

**REPUBLIC OF THE SUDAN
RAPID RESPONSE
VIOLENCE/CLASHES
2023**

23-RR-SDN-59902

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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

As the war continues to take its toll, compounded by the complexities of the operational environment and access constraints, this final report coincides with a period of massive displacement triggered by escalating military clashes between the Sudan Armed Forces (SAF) and the Rapid Support Forces (RSF) in Gezira, Sennar, and other states. The surge in displacement has increased humanitarian needs and disrupted ongoing relief efforts. Given these challenges, agencies and their staff focused on prioritizing emergency response, resulting in the After-Action Review (AAR) being deprioritized in the current 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

STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

The sudden outbreak of violence between the Sudan Armed Forces (SAF) and the Rapid Support Forces (RSF) paramilitary group on April 16, 2023, significantly shifted the priorities of the humanitarian response in Sudan. The conflict had devastating consequences for civilians, resulting in hundreds of deaths and thousands of injuries. In the first three months alone, nearly 2.6 million people were displaced, including 2 million who were internally displaced. These figures continued to rise in the subsequent months. Millions were left without access to essential resources such as food, water, and electricity, as well as critical services, including health and nutrition care, particularly in Khartoum and the Darfurs. Protection concerns escalated, with reports of sexual and gender-based violence increasing, alongside incidents of enforced disappearances and arbitrary detentions. Pregnant women in Khartoum faced heightened risks as the conflict forced the closure of most hospitals and health facilities.

This CERF Rapid Response allocation (June 2023) was aligned with the two strategic objectives of the revised Humanitarian Response Plan (HRP) of 2023 and complemented the previously disbursed CERF Underfunded Emergencies (UFE) allocation, as well as projects funded through the Sudan Humanitarian Fund (SHF). The allocation prioritised the immediate delivery of life-saving services across all clusters in areas where operations were feasible, targeting over two-thirds of the displaced population in mid-year 2023. It was also strategically timed to address the compounded impact of the July-September flood season. Despite ongoing conflict dynamics and the continued movement of people in the targeted localities, this CERF RR allocation successfully reached 1,511,272 individuals, achieving 90% of the planned target through interventions in clusters such as protection (including gender-based violence prevention), health (including sexual and reproductive health), shelter and non-food items, water, sanitation, and hygiene, nutrition, food security, camp management, and refugee assistance. The interventions included support services such as the UN Humanitarian Air Service, emergency telecommunications, and safety and security measures.

CERF's Added Value:

The CERF in Sudan provided rapid and flexible funding to humanitarian crises, ensuring timely life-saving interventions, addressing critical funding shortfalls, and supporting underfunded emergencies. Its added value lies in its ability to facilitate swift responses, enhance coordination and efficiency in humanitarian action, and allow partners to adapt to evolving needs without bureaucratic delays. In addition, CERF promoted equity and inclusion by prioritizing neglected crises and vulnerable populations often overlooked in donor funding.

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

Yes

Partially

No

The CERF RR allocation was substantial to address the escalating humanitarian crisis in Sudan. The allocation was pivotal in delivering swift assistance to those in dire need. These timely allocations underscore CERF's role in facilitating rapid humanitarian responses, ensuring that aid reaches those affected by the crisis on time.

Did CERF funds help respond to time-critical needs?

Yes

Partially

No

In 2023, the CERF played a crucial role in addressing time-critical needs in Sudan. The escalation of conflict in April 2023 led to a significant increase in humanitarian needs, prompting CERF to allocate substantial funds to support affected populations that enhanced life-saving services across various sectors, including emergency medical care, provision of clean water and sanitation, and support for emergency livelihoods to avert famine. This CERF allocated funding in areas with fewer access constraints, and where most displaced individuals were located.

These timely allocations from CERF were instrumental in delivering life-saving assistance to vulnerable populations in Sudan during a period of heightened crisis.

Did CERF improve coordination amongst the humanitarian community?

Yes

Partially

No

In 2023, the CERF played a significant role in enhancing and improving coordination among humanitarian organizations in Sudan; the complex and volatile environment necessitated a multifaceted approach. By collaborating closely with the CBPF funding, the CERF ensured that resources were allocated efficiently to address critical needs arising from the escalating conflict. This strategic partnership allowed for a more cohesive and effective response, maximizing the reach and impact of humanitarian assistance across various regions.

Despite these coordinated efforts, the humanitarian response faced substantial challenges. Ongoing insecurity, logistical obstacles, and political interference severely hindered the delivery of aid. Both national and international aid workers encountered significant constraints, including visa denials and restrictions on transporting supplies. These issues limited the ability of coordinated aid responses to scale up sufficiently, resulting in assistance reaching only a fraction of those in need.

Did CERF funds help improve resource mobilization from other sources?

Yes

Partially

No

Despite these substantial contributions from CERF, the overall funding for Sudan's humanitarian needs remained critically low. While CERF's allocation was crucial in addressing immediate needs, the persistent funding gap indicates that these contributions alone were insufficient to fully mobilize the required resources from other sources. The humanitarian community continued to face significant challenges in securing adequate funding to meet the escalating needs in Sudan throughout 2023.

Considerations of the ERC's Underfunded Priority Areas¹:

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](#).

In May 2023, Sudan received \$21.99 million under the 2023 CERF Rapid Response allocation. This funding prioritized the immediate delivery of life-saving services across all clusters in areas where operations were feasible, targeting over two-thirds of the displaced population at the time. The allocation aimed to assist a total of 350,000 affected individuals through interventions in the following sectors: Protection, including measures against gender-based violence; Health, encompassing sexual and reproductive health services; Shelter and Non-Food Items (NFIs); Water, Sanitation, and Hygiene (WASH); Nutrition; Food Security; Camp Management; Refugee Assistance; and Support Services, such as the UN Humanitarian Air Service, emergency telecommunications, and safety and security.

Key Challenges:

- **Complex Operational Environment in Darfur**

The region faced significant challenges, including a collapsing banking system, communication blackouts, restricted access to cash, and limited human resource capacity.

- **Increased Bureaucratic Impediments (2023–2024)**

Humanitarian organizations encountered heightened restrictions, particularly for the transport of medical supplies, nutritional commodities, and connectivity equipment.

- **Suspension of Cross-Border Operations**

A Government of Sudan (GoS) decree suspended cross-border operations from late 2023 to early 2024, severely hindering project implementation. Nevertheless, progress was achieved due to pressure exerted by UN Sudan leadership on the GoS, emphasizing the urgency of addressing the critical famine situation.

Table 1: Allocation Overview (US\$)

| | |
|---|----------------------|
| Total amount required for the humanitarian response | 2,600,000,000 |
| CERF | 21,996,626 |
| Country-Based Pooled Fund (if applicable) | 78,066,051 |
| Other (bilateral/multilateral) | 1,544,404,635 |
| Total funding received for the humanitarian response (by source above) | 1,644,467,312 |

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

| Agency | Project Code | Sector/Cluster | Amount |
|--------|---------------|---------------------------------------|-----------|
| FAO | 23-RR-FAO-022 | Food Security - Agriculture | 2,000,000 |
| IOM | 23-RR-IOM-025 | Health | 690,000 |
| IOM | 23-RR-IOM-025 | Nutrition | 465,000 |
| IOM | 23-RR-IOM-025 | Protection | 345,000 |
| UNDP | 23-RR-UDP-003 | Common Services - Safety and Security | 996,137 |
| UNFPA | 23-RR-FPA-029 | Protection - Gender-Based Violence | 1,000,000 |
| UNHCR | 23-RR-HCR-024 | Shelter and Non-Food Items | 1,200,000 |
| UNHCR | 23-RR-HCR-024 | Multi-Sector Refugee Assistance | 500,000 |

| | | | |
|---------------|---------------|--|-------------------|
| UNHCR | 23-RR-HCR-024 | Camp Coordination and Camp Management | 300,000 |
| UNICEF | 23-RR-CEF-040 | Water, Sanitation and Hygiene | 2,530,000 |
| UNICEF | 23-RR-CEF-040 | Health | 1,485,000 |
| UNICEF | 23-RR-CEF-040 | Nutrition | 1,485,000 |
| WFP | 23-RR-WFP-033 | Common Services - Emergency Telecommunications | 3,780,308 |
| WFP | 23-RR-WFP-033 | Common Services - Humanitarian Air Services | 2,220,181 |
| WHO | 23-RR-WHO-032 | Health | 3,000,000 |
| Total | | | 21,996,626 |

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

| | |
|--|-------------------|
| Total funds implemented directly by UN agencies including procurement of relief goods | 17,637,106 |
| Funds sub-granted to government partners* | 1,196,080 |
| Funds sub-granted to international NGO partners* | 251,480 |
| Funds sub-granted to national NGO partners* | 2,398,886 |
| Funds sub-granted to Red Cross/Red Crescent partners* | 513,074 |
| Total funds transferred to implementing partners (IP)* | 4,359,520 |
| Total | 21,996,626 |

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

2. OPERATIONAL PRIORITIZATION:

Overview of the Humanitarian Situation:

The sudden outburst of violence that occurred between the Sudan Armed Forces (SAF) and the Rapid Support Forces (RSF) paramilitary group on 16 April 2023 required a re-prioritization of the humanitarian response in the country. This included launching a revised Humanitarian Response Plan, considering the massive increase in the number of people affected (a 57% increase compared to the previous HRP), and corresponding funding requirements (a 47% increase). With several agencies having restarted their operations in May-June 2023, saving lives and delivering humanitarian assistance and protection to the affected people was even more of an imperative now. The current conflict had devastating consequences for civilians with hundreds killed and thousands injured. Nearly 2.6 million people fled their homes in search of safety, including 2 million internally displaced. These numbers were expected to continue to increase over the next months. Millions remained without access to food, water, electricity, and the most basic services, including health and nutrition care, especially in Khartoum and Darfur. Protection remained a key concern, with reports of sexual and gender-based violence rising, as well as reports of apparent enforced disappearances and arbitrary detention. Pregnant women in Khartoum faced additional dangers as the fighting forced the majority of hospitals and health facilities to close. At any point in time, around 15 percent of women were expected to develop complications that would require comprehensive emergency obstetric care, including cesarean sections, and access to a functioning health facility with adequate supplies and trained personnel. The conflict also undermined the planting season as farmers faced insecurity and struggled to cope with soaring prices of fertilizer and seeds.

Operational Use of the CERF Allocation and Results:

This allocation was in line with the two strategic objectives of the revised HRP and it was implemented in complementarity with the previously disbursed CERF UFE allocation, as well as projects funded through SHF. This CERF allocation focused on the immediate implementation of life-saving services across all clusters, in places where operations were possible, which allowed to target over two-thirds of the people displaced. The services came in time to address the additional impact of floods (July-September flood season). It was expected that almost all funds would be spent in the next three months. The allocation targeted a combined total of 350,000 affected people, with activities in the following sectors: Protection (including against gender-based violence), Health (including sexual and reproductive health), shelter and non-food items, water, sanitation and hygiene, nutrition, food security, camp management, and refugee assistance, as well as support services, including the UN Humanitarian Air Service, emergency telecommunications and safety and security.

People Directly Reached:

Through this CERF RR allocation, agencies and partners successfully reached 1,511,272 individuals, achieving 90% of the planned target of 1,678,994. This near completion was influenced by conflict dynamics and the continuous movement of people in the targeted localities, particularly the recent displacements from Gezira and Sennar states. To minimize the risk of double counting, a "max approach" was applied to projects operating in the same locations, and common service targets were excluded from the calculations.

People Indirectly Reached:

For WASH, the intervention indirectly benefited families hosting IDPs by providing them with WASH supplies and addressing the additional influx of IDPs in the target communities, who shared services with the existing IDP population. Furthermore, UNICEF's hygiene campaigns likely reached a broad audience, including passers-by and individuals transiting through the area, through mass media hygiene initiatives and cleanup campaigns. Trained hygiene volunteers extended their reach further, as many IDPs resided with relatives within host communities, enhancing the impact of 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 |
| Camp Coordination and Camp Management | 13,500 | 15,000 | 10,000 | 11,500 | 50,000 | 3,484 | 4,459 | 2,647 | 3,344 | 13,935 |
| Food Security - Agriculture | 108,629 | 104,371 | 72,420 | 69,580 | 355,000 | 108,629 | 104,371 | 72,420 | 69,580 | 355,000 |
| Health | 286,800 | 59,791 | 273,200 | 246,800 | 866,591 | 304,499 | 37,369 | 320,040 | 260,571 | 922,479 |
| Multi-Sector Refugee Assistance | 8,100 | 9,000 | 6,000 | 6,900 | 30,000 | 8,100 | 9,000 | 6,000 | 6,900 | 30,000 |
| Nutrition | 45,113 | 0 | 61,250 | 63,751 | 170,114 | 52,163 | 0 | 83,304 | 86,706 | 222,173 |
| Protection | 6,750 | 2,250 | 3,000 | 3,000 | 15,000 | 1,103 | 240 | 1,171 | 1,231 | 3,745 |
| Protection - Gender-Based Violence | 64,188 | 12,533 | 17,234 | 4,227 | 98,182 | 66,435 | 13,462 | 17,915 | 6,436 | 104,248 |
| Shelter and Non-Food Items | 3,808 | 4,232 | 2,823 | 3,244 | 14,107 | 4,342 | 2,823 | 3,808 | 3,244 | 14,106 |
| Water, Sanitation, and Hygiene | 16,320 | 15,680 | 24,800 | 23,200 | 80,000 | 19,502 | 18,373 | 29,637 | 27,724 | 95,600 |

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

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

| Category | Planned | Reached |
|-----------------------------|------------------|------------------|
| Refugees | 74,865 | 50,571 |
| Returnees | 35,500 | 49,840 |
| Internally displaced people | 974,431 | 929,093 |
| Host communities | 496,157 | 503,899 |
| Other affected people | 98,040 | 95,649 |
| Total | 1,678,994 | 1,511,272 |

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

| Sex & Age | Planned | Reached | Number of people with disabilities (PwD) out of the total | |
|--------------|------------------|------------------|---|---------------|
| | | | Planned | Reached |
| Women | 553,208 | 509,168 | 33,721 | 26,356 |
| Men | 222,857 | 180,179 | 9,175 | 6,843 |
| Girls | 470,727 | 449,483 | 28,525 | 27,516 |
| Boys | 432,202 | 372,442 | 25,886 | 26,625 |
| Total | 1,678,994 | 1,511,272 | 97,307 | 87,340 |

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 23-RR-FAO-022

| 1. Project Information | | | |
|---------------------------------|---|--|--|
| Agency: | FAO | Country: | Republic of the Sudan |
| Sector/cluster: | Food Security - Agriculture | CERF project code: | 23-RR-FAO-022 |
| Project title: | Addressing Emergency Agriculture Needs for the most vulnerable farming households affected by the ongoing war in Gezira, River Nile and Northern states in Sudan. | | |
| Start date: | 02/07/2023 | End date: | 01/01/2024 |
| 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\$ 95,000,000 |
| | Total funding received for agency's sector response to current emergency: | | US\$ 14,000,000 |
| | Amount received from CERF: | | US\$ 2,000,000 |
| | Total CERF funds sub-granted to implementing partners: | | US\$ 310,000 |
| | Government Partners | | US\$ 0 |
| | International NGOs | | US\$ 0 |
| | National NGOs | | US\$ 232,500 |
| Red Cross/Crescent Organisation | | US\$ 77,500 | |

2. Project Results Summary/Overall Performance

Through the procurement and delivery of quality sorghum seed, the project supported 71,000 vulnerable households (355,000 people) of whom 40 percent were women, in the Gezira, River Nile, and Northern states, which the ongoing conflict in the Sudan has negatively impacted. Vulnerable farming households were supported through this emergency agriculture intervention to safeguard their agricultural livelihoods, protect their productive assets, prevent the erosion of their coping capacities, and enhance their food security and nutrition.

Under this project, FAO distributed staple crop seeds (sorghum seeds) for rainy season cultivation and on-the-job training for beneficiaries on adopting Good Agricultural Practices (GAPs). Following successful delivery to all target households, the agricultural inputs and knowledge gained from the training were used to cultivate and produce nutritious crops for consumption and surplus produce sold in the local markets. As such, households obtained an income from selling their produce, enhancing their self-resilience. The agricultural support provided through the project activities had a direct and immediate lifesaving impact on vulnerable farming households by restoring their production capacities and contributing to the food availability for, and food security of, the targeted population.

The project was carried out and inputs distributed in collaboration with FAO implementing partners, namely El Ruhama for Development and Humanitarian Aid in River Nile State; Sudanese Red Crescent Society Dongola Branch in Northern State; United Peace Organization in Gezira State; and Reach Aid Organization in Gezira State.

Table 1: Quantity of sorghum seed procured and distributed in target states.

| State | Locality | Quantity of sorghum seed (tonnes) |
|--------------|------------------|-----------------------------------|
| River Nile | Shendi | 15 |
| | Almatam | 17 |
| | Aldamer | 79 |
| | Atbara | 7 |
| | Berber | 80 |
| | Abu hamad | 2 |
| Sub total | | 200 |
| Northern | Dongola | 100 |
| | El Burgeg, | 20 |
| | Dalgo | 10 |
| | Halfa | 10 |
| | Algoled | 15 |
| | Al Daba | 25 |
| | Marawe | 20 |
| Sub total | | 200 |
| Gezira | Aljazeera/Medani | 130 |
| | Almanagil | 80 |
| | Southern Gezira | 23 |
| | Hasahesa | 22 |
| | Eastern Gezira | 13 |
| | Alkamleen | 25 |
| | Um Alqura | 17 |
| Sub total | | 310 |
| Total | | 710 |

Table 2 below shows the number of households and people reached with quality sorghum seed per locality in each of the three states covered under the project.

Table 2: Number of beneficiaries reached per locality in the three target states

| State | Locality | Households | Individual |
|------------|----------|------------|------------|
| River Nile | Shendi | 1,500 | 7,500 |

| | | | |
|------------------|------------------|---------------|----------------|
| | Almatama | 1,500 | 7,500 |
| | Eldamer | 7,900 | 39,500 |
| | Atbara | 900 | 4,500 |
| | Berber | 8,000 | 40,000 |
| | Abuhamad | 200 | 1,000 |
| Sub total | | 20,000 | 100,000 |
| Northern | Dongola | 10,000 | 50,000 |
| | El Burgeg, | 2,000 | 10,000 |
| | Dalgo | 1,000 | 5,000 |
| | Halfa | 1,000 | 5,000 |
| | Algoled | 1,500 | 7,500 |
| | Al Daba | 2,500 | 12,500 |
| | Marawi | 2,000 | 10,000 |
| Sub total | | 20,000 | 100,000 |
| Gezira | Aljazeera/Medani | 13,000 | 65,000 |
| | Almanagil | 8,000 | 40,000 |
| | Southern Gezira | 2,300 | 11,500 |
| | Hasahesa | 2,200 | 6,000 |
| | Eastern Gezira | 1,300 | 6,500 |
| | Alkamleen | 2,500 | 12,500 |
| | Um Alqura | 1,700 | 8,500 |
| Sub total | | 31,000 | 155,000 |
| Total | | | 355,000 |

Between July 2, 2023, and January 1, 2024, the CERF UFE grant enabled FAO and its partners to procure and distribute 710 tonnes of quality sorghum seed to 71,000 households (355,000 people), 40% of which were women-headed. These households also received training on adopting Good Agricultural Practices (GAP). As a result, the targeted households were able to produce their food, diversify their diets, and generate income, promoting self-reliance. The project played a crucial role in reducing malnutrition and food insecurity in Sudan.

Field monitoring by FAO revealed positive feedback from beneficiary households, who reported that the sorghum seed allowed them to cultivate their land during the 2023 rainy season. Each household received a 10 kg seed package, enabling the cultivation of up to 1 hectare. The anticipated yield was approximately two tonnes, providing enough produce for household consumption for up to 12 months. Surplus produce could be sold for additional income.

This initiative strengthened the agricultural production capacities of beneficiary households in three states, improving their livelihoods and food security. The project significantly enhanced the ability of conflict-affected, vulnerable households to produce their own food, contributing to broader improvements in food security across Sudan.

3. Changes and Amendments

The project was implemented as planned, with no changes, deviations, or amendments to the original project design. It successfully reached the intended number of beneficiaries. Notably, this marked the first time Gezira, River Nile, and Northern states were targeted for emergency seed distribution. Despite this, the project encountered no significant challenges in carrying out its activities. Beneficiaries expressed satisfaction upon receiving the seeds and conveyed their gratitude to FAO and CERF for the support provided.

