REPUBLIC OF THE SUDAN
RAPID RESPONSE DISPLACEMENT
2023

23-RR-SDN-61031

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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.	n/a

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 ☐

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

The sudden outbreak of violence that occurred between the Sudan Armed Forces (SAF) and the Rapid Support Forces (RSF) paramilitary group on April 15, 2023, necessitated a significant re-prioritization of the humanitarian response in the country. This included the launch of a revised Humanitarian Response Plan (HRP) due to the substantial increase in the number of people affected (a 57% increase compared to the previous HRP) and the corresponding funding requirements (a 47% increase). The ongoing conflict has devastating consequences for civilians, with hundreds killed and thousands injured. Millions remain without access to necessities such as food, water, electricity, and essential services, including healthcare and nutrition, especially in Khartoum and Darfur. Protection remains a significant concern, with reports of an increase in sexual and gender-based violence, as well as apparent cases of enforced disappearances and arbitrary detention. With several agencies having resumed their operations in May-June 2023, saving lives and delivering humanitarian assistance and protection to the affected people was even more imperative.

Given the increase in the number of people affected, the growing humanitarian needs, and the operational environment, the allocation focused on immediate life-saving actions, aligning with the two strategic objectives of the revised HRP, namely: SO 1 – Providing timely multi-cluster assistance to crisis-affected people to reduce mortality and morbidity, and SO 2 – Mitigating protection risks and responding to protection needs through humanitarian action.

Beyond the life-saving goals, this CERF allocation was aimed at mobilize additional funding by highlighting the severity of the humanitarian situation across the entire country to the donor community.

CERF's Added Value:

The added operational value laid in preventing additional displacement and the potential increase in refugee outflows to neighbouring countries by providing humanitarian assistance and protection to affected people in considered safe locations. Additionally, the CERF allocation enhanced the humanitarian response by strategically complementing SHF funding, which primarily targets NGOs. In conjunction with the UN-funded response through CERF, this allocation allowed for broader coverage of needs and the consolidation of humanitarian coordination structures, which were affected by the adverse security situation prevalent throughout Sudan.

Furthermore, the focus of the first component of this allocation on two of the most under-served states in Northern and River Nile states created opportunities for a more coordinated approach among agencies. Through this CERF RR allocation, agencies and partners successfully reached 3.7 million individuals, achieving 129% of the combined planned target of 2.9 million. The allocation prioritized life-saving support across Protection (including GBV), Nutrition, Health (including sexual and reproductive health), Shelter, Non-Food Items, Camp Management, and Food Security, with some support via cash and vouchers.

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

Yes ☒ Partially ☐ No ☐

Did CERF funds help respond to time-critical needs?

Yes ☒ Partially ☐ No ☐

Did CERF improve coordination amongst the humanitarian community?

Yes ☐ Partially ☐ No ☐

[Not discussed since AAR didn't take place.]

Did CERF funds help improve resource mobilization from other sources?

Yes ☐ Partially ☐ No ☐

[Not discussed since AAR didn't take place.]

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

In addition to humanitarian assistance, the allocation has also emphasized the delivery of protection services to the affected people, including addressing Gender-Based Violence (GBV) and Child Protection (CP) concerns. Priority has been given to women and girls for assistance and service delivery, along with other vulnerable groups, including persons with disabilities and individuals with specific needs. Although a specific focus on education is not anticipated due to the severity and immediacy of the risks, efforts have been made to find synergies with previously implemented education projects, wherever feasible, especially from a Child Protection perspective. Furthermore, the healthcare initiatives have incorporated Sexual and Reproductive Health (SRH) elements to mitigate specific risks, with a separate focus on GBV survivors and individuals at risk of GBV.

Table 1: Allocation Overview (US$)

Total amount required for the humanitarian response	**2,565,200,000**
CERF	19,999,945
Country-Based Pooled Fund (if applicable)	81,211,049
Other (bilateral/multilateral)	1,220,500,000
Total funding received for the humanitarian response (by source above)	**1,321,700,000**

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

Agency	Project Code	Sector/Cluster	Amount
FAO	23-RR-FAO-033	Food Security - Agriculture	1,000,000
IOM	23-RR-IOM-036	Multi-Purpose Cash	2,500,000
UNFPA	23-RR-FPA-044	Protection - Gender-Based Violence	1,125,000
UNFPA	23-RR-FPA-044	Health - Sexual and Reproductive Health	1,125,000
UNHCR	23-RR-HCR-034	Shelter and Non-Food Items	2,970,000
UNHCR	23-RR-HCR-034	Protection	900,000
UNHCR	23-RR-HCR-034	Camp Coordination and Camp Management	630,000
UNICEF	23-RR-CEF-057	Water, Sanitation and Hygiene	2,205,000
UNICEF	23-RR-CEF-057	Nutrition	1,575,000
UNICEF	23-RR-CEF-057	Health	1,470,000
WFP	23-RR-WFP-051	Nutrition	3,000,000
WHO	23-RR-WHO-043	Health	1,499,945
Total			**19,999,945**

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

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

Total funds implemented directly by UN agencies including procurement of relief goods	**15,986,772**
Funds sub-granted to government partners*	115,872
Funds sub-granted to international NGO partners*	855,552
Funds sub-granted to national NGO partners*	2,130,520
Funds sub-granted to Red Cross/Red Crescent partners*	911,229
Total funds transferred to implementing partners (IP)*	**4,013,173**
Total	**19,999,945**

* 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 outbreak of violence between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF) paramilitary group on April 15, 2023, has necessitated a broad-scale reprioritization of the humanitarian response, which included an $18 million Unearmarked Funding Envelope (UFE) allocation and the Rapid Response allocation in June of $22 million. In the context of multiple agencies evacuated from Khartoum and field operations and consolidated in Port Sudan, a revised Humanitarian Response Plan (HRP) was launched in May 2023. The funding requirement has increased by 47% compared to the previous HRP, now totalling $2.6 billion, with only 26% of this amount received. The revised HRP estimates that 24.7 million people are in need, compared to the previous estimate of 15.8 million, and the number of people targeted for assistance has risen to 18.1 million from the previous 12.5 million.

By September, over four million people have been displaced in Sudan since April 15. The conflict has also triggered a rapid and extensive refugee outflow to neighbouring countries.

The ongoing conflict is having devastating consequences for civilians, with hundreds killed and thousands injured. Millions remain without access to necessities such as food, water, electricity, and essential services, including healthcare and nutrition, especially in Khartoum and Darfur. Protection remains a significant concern, with reports of an increase in sexual and gender-based violence, as well as apparent cases of enforced disappearances and arbitrary detention. Pregnant women in Khartoum face additional risks as the fighting has led to the closure of most hospitals and healthcare facilities. At any given time, around 15% of women are expected to develop complications that require comprehensive emergency obstetric care, including caesarean sections, and access to functioning healthcare facilities with adequate supplies and trained personnel. The conflict also threatens the current planting season as farmers grapple with insecurity and cope with soaring prices of fertilizer and seeds. In addition to the dire humanitarian situation, there are serious concerns about an escalation of intercommunal violence in Darfur. Despite these challenges, humanitarian agencies in Sudan are making tremendous efforts to respond. Humanitarian partners are moving critical relief supplies to priority areas of the country, including through cross-border movements.

Operational Use of the CERF Allocation and Results:

The allocation focuses on life-saving action in the following sectors: Protection (including protection from gender-based violence), Nutrition, Health (including sexual and reproductive health), Shelter and Non-Food Items, Camp Management, and Food Security, including a portion disbursed through cash and voucher assistance. It targets a combined total of 2.9 million affected people.

The allocation aligns with the two Strategic Objectives outlined in the revised Humanitarian Response Plan (HRP) and was implemented in complementarity with previously disbursed allocations, including the CERF Underfunded Emergency (UFE) allocation, the CERF Rapid Response allocation (RR), and projects funded through the Sudan Humanitarian Fund (SHF). The focus of this allocation was on the implementation of lifesaving across clusters, with emphasis on cross-border activities from Chad into Darfur, in Kordofan and Khartoum and scale-up of activities in two of the most underserved Northen and River Nile states. The first component has received slightly over half of the CERF funding.

The authorities have granted approval for cross-border operations from Chad into Darfur. Recent decrease in fighting has improved access. However, current capacity and stock levels are very low. Other hot-spot areas in Khartoum and North and South Kordofan also required substantial increase of the response. This CERF allocation component of around half the available amount aimed to boost capacity to initiate substantial humanitarian operations.

Additionally, by focusing on seven agencies targeting eight sectors in these two states, a multi-agency, area-based approach has maximized impact and improved coordination among agencies. To facilitate this approach, the selected agencies for this component have implemented an integrated package. Proposals were built on the existing data and information on these states. To enable agencies to find implementing partners and to prepare what is required to include them as sub-partners in the allocation, in these two states, the implementation period for these agency proposals is extended to eight months, instead of the usual six months.

Eventually, the allocation managed to reach out to 3,743,473 individuals and 280,486 PwD.

People <u>Directly</u> Reached:

Through this CERF RR allocation, agencies and partners successfully reached 3,743,474 individuals, achieving 129% of the planned target of 2,900,000. This overachievement 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, Families of the children under-five reached through this project are the indirect beneficiaries.

FAO reported five times more people than those trained through the extension campaign and awareness raising session were reached indirectly through various modalities of knowledge transfer. In addition, surplus produce was sold in the local markets, benefiting other households in their communities by increasing access to and availability of nutritious food. This contributed to the overall food availability, indirectly benefiting the entire population of target states. The new arrivals of IDPs because of the ongoing conflict living among beneficiary households supported by FAO and their host communities were also indirect beneficiaries helped. Those have also been excluded.

People Indirectly Reached:

FAO indirectly reached five times more people than those trained through the extension campaign and awareness raising session and modalities of knowledge transfer. While IOM reached, 5,000 individuals indirectly over the increased purchasing power of cash assistance recipients. Additionally, the project conducted financial literacy sessions.

UNFPA reported Over 99,500 indirect beneficiaries across states including family and community members through information dissemination on gender-based violence (GBV), sexual and reproductive health (SRH), and available services.

UNHCR estimated 480,000 individuals benefitted through protection monitoring mainstreamed in all project sectors. Through individual protection cash assistance to direct beneficiaries, it created a positive impact on the development of national markets, while contributing to activate the economy through expenditure and financial exchanges. Likewise, the shelter and non-food items intervention provided business opportunities for local transportation services and vendors of local shelter materials. While UNICEF Families of the children under-five reached through this project are the indirect beneficiaries.

WFP has achieved significant number through Nutrition education and knowledge sharing provided to improve the nutritional, health and hygiene practices, as well as dietary habits of target families and communities. WHO was able to reach 1500 who were mainly frontline healthcare workers, trainees, volunteers involved in various campaigns and the MOH staff who undertook supervision of the project during CERF implementation.

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

	Planned					Reached				
Sector/Cluster	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Camp Coordination and Camp Management	3,751	2,849	4,800	3,600	**15,000**	3,751	2,849	4,800	3,600	**15,000**
Food Security - Agriculture	31,214	29,986	20,807	19,993	**102,000**	87,059	83,641	58,039	55,761	**284,500**
Health	1,028,560	27,440	822,440	721,560	**2,600,000**	1,000,884	603,761	1,175,735	921,527	**3,700,908**
Health - Sexual and Reproductive Health	24,024	5,849	11,699	5,850	**47,422**	20,723	4,140	13,769	3,626	**42,258**
Multi-Purpose Cash	4,200	4,550	4,374	4,376	**17,500**	8,543	8,038	5,620	5,903	**28,104**
Nutrition	13,352	0	28,431	24,875	**66,658**	9,237	0	35,006	33,656	**77,899**
Protection - Gender-Based Violence	31,107	3,000	10,000	4,000	**48,107**	30,200	2,600	11,600	3,750	**48,150**
Protection - Human Rights	40,000	30,400	51,200	38,400	**160,000**	40,000	30,400	51,200	38,400	**160,000**
Shelter and Non-Food Items	14,751	11,209	18,880	14,160	**59,000**	14,751	11,209	18,880	14,160	**59,000**
Water, Sanitation and Hygiene	230,000	220,000	280,000	270,000	**1,000,000**	266,164	253,841	291890	281,424	**1,093,319**

* 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	12,686	9,014
Returnees	10,200	10,200
Internally displaced people	1,111,000	2,466,281
Host communities	1,605,100	1,255,168
Other affected people	1,750	2,811
Total	**2,740,736**	**3,743,473**

Table 6: Total Number of People Directly Assisted with CERF Funding*			**Number of people with disabilities (PwD) out of the total**	
Sex & Age	**Planned**	**Reached**	**Planned**	**Reached**
Women	1,005,439	391,189	100,000	45,313
Men	224,653	351,038	22,000	40,261
Girls	805,646	1,634,000	80,000	106,002
Boys	704,998	1,367,246	70,000	88,910
Total	**2,740,736**	**3,743,473**	**272,000**	**280,486**

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 23-RR-FAO-033

1. Project Information

Agency:	FAO	**Country:**	Republic of the Sudan
Sector/cluster:	Food Security - Agriculture	**CERF project code:**	23-RR-FAO-033
Project title:	Winter season vegetables' seeds distribution and restocking with milking goats for the most vulnerable farming and Agro pastoralists households in River Nile and Northern states in Sudan		
Start date:	15/11/2023	**End date:**	14/05/2024
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

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$ 20,000,000**
Amount received from CERF:	**US$ 1,000,000**
Total CERF funds sub-granted to implementing partners:	**US$ 120,000**
Government Partners	US$ 0
International NGOs	US$ 0
National NGOs	US$ 60,000
Red Cross/Crescent Organisation	US$ 60,000

2. Project Results Summary/Overall Performance

Through the procurement and delivery of vegetables' seed, the project supported 56,500 vulnerable households (282,500 people) of whom 40 percent were women, in River Nile and Northern states, which have been negatively impacted by the ongoing conflict in the Sudan. 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.

It should be noted that, tomato seeds were planned but not procured as the supplier reported, its stores of tomato seeds in Wad Madani City were completely damaged when RSF invaded Wad Madani city, so tomato seeds were replaced with additional okra seeds.

On the other hand, 400 vulnerable pastoralists/Agro-pastoralist households (2,000 people) were supported with milking goats, concentrate animal feed ad mineral lick ad mineral lick, as livestock-based livelihood intervention, which contribute to the improvement of nutrition status of the households, and improves availability of milk especially for children.

