

**SOUTH SUDAN  
RAPID RESPONSE  
FLOOD  
2023**

**23-RR-SSD-58763**

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Resident/Humanitarian Coordinator

## PART I – ALLOCATION OVERVIEW

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### Reporting Process and Consultation Summary:

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

N/A

Recipient agencies, in consultation with their partners and cluster representatives, provided inputs on CERF's added value and lessons learned for future CERF processes in the after-action review form. The summary of the consolidated feedback has been provided in section 1 of this report.

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

Yes  No

The consolidated report on the use of this CERF grant was shared with the HC and HCT on 22 July and 5 August 2024 respectively.

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

Yes  No

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

## 1. STRATEGIC PRIORITIZATION

### Statement by the Resident/Humanitarian Coordinator:

The humanitarian situation continued to worsen in South Sudan, with alarming numbers of people facing catastrophic and emergency levels of food insecurity. This CERF grant came at a time when the humanitarian situation was at its peak, and urgent humanitarian action was needed to prevent further deterioration of food insecurity and avert famine in some of the high-risk locations. More than 500,000 people were provided with life-saving assistance through food security and livelihood, nutrition, and protection (Child Protection and Gender Based Violence). The response helped prevent people further falling into chronic food insecurity due to fragile livelihoods.

### CERF's Added Value:

The CERF grant allowed fast delivery of humanitarian assistance to **510,184** individuals through an effective and well-coordinated response throughout the whole project period while leveraging funding from South Sudan Humanitarian Fund and other sources.

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

Yes

Partially

No

The CERF allocation allowed FAO to immediately meet the needs of communities facing Emergency (Integrated Phase Classification - IPC Phase 4) or worse acute food insecurity in areas not included in the initial 2023 main season emergency response plan. The flexibility of the grant allowed FAO to effectively assist targeted beneficiaries, supplying inputs to households facing Crisis (IPC Phase 3) or worse acute food insecurity from its existing stock and replenishing the emergency livelihood pipeline inventory through the CERF grant.

The CERF contribution has enabled the implementation of timely multisectoral interventions, including nutrition, child protection, and food security, to save the lives of 52,254 affected populations. The action, which was localized to six counties most affected by food insecurity, malnutrition, and other vulnerabilities, has improved the conditions of the population, including 36,725 women and 7,575 severely malnourished children at the highest risk of mortality. However, while the nutrition situation has improved from 2022 to 2023 in Mayendit County (from 20.5% to 11.6%) and Kapoeta East (from 11% to 8.2%) the situation has deteriorated in the three Counties in Jonglei State. While the programme of treatment of wasting is well established in South Sudan, with good coverage, the persisting high levels of acute malnutrition indicate that strengthened systems and preventive nutrition interventions should be prioritized. To enable this reality, UNICEF and other partners will continue to advocate for greater multisectoral commitment to nutrition to address the key drivers of malnutrition using different systems, such as food, health, social protection, and WASH. This grant significantly enhanced child protection services in Canal/Pigi, Fangak, and Leer counties in the Jonglei State by empowering 7,954 community members to cope with trauma, fostering resilience, increasing knowledge on Gender-Based Violence and where to seek support, and providing case management.

The CERF allocation enabled UNFPA to rapidly respond to the humanitarian needs of 57,877 people, including 31,227 women and 23,952 children including 8,682 people with disabilities who were affected by food insecurity in Akobo, Canal/Pigi, Fangak, Leer, Mayendit and Kapoeta East.

### Did CERF funds help respond to time-critical needs?

Yes

Partially

No

This grant allowed FAO to use existing resources and to respond to time-critical needs with CERF funds. Because of this support, FAO started the project on 1 June 2023 and assisted 40,000 households (240,000 people) in Eastern Equatoria, Jonglei, and Unity States with livelihood support inputs. FAO also provided 10 121 households (60 726 people) with emergency animal health services.

The CERF funding through UNICEF contributed to the family tracing and reunification of 213 children who were previously separated from their caregivers and loved ones, ensuring family links are restored as well as contributing to the improved mental health of those involved.

The timely allocation of resources allowed UNFPA to provide life-saving gender-based violence (GBV) prevention and response services to the most vulnerable populations in all six locations.

CERF funds enabled WFP to respond speedily, however, a more streamlined consultation process could improve assistance reactions even further,

**Did CERF improve coordination amongst the humanitarian community?**

Yes

Partially

No

FAO CERF-funded activities were coordinated with IOM Rapid Response Fund. As a result, vulnerable households were able to maintain their livelihoods and avoid adopting negative coping strategies. In addition, it enhanced livelihood-based production sectors, reducing household vulnerability to shocks and stressors present in their communities.

The funds allocated to UNICEF implementing partners facilitated the recruitment of 37 skilled personnel who not only oversaw the project's entirety but also served as key figures in cluster coordination. This entailed liaising with other sectors such as GBV, Health or Nutrition, and state-level governmental bodies such as the State Ministry of Gender, Child and Social Welfare to enable seamless collaboration and effective project management. In addition, the funds have supported the technical assistance of staff who were involved in the coordination of humanitarian response, including cluster.