4. Number of People Directly Assisted with CERF Funding*

| Sector/cluster | Food Security — Agriculture | | | | | | | | | |
|--|-----------------------------|----------------|---------------|---------------|----------------|----------------|----------------|---------------|---------------|----------------|
| | Planned | | | | | Reached | | | | |
| Category | Women | Men | Girls | Boys | Total | Women | Men | Girls | Boys | Total |
| Refugees | 5,431 | 5,219 | 3,621 | 3,479 | 17,750 | 5,431 | 5,219 | 3,621 | 3,479 | 17,750 |
| Returnees | 10,863 | 10,437 | 7,242 | 6,958 | 35,500 | 10,863 | 10,437 | 7,242 | 6,958 | 35,500 |
| Internally displaced people | 27,157 | 26,093 | 18,105 | 17,395 | 88,750 | 27,157 | 26,093 | 18,105 | 17,395 | 88,750 |
| Host communities | 65,178 | 62,622 | 43,452 | 41,748 | 213,000 | 65,178 | 62,622 | 43,452 | 41,748 | 213,000 |
| Other affected people | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 108,629 | 104,371 | 72,420 | 69,580 | 355,000 | 108,629 | 104,371 | 72,420 | 69,580 | 355,000 |
| People with disabilities (PwD) out of the total | | | | | | | | | | |
| | 3,259 | 3,131 | 2,173 | 2,087 | 10,650 | 3,259 | 3,131 | 2,173 | 2,087 | 10,650 |

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

5. People Indirectly Targeted by the Project

An estimated five times more individuals were reached indirectly than those directly trained through the extension campaigns and awareness-raising sessions, utilizing various knowledge transfer methods. FAO and its implementing partners provided training on Good Agricultural Practices (GAP) to beneficiary farmers, who then shared these techniques with others in their communities through activities such as farm demonstrations. This approach significantly expanded access to agricultural knowledge within the communities.

Additionally, in partnership with the Ministry of Agriculture, agricultural extension information and technology transfer messages were broadcast via local radio stations, reaching a wider audience. Surplus produce from trained farmers was sold in local markets, further benefiting community households by enhancing access to and availability of nutritious staple crops. This, in turn, improved overall food availability, indirectly supporting the broader population of the target states.

Furthermore, new internally displaced persons (IDPs) arriving due to ongoing conflict, as well as the host communities of FAO-supported beneficiary households, also indirectly benefited from these interventions.

6. CERF Results Framework

| | | | | |
|---|---|--|-----------------|---|
| Project objective | To enable the vulnerable conflict-affected households in the targeted states to produce their own food and contribute to the improvement of the food security situation in the Sudan. | | | |
| Output 1 | 71,000 vulnerable farming households (355,000 people), at least 40 percent female-headed households provided with sorghum seeds with on job training to produce their own food, diversify their diets and generate income to ensure their self-reliance. | | | |
| Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| Sector/cluster | Food Security — Agriculture | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 1.1 | Ag.1 Number of people receiving agricultural inputs (items/packages/kits). (This indicator refers to people receiving sorghum seeds packages) | 355,000 | 355,000 | Post-distribution monitoring report and FAO field visit |
| Indicator 1.2 | Quantities of sorghum seeds (in Ton) procured and distributed to the affected people | 710 | 710 | Post-distribution monitoring, report, and FAO field visit |
| Explanation of output and indicators variance: | | The output was delivered as planned, no variance | | |
| Activities | Description | Implemented by | | |
| Activity 1.1 | Procurement of 710 tons of sorghum for distribution to the targeted beneficiaries. | FAO | | |
| Activity 1.2 | Select 71,000 vulnerable farming households (355,000 people) 31,000 households (155,000 people in Gezira state), 20,000 households (100,000 people) in River Nile state and 20,000 households (100,000 people) in Northern state, in collaboration with community leaders and committees (at least 40 percent female-headed | Four service providers, namely the United Peace Organization, Reach Aid Organization, EIRuhama for Development and Humanitarian Aid, and Sudanese Red Crescent Society, under the supervision of FAO | | |

| | | |
|--------------|---|--|
| | households) to be provided with quality sorghum seeds and trainings on Good Agricultural Practices (GAP). | |
| Activity 1.3 | Distribution of the seeds to the beneficiaries and implementation of GAP trainings. | Four service providers, namely the United Peace Organization, Reach Aid Organization, ElRuhama for Development and Humanitarian Aid and Sudanese Red Crescent Society, under the supervision of FAO. |
| Activity 1.4 | Monitoring of the implemented activities at the field level. | FAO officers in the targeted States. |

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:

FAO focused on vulnerable people affected by the ongoing conflict, particularly women, youth, and IDPs, through specific selection criteria. This criterion was shared with all implementing partners and monitored by FAO officers through coordination meetings, field visits, and post-distribution monitoring activities to ensure compliance, as well as to gather feedback and complaints which were to be shared directly with the FAO country office in the Sudan and FAO headquarters using the Kobo data collection tool.

b. AAP Feedback and Complaint Mechanisms:

AAP was mainstreamed throughout the project cycle, from design to community sensitization. Feedback and response mechanisms were used to address problems and complaints, ensuring feedback by beneficiaries and communities could be shared in the safest way possible. Throughout project implementation, service providers were present in the project locations/states, as well as through face-to-face sessions for beneficiaries to communicate their grievances. The grievance redress mechanism is also mandatory in FAO as a part of the Framework for Environmental and Social Management which was operational in the last year. Through this mechanism, as well as online surveys, beneficiaries could express their concerns to FAO staff about activities carried out during project implementation.

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

FAO has a PSEA Policy and Code of Conduct that describes appropriate standards of conduct, other preventive measures, reporting, monitoring, investigation, and corrective measures for its work. The Gender and Protection Officer holds mandatory training for all personnel on the Organization's PSEA policy and procedures and its Code of Conduct. FAO has mechanisms and procedures for personnel, beneficiaries, and communities to report allegations of PSEA and ensure beneficiaries are aware of them. FAO ensures reports of PSEA are received by the FAO Gender and Protection Officers who monitor the project implementation.

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](#).

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

The project prioritized female-headed households, approximately 108,629 women out of the 355,000 people targeted, that received emergency livelihood inputs support. This is an achievement considering the essential role women play in improving household food security and nutrition in Sudan.

A focus was also placed on women, girls, and sexual and gender minorities through messages disseminated in workshops, group discussions, and an awareness-raising session held for the targeted beneficiaries. Information was disseminated about the importance of women's role and participation in agricultural production. Furthermore, the selection criteria allocated a specific number of women to be selected as beneficiaries of the project.

e. People with disabilities (PwD):

The project helped people with disabilities in meeting their basic food needs, while also protecting them from food insecurity through the increase of crop production and accessibility to nutritious produce in the target area.

f. Protection:

Protection was considered through the implementation of environmental and social safeguarding standards that anticipated potential concerns, particularly for vulnerable groups.

g. Education:

On-the-job training on good agricultural practices was provided for the target beneficiaries at the time of seed distribution. In addition, information on agricultural extensions was continuously disseminated at the field level.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

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

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

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

No cash interventions were planned by FAO for implementation under this project. FAO procured and distributed certified seeds of sorghum to the targeted vulnerable farming households which cannot be accessed by the beneficiaries through cash or voucher in their areas. They may access sorghum grains but not certified seeds, and FAO is very keen to provide certified sorghum seeds to the beneficiaries, guided by the rules and regulations of the National Seeds Administration (NSA) of the Federal Ministry of Agriculture of Sudan to distribute only certified seeds of the released varieties of the different crops, especially sorghum, as certified seeds cannot be accessed by the beneficiaries in their local remote areas,. So based on the above explanation and as the project's objective was to procure and distribute certified sorghum seeds to the beneficiaries, FAO did not consider CVA modality for seeds distribution under this project.

Parameters of the used CVA modality:

| Specified CVA activity (incl. activity # from results framework above) | Number of people receiving CVA | Value of cash (US\$) | Sector/cluster | Restriction |
|--|---------------------------------------|-----------------------------|-----------------------|--------------------|
| No | No | No | Choose an item. No | Choose an item. No |
| No | No | No | Choose an item. No | Choose an item. No |
| No | No | No | Choose an item. No | Choose an item. No |

9. Visibility of CERF-funded Activities

| Title | Weblink |
|--------------------|---|
| Social media post | https://x.com/FAOSudan/status/1677316303311314944 |
| Social media post | https://x.com/FAOemergencies/status/1678404381325000706 |
| Social media post | https://x.com/FAOSudan/status/1679492540221759491 |
| Social media post | https://x.com/FAOinNENA/status/1679455706980687873 |
| Social media post | https://x.com/FAOemergencies/status/1679799380583251970 |
| Social media post | https://x.com/FAO4Members/status/1679789089548017664 |
| Social media post | https://x.com/FAOSudan/status/1696252409964642440 |
| Social media post | https://x.com/FAOSudan/status/1724743072951484613 |
| Social media post | https://x.com/FAOemergencies/status/1724800760440087008 |
| Social media post | https://x.com/FAOSudan/status/1725049688255037923 |
| Social media post | https://x.com/FAOemergencies/status/1754520166774235520 |
| Press Release | https://www.fao.org/newsroom/detail/the-sudan--emergency-seed-distribution-kick-off-leveraging-the-ongoing-planting-season-to-boost-food-production/en |
| Press Release | https://www.fao.org/newsroom/detail/sudan--fao-reaches-one-million-farming-households-since-the-outbreak-of-conflict/en |
| Social Media video | https://x.com/FAO4Members/status/1679789089548017664 |
| Social Media video | https://x.com/FAOSudan/status/1683471865296068610 |
| Article | https://www.fao.org/emergencies/resources-repository/news/detail/in-times-of-crisis-every-seed-counts/en |
| Photo Album | https://www.flickr.com/photos/faoemergencies/albums/72177720314350196/ |

3.2 Project Report 23-RR-IOM-025

| 1. Project Information | | | |
|---------------------------------|---|--|--|
| Agency: | IOM | Country: | Republic of the Sudan |
| Sector/cluster: | Health Nutrition Protection | CERF project code: | 23-RR-IOM-025 |
| Project title: | Provision of integrated humanitarian assistance to the most vulnerable crisis-affected people through mobile teams in Sudan | | |
| Start date: | 02/07/2023 | End date: | 01/04/2024 |
| 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\$ 105,000,000 |
| | Total funding received for agency's sector response to current emergency: | | US\$ 52,489,109 |
| | Amount received from CERF: | | US\$ 1,500,000 |
| | Total CERF funds sub-granted to implementing partners: | | US\$ 946,287 |
| | Government Partners | | US\$ 0 |
| | International NGOs | | US\$ 217,440 |
| | National NGOs | | US\$ 504,942 |
| Red Cross/Crescent Organisation | | US\$ 0 | |

2. Project Results Summary/Overall Performance

Through the CERF grant, IOM and its partners delivered critical health and nutrition services to people affected by the ongoing crises as a life-saving intervention. A total of 17,707 medical consultations were provided, with 56% of the beneficiaries being female. Moreover, 166 cases required emergency obstetric care referrals, while 545 cases were directed to general secondary care.

Routine immunization efforts played a crucial role in reducing child mortality rates from vaccine-preventable diseases. The services included administering Penta 3 vaccines to 513 children and tetanus toxoid (TT) vaccines to 589 women aged 15-45 years. Sexual and reproductive health services were also a key focus, with antenatal care provided to 158 women under 18 and 798 women over 18. Family planning services were provided to 895 women, and 172 deliveries were attended by skilled birth attendants. For mental health and psychosocial support, 3,249 services were provided, with group sessions provided to cumulatively 889 participants (85% female, 15% male). Risk communication and community engagement activities for the prevention and control of communicable diseases benefited cumulatively 8,511 people (73.5% female, 26.5% male), strengthening service delivery quality and emergency preparedness.

To enhance the capacity of staff, multiple training sessions were conducted on case management, MHPSS, PSEA, disease surveillance, and outbreak control, benefiting cumulatively 217 individuals (51.6% female, 48.4% male). Additionally, to improve

nutrition outcomes, 3,270 nutrition counselling was provided for optimal maternal, infant, and young child nutrition education, 925 received micronutrient supplementation, and 544 children were identified as having severe and moderate malnutrition.

IOM procured medicines, medical supplies, and equipment for target areas, including Gedaref, Northern, and West Darfur states, through local and international suppliers. In West Darfur, four health facilities, which had been non-functional for nearly nine months due to the conflict, were specifically selected based on high needs. Beneficiaries expressed their appreciation for the restored services.

There is approximately \$200,000 underspent under the health activity due to the cancellation of planned procurement of medicines and medical supplies as a consequence of inadequate supplier capacity and unforeseen regulatory delays. The local supplier in Madani was affected by the conflict in Jazira on 15 December 2023, resulting in a loss of access to the warehouse. IOM shifted to procure medical items from an international supplier and deliver them through Chad. However, this procurement was also cancelled due to delays caused by cross-border regulations by Sudanese authorities and the cancellation of the supplier's flights.

Out of the 3,745 individuals assisted under the protection program, 29% were women, 6.5% men, 31% girls, and 32% boys. Awareness sessions on gender-based violence (GBV), protection, and mental health were held at gathering sites to enhance coping skills and identify sources of psychological distress. While participants appreciated the information, many were previously unaware of the issues, and some were skeptical about the effectiveness of GBV prevention efforts. This skepticism may have contributed to lower-than-expected engagement. When the multidisciplinary team, comprising protection, health, and nutrition experts, was introduced, most beneficiaries sought health services over protection. As a result, the protection team adjusted its strategy to conduct separate awareness sessions at various sites. However, logistical challenges and the need for permissions complicated this approach, affecting the program's outreach.

Within the project's activities, while the PWDs targets were based on population averages (16 percent as advised by WHO), very few individuals disclosed a disability. A lesson learned from this is that going forward, IOM will provide a lesson learned healthcare workers with more training on collecting this data, including information on relevant proxy questions such as the Washington Group questions.

3. Changes and Amendments

In December 2023, IOM requested CERF to re-programme and re-deployment of funds, and a No-Cost Extension (NCE) due to multiple delays. These included the need for further coordination with Government partners on assessments before implementation, a lack of capable implementing partners and suppliers, delays in receiving documentation from these partners, and difficulties with medical suppliers/vendors in procuring quality items on time. Additionally, IOM had to procure medicine internationally due to limited availability from the Ministry of Health (MoH), and difficulties in securing cooperation from authorities, which further hindered progress.

After conducting the initial assessment, which involved meetings with the MoH and local authorities, and completing partner mapping, IOM requested revisions to the target location and indicators. It proposed working with implementing partners to effectively deliver health activities in the targeted locations, including inaccessible areas in Darfur and other states. This also required budget adjustments, shifting from direct implementation to partner-led execution.

Furthermore, the armed clashes in Aj Jazirah State, which erupted on 15 December 2023 between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF) in Wad Madani, significantly disrupted operations. As a result, IOM requested a three-month NCE to complete the procurement of medical supplies and conduct capacity building for cholera outbreak response, activities that had been delayed due to security concerns.

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 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Internally displaced people | 4,488 | 3,400 | 2,856 | 2,856 | 13,600 | 6,446 | 4,916 | 1359 | 1,338 | 14,059 |
| Host communities | 561 | 425 | 357 | 357 | 1,700 | 806 | 614 | 155 | 167 | 1,742 |
| Other affected people | 561 | 425 | 357 | 357 | 1,700 | 806 | 614 | 155 | 167 | 1,742 |
| Total | 5,610 | 4,250 | 3,570 | 3,570 | 17,000 | 8,058 | 6,144 | 1,669 | 1,672 | 17,543 |

People with disabilities (PWD) out of the total

| | | | | | | | | | |
|-----|-----|-----|-----|-----|---|---|---|---|---|
| 281 | 212 | 179 | 178 | 850 | 0 | 4 | 0 | 0 | 4 |
|-----|-----|-----|-----|-----|---|---|---|---|---|

| Sector/cluster | Nutrition | | | | | | | | | |
|-----------------------------|--------------|----------|--------------|------------|--------------|--------------|----------|--------------|--------------|--------------|
| Category | Planned | | | | | Reached | | | | |
| | Women | Men | Girls | Boys | Total | Women | Men | Girls | Boys | Total |
| Refugees | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Returnees | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Internally displaced people | 1,715 | 0 | 1,877 | 776 | 4,368 | 815 | 0 | 1776 | 1650 | 4241 |
| Host communities | 214 | 0 | 235 | 97 | 546 | 102 | 0 | 222 | 206 | 530 |
| Other affected people | 214 | 0 | 235 | 97 | 546 | 102 | 0 | 222 | 206 | 530 |
| Total | 2,143 | 0 | 2,347 | 970 | 5,460 | 1,019 | 0 | 2,220 | 2,062 | 5,301 |

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.

| | | | | | | | | | | |
|--|----------------|--------------|--------------|--------------|---------------|----------------|------------|--------------|--------------|--------------|
| | 107 | 0 | 117 | 49 | 273 | 0 | 0 | 0 | 0 | 0 |
| Sector/cluster | Protection | | | | | | | | | |
| | Planned | | | | | Reached | | | | |
| Category | Women | Men | Girls | Boys | Total | Women | Men | Girls | Boys | Total |
| Refugees | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Returnees | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Internally displaced people | 5,400 | 1,800 | 2,400 | 2,400 | 12,000 | 1,103 | 240 | 1,059 | 973 | 3,375 |
| Host communities | 675 | 225 | 300 | 300 | 1,500 | 0 | 0 | 112 | 258 | 370 |
| Other affected people | 675 | 225 | 300 | 300 | 1,500 | 0 | 0 | 0 | 0 | 0 |
| Total | 6,750 | 2,250 | 3,000 | 3,000 | 15,000 | 1,103 | 240 | 1,171 | 1,231 | 3,745 |
| People with disabilities (PwD) out of the total | | | | | | | | | | |
| | 338 | 113 | 150 | 150 | 751 | 1 | 2 | 1 | 1 | 5 |

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

5. People Indirectly Targeted by the Project

Indirect beneficiaries of this project included parents or caregivers of children assisted by the rapid response mobile teams. These beneficiaries received key health and nutrition messages, aimed at improving treatment-seeking behaviors and encouraging the utilization of health services. The estimated number of indirect beneficiaries in the health and nutrition sector is 105,600, with an additional 45,000 indirect beneficiaries in the protection sector.