So, under this project, FAO distributed vegetables seeds (okra, watermelon and onion seeds) for winter season cultivation, along with on-the-job training for beneficiaries on the adoption of Good Agricultural Practices (GAPs). Following successful delivery to all target households, the vegetables seeds and knowledge gained from the training was 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 faming households by restoring their production capacities and contributing to the food availability and improvement of the food security of, the targeted population. FAO also procured and distributed 2,000 milking goats, concentrate animal feed and mineral lick to 400 vulnerable pastoralists/Agro-pastoralist households (2,000 people), so through this project, FAO reached 56,900 vulnerable households (284,500 people).
The project was carried out and inputs distributed in collaboration with FAO implementing partners, namely United Peace Organization (UPO) in River Nile State; and Sudanese Red Cresent Society Dongola Branch in Northern State.

The quantities of the vegetable seeds, procured and delivered to the two targeted states and distributed to the beneficiaries were presented in table1 and 2 below

Table 1: Quantities of Vegetables Seeds, planned, procured and distributed to the beneficiary per state and localities:

State	Targeted locality	Number of targeted HH locality	Quantities to be procured (Kg)				Quantities procured and distributed (kg)		
			Okra	Waterme lon	Tonato	Onion	Okra	Watermelon	Onion
River Nile	Berber	2,500	250	125	50	407.5	800	310	0
	Adamer	2,500	250	125	50	407.5	1,000	320	250
	Albuhira	2,500	250	125	50	407.5	400	150	0
	Shendi	2,500	250	125	50	407.5	550	220	350
	Subtotal	**10,000**	**1,000**	**500**	**200**	**1,630**	**2,750**	**1,000**	**600**
Northern State	Dongla	3,100	310	155	50	407.5	920	310	186
	Marawi	3,100	310	155	50	407.5	920	310	186
	Adabba	3,000	300	150	50	407.5	800	300	180
	Halfa	800	80	40	50	407.5	260	80	48
	Subtotal	**10,000**	**1,000**	**500**	**200**	**1,630**	**2900**	**1000**	**600**
Overall Total		**20,000**	**2,000**	**1,000**	**400**	**3,260**	**5,650**	**2,000**	**1,200**

Table 2: Number of beneficiaries reached with vegetables seeds per states and localities:

State	Targeted locality	Number of targeted households per state and localities	Number of reached households per state and localities	Number of targeted people per state and localities	Number of reached people per state and localities
River Nile	Berber	2,500	8,000	12,500	40,000
	Adamer	2,500	10,000	12,500	50,000
	Albuhira	2,500	4,000	12,500	20,000
	Shendi	2,500	5,500	12,500	27,500
	Subtotal	**10,000**	**27,500**	**50,000**	**137,500**
Northern State	Dongla	3,100	9,200	15,500	46,000
	Marawi	3,100	9,200	15,500	46,000
	Adabba	3,000	8,000	15,000	40,000
	Halfa	800	2,600	4,000	13,000
	Subtotal	**10,000**	**29,000**	**50,000**	**145,000**
Overall Total		**20,000**	**56,500**	**100,000**	**282,500**

Reported feedback from beneficiary households during FAO field monitoring activities indicated that the vegetables seed provided enabled the target households to cultivate their vegetables land during the 2023 winter season. Each household was provided with a package of 100 gm of okra, 50 gm of watermelon and some beneficiaries in some localities received 1 kg of onion seed, enabling a maximum of 1 ha to be cultivated per household. The production expected to cover the household consumption for approximately and the surplus produce could be sold to generate income. The project enhanced the agricultural production capacity of the beneficiary households in the two states and improved their livelihoods, food and nutrition security.

On the other hand, tables 3 and 4 below show the number of milking goats procured and distributed to the beneficiaries as well as the quantities of concentrated animal feed and mineral lick, procured and distributed to the beneficiaries respectively.

Table 3: Number of planned goats, number procured goats, number of distributed goats, and number of beneficiaries reached per state and localities:

State	Locality	Targeted HH	Number of planned goats (head)	Number of procured Goats (head)	Number of distributed Goats (head)	Number of reached HH	Number of reached people
River Nile	Albuhira	20	100	100	100	20	100
	Shendi	180	900	900	900	180	900
	Subtotal	**200**	**1,000**	**1,000**	**1,000**	**200**	**1,000**
Northern State	Marawi	68	340	340	340	68	340
	Dongola	68	340	340	340	68	340
	Adabba	64	320	320	320	64	320
	Subtotal	**200**	**1,000**	**1,000**	**1,000**	**200**	**1,000**
Overall target		**400**	**2,000**	**2,000**	**2,000**	**400**	**2,000**

Table 4: Quantities of concentrated animal feed and Mineral lick, procured and distributed to the beneficiaries:

State	Targeted Locality	Targeted HH	Quantities of concentrated animal feed procured (Ton)	Quantities of concentrated animal feed distributed to the beneficiaries (Ton)	Quantities of Mineral lick procured (Ton)	Quantities of Mineral lick distributed to the beneficiaries (Ton)	Number of reached HH
River Nile	Albuhira	20	5,000	5,000	1,000	1,000	20
	Shendi	180	45,000	45,000	9,000	9,000	180
	Subtotal	**200**	**50,000**	**50,000**	**10,000**	**10,000**	**200**
Northern State	Marawi	68	17,000	17,000	3,400	3,400	68
	Dongola	68	17,000	17,000	3,400	3,400	68
	Adabba	64	16,000	16,000	3,200	3,200	64
	Subtotal	**200**	**50,000**	**50,000**	**10,000**	**10,000**	**200**
Overall total		**400**	**100,000**	**100,000**	**20,000**	**20,000**	**400**

The implementation of the project enhanced the capacity of the vulnerable conflict-affected households in the target states to produce their own food, thus contributing to the overall improvement of food security in the Sudan.

3. Changes and Amendments

The implementation of the project went as planned, with no changes, deviations or amendments made to the original project plan. The project achieved its desired reach of beneficiaries. Although this was the first time River Nile and Northern states were targeted for emergency vegetables seed distribution and restocking, the project did not face any challenges in completing its activities. The activities carried out did not face any serious challenges. The beneficiaries were reportedly satisfied upon receipt of the vegetables seeds and milking goats and expressed their gratitude to FAO and CERF for the support.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Food Security - Agriculture									
	Planned					Reached				
Category	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Refugees	1,561	1,499	1,040	1,000	**5,100**	4,353	4,182	2,902	2,788	**14,225**
Returnees	3,122	2,998	2,080	2,000	**10,200**	8,706	8,364	5,804	5,576	**28,450**
Internally displaced people	7,803	7,497	5,202	4,998	**25,500**	21,765	20,910	14,510	13,940	**71,125**
Host communities	18,728	17,992	12,485	11,995	**61,200**	52,235	50,185	34,823	33,457	**170,700**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**31,214**	**29,986**	**20,807**	**19,993**	**102,000**	**87,059**	**83,641**	**58,039**	**55,761**	**284,500**
People with disabilities (PwD) out of the total										
	1,561	1,499	1,040	1,000	**5,100**	**4,353**	**4,182**	**2,902**	**2,788**	**14,225**

* 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 people than those trained through the extension campaign and awareness raising session were reached indirectly through various modalities of knowledge transfer. FAO and its implementing partners trained beneficiary farmers and restocking beneficiaries on GAP. These farmers and goats' beneficiaries, in turn, taught techniques to other farmers in their communities (e.g. farm demonstrations and animal husbandry) thus increasing the communities' access to knowledge. Furthermore, in collaboration with the Ministry of Agriculture, information related to agricultural extension and technology transfer was broadcasted and disseminated to farmers through local radio stations. In addition, surplus produce was sold in the local markets, benefiting other households in their communities by increasing access to and availability of nutritious food. This contributed to the overall food availability, indirectly benefiting the entire population of target states. The new arrivals of IDPs because of the ongoing conflict living among beneficiary households supported by FAO and their host communities were also indirect beneficiaries helped.

6. CERF Results Framework

Project objective	To enable the vulnerable households in the targeted states to produce their own food and contribute to the improvement of the food security situation in Sudan.
Output 1	20,000 vulnerable farming households (100,000 people), at least 40 percent female-headed households provided with vegetables' seeds (Okra, watermelon, tomato, and onion) with refresher training to produce their own food, diversify their diets and generate income to ensure their self-reliance. It should be noted, the directly targeted beneficiary whether host communities' member or from IDPs' population group Must have access to farming land either as a gift, or through crop sharing with landowner or through renting land for cultivation; those who do not have access to land either for farming or rearing animals either from the host communities or from the IPDs will not be targeted.

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

Sector/cluster	Food Security - Agriculture			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	Ag.1 Number of people receiving agricultural inputs (items/packages/kits)	100,000	282,500	Implementation and monitoring reports
Indicator 1.2	Quantities of vegetables' seeds (in kg) include Okra, Watermelon, Tomato and Onion, procured and distributed to the beneficiaries.	6,160	8,850	Implementation and monitoring reports
Explanation of output and indicators variance:		This output was delivered properly, however it should be noted that, tomato seeds were planned but not procured as the supplier reported, its stores of tomato seeds in Wad Madani City were completely damaged when RSF invaded Wad Madani city, so tomato seeds were replaced by additional okra seeds.		

Activities	**Description**	**Implemented by**
Activity 1.1	Procurement of 6,160 kg of vegetables' seeds (Okra, watermelon, tomato, and onion) for distribution to the targeted beneficiaries.	FAO & its IPs
Activity 1.2	Select 20,000 vulnerable farming households (100,000 people) 10,000 households (50,000 people in River Nile state) and 10,000 households (50,000 people in	FAO & its IPs

	Northern state, in collaboration with community leaders and selection committees (at least 40 percent of the target to be women-headed households) to be provided with quality vegetables' seeds (Okra, watermelon, tomato, and onion) for planting during the upcoming winter season.	
Activity 1.3	Distribution of the seeds to the beneficiaries	FAO & its IPs
Activity 1.4	Monitoring of the implemented activities at the field level.	FAO & its IPs

Output 2	400 vulnerable Agro-pastoralists' households (2,000 people), at least 40 percent women-headed households provided with milking goats, concentrate animal feed and mineral licks, with refresher training to adopt the good animal husbandry practices.

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

Sector/cluster	Food Security - Agriculture			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	Ag.3 Number of people receiving livestock inputs (animal feed/live animals/kits/packages);	2,000	2,000	Implementation and monitoring reports
Indicator 2.2	Number of milking goats procured and distributed to the beneficiaries.	2,000	2,000	Implementation and monitoring reports
Indicator 2.3	Quantity of concentrate animal feed (in kg), procured and distributed to the beneficiaries.	100,000	100,000	Implementation and monitoring reports
Indicator 2.4	Quantity of mineral lick (in kg), procured and distributed to the beneficiaries.	20,000	20,000	Implementation and monitoring reports
Explanation of output and indicators variance:		400 vulnerable Agro-pastoralists' households (2,000 people), at least 40 percent of women-headed households provided with milking goats, concentrate animal feed and mineral licks, with refresher training to adopt the good animal husbandry practices as planned.		

Activities	**Description**	**Implemented by**
Activity 2.1	Procurement of 2,000 heads of milking goats, 100,000 kg of concentrate animal feed and 20,000 kg of mineral lick, for distribution to the targeted beneficiaries.	FAO & its IPs
Activity 2.2	Select 400 vulnerable Agro-pastoralists' households (2,000 people), at least 40 percent of them to be women-headed households provided with milking goats, concentrate animal feed and mineral licks, with on job training to adopt the good animal husbandry practices.	FAO & its IPs
Activity 2.3	Distribution of the milking goats, concentrate animal feed and mineral licks to the beneficiaries.	FAO & its IPs
Activity 2.4	Monitoring of the implemented activities at the field level.	FAO & its IPs

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas[2] often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP) [3]:

FAO focused on vulnerable people affected by the ongoing conflict, particularly women, youth and IDPs, through specific selection criteria. These criteria were 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.

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 the project implementation, service providers were present in the project locations/states, as well as through face-to face sessions with 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 years. Through this mechanism, as well as online surveys, beneficiaries could express their concerns to FAO staff about activities carried out during the 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.

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

The project prioritized female-headed households, approximately 113,800 women out of the 284,500 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 the Sudan.

A focus was also placed on women, girls, sexual and gender minorities through messages disseminated in workshops, group discussions and 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 (at least 40% of the target to be women headed household beneficiaries of the project.

[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.

e. People with disabilities (PwD):

The project helped people with disabilities in meeting their basic food security needs, while also protecting them from food insecurity through the increased level of livelihood support and accessibility to nutritious produce in the target areas.

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

sh and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	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$)	**Sector/cluster**	**Restriction**
NA	NA	US$ NA	NA	NA
NA	NA	US$ NA	NA	NA
NA	NA	US$ NA	NA	NA

8. Visibility of CERF-funded Activities

Title	Weblink
Press Release	https://www.fao.org/newsroom/detail/sudan--fao-reaches-one-million-farming-households-since-the-outbreak-of-conflict/en
Publication	https://openknowledge.fao.org/server/api/core/bitstreams/8a52a8c7-cef5-4578-95cf-a4f2616bb0c8/content
Social Media post	https://x.com/FAOSudan/status/1725049688255037923
Social media post	https://x.com/FAOSudan/status/1755217752980066807
Social media post	https://x.com/FAOSudan/status/1826340467442942234
Social media post	https://x.com/FAOSudan/status/1853791920180322718

3.2 Project Report 23-RR-IOM-036

1. Project Information

Agency:	IOM	**Country:**	Republic of the Sudan
Sector/cluster:	Multi-Purpose Cash	**CERF project code:**	23-RR-IOM-036
Project title:	Multi-purpose cash assistance for conflict affected populations in Sudan		
Start date:	20/11/2023	**End date:**	19/05/2024
Project revisions:	No-cost extension ☒	Redeployment of funds ☐	Reprogramming ☒

Funding

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

2. Project Results Summary/Overall Performance

The Cash-Based Intervention (CBI) implemented by IOM in Sudan contributed to the improved living conditions of vulnerable populations, specifically internally displaced persons (IDPs) and conflict-affected host communities. The project successfully provided Multi-Purpose Cash Assistance (MPCA) to 4,684 households (28,104 individuals), surpassing the initial target of 4,500 households (approximately 27,000 individuals) by 4 per cent. The MPCA provided through this project, totalling USD 1.7 million, was disbursed across key areas in River Nile State (Shendi, Almatama, and Aldamar) and Northern Sudan (Dongola and Wadi Halfa). This assistance enabled households to meet their immediate needs, including access to food, shelter, healthcare, water, and transportation, during a critical period.

