

**REPUBLIC OF THE SUDAN
UNDERFUNDED EMERGENCIES
ROUND I
POST-CONFLICT NEEDS
2022**

22-UF-SDN-51627

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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.

NA

This final reporting coincided with escalation of military clashes between the Sudan Armed Forces (SAF) and the Rapid Support Forces (RSF) in the capital state of Khartoum, and other states, with massive displacement of people and disruption of the humanitarian operations. Agencies and their staff were busy prioritizing the provision of emergency services hence conduction of AAR was deprioritized given the country context.

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

Yes ☐ No ☒

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

Yes ☒ No ☐

Statement by the Resident/Humanitarian Coordinator:

With great thanks to the CERF 2022 UFE allocation, agencies and partners managed to reach 121% of the planned target populations. The allocation strategy for this allocation followed an area-based, multi-sectoral approach, targeting specific localities in the five Darfur states, as well as South and West Kordofan. The strategy limited sectors to ensure a greater impact. The identified sectors were those that had reached the fewest people in 2021 in relation to the HRP target in the seven states. This strategy was developed based on displacement, conflict, and response monitoring data collected through reporting from humanitarian actors, including National NGOs. The strategy also aimed to promote localization by allocating 25% of the funding to local NGOs, but agencies managed to allocate more than 55% of the funding designated for implementing partners to local NGOs. To address underfunded priority areas, approximately 30% of the funding was allocated for GBV, protection, and education in emergencies, as these were the least reached sectors in 2021. Persons with disabilities were preferentially targeted by NFIs, GBV, health, and WASH sectors, reaching 32,582 persons with disabilities.

Towards the end of this UFE allocation, the humanitarian space was significantly reduced due to military clashes between the Sudan Armed Forces (SAF) and the Rapid Support Forces (RSF), affecting the seven targeted states and resulting in displacement. However, the gains from this allocation will serve as a strong foundation for upcoming CERF allocations and other humanitarian funding opportunities.

1. STRATEGIC PRIORITIZATION

CERF's Added Value:

The allocation strategy of this UFE allocation was developed following area-based approach focusing on limited numbers of geographical locations and few sectors to ensure maximum impact. The targeted states developed their state strategies which served as main reference source for agencies' proposals and coordination mechanisms during the implementation of the projects. The development of states' strategies ensured bottom-up approach to prioritize the most vulnerable people benefiting from the up to date understanding and data from the field. During and inter-action review led by OCHA during the implementation, there was a consensus that the area-based approach is an excellent approach in perfectly aligning funding allocation with humanitarian needs on the ground. Although this is the first time that CERF funding follows this approach, some donor funds, including the Peace Building fund and the German fund, followed the same approach, and it is certainly a viable approach to consider in future CERF funding.

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

Yes ☒

Partially ☐

No ☐

Since this is UFE, the funds have bridged the gap in humanitarian budget addressing the actual needs identified by humanitarian actors at the state level.

Did CERF funds help respond to time-critical needs?

Yes ☒

Partially ☐

No ☐

The needs were identified at individual state level translating the bottom-up approach planning. Humanitarian stakeholders have identified their critical needs and agencies developed their proposals based on the states' strategies.

Did CERF improve coordination amongst the humanitarian community?

Yes ☒

Partially ☐

No ☐

Coordination is enhanced through this CERF allocation at all levels. The area-based approach was a true addition to humanitarian coordination specially at the states' level.

Did CERF funds help improve resource mobilization from other sources?

Yes ☒

Partially ☐

No ☐

The area-based approach has been appreciated by other humanitarian donors who allocated additional resources. Furthermore, Sudan Humanitarian Fund (SHF) has complemented this CERF allocation following the same area-based approach.

Considerations of the ERC's Underfunded Priority Areas¹:

Through this CERF UFE grant, UNFPA received \$ 1.7 million to improve access and utilization of lifesaving GBV services for survivors of GBV and vulnerable women and girls and to enhance community resilience through the empowerment of women and girls and strengthen community-based interventions to tackle gender-based violence. The CERF allocation also strengthened PSEA and Accountability to affected people (AAP) programs in Sudan where agencies and partners established and operationalized AAP/PSEA Community Complaints Mechanisms (CCMs) in all targeted localities.

Also, with about \$1.7 million funding for education, UNICEF reached targeted localities and schools with various education interventions, enrolment campaigns and supplies distribution. UNICEF supported the learning of children, as well as directly assisting children, teachers

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

and other education personnel through the distribution of essential teaching and learning supplies, establishment of temporary learning spaces and alternative learning programme (ALP), classrooms and latrines construction and rehabilitation, teachers and PTA training and school grants distribution. This comprehensive package of education interventions ensured the continuity of learning for more than 45,000 children, installed essential know-hows on education in emergencies.

People with disability are considered during the implementation of all projects' activities reaching 32,582 PwDs with NFIs, WASH, GBV and health services. Agencies and partners through this allocation have increased quality of services to ensure PwD are satisfied with package of interventions and activities under this allocation.

| | |
|---|--------------------|
| Total amount required for the humanitarian response | 118,994,018 |
| CERF | 19,945,752 |
| Country-Based Pooled Fund (if applicable) | 8,894,600 |
| Other (bilateral/multilateral) | 38,223,946 |
| Total funding received for the humanitarian response (by source above) | 67,064,298 |

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

| Agency | Project Code | Sector/Cluster | Amount |
|--------------|---------------|------------------------------------|-------------------|
| UNFPA | 22-UF-FPA-010 | Protection - Gender-Based Violence | 1,705,350 |
| UNHCR | 22-UF-HCR-006 | Shelter and Non-Food Items | 3,500,000 |
| UNICEF | 22-UF-CEF-013 | Water, Sanitation and Hygiene | 4,117,524 |
| UNICEF | 22-UF-CEF-013 | Protection - Child Protection | 2,470,514 |
| UNICEF | 22-UF-CEF-013 | Education | 1,647,009 |
| WFP | 22-UF-WFP-015 | Nutrition | 4,100,030 |
| WHO | 22-UF-WHO-009 | Health | 2,405,325 |
| Total | | | 19,945,752 |

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

| | |
|--|-------------------|
| Total funds implemented directly by UN agencies including procurement of relief goods | 12,609,183 |
| Funds sub-granted to government partners* | 2,281,359 |
| Funds sub-granted to international NGO partners* | 886,117 |
| Funds sub-granted to national NGO partners* | 4,169,093 |
| Funds sub-granted to Red Cross/Red Crescent partners* | 0 |
| Total funds transferred to implementing partners (IP)* | 7,336,569 |
| Total | 19,945,752 |

* 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:

Throughout 2021 and continuing in 2022, the Darfur region and South and West Kordofan witnessed increased humanitarian needs due to heightened intercommunal violence, often along transhumance routes, between farmer, agro-pastoralist and pastoral communities. In 2021, there was an eight-fold increase in the number of displaced people totalling 440,000 IDPs in the seven states. This increase in violence should be seen against a backdrop of a worsened socio-economic and political crisis and reduced rainfall in 2021 affecting agricultural and livestock outputs and access to water. This reduced access to resources resulted in increased tensions and violence among communities. Although humanitarian agencies have been providing assistance, critical needs remain unmet among the displaced people and host communities, across all sectors. Sentiments of exclusion of nomads and pastoralists have further fuelled tribal conflicts, leading to widespread displacements and loss of livelihoods. The looting of WFP warehouses and former UNAMID assets in North Darfur, and threats of increased attacks on humanitarian assets in several states in the region are disrupting humanitarian assistance, further adding to the suffering of an already vulnerable population. The CERF allocation focuses on lifesaving humanitarian interventions and should complement other strategies addressing conflict resolution and peace-building activities, as well as allocations from the Sudan Humanitarian Fund.

Operational Use of the CERF Allocation and Results:

In response, the ERC allocated \$20 million from CERF's Underfunded Emergency window. The CERF allocation focuses on Darfur and South and West Kordofan States, targeting communities affected by intercommunal violence and not reached or under-served by current humanitarian operations, through collective, multi-sectoral, area-based approaches. By addressing these communities' concerns about marginalization, this allocation will decrease the likelihood of further conflict and displacement, advance conflict-sensitive humanitarian programming and help build greater acceptance, engagement and support across local communities. The allocation will also help improve area-based, multi-sectoral programming, strengthen inter-agency programmatic approaches and support the decentralized humanitarian coordination system at State level, including for NGO implementing partners. The area HCTs in each of the seven states targeted with CERF funding will develop their own respective state strategies for the CERF allocation, as the needs and environments are diverse across the states, in close coordination with national NGOs using recent needs assessments and community consultations. The CERF allocation will help leverage a broader response as the state strategies will include interventions funded with other funds than CERF (including from the Sudan Humanitarian Fund and organizations' own bilateral funding) or for which further funding will be raised. Other strategic outcomes pursued through the allocation are strengthening AAP practices, especially at community level and advancing localization. Every three months during implementation, State-level coordination meetings and consultations with local populations will track progress on the State strategy and report to the HC and HCT. Furthermore, the allocation will include a strong visibility/public outreach component to galvanize further donor support. This allocation targets a combined total of 730,556 affected people, with projects in the ESNFI, Protection (including CP and GBV), EiE, WASH, Nutrition and Health sectors.

People Directly Reached:

Through this CERF UFE allocation, agencies and partners managed to reach 918,748 vulnerable people, which is 121% of the planned target of 762,712. This overachievement is due to the fact that WFP followed efficient approaches through regular MUAC screening and active case finding of MAM cases coupled with the dynamic movement of people in the targeted localities. To safeguard against the potentiality of double counting, the reached people by child protection sector were excluded from the total with the assumption that they are included in the people reached by the education sector since both sectors were implemented by UNICEF in the same localities. Similarly, UNHCR ESNFI engagement reached a combined total of 55,136 affected people out of a targeted of 47,500 affected people and included shelter CVA and essential household items.

People Indirectly Reached:

The project indirectly reached family members and the wider community through GBV awareness raising campaigns and distribution of IEC materials on the prevention and response to GBV. Also, the indirectly targeted population included people residing in the surrounding communities who benefitted from the newly constructed or rehabilitated water facilities. ES/NFIs business owners and others who might have benefited from the procurement of shelter materials that were locally available, as well as for local transporters and others involved in the NFI transportation and distribution are indirect beneficiaries of the UNHCR project. Through the delivery of social behaviour change communication campaigns which include the provision of an array of nutrition, health and hygiene messages by Community Nutrition Volunteers, WFP Sudan aimed to enhance the nutritional, health and hygiene practices and dietary intakes of family members and communities of those targeted directly through the intervention.

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

| Sector/Cluster | Planned | | | | | Reached | | | | |
|------------------------------------|---------|--------|---------|---------|---------|---------|--------|---------|---------|----------------|
| | Women | Men | Girls | Boys | Total | Women | Men | Girls | Boys | Total |
| Education | 840 | 840 | 19,170 | 19,150 | 40,000 | 371 | 377 | 31,441 | 31,712 | 63,901 |
| Health | 93,618 | 86,416 | 109,900 | 101,446 | 391,380 | 93,723 | 90,051 | 110,469 | 106,139 | 400,382 |
| Nutrition | 8,354 | 0 | 23,347 | 22,445 | 54,146 | 28,806 | 0 | 115,407 | 94,424 | 238,637 |
| Protection - Child Protection | 840 | 840 | 19,170 | 19,150 | 40,000 | 1,209 | 919 | 23,581 | 18,421 | 44,130 |
| Protection - Gender-Based Violence | 23,188 | 2,523 | 7,116 | 1,603 | 34,430 | 22,533 | 2,398 | 6,564 | 1,697 | 33,192 |
| Shelter and Non-Food Items | 11,276 | 10,326 | 13,424 | 12,474 | 47,500 | 13,109 | 12,006 | 15,562 | 14,459 | 55,136 |
| Water, Sanitation and Hygiene | 38,570 | 32,984 | 26,097 | 25,449 | 123,100 | 26,008 | 24,991 | 39,526 | 36,975 | 127,500 |

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

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

| Category | Planned | Reached |
|-----------------------------|----------------|----------------|
| Refugees | 22,890 | 13,195 |
| Returnees | 62,191 | 63,482 |
| Internally displaced people | 327,401 | 398,646 |
| Host communities | 326,384 | 432,214 |
| Other affected people | 18,490 | 11,211 |
| Total | 757,356 | 918,748 |

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 | 185,196 | 184,550 | 14,721 | 14,882 |
| Men | 134,809 | 129,823 | 10,729 | 11,380 |
| Girls | 226,812 | 318,969 | 14,191 | 3,654 |
| Boys | 210,539 | 285,406 | 12,376 | 2,666 |
| Total | 757,356 | 918,748 | 52,017 | 32,582 |