Through this allocation, UNFPA promoted community engagement and localization as UNFPA partnered with three national partners in this project. While providing GBV prevention and response services to vulnerable populations in the six target sites, Health Link South Sudan (HLSS), Hope Restoration South Sudan, and Smile Again Africa Development Organization (SAADO) gained skills and knowledge from UNFPA as UNFPA has put in place a technical coordination platform allowing the three partners to exchange knowledge and experiences in the course of project implementation. Furthermore, the CERF allocation allowed UNFPA to strengthen its collaboration with the Cash Working Group (CWG). As cash distribution was one of the key activities of the project, UNFPA collaborated and worked closely with the CWG to ensure that the cash support covered the working group's minimum expenditure basket.

Allocations for Nutrition for example allowed for collaboration between WFP and UNICEF to ensure a holistic delivery of nutrition assistance.

**Did CERF funds help improve resource mobilization from other sources?**

Yes

Partially

No

Under CERF allocations, CERF projects were linked to IOM and other agencies. In anticipation of potential famine and flood impacts, FAO met with resource partners, other stakeholders, and other sector clusters to collaborate and establish synergies, which helped mobilize resources from other sources.

The CERF fund allowed to initiate the immediate humanitarian response, and the other donors made available funds scale up, such as ECHO and BHA. This programme has been critical in showcasing UNICEF CP's ability to expand services across South Sudan, making a stark contrast with UNICEF Child Protection's previously limited presence in the country.

CERF funds to WFP complemented existing funding and also aided in showing other donors the value of investing in famine prevention responses in targeted locations

## Considerations of the ERC's Underfunded Priority Areas<sup>1</sup>:

Three priorities were considered and were advanced through the humanitarian response:

- **Support for women and girls, including tackling gender-based violence:** Women were consulted in the decision-making process for the Cash programming. Safety audits were conducted to assess the level of risks associated with access to nutrition services, enabling women and children to be protected while in the nutrition facilities. GBV case identification and referral were also activities conducted in this project. UNFPA ensured that women and girls have appropriate and equitable opportunities to benefit from the GBV prevention and response activities of this project. Although the project was designed to target women, girls, men, and boys, some activities were exclusively designed to promote the empowerment and protection of women and girls. These included services provided in women and girls-friendly spaces; distribution of dignity kits and distribution of cash assistance to GBV survivors. This ensured that the protection needs of women and girls were addressed and that they had access to protection and empowerment services.
- **Programmes targeting disabled people:** 10,933 persons with special needs were included in the programming and benefitted from food and livelihood assistance, child protection, GBV services and nutrition services.
- **Other aspects of protection:** Safety and dignity of project beneficiaries were prioritized during implementation. Recipient agencies and their partners avoided all actions that could cause harm and ensured that women, girls, men, and boys including persons with disability have full access to the services of the project through a do-no-harm approach. Recipient agencies and partners promoted the participation of all project beneficiaries in the feedback mechanism.

**Table 1: Allocation Overview (US\$)**

<b>Total amount required for the humanitarian response</b>	<b>120,000,000</b>
CERF	15,999,991
Country-Based Pooled Fund (if applicable)	16,000,000
Other (bilateral/multilateral)	0
<b>Total funding received for the humanitarian response (by source above)</b>	<b>31,999,991</b>

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

Agency	Project Code	Sector/Cluster	Amount
FAO	23-RR-FAO-020	Food Security - Agriculture	2,499,992
UNFPA	23-RR-FPA-026	Protection - Gender-Based Violence	699,999
UNICEF	23-RR-CEF-037	Nutrition	1,001,000
UNICEF	23-RR-CEF-037	Protection - Child Protection	299,000
WFP	23-RR-WFP-030	Food Security - Food Assistance	8,970,000

<sup>1</sup> 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](#).

<b>WFP</b>	23-RR-WFP-030	Nutrition	2,530,000
<b>Total</b>			<b>15,999,991</b>

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

<b>Total funds implemented directly by UN agencies including procurement of relief goods</b>	<b>13,529,828</b>
Funds sub-granted to government partners*	0
Funds sub-granted to international NGO partners*	1,159,000
Funds sub-granted to national NGO partners*	1,311,163
Funds sub-granted to Red Cross/Red Crescent partners*	0
<b>Total funds transferred to implementing partners (IP)*</b>	<b>2,470,163</b>
<b>Total</b>	<b>15,999,991</b>

\* 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:

South Sudan continues to face overlapping crises, including floods, conflict, and food insecurity – all of which continue to negatively impact the resilience and vulnerability of people across the country. In the lean season April to July 2023 an estimated 7.76 million people (63% of the population) will likely face Crisis (IPC Phase 3) or worse acute food insecurity, with 43,000 people likely to be in Catastrophe (IPC Phase 5) acute food insecurity in Akobo, Canal/Pigi and Fangak counties of Jonglei State; Leer and Mayendit counties in Unity State. During this period an estimated 2.9 million people are likely to face Emergency (IPC Phase 4) acute food insecurity.