IOM conducted post-distribution monitoring (PDM) two to three weeks after cash distribution, employing a methodology with a 95 per cent confidence level and a 5 per cent margin of error. A total of 1,044 beneficiaries were randomly selected from the targeted areas, with women making up 48 per cent of respondents. The analysis revealed a significant reduction in the use of negative coping strategies by households following the cash assistance. Prior to the intervention, many families resorted to strategies such as borrowing money, consuming less nutritious food, and selling assets to cope with financial hardships. After receiving cash assistance, the percentage of beneficiaries who avoided any negative coping mechanisms increased from 2 per cent to 33 per cent. The rate of borrowing money decreased from 54 per cent before the intervention to 21 per cent, while reliance on selling assets dropped from 34 per cent to 13 Per cent. Similarly, the use of cheaper, less nutritious food fell from 45 per cent to 23 per cent. These results highlight the program's success in improving financial stability and resilience, as evidenced by the overall reduction in negative coping mechanisms among beneficiaries.

3. Changes and Amendments

Amid Sudan's challenging macroeconomic environment, marked by the sharp depreciation of the Sudanese Pound (SDG) following its liberalization, the project faced significant exchange rate fluctuations. These shifts required adaptive financial strategies, as currency volatility led to surplus funds post-initial disbursements. Consequently, an opportunity emerged to expand support beyond the initial target of 3,500 households (approximately 17,500 individuals) originally set for completion by 19 May 2024. Security-related delays further impacted timelines, prompting IOM to secure a No-Cost Extension (NCE) first to 19 August 2024, and subsequently to 19 October 2024 — to ensure the effective deployment of resources and address operational constraints.

Through these extensions, the project exceeded its initial target by reaching an additional 1,184 households (10,604 individuals), resulting in a total of 4,684 households (28,104 individuals) supported. These strategic adjustments allowed the project to maximize its reach, directly benefiting conflict-affected populations despite the volatile context. All allocated funds were utilized within the revised timeline, achieving full expenditure with no unspent balances. This flexibility in implementation and efficient resource management were key to enhancing project impact and aligning with the urgent humanitarian needs of conflict-affected population in Sudan.

The initial plan for cash assistance aimed to provide 3,500 households with an initial round of support, allocating USD 221 per household. Following this, additional aid was intended for the 2,100 most vulnerable households identified within the group. However, subsequent assessments and consultations with the Cash Working Group (CWG) revealed that all households within the target population were experiencing similar levels of vulnerability, displacement, and critical needs.

In response, IOM, in collaboration with the CWG, revised the approach to provide each household with a one-time cash distribution of SDG 540,000 (SDG 180,000*3). This amount was calculated based on the Minimum Expenditure Basket (MEB) estimate of SDG 180,000 for one month, multiplied to cover an estimated three-month period. By offering an equal cash distribution to all targeted households, this approach ensures that emergency needs are met equitably and efficiently, providing vital support to a broader number of households during this critical time.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Multi-Purpose Cash									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	2,520	2,730	2,625	2,625	**10,500**	5,126	4,823	3,372	3,541	**16,862**
Host communities	1,260	1,365	1,312	1,313	**5,250**	2,563	2,411	1,686	1,771	**8,431**
Other affected people	420	455	437	438	**1,750**	854	804	562	591	**2,811**
Total	**4,200**	**4,550**	**4,374**	**4,376**	**17,500**	**8,543**	**8,038**	**5,620**	**5,903**	**28,104**
People with disabilities (PwD) out of the total										
	576	624	600	600	**2,400**	**809**	**877**	**843**	**843**	**3,372**

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

5. People Indirectly Targeted by the Project

In addition to directly assisting 28,104 individuals through MPCA, the project had a significant indirect impact on the broader communities and local markets. According to key informant Interviews with local traders in the nearest market, approximately 5,000 additional individuals benefited indirectly due to the increased purchasing power of households that received cash assistance. This was determined through key Informant interviews (KIIs) with local traders in the nearest markets. This was because of the injection of cash into local markets stimulated demand for essential goods and services, which in turn supported local traders, suppliers, and service providers. In the target areas of River Nile and Northern Sudan, businesses such as food vendors, transportation services, and healthcare providers experienced a notable increase in activity. This boost in economic activity contributed to stabilizing local economies and supporting market recovery in these regions. The increased liquidity in the markets allowed local traders to improve their sales volumes and stock critical goods, indirectly benefiting the broader community through enhanced availability of essential items.

Additionally, the project conducted financial literacy orientation sessions, aimed at promoting the safe use of cash, budgeting, and household financial management. These sessions improved participants' financial resilience, equipping them with skills that will have a sustainable impact beyond the immediate provision of cash assistance. By enhancing financial literacy, the project fostered longer-term stability for the beneficiaries and the local communities, further contributing to the recovery of conflict-affected populations. This indirect impact highlights the broader, ripple effect of cash-based interventions, extending beyond immediate recipients and contributing to the resilience of local economies and communities.

6. CERF Results Framework

Project objective	To improve access to basic services for IDPs and conflict-affected communities in Sudan
Output 1	Supporting highly vulnerable households to meet their critical needs through delivery of immediate, emergency one-off and multi-month unconditional cash transfers.

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

Sector/cluster	Multi-Purpose Cash			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	Cash.1b Total value of multi-purpose cash distributed in USD (One off)	787,500	1,696,879	Registration record, verifiable tokens, FSP financial reports
Indicator 1.2	Cash.1a Number of people receiving multi-purpose cash (1st round)	17,500	28,104 one round to cover three months	Registration record, verifiable tokens, FSP financial reports
Indicator 1.3	Cash.1b Total value of multi-purpose cash distributed in USD	945,000	Reported under 1.1	
Indicator 1.4	Cash.1a Number of people receiving multi-purpose cash (2nd and 3rd round)	10,500	Reported under 1.2	
Explanation of output and indicators variance:		During the no-cost extension period, the budget was strategically reclassified to support both one-off and multi-month cash distributions. The Cash Working Group in Sudan established that the transfer value for MPCA should cover a three-month period, consolidating support into a single, one-off transfer as		

	indicated in the no-cost extension request. This decision is reflected in the data for indicators 1.1 and 1.2, which now capture the cumulative achievement initially anticipated across indicators 1.3 and 1.4. To streamline assistance and address the urgent needs of all targeted households equally, a one-time cash payment was implemented, aligning with the revised plan. This adjustment shifted away from the initial plan, which had proposed additional rounds of support specifically for approximately 2,100 of the most vulnerable households. Instead, all households received the same level of assistance in a single distribution that met expenses for three months, addressing immediate needs effectively. With this consolidation, indicators 1.3 and 1.4 became non-applicable, as their intended outcomes were integrated into the streamlined approach. Consequently, the reported achievement in indicators 1.1 and 1.2 reflects the revised targeting and the reallocation of funds, capturing the expanded impact through a unified support model.

Activities	Description	Implemented by
Activity 1.1	Conduct households' identification and registration activity through HH registration or multi-sectoral referral.	IOM
Activity 1.2	Distribute one-off and multi-month MPCA to vulnerable households	IOM
Activity 1.3	Conduct post-distribution monitoring among samples of recipient households.	IOM

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas[4] often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

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

IOM project teams prioritized accountability to the affected population by actively consulting community members throughout the MPCA emergency interventions. Before the project commenced, community meetings were held in the River Nile and Northern States to gather input from the affected population. Following the implementation, Post Distribution Monitoring (PDM) and Focus Group Discussions (FGDs) were conducted to collect feedback on the cash distribution process and the project's overall impact, with 255 people (138 male and 87 female) having attended the meetings. These engagements fostered confidence among the community and stakeholders, demonstrating that IOM was responsive to community feedback. The involvement of crisis-affected individuals, including vulnerable and

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

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

marginalized groups, ensured diverse perspectives were included in all phases of the project. Separate FGDs were organized for men, women, and vulnerable groups, enhancing the quality of insights gathered. This participatory approach allowed for timely adjustments during implementation based on regular feedback.

b. AAP Feedback and Complaint Mechanisms:

During the project implementation, IOM established a feedback and complaint mechanism to ensure that targeted groups could voice their concerns and suggestions. This mechanism was designed to be accessible and confidential, allowing beneficiaries to submit feedback through various channels, including community meetings and dedicated hotlines.

To enhance accessibility, IOM ensured that information about the mechanism was disseminated widely within the communities, and support was provided for those with limited literacy or language barriers. All feedback was treated with strict confidentiality, encouraging beneficiaries to express their opinions without fear of repercussions. The PDMs data indicates that face-to-face communication through IOM staff and camp managers are the most recognized information-sharing mechanisms. Digital or indirect channels like hotlines and suggestion boxes were less preferred, pointing to potential areas for improvement in promoting diverse communication methods that can cater to different needs and preferences within the community.

IOM followed up on all received feedback and conducted timely assessments and adjustments based on community input. Regular updates were provided to the communities regarding actions taken in response to their concerns, reinforcing trust and engagement throughout the project.

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

All IOM staff, Financial Service Provider (FSP) personnel, and local field enumerators involved in registration and distribution received comprehensive training on principles related to the prevention of sexual exploitation and abuse (PSEA), data protection, humanitarian standards, and appropriate conduct. Additionally, beneficiaries were educated about the “We Are All In” platform, an internal IOM reporting mechanism designed for individuals to report any misconduct by IOM staff, including incidents related to PSEA. This initiative not only reinforced the organization’s commitment to safeguarding vulnerable populations but also empowered beneficiaries to voice their concerns and seek accountability in a safe and confidential manner.

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

The project ensured participation of women and girls in all project activities including needs assessment, distribution and PDMs. Overall, 50.4 per cent of the MPCA recipients were women and girls. During PDM, 48 per cent of the key informants were women respondents and women-led households, which ensured gender-responsive feedback. Through the feedback and complaint mechanisms, four GBV cases were received from women being harassed and abused by spouses because of the cash received. With consent from the women, the project referred them to the local chief and protection cluster partner for further support.

e. People with disabilities (PwD):

The project assisted estimated 3,372 persons with disabilities (PwDs) in the River Nile and Northern states by providing them with MPCA. During registration and distribution, IOM prioritized and provided extra support to PwDs by recruiting additional enumerators to support during the registration and distribution processes. While the number of PwDs assisted was estimated, IOM ensured that data was collected using a standardized process in line with established internal data collection guidelines for data collection and reporting on PWD. The PDM data based on the Washington Group Questions shows that 16 per cent of households surveyed had a family member with a disability, highlighting the importance of providing support that meets their specific needs. The data highlights the prevalence of various disabilities among respondents, with the most common challenges related to mobility and sensory functions.

f. Protection:

Protection was a fundamental consideration in the project's design and implementation. Recognizing the complex humanitarian context, IOM conducted comprehensive safety audits before cash distribution to mitigate risks specifically facing women and girls. These audits informed strategic site selection and collaborative community engagement, establishing robust referral mechanisms to address potential protection challenges. When two protection cases emerged during cash distribution, the project immediately connected affected individuals with specialized protection partners. The project further prioritized safety by encouraging household-level consultations that ensured safe

and consensual use of cash assistance, placing the dignity of family members at the center of the intervention. The project remained acutely aware of the broader protection landscape, including escalating risks of sexual and gender-based violence and the specific vulnerabilities of pregnant women in Khartoum. By systematically embedding protection considerations into every stage of the intervention, the project went beyond material assistance, to ensure that protection was mainstreamed as a core guiding principle of the humanitarian response.

g. Education:

Although the project did not have a direct component on education, the findings from the PDM show that 10 per cent of the cash recipients used the money to pay for education expenses which included school fees, uniforms, and stationary.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is the sole intervention in the CERF project	Yes, CVA is the sole intervention in the CERF project	28,104 people

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

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

The use of Cash and Voucher Assistance (CVA) through Multi-Purpose Cash (MPC) proved instrumental in supporting displaced individuals and vulnerable groups in the River Nile and Northern states. Findings from the Post Distribution Monitoring (PDM) survey demonstrated that the cash assistance successfully enabled beneficiaries to meet critical, immediate needs such as food, health services, hygiene items, and debt repayment. The intervention was well-received, with 96 per cent of respondents reporting that the assistance was accessible and safe, and 85 per cent appreciating the flexibility it offered, enabling them to prioritize their specific needs. However, 93 per cent of beneficiaries reported that the amount of cash provided was insufficient to cover their basic needs, suggesting a gap between the cash disbursed and the full range of household expenditures. This underscores the need to consider adjustments in cash amounts or explore complementary support services to better address the financial gaps identified.

Analysis from the Post Distribution Monitoring

Survey Results Summary:

- The survey indicated that 98 per cent of respondents were displaced individuals, with most (63%) residing in their current location for over a year, highlighting ongoing displacement conditions. About 11 per cent of households included persons with disabilities, pointing to the need for inclusive support tailored to diverse needs.

Spending Patterns and Categories:

- Most respondents (84%) used their cash assistance within two to three weeks, demonstrating immediate demand and utility.
- Beneficiaries were asked to indicate the categories where they spent the cash assistance, with the option to select multiple responses. The findings revealed that the most frequently selected categories were food (91%), health services (83%), hygiene items (65%), and debt repayment (58%), followed by spending on shelter and non-food items (NFIs) (38%), and clothing/ shoes (36%).
- Other categories included fuel, education, water and construction, demonstrating that the cash assistance addressed a wide range of needs among the respondents.

Cash Assistance Amount:

- The majority (93%) of respondents found the cash assistance insufficient to meet their needs. This indicates that while the cash provided some relief, it did not fully cover beneficiaries' basic expenses. This highlights the need to consider adjustments to the cash amount, modify assistance packages, or offer complementary support services to address unmet needs.

Perceptions of Safety and Accessibility:

- Nearly all respondents (99%) felt safe after receiving cash assistance or returning home, and distribution sites were easily accessible for 72 per cent of beneficiaries, who travelled less than 30 minutes.

Satisfaction with Assistance:

• The program achieved high satisfaction levels, with 84 per cent of beneficiaries reporting they were very satisfied, 15 per cent satisfied, and 1 per cent moderately satisfied, indicating that it largely met their expectations. Notably, 83 per cent of respondents preferred cash as the modality of assistance due to its flexibility and the autonomy it offers in addressing diverse needs. While the program was successful in improving beneficiaries' experiences in terms of time efficiency and mobility, the cash amount was identified as a critical area for improvement, with 93 percent of respondents reporting that the amount provided was insufficient to meet their needs.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
Activity 1.2: Distribute one-off and multi-month MPCA to vulnerable households	28,104	US$ 1,696,879	Multi-Purpose Cash	Unrestricted
NA	NA	US$ NA	Choose an item.	Choose an item.
NA	NA	US$ NA	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	**Weblink**
Facebook	*https://shorturl.at/CL6K3*
Twitter X – English and Arabic	*https://x.com/IOMSudan/status/1833428946467062036* and Arabic *https://x.com/IOMSudan/status/1833444235204333710*
Instagram	*https://www.instagram.com/p/C_uxD__ozq7/?utm_source=ig_web_copy_link&igsh=MzRlODBiNWFlZA*

3.3 Project Report 23-RR-FPA-044

1. Project Information

Agency:	UNFPA	**Country:**	Republic of the Sudan
Sector/cluster:	Protection - Gender-Based Violence Health - Sexual and Reproductive Health	**CERF project code:**	23-RR-FPA-044
Project title:	Provision of comprehensive, quality life-saving RH and GBV response and prevention among the most vulnerable population in Darfur, River Nile and Northern State		
Start date:	15/11/2023	**End date:**	14/05/2024
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 89,000,000**
Total funding received for agency's sector response to current emergency:	**US$ 30,600,000**
Amount received from CERF:	**US$ 2,250,000**
Total CERF funds sub-granted to implementing partners:	**US$ 1,517,779**
Government Partners	US$ 4,997
International NGOs	US$ 0
National NGOs	US$ 1,032,167
Red Cross/Crescent Organisation	US$ 480,614

2. Project Results Summary/Overall Performance:

Through this CERF RR grant, UNFPA and its partners ensured the safety, health and dignity of women, girls and the vulnerable population through the provision life-saving health services and quality multi-sectoral integrated GBV response services for 90,408 beneficiaries in four states, namely East Darfur, West Darfur, River Nile and Northern State.