6. CERF Results Framework

| | | | | |
|--|--|---|-----------------|---|
| Project objective | To improve health, nutrition and protection outcomes for internally displaced persons (IDPs) and migrants in three border states by addressing the protection and health related challenges. | | | |
| Output 1 | IDPs in Northern, White Nile and Gedaref states have improved access to primary healthcare services, including MHPSS and referrals. | | | |
| 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 | Custom Indicator: Needs assessment conducted and number of target beneficiaries updated | Yes | Yes | [Clinic/ Mobile Medical Team Registry and the Health Information System Report] |
| Indicator 1.2 | H.7 Number of functional health facilities supported | 4 | 5 | [Clinic/ Mobile Medical Team Registry and the Health Information System Report] |
| Indicator 1.3 | H.8 Number of primary healthcare consultations provided | 17,000 | 17,543 | [Clinic/ Mobile Medical Team Registry and the Health Information System Report] |
| Indicator 1.4 | H.9 Number of people provided with mental health and/or psychosocial support services | 680 | 3,249 | [Clinic/ Mobile Medical Team Registry and the Health Information System Report] |
| Indicator 1.5 | H.10 Number of people referred to higher level and/or specialized health services | 85 | 490 | [Clinic/ Mobile Medical Team Registry and the Health Information System Report] |
| Explanation of output and indicators variance: | | All indicators were achieved and indicators 1.4 and 1.5 were overachieved as IOM did not know the baseline and the target was underestimated. | | |
| Activities | Description | Implemented by | | |
| Activity 1.1 | Conduct health and nutrition needs assessments in target states/ localities. | IOM, State MoH, Addition for Disasters Assistance and Development (ADD), Sudan Family Planning Association (SFPA), Medical Teams International (MTI) | | |
| Activity 1.2 | Procure and deliver essential medicines, medical supplies and equipment required for health and nutrition service provision. | [IOM, State MoH, Addition for Disasters Assistance and Development (ADD), Sudan Family Planning Association (SFPA), Medical Teams International (MTI) | | |

| | | |
|--------------|--|--|
| Activity 1.3 | Provide primary healthcare services through deployment of emergency response mobile teams. | IOM, State MoH, Addition for Disasters Assistance and Development (ADD), Sudan Family Planning Association (SFPA), Medical Teams International (MTI) |
| Activity 1.4 | Coordination meetings with stakeholders including the affected communities. | IOM, State MoH, Addition for Disasters Assistance and Development (ADD), Sudan Family Planning Association (SFPA), Medical Teams International (MTI) |

| | | | | |
|--|--|--|-----------------|--|
| Output 2 | Integrated lifesaving, preventive and rehabilitative nutrition services is provided to targeted beneficiaries. | | | |
| Was the planned output changed through a reprogramming after the application stage? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | |
| Sector/cluster | Nutrition | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 2.1 | N.6 Number of people receiving training and/or community awareness sessions on maternal, infant and young child feeding in emergencies | 616 | 3,370 | Clinic/ Mobile Medical Team Registry and the Health Information System Report |
| Indicator 2.2 | N.5 Number of people receiving vitamins and/or micronutrient supplements This refers to children 6-59 months (boys and girls) who received micronutrient supplementation (Vitamin A and Dewormers) and number of PLWs who received iron and folic acid | 723 | 925 | [Clinic/ Mobile Medical Team Registry and the Health Information System Report |
| Indicator 2.3 | Number of under-fives and PLWs (Pregnant and Lactating Women) beneficiaries with severe and moderate malnutrition treated | 980 | 544 | Clinic/ Mobile Medical Team Registry and the Health Information System Report |
| Explanation of output and indicators variance: | | The project surpassed set targets for indicators 2.1 and 2.2 above following the additional deployment of mobile medical teams in White Nile to scale up the MUAC screening, MIYCN counselling, and other lifesaving nutrition service provision. In Gedaref, the MUAC screening exercise was conducted in gathering sites to complement the routine screening at the clinics. Whilst the above two indicators surpassed the targets, the treatment of malnutrition was suboptimal because of the delayed implementation of the health and nutrition services by implementing partners. Stockouts and delivery of medicine in the health and nutrition clinics impacted the number of cases treated. However, those identified were referred accordingly to nearby facilities for treatment. | | |
| Activities | Description | Implemented by | | |
| Activity 2.1 | Provide MIYCN counselling and health education at the community and facility level | IOM, State MoH, Addition for Disasters Assistance and Development (ADD), Sudan Family Planning Association (SFPA), Medical Teams International (MTI) | | |
| Activity 2.2 | Provide Vitamin A supplementation, iron, and folic acid to targeted beneficiaries. | IOM, State MoH, Addition for Disasters Assistance and Development (ADD), Sudan Family Planning Association (SFPA), Medical Teams International (MTI) | | |

| | | |
|--------------|---|--|
| Activity 2.3 | Conduct early detection screening, treatment and referral of severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) cases for Under five and PLW | IOM, State MoH, Addition for Disasters Assistance and Development (ADD), Sudan Family Planning Association (SFPA), Medical Teams International (MTI) |
|--------------|---|--|

Output 3 Tailored protection and assistance are provided to identified vulnerable IDPs, migrants, and host community members.

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

| Sector/cluster | Protection | | | |
|----------------|--|--------|----------|-------------------------|
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 3.1 | Number of multi-disciplinary mobile teams established | 4 | 3 | Contracts and agreement |
| Indicator 3.2 | PP.1b Number of people accessing protection assistance, referral mechanisms and/or pathways | 15,000 | 3,745 | Monthly reports |
| Indicator 3.3 | CP.3 Number of children receiving protection support and referral | 5,000 | 887 | Monthly reports |
| Indicator 3.4 | PS.2 Number of suspected/identified THB and GBV cases receiving psycho-social support and/or case management | 500 | 211 | Monthly report |

Explanation of output and indicators variance: IOM planned to have a multidisciplinary team, including protection, health, and nutrition, to facilitate a response to the affected population. The identification of a partner to form a mobile team was challenging, which delayed the activities. It was eventually agreed that the protection team would separate from the mobile team to reach out to beneficiaries at gathering sites directly for protection concerns, to raise awareness, and to identify cases. However, in some areas, our activities were stopped by the authorities, which affected our ability to reach our target numbers.

| Activities | Description | Implemented by |
|--------------|--|---|
| Activity 3.1 | Conduct vulnerability needs assessments | IOM |
| Activity 3.2 | Provided protection activities and services to identified beneficiaries | IOM and Addition for Disasters Assistance and Development (ADD) |
| Activity 3.3 | THB and GBV identified cases management and provision of tailored assistance and psycho-social support to identified survivors | IOM |

7. Effective Programming

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

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](#).

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:

The needs were assessed with close coordination with the local authorities based on community focus group discussions and key informant interviews including men, women, and underrepresented groups with specific needs before starting the activities in each target area.

b. AAP Feedback and Complaint Mechanisms:

IOM also established a feedback mechanism, using the KOBO toolbox, to ensure accountability for the affected population as well as enable a better understanding of the intervention's effectiveness. Several community members reported positive views reached 449 and the percentage of positive views was 97.6%. Although some patients requested to increase the availability of medication such as for chronic diseases or laboratory services, most patients were satisfied with the overall healthcare service.

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

Due to the fragile nature of the operational areas, sexual exploitation and abuse were likely to happen, especially among staff, CHWs, Vendors, and contractors in the project operation sites. IOM, working with IPs, ensured staff was trained and well-oriented on the impacts of sexual exploitation and harassment. New staff and all vendors and contractors underwent mandatory training on the Prevention of Sexual Exploitation and Abuse (PSEA) before the activities. The beneficiaries also received PSEA awareness sessions at gathering sites in the target sites.

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

In line with IOM's Institutional Framework for Addressing GBV in Crises (GBV Framework), IOM committed to enforcing essential actions to mitigate the risk of GBV and promote resilience among affected populations. IOM, working through IPs, provided training on GBV for healthcare staff as well as the community leaders and supported the referral of SGBV survivors to the appropriate support and/or treatment.

e. People with disabilities (PwD):

IOM continued to use a vulnerability-centered approach by ensuring that all vulnerable categories are included in the project design and implementation. To ensure that the needs of PwD and other persons with special needs are met (especially women and girls), IOM specifically identified their needs during the initial assessments. The clinics provided medical consultation for PwD.

f. Protection:

In the initial needs assessment, the identified protection concerns (child protection, protection of migrants without documentation, GBV risk, and other concerns related to vulnerability) were assessed and reflected in the project design. IOM, along with its partner, prioritized the safety and well-being of vulnerable populations, through collaboration with the Ministry of Health and Ministry of Social Welfare, and

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](#).

established active, community-based protection networks in Gedaref state. These networks consist of trained members who play a key role in increasing awareness about Gender-Based Violence (GBV) and Sexual Exploitation and Abuse (SEA).

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.

NA

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

9. Visibility of CERF-funded Activities

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

3.3 Project Report 23-RR-UDP-003

1. Project Information

| | | | |
|---------------------------|---|--|--|
| Agency: | UNDP | Country: | Republic of the Sudan |
| Sector/cluster: | Common Services - Safety and Security | CERF project code: | 23-RR-UDP-003 |
| Project title: | Reinforcement of UNDSS capacity in support of humanitarian organizations to enable safe programme delivery in Sudan | | |
| Start date: | 18/07/2023 | End date: | 17/07/2024 |
| 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\$ 2,000,000 |
| Total funding received for agency's sector response to current emergency: | US\$ 1,000,000 |
| Amount received from CERF: | US\$ 996,137 |
| Total CERF funds sub-granted to implementing partners: | US\$ 0 |
| Government Partners | US\$ 0 |
| International NGOs | US\$ 0 |
| National NGOs | US\$ 0 |
| Red Cross/Crescent Organisation | US\$ 0 |

2. Project Results Summary/Overall Performance

With CERF funding, UNDSS Sudan enhanced security collaboration between the UN Security Management Systems (UNSMS), International Non-Governmental Organizations (INGOs), and International Organizations (IOs) under the Saving Lives Together (SLT) Framework. This initiative aimed to ensure the safe and secure delivery of humanitarian operations and involved improved information sharing, security coordination, operational and logistical support, and training.

- The grant enabled UNDSS Sudan to extend its security outreach and oversight and facilitated cross-border operations and programme implementation in Darfur from Chad. UN Sudan and partner organizations had a limited presence in Adre and Tine, Chad, which supported cross-border missions into Western and Central Darfur. However, these efforts were significantly impacted by a Government of Sudan (GoS) decree that suspended cross-border operations from late 2023 to early 2024. Despite this, limited outreach was achieved due to pressure from UN Sudan leadership on the GoS to address the critical famine situation.

- Daily situation reports
- Regular security briefings, travel advisories, security advisories
- More than 60 security risk assessment missions conducted
- More than 60 of security risk assessments and ad hoc risk assessments conducted
- More than 45 joint assessment missions conducted
- More than 45 of CONOPS prepared for Joint Assessment Missions
- More than 60 coordination meetings held with humanitarian organisations
- More than 60 coordination meetings with HG authorities and all other parties into the conflict

- Procurement of 5 Avs, 3 spare part kits and 4 mobile phones

These activities contributed to enhanced security and operational efficiency in an increasingly challenging environment.

3. Changes and Amendments

A second no-cost extension (NCE) for this project was requested to extend until 17 July 2024. The first NCE (from 17 January 2024 to 17 April 2024) was granted due to procurement delays caused by political constraints. Specifically, importing armoured vehicles (AVs) requires pre-approval from the host government. After the Government of Sudan relocated from Khartoum to Port Sudan in late 2023, pre-approval requests went unanswered, likely due to the transitional government's limited capacity and political sensitivities involving the United Nations Integrated Transition Assistance Mission in Sudan (UNITAMS).

Although the relocation and UNITAMS closure were expected to improve cooperation, delays persisted. Furthermore, internal issues contributed to delays in project fund commitments. From 1 January 2024, UNDP, which manages procurement for UNDSS, transitioned to a new financial management system (Quantum) that faced widespread technical problems, affecting budget and procurement timelines globally.

The UN's relocation to Port Sudan, along with ongoing restructuring and a restrictive security environment due to the conflict between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF), has exacerbated delays. Increased armed group activity has made humanitarian access more challenging.

On 12 March 2024, UNDSS Sudan raised a purchase requisition for 6 armoured vehicles, which was revised to 5 armoured vehicles, 4 mobile phones and 3 vehicle spare part kits and resubmitted to UNDP on 21 March 2024.

4. Number of People Directly Assisted with CERF Funding*

| Sector/cluster | Common Services - Safety and Security | | | | | | | | | |
|--|---------------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Category | Planned | | | | | Reached | | | | |
| | Women | Men | Girls | Boys | Total | Women | Men | Girls | Boys | Total |
| Refugees | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Returnees | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Internally displaced people | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Host communities | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other affected people | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 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

NA

6. CERF Results Framework

| | | | | |
|---|--|-------------------------------------|-----------------|-------------------------------|
| Project objective | To enable safe conduct of humanitarian operations through conduct of security risk assessment mission, joint assessment mission and crisis preparedness, particularly extraction of humanitarian personnel during crossfire/conflict by utilizing armoured vehicles. | | | |
| Output 1 | Humanitarian organisations access programme sites safely and conduct safe delivery of humanitarian activities. | | | |
| Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| Sector/cluster | Common Services - Safety and Security | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 1.1 | CS.6 Number of Security Risk Assessments conducted | 60 Security Risk Assessment Mission | 60 | TRIP, ad hoc SRM MSCRs |
| Indicator 1.2 | SRMM drafted and shared | 60 SRM/Adhoc SRM | 60 | TRIP and MSCRs |
| Explanation of output and indicators variance: | | NA | | |
| Activities | Description | Implemented by | | |
| Activity 1.1 | Map out humanitarian programme across Sudan and the region | UNDSS, Humanitarian Organisations | | |
| Activity 1.2 | Monitor and analyse security situation | UNDSS | | |
| Activity 1.3 | Conduct security risk assessment mission | UNDSS | | |

| | | | | |
|---|---|-----------------------------|-----------------|-------------------------------|
| Output 2 | A "joined up" UNDSS security system to support humanitarian response is established | | | |
| Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| Sector/cluster | Common Services - Safety and Security | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 2.1 | Joint assessment mission conducted | 45 Joint Assessment mission | 45 | TRIP, MSCRs |
| Indicator 2.2 | CONOPS prepared for Joint Assessment Mission | 45 Join Assessment mission | 45 | MSCRs |
| Explanation of output and indicators variance: | | | | |
| Activities | Description | Implemented by | | |
| Activity 2.1 | Coordinate with OCHA for Joint assessment mission | UNDSS, OCHA, AFPs | | |
| Activity 2.2 | Coordinate with UNAFPs for Joint assessment mission | UNDSS, OCHA, AFPs | | |
| Activity 2.3 | Coordinate with HG and Local power brokers | UNDSS, OCHA | | |

| | | | | |
|--|---|--|-----------------|-------------------------------|
| Output 3 | Crisis/Emergency support is provided to humanitarian personnel during armed conflict for movement/ mission and extraction of personnel during crossfire | | | |
| Was the planned output changed through a reprogramming after the application stage? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | |
| Sector/cluster | Common Services - Safety and Security | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 3.1 | Number of coordination meeting held with humanitarian organisations | 60 Meetings | 60 | Meeting Minutes |
| Indicator 3.2 | Number of coordination meeting with HG authorities and all other parties into conflict | 60 Meeting | 60 | Emails |
| Indicator 3.3 | Number of AVs purchased and deployed | 6 | 5 | Purchase Order |
| Explanation of output and indicators variance: | | As outlined in the reprogramming document, the actual costs exceeded estimated costs. As a result, UNDSS Sudan procured 5 armoured vehicles and 3 spare part kits instead of the initially proposed 6 armoured vehicles. | | |
| Activities | Description | Implemented by | | |
| Activity 3.1 | Coordination with humanitarian organisations for safe movement during security emergency/crisis | UNDSS, Humanitarian Organisations | | |
| Activity 3.2 | Coordination with humanitarian organisations for safe extraction of humanitarian personnel | UNDSS Humanitarian Organisations | | |
| Activity 3.3 | Purchase and deploy 6 AVs in support of humanitarian operations | UNDSS | | |

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:

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](#).

The provision of security support improved coordination and ensured the safe execution of humanitarian programs and beneficiary access.

b. AAP Feedback and Complaint Mechanisms:

The project was designed to facilitate the safe implementation of activities by humanitarian organizations and included feedback and complaint mechanisms for beneficiaries.

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

The Aide Memoire on Immediate Response to Gender-Based Security Incidents has raised awareness among UNSMS personnel, helping them understand their operating environment and effectively manage gender-based security incidents.

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

The project supported all UN agencies and I/NGO staff involved in humanitarian work in the project areas, as well as affected individuals, including men, women, and children.

e. People with disabilities (PwD):

The appointment of gender focal points enabled affected personnel to report security incidents impacting them, with their consent.

f. Protection:

The security cell implemented effective risk management measures, with a focus on gender and disability considerations, to address vulnerabilities.

g. Education:

Security briefings, which are mandatory for newcomers upon arrival in operational areas, ensured that UN and INGO personnel received essential security information and advice.

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 is suitable due to the nature of the project which doesn't deal with direct beneficiaries.

9. Visibility of CERF-funded Activities

| Title | Weblink |
|-------------|------------|
| <i>None</i> | <i>n/a</i> |

3.4 Project Report 23-RR-FPA-029

1. Project Information

| | | | |
|---------------------------|--|--|--|
| Agency: | UNFPA | Country: | Republic of the Sudan |
| Sector/cluster: | Protection - Gender-Based Violence | CERF project code: | 23-RR-FPA-029 |
| Project title: | Integrated SRH-GBV Response for survivors and women affected by the conflict and flood | | |
| Start date: | 13/07/2023 | End date: | 12/04/2024 |
| 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\$ 90,000,000 |
| | Total funding received for agency's sector response to current emergency: | US\$ 10,000,000 |
| | Amount received from CERF: | US\$ 1,000,000 |
| | Total CERF funds sub-granted to implementing partners: | US\$ 561,350 |
| | Government Partners | USD\$ 0 |
| | International NGOs | USD\$ 0 |
| National NGOs | US\$ 561,350 | |
| Red Cross/Crescent Organisation | USD\$ 0 | |

2. Project Results Summary/Overall Performance

Through this CERF RR grant, UNFPA and its partners provided quick refresher training on clinical management of rape (CMR) for 75 specialized GBV service providers; provided GBV case management services, including psychosocial support and referrals, to 50 people; provided group psychosocial support and sensitization activities on existing services for 11,200 women and girls; provided 60,289 people with GBV and/or SRH medical assistance; provided 5,200 women and girls with kits; constructed, rehabilitated and supported 5 women and girls safe spaces (WGSS); supported 5 community-based protection networks to assist their communities; trained 50 GBV Working Group members on GBV in Emergencies. Beneficiaries include 4,300 persons with disabilities (PwD) who were supported with GBV and SRH services and materials. Additionally, UNFPA reached 27,384 people with information on GBV, SRH, and available services, including referrals.

Overall, the project assisted a total of 104,248 people in Kassala, White Nile, Gedaref, Sennar, and Aj Jazirah between July 2023 and April 2024. The project ensured displaced women and girls, and host communities benefited from the proximity GBV-SRH integrated services.

- Changes and Amendments

Three-month no-cost extension and partial replanning of Aj Jazirah activities to Sennar, Gedaref, and White Nile: UNFPA encountered implementation challenges in Aj Jazirah state following clashes between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF) in Wad Madani, Aj Jazirah state on 15 December 2023. The fighting led to the displacement of at least 250,000 - 300,000

people from the state, including project beneficiaries and UNFPA implementing partner staff, with UNFPA personnel also relocating to other parts of Sudan.

The fighting impacted project implementation in Aj Jazirah state as the mobile clinic and WGSS services under the project were suspended due to security constraints and the displacement/relocation of implementing partner staff and UNFPA technical personnel working on the project.

While UNFPA had put in place risk mitigation measures to ensure full implementation within the project timeframe - such as close weekly follow-up with implementing partners, authorizing implementing partners to work on a reimbursement basis, and ensuring participation in national and state-level coordination mechanisms - UNFPA was unable to fully implement the planned activities for Aj Jazirah state within the project time frame due to the aforementioned unforeseen circumstances that were outside of UNFPA's control.

A three-month no-cost extension of the project was therefore requested and approved to ensure the full implementation of all project activities. During the no-cost extension period, activities originally planned for Aj Jazirah in December 2023 and January 2024 were shifted to other project target states, including Sennar, Gedaref, and White Nile to respond to the health and protection needs of IDPs newly displaced from Aj Jazirah state.

Focusing on IDPs and host communities: During the project planning phase, target refugee estimates were based on People in Need (PIN) calculations in the selected states. However, following conflict escalations throughout 2023, the focus of the project shifted to specific locations primarily serving IDPs and vulnerable host communities. These communities faced significant vulnerabilities and needs, especially those experiencing secondary waves of displacement.

3. 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 | 10,660 | 2,154 | 2,770 | 710 | 16,294 | 0 | 0 | 0 | 0 | 0 |
| Returnees | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Internally displaced people | 39,960 | 7,859 | 10,794 | 2,617 | 61,230 | 46,521 | 7,479 | 9,447 | 2,653 | 66,100 |
| Host communities | 13,568 | 2,520 | 3,670 | 900 | 20,658 | 19,914 | 5,983 | 8,468 | 3,783 | 38,148 |
| Other affected people | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 64,188 | 12,533 | 17,234 | 4,227 | 98,182 | 66,435 | 13,462 | 17,915 | 6,436 | 104,248 |
| People with disabilities (PwD) out of the total | | | | | | | | | | |
| | 7,192 | 2,269 | 1,858 | 610 | 11,929 | 1,720 | 860 | 1,075 | 645 | 4,300 |

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

4. People Indirectly Targeted by the Project

The project is estimated to have impacted over 208,000 indirect beneficiaries across the target states. These beneficiaries include family members and the wider community, reached through cascading information dissemination on gender-based violence (GBV), sexual and reproductive health (SRH), and available services. UNFPA assumes that each direct beneficiary will share the information or knowledge they acquire with at least one other person in their community. Additionally, engaging stakeholders, including indirect beneficiaries, during consultations on activity implementation has further enhanced their empowerment and resilience.