### Operational Use of the CERF Allocation and Results:

In response to the crisis, the ERC allocated \$16 million to support those facing the highest levels of food insecurity in South Sudan. The funding enables UN agencies and partners to provide life-saving assistance to 330,000 people in the Food Security, Protection, and Nutrition sectors. This CERF grant complemented by a South Sudan Humanitarian Fund (SSHF) allocation of the same amount under a joint strategy, enhances the allocation's strategic and catalytic impact.

### People Directly Reached:

The data collected on directly targeted and directly reached persons for this allocation was disaggregated by gender and age, and population category (IDPs, Host communities, and Other affected persons). A total of **510,184** individuals were reached including persons with disabilities, this was computed based on the "Max" methodology, where the overall figure is computed by aggregating the maximum figure reached in each cluster for men, women, boys, and girls. This helped avoid double-counting.

The number of host communities reached were more than initial target because of WFP hybrid programming and FAOs support to host communities due to the influx of people returning from Sudan in Unity state, also a reason for not targeting other affected people.

### People Indirectly Reached:

- Local farmers and fishers benefitted indirectly from good farming and fishing practices through trained community members. County residents indirectly benefitted through increased access to and use of quality animal health services because of the livestock campaigns conducted.
- 17,910 individuals were indirectly reached through awareness raising, dignity kits distribution, and orientation on GBV case - management.

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

Sector/Cluster	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Food Security - Agriculture	156,000	84,000	30,000	30,000	300,000	173,532	145,776	9,054	7,230	335,592
Food Security - Food Assistance	16,217	13,177	38,516	33,448	101,358	39,043	30,940	90,388	78,535	238,906
Nutrition	36,725	0	15,636	11,794	64,155	36,725	0	14,590	12,940	64,255
Protection - Child Protection	333	166	4,700	3,134	8,333	178	104	3,336	4,336	7,954
Protection - Gender-Based Violence	31,227	2,698	21,295	2,657	57,877	34,661	2,995	23,637	2,948	64,241

\* 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\***

<b>Category</b>	<b>Planned</b>	<b>Reached</b>
Refugees	2,640	690
Returnees	45,600	9,090
Internally displaced people	129,383	53,063
Host communities	150,000	447,341
Other affected people	3,000	0
<b>Total</b>	<b>330,623</b>	<b>510,184</b>

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

<b>Sex &amp; Age</b>	<b>Table 6: Total Number of People Directly Assisted with CERF Funding*</b>		<b>Number of people with disabilities (PwD) out of the total</b>	
	<b>Planned</b>	<b>Reached</b>	<b>Planned</b>	<b>Reached</b>
Women	156,000	173,532	4,684	5,199
Men	84,000	145,776	405	619
Girls	47,085	102,976	3,194	3,545
Boys	43,538	87,900	669	1,570
<b>Total</b>	<b>330,623</b>	<b>510,184</b>	<b>8,952</b>	<b>10,933</b>

## PART II – PROJECT OVERVIEW

### 3. PROJECT REPORTS

#### 3.1 Project Report 23-RR-FAO-020

1. Project Information			
Agency:	FAO	Country:	South Sudan
Sector/cluster:	Food Security - Agriculture	CERF project code:	23-RR-FAO-020
Project title:	2023 Life-saving emergency livelihood response in South Sudan		
Start date:	01/06/2023	End date:	29/02/2024
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	<b>Total requirement for agency's sector response to current emergency:</b>		<b>US\$ 7,500,000</b>
	<b>Total funding received for agency's sector response to current emergency:</b>		<b>US\$ 0</b>
	<b>Amount received from CERF:</b>		<b>US\$ 2,499,992</b>
	<b>Total CERF funds sub-granted to implementing partners:</b>		<b>US\$ 628,994</b>
	Government Partners		US\$ 0
	International NGOs		US\$ 114,131
	National NGOs		US\$ 514,863
Red Cross/Crescent Organisation		US\$ 0	

#### 2. Project Results Summary/Overall Performance

Between 1 June 2023 and 31 January 2024, under this CERF grant, FAO and its implementing partners (Agency for Child Relief Aid, Community Development Support Services, Coalition for Humanity, Luckista Unite, Norwegian's People Aid, and Rural Community Action for Peace and Development) assisted a total of 335,592 people (182,596 women and 153,006 men) with lifesaving, emergency livelihoods assistance. A total of 55,833 households were reached with emergency livelihood kits (40,000 households received crop, vegetable, and/or fishery kits), emergency animal health services (15,533 households received vaccinations and/or treatment for animals), and restocking for nutrition and income support (300 households received vouchers for a livestock fair).