The project improved access and utilization of lifesaving GBV services for GBV survivors and vulnerable women and girls of reproductive age, including high-risk pregnancies, and enhanced community resilience. 17,564 people access the six Women and Girls Safe Spaces (WGSS) set-up by the project; 248 GBV survivors received psychosocial support and case management services; 6,500 dignity kits were distributed to women and girls, supporting menstrual hygiene management and forming an entry point to GBV/SRH services; 21,970 people were reached with information on GBV and available services, including referrals, through public awareness campaigns; 700 GBV service providers received quick refresher training; two GBV Working Groups were established in Northern state and River Nile; 150 GBV actors on GBV in Emergencies; and 150 non-GBV humanitarian actors participated in GBV Risk Mitigation sessions.

Second, the project improved access to coordinated, essential and life-saving reproductive health care. 355 healthcare providers received refresher training on the minimum emergency response package for sexual and reproductive health, including Infection Prevention and Control (IPC) and Clinical Management of Rape (CMR), to improve the quality of care; 42,231 people received SRH medical assistance; seven Emergency Obstetric and Neonatal Care (EmONC) facilities were supported through the installation of solar-powered electric systems, including three facilities that were equipped with essential IPC supplies; and four SRH Technical Working Groups were supported to conduct meetings, monitoring and supportive supervision for SRH services, and on-site SRH needs assessments.

3. Changes and Amendments

A three-month no-cost extension of the project was granted to ensure the full implementation of all project activities as UNFPA and implementing partners had encountered several challenges that negatively affected the timely completion of project activities, including:

- Deteriorating security situation: with continuous fighting in West Darfur and East Darfur, posing serious risks to the safety of care providers and implementing partners, the implementation of most planned activities in these states had to be pushed to Q1 2024.
- The re-establishment of a temporary clinic in Adramata, West Darfur after it was looted and destroyed required additional time, delaying the initiation of mobile clinic services.
- New coordinating body (SARHO) with unclear SOPs: The lack of clear procedures led to confusion and delays in obtaining necessary permits for fieldwork in Darfur.
- Clashes between SAF and RSF in Wad Madani in December 2023 impacted the operations of most implementing partners based in Aj Jazirah. While not a project target state itself, Aj Jazirah had been a hub for humanitarian operations for Darfur since the conflict outbreak in Sudan in April 2023.
- The scarcity of fuel and collapsed banking system hampered logistics and financial transactions necessary for project interventions. Implementing partners in Darfur faced logistical difficulties moving medical supplies and challenges in accessing cash.

While UNFPA had put in place risk mitigation measures to ensure full implementation within the project time frame - such as close weekly follow-up with implementing partners, authorising implementing partners to work on a reimbursement basis, conducting field missions to Northern and River Nile states to provide technical assistance, coordinating the movement of supplies with OCHA and ensuring participation in national and state-level coordination mechanisms - UNFPA was unable to fully implement the planned activities for East Darfur, West Darfur, River Nile and Northern states within the original project time frame due to the aforementioned unforeseen circumstances that were outside of UNFPA's contr

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection - Gender-Based Violence									
	Planned					Reached				
Category	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	27,000	2,000	8,000	3,000	**40,000**	26,400	1,750	9300	2650	**40,100**
Host communities	4,107	1,000	2,000	1,000	**8,107**	3,800	850	2300	1100	**8,050**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**31,107**	**3,000**	**10,000**	**4,000**	**48,107**	**30,200**	**2,600**	**11,600**	**3,750**	**48,150**
People with disabilities (PwD) out of the total										
	1,493	144	480	192	**2,309**	**1,320**	**132**	**570**	**187**	**2,209**

Sector/cluster	Health - Sexual and Reproductive Health									
	Planned					Reached				
Category	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	16,016	3,899	7,799	3,900	**31,614**	15,133	3,024	10,051	2,647	**30,855**
Host communities	8,008	1,950	3,900	1,950	**15,808**	5,590	1,116	3,718	979	**11,403**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**24,024**	**5,849**	**11,699**	**5,850**	**47,422**	**20,723**	**4,140**	**13,769**	**3,626**	**42,258**
People with disabilities (PwD) out of the total										
	1,200	292	585	293	**2,370**	**633**	**159**	**308**	**150**	**1,250**

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

5. People Indirectly Targeted by the Project

The project is estimated to have indirectly benefited over 99,500 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 his/her household individual in their community. Additionally, engaging stakeholders, including indirect beneficiaries, during consultations on activity implementation has further enhanced their empowerment and resilience.

6. CERF Results Framework

Project objective	Ensuring the safety, health and dignity of women, girls and the vulnerable population through the provision life-saving health services and quality multi-sectoral integrated GBV response services following a survivor-centred approach and GBV risk mitigation measures
Output 1	Access and utilization of lifesaving GBV services for GBV survivors and vulnerable women and girls of reproductive age, including high-risk pregnancies, is improved and community resilience is enhanced through the empowerment of women and girls and strengthened community-based interventions

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

Sector/cluster	Protection - Gender-Based Violence			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	PS.1a Number of people accessing women- and girl-friendly safe spaces and/or centres	16,540	17,564	IPs monthly and Quarterly reports
Indicator 1.2	PS.1b Number of women- and girl-friendly safe spaces and/or centres constructed, rehabilitated and/or supported	6	6	IPs monthly and Quarterly reports
Indicator 1.3	PS.2 Number of people receiving GBV psycho-social support and/or GBV case management	250	248	IPs monthly and Quarterly reports
Indicator 1.4	SP.1b Number of people receiving menstrual hygiene management kits and/or dignity kits	6,500	6,500	IPs monthly and Quarterly reports
Indicator 1.5	Number of people reached with awareness raising interventions on GBV	20,000	21,970	IPs monthly and Quarterly reports
Indicator 1.6	Number of specialized GBV service providers receiving quick refresher training	700	700	IPs monthly and Quarterly reports
Indicator 1.7	Number of GBV Working groups operationalized	2	2	IPs monthly and Quarterly reports
Indicator 1.8	Number of GBV actors trained on GBV in Emergencies	150	150	IPs monthly and Quarterly reports
Indicator 1.9	Number of non GBV humanitarian actors participating in GBV Risk mitigation sessions	150	150	IPs monthly and Quarterly reports
Explanation of output and indicators variance:		Indicator 1.1: Target 107% achieved. 6 Women and Girls Safe Spaces were rehabilitated in Northern state (3), River Nile (1), and West Darfur (2). A total of 17,564 women and girls accessed these 6 WGSS, including 8,754 in West Darfur, 5,962 in River Nile and 2,848 in Northern state. Indicator 1.3: Target 99% achieved. 248 GBV survivors received psychosocial support and case management services, including 96 in West Darfur, 50 in River Nile and 102 in Northern state.		

	Indicator 1.5: Target 110% achieved. 21,970 people were reached with information on GBV and available services, including referrals, through public awareness campaigns: 2 in Northern state, 4 in River Nile and 3 in West Darfur.

Activities	Description	Implemented by
Activity 1.1	Strengthen and support existing Women and Girls Safe Spaces to provide comprehensive GBV prevention and response services	NADA ALAZHAR, CDF
Activity 1.2	Provide comprehensive GBV case management services and psychosocial support, including individual and group sessions, to women, girls and survivors of GBV.	NADA ALAZHAR, CDF
Activity 1.3	Conduct information dissemination sessions on available GBV and SRH services, Menstrual Hygiene Management, and GBV referral systems.	NADA ALAZHAR,
Activity 1.4	Establish and support four Community-Based Protection Networks to prevent and mitigate the risks of GBV.	NADA ALAZHAR, CDF
Activity 1.5	Procurement and distribution of dignity kits and sanitary napkins to support menstrual hygiene management and act as an entry point to GBV prevention and response services.	UNFPA
Activity 1.6	Refresher training for service providers on GBV key concepts, case management and the GBV Information Management System.	NADA ALAZHAR, CDF
Activity 1.7	Enhance GBV coordination through updating and circulating referral pathways, organising GBV Working Group meetings, and operationalizing state GBV Standard Operating Procedures.	NADA ALAZHAR
Activity 1.8	Provide refresher training and follow-up coaching for GBV actors on international standards of GBV in Emergencies.	NADA ALAZHAR
Activity 1.9	Train non-GBV humanitarian actors on GBV mainstreaming.	NADA ALAZHAR

Output 2	Access to coordinated, essential and life-saving reproductive health care is improved
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☐
Sector/cluster	Health - Sexual and Reproductive Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	SP.3 Number of health care providers receiving training on the minimum emergency response package for sexual and reproductive health	144	355	Partners report
Indicator 2.2	SP.5 Number of people receiving GBV and/or SRH medical assistance	47,326	42,231	Partners report
Indicator 2.3	H.7 Number of functional health facilities supported	5	7	Partners report
Indicator 2.4	Number of operational SRH Technical Working Groups	4	4	Partners report

Explanation of output and indicators variance:	Indicator 2.1: Target 246% achieved. Sepsis was recognized as a significant complication for both mothers and neonates. Consequently, additional Infection Prevention and Control (IPC) MISP refresher training for healthcare providers

	and staff was prioritized in the targeted facilities in West Darfur, East Darfur, River Nile, and Northern State. Indicator 2.2: Target 89% achieved. Mobile clinic teams were primarily deployed to IDP gathering sites. While this focus was crucial to addressing the immediate needs of displaced populations, it inevitably reduced the number of host communities that could be reached. Additionally, rising fuel and medical consumable prices have decreased the duration of mobile team deployments. In total, 42,231 individuals received medical assistance during the project period (33,986 through mobile clinics; and 8,245 through the supported EmONC facilities). However, UNFPA anticipates that a greater number of people, including host communities and IDPs hosted by families, will continue to benefit from the supported EmONC facilities beyond the project duration. Indicator 2.3: Target 140% achieved. The number of supported facilities increased due to the partial installation of solar systems in Halfa Hospital's blood bank and two rural hospitals in East Darfur (Yassin and Sheria). These installations were crucial to addressing the urgent need for sustainable power supply amid prolonged electricity blackouts caused by the ongoing conflict.

Activities	Description	Implemented by
Activity 2.1	Support the operations and staffing of five Emergency Obstetric and Neonatal Care facilities.	NIDO, CDF, SRCS, SFPA
Activity 2.2	Deploy four temporary and mobile clinics to support the provision of essential primary health care services.	CDF, NIDO, SRCS
Activity 2.3	Refresher training for health care providers on essential and lifesaving SRH services including clinical management of rape, management of sexually transmitted infections, and standard obstetrics care.	NIDO, CDF, SRCS, SFPA
Activity 2.4	Conduct weekly national and state-level SRH Technical Working Group meetings with all relevant stakeholders to facilitate coordinated action and implementation of the SRH Minimum Initial Service Package.	NIDO, CDF, SFPA, FMOH
Activity 2.5	Conduct field monitoring visits for SRH supportive supervision and mentorship.	NIDO, CDF, SFPA
Activity 2.6	Conduct on-site SRH needs assessments to identify gaps in SRH service delivery and improve the SRH response for conflict-affected populations.	NIDO, CDF, SPFA

7. Effective Programming

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

[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.

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

UNFPA prioritised the active participation of crisis-affected populations, including vulnerable and marginalised groups, throughout all phases of the project. This engagement was facilitated through community forums, focus group discussions (FGDs) targeting specific groups such as women, youth, and individuals with disabilities, and multiple feedback mechanisms, including suggestion boxes and complaint channels, to ensure continuous input from those affected.
The feedback received from community members was instrumental in refining the project's design, identifying service gaps, and guiding the development of new initiatives. By emphasising community involvement, UNFPA ensured that the project remained responsive to the needs of the affected population, thereby maximising its impact.

b. AAP Feedback and Complaint Mechanisms:

UNFPA established a robust feedback and complaint mechanism accessible to all targeted groups, which included community forums, suggestion boxes, hotlines, WhatsApp, and community monitors. Strict measures were implemented to protect the confidentiality of individuals reporting complaints. The mechanism was designed to be inclusive, accommodating all individuals regardless of language, literacy level, or disability. All feedback and complaints were promptly acknowledged, investigated, and followed by appropriate actions, such as addressing concerns, providing assistance, and implementing corrective measures when necessary.
This comprehensive mechanism ensured that affected communities had a voice and that their concerns were addressed efficiently and effectively. As a key lesson learned from the project, UNFPA is now developing a new feedback and complaint mechanism called Your Voice. This innovative, multi-purpose platform incorporates AI-powered IVR, WhatsApp, and chatbots, empowering communities receiving UNFPA support to report SEA allegations against UNFPA and partner personnel and provide feedback on service points, supplies, and overall program performance.

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

UNFPA implemented a robust mechanism for recording and addressing SEA-related complaints, prioritising confidentiality, accessibility, and effective follow-up. Additionally, UNFPA conducted four PSEA training sessions targeting 100 staff members of implementing partners (IPs) and community members, aimed at strengthening the PSEA capacity of IPs.
UNFPA also established a dedicated hotline for survivors of SEA to report incidents anonymously. This comprehensive mechanism provided survivors with a safe, confidential avenue for reporting incidents and accessing necessary support.

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 & age marker, gender is mainstreamed throughout the project design and monitoring activities. All planned community-based interventions aim to mitigate the negative impact of gender inequality by involving male community leaders and disseminating the information within and through the established protection networks.
17,564 accessed the Women and Girls Safe Spaces (WGSS) set up by the project at IDP gathering sites in West Darfur, River Nile and Northern state. Women and girls benefited from awareness raising on GBV and available services, including referrals, individual and group psychosocial support services, and recreational, life skills, and skill-building activities. Moreover, four community-based protection networks were established and linked to the WGSS in West Darfur, River Nile and Northern state to facilitate referrals.
6,500 dignity kits were distributed to displaced women and girls in River Nile and Northern state.

e. People with disabilities (PwD):

UNFPA prioritised the inclusion of people with disabilities (PwD) throughout its implementation as part of UNFPA disability inclusion 2022-2025. To ensure accessibility and meet their specific needs, the following strategies were adopted:

- Disability-Inclusive Planning

[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.