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 22-UF-FPA-010

| 1. Project Information | | | |
|------------------------|--|--|--|
| Agency: | UNFPA | Country: | Republic of the Sudan |
| Sector/cluster: | Protection - Gender-Based Violence | CERF project code: | 22-UF-FPA-010 |
| Project title: | Provision of Provision of comprehensive, quality life - saving support for GBV survivors and prevention of GBV among the most vulnerable population in Central Darfur, North Darfur, West Darfur and South Kordofan states | | |
| Start date: | 20/02/2022 | End date: | 19/05/2023 |
| Project revisions: | No-cost extension <input checked="" type="checkbox"/> | Redeployment of funds <input type="checkbox"/> | Reprogramming <input type="checkbox"/> |
| Funding | Total requirement for agency's sector response to current emergency: | | US\$ 4,150,000 |
| | Total funding received for agency's sector response to current emergency: | | US\$ 387,000 |
| | Amount received from CERF: | | US\$ 1,705,350 |
| | Total CERF funds sub-granted to implementing partners: | | US\$ 1,021,978 |
| | Government Partners | | US\$ 308,535 |
| | International NGOs | | US\$ 0 |
| | National NGOs | | US\$ 713,443 |
| | Red Cross/Crescent Organisation | | US\$ 0 |

2. Project Results Summary/Overall Performance

Through this CERF UFE grant, UNFPA improved access and utilization of lifesaving GBV services for survivors of GBV and vulnerable women and girls and enhanced community resilience through the empowerment of women and girls and strengthened community-based interventions. UNFPA and partners established 10 Women and Girls Safe Spaces, supported 298 women and girls with life-skills and income generating activities, provided 94 survivors of gender-based violence (GBV) with clinical care, psychological first aid and cash assistance to cover referral costs, reached 23,590 community members with awareness raising messages on GBV and the Prevention of Sexual Exploitation and Abuse (PSEA), established and trained 10 community-based protection networks and disability networks to engage in community awareness raising on GBV, and distributed 8,800 dignity kits to support vulnerable women and girls with menstrual hygiene management. Moreover, UNFPA trained 850 front-line service providers on GBV core concepts, case management, psychosocial support and clinical management of rape, and distributed Inter-Agency Reproductive Health (IARH) Kits to key service delivery points.

The CERF allocation also strengthened PSEA and Accountability to affected people (AAP) programs in Sudan. UNFPA and partners established and operationalized AAP/PSEA Community Complaints Mechanisms (CCMs) in 10 localities and trained 172 humanitarian workers on PSEA.

The project assisted a total of 33,192 people and allowed UNFPA to ensure the safety, health and dignity of internally displaced women, girls and vulnerable populations through the provision of quality multi-sectoral GBV response services for women and girls with a survivor-centred approach and GBV risk mitigation measures in the Sudanese states of Central, North and West Darfur and South Kordofan between February 2022 and May 2023. The project also contributed to UNFPA's response to urgent needs amidst the Sudan crisis following the outbreak of fighting between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF) on 15 April 2023.

3. Changes and Amendments

UNFPA Sudan was granted a three-month no-cost extension from 19 February 2023 to 19 May 2023 after experiencing implementation delays stemming from the following challenges and unforeseen circumstances that were outside of UNFPA's control:

1. UNFPA faced global supply chain issues with the procurement of IARH Kits. The procurement request for the IARH Kits was initiated as soon as the allocation letter from CERF was received. However, the procurement request was only finalized in May 2022 due to challenges in finding appropriate vessels and shipping lines - given the major impact that the suspension of Port Sudan operations in 2021 had on the willingness of shipping lines to resume activities to Sudan in 2022, with financial and operational implications of long queuing to offload shipments. After that, UNFPA encountered challenges in finding IARH Kits with an acceptable shelf-life. With support from UNFPA's Humanitarian Response Division, the shelf-life issue was sorted, and an appropriate mode of transportation was secured. The shipment arrived at Port Sudan international airport on 16 May 2023 and was immediately used to replenish the stock of pre-positioned IARH Kits (previously procured from other funding sources) that UNFPA used to serve the target beneficiaries during the project period.
2. The security situation impacted the implementation plan in the states of South Kordofan and West Darfur. Further implementation delays were experienced in South Kordofan where UNFPA's implementing partner, Global Aid Hand, struggled to obtain timely approvals from local authorities. This was also impacted by the Wali of South Kordofan's declaration of a state of emergency in the state and imposing a security curfew which limited the movement of organizations within the state in January and February 2023.
3. Despite UNFPA's risk mitigation measures, heavy rainfall, floods and bad road conditions during the annual rainy season led to severe access challenges that impacted the implementation of project activities at community level. Activities that were impacted include GBV prevention, mitigation and response services at the Women and Girls Safe Spaces, GBV awareness raising activities and planned capacity building workshops. These implementation delays occurred despite UNFPA's risk mitigation measures, which included:
 - Ensuring the availability and wide coverage of trained service providers to ensure target beneficiaries have access to essential services.
 - Provision of remote psychosocial support and consultations.
 - Support Women and Girls Safe Spaces and community-based protection networks to facilitate GBV referrals and access to integrated SRH/GBV services.

Certain activities planned to be implemented during the granted NCE period in April and May 2023 were interrupted following the conflict outbreak on 15 April 2023 between SAF and RSF in Khartoum, as the fighting spread to other regions of Sudan, including Darfur, and the banking system, access to cash and internet services were disrupted. This resulted in an unspent balance of US\$ 37,721 which UNFPA will return to CERF following financial closure of accounts.

4. Number of People Directly Assisted with CERF Funding*

| Sector/cluster | Protection - Gender-Based Violence | | | | | | | | | |
|--|------------------------------------|--------------|--------------|--------------|---------------|---------------|--------------|--------------|--------------|---------------|
| Category | Planned | | | | | Reached | | | | |
| | Women | Men | Girls | Boys | Total | Women | Men | Girls | Boys | Total |
| Refugees | 2,660 | 154 | 770 | 210 | 3,794 | 3,183 | 169 | 770 | 265 | 4,387 |
| Returnees | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Internally displaced people | 15,960 | 1,859 | 4,794 | 1,117 | 23,730 | 15,750 | 1,859 | 4,794 | 1,117 | 23,520 |
| Host communities | 3,568 | 410 | 1,052 | 276 | 5,306 | 3,600 | 370 | 1,000 | 315 | 5,285 |
| Other affected people | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 22,188 | 2,423 | 6,616 | 1,603 | 32,830 | 22,533 | 2,398 | 6,564 | 1,697 | 33,192 |
| People with disabilities (PwD) out of the total | | | | | | | | | | |
| | 3,478 | 378 | 1,067 | 240 | 5,163 | 3,383 | 450 | 1,100 | 240 | 5,173 |

* 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 is estimated to have served over 29,000 indirect beneficiaries, including 10,000 in North Darfur; 10,000 in West Darfur; 5,000 in Central Darfur and 4,000 in South Kordofan. These include family members and the wider community reached through awareness raising campaigns and sessions, as well as IEC materials on the prevention and response to GBV and information on access to services within their communities. Engagement of indirect beneficiaries during consultations on the implementation of activities further served to enhance their empowerment and resilience.

6. CERF Results Framework

| | | | | |
|---|---|--------|------------------------------|--|
| Project objective | Ensuring the safety, health and dignity of women, girls and the vulnerable population by the provision of quality multi-sectoral GBV response services for women and girls with a survivor-centred approach and GBV risk mitigation measures. | | | |
| Output 1 | Improved access and utilization of life-saving GBV services for survivors of GBV and vulnerable women and girls and enhanced community resilience through the empowerment of women and girls and strengthened community-based interventions | | | |
| Was the planned output changed through a reprogramming after the application stage? | | | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Sector/cluster | Protection - Gender-Based Violence | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 1.1 | PS.1b Number of safe spaces and/or centres constructed, or rehabilitated | 10 | 10 | Partner reports |
| Indicator 1.2 | Number of people supported with income generating activities | 210 | 298 | Partner reports |
| Indicator 1.3 | Number of people reached with life-saving GBV services | 1000 | 94 | Partner reports |
| Indicator 1.4 | Number of community-based protection networks supported | 10 | 10 | Partner reports |
| Indicator 1.5 | Number of persons reached with awareness on GBV and Prevention of Sexual Exploitation and Abuse (PSEA) | 23000 | 23,590 | Partner reports |
| Indicator 1.6 | Number of civil society organizations specializing in persons with disabilities engaged in GBV awareness raising | 5 | 5 | Partner reports |
| Indicator 1.7 | SP.1b Number of people benefiting from menstrual hygiene management kits and/or dignity kits | 8,800 | 8,800 | Partner reports |
| Indicator 1.8 | SP.1a Number of menstrual hygiene management kits and/or dignity kits distributed | 8,800 | 8,800 | Partner reports |
| Indicator 1.9 | Number of front line GBV service providers trained | 850 | 850 | Partner reports |

| Indicator 1.10 | Number of civil society organisations specializing in persons with disabilities engaged in GBV refresher training | 5 | 5 | Partner reports |
|---|--|--|---|-----------------|
| Explanation of output and indicators variance: | | The project objective /activities and target remained the same, with an underachievement under Indicator 1.3 Number of people reached with lifesaving GBV services which depends on the willingness of the GBV survivor to seek GBV case management services. Moreover, access to services remains particularly weak in conflict-affected areas in South, Central Darfur and West Darfur, and South Kordofan particularly amidst the ongoing fighting between SAF and RSF. | | |
| Activities | Description | Implemented by | | |
| Activity 1.1 | Establish Women and Girls Safe Spaces (WGSSs) in each of the target locations to provide psychosocial support such as recreational, life skills activities and skill-building/vocational activities. | CDF, GAH, CAFA | | |
| Activity 1.2 | Provision of GBV services in the WGSSs and support Clinical Management of Rape services. GBV services include individual and group psychosocial support services (non-specialized), psychological first aid and case management for GBV survivors. In addition, survivors of GBV will be provided with material and cash support in critical emergencies on a case-by-case basis, including referral-related costs. | CDF, GAH, SMOH - CD | | |
| Activity 1.3 | Support community-based protection networks and disability networks to contribute to raising community awareness on GBV and PSEA, facilitate the referral of disclosed GBV cases to available GBV services following a basic referral mechanism and address stigma. | CDF, GAH, UNFPA | | |
| Activity 1.4 | Distribution of dignity kits coupled with information dissemination sessions and IEC materials on available life-saving GBV services, including where and how to access those services, and raising awareness on PSEA and GBV against women and girls with disabilities. Conduct a post-distribution monitoring exercise after the distribution of dignity kits. | Procurement was implemented directly by UNFPA, while distribution was done by project partners. GAH, CDF, SMOH - CD | | |
| Activity 1.5 | Refresher training targeting frontline GBV service providers on GBV core concepts, GBV against women and girls with disabilities psycho-social support, case management, clinical management of rape, caring for child survivors and management of WGSSs. Conduct a workshop for disability networks to build capacity on the GBV and disability agenda, strengthen coordination and develop contextualized messaging on GBV | GAH, CDF, SMOH – CD | | |

| | | | |
|--|---|------------------------------|--|
| Output 2 | Strengthened PSEA and Accountability to affected people (AAP) programs through the establishment/piloting and operationalization of AAP/PSEA Community Complaints Mechanisms (CCMs) | | |
| Was the planned output changed through a reprogramming after the application stage? | | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Sector/cluster | Protection - Gender-Based Violence | | |

| Indicators | Description | Target | Achieved | Source of verification |
|--|---|----------------|----------|--------------------------|
| Indicator 2.1 | CC.3 Number of humanitarian workers (UN staff, implementing partner staff, etc) receiving training on prevention of sexual exploitation and abuse | 155 | 172 | UNFPA PSEA Annual Report |
| Indicator 2.2 | AP.7 Number of community-based complaints/feedback mechanisms established | 10 | 10 | UNFPA PSEA Annual Report |
| Explanation of output and indicators variance: | | NA | | |
| Activities | Description | Implemented by | | |
| Activity 2.1 | Training of GBV Working Group members and staff at the service delivery points on AAP and PSEA concepts, guidelines, code of conduct and protocols for prevention, reporting, and response including survivor-centred principles. | UNFPA | | |
| Activity 2.2 | Establish 2 CCMs in consultation with Sudan PSEA Networks, the GBV Sub-Sector and the targeted communities. | CDF | | |

7. Effective Programming

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

a. Accountability to Affected People (AAP)³:

The project was designed and informed by needs assessments and consultations with women and girls regarding issues of safety, security and other needs, considering the impact of various intercommunal conflicts and the fighting between SAF and RSF on exacerbating GBV risks. The project design was also informed by the Humanitarian Needs Overview and various field mission assessments. UNFPA used various modalities to collect feedback on the impact of the interventions from affected populations, including sex and age disaggregated focus group discussions. UNFPA had planned to conduct a routine dignity kit post-distribution monitoring, but this was interrupted due to the ongoing conflict. UNFPA's GBV prevention and response programming was built upon regular engagement with affected communities directly and through local organisations and implementing partners. During implementation, UNFPA ensured the continuous engagement of communities and the regular collection of feedback, adopting an intersectional approach which promotes impartiality and equal access to GBV services for women, girls, adolescents, people with disabilities and other vulnerable and marginalised groups.