While all households that received livelihood kits received basic technical advice on the use of inputs, selected beneficiaries (based on interest and ability) received refresher training on improved crop production farming techniques (1,560 people, of whom 984 women and 576 men), vegetable production farming techniques (1 343 people, of whom 748 women and 595 men), and improved fishing techniques (1,203 people, of whom 591 women and 612 men). In addition, 71 (of whom 10 were female and 61 were male) community animal health workers (CAHW) received refresher training on basic animal health extension services and received animal health kits (e.g. drugs, vaccines, and equipment) to conduct the animal health response in the affected areas.

Overall, 361,965 animals (217,193 cattle, 63,717 goats, 79,150 sheep, 1 389 chickens, and 516 dogs) were vaccinated, dewormed and/or treated. FAO vaccinated 307,847 animals against priority endemic diseases, including anthrax, contagious bovine pleuropneumonia

(CBPP), contagious caprine pleuropneumonia (CCPP), hemorrhagic septicemia (HS), Newcastle disease, sheep and goat pox, and rabies. In addition, 54 118 animals were treated and dewormed for endoparasites, ectoparasites, CBPP, CCPP, pneumonia, and foot rot.

A total of 300 households (of whom 199 were led by women) in Leer County, Unity State were provided with small ruminants as part of restocking activities through a local market-based voucher scheme to enhance livelihoods and income-generation activities. Each household was provided with SSP 245,000 (USD 250) to procure four goats (1 male and 3 females) through the livestock fair.

With support from the State Ministry of Animal Resources and Fisheries (SMARF), ten disease surveillance investigations were conducted for reports of anaplasmosis, anthrax, east coast fever, HS, peste des petits ruminants, rabies, tick and tick-borne diseases and other flood-related diseases in Eastern Equatoria, Jonglei, Northern Bahr el Ghazal, Unity and Warrap States and the Abyei Administrative Area.

### 3. Changes and Amendments

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For **Output 2. Livestock assets of 10,000 vulnerable and food-insecure pastoral and agropastoral households (62 percent women-headed households) are replenished, treated, and safeguarded against diseases**, the planned livestock campaigns were temporarily put on hold due to flooding and insecurity. Cattle raids and subnational conflict in Unity and Upper Nile States prevented CAHWs from reaching camps and villages between June and August 2023. The livestock campaigns were further delayed when the new batch of vaccines, anticipated to arrive in September, did not arrive until November, due to supplier delays in obtaining mandatory clearances for vaccines. Thus, the project requested a no-cost extension for an additional two months to complete livestock activities.

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Food Security - Agriculture									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	1,373	739	264	264	<b>2,640</b>	402	288	0	0	690
Returnees	23,712	12,768	4,560	4,560	<b>45,600</b>	4,392	2016	168	120	6,696
Internally displaced people	51,355	27,653	9,876	9,876	<b>98,760</b>	22,350	11,442	936	840	35,568
Host communities	78,000	42,000	15,000	15,000	<b>150,000</b>	146,388	132,030	7,950	6,270	292,638
Other affected people	1,560	840	300	300	<b>3,000</b>	0	0	0	0	0
<b>Total</b>	<b>156,000</b>	<b>84,000</b>	<b>30,000</b>	<b>30,000</b>	<b>300,000</b>	173,532	145,776	9,054	7,230	335,592
<b>People with disabilities (PwD) out of the total</b>										
	1,560	840	300	300	<b>3,000</b>	312	192	<b>0</b>	<b>0</b>	504

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

## 5. People Indirectly Targeted by the Project

In collaboration with the County Agriculture Department's Extension Workers, FAO's partners trained farmer groups and fishers on good farming and fishing practices. These farmers and fishers, in turn, taught techniques to other local farmers and fishers in their communities (e.g. crop demonstration plots) thus increasing the communities' access to knowledge. In addition, vegetable farmers and fishers also sold their excess produce and products, benefitting other households in their communities by increasing access to and availability of diverse and nutritious food options in local markets - thus communities at large. There were also many new arrival returnees because of the crisis in Sudan living among beneficiary households supported by FAO and their host communities, thus they also were indirect beneficiaries of assistance. In addition, county residents indirectly benefitted through increased access to and use of quality animal health services because of the livestock campaigns conducted.