- Accessibility Adaptations
- Awareness Raising
- Inclusive Service Delivery

UNFPA ensured that PwD were actively involved in all aspects of the project and were provided with the necessary support and protection to meet their specific needs.

f. Protection:

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

g. Education:

The project empowered women and girls by promoting education through awareness-raising sessions held in Women and Safe Spaces and across all components of the GBV project activities. Additionally, the mobile clinic teams included health promoters who conducted health education sessions for communities in the project implementation areas.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

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

While CVA was not included as a direct intervention under this project, UNFPA has been implementing CVA to support various vulnerable groups, including GBV survivors and pregnant women. This support covers treatment costs such as normal deliveries, C-sections, and maternal complications. These efforts have been funded through UNFPA's regular resources as well as additional sources, including other CERF projects, such as the Famine Response initiative.

Parameters of the used CVA modality:

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

9. Visibility of CERF-funded Activities

Title	Weblink
Health Clinic in West Darfur	https://x.com/_UnfpaSudan/status/1821199100152299945
Mobile Medical Teams in East Darfur	https://x.com/_UnfpaSudan/status/1808119930996310463
Mobile Health Team in West Darfur	https://x.com/_UnfpaSudan/status/1789990617193312259

3.4 Project Report 23-RR-HCR-034

1. Project Information

Agency:	UNHCR	**Country:**	Republic of the Sudan
Sector/cluster:	Shelter and Non-Food Items Protection Camp Coordination and Camp Management	**CERF project code:**	23-RR-HCR-034
Project title:	Emergency Tri-sector Assistance to Conflict Displaced Sudanese		
Start date:	22/11/2023	**End date:**	21/05/2024
Project revisions:	No-cost extension ☐ Redeployment of funds ☐ Reprogramming ☒		

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$ 14,989,837**
Amount received from CERF:	**US$ 4,500,000**
Total CERF funds sub-granted to implementing partners:	**US$ 1,910,287**
Government Partners	US$110,875
International NGOs	US$ 603,536
National NGOs	US$ 930,174
Red Cross/Crescent Organisation	US$ 265,702

2. Project Results Summary/Overall Performance

From November 2023 to October 2024 (extended implementation period) UNHCR provided emergency trisector (protection monitoring, emergency shelter and non-food items and site management) assistance to 208,000 vulnerable internally displaced individuals and about 24,000 host communities in South Darfur, East Darfur, West Darfur, North Kordofan, South Kordofan, River Nile State, Northern States.

- 160,000 of people reached through protection monitoring
- 18 protection advocacy notes prepared based on protection monitoring
- 6,470 persons at risk identified and referred
- 9 Multipurpose Community Centres established, supported and/or rehabilitated
- 25 community-based protection networks established and/or strengthened
- 5,100 people receiving protection support (e.g., case management, legal support, documentation, MPHSS etc.)
- 4100 individuals at risk supported with targeted individual protection assistance (IPA) (cash or in-kind)
- 9,500 persons received non-food items support (in-kind and cash)
- 60 site management committees established
- 15000 individuals joined and trained as Site Management Committee members

Regular protection monitoring by community-based networks, UNHCR and its partners enabled UNHCR analyse the protection situation and advocate with stakeholders to address the challenges by issuing protection advocacy reports. Protection monitoring also helped to identify vulnerable conflict-affected people in need of targeted individual protection assistance. The emergency shelter and non-food items which were distributed in cash or in-kind enabled the displaced people cover their immediate needs and restart their lives in displacement locations. Through this project UNHCR and its partners mapped 60 IDP gathering sites identifying needs and gaps which supported a coordinated response and informed the humanitarian agencies' response for protection and assistance to conflict-affected people.

3. Changes and Amendments

UNHCR requested and received approval for a reprogramming of some activities and targets due to changes in the operational context of escalation of war in Al Jazirah State which posed logistical challenges to deliver in-kind assistance to certain areas. The reprogramming was also used to correct clerical errors during project development. This ensured that targeted vulnerable displaced people in all project locations were not excluded and could receive assistance in a conflict sensitive manner. The reprogramming replaced in-kind NFI provision with piloting a sector-specific cash-assistance modality in the Kordofan States.

The budget and total targets remained unchanged in the concerned sectors.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Camp Coordination and Camp Management									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	0
Returnees	0	0	0	0	**0**	0	0	0	0	0
Internally displaced people	3,188	2,422	4,080	3,060	**12,750**	3,188	2,422	4,080	3,060	**12,750**
Host communities	563	427	720	540	**2,250**	563	427	720	540	**2,250**
Other affected people	0	0	0	0	**0**	0	0	0	0	0
Total	**3,751**	**2,849**	**4,800**	**3,600**	**15,000**	**3,751**	**2,849**	**4,800**	**3,600**	**15,000**
People with disabilities (PwD) out of the total										
	563	427	720	540	**2,250**	563	427	720	540	**2,250**

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	34,000	25,840	43,520	32,640	**136,000**	34,000	25,840	43,520	32,640	**136,000**
Host communities	6,000	4,560	7,680	5,760	**24,000**	6,000	4,560	7,680	5,760	**24,000**
Other affected people	0	0	0	0	**0**	0	0	0	0	0
Total	**40,000**	**30,400**	**51,200**	**38,400**	**160,000**	**40,000**	**30,400**	**51,200**	**38,400**	**160,000**
People with disabilities (PwD) out of the total										
	6,000	4,560	7,680	5,760	**24,000**	6,000	4,560	7,680	5,760	**24,000**

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

Sector/cluster	Shelter and Non-Food Items									
	Planned					**Reached**				
Category	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Refugees	0	0	0	0	**0**	0	0	0	0	0
Returnees	0	0	0	0	**0**	0	0	0	0	0
Internally displaced people	12,538	9,528	16,048	12,036	**50,150**	12,538	9,528	16,048	12,036	**50,150**
Host communities	2,213	1,681	2,832	2,124	**8,850**	2,213	1,681	2,832	2,124	**8,850**
Other affected people	0	0	0	0	**0**	0	0	0	0	0
Total	**14,751**	**11,209**	**18,880**	**14,160**	**59,000**	**14,751**	**11,209**	**18,880**	**14,160**	**59,000**
People with disabilities (PwD) out of the total										
	2,213	1,681	2,832	2,124	**8,850**	2,213	1,681	2,832	2,124	**8,850**

* 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 480,000 individuals benefitted through protection monitoring which was mainstreamed in all proposed project sectors. Through individual protection cash assistance to direct beneficiaries, it created a positive impact on the development of national markets, while contributing to activate the economy through expenditure and financial exchanges. Likewise, the shelter and non-food items intervention provided business opportunities for local transportation services and vendors of local shelter materials.

6. CERF Results Framework

Project objective	Strengthening the protection environment in hard-to-reach conflict affected localities in Sudan
Output 1	Protection Monitoring

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 1.1	Number of People Reached through Protection Monitoring	160,000	160,000	Direct monitoring, partner reports
Indicator 1.2	PG.1 Number of human rights and/or protection monitoring missions, analyses and/or reports that inform the humanitarian response	18	18	Direct monitoring, partner reports
Indicator 1.3	Number of Multipurpose Community Centres Established, Supported and/or rehabilitated	9	9	Direct monitoring, partner reports
Indicator 1.4	Number of Community Based Protection Networks Established and/or strengthened	25	25	Direct monitoring, partner reports
Explanation of output and indicators variance:		NA		

Activities	**Description**	**Implemented by**
Activity 1.1	Conduct regular protection monitoring in prioritized districts mechanisms at community-level and support referral	HOPE; WVI; IAS; MOHSD; JASMAR; Mutawinat
Activity 1.2	Produce evidence-based advocacy reports	HOPE; WVI; IAS; MOHSD; JASMAR; Mutawinat
Activity 1.3	Community Based Protection Networks Established and Strengthened	HOPE; WVI; IAS; MOHSD; JASMAR; Mutawinat

Output 2	Persons-at-risk (including survivors of violence, women-at-risk, PSNs) identified and supported

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

Sector/cluster	Shelter and Non-Food Items			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	Number of persons at risk identified	5,100	6470	Direct monitoring, partner reports

Indicator 2.2	Cash.2a Number of people receiving sector-specific unconditional cash transfers	4,100	4100	Direct monitoring, partner reports
Indicator 2.3	Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD	205,500	205,500	Direct monitoring, partner reports
Indicator 2.4	PP.1b Number of people accessing protection referral mechanisms and/or pathways	2810	~~[Fill in]~~	~~Direct monitoring, partner reports~~
Indicator 2.5	Number of people receiving protection support (e.g., case management, legal support, documentation, MPHSS etc.)	6,470	5100	Direct monitoring, partner reports
Explanation of output and indicators variance:		This output is supposed to be within Protection Sector. A reprogramming request waa made to change this in March 2024. Similarly, due to the clerical errors during the proposal development, the target figures for indicators 2.1 and 2.5 were interchanged for which a request of correction was submitted. Likewise, Indicator 2.4 was a repetition of indicator 2.1 and a request was made to remove the repetition. .		

Activities	**Description**	**Implemented by**
Activity 2.1	Persons at risk identified and referred for services	HOPE; WVI; IAS; MOHSD; JASMAR; Mutawinat; SRCS
Activity 2.2	Provision of individual protection assistance (IPA) to persons with specific needs, cash, or in-kind, legal aid, and MHPSS	HOPE; WVI; IAS; MOHSD; JASMAR; Mutawinat; SRCS
Activity 2.3	Post Distribution Monitoring	[Fill in]

Output 3	Shelter and non-food item needs of displaced population are met
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	SN.2b Number of in-kind NFI kits distributed	~~11,000~~9500	9500	Direct monitoring, partner reports
Indicator 3.2	Cash.2a Number of people receiving sector-specific unconditional cash transfers	~~4,250~~5750	5750	Direct monitoring, partner reports
Indicator 3.3	Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD	~~552,500~~740,000	740,000	Direct monitoring, partner reports
Explanation of output and indicators variance:		The reprogramming request, requested to change Output Sector to Shelter/NFI instead of CCCM which was entered as a clerical error. Similarly, Indicator 3.1 & 3.2 actual targets were requested to change. UNHCR was able to reach the actual targets. Likewise, the actual cash amount in indicator 3.3 was requested to be amended. The actual distribution is achieved.		

Activities	**Description**	**Implemented by**
Activity 3.1	Procurement and transportation of NFI and shelter kits	SORR; ADD; JASMAR
Activity 3.2	Identification/verification of beneficiaries and distribution of NFI kits	SORR; ADD; JASMAR

Activity 3.3	Identification/verification of beneficiaries and distribution of in-kind or cash shelter assistance	SORR; ADD; JASMAR
Activity 3.4	Post Distribution Monitoring	SORR; ADD; JASMAR

Output 4	Factsheets are produced for sites hosting displaced populations and management committees established
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☐
Sector/cluster	Camp Coordination and Camp Management

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 4.1	CM.1 # of displacement sites supported with appropriate site management services	60	60	Direct monitoring, partner reports
Indicator 4.2	Number of site management committees established	60	60	Direct monitoring, partner reports
Explanation of output and indicators variance:	UNHCR was able to achieve the targets for both indicators.			

Activities	**Description**	**Implemented by**
Activity 4.1	Mapping and analysis of IDP sites	IAS; MOHSD; SRCS; JASMAR
Activity 4.2	Site assessment for identifying needs and gaps	IAS; MOHSD; SRCS; JASMAR
Activity 4.3	Development of factsheets	IAS; MOHSD; SRCS; JASMAR
Activity 4.4	Site management committees established	IAS; MOHSD; SRCS; JASMAR

7. Effective Programming

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

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

UNHCR and its partners maintained regular monitoring and discussions with the forcibly displaced population in states. 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.

In remote and hard-to-reach areas, including Kordofan and Darfur regions, UNHCR relied on its wide network of Community Based Protection Network (CBPNs) and other key informants for protection monitoring and identification of key concerns. 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.

[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.

Tools and guidelines on how to strengthen engagement with the CBPNs were developed and staff were trained. Efforts were done to have a gender balance and diversity in composition in the leadership and membership among the CBPNs and camp/gathering sites managements. UNHCR has been an active member of the Accountability to Affected Population (AAP) and has worked on mainstreaming AAP within its programming including 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 States for beneficiaries to provide feedback and complaints to UNHCR regarding any protection and assistance in the field. UNHCR has invested heavily on the community-based protection networks which have been " 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 UNHCR staff code of conduct, and standard partner partnership agreements (PPAs) with implementing partners. For prevention and sensitization, UNHCR conducted PSEA trainings for NGO and government partners 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 are fully aware where they could report SEA. Poster displays in different beneficiaries' settings and in 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 reporting mechanism and in line with PSEA policies, hotlines for receiving complaints and incident reporting on issues related to sexual harassment and abuse were established.

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

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 improved protection environment and immediate support in displaced locations.

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 prioritised 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 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:

NA

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	7,250

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

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

The project supported cash assistance to persons with specific needs as an individual protection assistance package to allow the individuals to address their immediate urgent needs of the beneficiaries. As a standard package, beneficiaries received one-off cash assistance in local currency equivalent to USD135. The cash entitlement varies depending on their needs based on protection assessment of vulnerable individuals.]

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
Activity 2.2	5750	US$ 740,000	Multi-Purpose Cash	Unrestricted
Activity 3.3	1500	US$ 213,000	Shelter and Non-Food Items	Unrestricted

9. Visibility of CERF-funded Activities:

Title	Weblink
Social media]	***https://x.com/J_Parlevliet/status/1833124070822433143***
[Social media]	https://x.com/FatimaMCole/status/1741309471161229584
[Factsheet – UNHCR Sudan Factsheet – December 2023]	https://data.unhcr.org/en/documents/details/105573

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.