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

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

b. AAP Feedback and Complaint Mechanisms:

Thanks to CERF funding, UNFPA developed and implemented a PSEA Community Feedback and Complaint Mechanism tool in 10 areas, trained community-based protection networks on ensuring Accountability to Affected Populations, Prevention of Sexual Exploitation and Abuse (PSEA), implementation of the Community Feedback and Complaint Mechanism, and GBV referral mechanisms.

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

UNFPA, in collaboration with other UN agencies, has developed a comprehensive global reporting mechanism for SEA allegations. All UNFPA personnel and implementing partners have an obligation to report SEA allegations immediately to the Office of Audit and Investigation Services (OASIS) using one of several confidential reporting tools, including a confidential online helpline (available in the six official languages of the UN) and a dedicated investigation hotline email address. Reports can be made anonymously. SEA allegations are treated as a matter of priority. An initial preliminary assessment is conducted by OASIS and if warranted, an investigation. If the case is substantiated, the investigation is reviewed by the legal offices which initiates the disciplinary process. UNFPA's Policy on Protection against Retaliation addresses measures to shield individuals threatened due to reporting misconduct. In an effort to ensure the accessibility of reporting channels at country level, UNFPA, in coordination with other humanitarian actors under the national PSEA Network developed informative IEC materials on the PSEA reporting lines and helplines. A local line within the GBV helpline system was disseminated to project beneficiaries to ensure ease of access to the PSEA reporting mechanism.

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

The project targeted women, girls, men and boys affected by humanitarian crises in the targeted locations to ensure equitable access to available and operational services. In line with the IASC gender and age marker, gender is mainstreamed throughout the project implementation, and monitoring activities. Community-based interventions were implemented in a way to mitigate the negative impact of gender inequality by involving male community leaders and disseminating information within and through the established protection networks. In addition, the involvement of the women-led organisations was a strategic intervention toward improving the sustainability of GBV programs in the target areas and ensuring impact beyond humanitarian assistance.

e. People with disabilities (PwD):

Through the project, UNFPA reached a total of 5,173 PwD, including 800 with capacity building on GBV for local disability networks, strengthening their coordination and developing contextualized messages on GBV and disability to better serve women and girls with disabilities

. PWDs were also part of the community protection networks and were involved in the development of the Community Feedback and Complaint Mechanism. The needs of women and girls with disabilities was taken into consideration during the distribution of dignity kits, including the time and place of distribution.

f. Protection:

GBV is one of the main protection concerns of women and girls in displacement. The project is designed to address GBV and respond to the needs of women and girls that will ultimately contribute to the protection of persons affected by conflict in targeted localities.

g. Education:

UNFPA organised educational sessions at the Women and Girls Safe Spaces supported with CERF funding in South Kordofan and West Darfur, whereby 60 women and girls participated in life skills training and literacy classes.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

| | | |
|----------------|-----------------|--|
| Planned | Achieved | Total number of people receiving cash assistance: |
|----------------|-----------------|--|

| | | |
|----|----|----|
| No | No | NA |
|----|----|----|

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

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

CVA was not considered for this project as UNFPA was providing in kind support in terms of dignity kits and medical supplies. Moreover, all referral-related costs were being directly covered by UNFPA including transportation and service provision.

| 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 |
| [Fill in] | [Fill in] | US\$ [insert amount] | Choose an item. | Choose an item. |

9. Visibility of CERF-funded Activities

| Title | Weblink |
|----------|----------|
| [Insert] | [Insert] |

3.2 Project Report 22-UF-HCR-006

| 1. Project Information | | | |
|------------------------|---|--|--|
| Agency: | UNHCR | Country: | Republic of the Sudan |
| Sector/cluster: | Shelter and Non-Food Items | CERF project code: | 22-UF-HCR-006 |
| Project title: | Lifesaving Shelter and NFI assistance to communities affected by intercommunal violence in Darfur | | |
| Start date: | 21/03/2022 | End date: | 20/03/2023 |
| Project revisions: | No-cost extension <input type="checkbox"/> | Redeployment of funds <input type="checkbox"/> | Reprogramming <input type="checkbox"/> |
| Funding | Total requirement for agency's sector response to current emergency: | | US\$ 57,494,697 |
| | Total funding received for agency's sector response to current emergency: | | US\$ 1,328,000 |
| | Amount received from CERF: | | US\$ 3,500,000 |
| | Total CERF funds sub-granted to implementing partners: | | US\$ 210,000 |
| | Government Partners | | US\$ 0 |
| | International NGOs | | US\$ 70,000 |
| | National NGOs | | US\$ 140,000 |
| | Red Cross/Crescent Organisation | | US\$ 0 |

2. Project Results Summary/Overall Performance

As response to the needs arising from the massive displacement, UNHCR focused on the immediate shelter and non-food item needs of the newly displaced affected by the intercommunal violence and insecurity in the four Darfur States, namely West Darfur, Central Darfur, North Darfur and South Darfur. ESNFI engagement reached a combined total of 55,136 affected people out of a targeted of 47,500 affected people and included shelter CVA and essential household items for sleeping, food preparation and storage, eating and drinking, thermal comfort and lighting. Household item assistance supported restoring dignity, safety and allowed for resumption of daily domestic activities in and around the home, specific items were also crucial to ensure protection from extreme weather as well as to restore and/or maintain health. As example, plastic sheeting and cash for shelter were critical distributions to mitigate the rainy season that was soon expected and provided extra protection from both torrential rains and floodwaters. Mosquito nets played a key role in malaria prevention once stagnant waters became breeding grounds for mosquito-borne diseases.

Through this project, non-food item (NFI) kits were procured and distributed to 9,792 households out of the targeted 9,500 NFI kits. NFI distribution was mainly in three states: 6,778 NFI kits in West Darfur, 1,500 NFI kits in North Darfur and 1,500 NFI kits in South Darfur. Furthermore, UNHCR provided 3,992 out of the targeted of 4,000 IDP households with the emergency shelter assistance through shelter Cash/Voucher assistance; 999/1000HH in Central Darfur, 494/500HH in North Darfur, 499/500HH in South Darfur and 2000/2000HH in West Darfur. Cash for shelter was preceded with door-to-door household verification and shelter assessments, conducted to ascertain the eligibility of each targeted household for cash assistance. Cash distributions were carried out in two instalments, the first instalment was US\$150 (disbursed in local currency equivalent), followed by an assessment to verify that beneficiary households met the set conditions to qualify for the second disbursement. All cash payments are processed through CashAssist, UNHCR's corporate cash assistance management system which allows for timely, efficient, and accurate delivery of cash while avoiding duplication and minimizing fraud.

3. Changes and Amendments

Following the outbreak of violence in Kulbus, and subsequent to a needs-assessment in South Darfur, changes were made to the project locations. The changes only concerned change in localities and had no implications on activities, nor on the budget. Out of the four targeted states, the proposed changes applied only to North and South Darfur, while no changes were made. for Central and West Darfur.

North Darfur:

- UNHCR added three localities to provide services to: Saraf Omra, AS-Sereif and Tawila. The 1,500 NFI kits and 500 ESK CBI, originally planned to be distributed all in Dar El Salam (el Fasher), would then be distributed as follows:
- 750 NFI kits distributed, and 206 households (HHs) targeted with ESK in Dar El Salam;
- 750 NFI kits distributed in Saraf Omra and As-Sereif;
- Delivery to 288 HHs ESK CBI in Tawila.
- This, because more than 18,000 people IDP's arrived in Saraf Omra and As Sereif following the conflict in Kulbus, West Darfur, where there are considerable gaps in shelter and NFIs.
- Similarly, Tawila is a hot spot area for recurring violence, which increased the level of emergency in the locality against a relatively low capacity and stock of cluster partners.

South Darfur:

UNHCR used all 1,500 NFI and deliver ESK CBI to 500 HHs in Sharg Jabel Marra. Originally the items were planned to be distributed in Sharg Jabel Marra and Kass locality.

This, after an inter-agency mission fielded shortly after the acceptance of this project. The mission assessed a huge shelter gap in Sharg Jabel Marra that goes beyond the current allocation. Based on these findings and to have a more impactful intervention, UNHCR recommends focusing solely on Sharg Jebel Marra while the cluster members mobilize additional response to Kass.

These changes have been raised with CERF secretariat who gave the green light to go ahead without the need for formal re-programming process.

4. Number of People Directly Assisted with CERF Funding*

| Sector/cluster | Shelter and Non-Food Items | | | | | | | | | |
|--|----------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Category | Planned | | | | | Reached | | | | |
| | Women | Men | Girls | Boys | Total | Women | Men | Girls | Boys | Total |
| Refugees | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Returnees | 2,663 | 2,431 | 3,358 | 3,126 | 11,578 | 2,663 | 2,431 | 3,358 | 3,126 | 11,578 |
| Internally displaced people | 7,481 | 6,858 | 8,728 | 8,105 | 31,172 | 9,314 | 8,538 | 10,866 | 10,090 | 38,808 |
| Host communities | 1,132 | 1,037 | 1,338 | 1,243 | 4,750 | 1,132 | 1,037 | 1,338 | 1,243 | 4,750 |
| Other affected people | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 11,276 | 10,326 | 13,424 | 12,474 | 47,500 | 13,109 | 12,006 | 15,562 | 14,459 | 55,136 |
| People with disabilities (PwD) out of the total | | | | | | | | | | |
| | 1,691 | 1,549 | 2,014 | 1,871 | 7,125 | 1,996 | 1,800 | 2,334 | 2,168 | 8,298 |

* 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 proposed shelter interventions targeted only direct beneficiaries. However, other indirect beneficiaries of the project were business owners and others who might have benefited from the procurement of shelter materials that were locally available, as well as for local transporters and others involved in the NFI transportation and distribution. In addition, affected communities benefited from a labor component for vulnerable households and PSNs. Further, the provision of cash assistance had a positive impact on the development of national markets, as well as contributing in activating the economy through expenditure and financial exchanges.

6. CERF Results Framework

| | | | | |
|---|--|----------------|------------------------------|--|
| Project objective | Conflict-affected communities have access to essential household items and emergency shelter that provide protection from weather elements, privacy, security and a space to live in a dignified manner. | | | |
| Output 1 | Conflict-affected communities have access to essential household items | | | |
| Was the planned output changed through a reprogramming after the application stage? | | | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Sector/cluster | Shelter and Non-Food Items | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 1.1 | SN.2a Number of people receiving in-kind NFI assistance | 47,500 | 48,960 | PDM |
| Indicator 1.2 | SN.2b Number of in-kind NFI kits distributed | 9,500 | 9,792 | PDM |
| Explanation of output and indicators variance: | | NA | | |
| Activities | Description | Implemented by | | |
| Activity 1.1 | NFI kit distribution | SORR, AHA, NCA | | |

| | | | | |
|---|--|---|------------------------------|--|
| Output 2 | Conflict-affected communities have access to emergency shelter | | | |
| Was the planned output changed through a reprogramming after the application stage? | | | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Sector/cluster | Shelter and Non-Food Items | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 2.1 | Cash.3a Number of people receiving conditional cash transfers | 20,000 | 19,960 | PDM |
| Indicator 2.2 | Cash.3b Total value of conditional cash transfers distributed in USD | 1,200,000 | 1,197,600 | PDM |
| Explanation of output and indicators variance: | | NA | | |
| Activities | Description | Implemented by | | |
| Activity 2.1 | Provision of emergency shelter assistance | SORR, AHA, NCA, Financial provider, UNHCR | | |

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁴ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁵:

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

b. AAP Feedback and Complaint Mechanisms:

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

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

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

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

UNHCR strives to mitigate the protection risks of displaced populations by addressing their specific needs with due consideration for Age Gender Diversity. UNHCR supports qualitative and quantitative needs and protection assessments at the household and community level

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

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

by strengthening its staff and partners' capacity. Monitoring and vulnerability assessments enhance timely identification and referral of persons with specific needs and inform eligibility for assistance – including emergency cash assistance and shelter- with due attention to specific needs and vulnerabilities. Under this project, assessments, application of targeting criteria and verification of beneficiary lists were conducted prior to S/NFI distributions to offer equitable access and delivery of assistance with a special focus on vulnerable women and children (women/child headed households, pregnant and lactating women, single mothers or caregivers, persons with disabilities, the elderly).

e. People with disabilities (PwD):

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

f. Protection:

UNHCR takes into consideration the protection of all persons affected and at-risk across all sectors and throughout the programme management cycle. Ensuring a do no harm approach is part of what UNHCR does and takes protection and inclusion very seriously. As protection cluster lead agency, UNHCR continues to coordinate protection responses to emergencies and engage in advocacy on protection issues affecting refugees, stateless people, returnees, IDPs and other civilians in the country. The project worked towards ensuring beneficiaries were protected from the range of risks and provided protection from the elements and harsh climate of the region, providing physical security, privacy, and psychological comfort as families receive essential household items and a safe space in which they can go about their lives in a dignified manner.