5. CERF Results Framework

| | | | | |
|--|---|--|-----------------|---------------------------------------|
| Project objective | Displaced women and girls benefit from proximity GBV-SRH integrated services | | | |
| Output 1 | Lifesaving GBV services are available and accessible to women and girls | | | |
| Was the planned output changed through a reprogramming after the application stage? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | |
| Sector/cluster | Protection - Gender-Based Violence | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 1.1 | Number of specialized GBV service providers receiving quick refresher training | 75 | 75 | Training reports |
| Indicator 1.2 | PS.2 Number of people receiving GBV psycho-social support and/or GBV case management | 50 | 50 | Implementing partner progress reports |
| Indicator 1.3 | Number of women and girls attending group psychosocial support and sensitization activities on existing services at the temporary women's spaces | 10,000 | 11,200 | Implementing partner progress reports |
| Indicator 1.4 | SP.5 Number of people receiving GBV and/or SRH medical assistance | 62,500 | 60,289 | Mobile clinic reports |
| Explanation of output and indicators variance: | | N/A | | |
| Activities | Description | Implemented by | | |
| Activity 1.1 | Train health care providers on Clinical Management of Rape (CMR) services, and social workers on GBV case management services | Global Aid Hand | | |
| Activity 1.2 | Provide individual psychosocial support services and GBV case management services for women and girls, including survivors of GBV, and referrals based on their consent | Global Aid Hand, Child Development Foundation (CDF) | | |
| Activity 1.3 | Conduct group psychosocial support and sensitization activities in the temporary Women and Girls Safe Spaces on GBV related issues and available services | Global Aid Hand, Child Development Foundation (CDF), CAFA Development Organization | | |

| | | |
|--------------|--|---|
| Activity 1.4 | Deploy mobile clinic teams to provide integrated SRH/GBV medical assistance and services for people in affected locations. | Global Aid Hand, CAFA Development Organization, Sudanese Organization for Research and Development (SORD) |
|--------------|--|---|

| | | | | |
|--|---|---|-----------------|---------------------------------------|
| Output 2 | GBV risk mitigation measures contribute to positive changes in reported perceptions of safety and risks | | | |
| Was the planned output changed through a reprogramming after the application stage? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | |
| Sector/cluster | Protection - Gender-Based Violence | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 2.1 | Number of women and girls receiving dignity kits | 5,200 | 5,200 | Distribution reports |
| Indicator 2.2 | PS.1b Number of Women and Girls Safe Spaces and/or centres constructed, rehabilitated and/or supported | 5 | 5 | Implementing partner progress reports |
| Indicator 2.3 | Number of community-based protection networks supported to assist their communities | 5 | 5 | Implementing partner progress reports |
| Indicator 2.4 | Number of GBV Working Group members trained on GBV in Emergencies | 50 | 50 | Implementing partner progress reports |
| Indicator 2.5 | Number of PWD supported by GBV and SRH services, and materials | 2,400 | 4,300 | Implementing partner progress reports |
| Explanation of output and indicators variance: | | N/A | | |
| Activities | Description | Implemented by | | |
| Activity 2.1 | Procurement and distribution of dignity kits to vulnerable women and girls of reproductive age as a part of activities for sharing life-saving protection information | Global Aid Hand, Child Development Foundation (CDF) | | |
| Activity 2.2 | Establish temporary Women and Girls Safe Spaces in each target state to provide GBV case management and psychosocial support, including recreational, life skills and skill-building activities | Child Development Foundation (CDF) | | |
| Activity 2.3 | Establish and support 5 community-based protection networks | Global Aid Hand, Child Development Foundation (CDF) | | |
| Activity 2.4 | Operationalize GBV coordination mechanisms in 5 states | UNFPA | | |
| Activity 2.5 | Establish community-based complaint and feedback mechanisms, through building the capacity of service providers and communities to address AAP and PSEA in the target states | Child Development Foundation (CDF) | | |

6. 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:

Since the start of the project, target communities have been actively involved in decision-making and implementation preparations. This includes establishing community referral mechanisms led by the communities and their leaders. They have played a key role in selecting accessible and safe locations for mobile clinic services and participating in the distribution of Dignity Kits.

Health promoters, selected by the communities, have been trained and supervised by service providers to raise awareness and encourage healthcare-seeking behavior among community members.

b. AAP Feedback and Complaint Mechanisms:

UNFPA continued to support Community-Based Complaint Mechanisms (CBCM) for receiving feedback and complaints during implementation. Both internal and external CBCMs were made accessible to staff, implementing partners, and beneficiaries. UNFPA and its project partner conducted two training sessions on CBCM establishment in Kassala, Gedaref, Sennar, and Aj Jazirah. These sessions targeted service providers, community members, and NGOs operating in the area.

UNFPA also helped develop Standard Operating Procedures (SOPs) for complaint and feedback mechanisms in consultation with NGOs and communities, ensuring accessible feedback channels. The CBCM channels include a hotline, WhatsApp, community focal points, suggestion boxes, and a website, all designed with confidentiality and safety measures.

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

As a result of the ongoing conflict in Sudan, the risk of Sexual Exploitation and Abuse (SEA) remains significantly elevated, particularly affecting vulnerable groups, including IDPs, refugees, and host communities. In response, UNFPA has implemented measures to prevent SEA, including mechanisms for reporting and handling related complaints. UNFPA has trained all implementing partners involved in humanitarian interventions, ensuring that their policies and guidelines align with PSEA requirements. Agreements and MOUs between UNFPA and its partners have been updated to include PSEA terms and conditions.

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. The project has significantly contributed to the overall provision of integrated SRH services and the prevention and response to GBV primarily for women and girls impacted by the conflict outbreak in April 2023.

UNFPA established temporary Women and Girls Safe Spaces and trained Community-Based Protection Networks to facilitate referral services. UNFPA provided quick refresher training for service providers on the Clinical Management of Rape and GBV in Emergencies.

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](#).

The project also distributed Dignity Kits to vulnerable women and girls, accompanied by awareness-raising sessions on GBV and available services, including referrals.

e. People with disabilities (PwD):

The project supported 4,300 persons with disabilities (PwD) with GBV and SRH services and materials. PwD were considered throughout all phases of project implementation. Special attention was given to their unique needs in service delivery. In the mobile clinics, PwD received priority for medical consultations, enabling them to access services through a fast track without waiting.

f. Protection:

GBV is one of the main and life-threatening protection concerns for women and girls who are IDPs, refugees, and host communities. The project is designed to respond to GBV through the provision of life-saving services and mitigating risk factors that can increase the severity of GBV by implementing mitigation measures to improve the protection of persons affected by conflict in targeted states.

g. Education:

While providing health services through mobile clinics, the teams conducted awareness-raising sessions and interpersonal health education for the beneficiaries. Health promoters played a key role in disseminating awareness messages to the target population. Women visited the women and girls' safe spaces, received dignity kits and different services are also targeted with GBV awareness raising sessions to increase their awareness on GBV, SRH, menstrual hygiene management, and PSEA-related issues including a referral system to access basic services.

7. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

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

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

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

CVA was not considered for this project as UNFPA was providing in kind support in terms of dignity kits. 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. |
| [Fill in] | [Fill in] | US\$ [insert amount] | Choose an item. | Choose an item. |
| [Fill in] | [Fill in] | US\$ [insert amount] | Choose an item. | Choose an item. |

8. Visibility of CERF-funded Activities

| Title | Weblink |
|---|---|
| Deployment of a mobile clinic (tuktuk ambulance) in Gedaref | https://twitter.com/_UnfpaSudan/status/1791092585747947786 |
| Deployment of mobile clinics in in Sinja, Sennar and Abuhjar localities in Sennar State to respond to the reproductive and general health needs of women and girls arriving from Aj Jazirah following the escalation of fighting in the state in December 2023. | https://twitter.com/_UnfpaSudan/status/1736732107865464979 |
| Women and girls who fled from Khartoum to Jazeera Aba in White Nile state can now access the newly opened Women and Girls Safe Space which provides protection services, awareness and vocational training | https://twitter.com/_UnfpaSudan/status/1723371015688925253 |
| "The feeling that there is someone who cares about you, especially as a displaced person, means so much." Women and Girls Safe Space in Aj Jazirah provides group psychosocial support services, GBV case management services and referrals. | https://twitter.com/_UnfpaSudan/status/1727342566557831544 |

3.5 Project Report 23-RR-HCR-024

| 1. Project Information | | | |
|---------------------------------|---|--|--|
| Agency: | UNHCR | Country: | Republic of the Sudan |
| Sector/cluster: | Shelter and Non-Food Items | CERF project code: | 23-RR-HCR-024 |
| | Multi-Sector Refugee Assistance Camp Coordination and Camp Management | | |
| Project title: | Emergency Assistance to Conflict Displaced Populations in White Nile State, and Al Jazira State | | |
| Start date: | 02/07/2023 | End date: | 01/01/2024 |
| 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\$ 55,428,147 |
| | Total funding received for agency's sector response to current emergency: | | US\$ 2,585,200 |
| | Amount received from CERF: | | US\$ 2,000,000 |
| | Total CERF funds sub-granted to implementing partners: | | US\$586,777 |
| | Government Partners | | US\$ 212,658 |
| | International NGOs | | US\$ 96,205 |
| National NGOs | | US\$ 53,066 | |
| Red Cross/Crescent Organisation | | US\$ 224,848 | |

2. Project Results Summary/Overall Performance

During the project period and as a response to the large-scale displacement of internally displaced persons (IDP) and secondarily displaced refugees since the conflict broke out in April 2023, UNHCR responded to the immediate life-saving emergency shelter and non-food items assistance and site management needs (CCCM) in Al Jazira and White Nile State, and emergency wash, sanitation and hygiene needs across refugee camps in White Nile State, which received the biggest influx relating to the secondary displacement of refugees, of over close to 170,000 South Sudanese refugees from Khartoum.

NFI distribution: 2,020 NFI kits were distributed to the targeted households in Al Jazira and White Nile States. 1,616 IDP households and 404 refugee households were assisted, and by location – 1,500 kits in Al Jazira State and 520 kits in White Nile State.

Shelter in-kind: 821 planned shelters were distributed in White Nile State as follows

- 200 tents in Al Ganaa refugee Camp.
- 240 tents in Al Jameeya Refugee Camp and
- 381 family tents to the displaced Sudanese living in Khor Ajwal IDP gathering site.

Exceptionally, due to the unavailability of Cash for 85 IDP households as planned, UNHCR provided tents to these identified families (see also below under Cash for Shelter)

The tents helped families have their own family space from the congested gathering areas providing safety and privacy to the family members.

Cash for Shelter: UNHCR and partners distributed cash for shelter to 415 IDP households and 85 in-kind shelters (tents) in White Nile State in Al Dueim, Al Jabalain, and Al Salam localities. Due to the escalation in conflict and resulting bank liquidity in December the 85 households who missed the initial cash for shelter distribution could not benefit from cash and instead received in-kind shelter assistance (family tents) in lieu of cash.

CCCM (Site Management): With this grant, UNHCR mapped 80 gathering sites in Al Jazira and White Nile State, which accommodated approximately 13,935. Before the mapping exercise, UNHCR trained the implementing partner staff on the mapping tools.

WASH: UNHCR completed the following for refugees living in camps in White Nile State.

- 10,900 hygiene Kits distributed.
- 7,200 Cubic metres of water were delivered through water trucking reaching 8,000 people reached with 15l/person/day
- 85 Latrines constructed benefiting 21,250 refugees.
- 420 latrines rehabilitation.
- 200 latrine desludged

As such the project has been fully implemented within the project duration.

3. Changes and Amendments

UNHCR corporate platform for end-to-end processing of cash assistance can only process data from the UNHCR refugee database ProGres. Therefore, for cash assistance for IDPs, UNHCR has to rely on information gathered by its implementing and other partners. This data is independently verified by UNHCR for eligibility according to established standard operating procedures before any payments are processed, which is time-consuming and can delay disbursement.

In White Nile State, 85 IDP households selected to benefit from Cash for Shelter did not attend the distribution. Due to cash liquidity issues with banks and other conflict-related issues, UNHCR could not provide the cash within the implementation period. Exceptionally, and due to the prevailing circumstances, these 85 households received tents instead of cash to ensure that targeted families received the assistance as planned.

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 | 846 | 566 | 761 | 649 | 2,821 | 846 | 566 | 761 | 649 | 2,821 |
| Returnees | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Internally displaced people | 3386 | 2257 | 3047 | 2959 | 11,285 | 3,386 | 2,257 | 3,047 | 2,959 | 11,285 |
| Host communities | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other affected people | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 4342 | 2823 | 3808 | 3244 | 14,106 | 4,342 | 2,823 | 3,808 | 3,244 | 14,106 |
| People with disabilities (PwD) out of the total | | | | | | | | | | |
| | 635 | 423 | 571 | 487 | 2116 | 635 | 423 | 571 | 487 | 2,116 |

| Sector/cluster | Water, Sanitation and Hygiene | | | | | | | | | |
|--|-------------------------------|-------------|--------------|-------------|---------------|--------------|--------------|--------------|--------------|---------------|
| Category | Planned | | | | | Reached | | | | |
| | Women | Men | Girls | Boys | Total | Women | Men | Girls | Boys | Total |
| Refugees | 9000 | 6000 | 8,100 | 6900 | 30,000 | 9,000 | 6,000 | 8,100 | 6,900 | 30,000 |
| Returnees | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Internally displaced people | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Host communities | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other affected people | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 9000 | 6000 | 8,100 | 6900 | 30,000 | 9,000 | 6,000 | 8,100 | 6,900 | 30,000 |
| People with disabilities (PwD) out of the total | | | | | | | | | | |
| | 1,350 | 900 | 1,215 | 1,035 | 4,500 | 1,350 | 900 | 1,215 | 1,035 | 4,500 |

* 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.

| Sector/cluster | Camp Coordination and Camp Management | | | | | | | | | |
|--|---------------------------------------|--------|--------|--------|---------------|--------------|--------------|--------------|--------------|---------------|
| Category | Planned | | | | | Reached | | | | |
| | Women | Men | Girls | Boys | Total | Women | Men | Girls | Boys | Total |
| Refugees | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Returnees | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Internally displaced people | 15,000 | 10,000 | 13,500 | 11,500 | 50,000 | 3,484 | 4,459 | 2,647 | 3,344 | 13,935 |
| Host communities | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other affected people | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 15,000 | 10,000 | 13,500 | 11,500 | 50,000 | 3,484 | 4,459 | 2,647 | 3,344 | 13,935 |
| People with disabilities (PwD) out of the total | | | | | | | | | | |
| | 2,250 | 1,500 | 2,025 | 1,725 | 7,500 | 523 | 669 | 397 | 502 | 2,090 |

* 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

UNHCR ensured the implementation of the project's activities was in accordance with the "do no harm" principle with special consideration to vulnerable persons of concern including women, children, persons with specific needs and other vulnerable groups. An estimated 8000 individuals benefitted indirectly, including through protection monitoring which is mainstreamed in all activities.

6. CERF Results Framework

Project objective Shelter and non-food items needs of displaced population are met

Output 1 Displaced population receive emergency shelter and NFI assistance

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

Sector/cluster Shelter and Non-Food Items

| Indicators | Description | Target | Achieved | Source of verification |
|---------------|--|---------|----------|---------------------------------------|
| Indicator 1.1 | SN.2b Number of in-kind NFI kits distributed White Nile: 520 kitsAI Jazira: 1,500kits | 2,020 | 20,20 | partner reports, distribution reports |
| Indicator 1.2 | SN.1b Number of in-kind shelter kits distributed (tents) | 821 | 906 | partner reports, distribution reports |
| Indicator 1.3 | Cash.2a Number of people receiving sector-specific unconditional cash transfers | 2,500 | 2,075 | partner reports, distribution reports |
| Indicator 1.4 | Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD | 200,000 | 166,000 | partner reports, distribution reports |

Explanation of output and indicators variance: 85 households in White Nile State who missed out the cash distribution earlier were provided family tents in lieu of cash to cover their shelter needs and have been added to Indicator 1.2.

| Activities | Description | Implemented by |
|--------------|--|------------------------------------|
| Activity 1.1 | Procurement and transportation of NFI kits | UNHCR |
| Activity 1.2 | Identification/verification of beneficiaries and distribution of NFI kits | White Nile: SRCS AI Jazira: ADD |
| Activity 1.3 | Identification/verification of beneficiaries and distribution of in-kind shelter (tents) | ADRA, ADD |
| Activity 1.4 | Identification/verification of beneficiaries and disbursement of cash for shelter | UNHCR, BNMB, ADRA, SRCS, ADD |
| Activity 1.5 | Construction support (consultations) & Post Distribution Monitoring | ADRA, AI Jazira: ADD |

Output 2 Provision of basic WASH services for newly displaced refugees

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

| | | | | |
|---|---|-----------------------|-----------------|---------------------------------------|
| Sector/cluster | Multi-Sector Refugee Assistance | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 2.1 | # of refugees accessing sufficient and safe water for drinking, cooking and/or personal hygiene | 30,000 | 30,000 | partner reports, distribution reports |
| Indicator 2.2 | WS.16b # of WASH/personal hygiene kits distributed | 10,900 | 10,900 | partner reports, distribution reports |
| Indicator 2.3 | WS.13 Number of latrines constructed or rehabilitated | 505 | 505 | partner reports, distribution reports |
| Explanation of output and indicators variance: | | N/A | | |
| Activities | Description | Implemented by | | |
| Activity 2.1 | Water trucking (7200, 120c/day for 2 months) | WES | | |
| Activity 2.2 | Distribution of WASH/personal hygiene kits | UNHCR, SRCS | | |
| Activity 2.3 | Construction (85) /rehabilitation (420) and dislodging of 200 latrines | CAFOD, SRCS | | |

Output 3 Factsheets are produced for sites hosting displaced populations

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

| | | | | |
|---|--|------------------------|-----------------|---------------------------------------|
| Sector/cluster | Camp Coordination and Camp Management | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 3.1 | CM.1 # of displacement sites supported with appropriate site management services | 80 | 80 | partner reports, distribution reports |
| Explanation of output and indicators variance: | | NA | | |
| Activities | Description | Implemented by | | |
| Activity 3.1 | Mapping and analysis of IDP sites | WES, ADRA | | |
| Activity 3.2 | Site assessment for identifying needs and gaps | UNHCR, SRCS, ADRA, ADD | | |
| Activity 3.3 | Development of factsheets | CAFOD, SRCS, ADRA, ADD | | |

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**

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](#).

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:

UNHCR and its partners maintained regular monitoring and discussions with the forcibly displaced population in states where they have access, including the East, North, and Southern parts of the country. UNHCR periodically conducted focus group discussions with the forcibly displaced to ensure their meaningful participation and engagement during the planning, implementation, monitoring, and evaluation stages of the programme cycle. At the end of the year, to review the impact and level of satisfaction of the 2023 projects, 112 structured focus group discussions (FGDs) were held, involving 1239 forcibly displaced women, men, girls, and boys.

In remote and hard-to-reach areas, including Khartoum, Kordofan, and Darfur provinces, UNHCR relied on its wide network of Community Based Protection Network (CBPNs) and other key informants. Despite the multiple displacements and network problems, UNHCR maintained contact with existing CBPNs in the conflict-affected zones and established new CBPNs in new displacement locations like the Northern State to ensure the views and participation throughout the programme cycle. Tools and guidelines on how to strengthen engagement with the CBPNs were developed and staff were trained. Efforts were made to have a gender balance and diversity in composition in the leadership and membership among the CBPNs and camp/gathering site management. Besides UNHCR office has been an active member of the Accountability to Affected Population (AAP) and has worked on mainstreaming AAP within its programming including the designation of focal points in each locality and conducting several capacity-building sessions for focal points in the field.

b. AAP Feedback and Complaint Mechanisms:

UNHCR has established hotline numbers in each state for beneficiaries to provide feedback and complaints to UNHCR regarding any protection and assistance in the field. Besides, UNHCR has heavily invested in the community-based protection networks which have been "eye and ear" and have been crucial in coordination between the agencies and the community. The feedback and complaints were also received during UNHCR and partners' field monitoring and interaction with the displaced communities.

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

UNHCR incorporated PSEA and the zero-tolerance principle in its daily work and every aspect of implementation including with implementing and operational partners. PSEA requirements are included in the UNHCR staff code of conduct, and standard partner partnership agreements (PPAs) with implementing partners. For prevention and sensitization, UNHCR conducted PSEA training for NGO and government partner staff to increase awareness and underline the importance of adhering to the Code of Conduct as well as the obligation to report SEA incidents.

UNHCR and partners disseminated this information to the targeted population to ensure they were fully aware where they could report SEA. Poster displays in different beneficiaries' settings and all strategic locations were used as a key tool clearly stating that humanitarian services are free of charge to deter potential SEA cases. In support of the reporting mechanism and in line with PSEA policies, hotlines for receiving complaints and incident reporting on issues related to sexual harassment and abuse.

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

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](#).

In accordance with the community-based, rights-based, and age, gender, and diversity mainstreaming (AGDM) approaches that UNHCR applies in the design and implementation of all its interventions, UNHCR Sudan prioritized the needs of the more vulnerable and marginalized with special consideration for women, girls and other persons with specific needs to ensure providing them with safe shelter support, NFI assistance, and WASH services.

e. People with disabilities (PwD):

While the project did not specifically focus on people with disabilities, it sought to ensure that disability was a key consideration of the vulnerability-based beneficiary selection criteria. People with disabilities were included in the project and were prioritized as beneficiaries for the distribution of assistance.

f. Protection:

UNHCR ensured the implementation of the project’s activities was in accordance with the “do no harm” principle with special consideration to vulnerable persons of concern including women, children, persons with specific needs, and other vulnerable groups.