3.5 Project Report 23-RR-CEF-057

1. Project Information

Agency:	UNICEF	**Country:**	Republic of the Sudan
Sector/cluster:	Water, Sanitation and Hygiene Nutrition Health	**CERF project code:**	23-RR-CEF-057
Project title:	Reaching conflict-affected areas with critical supplies		
Start date:	28/11/2023	**End date:**	27/05/2024
Project revisions:	No-cost extension ☐ Redeployment of funds ☐		Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 837,611,077**
Total funding received for agency's sector response to current emergency:	**US$ 119,000,000**
Amount received from CERF:	**US$ 5,250,000**
Total CERF funds sub-granted to implementing partners:	**US$ 104,913**
Government Partners	US$ 0
International NGOs	US$ 0
National NGOs	US$ 104,913
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

The humanitarian situation in Sudan remains dire, marked by ongoing conflict, severe malnutrition, widespread severe food insecurity and disease outbreaks. The conflict, which erupted in April 2023 has displaced over 10.4 million people, including 5 million children. Despite challenges, UNICEF continues to stay and deliver across Sudan, including in areas with active conflict. Through this CERF RR grant, UNICEF and partners reached:

- An estimated 3.6 million children and families in Darfur, Khartoum and Kordofan states with critical health supplies like Integrated Management of Childhood Illnesses (IMCI) and primary healthcare kits, and primary healthcare services.
- Over 23,000 girls and boys with lifesaving treatment for severe acute malnutrition through procurement and delivery of over 23,000 cartons of ready-to-use therapeutic food (RUTF) to nutrition sites in Central, East, South and West Darfur states. Results vs targets are reflective of reduction in the unit cost of the RUTF, enabling the procurement of larger quantities using the allocated funds.
- 1.1 million children and families with access to safe drinking water by mainly supporting water treatment at system and household levels in Khartoum, Darfur and Kordofan states. Lifesaving supplies provided for water treatment included water flocculants and disinfectants (i.e., 3000 PAC of 50 chlorine tablets, 21,430 KG chlorine gas, 690 drums of polymer) as well as 14,000 water containers. In addition, close to 28,800 people were reached with access to basic sanitation facilities through construction of emergency latrines, while providing of 1,150 plastics sheets for construction of latrines.

Given the pressing needs of children in Sudan, and to be able to respond immediately, within given timelines, and cut lead-time for delivery of offshore supplies, UNICEF distributed pre-positioned health supplies towards the implementation of this CERF grant. CERF funding has been critical to replenish the stocks and reach 3.6 million children and families in conflict affected areas (e.g., Darfur, Khartoum and Kordofan states) with critical health supplies like Integrated Management of Childhood Illnesses (IMCI) and PHC kits, for primary healthcare services.

3. Changes and Amendments

HEALTH

Given the pressing needs of children in Sudan, and to be able to respond immediately, within given timelines, and cut lead-time for delivery of offshore supplies, UNICEF distributed pre-positioned supplies towards the implementation of this CERF grant. CERF funding has been critical to replenish the stocks and reach 3.6 million children and families in conflict affected areas (e.g., Darfur, Khartoum and Kordofan states) with critical health supplies like Integrated Management of Childhood Illnesses (IMCI) and PHC kits, for primary healthcare services.

NUTRITION

Results vs targets are reflective of reduction in the unit cost of the RUTF, enabling the procurement of larger quantities of RUTF using the allocated funds. Additionally, the entire allocated amount was utilized for procurement, covering transportation costs within the country from other funding sources.

WASH

Results vs targets are reflective of increased focus on supporting water treatment in urban areas, including Khartoum, which resulted in covering more population.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	0
Returnees	0	0	0	0	**0**	0	0	0	0	0
Internally displaced people	400,000	0	300,000	250,000	**950,000**	583,240	345,672	692,200	567,300	**2,187,412**
Host communities	600,000	0	500,000	450,000	**1,550,000**	387,760	230,328	460,800	332,700	**1,411,588**
Other affected people	0	0	0	0	**0**	0	0	0	0	0
Total	**1,000,000**	**0**	**800,000**	**700,000**	**2,500,000**	**972,000**	**576,000**	**1,153,000**	**900,000**	**3,600,000**
People with disabilities (PwD) out of the total										
	100,000	**0**	**80,000**	**70,000**	**250,000**	**48,600**	**28,800**	**57,600**	**45,000**	**180,000**

Sector/cluster	Nutrition									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	0	0	3,200	3,425	**6,625**	0	0	5,531	6,237	**11,768**
Host communities	0	0	3,200	3,425	**6,625**	0	0	5,314	5,993	**11,307**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**0**	**0**	**6,400**	**6,850**	**13,250**	**0**	**0**	**10,845**	**12,230**	**23,075**
People with disabilities (PwD) out of the total										
	0	**0**	**640**	**685**	**1,325**	**0**	**0**	**1,084**	**1,223**	**2,307**

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

Sector/cluster	Water, Sanitation and Hygiene									
	Planned					**Reached**				
Category	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	172,500	165,000	210,000	202,500	**750,000**	172,500	198,841	221,890	213,924	**807,155**
Host communities	57,500	55,000	70,000	67,500	**250,000**	57,500	55,000	70,000	67,500	**250,000**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**230,000**	**220,000**	**280,000**	**270,000**	**1,000,000**	**230,000**	**253,841**	**29,1890**	**281,424**	**1,093,319**
People with disabilities (PwD) out of the total										
	23,000	**22,000**	**28,000**	**27,000**	**100,000**	**26,617**	**25,384**	**29,189**	**28,142**	**109,332**

* 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

Families of the children under-five reached through this project are the indirect beneficiaries.

6. CERF Results Framework

Project objective	Reaching conflict-affected children and their communities in Darfur, Kordofan and Khartoum with critical health, nutrition, and WASH supplies
Output 1	Conflict-affected children and women in Darfur, Kordofan and Khartoum are reached with lifesaving medicines and medical equipment

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

Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	H.1a Number of emergency health kits delivered to healthcare facilities	1,300	600	UNICEF supply reports

Explanation of output and indicators variance:

UNICEF used its prepositioned health stocks to be able to reach children and families as quickly as possible, and within the grant implementation period, to fulfil the most pressing needs. This has been particularly important to allow us to cut the lead time for the delivery of offshore supplies. UNICEF is replenishing its health stocks with CERF funding to reach additional children and families in need.

The procurement plan for this grant was adapted to address the critical needs of the most vulnerable children and families in conflict-affected areas. UNICEF procured 600 health kits, IMCI and primary health care kits (offering a wider range of services than the ones planned to be procured), instead of 1,300 kits to reach a larger number of beneficiaries. As a result, UNICEF reached 3.6 million children and families. The kits provided offer a wide range of services:

- One IMCI medicine kit addresses the needs of 5,000 – 10,000 children under-five with diarrhea, acute respiratory disease, pneumonia, and malaria, depending on the severity of cases.

One PHC kit covers 6,000 – 10,000 children (aged 6-18) and their families, including pregnant women, providing antenatal care, treatment of acute respiratory diseases, diarrhea, and other primary health care level services.

Activities	**Description**	**Implemented by**
Activity 1.1	Procurement and distribution of 600 AWD kits	State Ministries of Health of North Darfur, South Darfur, Central Darfur, SRCs, MTI, MSF, SI, SAPA, BFD, IRR
Activity 1.2	Procurement and distribution of 200 IMCI kits	State Ministries of Health of North Darfur, South Darfur, Central Darfur, SRCs, SRCs, CONCERN, RI, WR, SAPA, BFD, SAPA, IRR, MCF
Activity 1.3	Procurement and distribution of 300 midwifery kits	State Ministries of Health of North Darfur, South Darfur, Central Darfur, SRCs, CONCERN, RI, WR, SAPA,
Activity 1.4	Procurement and distribution of 200 PHC kits	State Ministries of Health of North Darfur, South Darfur, Central Darfur, SRCs, CONCERN, RI, WR, SAPA, MSF

Output 2	Children with severe acute malnutrition in Darfur, Kordofan and Khartoum receive timely treatment with RUTF			
Was the planned output changed through a reprogramming after the application stage?			Yes ☐	No ☐
Sector/cluster	Nutrition			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	N.3a Number of people admitted to SAM treatment programme (therapeutic feeding for children under 5)	15,000	23,000	CMAM database
Explanation of output and indicators variance:		The project has exceeded its targets, as UNICEF was able to procure larger quantities due to the reduced unit cost of RUTF. Additionally, the entire allocated amount was utilized for procurement, covering transportation costs within the country from other funding sources.		
Activities	**Description**		**Implemented by**	
Activity 2.1	Procurement and distribution of 13,250 cartons of RUTF		Implemented directly by UNICEF. A total of 23,075 cartons of RUTF were procured and delivered	
Output 3	Conflict-affected people in Darfur, Kordofan and Khartoum have access to critical water and hygiene supplies			
Was the planned output changed through a reprogramming after the application stage?			Yes ☐	No ☐
Sector/cluster	Water, Sanitation and Hygiene			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 3.1	WS.6 Number of people accessing sufficient and safe water for drinking, cooking, and/or personal hygiene use asper agreed sector standard	1000,000	1,093,319	Output indicators report, Water quality report
Explanation of output and indicators variance:		Results vs targets are reflective of the increased focus on urban areas for water treatment through supplies of water treatment chemicals for large water treatment plants especially in states affected by cholera. A total of 21,430 kg of chlorine gas was procured and delivered.		
Activities	**Description**		**Implemented by**	
Activity 3.1	Procurement and distribution of 561,800 packs of water purification tablets/sachets and 500 water purification powder drums as well as water/chlorine tester kits.		SWC- Khartoum State, WES/SWC Project – Central Darfur ; WES/SWC Project – West Darfur ;WES/SWC Project - River Nile WES/SWC Project - Gedaref, WES/SWC Project -; SMOH - River Nile; SMOH ; West Kordofan El Fula; SMOH - Gedaref White Nile ; National Planning Organization; SUDAN Social Development organization	
Activity 3.2	Procurement and distribution of 14,120 water containers, tanks and bladders		National Planning Organization; Aljuzur Organization for Peace and Rehabilitation; Peace Lights for Rural Developments Organization (PLRD); Sudanese Red Crescent Society	
Activity 3.3	Procurement and distribution of 3,000 dignity and hygiene kits and 3,000 handwashing soap boxes		National Planning organization	
Activity 3.4	Procurement and distribution of 3,000 latrine construction slabs and tarpaulin sheets		Aljuzur Organization for Peace and Rehabilitation (North Darfur); Sudanese Red Crescent Society (Northern state)	

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas[10] often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

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

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 community in sustaining and managing their facilities and develop 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 per cent 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 strengthen these groups, being more heavily involved in the management of the facilities.

b. AAP Feedback and Complaint Mechanisms:

UNICEF is entrusted by the global guidelines such as the Core Humanitarian Standard (CHS) SPHERE and the Inter Agency Standing Committee commitments to safeguard the need for 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 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 levels and clear data protection and confidentiality across different parties, with possibility to disclose anonymously. All the feedback received undergoes 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 response according to the needs of the people. UNICEF is developing the inter-agency joint CFM channels for a harmonized and a 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-ways communication with the affected population, targeted beneficiaries, service providers and all stakeholders, while UNICEF is currently leading the interagency CFM using the established mechanisms.

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

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

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

PSEA 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 procedure for escalation and institutional accountability and follow up, particularly for child survivors. Focal point for PSEA are assigned within UNICEF and partner organizations to spearhead implementation of PSEA interventions in UNICEF supported sites i 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-centred 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 organised internal workshops.

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 (MUAC screening and optimal infant and young child feeding counselling).
Gender-based violence harms the lives and futures of countless women and girls, exacerbating the challenges already faced by people living in emergencies. This is why gender considerations have been fully mainstreamed through this project.

e. People with disabilities (PwD):

UNICEF interventions target the most vulnerable children, this includes people living with disabilities. The 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.
UNICEF's health interventions are dedicated to reaching the most vulnerable children and women, including those living with disabilities. People with disabilities are given utmost priority in all lifesaving interventions. UNICEF ensures that special attention is devoted ensure timely immunization and IMCI service to children with disabilities, girls and boys.

f. Protection:

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

g. Education:

This project focuses purely on health, nutrition and WASH supplies.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	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$)	**Sector/cluster**	**Restriction**
NA	NA	US$ NA	Choose an item.	Choose an item.
NA	NA	US$ NA	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
Social media	• **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)
Article	**Delivering babies during the war:** UNICEF is equipping health workers with skills and equipment to support maternal and newborn care
Videos	• Video: 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=X5klW0b9yso

3.6 Project Report 23-RR-WFP-051

1. Project Information

Agency:	WFP	**Country:**	Republic of the Sudan
Sector/cluster:	Nutrition	**CERF project code:**	23-RR-WFP-051
Project title:	the Nutrition Status of Vulnerable Communities in Sudan Through WFP Sudan Emergency Nutrition Operations		
Start date:	21/11/2023	**End date:**	20/05/2024
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 64,200,000**
Total funding received for agency's sector response to current emergency:	**US$ 18,400,000**
Amount received from CERF:	**US$ 3,000,000**
Total CERF funds sub-granted to implementing partners:	**US$ 360,195**
Government Partners	US$ 0
International NGOs	**US$** 252,016
National NGOs	**US$** 108.179
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance:

According to the IPC report, between June and September 2024 , 25.6 million people in Sudan faced acute food insecurity (IPC Phase 3 and above). This included 755,000 individuals in IPC Phase 5 (Catastrophe) and 8.5 million in IPC Phase 4 (Emergency). The analysis also identified a risk of famine in 14 regions across Sudan, including Darfurs and Kordofans.

In Darfur and Kordofan states, WFP Sudan utilized CERF funding to provide a total of 341.97MT of Ready to Use Supplementary Foods (RUSF) to 54,824 individuals including 45,588 children under-five and 9,236 Pregnant and Breastfeeding Women (PBW/Gs).

WFP and its partners targeted 54,824 children aged 6-59 months and PBW/G for moderate acute malnutrition (MAM) treatment through supplementary feeding and screened 293,398 beneficiaries for acute malnutrition. WFP provided much needed lifesaving nutrition assistance to those most vulnerable, and thus reduce the morbidity and mortality associated with acute malnutrition. Eligible beneficiaries identified through screening were enrolled into the Targeted Supplementary Feeding Program (TSFP). Those diagnosed with Moderate Acute Malnutrition and admitted into the programme at the health facilities/nutrition center were provided specialized nutritious food for up to three months or until they fully recovered from moderate acute malnutrition. This was complemented by the identification and referral of cases by trained Community Nutrition Volunteers, as well as community-based awareness raising on the importance of screening and promotion of appropriate health, nutrition and hygiene habits. This project provided education on nutrition, health, and hygiene to pregnant and breastfeeding women and caregivers of children 6-59 months to encourage better nutrition and health habits and dietary intake. Where feasible, trained Community Nutrition Volunteers delivered key messages on nutrition, health, and hygiene, and to identify and follow up with cases of moderate acute malnutrition eligible for or enrolled in treatment. Building on this, Social Behavior Change campaigns educate beneficiaries and their caregivers on improved nutrition, health, and hygiene practices throughout the project design.