## 6. CERF Results Framework

<b>Project objective</b>	Increase the food production of the most vulnerable households and protect their livelihoods				
<b>Output 1</b>	Increased capacity for food production of severe food insecurity and displaced households				
<b>Was the planned output changed through a reprogramming after the application stage?</b>				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>Sector/cluster</b>	Food Security - Agriculture				
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>	
Indicator 1.1	Ag.1 Number of people receiving agricultural inputs (items/packages/kits)	240,000	240,000	Partner reports, biometric registration, web reporting	
Indicator 1.2	Number of agricultural kits distributed	40,000	40,000	Partner reports, biometric registration, web reporting	
<b>Explanation of output and indicators variance:</b>		No variance			
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>			
Activity 1.1	Mobilize and sensitize communities	Implementing partners (ACRA, CDSS, CH, LU, NPA, and RuCAPD)			
Activity 1.2	Procurement of inputs for replenishment	FAO			
Activity 1.3	Beneficiary identification/registration	Implementing partners (ACRA, CDSS, CH, LU, NPA, and RuCAPD)			
Activity 1.4	Collect and stock FAO emergency livelihood kits from nearest FAO warehouse and transport them to the distribution sites	Implementing partners (ACRA, CDSS, CH, LU, NPA, and RuCAPD)			
Activity 1.5	Distribute the emergency livelihood kits	Implementing partners (ACRA, CDSS, CH, LU, NPA, and RuCAPD)			
Activity 1.6	Monitoring and evaluation	FAO and implementing partners (ACRA, CDSS, CH, LU, NPA, and RuCAPD)			
<b>Output 2</b>	Livestock assets are safeguarded				

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

Sector/cluster	Food Security - Agriculture			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of people reached with animal health services	60,000	93,198	Field Office reports, biometric registration, web reporting
Indicator 2.2	Ag.2 Number of animals vaccinated, dewormed, and/or treated	350,000	361,965	Field Office reports, biometric registration, web reporting
Indicator 2.3	Ag.3 Number of people receiving livestock inputs (animal feed/live animals/kits/packages)	1800	1,800	Field Office reports, biometric registration, web reporting
Indicator 2.4	Number of Community Animal Health Workers (CAHWs) trained	90	71	Field Office reports, attendance lists
Indicator 2.5	Number of disease investigation report produced	10	10	Field Office reports, SMARF reports
Indicator 2.6	Cash.4a Number of people receiving unconditional vouchers	1800	1,800	Cash team reports, recipient lists, biometric registration
Indicator 2.7	Cash.4b Total value of unconditional vouchers distributed in USD	75000	68,676	Cash team reports, FSP records, disbursement records

**Explanation of output and indicators variance:**

Due to the crisis in Sudan, there was an increase in the number of cattle in Unity State as many pastoral communities did not return to Sudan after their annual migration (Ind 2.2).

In Kapoeta East, existing CAHWs were used to implement the livestock campaign. Their refresher training was conducted outside the project period in April. This activity was not charged to the CERF allocation. The beneficiaries trained were also not counted, hence why the indicator is low (71 achieved out of a target of 90) (Ind 2.4).

The total value of vouchers distributed in November was SSP 73 500 000 (SSP 245 000 – USD 250) per household. However, due to market fluctuations, the exchange rate for SSP to USD was higher at the time of implementation, thus the final USD amount came to USD 68 676 instead of USD 75 000 (Ind 2.7).

Activities	Description	Implemented by
Activity 2.1	Procurement of livestock vaccines	FAO
Activity 2.2	Procurement of livestock drugs	FAO
Activity 2.3	Restocking (small ruminant) of vulnerable households especially women-headed households through cash voucher	FAO
Activity 2.4	Organize vaccination campaign and provide treatment support	FAO and SMARF
Activity 2.5	Conduct refresher training for the Community Animal Health Workers (CAHWs)	FAO and SMARF

## 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<sup>2</sup> 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)<sup>3</sup>:

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

### b. AAP Feedback and Complaint Mechanisms:

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

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

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

<sup>2</sup> 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](#).

<sup>3</sup> 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](#).

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. The Organization has mechanisms and procedures for personnel, beneficiaries, and communities, including children, to report PSEA allegations that comply with core standards for reporting (i.e. safety, confidentiality, transparency, and accessibility) and ensures that beneficiaries are aware of them. In addition, FAO has a system to ensure survivors of PSEA, including children, receive immediate professional assistance through a hotline, gender desk and referral pathways and the provision of psychosocial support services. The Organization has a committee and process for investigation of allegations of PSEA and provides evidence that it has appropriately dealt with past SEA allegations, if any, through investigation and corrective action. No cases were reported throughout this project in the implementation areas.

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

The project prioritized female-headed households, reaching **29,317** female-headed households (53 percent) out of a total of 55 833 households – more than half of the households that received emergency livelihood inputs and services, nutrition/livelihood support, and emergency livestock health services. This is an accomplishment as women and girls play an essential role in improving household food security and nutrition in South Sudan, where natural and manmade disasters have increased the number of female-headed (single-parent) and child-headed households. Women were also prioritized during the selection of cadres for CAHW training and vendors for the livestock fairs, making up 16 percent of the 71 CAHWs that were trained and equipped and 13 percent of the 15 vendors for the livestock fairs.

#### **e. People with disabilities (PwD):**

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

#### **f. Protection:**

FAO and its implementing partners recognize the need for the safety and dignity of beneficiaries and the communities they live in. Hence, the project emphasized community-based and informed interventions throughout the programming. Services and assistance were delivered in ways that preserved the physical integrity of individuals and communities, were culturally appropriate, and avoided any potential unintended negative consequences.

#### **g. Education:**

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

## **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	1800 people (300 households)

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.