As the protection cluster lead agency, UNHCR continues to coordinate protection responses to emergencies and engage in advocacy on protection issues affecting refugees, stateless people, returnees, IDPs, and other civilians in the country.

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

| Planned | Achieved | Total number of people receiving cash assistance: |
|---|---|---|
| Yes, CVA is a component of the CERF project | Yes, CVA is a component of the CERF project | 2,075 |

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

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

Shelter sector-specific unconditional transfers, to respond to life-saving shelter needs arising from conflict-related displacement

Parameters of the used CVA modality:

| Specified CVA activity (incl. activity # from results framework above) | Number of people receiving CVA | Value of cash (US\$) | Sector/cluster | Restriction |
|--|--------------------------------|----------------------|----------------------------|-------------|
| Activity 1.4 | 2075 | 166,000 | Shelter and Non-Food Items | Restricted |

Select an item from drop-down

9. Visibility of CERF-funded Activities

| Title | Weblink |
|-------------|---|
| Report | https://data.unhcr.org/en/documents/details/96235 |
| Report | https://data.unhcr.org/en/documents/details/96269 |
| Report | https://data.unhcr.org/en/documents/details/96268 |
| Social post | https://x.com/mamadou_dbalde/status/1725377417798209848 |
| Social post | https://x.com/UNHCRinSudan/status/1740651656805806246 |
| Social post | https://x.com/FatimaMCole/status/1741309471161229584 |

Reports and External Documents Various reports mentioned UNCERF as one of UNHCR Sudan's donors. These include situation reports, operational updates and fact sheets shared on UNHCR's [data portal](#) and [Global Focus](#).

Special thanks to our donors for UNHCR's programme in 2023: Australia | Canada | Denmark | European Union | Finland | France | Germany | Ireland | Italy | Japan | Netherlands | Norway | Poland | Republic of Korea | Sweden | Switzerland | United Kingdom | USA | UNICEF | CERF | IGAD | SHF | PFB | World Diabetes Foundation | Private Donors

- View UNHCR Sudan's IDP Emergency Response Factsheet, September 2023: <https://data.unhcr.org/en/documents/details/103681>
- View UNHCR Sudan's IDP Response Factsheet for 2022: <https://data.unhcr.org/en/documents/details/99300>
- For further information on UNHCR's engagement on internal displacement globally, visit: <https://www.unhcr.org/internally-displaced-people.html>

IDP Emergency Response Factsheet, November 2023

Financial Information

As of 15 December 2023

Special thanks to our donors including major donors of unearmarked contributions to UNHCR in 2023:

Australia | Belgium | Canada | CERF | China | Denmark | European Union | Finland | France | Germany | Intergovernmental Authority on Development | Ireland | Italy | Japan | Netherlands | Norway | Poland | Republic of Korea | Sudan Humanitarian Fund | Sweden | Switzerland | United Kingdom | United States of America | UNICEF | UN Peace Building Fund | World Diabetes Foundation | Private Donors Worldwide

UNHCR Sudan Factsheet, December 2023

Financial Information

As of 15 December 2023

Special thanks to our donors including major donors of unearmarked contributions to UNHCR in 2023:

Australia | Belgium | Canada | CERF | China | Denmark | European Union | Finland | France | Germany | Intergovernmental Authority on Development | Ireland | Italy | Japan | Netherlands | Norway | Poland | Republic of Korea | Sudan Humanitarian Fund | Sweden | Switzerland | United Kingdom | United States of America | UNICEF | UN Peace Building Fund | World Diabetes Foundation | Private Donors Worldwide

Sudan Operational Update, December 2023

3.6 Project Report 23-RR-CEF-040

1. Project Information

| | | | |
|---------------------------|--|--|--|
| Agency: | UNICEF | Country: | Republic of the Sudan |
| Sector/cluster: | Water, Sanitation and Hygiene Health Nutrition | CERF project code: | 23-RR-CEF-040 |
| Project title: | Sudan Crisis Response – critical WASH, Health, Nutrition assistance to children and families | | |
| Start date: | 15/06/2023 | End date: | 14/12/2023 |
| 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\$ 838,000,000 |
| Total funding received for agency's sector response to current emergency: | US\$ 52,000,000 |
| Amount received from CERF: | US\$ 5,500,000 |
| Total CERF funds sub-granted to implementing partners: | US\$ 1,955,106 |
| Government Partners | US\$ 983,422 |
| International NGOs | US\$ 155,275 |
| National NGOs | US\$ 605,683 |
| Red Cross/Crescent Organisation | US\$ 210,726 |

2. Project Results Summary/Overall Performance

Through this CERF grant, UNICEF and partners reached close to 753,000 women and children with lifesaving health interventions, 222,200 children with critical nutrition services, and 95,600 children and families with WASH interventions.

NUTRITION

Through this CERF project, UNICEF supported lifesaving nutrition interventions in Blue Nile, Gedarif, Kassala, North Darfur, and Red Sea states. Close to 13,000 children suffering from Severe Acute Malnutrition (SAM) received quality nutrition services at 36 Outpatient Therapeutic Programmes (OTPs), 10 Mobile Teams (MT), and three stabilisation centers (SCs). Furthermore, mass mid-upper arm circumference (MUAC) screening campaigns took place. As a result, over 170,000 children under five were screened for malnutrition. The screening of children 6-59 months enabled the identification and timely referral of children with acute malnutrition and contributed to the overall increase in treatment coverage.

As part of efforts to ensure good nutrition and prevent acute malnutrition, optimal infant and young child feeding (IYCF) practices were promoted and enhanced through the provision of nutrition counselling to almost 52,200 caregivers of children under two at both community and health facility levels. Additionally, a total of 100 IYCF counsellors and 330 mother leads were trained on the IYCF package.

To ensure proper adherence to the national guidelines and the delivery of high-quality nutrition services, 356 frontline nutrition staff were trained on the CMAM package. Additionally, UNICEF supported implementing partners in conducting monitoring and supportive supervision visits to 265 OTP site sites. These visits also contributed to building the capacity of service providers through the on-the-job training sessions for frontline staff at health facility levels.

HEALTH

Through this CERF project, UNICEF, with partners, reached close to 753,00 children and women with access to essential primary health care in UNICEF-supported facilities.

UNICEF and its partners ensured that children and their families have access to primary health care (PHC) and community health services, including the Expanded Program on Immunization (EPI), Integrated Management of Childhood Illness (IMCI), and referral services in targeted areas in White Nile, Kassala, Gedarif, and Red Sea states.

In White Nile, in response to a measles outbreak in Alsalam and Aljeblain localities of White Nile, 1,749 measles cases were identified, treated, and reported through screening and home visits. Additionally, an integrated child survival campaign was conducted in two rounds, reaching more than 10,000 children with measles vaccines, vitamin A supplementation, mid-upper arm circumference (MUAC) screening, and deworming.

In Port Sudan, 3,000 mothers and newborns from 18 IDP gathering sites received antenatal care and skilled birth assistance for normal deliveries, along with neonatal care, postnatal care, and referral services for complicated cases. Additionally, UNICEF supported 2,000 women with safe deliveries in Dordiab, Alganab, Halaieb, Jabeit, and Swakin localities through supply provision and service assistance, and over 40,000 people had access to a minimal package of health services at PHCs.

In Kassala, 158 Sentinel sites have been established for a communicable disease surveillance system with 172 Health workers, who were trained on standard case management of Cholera and Viral haemorrhagic fever. In Northern, Red Sea, and River Nile UNICEF conducted the refresher training for 344 community-based surveillance/early warning system staff in UNICEF-targeted localities for timely notification of suspected Cholera, Measles, Malaria, and Dengue outbreaks.

Additionally, UNICEF conducted the training of 40 health staff on essential newborn care, along with distribution of neonatal kits in six localities (Port Sudan Dordiab, Alganab, Halaieb, Jabeit, Swakin) of the Red Sea state. The newborn health reporting forms were printed and distributed in five localities, namely Dordiab, Alganab, Halaieb, Jabeit, Swakin of the Red Sea, contributing to the Health Management Information System Strengthening to ensure the timely reporting and follow-up over the newborn care service and mapping of newborn service capacity in health facilities.

The CERF funds were also used for strengthening and sustaining the capacity of healthcare workers in proper case management, implementation of appropriate Infection Prevention Control (IPC) measures, information systems, and supply management. Moreover, UNICEF facilitated direct payments to over 400 frontline workers and engaged 2,000 vaccinators to enhance the effectiveness of the cholera response.

WASH

UNICEF and its partners delivered life-saving WASH interventions across five states (River Nile; Gezira; Northern State; White Nile and North Darfur) exceeding most of the WASH targets. Results vs targets are reflective of the adjustments made to the type of interventions (e.g. under Output 1.1 and 1.3, investment in pipeline extension, water trucking, repairs, and operation and maintenance support was prioritised to capitalize on quick fix options, rather than regular focusing on time taking construction/rehabilitation of WASH infrastructure) and considering the urgent and higher number of people being in need in areas of intervention (for Outputs 1.6 and 1.7) – a strategy adjusted following the initial needs assessment. By the end of the project, UNICEF reached around 95,600 individuals (49,092 F; 46,506 M) with access to improved and sufficient water for drinking through:

- i. the rehabilitation/pipeline extension of 44 water sources (10 water yards' pipeline extended in North Darfur to provide water for new IDPs in 10 gathering points; 20 water yards rehabilitated and connected to 20 IDP gathering sites in Northern State; five water yards connected to the main water network in River Nile to extend water to five IDP gathering sites; and nine water supply connections set up in nine IDP gathering points, from the main water network supply system in Gezira);

- ii. water trucking services to 38 gathering points hosting new IDPs in River Nile (5), North Darfur (10) Northern State (20), White Nile (3) and 4 HCFs in North Darfur; and
- ii. provision of regular operation and maintenance services, including daily water chlorination, to 41 water sources in critical urban hubs of North Darfur (30), Northern State (8), White Nile (1) and River Nile (2).

UNICEF also provided WASH support to five institutional settings, connecting two Health Facilities and one school in North Darfur hosting new IDPS, one Health Facility in River Nile, and one Health Facility in Gezira. Additionally, these funds ensured that close to 12,000 vulnerable people (6,100 F; 5,900 M) gained access to basic sanitation services through:

- i. desludging of 55 emergency shared latrines in six IDP gathering sites in Gezira, reaching around 3,000 people (2,550 F; 2,450 M).
- ii. rehabilitation and desludging of 80 communal latrines and 62 latrines in River Nile and Northern State respectively, reaching around 5,000 (2,550 F; 2,450 M) people; and construction of 200 shared emergency latrines in North Darfur, reaching 4,000 people (2,000 F; 2,000 M). In addition, 63,400 people (31,100 F; 32,300 M) were reached with hygiene promotion across the four states; and 9,800 people (5,000 F; 4,800 M) benefitted from critical WASH supplies (including soap and hygiene kits) in Gezira, River Nile and Northern state.

3. Changes and Amendments

UNICEF intensified its efforts to implement integrated nutrition campaigns in the IDP-receiving states of Blue Nile, Kassala, Gedarif, North Darfur, and Red Sea. Consequently, more children under five and pregnant and lactating women were reached, exceeding the initial plan targets under this CERF grant. This was due to the ability to screen more children and reach more pregnant and lactating women with counselling through the accelerated integrated nutrition campaigns.

Health results vs targets are reflective of the complex operational environment in Darfur, including the collapsing banking system, communications blackouts, limitations on access to cash, and constrained human resource capacities.

For WASH interventions, though the initial plan was to focus solely on rehabilitating water sources, due to the needs on the ground, UNICEF focused on also supporting the extension of existing pipelines to reach more IDPs at the gathering points instead, as well as providing short term water trucking for three months to assist the most pressing initial needs whilst water infrastructure was being connected. Such strategy was critical, as the focus was on providing the much-needed immediate water supply services to locations assigned as IDP gathering points, which in most cases had no existing water source (e.g., handpumps) close by, hence many water pipeline extensions from the main water supply systems were done instead. Such approach resulted in higher achievements than initially planned, as water connections managed to reach an additional number of people with durable option (especially as connections were complemented with provision of storage tanks, pumps and bladders) in comparison to the initial targets, which were based on handpumps serving a maximum of 500 people/ handpump. However, spare parts were provided to WES across all four states for handpump repairs to support other locations. A similar shift in implementation took place as part of the sanitation component, whereby the focus was on ensuring the maintenance of existing communal latrines through desludging, rather than constructing/rehabilitating new ones, to respond to the continuous waves of IDP arrivals following new bouts of conflict arising.

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 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Internally displaced people | 172,080 | 0 | 163,920 | 148,080 | 484,080 | 158,104 | 0 | 166,811 | 126,811 | 451,726 |
| Host communities | 86,040 | 0 | 81,960 | 74,040 | 242,040 | 79,052 | 0 | 80,405 | 66,406 | 225,863 |
| Other affected people | 28,680 | 0 | 27,320 | 24,680 | 80,680 | 26,500 | 0 | 25,301 | 23,486 | 75,287 |
| Total | 286,800 | 0 | 273,200 | 246,800 | 806,800 | 263,656 | 0 | 272,517 | 216,703 | 752,876 |

People with disabilities (PwD) out of the total

| | | | | | | | | | | |
|--|--------|---|--------|-------|--------|--------|---|-------|-------|--------|
| | 11,472 | 0 | 10,828 | 9,872 | 32,172 | 10,890 | 0 | 9,950 | 9,275 | 30,115 |
|--|--------|---|--------|-------|--------|--------|---|-------|-------|--------|

| Sector/cluster | Nutrition | | | | | | | | | |
|-----------------------------|---------------|----------|---------------|---------------|----------------|---------------|----------|---------------|---------------|----------------|
| Category | Planned | | | | | Reached | | | | |
| | Women | Men | Girls | Boys | Total | Women | Men | Girls | Boys | Total |
| Refugees | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Returnees | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Internally displaced people | 30,938 | 0 | 42,095 | 43,813 | 116,846 | 35,773 | 0 | 57,252 | 59,590 | 152,615 |
| Host communities | 8,550 | 0 | 11,493 | 11,963 | 32,006 | 9,886 | 0 | 15,631 | 16,270 | 41,787 |
| Other affected people | 5,625 | 0 | 7,662 | 7,975 | 21,262 | 6,504 | 0 | 10,421 | 10,846 | 27,771 |
| Total | 45,113 | 0 | 61,250 | 63,751 | 170,114 | 52,163 | 0 | 83,304 | 86,706 | 222,173 |

People with disabilities (PwD) out of the total

| | | | | | | | | | | |
|--|-------|---|-------|-------|--------|-------|---|--------|--------|--------|
| | 6,187 | 0 | 8,419 | 8,763 | 23,369 | 7,154 | 0 | 11,663 | 12,139 | 31,104 |
|--|-------|---|-------|-------|--------|-------|---|--------|--------|--------|

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

| Sector/cluster | Water, Sanitation and Hygiene | | | | | | | | | |
|--|-------------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Category | Planned | | | | | Reached | | | | |
| | Women | Men | Girls | Boys | Total | Women | Men | Girls | Boys | Total |
| Refugees | 1,632 | 1,568 | 2,480 | 2,320 | 8,000 | 0 | 0 | 0 | 0 | 0 |
| Returnees | 0 | 0 | 0 | 0 | 0 | 2,925 | 2810 | 4,446 | 4,159 | 14,340 |
| Internally displaced people | 9,792 | 9,408 | 14,880 | 13,920 | 48,000 | 9,751 | 9,369 | 14,818 | 13,862 | 47,800 |
| Host communities | 4,896 | 4,704 | 7,440 | 6,960 | 24,000 | 6,826 | 6,558 | 10,373 | 9,703 | 33,460 |
| Other affected people | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 16,320 | 15,680 | 24,800 | 23,200 | 80,000 | 19,502 | 18,737 | 29,637 | 27,724 | 95,600 |
| People with disabilities (PwD) out of the total | | | | | | | | | | |
| | 650 | 627 | 990 | 930 | 3,197 | 824 | 858 | 471 | 454 | 1,682 |

* 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

Lifesaving health interventions at Primary Health Care level are child and family-centred, including awareness sessions and counselling on pandemic prevention and better childcare, which benefit entire families.

For Nutrition, the indirect beneficiaries included fathers of children under-five, who received educational messages on optimal infant and young child feeding practices.

For WASH, the indirect beneficiaries included household members of those families hosting IDPs who received WASH supplies from the core pipeline. Additionally, as part of UNICEF's hygiene campaigns, it is also expected that a high number of passers-by and individuals transiting through also benefitted from the messages shared.

6. CERF Results Framework

| | | | | |
|--|---|---------------|-----------------|---|
| Project objective | Provision of essential WASH, Health, and Nutrition interventions to children and families affected by the ongoing violence | | | |
| Output 1 | Delivery sustained gender-sensitive humanitarian WASH services to newly displaced individuals at IDP gatherings and transit sites, and to host communities, child friendly/learning spaces, health care facilities and treatment centres. | | | |
| 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 1.1 | WS.6 Number of people in humanitarian situation accessing sufficient and safe water for drinking, cooking and/or personal hygiene use as per agreed sector standard. | 80,000 | 95,600 | Monthly output indicator report; High Frequency Partner Reporting Dashboard |
| Indicator 1.2 | WS.15 Number of communal water points (water yards, mini water yards, solar handpumps, handpumps, water taps and systems) constructed and/or rehabilitated. | 59 | 44 | Monthly output indicator report; High Frequency Partner Reporting Dashboard |
| Indicator 1.3 | Number of facilities (health centers or schools) in emergency that are connected to safe water sources. | 5 | 5 | Monthly output indicator report; High Frequency Partner Reporting Dashboard |
| Indicator 1.4 | Number of people in humanitarian situation who have access to gender sensitive sanitation facilities. Sanitation facilities meeting SPHERE standards. (Maximum 20 people per hole). | 10,000 | 11,970 | Monthly output indicator report; High Frequency Partner Reporting Dashboard |
| Indicator 1.5 | WS.17 Number of people receiving WASH/hygiene messaging | 50,000 | 63,400 | Monthly output indicator report; High Frequency |

| | | | | |
|---------------|--|-------|--------|---|
| | | | | Partner Reporting Dashboard |
| Indicator 1.6 | WS.16a Number of people receiving critical WASH supplies (e.g. WASH/hygiene kits). | 9,500 | 10,000 | Monthly output indicator report; High Frequency Partner Reporting Dashboard |

Explanation of output and indicators variance:

Results vs targets are reflective of a shift in implementation strategy whereby, rather than focusing solely on the construction and rehabilitation of water sources, UNICEF mainly supported setting up connections and extending existing water pipelines to reach more IDP gathering points, daily water chlorination activities, and provision of minor repairs to run major facilities, as well as providing short term water trucking to assist the most pressing initial needs whilst water infrastructure was being connected. Such strategy was especially critical in Gezira, River Nile, and Northern states, as the focus was on providing services to locations assigned as IDP gathering points, which in most cases had no existing handpumps close by, hence many water pipeline extensions from the main water supply systems were done instead. Such a change in approach had a direct impact on the achievements of **Indicator 1.2** as in the end, fewer water sources were constructed/ rehabilitated, and priority was given to addressing the increasing lifesaving needs of IDPs at gathering points. Results vs targets for **Indicator 1.4** are also reflective of a shift in implementation strategy, whereby investment was focused on desludging of existing latrines compared to the construction of new ones/rehabilitation – an approach which was critical to respond to the needs of increasing and numerous waves of IDP arrivals. Achievements in **Indicator 1.6** are attributed to highly populated IDP gathering sites, which witnessed an increasing flow of people over the project period. This justification also applies to achievements in **Indicator 1.7** where more people had to be provided with critical supplies.