The project reached a higher number of beneficiaries than initially planned, which can be attributed to several factors, including the following:

- Quick Recovery of Some Beneficiaries: Some individuals responded to treatment faster than expected, allowing them to be discharged earlier. This, in turn, freed up resources such as nutrition supplies to accommodate additional beneficiaries.
- Defaulting Beneficiaries Due to Insecurity: A portion of beneficiaries may have discontinued their treatment prematurely due to challenges such as insecurity or conflict in their areas, which made it difficult or unsafe for them to continue accessing services. This resulted in the project being able to redirect those resources to others in need.
- Movement of Beneficiaries During Treatment: Some individuals may have relocated during the treatment period, whether due to displacement, migration, or other personal reasons. Their departure created opportunities for new beneficiaries to join the program.

These factors combined allowed the project to extend its reach beyond the original target, ensuring support was provided to more individuals than anticipated.

3. Changes and Amendments

NA

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Nutrition									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	1,897	0	3,129	2,560	**7,586**	395	-	1,865	1,654	**3,913**
Returnees	0	0	0	0	**0**	-	-	-	-	**-**
Internally displaced people	6,423	0	10,599	8,671	**25,693**	3,625	-	11,274	9,998	**24,897**
Host communities	5,032	0	8,303	6,794	**20,129**	5,217	-	11,022	9,774	**26,013**
Other affected people	0	0	0	0	**0**	-	-	-	-	**-**
Total	**13,352**	**0**	**22,031**	**18,025**	**53,408**	**9,236**	**-**	**24,162**	**21,426**	**54,824**
People with disabilities (PwD) out of the total										
	0	0	0	0	**0**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**

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

5. People Indirectly Targeted by the Project

Through this intervention, WFP aimed to provide nutrition supplementation for the moderately malnourished children and pregnant and breastfeeding women and reached 54,824 direct beneficiaries. Additionally, nutrition education and knowledge sharing were provided to improve the nutritional, health and hygiene practices, as well as dietary habits of families and communities targeted by this CERF funding. This was achieved through social behaviour change communication campaigns, which involved Community Nutrition Volunteers delivering a range of messages on nutrition, health and hygiene.

6. CERF Results Framework

Project objective	WFP Sudan Country Strategic Plan Activity 3: Provide preventive and curative nutrition activities to children aged 6–59 months and PLWG (Emergency Nutrition)
Output 1	Activity 3: Emergency Nutrition – MAM Treatment

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

Sector/cluster	Nutrition			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	N.1 Number of people receiving blanket supplementary feeding (MAM prevention)	53,408	54,824	WFP Distribution Reports
Indicator 1.2	N.2a Number of people admitted into MAM treatment programme	53,408	54,824	WFP Distribution Reports
Indicator 1.3	N.2b Percentage of people who were admitted for MAM treatment who recovered (MAM recovery rate)	>75%	92%	WFP Nutrition Database
Indicator 1.4	N.4 Number of people screened for acute malnutrition	300,000	293,398	WFP Nutrition Database
Indicator 1.5	N.5 Number of people receiving vitamins and/or micronutrient supplements	53,408	54,824	WFP Distribution Reports
Explanation of output and indicators variance:		The number of people receiving blanket supplementary feeding and admitted into the MAM treatment program was higher than planned due to quicker-than-expected recovery, beneficiary dropouts caused by insecurity, and movement of individuals during treatment, freeing up resources for new enrolees. The MAM recovery rate exceeded expectations due to timely nutrition assistance, effective community-based support, and awareness campaigns promoting better health and hygiene. Additionally, the number of people screened for acute malnutrition was higher than planned due to strong community engagement, social behaviour change campaigns, and the widespread need for assistance amid severe food insecurity in Sudan.		

Activities	**Description**	**Implemented by**
Activity 1.1	Provision of treatment to children 6-59 months and PLW suffering from moderate acute malnutrition, and subsequent referrals as needed	WFP and Implementing Partners
Activity 1.2	Active case finding through screening and follow up by Community Nutrition Volunteers	WFP and Implementing Partners
Activity 1.3	Procurement and distribution of SNF to treat those identified with and enrolled in treatment for MAM	WFP and Implementing Partners

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas[12] 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) [13]:

To promote participation and community engagement, WFP collaborates with its cooperating partners, community health volunteers, community outreach volunteers, and community or shelter leaders to cascade information and support case closure. Key messages along with Information, Education, and Communication (IEC) materials, are developed and shared during programme activities. To facilitate two-way communication, a multi-channel approach is used, which includes interpersonal dialogues such as focus group discussions, visual materials, and public announcements. The activities are conducted in a participatory manner, ensuring all marginalized or vulnerable community members including women, youth, individuals with disabilities, girls, and various community associations or organizations participate.

b. AAP Feedback and Complaint Mechanisms:

To enhance Accountability to Affected Populations (AAP), WFP has strengthened its Community Feedback Mechanism (CFM), to include internet-based channels click-to-call, self-reporting links, email and chatbot targeting locations with limited or no phone connectivity but available internet access in addition to the Hotlines and digital helpdesks at programme sites.
WFP also ensures beneficiaries are informed about food distribution locations and times, with CPs engaging local leaders and volunteers for sensitization. WFP and UNHCR jointly manage a hotline, with a referral mechanism in place for feedback. A case management system allows safe storage and detailed analysis of feedback, with sensitive cases such as SEA and fraud being escalated to designated focal points for appropriate handling and protection of personal data.

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

To ensure PSEA, all WFP staff are required to complete a corporate e-learning course. A PSEA Hotline is available to all beneficiaries, with incoming cases recorded and managed securely using a corporate case management system. Access to this system is restricted to a limited number of staff to protect beneficiary privacy. WFP has also conducted a Privacy Impact Assessment for the helpline database, which confirmed compliance with the handling of personal beneficiary data, including SEA-related information. Additionally, WFP actively participates in inter-agency forums, such as the PSEA network at both national and state levels.

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

Gender considerations will be incorporated into the design, implementation, and monitoring of activities to promote gender equality, women's empowerment, and the protection of minorities. Specifically, nutrition education messages will target both men and women, covering topics such as optimal complementary feeding, exclusive breastfeeding, and cooking demonstrations, with an emphasis on fostering shared decision-making between genders. At the Area Office level, WFP's senior gender focal points will regularly conduct monitoring, provide training to CPs and community leaders, and carry out gender and protection assessments to ensure that target communities access WFP assistance in a safe and dignified manner.

[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.

[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.

e. People with disabilities (PwD):

To ensure the rights of persons with disabilities were embedded in nutrition programmes, communities were provided with dedicated key messages that directed them to contact the community help desk or designated community focal points if someone had a disability and needed support to register or receive food. WFP also continued to actively participate in interagency fora led by UNESCO Sudan to enforce the UN disability inclusion strategy (UNDIS).

f. Protection:

In line with The WFP Protection and Accountability Policy for 2020 is framed within the obligations of the United Nations multilateral system, aligning with its three foundational pillars: human rights, peace and security, and development. This framework ensures that affected populations remain central to all strategic decisions and are prioritized across all programmes and operations.To achieve this, the WFP Protection Team, at both the Country Office (CO) level and the Hub level, identified and thoroughly assessed the risks associated with its interventions. To facilitate this process, WFP adopted several tools, including the development of Protection and Conflict Sensitivity Risk Matrices. These matrices, designed in consultation with WFP field staff, identify key risks, propose appropriate mitigation measures, and ensure follow-up on their implementation.

Additionally, WFP employed Safe Distribution Checklists, which set 30 minimum standards to ensure the safety and dignity of targeted populations. These checklists, completed by cooperating partners (CPs) or monitors, help identify risks that are either addressed immediately by CPs or recorded in the risk matrices for follow-up and mitigation. WFP also prioritized capacity building to equip CPs and frontline staff with the knowledge and skills needed to manage protection challenges effectively. Regular training sessions were conducted for frontline staff, including CPs, WFP staff, community workers, and financial service providers. These sessions focused on protection mainstreaming, minimum standards for safe and dignified distribution, and other critical aspects of ensuring safety and dignity for the affected populations.

g. Education:

This project provided education on nutrition, health, and hygiene to pregnant and breastfeeding women and caregivers of children 6-59 months to encourage better nutritional habits and dietary intake. Where feasible, trained Community Nutrition Volunteers delivered key messages on nutrition, health, and hygiene, and to identify and follow up with cases of moderate acute malnutrition eligible for or enrolled in treatment. Building on this, Social Behaviour Change campaigns educate beneficiaries and their caregivers on improved nutrition, health, and hygiene practices throughout the project design.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

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

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

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

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$)	**Sector/cluster**	**Restriction**
NA	NA	US$ 0	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
WFP Sudan on Twitter	https://x.com/WFP_Sudan/status/1758030494137024674
WFP Sudan stories: One year into Sudan's war, its people yearn for peace amid soaring hunger	https://www.wfp.org/stories/one-year-sudans-war-its-people-yearn-peace-amid-soaring-hunger

3.7 Project Report 23-RR-WHO-043

1. Project Information

Agency:	WHO	**Country:**	Republic of the Sudan
Sector/cluster:	Health	**CERF project code:**	23-RR-WHO-043
Project title:	Health Emergency Response to internally displaced people in River Nile and Northern States, and enhancing response to Cholera outbreaks in Kassala, Gazira, Sinnar and Khartoum states of Sudan		
Start date:	05/11/2023	**End date:**	04/05/2024
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

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$ 17,810,500**
Amount received from CERF:	**US$ 1,499,945**
Total CERF funds sub-granted to implementing partners:	**US$ 0**
Government Partners	US$ 0
International NGOs	US$ 0
National NGOs	US$ 0
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

The WHO country office for Sudan utilized this rapid response grant from CERF to enable the MOH and health cluster partners to provide essential lifesaving integrated primary healthcare services to internally displaced people and conduct mental health and gender-based referrals in River Nile (Addamar, Almatamma, and Atbara localities) and Northern States (Wadi Halfa, Dongola and Marawi localities), while enhancing the surveillance system, delivering cholera supplies to NGO partners (MSF-Spain, Save the Children International, MSF-France, and MSF-Barcelona), and providing technical support to the State MOHs to respond timely to cholera outbreaks in Kassala (Wad Alhilaw, Kassala and Refi Kassala localities), Gazira (Madani AlKubra, Janoub Al Jazira, Al Hesaheisa and Almanagil localities), Sinnar (Sinnar, Sharg Sinnar, Abu Hujar, Al Dali wa Almazmoum, and Alsoki localities), and Khartoum states (Sharg Elnile and Jabal awalia, Ubmada and Karrari localities). The project interventions were carried out between November 2023 and May 2024.

WHO and its partners reached 100,908 individuals (51,619 female and 49,288 male – 100.9% of the planned target) with integrated emergency health services, including mental health and gender-based violence services and referrals, and cholera response by employing fixed and mobile clinics in River Nile and Northern states in addition to setting up and operating cholera treatment centres (CTCs), including community-based oral rehydration points. The slightly higher number of beneficiaries was recorded partly due to the increased influx of internally displaced populations and by undertaking the outreach activities to generate demand for health services and cholera response interventions in the target localities.

A total of 36,327 outpatient consultations were provided (103.8% of the targeted 35,000). Cholera cases reported were 5,167 (103.3% of the targeted 5,000 people). Additionally, 1,240 people received treatment for acute watery diarrhoea (incl. cholera), slightly more than the target of 1,200. Some 6,000 IDPs were able to access sufficient and safe water for drinking, cooking and/or personal hygiene use (120% of the target 5,000 people) mainly due to supported mass campaigns carried out by community volunteers. A total of 5,353 persons

received psychosocial counselling. For referral services, 81(67.5%) of the target 120 people, were referred. This is due early access to counselling service and psychological first aid, hence needing less referral. Furthermore, WHO trained 125 Rapid Response Team members in outbreak investigation, compared to the initial planned 100 original targets, who through the house-to-house visits during alert investigation and verification, contract tracing and other surveillance efforts were able to reach 46,740 people, in order to respond and contribute to the interruption of disease transmission resulting from concurrent Cholera and Dengue out breaks that hit Kassala, Almanagil, Karrari in Khartoum and Sinnar states.

3. Changes and Amendments

There were no changes or amendments to the project. The slight overachievement and or under achievements have been reflected for each output. In general, these did not significantly impact the delivery of the project.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	14,280	13,720	11,220	10,780	**50,000**	14,591	13,925	11,404	10,824	**50,744**
Host communities	14,280	13,720	11,220	10,780	**50,000**	14,293	13,836	11,331	10,704	**50,164**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**28,560**	**27,440**	**22,440**	**21,560**	**100,000**	**28,884**	**27,761**	**22,735**	**21,527**	**100,908**
People with disabilities (PwD) out of the total										
	2,856	2,744	2,244	2,156	**10,000**	2,805	2,859	2,274	2,153	**10,091**

* 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

As for indirect beneficiaries, the project was able to reach target of 1500 who were mainly frontline healthcare workers, trainees, volunteers involved in various campaigns and the MOH staff who undertook supervision of the project during CERF implementation

6. CERF Results Framework

Project objective	To provide emergency primary health care services to the internally displaced people in two priority states of Sudan
Output 1	100,000 population including 50,000 IDPs received emergency primary health services and supportive AWD/Cholera clinical care from mobile clinics, ORT corners and CTC/CTU in the project targeted states

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

Sector/cluster	Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# of People Who Received PHC Services	35,000	36,327	HMIS reports
Indicator 1.2	# of Mobile Health Teams/Emergency Medical Teams Deployed	4	4	Deployment reports
Indicator 1.3	# of cholera treartment centers and OTRs supported	54	53	Activity/Establishment reports
Indicator 1.4	# of Cholera cases reported from CTC/CTU and ORT	5000	5,167	Surveillance and community reports
Indicator 1.5	H.11: # Number of people receiving treatment for acute watery diarrhea (incl. cholera)	1200	1,240	Cholera treatment facility reports
Indicator 1.6	H.1a: #Number of emergency health kits delivered to healthcare facilities	26	26	Operation Support and Logistics (OSL) reports
Indicator 1.7	H.9: #Number of people provided with mental health and/or psycho-social support services	1000	1,029	MHPSS TWG reports HMIS reports

Explanation of output and indicators variance:	Indicator 1.1. The target was achieved in most of the indicators with very slight variance, likely due to the provision of essential medicines, which increased the uptake of various services. The use of community leaders and places of congregation as mobilization points increased awareness and use of the services. Indicator 1.3 There was a slight under-achievement in the number of Cholera treatment facilities set up, 53 compared to the target of 54. This was mainly due to the evolving epidemiology with varying attack rates by states and localities and the critical gaps being covered through complementary funding from other sources. This did not, however, affect the number of persons who benefited from services received in CTCs set up over the implementation of this grant and supported by CERF. Indicator 1.4 and Indicator 1.5: Complementary interventions through other pillars like risk communication and access to cholera kits to manage cases led to a slight over achievement.