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 | 19,960 |

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.

UNHCR distributed cash for emergency shelter construction to 3,992 households. This approach allowed families to tailor the emergency shelter assistance to their specific needs in response to varied circumstances (e.g., construction of a new shelter in the place of displacement, or extension of the shelter in case of hosting arrangements with families and friends etc.) By doing so imposing a one size fits all solutions was avoided. CVA was conditional, where targeted households were expected to meet certain conditions to receive the full cash amount. More specifically, the cash assistance was distributed in two equal instalments, households receive the first instalment upon satisfying the selection criteria and the second instalment upon proving that they have made significant progress towards purchasing or constructing shelters. Persons of Concern are informed of the conditions before cash distributions and partners are responsible for monitoring compliance to the set-out conditions through a UNHCR designed monitoring checklist.

Parameters of the used CVA modality:

| Specified CVA activity (incl. activity # from results framework above) | Number of people receiving CVA | Value of cash (US\$) | Sector/cluster | Restriction |
|--|---------------------------------------|-----------------------------|----------------------------|--------------------|
| Indicator 2.2 | 19,960 | US\$ 1,197,600 | Shelter and Non-Food Items | Restricted |

9. Visibility of CERF-funded Activities

| Title | Weblink |
|---------------------------------|---|
| Cash assistance in South Darfur | https://twitter.com/unhcrinsudan/status/1632417567703703553?s=46&t=1gtS7jgNhAVS9nV-UztoiQ |

3.3 Project Report 22-UF-CEF-013

| 1. Project Information | | | |
|------------------------|--|--|--|
| Agency: | UNICEF | Country: | Republic of the Sudan |
| Sector/cluster: | Water, Sanitation and Hygiene | CERF project code: | 22-UF-CEF-013 |
| | Protection - Child Protection | | |
| | Education | | |
| Project title: | Addressing WASH, Education and Child Protection needs of children and communities impacted by inter-tribal conflicts in North, East, Central, West and South Darfur, South and West Kordofan | | |
| Start date: | 29/03/2022 | End date: | 28/03/2023 |
| Project revisions: | No-cost extension <input type="checkbox"/> | Redeployment of funds <input type="checkbox"/> | Reprogramming <input type="checkbox"/> |
| Funding | Total requirement for agency's sector response to current emergency: | | US\$ 135,000,000 |
| | Total funding received for agency's sector response to current emergency: | | US\$ 17,500,000 |
| | Amount received from CERF: | | US\$ 8,235,047 |
| | Total CERF funds sub-granted to implementing partners: | | US\$ 4,929,952 |
| | Government Partners | | US\$ 1,945,403 |
| | International NGOs | | US\$ 131,938 |
| | National NGOs | | US\$ 2,852,611 |
| | Red Cross/Crescent Organisation | | US\$ 0 |

2. Project Results Summary/Overall Performance

With thanks to the CERF funding, UNICEF and its partners delivered Child Protection, Education and WASH interventions across Central Darfur, East Darfur, North Darfur, South Darfur and West Kordofan through a range of initiatives.

WASH

A total of 127,500 emergency-affected people, including people with disabilities and children in hard-to-reach areas such as Jabal Marra, benefitted from improved drinking water initiatives, through the construction/rehabilitation of 89 water facilities. Additionally, 112,136 people were supported with access to basic sanitation services through Open Defecation Free (ODF) interventions, resulting in 73 communities newly achieving ODF status. At the institutional level, basic water facilities were installed in 35 schools and health care facilities (HCF), while 34 schools and HCFs were equipped basic sanitation facilities, and at least 7,490 people, including 6,000 students in Jabal Marra, received critical WASH supplies.

EDUCATION

The project reached 13 localities and 114 schools with various education interventions, including enrolment campaigns and supplies distribution. UNICEF supported the learning of 50,243 children (24,964 girls), as well as directly assisting a total of 63,901 people,

including children, teachers and other education personnel, of whom 31,793 are girls. This was achieved through the distribution of essential teaching and learning supplies, establishment of temporary learning spaces and alternative learning programme (ALP), classrooms and latrines construction and rehabilitation, teachers and PTA training and school grants distribution. This comprehensive package of education interventions ensured the continuity of learning for more than 45,000 children, equipping them with essential know-hows on education in emergencies. UNICEF in collaboration with partners conducted 11 enrolment campaigns, constructed six classrooms, rehabilitated four classrooms and four teachers' offices, and three gender sensitive latrines and 60 temporary learning spaces and eight ALP centres.

Furthermore, over 690 education personnel received training in education in emergencies, teaching methodologies, gender-based violence, prevention of sexual exploitation and abuse, and psychosocial support. Additionally, 58 refugee children received assistance with their grade 8 exam fees, and 64 teachers and ALP facilitators, including 50 refugee teachers, received regular incentives. Active PTA participation in school management has enhanced the community and school's ability to withstand shocks and emergencies. All targeted schools, learning centres and education interventions also received supplies, including 1,500 benches, 8,000 seating mats, 450 students' kits, over 5,400 uniforms, 1,100 dignity kits, 680 blackboards and other essential supplies.

During the project duration, monitoring and supportive supervision visits were conducted to different project sites to ensure the delivery of high-quality child protection, education and WASH services. These visits contributed to building the capacity of service providers through on-job training sessions for frontline staff.

CHILD PROTECTION

Through the provisions of lifesaving services, including information that enhanced prevention and response mechanisms, the project significantly improved protection services for children and their caregivers. The project's activities, which aimed to enhance the capacity of the Government, civil society organizations and member of community protection network and strengthen primary prevention mechanisms, have contributed to reducing the risks to children and their vulnerabilities during the current conflict.

Approximately 2,128 (1209 female and 919 male) service providers, including social workers, psychologists and health personnel, legal and justice officials, members of 29 community-based child protection networks (CBCPNs) and community leaders, were trained on critical child protection issues such as provision of first aid psychosocial support (PSS), monitoring and reporting on grave violations (MRM), case management and referrals including identification, family tracing and reunification or provision of alternative care, prevention and referrals for cases of abuses, gender-based violence (GBV) and prevention of sexual exploitation and abuse (PSEA), mine risks education, prevention of family separation, prevention of exploitation, smuggling, trafficking and recruitment by armed groups, provision of life skills to vulnerable children and youth.

As a result of these trainings, 37,837 children and adolescents (20,869 girls and 16,968 boys) received critical mental health and psychosocial support (MHPSS) by the trained service providers and CBCPNS, including in child-friendly spaces and rehabilitated youth centres; 4,435 children (2,712 girls, 1723 boys), including unaccompanied and separated children and GBV victims, were assisted with case management, family tracing and reunification and referral to specialized health and legal services.

In addition to the results reported in the activities above and the three related indicators, awareness-raising and social and behavioural change interventions reached 6,563 (4359 girls and 2,204 boys) with awareness on UXO/mine risks education in North Darfur. 3,000 people received messages and awareness on PSEA and 1,500 on child protection in South Darfur.

3. Changes and Amendments

The humanitarian situation has changed during the implementation period of the project duration. Inter-communal conflicts, floods, security and political unrest have affected the needs of children and the population targeted by this CERF UFE grant. The security situation, civil unrest, as well as market inflation and challenges in transporting materials severely affected UNICEF's ability to implement

classrooms and latrines construction in targeted schools in South Darfur and East Darfur, requiring adjustments to the project implementation. Accordingly, UNICEF procured 76 high performance tents to be used as temporary learning spaces, and 1,100 benches to enable 5,700 girls and boys to access safe learning spaces. UNICEF remains committed to providing quality education and fostering a supportive environment for children in these challenging circumstances. For WASH interventions, while initial plan target also included refugee populations, during the actual implementation no refugees were identified to be integrated amongst the vulnerable communities targeted by UNICEF's response.

4. Number of People Directly Assisted with CERF Funding*

| Sector/cluster | Education | | | | | | | | | |
|--|------------|------------|---------------|---------------|---------------|------------|------------|---------------|---------------|---------------|
| Category | Planned | | | | | Reached | | | | |
| | Women | Men | Girls | Boys | Total | Women | Men | Girls | Boys | Total |
| Refugees | 20 | 20 | 400 | 400 | 840 | 19 | 39 | 1,044 | 696 | 1,798 |
| Returnees | 300 | 300 | 5,000 | 5,000 | 10,600 | 0 | 0 | 0 | 0 | 0 |
| Internally displaced people | 400 | 400 | 5,000 | 5,000 | 10,800 | 0 | 0 | 0 | 0 | 0 |
| Host communities | 120 | 120 | 8,770 | 8,750 | 17,760 | 352 | 338 | 30,397 | 31,016 | 62,103 |
| Other affected people | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 840 | 840 | 19,170 | 19,150 | 40,000 | 371 | 377 | 31,441 | 31,712 | 63,901 |
| People with disabilities (PWD) out of the total | | | | | | | | | | |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| Sector/cluster | Water, Sanitation and Hygiene | | | | | | | | | |
|--|-------------------------------|---------------|---------------|---------------|----------------|---------------|---------------|---------------|---------------|----------------|
| Category | Planned | | | | | Reached | | | | |
| | Women | Men | Girls | Boys | Total | Women | Men | Girls | Boys | Total |
| Refugees | 2,420 | 1,630 | 2,025 | 1,925 | 8,000 | 0 | 0 | 0 | 0 | 0 |
| Returnees | 1,535 | 1,105 | 1,668 | 1,622 | 5,930 | 3,902 | 3,749 | 5,929 | 5,546 | 19,126 |
| Internally displaced people | 19,414 | 15,886 | 10,504 | 10,326 | 56,130 | 13,005 | 12,495 | 19,763 | 18,488 | 63,751 |
| Host communities | 15,201 | 14,363 | 11,900 | 11,576 | 53,040 | 9,101 | 8,747 | 13,834 | 12,941 | 44,623 |
| Other affected people | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 38,570 | 32,984 | 26,097 | 25,449 | 123,100 | 26,009 | 24,991 | 39,526 | 36,974 | 127,500 |
| People with disabilities (PWD) out of the total | | | | | | | | | | |

* 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.

| | | | | | | | | | | |
|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | 190 | 160 | 120 | 120 | 590 | 130 | 125 | 197 | 185 | 637 |
|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|

| Sector/cluster | Protection - Child Protection | | | | | | | | | |
|--|-------------------------------|--------------|---------------|---------------|---------------|--------------|------------|---------------|---------------|---------------|
| Category | Planned | | | | | Reached | | | | |
| | Women | Men | Girls | Boys | Total | Women | Men | Girls | Boys | Total |
| Refugees | 314 | 301 | 2,823 | 2,712 | 6,150 | 82 | 48 | 2062 | 1702 | 3,894 |
| Returnees | 102 | 98 | 918 | 882 | 2,000 | 56 | 45 | 525 | 433 | 1,059 |
| Internally displaced people | 1,224 | 1,176 | 11,016 | 10,584 | 24,000 | 717 | 489 | 17198 | 14096 | 32,500 |
| Host communities | 255 | 245 | 2,295 | 2,205 | 5,000 | 354 | 337 | 3796 | 2190 | 6,677 |
| Other affected people | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 1,895 | 1,820 | 17,052 | 16,383 | 37,150 | 1,209 | 919 | 23,581 | 18,421 | 44,130 |
| People with disabilities (PWD) out of the total | | | | | | | | | | |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

