under five children. The kits were provided through 18 health facilities supported by Seven Health Cluster partners. The list of facilities and respective partners is provided in the table below.

S/No.	Agencies	Names of HF	HF Type	Location
1	IRC	IRC Sector 4 Clinic	PHCC	Rubkona County
		IRC Sector 5 Clinic	PHCC	Rubkona County
2	World Relief	WR sector clinic 1	PHCC	Rubkona County
		WR sector clinic 2	PHCC	Rubkona County
		WR sector 5 clinics	PHCU	Rubkona County
3	CORDAID	Bentiu State Hospital	Hospital	Rubkona County
		Rubkona PHCC	PHCC	Rubkona County
		Mayom PHCC	PHCC	Mayom County
		Mankien PHCC	PHCC	Mayom County
4	IOM	IOM Sector 3 Clinic	PHCC	Rubkona County
		Yoanyang PHCU	PHCU	Rubkona County
		Roriak PHCU	PHCU	Rubkona County
5	CONCERN WORLDWIDE	Budang PHCC	PHCC	Rubkona County
6	CASS	Guit PHCC	PHCC	Guit County
		Niemni PHCC	PHCC	Guit County
7	UNIDOR	Juong PHCU	PHCU	Leer County
		Thonyor PHCC	PHCC	Leer County

3. Changes and Amendments

No changes were made to the project

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
	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	43,676	45,459	11,610	12,084	**112,829**	39,700	41,321	10,553	10,984	**102,558**
Host communities	53,099	55,266	14,115	14,691	**137,171**	48,266	50,235	12,830	13,354	**124,685**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**96,775**	**100,725**	**25,725**	**26,775**	**250,000**	**87,966**	**91,556**	**23,383**	**24,338**	**227,243**
People with disabilities (PwD) out of the total										
	14,516	15,109	3,859	4,016	**37,500**	13,181	13,719	3,504	3,646	**34,050**

* 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 1,363,458 men, women, boys, and girls benefited indirectly from health care services provided through this allocation. The indirect beneficiary number is obtained from the average household size of 6 people per household in South Sudan based on the 227,243 direct beneficiaries served with health services. The project reduced household expenses on health and enabled the benefiting households to address other basic needs, good health among beneficiaries reduced household stress reducing protection risks for women and children.

6. CERF Results Framework

Project objective	Contribute to the reduction in preventable morbidity and mortality associated with flooding, displacement, and disease outbreaks.
Output 1	Improved Preparedness and readiness capacity for anticipated emergencies caused by flooding in Rubkona County

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 [1,243 (25% or 310 kits within the 1st Month, 50% or 621 kits will be distributed in the second month, and 100% or 1,243 kits within the 4th month)	1,243	**1,094**	distribution reports
Indicator 1.2	H.7 Number of functional health facilities supported	18	18	Distribution report
Indicator 1.3	Number of people covered by emergency health kits [250,000 (10,432 men, women, boys and girls will be reached within the first week, and 10416 per week in the subsequent weeks)]	250,000	227,243	Facility registers Consumption reports
Indicator 1.4	Number of front-line health workers given refresher training on case management for cholera and other common illnesses. [200 (4 trainings of 120 health workers will be completed by week 8, final training of 200 people will be completed by week 14)]	200	205	Training reports
Indicator 1.5	Number of health care workers given refresher training on Infectious Disease Reporting System [400 (200 will be trained by week 6 with 100% by week 10)]	400	120	Training reports
Indicator 1.6	Number of boma health teams given orientation and refresher training on disease surveillance and reporting and community-based treatment of common illnesses [150 (90 people will be trained by week 7 and 150 people by week 14)]	150	180	Training reports
Indicator 1.7	Number of the county and state RRTs reached through the drills [50 (100% by week 4)]	50	64	Training reports
Explanation of output and indicators variance:		Of the output indicators, there was a low achievement on Pneumonia kits distributed and refresher training on IDSR where 30% of achievements were realized in both indicators. The		

	delayed delivery of Pneumonia kits among other supplies accounted for the underachievement, this was due to global supply chain constraints that affected WHO globally. Indicator 1.5 WHO planned to train 400 healthcare workers from Rubkona and nearby counties on disease surveillance in the context of floods and cholera outbreaks. A total of 120 healthcare workers were trained with CERF funding; another 100 health workers were trained with complementary funding from ECHO and WHO CFE funds. This brings to 220 the total numbers trained. The balance of the targets was not achieved due to time constraints.