| Activities | Description | Implemented by |
|--------------|---|--|
| Activity 1.1 | Provision of safe water through water trucking to emergency affected populations. | North Darfur: Tabasheer Voluntary Development Organization and Aljuzur Organization For Peace And Rehabilitation And Development Gezira: Sudanese Red Crescent Society. River Nile: National Planning Organisation Northern State – Sudanese Red Crescent Society White Nile: Direct payment modality, through WES. |
| Activity 1.2 | Construction/Rehabilitation of 5 main water yards and 54 handpumps including upgrading of 4 main water yards to solar hybrid facilities. | North Darfur: Tabasheer Voluntary Development Organization and Aljuzur Organization For Peace And Rehabilitation And Development Gezira: Sudanese Red Crescent Society. River Nile: National Planning Organisation Northern State – Sudanese Red Crescent Society |
| Activity 1.3 | Provide 5 health centres with basic water and distribution systems. | North Darfur: Tabasheer Voluntary Development Organization and Aljuzur Organization For Peace And Rehabilitation And Development Gezira: Sudanese Red Crescent Society. River Nile: National Planning Organisation Northern State – Sudanese Red Crescent Society |
| Activity 1.4 | Training of 30 WASH committees and community volunteers on community-based water resource management, gender friendly WASH system operation | North Darfur: Tabasheer Voluntary Development Organization. Gezira: Sudanese Red Crescent Society. River Nile: National Planning Organisation |

| | | |
|--------------|---|---|
| Activity 1.5 | Provision of O&M of existing facilities including chlorination of 5 water yards for 3months. | North Darfur: Tabasheer Voluntary Development Organization, River Nile: National Planning Organisation & Sudanese Red Crescent Society Northern State – Sudanese Red Crescent Society White Nile: Direct payment modality, through WES. |
| Activity 1.6 | Construction of 250 emergency communal latrines (shared by 50 people/ unit) | North Darfur: Aljuzur Organization For Peace And Rehabilitation And Development; Gezira: Sudanese Red Crescent Society. River Nile: National Planning Organisation & Sudanese Red Crescent Society Northern State – Sudanese Red Crescent Society |
| Activity 1.7 | Training of 30community hygiene volunteers targeting atleast 84/HH for 3months. | North Darfur: Aljuzur Organization For Peace And Rehabilitation And Development; Gezira: Sudanese Red Crescent Society; River Nile: National Planning Organisation & Sudanese Red Crescent Society Northern State – Sudanese Red Crescent Society |
| Activity 1.8 | Conduct 10 hygiene promotion campaigns and dissemination of key messages including handwashing at critical times. | North Darfur: Tabasheer Voluntary Development Organization and Aljuzur Organization For Peace And Rehabilitation And Development Gezira: Sudanese Red Crescent Society & Sudanese Red Crescent Society River Nile: National Planning Organisation Northern State – Sudanese Red Crescent Society |

| | | | | |
|--|--|---------------|-----------------|-------------------------------|
| Output 2 | Provision of lifesaving integrated health services, including new born services, across primary, secondary, and tertiary levels of maternity and newborns hospitals, focusing on addressing needs in displacement areas with no functional fixed sites. This includes strengthening response to epidemics in displacement and conflict areas in anticipation of increase during upcoming floods season. | | | |
| 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.8 Number of children and women accessing essential primary health care in UNICEF-supported facilities | 750,000 | 752,876 | HPM |
| Indicator 2.2 | Number of community and PHC health workers trained in different health topics (case management, IPC, health promotion, IMCI, EMONC) | 420 | 429 | FOs bi-weekly reports |
| Explanation of output and indicators variance: | UNICEF has increased its efforts to carry out combined health and nutrition campaigns in the states with high numbers of IDPs and in the communities hosting them, including in Blue Nile, Kassala, Gedarif, North Darfur, Sennar, and Red Sea. Consequently, more children under five and their mothers were able to receive primary health care (PHC) services, surpassing the initial targets set for this CERF grant. This was made possible by identifying more | | | |

| | | children under five for measles vaccination and providing Integrated Management of Childhood Illnesses (IMCI) services, which include treatment for diarrhoea and malaria for the children and their mothers. |
|--------------|--|---|
| Activities | Description | Implemented by |
| Activity 2.1 | Support provision of lifesaving services at PHC and community levels, including EPI, IMCI and referral services for affected population in targeted areas, through procurement and distribution supplies, including operational cost | Kassala State Ministry of Health, Gadarif State Ministry of Health, Red Sea State Ministry of Health, Blue Nile State Ministry of Health, East Darfur Ministry of Health, Sennar State Ministry of Health, Autash Association for Peace and Development, Global Aid, National Initiative for Development Organization |
| Activity 2.2 | Capacity building of the 600 PHC staff/community health volunteers (400 Female, 300 Male) on early identification of infection disease, alerting SMOH/FMOH and case management | Kassala State Ministry of Health, Gedarif State Ministry of Health, Red Sea State Ministry of Health, Blue Nile State Ministry of Health, White Nile and North Darfur State Ministry of Health, Sennar State Ministry of Health |
| Activity 2.3 | Support the early warning system on risks of communicable diseases at community and PHC levels (Cholera, Measles, Malaria, and Dengue) | Kassala State Ministry of Health, Gadarif State Ministry of Health, Red Sea State Ministry of Health, Blue Nile State Ministry of Health, White Nile State Ministry of Health, Sennar State Ministry of Health, |

Output 3 Provision of lifesaving nutrition services, including SAM management, malnutrition screening, vitamin A supplementation, deworming for U5 children, and IYCF counselling and iron-folate supplementation for PLWs.

| 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 3.1 | N.3a Number of people admitted to SAM treatment programme (therapeutic feeding) (girls and boys aged 6-59 months) | 11,500 | 12,923 | CMAM database |
| Indicator 3.2 | N.6 Number of people receiving training and/or community awareness sessions on maternal, infant and young child feeding in emergencies (Number of mothers/caregivers accessing infant and young child feeding -IYCF- counselling including those with children suffering from SAM, through mother support groups and facilities) | 45,113 | 52,163 | UNICEF reporting system |
| Indicator 3.3 | N.3b Percentage of people (girls and boys (6-59 months)) who were admitted for SAM treatment who recovered (SAM recovery rate) | More than 75% (as per SPEHRE standards) | 90% | CMAM Database |
| Explanation of output and indicators variance: | | UNICEF intensified its efforts to implement integrated nutrition campaigns in the IDP-receiving states of Blue Nile, Kassala, Gedarif, North Darfur, and Red Sea. Consequently, more children under five and pregnant and lactating women were reached, exceeding the initial plan targets under this CERF grant. | | |

| | | This was due to the ability to screen and identify more children under five and reach more pregnant and lactating women with counselling through the accelerated integrated nutrition campaigns. |
|--------------|--|--|
| Activities | Description | Implemented by |
| Activity 3.1 | Procurement and delivery of nutrition supplies | Kassala State Ministry of Health, Gadarif State Ministry of Health, Red Sea State Ministry of Health, Blue Nile State Ministry of Health, North Darfur State Ministry of Health, Sennar State Ministry of Health, National Initiative for Development Organization |
| Activity 3.2 | Support the provision of lifesaving treatment services for children with Severe Acute Malnutrition (SAM) at out-patient therapeutic programmes (OTPs) either through health facilities or mobile teams | Kassala State Ministry of Health, Gadarif State Ministry of Health, Red Sea State Ministry of Health, Blue Nile State Ministry of Health, North Darfur State Ministry of Health, Sennar State Ministry of Health, National Initiative for Development Organization |
| Activity 3.3 | Support the provision of integrated nutrition services at PHC facilities | Kassala State Ministry of Health, Gadarif State Ministry of Health, Red Sea State Ministry of Health, Blue Nile State Ministry of Health, North Darfur State Ministry of Health, Sennar State Ministry of Health, National Initiative for Development Organization |
| Activity 3.4 | Promote quality infant and young children feeding (IYCF) practices through facility level and community-level counselling services | Kassala State Ministry of Health, Gadarif State Ministry of Health, Red Sea State Ministry of Health, Blue Nile State Ministry of Health, North Darfur State Ministry of Health, Sennar State Ministry of Health, National Initiative for Development Organization |
| Activity 3.5 | Strengthen quality of life-saving nutrition services through enhanced supportive supervision, data management and monitoring | Kassala State Ministry of Health, Gadarif State Ministry of Health, Red Sea State Ministry of Health, Blue Nile State Ministry of Health, North Darfur State Ministry of Health, Sennar State Ministry of Health, National Initiative for Development Organization |

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 areas¹² 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.**

¹² These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

a. Accountability to Affected People (AAP) ¹³:

UNICEF uses different community-based approaches to engage the affected population on the project planning phase, designs, implementation, and management of the facilities. During project implementation, community members are encouraged to express their views through the established complaints and feedback mechanisms channels of UNICEF, frontline staff, during monitoring visit, and dedicated mechanisms, focus group discussions etc. to ensure that all community members equally benefit from the project. UNICEF's implementing partners is flexible to modify the engagement modality if initially planned activities are causing potential conflict (Do No Harm). UNICEF also supports the community in sustaining and managing their facilities and developing a sense of ownership.

The targeted crisis-affected people were engaged in all Health, Nutrition and WASH services delivery, including planning, implementation, and monitoring through focus group discussions and community meetings. Additionally, UNICEF also ensured that 50 percent of the participants in every training were female, as a way of ensuring they could influence decisions on how these systems would be effectively operated, maintained, and sustained to continue meeting the specific needs of the different groups. This was critical as based on sectoral experience over the years, it has been noticed that women and youth have anecdotally contributed to strengthening these groups, being more heavily involved in the management of the facilities.

b. AAP Feedback and Complaint Mechanisms:

UNICEF is entrusted by global guidelines such as the Core Humanitarian Standard (CHS) SPHERE and the Inter-Agency Standing Committee commitments to safeguard the need for the provision of timely and lifesaving information, active participation, access to feedback mechanisms and provision of enhanced services from a coordinated network of humanitarian stakeholders. As a response to the variant contextual needs like accessibility, culture, language, and network, UNICEF has established accessible, inclusive, and equitable CFM channels like a toll-free hotline operated by a call centre (team of 15 staff), email, chatbot, and face-to-face community help desks and focal points in Sudan. The channels operate within digitized, secure online and offline systems with three consent levels⁵ and clear data protection and confidentiality across different parties, with the possibility to disclose anonymously. All the feedback received undergoes a case management process with existing internal and external referral pathways, with strong inter-agency coordination built by UNICEF and AAP working group. Feedback provision is a mandatory aspect to close the loop on a case. Feedback is analysed to be incorporated and reflected into the design and quality of programming as well as into relevant inter-agency or cluster referrals to adapt responses according to the needs of the people. UNICEF is developing the inter-agency joint CFM channels for a harmonized and trusted approach, as CFM channels also help with monitoring and evaluation of the implementation and delivery. UNICEF has established the complaints and feedback mechanisms for accessible, inclusive and equitable channels as two-way communication with the affected population, targeted beneficiaries, service providers, and all stakeholders, while UNICEF is currently leading the interagency CFM using the established mechanisms.

In addition to the above channels, UNICEF gets feedback through implementing partners and during the monitoring visits. For WASH specifically, and as part of the approved program documents between UNICEF and the project's implementing partners, a specific AAP clause was included to safeguard the implementing partner commitment, which required at a very minimum that IPs: i) integrated AAP in the planning and monitoring processes and frameworks, with appropriate indicators (processes include work plans, budgets, assessments, satisfaction surveys, PDM, etc) and ii) that they facilitated the provision of timely information and availability of safe, equitable and inclusive platforms for consultation of communities throughout the programme, whilst sensitizing communities on the available feedback channels (UNICEF-led and alternative face to face platforms). Additionally, implementing partners also took part in a UNICEF-led AAP Training Session, where AAP's Focal Points were briefed on the requirements and further actions were agreed upon to link the partners' staff to the UNICEF CFM hub for close coordination. UNICEF also held regular meetings with the communities and committees formed as part of

¹³ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

the project to discuss the progress of work and receive complaints from community members or technicians as a pathway to receive feedback from beneficiaries and solutions. The concerns received varied in nature and size, with most of them focusing on the lack of available services (quantity or quality of water), the location of toilets, the lack of transportation and storage utensils, and sometimes the friction that occurs at water distribution points.

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

SEA is integral to UNICEF Sudan's work. Each implementing partner's organizational risk is assessed, and partner staff are trained to prevent, mitigate, and respond to SEA. UNICEF is actively engaging with other humanitarian actors and partners to ensure coordinated, appropriate, and effective responses to incidents of SEA. Internally, UNICEF has both in-country and HQ-level reporting channels and notification procedures for escalation and institutional accountability and follow-up, particularly for child survivors. Focal points for PSEA are assigned within UNICEF and partner organizations to spearhead implementation of PSEA interventions in UNICEF-supported sites including capacity building and support risk mitigation and awareness raising as well as victim assistance. All UNICEF service delivery points offer safe and child- and gender-sensitive channels for community members to make complaints of SEA and referrals for survivor-centered services.

Throughout the project period, UNICEF played a major role in promoting the safety and well-being of displaced people, and even more so in protecting them from SEA. For example, as part of the approved program documents between UNICEF and the project's implementing partners, a specific PSEA clause was included, which required at a very minimum that IPs ensure that: i) managers at all levels have a particular responsibility to support and develop systems that maintain a SEA free environment, including sub-partners and subcontractors having direct contact with the target population; and ii) a referral pathway to enable survivors of SEA, including children, to receive immediate professional assistance is in place and up to date, referring them to relevant service providers within the areas of project intervention. To strengthen this, IPs also took part in a UNICEF-led PSEA Training Session, where IPs PSEA Focal Points were briefed on the requirements or organized internal workshops. In River Nile, for example, the IP conducted an internal PSEA training for 24 casual workers (14 male and 10 female) hired to assist with WASH supply distribution. The casual workers were trained on key SEA messages and its six core principles, consequences, and reporting channels, and prominently displayed in their office-related information on PSEA in their notice board. The above was complemented by ensuring that all CERF interventions were designed considering the needs of the most vulnerable groups to help mitigate these risks. For example, newly constructed latrines were built with separate men's and women toilets, with special consideration for placing them in safe locations and at safe distances from homes, with strong superstructures with gates and sometimes locks to provide privacy. UNICEF also worked to provide enough water and utensils for transportation and preservation for families, to reduce tension at home and prevent domestic violence.

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

Women were engaged to participate in and lead community mobilization activities (hygiene promotion, MUAC screening, optimal infant and young child feeding counseling, and nutrition education covering both preventive and curative interventions).

Gender-based violence harms the lives and futures of countless women and girls, exacerbating the challenges already faced by people living in emergencies. During the project period, UNICEF ensured that WASH facilities addressed gender-sensitive needs, especially young women, and to achieve this, sanitation facilities were separated and placed at a safe and accessible distance from homes. The special needs of girls during menstruation were accounted for, through the provision of sanitary wear included as part of the WASH dignity kits. Women and girls were given more seats in training courses and all aspects of capacity building as well as administrative and decision-making courses to ensure their voices were heard and their needs included in final decisions. The above was ensured by incorporating a minimum of gender-specific considerations as part of the program documents approved between UNICEF and its implementing partners.

e. People with disabilities (PwD):

UNICEF interventions target the most vulnerable children/women, this includes people living with disabilities. Disabled people are considered in all the designs. UNICEF ensured that special attention was given to mothers of children with disabilities by providing them with education on optimal infant and young child feeding practices to improve their feeding.

The needs of people with disability remained at the centre of UNICEF’s programs by ensuring that a minimum set of considerations were included as part of the program documents approved between UNICEF and its implementing partners. For example, as part of initial assessments, information about their needs was captured through focus group discussions with feedback received being incorporated into the designs, locations, and distances of the bathrooms, as well as the ease of access and use by the PwD, in addition to being available to them, especially in sanitation facilities. In River Nile, for example, consultations between the WASH committee set up by the project and persons with disabilities were held, resulting in the construction of 10 communal and 5 household-accessible latrines near households with people with disabilities.

f. Protection:

Ensuring safety for all beneficiaries, especially vulnerable women, adolescent girls, and children is essential for UNICEF. UNICEF is committed to enhancing the complaint mechanism while advocating for its partners to take into account of potential protection concerns when activities are implemented.

For WASH, protection aspects were developed with the participation of IDPs in designs, siting, and monitoring during implementation, considering gender and privacy needs. As an example, UNICEF placed water and sanitation facilities close and accessible to beneficiaries, and separated bathrooms/toilets between women and men, with the provision of locks for institutional latrines and lighting for all female latrines to enhance visibility and night.

g. Education:

IYCF counselling corners were created at some health facilities to provide dedicated services to caregivers. Community support systems were established through the creation of mother support groups to offer care and support to each other, especially new mothers. Through partners, the mother support groups were trained and provided nutrition education tools to support their activities. These groups also received regular support from Ministry of Health staff and partners to undertake their activities.

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.

We understand that cash and voucher assistance is a good option for emergency responses. However, we would like to highlight that the nature of the nutrition response- unlike most other sectors- is not feasible to be delivered through cash or voucher.

The nutrition supplies required are therapeutical and consist of specialized therapeutic foods that are not available in local markets. UNICEF is procuring these supplies from offshore global suppliers who adhere to the necessary technical, standards. Additionally, other activities under the nutrition response are related to ensuring the availability of service delivery, which includes supporting the functionality of health facilities and mobile teams. These activities also fall outside the feasible category for cash-based intervention.

Parameters of the used CVA modality:

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

9. Visibility of CERF-funded Activities

| Title | Weblink |
|---------|---|
| Twitter | <p>2024</p> <ul style="list-style-type: none"> 12 FEB: The first 1,000 of 98,000 cartons of ready-to-use therapeutic food (RUTF) is on its way to El Fasher #Sudan. The #RUTF cross-border shipment will treat 100k children suffering from malnutrition. @UNCERF @USAIDSavesLives & @FCDOGovUK support. We need safe & sustained access. (Twitter) 14 APR: The nutrition situation in #Sudan continues to deteriorate day by day. 🙏 to @USAIDSavesLives, @eu_echo, @UNCERF, @FCDOGovUK support, UNICEF & its partners are working on the ground to provide life-saving aid. This is not enough. We need unimpeded & sustained humanitarian access. (Twitter) 20 MAY: In war-torn #Sudan, UNICEF midwifery & obstetric kits are addressing the health needs of over 30,000 mothers and their newborns. 📺 Watch to learn how midwifery kits supported by @eu_echo, @Japan_Emb_Sudan, @USAIDSavesLives & @UNCERF protect babies & mothers. (Twitter) 28 MAY: Some 1.3M babies will be born in #Sudan in 2024. As the war continues, their lives are at risk with the health system on the brink of collapse. UNICEF continue to provide life-saving aid for mother& babies 🙏 to the support @eu_echo @Japan_Emb_Sudan @USAIDSavesLives & @UNCERF. (Twitter) <p>2023</p> <ul style="list-style-type: none"> 1 FEB: Education is more than learning. It provides a sense of normality to students in times of crisis. With thanks to United Nations CERF, UNICEF Sudan & partners support continuity of learning by providing education supplies to flood affected schools. (Twitter, Facebook, Linkedin) 16 JUL: Water is a lifeline for children in crisis. @UNICEFSudan & partners provides water trucking & chlorination which provide 30K liters of clean water to 1,500 people who are displaced/host communities in #Gezira, |

| | |
|----------------|--|
| | <p>#Sudan. Thanks to @UNCERF for making it possible! (Twitter Facebook)</p> <ul style="list-style-type: none"> • 29 AUG: Mama Aziza is a nutritionist trained by UNICEF in North Darfur. With frontline workers like Aziza, UNICEF is treating children with severe acute malnutrition in #SudanCrisis. (Twitter, Facebook, IG, Linkedin) • 25 SEP: Disease outbreaks linked to floods & displacement in #Sudan are deeply concerning. Thanks to @CanadaSudan @UNCERF. UNICEF delivered 90 metric tons WASH supplies to River Nile & Gedaref as part of floods response to protect children from water-borne diseases like cholera & diarrhea (Twitter) <p>10 NOV: ⚠️ Over 3M people in #Sudan at risk of acute watery diarrhea & cholera with at least 1,600 suspected cases & 67 death. 🙏 @eu_echo & @UNCERF for support to UNICEF in responding to #cholera outbreaks & try preventing more. Let's redouble efforts to contain outbreaks & save lives. (Twitter)</p> |
| <i>Article</i> | <ul style="list-style-type: none"> • Delivering babies during the war: UNICEF is equipping health workers with skills and equipment to support maternal and newborn care |
| <i>Videos</i> | <ul style="list-style-type: none"> • Why sustained humanitarian access is key to save lives in #Sudan? • Unboxing UNICEF's Midwifery Kits: https://www.youtube.com/watch?v=S-rhfKaY-8A • Supporting newborn care during the war in #Sudan: https://www.youtube.com/watch?v=X5kIW0b9yso |

3.7 Project Report 23-RR-WFP-033

| 1. Project Information | | | |
|---------------------------------|---|--|--|
| Agency: | WFP | Country: | Republic of the Sudan |
| Sector/cluster: | Common Services - Emergency Telecommunications Common Services - Humanitarian Air Services | CERF project code: | 23-RR-WFP-033 |
| Project title: | Facilitation of Demand-Driven Emergency Telecommunications and Humanitarian Air Services | | |
| Start date: | 03/08/2023 | End date: | 02/08/2024 |
| 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\$ 100,800 |
| | Total funding received for agency's sector response to current emergency: | | US\$ 3,330,000 |
| | Amount received from CERF: | | US\$ 6,000,489 |
| | Total CERF funds sub-granted to implementing partners: | | US\$ 0 |
| | Government Partners | | US\$ 0 |
| | International NGOs | | US\$ 0 |
| National NGOs | | US\$ 0 | |
| Red Cross/Crescent Organisation | | US\$ 0 | |

2. Project Results Summary/Overall Performance

UNHAS

UNHAS continues to ensure the provision of air services to Sudan. Following the conflict, UNHAS secured humanitarian access to and from Sudan for humanitarian/development workers and cargo. To ensure project needs are met using CERF resources, UNHAS Sudan promptly established an airbridge initially using one fixed-wing aircraft (EMB 145, 50-seater) between Jeddah/and Port Sudan, Addis Ababa/ Port Sudan, and finally settled on the operation of two concurrent airbridges: Nairobi/ Port Sudan and Amman/ Port Sudan. Due to the increasing and consistent demand for UNHAS services amongst the humanitarian community, a third flight per week was added in September from Nairobi to Port Sudan in addition to the one flight per week from Amman.