* 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 indirectly targeted population included people residing in the surrounding communities who benefitted from the newly constructed or rehabilitated water facilities. Several training activities were also held to build the capacity of service providers at the community and facility levels, which will also be passed on. The education interventions aimed to provide soft skills to education personnel, schools and communities to strengthen the learning environment for children. Overall, more than 83,000 learners, education personnel and community members were reached indirectly. Orientation on safe back to school guidance, prevention of sexual exploitation and abuse and gender-based violence, and provision of life saving skills and information were among training sessions held to PTA members and community members during enrolment campaigns. School grants distributed to more than 60 schools supported school level hygiene interventions, and community led interventions to restore damaged education equipment and minor rehabilitation. This response managed to equip PTAs, mothers' groups and other education personnel, including refugees, with essential information and skills to support their children's learning, especially girls

6. CERF Results Framework

| | | | | |
|---|---|--|------------------------------|--|
| Project objective | Address humanitarian Child Protection, WASH and Education needs of children, women and their families in the Darfur region and South and West Kordofans | | | |
| Output 1 | More out-of-school children, especially girls, and those in the most vulnerable situations, access quality pre-primary, primary and alternative learning opportunities. | | | |
| Was the planned output changed through a reprogramming after the application stage? | | | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Sector/cluster | Education | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 1.1 | Ed.1 Number of children accessing formal or non-formal education | 3,000 | 6,824 | Monitoring reports |
| Indicator 1.2 | Number of damaged classroom units rehabilitated | 13 | 14 | Monitoring reports |
| Indicator 1.3 | Ed.2 Number of temporary learning spaces and/or centres established and/or rehabilitated. | 16 | 60 | Monitoring reports |
| Indicator 1.4 | WS.13 Number of communal sanitation facilities (e.g. latrines) and/or communal bathing facilities constructed or rehabilitated | 20 | 3 | Monitoring reports |
| Indicator 1.5 | Ed.3 Number of people (teachers and/or children) accessing teaching, learning and/or recreational materials | 40,000 | 42,794 | Monitoring reports |
| Explanation of output and indicators variance: | | For the indicator 1.3, due to the challenges in construction projects, high-performance tents were deployed instead, which allowed establishment of more temporary learning spaces/centers than had been planned and reaching more than 4,500 learners. Construction and rehabilitation of latrines was severely constrained due to security, inflation and difficulty in transporting materials, resulting in lower than planned result of indicator 1.4.. For indicator 1.1 the target achieved was higher than planned figured as more children were able to access the temporary learning centres established | | |

| | | through the high-performance tents. As the education emergency response utilized tents as safe learning spaces, more children were able to access formal, non-formal and engage in adolescents led clubs' activities than initially planned. |
|--------------|---|--|
| Activities | Description | Implemented by |
| Activity 1.1 | Implement enrolment campaigns to support out of school children to enrol in schools and ALP centres | UNICEF, State Ministries of Education as well as implementing partners |
| Activity 1.2 | Improve the access to learning through the rehabilitation of damaged classroom units | UNICEF, State Ministries of Education as well as implementing partners |
| Activity 1.3 | Improve the access to learning through establishing temporary learning spaces | UNICEF, State Ministries of Education as well as implementing partners |
| Activity 1.4 | Improve the access to learning through the construction of latrines | UNICEF, State Ministries of Education as well as implementing partners |
| Activity 1.5 | Improve access to learning through the provision and distribution of educational supplies | UNICEF, State Ministries of Education as well as implementing partners |

| | |
|-----------------|---|
| Output 2 | Education providers, parents and communities have improved knowledge and skills to contribute to quality learning in inclusive safe and protective school environments. |
|-----------------|---|

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

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

| Indicators | Description | Target | Achieved | Source of verification |
|---------------|--|--------|----------|------------------------|
| Indicator 2.1 | Ed.4 Number of teachers receiving refresher training on basic pedagogical skills, psycho-social skills and/or life-saving skills | 240 | 450 | Monitoring report |
| Indicator 2.2 | Number of caregivers equipped to provide ECE at home | 240 | 200 | Monitoring report |

| | |
|---|--|
| Explanation of output and indicators variance: | Achievement for indicator 2.1 exceeded planned targets. A number of cost-efficient modalities were deployed during implementation, which enabled additional training sessions. |
|---|--|

| Activities | Description | Implemented by |
|--------------|---|--|
| Activity 2.1 | Improve the quality of learning through the provision of refresher training for teachers to deliver ALP lessons (8 workshops) | UNICEF, State Ministries of Education as well as implementing partners |
| Activity 2.2 | Provide refresher training for teachers to support humanitarian situations in the area of: Education in Emergencies, Disaster Risk Reduction and Psychosocial Support (8 workshops) | UNICEF, State Ministries of Education as well as implementing partners |
| Activity 2.3 | Provide awareness sessions to teachers to support COVID prevention and mitigation and safe return to school (8 workshops) | UNICEF, State Ministries of Education as well as implementing partners |
| Activity 2.4 | Provide refresher training for teachers on PSEA (8 workshops) | UNICEF, State Ministries of Education as well as implementing partners |

| | | |
|--------------|--|--|
| Activity 2.5 | Provide awareness sessions to parents of disadvantaged children to support ECE at home (8 workshops) | UNICEF, State Ministries of Education as well as implementing partners |
|--------------|--|--|

| | |
|-----------------|---|
| Output 3 | Capacity of education sector at subnational and national levels is strengthened to legislate, plan, coordinate and budget the provision of equitable and inclusive education opportunities. |
|-----------------|---|

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

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

| Indicators | Description | Target | Achieved | Source of verification |
|---------------|---|--------|----------|------------------------|
| Indicator 3.1 | Number of school management committee members provided with refresher training on co-school management and PSEA | 240 | 240 | Monitoring report |

| | | | | |
|---|------------------------|--|--|--|
| Explanation of output and indicators variance: | Target met as planned. | | | |
|---|------------------------|--|--|--|

| Activities | Description | Implemented by | | |
|--------------|--|--|--|--|
| Activity 3.1 | School management is improved through training of school management committees (8 workshops) | UNICEF, State Ministries of Education as well as implementing partners | | |
| Activity 3.2 | Provide training workshops to school management committees to prevent and mitigate Sexual Exploitation and Abuse (SEA) (8 workshops) | UNICEF, State Ministries of Education as well as implementing partners | | |

| | |
|-----------------|--|
| Output 4 | Increase access to lifesaving protection services to 40,000 vulnerable children affected by displacement and conflict in North, South and West Darfur states |
|-----------------|--|

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

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

| Indicators | Description | Target | Achieved | Source of verification |
|---------------|---|---|---|--|
| Indicator 4.1 | H.9 Number of people provided with mental health and/or psycho-social support services (children receiving psychosocial support) 16,000 boys and 20,400 girls | 36,400 | 37,837 (20,869 girls and 16,968 boys) | Partners' progress reports, project monitoring report and Sudan - Child Protection AoR 5Ws, March 2023 |
| Indicator 4.2 | CP.3 Number of children receiving protection support (e.g. family tracing, reunification, reintegration, case management services, etc) | 3,000 | 4,435 (2,712 girls, 1,723 boys) | Partners' progress reports, project monitoring report and Sudan - Child Protection AoR 5Ws, March 2023 |
| Indicator 4.3 | # CBCPN established and trained in child protection responses | 6 CBCPN established and 840 women and 840 men trained | 29 CBCPNs established 1,209 women and 919 men trained | Partners' progress reports, project monitoring report and Sudan - Child Protection AoR 5Ws, March 2023 |

| | | | | |
|---|--|--|--|--|
| Explanation of output and indicators variance: | All targets were met/exceeded; in particular for the Indicator 4.3, due to the need to enhance service providers' capacity and engage more CBCPNs to | | | |
|---|--|--|--|--|

| | | compensate for the gaps and disruption of government service provision (especially during crisis) |
|--------------|--|---|
| Activities | Description | Implemented by |
| Activity 4.1 | Provision of Mental Health and Psychosocial support services to 16,000 boys and 20,400 girls in west, north and south Darfur states | UNICEF with Government (MoSA) and NGO partners (JMCO, PHF, CDF...) |
| Activity 4.2 | Conduct refresher training for 840 women and 840 men from health, social and legal service provision structures and 06 community-based protection structures | UNICEF with government (MoSA, SCCW, FCPU, Justice) and CSO partners (JMCO, CDF, PHF, |
| Activity 4.3 | Case management and support to children unaccompanied or separated from their families, child, and adolescent survivors of GBV and other forms of violence, exploitation, and abuse. | UNICEF with government (SCCW, FCPU) and CSO partners (JMCO, CDF, PHF, SWDO) |

| | | | | |
|---|---|--|----------|--|
| Output 5 | Access to basic, gender-sensitive water supply is improved and sustained for 123,100 most vulnerable population. | | | |
| Was the planned output changed through a reprogramming after the application stage? | | Yes <input type="checkbox"/> | | No <input checked="" type="checkbox"/> |
| Sector/cluster | Water, Sanitation and Hygiene | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 5.1 | WS.6 Number of people accessing sufficient and safe water for drinking, cooking and/or personal hygiene use as per agreed sector standard | 123,100 | 127,500 | Monthly output indicator] Progress reports, field visit reports] |
| Indicator 5.2 | Number of community members who receive capacity building training (WASH committee, water quality, hand pump mechanics), with focus on increased participation of women | 860 | 880 | Monthly output indicator], Progress reports, field visit reports] |
| Indicator 5.3 | Number of facilities (schools, health centers) in emergency that are connected to water source | 38 | 34 | Monthly output indicator], Progress reports, field visit reports] |
| Indicator 5.4 | WS.15 Number of communal water points (e.g. wells, boreholes, water taps stands, systems) constructed and/or rehabilitated | 117 | 89 | Monthly output indicator] Progress reports, field visit reports] |
| Explanation of output and indicators variance: | | There are minimum variations on the results. Two indicators were fully met or exceeded. Indicators 5.3 and 5.4 were not fully met due to increased unit costs owing to the highly inflationary environment and constrained access to some field locations. | | |
| Activities | Description | Implemented by | | |
| Activity 5.1 | Drilling and construction of 6 boreholes including distribution system (Hybrid) and 8 hand pumps | WD WES & IAS] [ND: Tabasheer organization, Patent helping Fund, Al Nahda organization] [SD: WES] [SK: IAS] | | |

| | | |
|--------------|---|--|
| Activity 5.2 | Rehabilitation of 20 non-functional water yard/ mini water yard and 83 hand pumps | [WD WES & IAS] [ND: Tabasheer organization, Patent helping Fund, Al Nahda organization] [SD: WES] [SK: IAS] |
| Activity 5.3 | Refresher training of 74 WASH committees and community volunteers on community-based water resource management, gender friendly WASH system operation | WD WES & IAS] [ND: Tabasheer organization, Patent helping Fund, Al Nahda organization] [SD: WES] [SK: IAS] |
| Activity 5.4 | Refresher training of hand pump mechanics and water quality monitoring in 12 remote communities in Jabel Marra | WD WES & IAS] [ND: Tabasheer organization, Patent helping Fund, Al Nahda organization] [SD: WES] [SK: IAS] |
| Activity 5.5 | Connection of water pipeline for 38 institutions (school/ health centers) from existing water source | [WD WES & IAS] [ND: Tabasheer organization, Patent helping Fund, Al Nahda organization] [SD: WES] [SK: IAS] |

| | | | | |
|---|---|---------|------------------------------|---|
| Output 6 | Access to basic, gender-sensitive sanitation facilities is improved and sustained for 85,000 people and hygiene awareness raising including COVID-19 prevention reach 123,100 people | | | |
| Was the planned output changed through a reprogramming after the application stage? | | | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Sector/cluster | Water, Sanitation and Hygiene | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 6.1 | Number of people in humanitarian situation who has access to sanitation facilities meeting SPHERE standards (maximum 50 person to share 1 drop hole as initial phase, short-term arrangement) | 12,000 | 15,624 | Monthly output indicator], Progress reports, field visit reports] |
| Indicator 6.2 | WS.13 Number of communal sanitation facilities (e.g. latrines) and/or communal bathing facilities constructed or rehabilitated | 600 | 710 | Monthly output indicator], Progress reports, field visit reports] |
| Indicator 6.3 | Number of people who gained access to basic sanitation services | 73,000 | 112,136 | Monthly output indicator], Progress reports, field visit reports] |
| Indicator 6.4 | Number of communities Declared ODF (average community population of 1,000 people) | 73 | 73 | Monthly output indicator], Progress reports, field visit reports] |
| Indicator 6.5 | WS.17 Number of people receiving WASH/hygiene messaging (and sensitization activities including COVID-19 prevention behaviours) | 123,100 | 118,177 | Monthly output indicator], Progress reports, field visit reports] |
| Indicator 6.6 | Number of facilities (schools, health centers) in emergency that have access to sanitation facilities | 38 | 35 | Monthly output indicator], Progress reports, field visit reports] |
| Indicator 6.7 | WS.16 Number of people receiving critical WASH supplies (e.g. WASH/hygiene kits) | 3,000 | 7,490 | Monthly output indicator], Progress reports, field visit reports] |