Activities	Description	Implemented by
Activity 1.1	Equip 18 health facilities in Rubkona County with essential medicines including cholera investigation and treatment kits and malaria medicines from its existing stock to ensure continuity of the health services,	WHO
Activity 1.2	Distribution of 21 cholera kits, 812 Interagency Health Kits, 300 pneumonia kits, 10 Severe Acute Malnutrition kits.	WHO
Activity 1.3	Conduct refresher training for 200 frontline health workers in Bentiu and at-risk counties on cholera case definition, case detection, and reporting, and case management for cholera and other common diseases like malaria and acute respiratory infections.	WHO
Activity 1.4	Conduct Infectious Disease Reporting System training for 400 health workers in 10 high-risk cholera counties to enhance surveillance and capacity for early detection of outbreaks.	WHO
Activity 1.5	Refresher training and orientation for 150 boma health teams from Bentiu and other high-risk cholera counties on disease surveillance and reporting, and community-based treatment of common illnesses like cholera, malaria, acute respiratory infections, and acute watery diarrhea.	WHO
Activity 1.6	Conduct refresher training and drills for 50 counties and state Rapid Response Teams (RRTs) to optimize their skills to conduct alert/outbreak investigation, sample collection, and provide an initial response.	WHO

Output 2	Increased access to time-critical emergency health services to flood-affected people in Rubkona county.
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	Percentage of public health alerts generated through community based or health facility-based surveillance or alert system investigated within 48 hours	85	28%	EWARS and IDSR reports
Indicator 2.2	H.4 Number of people reached with reactive and preventive vaccination campaigns 87,570 (25 % of the target will be reached in the 8th week, 50% in the 16th week and 100% at the end of 6 months)	87,570	230,990	Vaccination campaign reports
Indicator 2.3	Number of PCR cholera primers and reagents distributed 4 by week four	4	4	Cholera sample PCR results were done by NPHLs

Indicator 2.4	Number of state and county laboratory focal points given refresher training 40 by week 6	40	36	Training reports
Explanation of output and indicators variance:		The project underachieved on the target for alerts verified within 48 hours. This was caused by a combination of security and access constraints due to sub-national violence and floods that affected prompt deployment of RRTs to verify alerts. In addition, there was also low staff morale, absenteeism, and high attrition rates among the National Public Health Laboratory staff amidst multiple outbreaks in 2022. The low staff morale is a consequence of poor and late payment of government salaries which continued to affect Laboratory management's commitment to ensure that samples are managed rapidly. WHO also achieved more on the number of people reached through reactive or preventive vaccination campaigns, CERF funds were used to conduct campaigns in Malakal, however the allocation helped WHO to strengthen coordination among health partners during cholera outbreak, partners were mobilised to support vaccination of more people in Rubkona contributing to the increased numbers over the planned target		
Activities	**Description**	**Implemented by**		
Activity 2.1	Conduct alert verification, investigation, and sample collections for priority diseases such as cholera, acute watery diarrhea, and measles.	WHO and MoH		
Activity 2.2	Conduct preventive or reactive vaccination campaigns for vaccine-preventable diseases such as cholera and measles during outbreaks or when indicated because of large-scale displacement.	WHO and health partners		
Activity 2.3	Deploy WASH/infection prevention control expert to conduct water quality testing for boreholes, water points, and water storage in the Bentiu IDP Camp and five flood IDP sites; provide critical information to WASH cluster partners.	WHO		
Activity 2.4	Distribute 4 kits of PCR cholera primers and reagents for National Public Health Lab to diagnose cholera and replenish through CERF Early Action Funds.	WHO		
Activity 2.5	Conduct refresher training for 40 state and county laboratory focal points in Bentiu and other cholera hotspot counties to strengthen sample collection, transportation, and shipping	WHO		
Activity 2.6	Support referral of cholera samples within the country and reference regional and international laboratories for confirmatory testing and further analysis.	WHO and partners supported the collection of 299 samples since the outbreak of which 56 have tested positive on RDTs and only 30 samples tested positive for V. cholerae on culture suspected V. cholera isolates were sent to Pasteur Institute in Paris, France		
Activity 2.7	Deploy technical officers to provide technical support, capacity building, coordination, and leadership.	WHO technical officers were deployed to cholera and flood hotspots to coordinate health response and provide technical support to partners. Health Operations Officer, Public health officers, and mobile medical teams were deployed.		

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

a. Accountability to Affected People (AAP)[16]:

The allocation strengthened preparedness and response to floods by ensuring early actions based on trends. The project was informed by several flood assessments in 2021 and 2022 where joint inter-agency assessments where WHO and the health cluster partners consulted national and state authorities, County Health Departments, community, and opinion leaders, and affected communities through key informants' interviews, focused group discussions, and observations. The Interagency rapid needs assessment in Mayom in September 2021, ICCG assessment of 19th -21st February 2022 in Leer, and the IRNA in Rubkona in August 2021 among others were forums WHO used to make deductions on preparedness and response actions. The project was implemented collaboratively with health structures at different levels to ensure adequate participation and information flow, for instance, the Rapid Response Teams, the surveillance officers, Bomah Health workers, and the facility-based structures were capacitated in case management, Laboratory, Integrated Disease surveillance and deployed to conduct disease surveillance reporting, investigation, and response; WHO relied on the CHD for guidance to responding partners and facility workers and health partners received and managed the stock of medicines distributed by WHO to the 18 health facilities.