Activities	Description	Implemented by

Activity 1.1	PHEOC meetings with partners and SMOH on coordination and provision of health Emergency lifesaving packages	WHO and MoH
Activity 1.2	Building the capacity of healthcare workers to provide quality healthcare services to the IDPs	WHO
Activity 1.3	Prosion of cholera case management from CTC/CTU and ORT	WHO and MoH
Activity 1.4	Provision of medical supplies to the mobile health teams	WHO

Output 2	The Surveillance System is established to report alerts of the outbreaks and share the information in a 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	# of Health Care Workers trained on the surveillance and EWARNS expansion	100	125	WHO activity reports
Indicator 2.2	H.6: # Proportion of functional health facilities sharing timely reports	85%	85%	HMIS reports
Indicator 2.3	H.5: Percentage of public health alerts generated through community-based and/or health-facility-based surveillance or alert systems investigated within 24 hours	95%	100%	Surveillance reports, Rapid Response Team (RRT) reports
Indicator 2.4	# of state public health laboratory supported	2	2	National Public Health Reference Laboratory (NPHRL) and Kassala Public Health Laboratory reports, WHO reports

Explanation of output and indicators variance:	Indicator 2.1 WHO trained 125 Rapid Response Team (RRT)s members on outbreak investigation, compared to the initially planned 100, for the concurrent Cholera and Dengue out breaks that hit Kassala, Almanagil, Karrari in Khartoum and Sinnar states The requirements for enhanced surveillance led to 25 more people being trained in surveillance. This improved the capacity of teams to detect, confirm and rapidly respond to events. The Early Warning Surveillance System (EWARS) was expanded with the surveillance officers on the ground acting as informants of the disease surveillance system. The physical expansion was affected by the spread of fighting between the Sudan Armed Forces (SAF) and the RSF to Gezira state in December 2023, associated with deterioration in the security situation. Indicator 2.3: The enhanced surveillance with well-trained RRTs were able to response to all alerts in time.

Activities	**Description**	**Implemented by**
Activity 2.1	Developing a training package for the health care workers on Surveillance and EWAR Systems	WHO and MoH

Activity 2.2	Developing an online alert-sharing system to detect the outbreaks of communicable diseases	WHO and MoH
Activity 2.3	Supporting the outbreak investigation and response through strengthening the surveillance in sentinel sites.	WHO and 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 ☐ No ☒

Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 3.1	# Number of implementing partner staff receiving training to support programme implementation including Water Quality Monitoring	100	95	Activity reports
Indicator 3.2	#Percentage of people who are utilizing facilities and services to support environmental health as part of WASH programming (e.g. solid waste management and disposal, drainage, vector control activities etc.	80%	100%	Facility reports, WASH and Environmental Health reports
Indicator 3.3	WS.6: # Number of people accessing sufficient and safe water for drinking, cooking and/or personal hygiene use as per agreed sector standard	50,000	60,000	Water Quality test, monitoring and chlorination reports.
Indicator 3.4	WS.19: #Percentage of households that can demonstrate effective treatment of their water to meet the recognized standards for water quality	80%	86%	WASH Campaign reports

Explanation of output and indicators variance:	WASH activities were conducted in Northern (Dongola locality and Merawe) and River Nile (Shandi, Almatamma, Addamer, Atbara, Barbar, Abu Hamad, Al- Buhaira) as part of cholera preparedness and response. achievement were: Improve the capacity of 55 public health officers at locality level (30 person at River Nile and 25 at Northern states) on water quality check and treatment including chlorination, Free Residual Chlorine (FRC) and bacteriological testing, taking sample and reporting; Ensured engagement of the affected community through involvement of community volunteers on monitoring the quality of drinking water supplies and treatment methods at household level and managed to train 40 volunteers mainly on FRC and disinfection of drinking water using chlorin table and volunteers were distributed according to their local residences 20 at each state. Indicator 3.1 95% (95/100) of staff received training to support programme implementation including Water Quality Monitoring as some of the participants did not show up due to security concerns. The number of trained staff was however sufficient to cover the expected deliverable. Efforts were complimented with on job orientation.

	Indicator 3.2 The substantial deployment of volunteers to address concerns raised by the communities and engage them for ownership of interventions led to 20% higher achievement. Indicator 3.3 This is related to the above. Better update and ownership of chlorination interventions led to more people accessing safe water. Indicator 3.4: The field worker/volunteers who reside within the targeted communities were able to follow up beyond the campaigns leading to the higher percentage of households with demonstrating standards of water quality.

Activities	**Description**	**Implemented by**
Activity 3.1	Training of State Ministry of Health (SMOH) and partners Emergency Health Officers (EHOs) in WQM	WHO
Activity 3.2	Support Integrated Vector Management (IVM)campaigns in the targeted 6 localities	WHO and MoH
Activity 3.3	Support refresher training and engagement of IDPs and host community in IVM and cleaning campaign	WHO and MoH
Activity 3.4	Operational support to 50 water sampling missions: During each mission the designated staff will do the water sampling and testing, sanitary inspection and identification of all possible risks at drinking water sources and at household level.	WHO, MoH and Locality Officers

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	# of hospitals receiving MNHK	3	4	Operation Support and Logistics (OSL) reports
Indicator 4.2	# of people who received psychosocial counselling	3000	5,353	Health Facility Reports
Indicator 4.3	# of people referred for advanced GBV and MHPSS services	120	81	Area of Responsibility Reports. MHPSS TWG

Explanation of output and indicators variance:	The number of people who received psychosocial counselling was 78% higher than planned due to the increased demand due to critical needs of the internally displaced persons (IDPs) noting that the number of IDPs increased significantly increased within the project period. Indicator 4.1 During the implementation period, WHO procured 4 mental health kits (MHKs), 1 more kits due to need and slight variance in cost. The kit consists of essential psychotropic medications to cater for the additional needs observed with the over increasing displacement. These medications have been key in supporting the treatment of severe common mental health disorders in conflict settings. In addition, WHO, Sudan FMOH and the State MOHs distributed these kits to 2 hospitals in Kassala and River Nile states. According to the Sudan Mental Health Policy (2009), these medications were distributed in the states where there are psychiatrists and family physicians trained in mhGAP-HIG as they are the only healthcare cadre allowed to prescribe them.

	Indicator 4.2 Prior to receiving the grant, WHO and Sudan FMOH jointly trained psychologists, psychiatrists and social workers in evidence-based MHPSS interventions such as Problem Management Plus (PM+), mhGAP-Humanitarian Intervention Guide and Psychological First Aid (PFA). Together with the state MOH psychologists, psychiatrists and social workers, these healthcare workers provided MHPSS support to 5,353 individuals. The target population was both the internally displaced persons (IDPs) and host communities. This approach was successful as it resulted in integrating MHPSS in the cholera treatment centres across the country, resulting in the formation of mental health clinics, thus surpassing the target of 3,000, compounded with the influx of IDPs due to the escalation of the ongoing conflict in states such as Gezira, White Nile, and Blue Nile. Indicator 4.3 With the training of the healthcare workers posted in the tiers of health, a referral pathway was established from the community to the hospitals. Awareness of GBV is slightly improving. With more people being reached through psychosocial counselling, the number of people needing referrals ended up being less than had been envisaged in the planning of this project.

Activities	Description	Implemented by
Activity 4.1	Provision of GBV services to the displaced population	WHO and MoH
Activity 4.2	Provision of mental health and psychosocial support services to the affected population	WHO and MoH
Activity 4.3	Establishing a referral pathway for patients needing advanced care	WHO, GBV AoR and PSEA Network

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas[14] 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) [15]:

Project design and planning:

This project was developed by the technical teams of WHO in consultation with the Federal Ministry of Health (FMOH), state health ministries, and community representatives at the locality levels. WHO supported the health authorities in identifying the localities that were most affected and set performance indicators using the historical disease surveillance records and field assessment mission reports produced jointly in collaboration with health cluster partners and sister agencies of the United Nations (UN).

[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.

[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.

Implementation of the Project:
WHO field staff, in collaboration with the state-based officers, surveillance officers, health cluster partners, and technical officers from the Ministry of Health, participated actively in the implementation of key health activities throughout the project cycle. State health authorities were actively involved in identifying and selecting the health facilities for preparation and assessments, supportive supervision and job training, selecting and deploying rapid response teams (RRTs), and distributing medical supplies. Supportive supervision and continued mentoring helped the team detect and report cholera alerts from their communities, which were investigated and validated.

Monitoring and Evaluation:
Monitoring was carried out jointly by WHO field teams, the state MoH, and district health authorities. To improve the quality of health service delivery, WHO ensured that the frontline health workers were trained using standard training materials that were translated into the local language. WHO supported early warning systems that were used to detect and report cholera alerts. The severity of cholera was monitored using threshold levels in the system through the calculation of case fatality ratio (CFR), attack rates (AR), and incidence rates (IR). These were measured against established disease thresholds to detect deviations from expected normal levels. WHO published weekly epidemiological reports used by health partners to implement public health activities. The essential medicines and medical supplies for the management of cholera, mental health and delivery of primary health care services were provided by WHO to the federal MoH for distribution to local health facilities by developing a distribution plan. The total number of people seeking care in the health facilities and cholera cases treated in different treatment centres were used as a proxy for the utilization of medicines and supplies provided.

b. AAP Feedback and Complaint Mechanisms:

WHO adopted a comprehensive feedback and complaint mechanism approach to ensure quality service delivery and accountability to the beneficiaries. Throughout the project's implementation, WHO facilitated the health cluster meetings at various levels to collect any feedback or complaints from the health cluster partners. Additionally, WHO ensured to collect feedback and suggestions or complaints directly from the community representatives, elders, and especially women and physically challenged persons during its supportive supervision visits in the field. This helped not only to create bondage with the communities but also to improve the trust relations between the partners and the communities. Thirdly, the WHO integrity hotlines, emails, and telephone numbers provided all the beneficiaries with an opportunity to report any feedback or complaints anonymously and directly to the 24/7 supervised channels for kickstarting an immediate response to any such reported incidents from any part of the country. Any such complaints received by WHO are treated with the utmost seriousness, confidentiality, and professionalism. As part of this project, however, no formal complaints were received.

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

The prevention of sexual exploitation and abuse response is at the core of operations in Sudan. Technical conversations and policy dialogues with the government are yielding results, particularly having PSEA strongly integrated into health emergency data systems such as the Health Resources and Services Availability Monitoring System (HeRAMS) and EWARS. Also, PSEA has been adequately integrated into case management, in-service training, emergency operations centre (EOC), incident command systems standard operating procedures (SoPs) development, and outbreaks such as cholera response.

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

Considerations of gender equality and women and girls' empowerment and protection were built into this project. WHO strove to ensure gender balance and equal representation in the health workforce and at the WHO and implementers level, as well as in the targeted population at health clinics and across all activities supported by this grant. Furthermore, WHO collaborated at the interagency level to develop the readiness response plan for Famine prevention. This covered cross-cutting issues such as gender, GBV, and AAP.

e. People with disabilities (PwD):

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. In particular, awareness was raised among WHO and partner staff at health facilities and the community level on including activities at the health facility and community levels that help increase access to health services for

PwDs. To prevent unnecessary disabilities resulting from trauma, WHO procured and distributed medical supplies that are important to provide care for people with injuries that could potentially lead to disability. Through the provision of health care services, the project has reached people with different forms of disabilities and injuries. Staff conducting supervision also worked with MoH and communities (through community health care workers) to determine the needs of PwDs.

f. Protection:

WHO 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 IDPs, PwDs, and vulnerable populations. WHO and its partners provided job orientation to staff members on protection and safeguarding measures, ensuring that staff had 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 has been maintained, especially in 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 and systematized.

g. Education:

WHO ensured the provision and promotion of education to the communities and partner staff on healthy living, water, 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 utilised wherever possible.

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

This project did not include CVA, owing to the nature of the activities proposed which focused on health services. The services required specialised clinical care and are conventionally not deliverable through not cash and voucher-based activities.

Parameters of the used CVA modality:

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

9. Visibility of CERF-funded Activities

Title	Weblink
@WHOwas 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
@WHOrecently delivered medicines & medical supplies to Kassala State SD to: ✅ manage >54,000 displaced patients for 3 months ✅ assist in-patient care of 130 children for 3 months, & ✅ treat 1110 severely acute malnourished children with complications	https://x.com/whosudan/status/1815669291468947802?s=46&t=sqSReweNaswDzA4zeVWEVg

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

Project Code	Sector	Agency	Partner Type	Amount
23-RR-FAO-033	Agriculture	FAO	RedC	$60,000
	Agriculture	FAO	NNGO	$60,000
23-RR-FPA-044	Sexual and Reproductive Health	UNFPA	GOV	$4,997
	Sexual and Reproductive Health	UNFPA	RedC	$480,614
	Gender-Based Violence	UNFPA	NNGO	$471,618
	Sexual and Reproductive Health	UNFPA	NNGO	$59,372
	Sexual and Reproductive Health	UNFPA	NNGO	$163,581
	Sexual and Reproductive Health	UNFPA	NNGO	$219,875
	Gender-Based Violence	UNFPA	NNGO	$117,722
23-RR-HCR-034	Protection	UNHCR	NNGO	$168,800
	Protection	UNHCR	INGO	$521,138
	Protection	UNHCR	GOV	$107,875
	Protection	UNHCR	INGO	$43,488
	Protection	UNHCR	NNGO	$138,538
	Protection	UNHCR	RedC	$75,824
	Protection	UNHCR	NNGO	$358,898
	Shelter and Non-Food Items	UNHCR	NNGO	$50,000
	Shelter and Non-Food Items	UNHCR	NNGO	$93,685
	Shelter and Non-Food Items	UNHCR	RedC	$54,951
	Camp Coordination and Camp Management	UNHCR	GOV	$3,000
	Camp Coordination and Camp Management	UNHCR	NNGO	$60,000

	Camp Coordination and Camp Management	UNHCR	RedC	$134,927
	Camp Coordination and Camp Management	UNHCR	NNGO	$60,253
	Shelter and Non-Food Items	UNHCR	INGO	$38,910
23-RR-CEF-057	Water, Sanitation and Hygiene	UNICEF	NNGO	$104,913
23-RR-WFP-051	Nutrition	WFP	INGO	$5,876
	Nutrition	WFP	INGO	$32,679
	Nutrition	WFP	INGO	$64,068
	Nutrition	WFP	NNGO	$63,362
	Nutrition	WFP	INGO	$17,412
	Nutrition	WFP	INGO	$57,869
	Nutrition	WFP	INGO	$13,593
	Nutrition	WFP	INGO	$5,431
	Nutrition	WFP	NNGO	$24,184
	Nutrition	WFP	INGO	$16,736
	Nutrition	WFP	NNGO	$20,633
	Nutrition	WFP	INGO	$38,352