| Explanation of output and indicators variance: | | For indicators 6.2 and 6.3 results exceeded planned targets as the success of the ODF initiative resulted in more people constructing latrines and demonstrating good behaviour change than had been initially anticipated. On the other hand, indicators 6.5 and 6.6 were not fully met, as insecurity in Jabal Marra in Darfur and Abujubeiha in SK hindered access. Many more people received critical WASH supplies including 6,000 school children provided with handwashing soap and 1,490 people receiving hygiene kits. |
|---|---|---|
| Activities | Description | Implemented by |
| Activity 6.1 | Construction of emergency household latrines (shared by 4 households/ 20 people/ unit) | [WD IAS; ND Tabasheer Organisation; Patent Helping Fund; Al Nahda Organisation] [SD: SMOH] [SK: IAS] |
| Activity 6.2 | Construction of new VIP latrines at institutions (schools/ health centers) | [WD IAS; ND Tabasheer Organisation; Patent Helping Fund; Al Nahda Organisation] [SD: SMOH] [SK: IAS] |
| Activity 6.3 | Implement Community-led Total Sanitation (CLTS) in host communities and protracted emergency communities to achieve open defecation free status | WD IAS; ND Tabasheer Organisation; Patent Helping Fund; Al Nahda Organisation] [SD: SMOH] [SK: IAS] |
| Activity 6.4 | Provision of hygiene kits & WASH NFIs (including soap & Jerrycans) | [WD IAS; ND Tabasheer Organisation; Patent Helping Fund; Al Nahda Organisation] [SD: SMOH] [SK: IAS] |
| Activity 6.5 | Support hygiene promotion activities, including COVID-19 prevention at communities | [WD IAS; ND Tabasheer Organisation; Patent Helping Fund; Al Nahda Organisation] [SD: SMOH] [SK: IAS] |
| Activity 6.6 | Refresher training of community hygiene promoters and school students on CHAST/ community hygiene promotion | [WD IAS; ND Tabasheer Organisation; Patent Helping Fund; Al Nahda Organisation] [SD: SMOH] [SK: IAS] |

7. Effective Programming

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

a. Accountability to Affected People (AAP)⁷:

Accountability to affected populations is one of UNICEF's core commitments in humanitarian actions. UNICEF is consistently encouraging its partners at the national and sub-national levels to design and implement beneficiary-cantered interventions. During project design and

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

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

implementation, local authorities, community leaders and affected populations have been consulted for example to determine the locations for temporary water points to be supplied with safe water through water trucking, and for both construction and rehabilitation of water points. Female and youth were involved throughout the project cycle at different stages to ensure their full engagement and have better utilization of the services provided. Monitoring of the project was done through productive cooperation from the affected population by which active feedbacks, suggestion and complaints from the local communities were carefully considered and corrective actions were made accordingly. UNICEF and its implementing partners considered conflict sensitive and do no harm approaches through engaging members from different parties and groups with the focus on serving the children and communities in needs

b. AAP Feedback and Complaint Mechanisms:

UNICEF and its partners engaged not only with community chiefs, but a wider group of stakeholders, including women and youth groups to ensure their views and needs in Child Protection, Education and WASH interventions were taken on board. For women's group, the partners' female staff organized a separate meeting as women were not always comfortable to voice their opinion in front of male community members.

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

PSEA continued to be integral to UNICEF Sudan's work. Each implementing partners' organizational risk was assessed, and partner staff were trained to prevent and respond to PSEA cases. UNICEF was actively engaged with other humanitarian actors and partners to ensure coordinated, appropriate, and effective responses to any reported incidents of PSEA. Internally, UNICEF continued to rely on both in-country and head quarter levels reporting channels and notification procedures for escalation and institutional accountability and follow up, particularly for child survivors. Focal point for PSEA was assigned to provide the needed assistants and ensure the implementation of the UNICEF supported interventions including capacity building and support risk mitigation and awareness among the targeted communities. The education component under this project created safe and child-friendly learning spaces to protect children exploitation and abuse. Project staff and personnel were trained on PSEA and GBV referrals, and GBV key messages were disseminated through education outreach and campaigns.

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

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

e. People with disabilities (PwD):

Child Protection, Education and WASH interventions targeted the most vulnerable children/women, this included people living with disabilities. UNICEF made sure that water collection points' design took into consideration the needs of children and people with physical disabilities and will ensure that Children with Disability will receive the provided WASH and nutrition services on an equity basis.

f. Protection:

Protection is at the heart of UNICEF's programming whereby the most vulnerable and needy children are reached with lifesaving and preventive services. UNICEF and partners (WES, MoE, MoSW, SCCW, and NGOs) ensured that children in the targeted localities received lifesaving WASH, Education and Child Protection services. Protection and prevention under the GBV Area of Responsibility (AOR) and guidelines were observed and maintained to support beneficiaries, especially vulnerable women, and girls at risk of GBV. GBV protection and coordination mechanisms were in place.

g. Education:

Schools protect children from the physical dangers around them – including abuse, exploitation and recruitment into armed groups. The education intervention helps children develop skills to cope with the trauma of crisis and supply them with learning spaces that are safe and child friendly. The intervention builds capacity by training teachers, supplying learning materials, providing access to learning opportunities tailored to the needs in emergency settings and supporting all efforts to reduce the risk of disaster. The education is addressed through a community-based approach that integrates children, caregivers, school management, and community and local government stakeholders.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

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

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

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

In conflict areas in Sudan, implementation of cash assistance requires careful consideration analysis of feasibility, conflict analysis and market conditions to ensure due no harm. The type of UNICEF interventions (basic services) is mostly not suitable for monetizing. UNICEF has a flagship cash + programme which is implemented in non-conflict areas using other funding.

Parameters of the used CVA modality:

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

9. Visibility of CERF-funded Activities

| Title | Weblink |
|---|---|
| Teachers in West Kordofan trained on protecting children from sexual exploitation | https://www.unicef.org/sudan/stories/teachers-west-kordofan-trained-protecting-children-sexual-exploitation |
| Captioned photographs on UNICEF global image database – available for use across all UNICEF offices, media and the public | https://weshare.unicef.org/Folder/2AM408JFMDPV |
| | |

3.4 Project Report 22-UF-WFP-015

1. Project Information

| | | | |
|--------------------|---|--|--|
| Agency: | WFP | Country: | Republic of the Sudan |
| Sector/cluster: | Nutrition | CERF project code: | 22-UF-WFP-015 |
| Project title: | Provision of Emergency Nutritional Support in Underfunded States in Sudan | | |
| Start date: | 01/03/2022 | End date: | 28/02/2023 |
| Project revisions: | No-cost extension <input type="checkbox"/> | Redeployment of funds <input type="checkbox"/> | Reprogramming <input type="checkbox"/> |

| | | |
|---------|---|-----------------|
| Funding | Total requirement for agency's sector response to current emergency: | US\$ 73,323,173 |
| | Total funding received for agency's sector response to current emergency: | US\$ 500,000 |
| | Amount received from CERF: | US\$ 4,100,030 |
| | Total CERF funds sub-granted to implementing partners: | US\$ 918,930 |
| | Government Partners | US\$ 27,421 |
| | International NGOs | US\$ 684,179 |
| | National NGOs | US\$ 207,330 |
| | Red Cross/Crescent Organisation | US\$ 0 |

2. Project Results Summary/Overall Performance

WFP Sudan utilized the CERF UFE funding to provide much needed nutritional support to 238,637 children under-five and Pregnant and Breastfeeding Women in need during the past year across Sudan including Central Darfur, Wadi Salih, East Darfur, El Ferdous, Yassin, North Darfur, El Fasher, Dar El Salam, South Darfur, Kass, Sharg Jabel Marra, South Kordofan, Abu Jubaiha, West Kordofan, El Nehoud. WFP and its partners targeted 238,637 beneficiaries for moderate acute malnutrition (MAM) treatment through supplementary feeding and screened 1,237,965 beneficiaries for acute malnutrition. In so doing, the project enabled WFP to provide much needed lifesaving nutrition assistance to those most vulnerable, and thus reduce the morbidity and mortality associated with acute malnutrition. Eligible beneficiaries identified through screening were enrolled into the Targeted Supplementary Feeding Program (TSFP). Those diagnosed with Moderate Acute Malnutrition and admitted into the programme at the health facilities/nutrition centre were provided specialized nutritious food for up to three months or until they fully recovered from moderate acute malnutrition. This was complemented by the identification and referral of cases by trained Community Nutrition Volunteers, as well as community-based awareness raising on the importance of screening and promotion of appropriate health, nutrition and hygiene habits, and a follow-up with defaulters through home visits.

3. Changes and Amendments

During the planning stage, WFP nutrition was suggested to separate newly displaced people affected by conflicts at targeted locations and other affected people to highlight the impact of dynamic population movement to its operations, however challenges have been noted to make this segregation happen which forced nutrition partners to be included under internally displaced people category.

Furthermore, WFP indicates, as also outlined in the interim updates, that the number of beneficiaries are exceeding the target because of the following points:

1. Dynamic population movement in some of targeted locations (New Refugees, new IDPs)
2. Regular MUAC screening exercises and active case findings which detected additional malnourished cases and refer them to nutrition programme.
3. Beside TSFP programme WFP is implementing other prevention programme (Food-based Prevention of Malnutrition) and Home Fortification. which increased the caseload.
4. In localities hosting new arrivals, WFP has provided addition supplementation for under-fives and PLW through emergency blanket supplementary feeding (e-BSFP) to meet the immediate nutrition needs which increase the caseload at nutrition centers.

Lastly, 0.786 MT of Plumpy Supp commodities associated with this award were involved in commodity loss incidents from July to November 2022. The monetary value of the losses is equivalent to USD 1,987.28 which represents less than 5 percent of the total allocation.

4. Number of People Directly Assisted with CERF Funding*

| Sector/cluster | Nutrition | | | | | | | | | |
|--|---------------|----------|---------------|---------------|---------------|---------------|----------|----------------|---------------|----------------|
| Category | Planned | | | | | Reached | | | | |
| | Women | Men | Girls | Boys | Total | Women | Men | Girls | Boys | Total |
| Refugees | 555 | 0 | 1,824 | 1,727 | 4,106 | 1,418 | 0 | 3,076 | 2,516 | 7,010 |
| Returnees | 0 | 0 | 0 | 0 | 0 | 42 | 0 | 168 | 137 | 347 |
| Internally displaced people | 2,143 | 0 | 9,094 | 8,735 | 19,972 | 15,280 | 0 | 50,781 | 41,549 | 107,610 |
| Host communities | 12,528 | 0 | 20,126 | 20,332 | 52,986 | 12,066 | 0 | 61,382 | 50,222 | 123,670 |
| Other affected people | 1,583 | 0 | 3,509 | 3,240 | 8,332 | 0 | 0 | 0 | 0 | 0 |
| Total | 16,809 | 0 | 34,553 | 34,034 | 85,396 | 28,806 | 0 | 115,407 | 94,424 | 238,637 |
| People with disabilities (PwD) out of the total | | | | | | | | | | |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

* 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 the delivery of social behaviour change communication campaigns which include the provision of an array of nutrition, health and hygiene messages by Community Nutrition Volunteers, WFP Sudan aimed to enhance the nutritional, health and hygiene practices and dietary intakes of family members and communities of those targeted directly through the intervention.