b. AAP Feedback and Complaint Mechanisms:

A multi-layered feedback mechanism that picked information from partners who were recipients of the medical supplies, the health structures who were capacitated to respond to health needs, and the state and county authorities were helpful for the success of the project. The feedback mechanisms used were facility-based information boards, pre and post-test exercises conducted during the training of healthcare workers, Community meetings, Focused Group Discussions, Key Informant Interviews with the County Health Departments and the surveillance officers, and sub-national health cluster meetings. WHO received and responded to health partners regarding the challenges with the pipeline for supplies caused by the global shortage, the feedback was helpful in planning and prioritizing distribution to the most in-need locations; challenges on cholera and HEV sample collection, transportation, and testing were also addressed through the stakeholder's feedback. This was mostly caused by the low motivation of the NPHL staff due to challenges with low salaries and delayed payments by MoH. WHO used the partner coordination mechanism set up by OCHA in Bentiu to provide feedback, other mechanisms included the health cluster and the EP&E meetings where outbreaks are discussed. During training, the pre-and post-test evaluations also provided a basis of feedback to WHO on the readiness of the health workers to respond to health needs among the population.

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

WHO did not record any cases of SEA during the project implementation period; the agency, however, has a well-established mechanism for monitoring reporting, investigating, and addressing SEA. At the state level, the state coordinator for the affected state is the SEA focal point and works directly with the country office's SEA focal point. During the project period, the respective officers continued to monitor protection issues and create awareness about SEA through workshops, meetings, and information Education, and Awareness materials distribution to offices, partners, and WHO collaborators as a mitigatory measure.

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

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

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

The project delivered health services to communities impacted by flood emergencies providing medical supplies and building capacity for disease surveillance investigation and response. 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 laboratories and Case management training despite that it was very hard to achieve equity due to the availability of very few female health workforces in the country. An estimated 39% of women and 10% of girls received health services from the emergency health kits provided, and 6 % of the trained health workforce who were trained were women. 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):

An estimated 14% of the total beneficiaries reached with health services were People with Disabilities (PWD). The health and WASH cluster partners responding to the needs of flood-affected people were able to use community mechanisms such as health promoters, and community sensitization meetings to ensure PwDs have information on health services availability. 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 local authorities and protection partners to ensure at-risk persons' needs are integrated into the project. Protection risk assessment data was critical in designing 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 was also informed by protection risk assessment information to ensure no one missed health services whenever they needed them. WHO 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.

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.

WHO was responsible for health workers capacity building, delivery of essential medicines and supporting vaccination campaigns which cannot be supported through cash transfer 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$)	**Sector/cluster**	**Restriction**
NA	NA	US$ 00	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
Case management Training in Unity state	https://mobile.twitter.com/WHOSouthSudan/status/1559110567704625152
Delivery of medical supplies	https://mobile.twitter.com/WHOSouthSudan/status/1551817659628589056
Medical supplies were delivered to 11 facilities as part of the early action	https://mobile.twitter.com/WHOSouthSudan/status/1544944980657115137

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Sector	Agency	Implementing Partner Type	Funds Transferred in USD
22-RR-CEF-030	Agriculture	FAO	INGO	$70,000
22-RR-IOM-015	Shelter and Non-Food Items	IOM	INGO	$242,689
22-RR-FPA-020	Sexual and Reproductive Health	UNFPA	INGO	$172,380
22-RR-FPA-020	Sexual and Reproductive Health	UNFPA	NNGO	$54,801
22-RR-FPA-020	Sexual and Reproductive Health	UNFPA	NNGO	$235,930
22-RR-FPA-020	Gender-Based Violence	UNFPA	NNGO	$14,000
22-RR-HCR-017	Camp Coordination and Camp Management	UNHCR	INGO	$531,003
22-RR-HCR-017	Gender-Based Violence	UNHCR	INGO	$434,457
22-RR-CEF-030	Nutrition	UNICEF	INGO	$12,716
22-RR-CEF-030	Nutrition	UNICEF	INGO	$33,551
22-RR-CEF-030	Water, Sanitation and Hygiene	UNICEF	INGO	$591,925
22-RR-WFP-028	Food Assistance	WFP	INGO	$12,372
22-RR-WFP-028	Food Assistance	WFP	INGO	$14,970
22-RR-WFP-028	Food Assistance	WFP	INGO	$6,356
22-RR-WFP-028	Food Assistance	WFP	INGO	$2,519
22-RR-WFP-028	Food Assistance	WFP	INGO	$24,878
22-RR-WFP-028	Food Assistance	WFP	INGO	$3,615
22-RR-WFP-028	Food Assistance	WFP	INGO	$14,373
22-RR-WFP-028	Food Assistance	WFP	NNGO	$8,536