Under this project, vouchers were used for small ruminants to enhance the productive capacity of households and ensure their sustainable access to food and income all year long. The aim was to help these vulnerable households directly affected by flooding and conflict cope with resulting crises/shocks affecting their access to food and their ability to generate income.

**Parameters of the used CVA modality:**

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
Indicator 2.6	1800 (300 households)	US\$ 68,676	Food Security - Agriculture	Restricted

## 9. Visibility of CERF-funded Activities

Title	Weblink
Livestock Fair in Leer County, Unity State	<a href="https://twitter.com/FAOSouthSudan/status/1742895262677233706">https://twitter.com/FAOSouthSudan/status/1742895262677233706</a>
Nyakuoth Majok's – Restocking Beneficiary Video	<a href="https://twitter.com/FAOSouthSudan/status/1740367742933639582">https://twitter.com/FAOSouthSudan/status/1740367742933639582</a>
Restarting and Boosting Livelihoods	<a href="https://twitter.com/FAOSouthSudan/status/1731702603329700149">https://twitter.com/FAOSouthSudan/status/1731702603329700149</a>

## 3.2 Project Report 23-RR-FPA-026

### 1. Project Information

<b>Agency:</b>	UNFPA	<b>Country:</b>	South Sudan
<b>Sector/cluster:</b>	Protection - Gender-Based Violence	<b>CERF project code:</b>	23-RR-FPA-026
<b>Project title:</b>	Supporting access of vulnerable women, men, boys, and girls to lifesaving GBV prevention, risk mitigation, and response services in Akobo, Canal/Pigi, Fangak, Leer, Mayendit, and Kapoeta East		
<b>Start date:</b>	27/06/2023	<b>End date:</b>	26/12/2023
<b>Project revisions:</b>	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

<b>Funding</b>	<b>The total requirement for the agency's sector response to a current emergency:</b>	<b>US\$ 3,100,000</b>
	<b>Total funding received for the agency's sector response to the current emergency:</b>	<b>US\$ 674,010.26</b>
	<b>Amount received from CERF:</b>	<b>US\$ 699,999</b>
	<b>Total CERF funds sub-granted to implementing partners:</b>	<b>US\$ 478,685</b>
	Government Partners	US\$ 0
	International NGOs	US\$ 0
	National NGOs	US\$ 478,685
Red Cross/Crescent Organisation	US\$ 0	

### 2. Project Results Summary/Overall Performance

The project was aimed at providing GBV prevention and response services to vulnerable people in areas affected by the food insecurity crises in Akobo, Canal/Pigi, Fangak, Mayendit, Leer, and Kapoeta East. The project reached 64,241 people with GBV prevention and response services, including 34,661 women, 2,995 men, 23,637 girls, and 2,948 boys. Among the number of people reached throughout the project, 9,636 were persons with disabilities.

In this project, UNFPA has established and fully operationalized 6 women and girls' friendly spaces and reached 19,980 women and girls through these friendly spaces. Services at the friendly spaces included orientation on food processing and producing handcrafts and fuel-efficient stoves. In addition, 344 GBV survivors received timely GBV case management, psychosocial support, individual counseling, medical care, and first aid services. Out of these survivors, 300 were further provided with cash support which included transportation and referral-related costs for specialized care and basic needs such as food, clothing, and temporary shelters. Other 44 survivors were referred to another UNFPA project that provided them with cash support.

UNFPA supported community awareness-raising sessions focussing on various topics of GBV including but not limited to Child and Forced Marriage that targeted 40,267 individuals. Existing community taskforces that are composed of Engaging Men in Accountable Practices (EMAP), Community-based Complaint Mechanisms (CBCM), and community action groups

were some of the platforms used to raise awareness with the engagement of men and boys. Furthermore, UNFPA supported 2 refresher training sessions for 60 service providers. Refresher training focussed on recognizing signs of GBV, responding appropriately to GBV incidents, and referring survivors to the right services were conducted. The refresher training ensured a uniform understanding of the referral process and enhanced GBV case management.

In this project, UNFPA procured and distributed 3,000 Dignity Kits. The Dignity Kits contained basic sanitary items that ensured an adequate response to women's and girls' basic hygiene needs, while helping maintain their dignity, mitigate health risks, and contribute to women's safety and security. Furthermore, UNFPA supported 6 GBV referral pathways. With this support, UNFPA organized orientation sessions for community leaders on GBV referrals.

The project also supported 6 multi-sectoral safety audits that were conducted to determine the protection risks faced by women and girls and to understand the services that the community offers to GBV survivors. The safety audits also focused on the specific GBV response and prevention mechanisms and existing response service gaps. The safety audits were carried out in coordination with the GBV sub-cluster and other humanitarian clusters in all locations. Focus group discussions, observations, and key informant interviews were among the methodologies used by the safety audit. The findings of the safety audit recommendation have been shared with relevant partners for implementation.