6. CERF Results Framework

| | | | | | |
|---|--|--|-----------|------------------------------|--|
| Project objective | Reduce the morbidity and mortality associated with acute malnutrition in children under 5 years and pregnant and lactating women through provision of lifesaving treatment of moderate acute malnutrition. | | | | |
| Output 1 | Targeted children aged 6–59 months and PLWG are screened and treated for moderate acute malnutrition including lifesaving treatment. | | | | |
| Was the planned output changed through a reprogramming after the application stage? | | | | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Sector/cluster | Nutrition | | | | |
| Indicators | Description | Target | Achieved | Source of verification | |
| Indicator 1.1 | Number of admitted people benefitting from targeted supplementary feeding | 85,386 | 238,637 | COMET Database | |
| Indicator 1.2 | N.2a Number of people admitted in MAM treatment programme | 85,386 | 238,637 | COMET Database | |
| Indicator 1.3 | N.4 Number of people screened for acute malnutrition | 569,240 | 1,237,965 | Nutrition Database | |
| Indicator 1.4 | Number of people benefitting from training and/or community awareness sessions | 647,052 | 647,052 | Nutrition Database | |
| Indicator 1.5 | N.2b Percentage of people who were admitted for MAM treatment who recovered (MAM recovery rate) | >75 | 92% | Nutrition Database | |
| Indicator 1.6 | Percentage of people who were admitted for MAM treatment who died | <3 | 0% | Nutrition Database | |
| Indicator 1.7 | Percentage of people who were admitted for MAM treatment who defaulted | <15 | 6% | Nutrition Database | |
| Indicator 1.8 | Percentage of people who were admitted for MAM treatment with non-response | <15 | 3% | Nutrition Database | |
| Indicator 1.9 | FN.1b Quantity of food assistance distributed in MT (Specialized Nutritious Foods SNFs) | 768.51 | 768 | COMET database | |
| Explanation of output and indicators variance: | | WFP managed to implement this grant as proposed and planned by CERF and nutrition sector with full utilization of fund allocated to meet expected outcome and outputs. For intends cured, deflaters and mortality rates were satisfied and above international sphere standards (92%, 6% and 0% respectively) Based on the CERF funding received, WFP was able to reach 100 percent of the planed beneficiaries, however the overachievement reported was based on | | | |

| | | other complementary nutrition activities implemented by WFP in the same areas through different funding sources. This was highlighted in the changes indicated in the amendment section. |
|--------------|---|--|
| Activities | Description | Implemented by |
| Activity 1.1 | Provision of treatment to children 6-59 months and PLW suffering from moderate acute malnutrition, and subsequent referrals as needed | IMC, SCI, CWW, ROPD, PHF, CIS, NIDO, RI, Alight, WVI, AAH, SMOH-CD, SMOH-ED, SMOH-ND |
| Activity 1.2 | Active case finding through screening and follow up by Community Nutrition Volunteers | IMC, SCI, CWW, ROPD, PHF, CIS, NIDO, RI, Alight, WVI, AAH, SMOH-CD, SMOH-ED, SMOH-ND |
| Activity 1.3 | Activity 1.3 | WFP together with CPs mentioned above |

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁸ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁹:

WFP ensures AAP, especially to those more likely to be affected by crisis including women and girls, persons with disabilities, marginalized and at-risk individuals and groups, are consulted from design to evaluation. From training Cooperating Partners on key considerations, hosting consultations and awareness raising sessions on rights and responsibilities with target communities, conducting protection risk analysis, protection-related concerns are well integrated into implementation and supervision.

b. AAP Feedback and Complaint Mechanisms:

Beneficiaries could reach out through community-based focal points, traditional leadership, distribution help desks as well as the national call center 1460, should any concerns emerge and adapt interventions accordingly. Protection-related indicators encompass female-driven decision making, their integration into project management committees, protection related challenges in accessing assistance, and awareness of target beneficiaries on support delivered.

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

To ensure PSEA, all WFP staff were obliged to take a corresponding corporate e-learning course. A PSEA Hotline was also accessible by all beneficiaries, with all incoming cases recorded and handled in a safe manner using a corporate case management system. The access was strictly limited to a few cleared staff to protect privacy of beneficiaries. WFP also conducted Privacy Impact Assessment for helpline database of callers, which indicated an overall compliance with the handling of personal beneficiary data including information on SEA and also actively contributes to inter-agency fora such as PSEA network at national and state levels.

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

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

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

Gender-related considerations were integrated into the overall design, implementation, and monitoring processes to promote gender equality and women's empowerment, and protection of minorities. Specifically, nutrition education messages were delivered to target both men and women members, including on optimal complementary feeding, exclusive breastfeeding, and cooking demonstration, among others, with a view to promoting shared decision making between men and women. At the Area Office level, WFP's senior gender focal points regularly conducted monitoring, trainings to CPs and community leaders, and gender and protection assessments to ensure that the target communities have access to WFP assistance in a safe and dignified manner.

e. People with disabilities (PwD):

WFP targeted malnourished people who are in areas identified as having high food insecurity and nutritional vulnerability, irrespective of their gender, disability, age etc. And, in order to ensure that those with disabilities do not face impediments to receiving necessary support, they were prioritized in order of delivery of nutritional counselling, screening, and other forms of assistance.

f. Protection:

In alignment with the WFP Humanitarian Protection Policy, WFP applied a "do no harm" approach contributing to the safety, dignity, and integrity of vulnerable people through regular monitoring, conducting protection assessments and response to risks in collaboration with protection partners. In addition, trained senior protection associates are based in Area Offices closely working with Cooperating Partners to ensure protection of beneficiaries. WFP also mitigated COVID-19-related risks following health measures maintaining safe distance and placing hand washing stations at activity sites.

g. Education:

Although targeted beneficiaries were generally outside the formal education system with some exception of pre-school children, this Project delivered social communication and education on nutrition, health and hygiene to parents and caregivers to ensure uptake of improved nutritional habits and dietary intake. Further to this, Community Nutrition Volunteers were trained in delivering key messages pertaining to nutrition, health and hygiene and identifying and following up with cases eligible for or enrolled in treatment for moderate acute malnutrition. Building on this, Social Behavior and Change Communication campaigns train beneficiaries and their caregivers to education on improved nutrition, health and hygiene practices, encompassing attention to education throughout project design.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

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

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

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

Cash and Voucher assistance is not one of the implementing modalities that WFP corporately relies upon for Nutrition activities and therefore was not considered as nutrition specific products are required for the medical support of beneficiaries whom require micronutrient improvements to their diet.

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

[Fill in]

[Fill in]

US\$ [insert amount]

Choose an item.

Choose an item.

9. Visibility of CERF-funded Activities

| Title | Weblink |
|------------------------------|---|
| Thank You Tweet | https://twitter.com/WFP_Sudan/status/1608033192010809345 |
| CERF Contribution Info Tweet | https://twitter.com/WFP_Sudan/status/1516703854246735872 |
| #ThankYouThursday Tweet | https://twitter.com/WFP_Sudan/status/1621126565211029509 |

3.5 Project Report 22-UF-WHO-009

1. Project Information

| | | | |
|--------------------|---|--|--|
| Agency: | WHO | Country: | Republic of the Sudan |
| Sector/cluster: | Health | CERF project code: | 22-UF-WHO-009 |
| Project title: | Improving access to essential and life-saving health services for conflict-affected population in three States of Sudan | | |
| Start date: | 22/03/2022 | End date: | 20/06/2023 |
| Project revisions: | No-cost extension <input checked="" type="checkbox"/> | Redeployment of funds <input type="checkbox"/> | Reprogramming <input type="checkbox"/> |

| | | |
|---------|---|----------------|
| Funding | Total requirement for agency's sector response to current emergency: | US\$ 4,000,000 |
| | Total funding received for agency's sector response to current emergency: | US\$ 0 |
| | Amount received from CERF: | US\$ 2,405,325 |
| | Total CERF funds sub-granted to implementing partners: | US\$ 255,709 |
| | Government Partners | US\$ 0 |
| | International NGOs | US\$ 0 |
| | National NGOs | US\$ 255,709 |
| | Red Cross/Crescent Organisation | US\$ 0 |

2. Project Results Summary/Overall Performance

Through this CERF UFE grant, WHO and partners improved access to essential and life-saving health services and strengthened disease surveillance and outbreak control interventions in six localities affected by inter-communal conflict across West, South and North Darfur States, directly benefitting 400,382 individuals, including host community members, IDPs, returnees, health care providers, and RRTs.

In particular, the project supported 22 health facilities in providing essential and life-saving services in coordination with SMOH and local partners through operational and supervisory support and supplies. Facilities were also supported in the management of medical waste through on-the-job training, the implementation of 56 medical waste management campaigns, and the provision of medical waste and cleaning supplies.

WHO also built the surveillance and case management capacities of 15 Rapid Response Team members and 150 health workers in areas at high risk of disease outbreak. It also facilitated the investigation of alerts regarding potential epidemic-prone infectious disease outbreaks. Lastly, WHO supported 504 vector surveillance missions in 24 sentinel sites in the targeted localities to inform the risk of increased transmission and guide vector control interventions to prevent and control disease outbreaks.

3. Changes and Amendments

The complex operating environment led to some unexpected administrative delays that affected the procurement process and the contracting of local partners. Considering these challenges, WHO requested and obtained a three-month no-cost extension in March 2023, bringing the new end date of the project to 20 June 2023.

4. Number of People Directly Assisted with CERF Funding*

| Sector/cluster | Health | | | | | | | | | |
|--|---------------|---------------|----------------|----------------|----------------|---------------|---------------|----------------|----------------|----------------|
| Category | Planned | | | | | Reached | | | | |
| | Women | Men | Girls | Boys | Total | Women | Men | Girls | Boys | Total |
| Refugees | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Returnees | 7,674 | 7,084 | 9,009 | 8,316 | 32,083 | 7,592 | 7,294 | 8,948 | 8,597 | 32,431 |
| Internally displaced people | 38,654 | 35,680 | 45,377 | 41,886 | 161,597 | 38,614 | 37,101 | 45,513 | 43,729 | 164,957 |
| Host communities | 44,860 | 41,409 | 52,662 | 48,611 | 187,542 | 44,894 | 43,134 | 52,915 | 50,840 | 191,783 |
| Other affected people | 2,430 | 2,243 | 2,852 | 2,633 | 10,158 | 2,623 | 2,522 | 3,093 | 2,973 | 11,211 |
| Total | 93,618 | 86,416 | 109,900 | 101,446 | 391,380 | 93,723 | 90,051 | 110,469 | 106,139 | 400,382 |
| People with disabilities (PWD) out of the total | | | | | | | | | | |
| | 9,362 | 8,642 | 10,990 | 10,145 | 39,139 | 9,373 | 9,005 | 23 | 73 | 18,474 |

* 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 has made a significant contribution to the fight against malaria in Darfur and, more generally, has helped improve the health and well-being of many individuals across the targeted six localities. In particular, activities carried out under this CERF UFE allocation have indirectly benefitted 400,382 people, including 93,723 women, 90,051 men, 110,469 girls and 106,139 boys).

These individuals have benefitted, and continue to benefit, from the intersectoral vector control initiatives that helped reduce the number of mosquitoes and the risk of malaria transmission in targeted areas; risk communication and community engagement efforts that enabled the dissemination of information about malaria prevention and control through a variety of channels, including radio, television, and community meetings; and health service outreach through mobile clinics set up in areas with high malaria transmission rates.

The project also helped build the capacity of local health systems and communities, which will help ensure that the indirect beneficiaries continue to receive the support they need to prevent and control malaria and access essential and life-saving health services.

6. CERF Results Framework

| | | | | | |
|---|---|--|---|-----------------------------------|--|
| Project objective | To provide access to essential and life-saving emergency health services to communities affected by inter-communal violence in six localities of West Darfur, South Darfur and North Darfur States in Sudan by the end of the project period. | | | | |
| Output 1 | Improved access to essential and life-saving health services to IDPs, nomads, and host communities affected by inter-communal conflict in the targeted six localities of West Darfur, South Darfur and North Darfur States in Sudan | | | | |
| Was the planned output changed through a reprogramming after the application stage? | | | | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Sector/cluster | Health | | | | |
| Indicators | Description | Target | Achieved | Source of verification | |
| Indicator 1.1 | H.8 Number of primary healthcare consultations provided (i.e. 1 visit per person per year) | 391,380 | 400,382 | Activities and monitoring reports | |
| Indicator 1.2 | H.7 Number of functional health facilities supported ((mobile clinic or fixed health facilities) | 22 | 22 | Facilities reports | |
| Indicator 1.3 | H.1a Number of emergency health kits delivered to healthcare facilities (IEHK) | 32 | 32 | Procurement details and GRN | |
| Indicator 1.4 | H.1a Number of emergency health kits delivered to healthcare facilities (TESK) | 12 | 12 | GRN | |
| Indicator 1.5 | H.2 Number of people receiving surgical procedures for trauma | 600 | 432 | Supported hospital records | |
| Indicator 1.6 | Number of quarterly joint supervisions to the project activities | 12 | 12 | Monitoring visit reports | |
| Explanation of output and indicators variance: | | During the project implementation period all three Darfur states has experienced in addition to COVID19 pandemic, MPOX, haemorrhagic fever outbreaks, and intercommunal conflict around Kereinik locality and in ND and SD. The response to these incidences was fully supported under CERF-UF allocation. | | | |
| Activities | Description | | Implemented by | | |
| Activity 1.1 | Provide operational support to establish and run mobile clinics and/or health facilities to provide essential and life- | | 9 sites supported because of high needs and increased demand among targeted beneficiaries, in addition to | | |