Establishing the two airbridges with Nairobi and Amman involved some challenges, including visa issues and flight clearances. Both airbridges remain critical in facilitating humanitarian travel, as the Sudanese airspace remained closed as of September 2024. Residual risks associated with the ongoing conflict persist, but UNHAS continues to review opportunities to reopen internal flights in the country's eastern part. Therefore, based on a thorough security assessment, the possibility of commencing flights from Port Sudan to Kassala may be considered. Further destinations such as Damazine and Kosti may be considered, depending on the security situation over the coming months and jet fuel availability in those locations.

During the reporting period, UNHAS transported 570 passengers and 2.8 MT of light humanitarian cargo per month, totaling over 7,400 passengers and 36 MT of cargo over the allocation period. Additionally, UNHAS conducted 18 medical evacuations and 469 flights during this period. These results surpass some targets; for example, the average monthly number of passengers transported surpasses the set target of 400 passengers per month by an additional 170. The assumptions and timelines made at the design stage, such as the reopening of internal flights, were not able to properly estimate the unfolding circumstances of the conflict and were determined on a prudent scale of assumptions regarding the potential impact on UNHAS operations. UNHAS continues to monitor the direction of the war closely and works closely with UNDSS and WFP security services (including the WFP CIVMIL/Access team) to gauge a safe window of opportunity to re-start internal flights while continuing to provide the two airbridges.

ETC

Since the Emergency Telecommunications Cluster's (ETC) activation in Sudan on 25 May 2023, over 45 organizations have received support through connectivity services and the delivery and installation of equipment to support the international humanitarian community. The end date of this allocation roughly coincides with one year of impactful work amid a volatile and complex security situation while ensuring humanitarian responders can communicate and assist the Sudanese people during this crisis. Thanks to the funding from this contribution along with other contributions close to the start of the conflict in August 2023, five operational areas have been covered with ETC services, 700 humanitarians remain connected to the internet, and VHF radio networks are supported throughout the country. Along with this service provision to the humanitarian community, 88 percent of users have responded they are happy with the cluster's services through the cluster's satisfaction survey mechanism.

Key challenges throughout the reporting period included high insecurity in a war context, restricted travel, and logistical constraints to the import of required equipment. In addition, the ETC faces an ongoing challenge in moving equipment between states. The Government of Sudan has introduced requirements whereby prior approval must be obtained before moving any equipment within the country, which is adding complexity to the ETC's operations.

Despite these challenges, and looking to the rest of 2024, ETC is making strides in scaling up the humanitarian community's connectivity and ability to respond to the hunger crisis and famine in Sudan. ETC is supporting the establishment of multiple operational hubs across Sudan, including a temporary office in Zalingei, Central Darfur, and a new office in Karari, Khartoum. These hubs will serve as joint operations centers for the humanitarian community. Additionally, in August 2024 a 1GB dedicated undersea fiber internet service was activated in Port Sudan. This significantly enhances high-speed internet connectivity, reducing dependency on satellite communication services for humanitarians.

3. Changes and Amendments

During the reporting period, ETC and UNHAS required two NCEs for this allocation due to challenges brought about after the approval of this allocation. ETC required NCEs due to restrictions imposed on the import of equipment by the Government. In 2023 and 2024, increased bureaucratic impediments have been identified as the new norm for humanitarian organizations, especially for medical supplies, nutritious commodities, and connectivity equipment.

Additionally, UNHAS required a reprogramming of funds across cost categories given the reduced expenses on security measures at domestic airports as the airspace and internal airports remain closed.

These requests were generously granted by the CERF Secretariat, and both UNHAS and ETC met the revised deadlines based on expenditure and reach of proposed targets.

4. Number of People Directly Assisted with CERF Funding*

| Sector/cluster | Common Services - Humanitarian Air Services | | | | | | | | | |
|--|---|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Category | Planned | | | | | Reached | | | | |
| | Women | Men | Girls | Boys | Total | Women | Men | Girls | Boys | Total |
| Refugees | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Returnees | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Internally displaced people | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Host communities | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other affected people | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| People with disabilities (PwD) out of the total | | | | | | | | | | |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| Sector/cluster | Common Services - Emergency Telecommunications | | | | | | | | | |
|--|--|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Category | Planned | | | | | Reached | | | | |
| | Women | Men | Girls | Boys | Total | Women | Men | Girls | Boys | Total |
| Refugees | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Returnees | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Internally displaced people | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Host communities | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other affected people | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 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.

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 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

Neither UNHAS nor ETC monitor people indirectly targeted by operations and flights as part of its corporate evaluation indicators. WFP does not have the data /statistics to support any response here.

6. CERF Results Framework

| | | | | |
|--|--|-----------------------|--|---|
| Project objective | Enhance mobility and connectivity to air and telecommunications services to enable sustained humanitarian interventions and support safety of humanitarian staff | | | |
| Output 1 | Provision of shared data connectivity services | | | |
| Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | |
| Sector/cluster | Common Services - Emergency Telecommunications | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 1.1 | Number of common operational areas provided with shared data connectivity services | 4 | ETC is operational in 5 cities with a total of 71 Sites. | ETC Data https://www.etcluster.org/emergency/sudan-conflict |
| Indicator 1.2 | Number of common operational areas provided with security communications services | 4 | 5 | ETC Data https://www.etcluster.org/emergency/sudan-conflict |
| Indicator 1.3 | User satisfaction rating | 80% | 88% | ETC Data https://www.etcluster.org/emergency/sudan-conflict |
| Explanation of output and indicators variance: | All targets met or in proximity to the target. | | | |
| Activities | Description | Implemented by | | |
| Activity 1.1 | Establish and provide shared data connectivity and security communications services in at least four, and up to 10 common operational areas. The four priority areas are Port Sudan, Kassala, Gedarif, and Wad Madani. | ETC | | |
| Activity 1.2 | Establish and provide security communications services, including radio training and programming, and technical advice and enhancements to security communications infrastructure in at least four, and up to 10 common operational areas. | ETC | | |
| Activity 1.3 | Coordination and information management. A dedicated ETC coordinator is present in Sudan, supported remotely by | ETC | | |

| | | |
|--|---|--|
| | a dedicated information management office to assess needs, share information, and collaborate with other humanitarian actors on the provision of shared services. | |
|--|---|--|

Output 2 Air transport services for personnel and light cargo

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

Sector/cluster Common Services - Humanitarian Air Services

| Indicators | Description | Target | Achieved | Source of verification |
|---------------|---|--------|------------------|------------------------|
| Indicator 2.1 | Number of passengers transported per month | 400 | 570 per month | UNHAS Data |
| Indicator 2.2 | Amount of light cargo transported per month | 2.5 MT | 2.8 MT per month | UNHAS Data |
| Indicator 2.3 | Number of organizations using the services | 135 | 75 | UNHAS Data |
| Indicator 2.4 | Number of locations served | 3 | 3 | UNHAS Data |

Explanation of output and indicators variance: At the drafting of this allocation proposal, UNHAS had and still has 135 registered users. 75 organizations have used the service during this reporting period. The variance and low number of users compared to the target can be attributed to some users no longer having a presence in Sudan post-conflict.

| Activities | Description | Implemented by |
|--------------|--|----------------|
| Activity 2.1 | Providing NGOs, UN agencies, donor organizations and diplomatic missions in Sudan with safe, effective and efficient air transport service. | UNHAS |
| Activity 2.2 | Transport light humanitarian cargo such as medical supplies, high energy foods and information and communications technology equipment among others. | UNHAS |
| Activity 2.3 | Provide adequate capacity for security and medical evacuations of humanitarian staff. | UNHAS |

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 areas¹⁴ 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.**

¹⁴ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

a. Accountability to Affected People (AAP) ¹⁵:

Not applicable to UNHAS or ETC operations.

b. AAP Feedback and Complaint Mechanisms:

The UNHAS and ETC Sudan operations have in place a complaints and feedback mechanism with the objective of providing users with a forum to share their experiences, which in turn benefits both operations through attentive management corrective actions.

Complaints are received through the UNHAS customer email address (unhas.sudan@wfp.org) which are acknowledged and entered into a log sheet. Once received, the issue is immediately reviewed and comprehensively investigated by the CATO and all involved staff/aircrew to ascertain the reasons for the incident. The CATO thereafter engages with the complainant directly or through their booking agent and provides findings and outcomes of the investigation including corrective actions (or apologies as the case may be) to ensure similar occurrences are mitigated. Comprehensive and timely investigations aim to demonstrate the importance UNHAS attaches to this process and ensure commitment to passengers.

Positive feedback from customers/booking agents is also welcomed through the same forum and is acknowledged, logged in our spread sheet and shared with all staff and WFP management. Both the complaints and positive operational feedback received from users across the board are useful in that they help improve the quality of service offered.

Annual passenger satisfaction surveys are performed with the last survey, conducted in December 2023 yielding 99 percent satisfaction. UNHAS also convenes with donor partners, user organizations, and other clients through the monthly User Group Committee (UGC) and quarterly Steering Committee (SC) meetings.

The ETC conducted a user satisfaction survey in October to assess the performance of ETC services and activities since activation on 25 May. The survey aims to gather feedback from all humanitarian partners using ETC services in the response and to identify areas where the cluster can improve. The key common services that the survey focused on include internet connectivity, customer support (ICT helpdesk), security communications services, and coordination and information management (IM) services.

The cluster used a questionnaire method to gather data from users of ETC services. The online semi-structured questionnaire had 13 questions including user profiles and a combination of Likert scale questions to rate the satisfaction levels with different services and open-ended questions for comments and suggestions to improve the different common services. The cluster electronically shared the survey link with all users of ETC services registered on the ETC user management platform, inviting them to take part in the survey from 3 to 17 October, and later extended the end date to 24 October to enable maximum participation. Further, within that period, the cluster sent reminders to encourage more user responses.

Participant responses translated to an overall user satisfaction rate of 88% for ETC services provided in the country. The survey found:

- 88% satisfaction rate for internet connectivity services
- 81% satisfaction rate for security communications services
- 95% satisfaction rate for customer support (ICT helpdesk) services

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

¹⁵ 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](#).

Although not immediately relevant to the proposed project for this allocation — to ensure PSEA, all WFP, UNHAS and ETC staff are obliged to take a corresponding corporate e-learning course. A PSEA Hotline is also accessible by all beneficiaries, with all incoming cases recorded and handled in a safe manner using a corporate case management system. The access is strictly limited to a limited number of staff to protect privacy of beneficiaries. PSEA-related consideration is also integrated into corporate contractual obligations of transporters through inclusion of corresponding clauses, requiring them to take all appropriate measures to prevent sexual exploitation, namely no sexual activities with a minor or engaging in any sexual favors or services, among others.

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

Not applicable to UNHAS or ETC operations.

e. People with disabilities (PwD):

Not applicable to UNHAS or ETC operations.

f. Protection:

Not applicable to UNHAS or ETC operations.

g. Education:

Not applicable to UNHAS or ETC operations.

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 utilized 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.

NA

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

[Fill in]

| [Fill in]

| US\$ [insert amount]

| Choose an item.

| Choose an item.

9. Visibility of CERF-funded Activities

| Title | Weblink |
|--------|---|
| Report | https://www.etcluster.org/sites/default/files/documents/ETC%20Sudan%20SitRep%202023-09-27%20draft02%20%281%29.pdf |

3.8 Project Report 23-RR-WHO-032

| 1. Project Information | | | |
|---------------------------------|--|--|--|
| Agency: | WHO | Country: | Republic of the Sudan |
| Sector/cluster: | Health | CERF project code: | 23-RR-WHO-032 |
| Project title: | Health Emergency Response to internal displaced people during the Current Humanitarian Crisis in Sudan | | |
| Start date: | 14/07/2023 | End date: | 13/01/2024 |
| 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\$ 67,560,000 |
| | Total funding received for agency's sector response to current emergency: | | US\$ 1,500,000 |
| | Amount received from CERF: | | US\$ 3,000,000 |
| | Total CERF funds sub-granted to implementing partners: | | US\$ 0 |
| | Government Partners | | US\$ 0 |
| | International NGOs | | US\$ 0 |
| National NGOs | | US\$ 0 | |
| Red Cross/Crescent Organization | | US\$ 0 | |

2. Project Results Summary/Overall Performance

Within the recent armed violence in Sudan that outburst on 15 April 2023, WHO in collaboration with FMOH and health cluster partners succeeded in implementing the reprioritized packages of interventions and activities supported under this allocation, this allocation remarkably contributed to mitigating humanitarian and health consequences of the current crisis that affected a large scale of Sudanese population with huge number of reported displacement, the current Sudan crisis resulted in high incidence of mortality, morbidity and severe injuries, and aggravation of chronic disease patients situation; nevertheless, the huge damage of public infrastructure, included damage of health system and services infrastructure, with acute lack of staff, and medical supplies.

WHO communicated CERF support officially in the Public Health Emergency Operation Centre (PHEOC), and has agreed on the different implementation modalities for the project, further, in partnership with the MoH, WHO has effectively worked on strengthening the state Surveillance System to achieve three main objectives (1- provide sufficient information to support decision-making for control operations at different levels, 2-to monitor disease trends and detect new patterns, 3 -to identify risk factors and vulnerable populations and explain mortality and morbidity phenomena), during the project implementation 853 (351 Female and 502 Male) participants from sentinel site trained surveillance in addition to 50 Rapid Response Teams (RRTs) has managed to investigate Cholera Cases that affected more than 100 villages in Gazira states, 6 villages in Sinnar, two towns in White Nile, two localities in Red Sea, three villages in River Nile and Northern states. Moreover, Dengue cases in Gazira state have been reported for the first time, 97% of suspected cases investigated by trained RRTs in Gazira, Sinnar, Red Sea, River Nile, and Northern states, these include but are not limited to AWD/cholera, Dengue fever, meningitis scorpion stink, scabies and Measles, total of 240 RRT mission has been conducted to investigate different rumors related to outbreaks and diseases under surveillance. finally, WHO supported EWARS/He-RAMS/EBS officers and coordinators to ensure timely and high-quality reporting and responses for EWARS-notifiable diseases and EBS-notifiable signals across nine states: River Nile, Northern, Sinnar, Gezira, White Nile, Red Sea states.

Through a generous contribution from CERF, WHO has managed to provide and support emergency essential health care through the Primary Health Care (PHC)/ Mobile clinics modality, ten mobile clinics supported in the project targeted states served 34,730 IDPs and host communities, 219 kits of Non-Communicable Diseases, Inter Emergency Health Kits and Mental Health Kits for both hospital and Mobile clinics in addition to 6 hospitals supported with trauma Kits and another 6 mental health hospital reached with Mental health kits to meet the needs of targeted groups. A total of 1983 mental health cases received medical care and psychosocial support. The procured quantities of medicine kits under this award were supplemented by supplies from CERF-UF and USAID awards to meet the growing demand during implementation time. Based on the mobile clinic technical reports Malaria, Gastroenteritis, enteric fever, and Measles cases were dominating disease trends in addition to Diabetes cases and HT, 2974 and 943 respectively, among adult patients.

Regarding Vector Control activity, the project covered 14 localities in four targeted states of White Nile, River Nile, Red Sea, and Gazera states on IDP settings, which was working on Water and Vector borne diseases by conducting Integrated vector control campaigns including vector surveillance and community sensitization; plus the Larvae source management for open breeding of malaria's vector inspecting mosquito breeding sites, and treating the positive breeding sites; Larvae Source Reduction for the prevention and control of dengue fever and chikungunya was done in integration with community-based awareness and indoor breeding control in aedes infested areas in cities hosting IDPs, the reached houses with artificial water containers serving as breeding sites for aedes mosquito were inspected and managed through removal or eradication of the breeding; WHO supported vector surveillance aimed to monitor vector population density and distributing and evaluating vector control interventions, specific interventions for adult mosquito control took place to reduce adult density, houses and buildings were sprayed; A refresher training for community volunteers on indoor vector breeding control and prevention of vector borne diseases was carried out.

The project conducted 24 integrated vector control campaigns, which included vector surveillance and community sensitization. To prevent and control dengue fever and chikungunya, larvae source reduction was done through community-based awareness and indoor breeding control in areas infested with Aedes mosquitoes.

A total of 96,811 houses were inspected and managed through the removal or eradication of breeding sites. Specific interventions for adult mosquito control were carried out to reduce adult density, a total of 14,729 houses and buildings were sprayed.

A refresher training for 93 community volunteers on indoor vector breeding control and prevention of vector-borne diseases was carried out

On the WASH aspect, WHO provided support to improve facility WASH situation in three states (White Nile and Sinnar) and managed to achieve drinking water quality by improving the capacity of public health officers to conduct sanitary inspections and identify the environmental health risks at the surrounding areas which could form factor of contamination, in addition, provision of sessions on sampling technique for bacteriological contamination and FRC check & reporting forms, and training volunteers from the community on Free Residual Chlorine at drinking water monitoring. The results were used for recommending a corrective measure.

During the project cycle, WHO provided support to improve the WASH situation in two states (White Nile and Sinnar) and managed to achieve the following.

- Drinking water quality is improved at White Nile and Sinnar States targeting 13 high-risk localities, Algabal, Tandalti, Algitaina, Sinnar, Singa, and Alsoki.) WASH support was extended to include more localities not under this award because are labeled as high-risk states for AWD outbreaks., these are (Assalam, Elsalam, Abouhogar, Eldinder, Elsoki, East Sinnar, and Al dali.

Improve the capacity of 27 public health officers in White Nile to conduct sanitary inspections and identify the environmental health risks at the surrounding areas which could form factors of contamination, in addition to the provision of sessions on sampling techniques for bacteriological contamination and FRC check & reporting forms.

60 volunteers from the community are provided on-the-job training on Free Residual Chlorine in drinking water monitoring at HH level during the monitoring visit.

All the results and recommended corrective measures were shared with partners, through the WASH sector at the state level.

In addition to the above-supported activities and intervention, through this award, renal dialysis supplies have been procured and delivered in coordination with FMOH to meet the needs of 1000 patients. A total of 36000 dialysis sessions were maintained and distributed to Dialysis centers in 6 states.

| Overall Activity* | | | | | | |
|---|--------|---------|--------|---------|--------|---------|
| Unit of Measurement: Unique Individuals | | | | | | |
| Age Group (as applicable) | Male | | Female | | Total | |
| | Number | Percent | Number | Percent | Number | Percent |
| Target | 5166 | 100% | 5376 | 100% | 10542 | 100% |

| |
|--|
| * If it is feasible to provide the number and percentage of beneficiaries per location or per intervention, please include separate tables with the location or intervention specified at the top of each breakdown. |
|--|

3. Changes and Amendments

No Change

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 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Internally displaced people | 57,447 | 59,791 | 22,124 | 22,115 | 161,477 | 40,483 | 37,369 | 47,523 | 43,868 | 169,243 |
| Host communities | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other affected people | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 57,447 | 59,791 | 22,124 | 22,115 | 161,477 | 40,483 | 37,369 | 47,523 | 43,868 | 169,243 |
| 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 project estimated that 1,124,200 people would indirectly benefit from the approved packages of activities and interventions, but because of difficult to calculate the population who were indirectly served we believe the project had close to 2 million people indirectly benefited, given the fact during the implementation time in the project targeted states there were dynamic movement of IDPs families between states seeking safe-haven from the ongoing war, most of those families having member have received part of the services.