The project has contributed to reducing the vulnerability of women and girls and has improved their access to integrated GBV prevention and response services. During the implementation, UNFPA maintained closer coordination with child protection, the health sector, and WASH partners to ensure target people have access to a full package of services.

### **3. Changes and Amendments**

During the project planning phase, UNFPA aimed to partner with SAADO and HRSS for the implementation of this project. During the implementation phase, UNFPA noted that the presence of SAADO in Kapoeta East had been phased out due to the end of a project that SAADO was implementing in this location. This required a partnership with Health Link South Sudan (HLSS), another local partner present in the area. UNFPA therefore partnered with HLSS for activities in Kapoeta East.

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Protection - Gender-Based Violence									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	3,123	280	2,140	277	5,820	3,466	311	2,375	307	6,459
Internally displaced people	9,303	813	6,450	786	17,352	10,326	902	7,160	872	19,260
Host communities	18,801	1,605	12,705	1,594	34,705	20,869	1,782	14,102	1,769	38,522
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>31,227</b>	<b>2,698</b>	<b>21,295</b>	<b>2,657</b>	<b>57,877</b>	<b>34,661</b>	<b>2,995</b>	<b>23,637</b>	<b>2,948</b>	<b>64,241</b>
<b>People with disabilities (PwD) out of the total</b>										
	4,684	405	3,194	399	8,682	5,199	449	3,545	443	9,636

\* 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

5,850 Men and boys have indirectly benefited from the project through GBV prevention interventions considering their role in social norms and influence in creating a positive transformative impact to protect women and girls from GBV. These men and boys received the raising awareness-raising messages through their community members who participated in the awareness-raising sessions.

Furthermore, 12,000 individuals have indirectly benefited from the dignity kits. Since 3,000 dignity kits were distributed to 3,000 women and girls, it is believed that 4 individuals from the same household of each of these beneficiaries have benefited from the lighting of the dignity kits noting that light (torch) is one of the items of the dignity kits. Likewise, as the project supported refresher training for 60 service providers, each of these trainees was expected to share the knowledge with at least another colleague in the same GBV service delivery point, this brings the total indirect beneficiaries from the refresher training to 60.

In total, the project has reached 17,910 in-direct beneficiaries through awareness raising, dignity kits, and orientation training on GBV case management.

## 6. CERF Results Framework

<b>Project objective</b>	To restore dignity and improve access of women to access GBV information and support services.			
<b>Output 1</b>	6 Women and Girls Friendly Spaces supported to provide a protective space and mitigate risks of negative coping mechanisms linked to food insecurity			
<b>Was the planned output changed through reprogramming after the application stage?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
<b>Sector/cluster</b>	Protection - Gender-Based Violence			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 1.1	PS.1b Number of women- and girl-friendly safe spaces and/or centers constructed, rehabilitated, and/or supported	6	6	Progress report
Indicator 1.2	PS.1a Number of people accessing women- and girl-friendly safe spaces and/or centers	18,000	19,980	Progress report
<b>Explanation of output and indicators variance:</b>		Due to the growing number of vulnerable women and girls in need of support in preventing and responding to GBV, UNFPA has increased the number of sessions for women and girls' friendly spaces. Instead of 5 working days a week, the friendly spaces operated 6 days a week with women and girls enrolled for morning and afternoon sessions to ensure that as many people as possible were reached. Thus, the initially planned target was exceeded, and 19,980 women and girls were reached through the friendly spaces.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Enhancing the activities in the existing Women and Girls Friendly Space. Support the running of six existing women and girls' friendly spaces. These centers will give women and girls spaces to feel safer; have access to information and support; participate in activities; build their networks and strengthen relationships with peers.	<b>SAADO, HRSS and HLSS</b> With the contribution of CERF funding, UNFPA in partnership with SAADO, HLSS, and HRSS has established and fully operationalized 6 women and girls' friendly spaces and reached 19,980 women and girls		

		through these friendly spaces. Services at the friendly spaces included orientation on food processing and producing handcrafts and fuel-efficient stoves. Women and girls considered the friendly spaces a place where they could build networks with their peers, exchange experiences, and access information and awareness raising on GBV services.
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<b>Output 2</b>	GBV survivors received effective and timely GBV case management through strengthened GBV referral pathways.			
<b>Was the planned output changed through reprogramming after the application stage?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
<b>Sector/cluster</b>	Protection - Gender-Based Violence			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 2.1	PS.2 Number of people receiving GBV psycho-social support and/or GBV case management	300	344	Progress report
Indicator 2.2	PP.1a Number of protection referral mechanisms and/or pathways established and regularly updated (Number of GBV referral mechanisms established)	6	6	Progress report
Indicator 2.3	CC.1 Number of implementing partner staff receiving training to support programme implementation (Number of staff and community/frontline workers who received refresher training on case management and psychosocial support)	60	60	Progress report
<b>Explanation of output and indicators variance:</b>		During the planning phase, UNFPA aimed to reach 300 GBV survivors. However, during project implementation, 344 cases were registered and assisted with case management services. Most of the recorded cases were associated with emotional violence, denial of resources, and intimate partner violence. Of the cases recorded, 27% were rape cases. All cases received optimal support.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	GBV case management and psychosocial support: Provide GBV case management services to GBV survivors	<b>HLSS, HRSS and SAADO</b> 344 GBV survivors received timely GBV case management, psychosocial support, individual counseling, medical care, and first aid services. Out of these survivors, 300 were further provided with cash support which included transportation and referral-related costs for specialized care and basic needs such as food, clothing, and temporary shelters; 44 survivors were supported by other cash support programs of UNFPA.		
Activity 2.2	Establishment and strengthening of GBV referral systems. Strengthen GBV referral pathways	<b>HLSS, HRSS and SAADO</b>		