| | | |
|--------------|--|---|
| | saving health services in 22 delivery service sites mainly through LNGOs (i.e. in West Darfur State through PCDR), in South Darfur through NIDO and in North Darfur through KPHF and NPO.) | additional 11 PHC and Two hospitals supported to operate providing lifesaving interventions in coordination with SMOH and local partners at the three states. |
| Activity 1.2 | Procure and supply essential medicines, surgical and medical supplies and laboratory consumables for primary health care and referral structures supported by the project | WHO procurement of all project supplies was done through WHO procurement section, timely deliveries of supplies has been granted. |
| Activity 1.3 | Support 56 waste management campaigns to collect and dispose medical waste to improve Infection Prevention and Control (IPC) measures in supported health facilities | The implementation of medical waste management campaigns includes; provision of medical waste and cleaning supplies for the targeted HCF in addition to operational cost to remove and transport the generated medical waste ensuring the minimum best practices by labour and HCF management in addition to provide on job training through supervisory visits |
| Activity 1.4 | Conduct quarterly joint supervision to the project activities with the MOH and NGOs supported by the project | Joint quarterly supervisory missions were conducted jointly with SMOH and partners, including missions from the country office to oversee the progress in implementation |

| | | | | |
|---|--|--|------------------------------|--|
| Output 2 | Strengthened disease surveillance (including vector surveillance) and outbreak control interventions in the targeted localities and affected populations in West Darfur, South Darfur and North Darfur States in Sudan | | | |
| Was the planned output changed through a reprogramming after the application stage? | | | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Sector/cluster | Health | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 2.1 | H.5. Percentage of public health alerts generated through community-based or health-facility-based surveillance or alert systems investigated within 24 hours | 90 | 90 | Surveillance data from both SMOH and FMOH, together with RRT supported mission to verify the reported alerts |
| Indicator 2.2 | CC.1 Number of implementing partner staff receiving training to support programme implementation (RRTs (5 individual per team) and health workers trained on surveillance and case management) | 225 | 225 | Trainings reports |
| Indicator 2.3 | Number of waste management campaigns conducted in the 22 health facilities supported by the project | 56 | 56 | WHO activities report |
| Indicator 2.4 | Number of vector surveillance missions to 24 sentinel sites supported | 504 | 511 | WHO weekly reports |
| Explanation of output and indicators variance: | | Minor variance; Number of vector surveillance missions increased from 504 to 511 missions which is positive. | | |
| Activities | Description | | Implemented by | |

| | | |
|--------------|---|---|
| Activity 2.1 | Support epidemic-prone infectious diseases outbreak alert investigation missions carried out by RRT | WHO surveillance team at country and state office in coordination with SMOH RRTs at the three targeted states |
| Activity 2.2 | Train 15 RRTs (5 individuals per team) (1 per each State and 2 per each locality) and 150 health workers on surveillance and case management prioritizing high-risk and imminent diseases in the area | WHO in coordination with SMOH at the three Darfur |
| Activity 2.3 | Support 504 vector surveillance missions are carried out to 24 sentinel sites in the targeted localities to inform the risk of increased transmission and guide vector control interventions to prevent and control disease outbreaks | WHO environmental health teams including the IVM focal person at country office in coordination with SMOH environmental health focal persons. |

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 areas¹⁰ 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)¹¹:

The previously conducted interagency mission in the targeted states in addition to the independent assessments in collaboration with health partners and SMOHs have defined clearly who should be engaged from key communities in the planned interventions. Before implementation of each of the project's defined activities, WHO and MOH discuss the plan with key community members at the targeted location and involve them in the supervision, sharing information and including prioritization of the targets (triaging) during daily work to consider women, girls and PwD as first priority for the intervention and to avoid any confronting in order to assess the health status of those vulnerable group, identify health needs and expectations and the knowledge of health risks, including Covid-19, MPoX, water and vector-borne diseases.

b. AAP Feedback and Complaint Mechanisms:

WHO, jointly with SMOH, considers and responds feedback from all categories of beneficiaries. Feedback is received through different means, including the established complain box, direct call to WHO team leads in the targeted states, and sharing during the monitoring visits and campaigns. The received feedback contributed to improving the implementation of the project and allowed for course-correction of issues affecting the overall response under this allocation. All complaints received are treated as confidential to protect the reporter and taken seriously. Key community members are kept informed on steps taken jointly with MOH and partners to create a peaceful working and service delivery environment.

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

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

¹¹ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

As mentioned in the proposal documents, Prevention of sexual exploitation and abuse (PSEA) is a key concern for WHO, and WHO adheres to a strict zero tolerance policy in this regard by making available reporting and protection mechanisms for staff, collaborators and beneficiaries and addressing any acts of physical violence and sexual harassment. All WHO staff has to undergo regular, obligatory PSEA training. WHO is adhering to the PSEA network established in Sudan and committed to advance the implementation of the PSEA Joint Framework of Action and the Sudan PSEA program. The recruitment of a dedicated PSEA officer in Sudan has been finalized and she is already onboard, her main role is to strengthen WHO PSEA policies in country and its implementation in country offices and all suboffices including the targeted Darfur states. The complaints need to be shared obligatory with Khartoum Country Office focal point for PSEA in order to reduce the risk of bias in the field offices. The investigation and follow up of complaints will be implemented through staff from Khartoum office supported by guidance and advice of the regional office in Cairo. WHO will work in this regard with the Sudan PSEA network and will also seek guidance from the PSEA coordinator in country in case of complaints. As soon the dedicated staff will be recruited support will be provided also internally

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

WHO has worked in gender mainstreaming in its all projects implementation, to promote gender equality and equity in health service delivery. WHO promoted gender equality at both programmatic beneficiaries levels. WHO collects and analyze sex, age and disability aggregated data to monitor and respond to implications of the current crisis and considers the specific physical, cultural, security, mental health, psychosocial and sanitary needs of women and children. Gender balance was promoted to ensure that female workers are accessible to meet the medical, social and protection needs of women and girls. Availability of gender-balanced staff was achieved to assure accessibility of key health services without discrimination.

e. People with disabilities (PwD):

People with disability are considered during the implementation of this project activities, both gender from different age groups, as well as those with chronic illness that affects their daily performance. WHO though this allocation has increased quality of services to ensure PwD are satisfied with package of interventions and activities under this allocation.

f. Protection:

WHO has made a commitment to mainstreaming human rights into healthcare programs and policies on national and regional levels as part of a comprehensive approach to health and human rights. The implemented project targets displaced IDPs, vulnerable host communities and communities affected by the ongoing intercommunal conflicts. The project collaborated with the protection cluster in materializing our commitment to mainstreaming human rights and protection into health care program. Services were delivered in the targeted areas in direct implementation and through WHO partners.

g. Education:

NA

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

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

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

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

The project aims to strengthen health care in collaboration with NGOs and health partners, Thus activities were carried out through Direct implementation by WHO assigned personnel and no CVAs were required to ensure the safety and security of the staff.

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 |
|--|---------------------------------------|-----------------------------|-----------------------|--------------------|
| [Fill in] | [Fill in] | US\$ [insert amount] | Choose an item. | Choose an item. |

9. Visibility of CERF-funded Activities

| Title | Weblink |
|--------------|----------------|
| [Insert] | [Insert] |

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

| CERF Project Code | Cluster/Sector | Agency | Partner Type | Total CERF Funds Transferred to Partner US\$ |
|-------------------|-------------------------------|--------|--------------|--|
| 22-UF-CEF-013 | Education | UNICEF | INGO | \$46,880 |
| 22-UF-CEF-013 | Education | UNICEF | NNGO | \$245,728 |
| 22-UF-CEF-013 | Education | UNICEF | NNGO | \$364,983 |
| 22-UF-CEF-013 | Education | UNICEF | NNGO | \$63,935 |
| 22-UF-CEF-013 | Water, Sanitation and Hygiene | UNICEF | INGO | \$22,159 |
| 22-UF-CEF-013 | Water, Sanitation and Hygiene | UNICEF | GOV | \$204,344 |
| 22-UF-CEF-013 | Water, Sanitation and Hygiene | UNICEF | GOV | \$67,185 |
| 22-UF-CEF-013 | Water, Sanitation and Hygiene | UNICEF | NNGO | \$105,275 |
| 22-UF-CEF-013 | Water, Sanitation and Hygiene | UNICEF | GOV | \$66,803 |
| 22-UF-CEF-013 | Water, Sanitation and Hygiene | UNICEF | GOV | \$68,159 |
| 22-UF-CEF-013 | Water, Sanitation and Hygiene | UNICEF | NNGO | \$118,079 |
| 22-UF-CEF-013 | Water, Sanitation and Hygiene | UNICEF | NNGO | \$146,838 |
| 22-UF-CEF-013 | Water, Sanitation and Hygiene | UNICEF | NNGO | \$10,384 |
| 22-UF-CEF-013 | Water, Sanitation and Hygiene | UNICEF | NNGO | \$521,928 |
| 22-UF-CEF-013 | Water, Sanitation and Hygiene | UNICEF | GOV | \$385,296 |
| 22-UF-CEF-013 | Water, Sanitation and Hygiene | UNICEF | GOV | \$417,395 |
| 22-UF-CEF-013 | Water, Sanitation and Hygiene | UNICEF | GOV | \$353,894 |
| 22-UF-CEF-013 | Water, Sanitation and Hygiene | UNICEF | INGO | \$62,899 |
| 22-UF-CEF-013 | Child Protection | UNICEF | NNGO | \$571,424 |
| 22-UF-CEF-013 | Child Protection | UNICEF | GOV | \$223,466 |

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS II

| CERF Project Code | Cluster/Sector | Agency | Partner Type | Total CERF Funds Transferred to Partner US\$ |
|-------------------|----------------------------|--------|--------------|--|
| 22-UF-CEF-013 | Child Protection | UNICEF | NNGO | \$608,228 |
| 22-UF-CEF-013 | Child Protection | UNICEF | GOV | \$148,882 |
| 22-UF-CEF-013 | Child Protection | UNICEF | GOV | \$6,956 |
| 22-UF-CEF-013 | Child Protection | UNICEF | GOV | \$3,021 |
| 22-UF-CEF-013 | Child Protection | UNICEF | NNGO | \$87,668 |
| 22-UF-CEF-013 | Child Protection | UNICEF | NNGO | \$8,140 |
| 22-UF-FPA-010 | Gender-Based Violence | UNFPA | GOV | \$36,351 |
| 22-UF-FPA-010 | Gender-Based Violence | UNFPA | GOV | \$272,184 |
| 22-UF-FPA-010 | Gender-Based Violence | UNFPA | NNGO | \$149,758 |
| 22-UF-FPA-010 | Gender-Based Violence | UNFPA | NNGO | \$137,117 |
| 22-UF-FPA-010 | Gender-Based Violence | UNFPA | NNGO | \$348,901 |
| 22-UF-FPA-010 | Gender-Based Violence | UNFPA | NNGO | \$77,667 |
| 22-UF-HCR-006 | Shelter and Non-Food Items | UNHCR | NNGO | \$140,000 |
| 22-UF-HCR-006 | Shelter and Non-Food Items | UNHCR | INGO | \$40,000 |
| 22-UF-HCR-006 | Shelter and Non-Food Items | UNHCR | INGO | \$30,000 |
| 22-UF-WFP-015 | Nutrition | WFP | INGO | \$126,759 |
| 22-UF-WFP-015 | Nutrition | WFP | INGO | \$42,883 |
| 22-UF-WFP-015 | Nutrition | WFP | INGO | \$23,494 |
| 22-UF-WFP-015 | Nutrition | WFP | INGO | \$82,394 |
| 22-UF-WFP-015 | Nutrition | WFP | NNGO | \$95,048 |
| 22-UF-WFP-015 | Nutrition | WFP | INGO | \$164,110 |
| 22-UF-WFP-015 | Nutrition | WFP | NNGO | \$98,169 |
| 22-UF-WFP-015 | Nutrition | WFP | INGO | \$101,458 |
| 22-UF-WFP-015 | Nutrition | WFP | GOV | \$27,421 |
| 22-UF-WFP-015 | Nutrition | WFP | NNGO | \$14,113 |
| 22-UF-WFP-015 | Nutrition | WFP | INGO | \$93,025 |
| 22-UF-WFP-015 | Nutrition | WFP | INGO | \$50,056 |
| 22-UF-WHO-009 | Health | WHO | NNGO | \$103,323 |
| 22-UF-WHO-009 | Health | WHO | NNGO | \$77,617 |
| 22-UF-WHO-009 | Health | WHO | NNGO | \$74,769 |