6. CERF Results Framework

| | | | | |
|--|---|---------------|-----------------|--|
| Project objective | To provide emergency primary health care services to the internally displaced people in 6 priority states of Sudan | | | |
| Output 1 | 160,600 IDPs receive emergency primary health services in localities of 6 priority 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 People Who Received PHC Services | 160,600 | 34,730 | [APW Mobile clinics supervisors] |
| Indicator 1.2 | Number of Mobile Health Teams/Emergency Medical Teams Deployed | 12 | 10 | [APW Mobile clinics supervisors] |
| Indicator 1.3 | Number of people referred for additional care to the secondary and tertiary care facilities | 1,200 | 361 | [APW Mobile clinics supervisors] |
| Indicator 1.4 | H.1a Number of Medical Kits Supplied | 219 | 219 | [WHO Technical Officer and the APW Mobile clinics Supervisors] |
| Explanation of output and indicators variance: | The underachievement in indicators 1.1, 1.2, and 1.3 because not all the mobile clinics operated for the duration approved due to some coordination challenges with line MOH and because of the change in the security situation in Gazira and Sinar during the last two months of the project life, the remaining budget balance against this particular activity was returned to the donor. The actual total number of beneficiaries who benefited from the supplies is more as the supply has reached the same identified states through other facilities, available reports for the mobile clinics confirm that 40,848 beneficiaries have been reached. WHO procured and distributed supplies (15 PHC Mental health kits enough for 120,000 cases, 60 basic IEHK estimated to cover 60,000, 72 Basic and supplementary Malaria kits enough for 16,200 cases, 36 NCDK enough for 360,000 cases, in addition to 11,989 RDTs. , the total supplies planned for the mobile clinics are estimated to cover 456,200 beneficiaries, the report shared was only for those beneficiaries reached through the mobile clinics. Clinics operated only for two months and achieved high numbers of IDP services and consultations. | | | |

| Activities | Description | Implemented by |
|--------------|---|--|
| Activity 1.1 | Coordination meeting with partners and FMOPH on the provision of Emergency PHC services | WHE Case Management unit |
| Activity 1.2 | Partnering with local partners for the implementation of the PHC in Emergency Services | Partnering with relevant SMOHs, by WHE Case management unit |
| Activity 1.3 | Quick refresher trainings for healthcare workers to provide quality healthcare services to the IDPs | 4 online training sessions by WHE Case Management unit & 2 session in Surveillance and reporting by Sudan HIM unit |
| Activity 1.4 | Provision of medical supplies to the mobile health teams | WHE Case Management unit / WHE operations / WHE OSL / SMOHs |

Output 2 The Surveillance System is established to report alerts of the outbreaks and share the information in timely manner

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

| Sector/cluster | Health | | | |
|---|---|---|---|---|
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 2.1 | Number of Health Care Workers trained on the surveillance EWARS | 24 | 24 | Attendance sheets, activity, photos, final reports, and financial closure documents |
| Indicator 2.2 | Number of disease notifications received | 120 | 117 | final reports, and financial closure documents |
| Indicator 2.3 | Number of disease notifications investigated and responded | 120 | 117 | final reports, and financial closure documents |
| Indicator 2.4 | Number of Rapid Diagnostic Tests performed | 12,000 | 11,369 (Cholera 7,829 tests DF 3,540 tests) | FMoH EPI data |
| Explanation of output and indicators variance: | | <p>In complementarity with other awards WHO has trained 231 healthcare workers and 128 community volunteers in indicator-based surveillance (IBS) and community-based surveillance (CBS) 24 participants covered under this CERF allocation, respectively. This significantly exceeds the initial proposal plan, which targeted 24 health workers. This initiative successfully capitalized on MoH's request to strengthen disease surveillance systems amid stable security conditions in both states. It addressed urgent technical support requirements during Q3-Q4/2024 dengue and cholera outbreaks.</p> <p>- The WHO facilitated the response to 117 alerts, with investigations for 37 alerts conducted in the first 24hrs while 80 of these were conducted within a 48-hour timeframe. In other states and localities under CERF support, alert investigations in some areas were either hindered due to security concerns and movement restrictions thereby limiting the detection and constraining the movements of Rapid Response Teams (RRTs) or were not requested by the MoH. Nonetheless, WHO extended its support by training 72 participants at both state and locality levels on RRT operations.</p> <p>-Additionally, to enhance surveillance and health information systems, WHO supported 60 EWARS/HeRAMS/EBS officers and coordinators. This initiative aims to ensure timely and high-quality reporting and responses</p> | | |

| | <p>for 23 EWARS-notifiable diseases and 15 EBS-notifiable signals across project-targeted states: River Nile, Northern, Sinnar, Gezira, White Nile, and Red Sea.</p> <p>-Existing surveillance documents, including the recently endorsed SOPs for WHO's electronic early warning alert and response system, greatly facilitated these activities. Additionally, aligned with proposal budget lines, WHO conducted 30 supportive supervision visits aimed at enhancing reporting levels from locality and sentinel sites in White Nile state.</p> <p>Regarding indicator 2.4 on the Number of - Rapid Diagnostic Tests performed the target is achieved, however, there are 24,900 kits remaining, and will distribute to PHC clinic support project implemented in 10 states.</p> | |
|--------------|--|----------------------------------|
| Activities | Description | Implemented by |
| Activity 2.1 | Developing a quick refresher training package for the health care workers on Surveillance and EWAR Systems | WHO, in partnership with the MoH |
| Activity 2.2 | Developing an online alert-sharing system to detect the outbreaks of communicable diseases | WHO, in partnership with the MoH |
| Activity 2.3 | Supporting the outbreak investigation and response through the surveillance sentinel sites. | WHO, in partnership with the MoH |

| Output 3 | Internally displaced people are aware of the Water and Vector borne diseases in IDP settings | | | |
|--|--|---------|----------|------------------------|
| 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 3.1 | Number of posters and flyers developed | 200,000 | 0 | NA |
| Indicator 3.2 | Number of Posters and Flyers distributed | 200,000 | 0 | NA |
| Indicator 3.3 | Number of people who attend the awareness sessions on Hygiene, Vector and Water-Borne Diseases | 12,000 | 78,063 | Technical report |
| Explanation of output and indicators variance: | <p>There is no flyer developed within Vector Control activity, normally it is allocated to RCCE. However, the VC pillar consumed the available funds on:</p> <ul style="list-style-type: none"> - 24 Integrated vector control campaigns including vector surveillance and community sensitization were conducted. - Larvae source management for open breeding of malaria vector was conducted and treated. - Larvae Source Reduction for the prevention and control of dengue fever and chikungunya was integrated with community-based awareness and indoor breeding control in Aedes-infested areas in cities hosting IDPs, - WHO supported vector surveillance to monitor vector population density, and distribution and to evaluate vector control interventions. Following vector surveillance reports, specific interventions for adult mosquito control took place to reduce adult density. - A refresher training for 93 community volunteers on indoor vector breeding control and prevention of vector-borne diseases was carried out <p>The project covered 72,375 Internally Displaced Persons in 19 localities over the four targeted states.</p> | | | |

| | | Regarding the Number of people who attend the awareness sessions on Hygiene, Vector, and Water-Borne Diseases. normally it is integrated withing surveillance monitor vector population density, 14,729 houses were sprayed. |
|--------------|--|--|
| Activities | Description | Implemented by |
| Activity 3.1 | Designing and Printing IEC Materials for the high-risk communicable diseases | Not Implemented |
| Activity 3.2 | Distribute IEC materials to the displaced people in the IDP setting | Not Implemented |
| Activity 3.3 | Conduct awareness sessions on prevention of diseases at the health facility and IDP settings | WHO and MoH |

Output 4 People have access to GBV and Mental health and psychosocial support services

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

| Sector/cluster | Health | | | |
|----------------|---|--------|----------|-------------------------------|
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 4.1 | Number of People who receive GBV services | 1,200 | 0 | GBV AoR |
| Indicator 4.2 | H.9 Number of people who receive psychosocial support | 16,600 | 1,935 | Mental health facility report |
| Indicator 4.3 | Number of people referred for advanced GBV and MHPSS services | 250 | 0 | GBV AoR |

Explanation of output and indicators variance:

No direct MHPSS Services had been provided, however, the procurement of 15 Mental health Kits had been distributed to 4 different states. Under CERF allocation WHO secured 15 mental health kits to be used in both PHC and in the hospital, because FMOH restricted the distribution of mental health kits at that time and emphasized to be used under the supervision of a Psychiatrist at that time the only operating mental health services managed by Psychiatrist under direct FMOH supervision, the report received in the early stage of the reporting for 1935, the main mental health hospital for the central part of Sudan was only in Madani and Sinnar, and in Atbara and Dongola, however, the total, supplies distributed were expected to cover close to 150,000 (10,000 Beneficiaries per Kit) cases as per the kits preparation, the services was continued in the northern part of Sudan till after the end of the allocation.

Regarding GBV: Over 100 stakeholders (service providers including the Ministry of Health and health cluster members) have been technically engaged on the importance of referrals for GBV services particularly related to SEA) Number of cases referred will be determined in the next reporting (if there is any case reported)

| Activities | Description | Implemented by |
|--------------|---|----------------|
| Activity 4.1 | Provision of GBV services to the displaced population | WHO |
| Activity 4.2 | Provision of mental health and psychosocial support services to the affected population | WHO |

| | | |
|--------------|--|---|
| Activity 4.3 | Establishing a referral pathway for patients needing advanced care | There is a referral pathway in place for GBV Service provision and SEA cases will also follow the referral pathways. (This is implemented by the GBV AoR and PSEA Network |
|--------------|--|---|

Output 5 Children in their 1,000 days of life receive nutrition services and counselling

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

Sector/cluster Health

| Indicators | Description | Target | Achieved | Source of verification |
|---------------|--|--------|---|--|
| Indicator 5.1 | Number of Children Screened for their nutritional status | 10,000 | 11,016 | Nutrition & Health Emergency Response to IDP report, WHO |
| Indicator 5.2 | Number of Children provided with nutrition supplements and counselling | 50,000 | The supplement usually is not provided by the WHO | NA |
| Indicator 5.3 | Number of Children referred for admission after diagnosis with Severe acute malnutrition (SAM) | 360 | 409 | Nutrition & Health Emergency Response to IDP Report, WHO |

Explanation of output and indicators variance:

- Indicator 5.1 The referral pathways in place supported getting more children screened for their nutrition status compared to the target.
- Indicator 5.2 No Variance on this indicator as the supplements are not provided by WHO. This activity was under the WFP or UNICEF mandate. Normally, the Children are provided with nutrition supplements by WFP or UNICEF. The indicator and target were erroneously included in the log frame.
- Indicator 5.3 WHO, together with UNICEF intensified its efforts to implement integrated nutrition campaigns in the IDP-receiving states. More children under five were reached and admitted after diagnosis with SAM.

| Activities | Description | Implemented by |
|--------------|--|--|
| Activity 5.1 | Training of health care workers on nutrition screening and growth monitoring | WHO |
| Activity 5.2 | Provision of nutrition supplements for children with moderate acute malnutrition | Normally, the Children are provided with nutrition supplements by WFP or UNICEF. |

Output 6 36000 patients of chronic renal failure received haemodialysis sessions

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

Sector/cluster Health

| Indicators | Description | Target | Achieved | Source of verification |
|------------|-------------|--------|----------|------------------------|
|------------|-------------|--------|----------|------------------------|

| | | | | |
|---|--|----------------------------|--------|----------------------------------|
| Indicator 6.1 | Number of haemodialysis supplies procured (sets) | 36,000 | 36,000 | WHO General Receiving Note (GRN) |
| Indicator 6.2 | Number patients that have undergone haemodialysis procedures | 1,000 | 1,000 | FMOH report |
| Explanation of output and indicators variance: | | No variance | | |
| Activities | Description | Implemented by | | |
| Activity 6.1 | Procuring haemodialysis supplies | WHO | | |
| Activity 6.2 | Providing haemodialysis procedures to the patients | Federal Ministry of Health | | |

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 areas¹⁶ 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.**

The effective programming of WHO was built on the physical presence of WHO in the field where the project was implemented, where communities were engaged in the early stages of the project, and the assessment and addressing of the needs based on the interagency assessment carried in the early stages of the War in Sudan, further the effective coordination of the planned intervention with UN agencies and INGOs has provided the background for a coordinated comprehensive cohesive response that usefully met the needs of the targeted group.

b. AAP Feedback and Complaint Mechanisms:

In essence, the WHO was actively involved in humanitarian aid, through the WHO team in the field, where complaints from beneficiaries were received and discussed with concerned authorities from MOH, few issues were raised during the implementation and raised immediately to mitigate its effects. Beneficiaries from the affected communities were engaged in the organization of works received at their communities and they were allowed to raise any concerns or issues directly to WHO, most of the sites supported during the response community leaders from different IDP camps consulted to identify the accessible sites where they can receive allocation packages of services and interventions. The collaboration with other UN agencies was effective in ensuring the complementarity of the package provided.

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

The prevention of sexual exploitation and abuse response is progressing well. Technical conversations and policy dialogues with the government is yielding results, particularly having PSEA strongly integrated into health emergency data systems such as HeRAMS and EWARS. Also, PSEA has been adequately integrated into case management, in-service training, EOC Incident Command Systems SoPs development, outbreaks such as cholera response etc.

¹⁶ 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](#).

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

Regarding gender equality and promoting the empowerment and protection of women and girls was respected and represented on gender balance among health workers at the WHO and implementers level, it is respected targeted population at health clinics and chronic renal failure patients, and all activities been conducted by surveillance, WASH and VC and Nutrition.

WHO collaborated at the interagency level to develop the readiness response plan for Famine prevention. And this covered cross-cutting issues such as gender, GBV, and AAP.

e. People with disabilities (PwD):

Awareness was raised among WHO and partner staff throughout the project implementation at health facilities as well as at the community level, on the inclusion of activities that help increase access to health services to PwDs. To prevent unnecessary disabilities from any resulting trauma event, WHO procured and distributed medical supplies that are important to provide care for people with injuries that could potentially lead to disability. Through the health care services provision, the project has reached people with different forms of disabilities and injuries. Staff conducting supervision are also supposed to work with MoH and communities (through community health care workers) to determine the needs of PwDs., WHO field staff were sensitized to ensure that persons living with disability, women, children, and vulnerable populations were identified and had access to the services being provided.

f. Protection:

HO maintains the highest standards of ethics while providing lifesaving health services to vulnerable communities. All staff, including field staff at all levels, are expected to adhere to these standards. Throughout the project design, WHO aimed to provide quality integrated primary health services and control the spread of cholera. This included internally displaced persons (IDPs), people living with disability (PwDs), and vulnerable populations. WHO and its partners provided job orientation to staff members. This orientation encompassed protection and safeguarding measures, ensuring that staff were equipped with the necessary knowledge and skills to address and mitigate protection concerns. Staff members were also sensitized on the significance of engaging with beneficiaries and informed about the available Complaints and Feedback Mechanism (CRM) channels. Through these modalities, staff played a crucial role in promoting protection mainstreaming. It empowered staff members, who came in direct contact with beneficiaries, to effectively handle/ refer complaints and feedback from beneficiaries, fostering an environment of accountability and continuous improvement.

Confidentiality on beneficiaries has been maintained, especially to clinical care, with GBV survivors and persons with mental illnesses, and only disaggregated data has been shared with persons outside the project implementation. Collaboration with the protection cluster and referral pathways was clarified.

g. Education:

WHO ensured to provide and promote education to the communities and the partner staff on healthy living, water, and sanitation hygiene (WASH), protection of women and vulnerable groups, and immunization for children. WHO arranged multiple capacity-building sessions for health workers, community health workers, surveillance officers, and emergency officers in MoH

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 utilized 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.

Because WHO supports health interventions, cash assistance was not among the planned activities, this is mainly because all supported WHO interventions through this allocation were provided as free for both IDPs and host communities.

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

9. Visibility of CERF-funded Activities

| Title | Weblink |
|---|---|
| WHO-supported clinics help restore health and hope for displaced people in Sudan | https://www.emro.who.int/sdn/sudan-news/who-supported-clinics-help-restore-health-and-hope-for-displaced-people-in-sudan.html |
| Thanks to @UNCERF, @WHO is supporting 21 mobile health clinics in 8 states in #Sudan with medical supplies, operational costs, incentives to health workers & expert advice | https://x.com/whosudan/status/1734511321108860982?s=46&t=sqSReweNaswDzA4zeVWEVg |
| @WHO was able to distribute these critically needed lifesaving medical supplies & equipment in #Sudan through the financial support of our donors. | https://x.com/whosudan/status/1734511321108860982?s=46&t=sqSReweNaswDzA4zeVWEVg |

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

| Project Code | Sector | Agency | Partner Type | Amount |
|---------------|---------------------------------------|--------|--------------|-----------|
| 23-RR-FAO-022 | Agriculture | FAO | NNGO | \$77,500 |
| 23-RR-FAO-022 | Agriculture | FAO | NNGO | \$77,500 |
| 23-RR-FAO-022 | Agriculture | FAO | NNGO | \$77,500 |
| 23-RR-FAO-022 | Agriculture | FAO | RedC | \$77,500 |
| 23-RR-FPA-029 | Health | UNFPA | NNGO | \$281,681 |
| 23-RR-FPA-029 | Gender-Based Violence | UNFPA | NNGO | \$42,383 |
| 23-RR-FPA-029 | Health | UNFPA | NNGO | \$64,106 |
| 23-RR-FPA-029 | Gender-Based Violence | UNFPA | NNGO | \$29,293 |
| 23-RR-FPA-029 | Gender-Based Violence | UNFPA | NNGO | \$143,886 |
| 23-RR-HCR-024 | Shelter and Non-Food Items | UNHCR | RedC | \$67,942 |
| 23-RR-HCR-024 | Shelter and Non-Food Items | UNHCR | NNGO | \$15,000 |
| 23-RR-HCR-024 | Shelter and Non-Food Items | UNHCR | INGO | \$15,200 |
| 23-RR-HCR-024 | Water, Sanitation and Hygiene | UNHCR | GOV | \$212,658 |
| 23-RR-HCR-024 | Water, Sanitation and Hygiene | UNHCR | INGO | \$25,701 |
| 23-RR-HCR-024 | Camp Coordination and Camp Management | UNHCR | NNGO | \$38,066 |
| 23-RR-HCR-024 | Camp Coordination and Camp Management | UNHCR | INGO | \$55,304 |
| 23-RR-HCR-024 | Camp Coordination and Camp Management | UNHCR | RedC | \$131,906 |
| 23-RR-HCR-024 | Water, Sanitation and Hygiene | UNHCR | RedC | \$25,000 |
| 23-RR-CEF-040 | Nutrition | UNICEF | GOV | \$94,819 |
| 23-RR-CEF-040 | Nutrition | UNICEF | GOV | \$78,185 |
| 23-RR-CEF-040 | Nutrition | UNICEF | GOV | \$63,101 |
| 23-RR-CEF-040 | Nutrition | UNICEF | GOV | \$83,388 |
| 23-RR-CEF-040 | Nutrition | UNICEF | GOV | \$346,517 |
| 23-RR-CEF-040 | Nutrition | UNICEF | GOV | \$62,551 |
| 23-RR-CEF-040 | Nutrition | UNICEF | NNGO | \$55,275 |
| 23-RR-CEF-040 | Health | UNICEF | NNGO | \$3,984 |
| 23-RR-CEF-040 | Health | UNICEF | INGO | \$155,275 |
| 23-RR-CEF-040 | Health | UNICEF | GOV | \$47,450 |
| 23-RR-CEF-040 | Health | UNICEF | GOV | \$73,301 |
| 23-RR-CEF-040 | Health | UNICEF | GOV | \$3,621 |
| 23-RR-CEF-040 | Health | UNICEF | GOV | \$80,665 |
| 23-RR-CEF-040 | Health | UNICEF | GOV | \$11,089 |
| 23-RR-CEF-040 | Water, Sanitation and Hygiene | UNICEF | NNGO | \$93,200 |
| 23-RR-CEF-040 | Water, Sanitation and Hygiene | UNICEF | RedC | \$210,726 |
| 23-RR-CEF-040 | Water, Sanitation and Hygiene | UNICEF | NNGO | \$135,050 |
| 23-RR-CEF-040 | Water, Sanitation and Hygiene | UNICEF | NNGO | \$204,764 |

| | | | | |
|----------------------|-------------------------------|--------|------|-----------|
| 23-RR-CEF-040 | Water, Sanitation and Hygiene | UNICEF | NNGO | \$81,311 |
| 23-RR-CEF-040 | Water, Sanitation and Hygiene | UNICEF | NNGO | \$32,100 |
| 23-RR-CEF-040 | Water, Sanitation and Hygiene | UNICEF | GOV | \$38,734 |
| 23-RR-IOM-025 | Health | IOM | NNGO | \$266,730 |
| 23-RR-IOM-025 | Health | IOM | NNGO | \$238,212 |
| 23-RR-IOM-025 | Nutrition | IOM | INGO | \$441,345 |