		The project supported 6 GBV referral pathways. In this support, UNFPA in partnership with HLSS, HRSS, and SAADO organized an orientation for community leaders on GBV referrals.
Activity 2.3	Refresher training to frontline service providers on case management, psychosocial support, conducting safety, etc. Conducting refresher training on GBV case management; psychosocial support and disability inclusion for front-line GBV service providers	<b>HLSS, HRSS and SAADO</b> The project supported 2 refresher training sessions for 60 service providers. The training focussed on recognizing signs of GBV, responding appropriately to GBV incidents, and referring survivors to the right services were conducted. The refresher training ensures a uniform understanding of the referral process and enhances GBV case management.

**Output 3** 300 vulnerable women and girls received cash-based assistance as part of livelihood and economic support.

<b>Was the planned output changed through reprogramming after the application stage?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
<b>Sector/cluster</b>	Protection - Gender-Based Violence			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 3.1	Cash. 1a Number of people receiving multi-purpose cash	300	344	Progress report
Indicator 3.2	Cash. 1b Total value of multi-purpose cash distributed in USD	22,500	22,500	Progress report
<b>Explanation of output and indicators variance:</b>		There was no variance in the output or indicators. The project supported 300 survivors with cash support, however, 44 survivors were referred to another project of UNFPA		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 3.1	Cash-based assistance to vulnerable women and girls, including GBV survivors as a way of livelihood and economic support. Provide multi-purpose cash assistance to 300 vulnerable women and girls including GBV survivors to support their economic and livelihoods.	<b>HLSS, HRSS and SAADO</b> 344 vulnerable women and girls received cash support during the implementation of this project. 300 of these survivors were supported by this project while 44 were referred to another UNFPA project for similar support. The selection process involved a meticulously chosen committee and a robust assessment of vulnerability and needs. The committee had representation from women groups, youth activists, male champions against GBV, and members of the community-based action groups that UNFPA supports to raise awareness of GBV.		

**Output 4** 3000 women and girls received Dignity Kits

<b>Was the planned output changed through reprogramming after the application stage?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
<b>Sector/cluster</b>	Protection - Gender-Based Violence			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>

Indicator 4.1	SP.1a Number of menstrual hygiene management kits and/or dignity kits distributed (dignity kits)	3,000	3,000	Progress report
Indicator 4.2	SP.1b Number of people receiving menstrual hygiene management kits and/or dignity kits (Number of women and girls receiving dignity kits)	3,000	3,000	Progress report
<b>Explanation of output and indicators variance:</b>		There was no change in the indicator or output, the number of dignity kits procured and distributed to vulnerable women and girls was in line with the planned target number.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 4.1	Distribution of dignity kits to vulnerable women and girls. Procure dignity kits	<b>UNFPA</b>  UNFPA procured 3,000 Dignity Kits. The Dignity Kits contained basic sanitary items which ensured an adequate response to women's and girls' basic hygiene needs.		
Activity 4.2	Distribute dignity kits to 3,000 vulnerable women and girls	<b>HRSS, HLSS and SAADO</b>  UNFPA distributed 3,000 Dignity Kits that helped women and girls maintain their dignity, mitigate health risks, and contribute to women's safety and security.		

**Output 5** 36,277 women, men, boys, and girls received GBV prevention messages

<b>Was the planned output changed through reprogramming after the application stage?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
<b>Sector/cluster</b>	Protection - Gender-Based Violence			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 5.1	Number of people received messages on GBV prevention and services available through awareness messages	36,277	40,267	Progress report
<b>Explanation of output and indicators variance:</b>		The target number was exceeded due to the increased number of awareness-raising sessions and the use of existing initiatives within the community such as the male champions, the agents of change, and community action groups to integrate awareness-raising messages in all community activities. Furthermore, two radio talk shows created an opportunity to spread the messages within the community. These initiatives led to reaching 40,267 people with awareness-raising messages.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 5.1	Community-based awareness-raising activities on context-specific GBV and Sexual Exploitation and Abuse (SEA) risk factors in the project locations, including available response services and reporting. Support community-based awareness-raising activities on context-specific GBV and SEA risk factors in the project	<b>HLSS, HRSS and SAADO</b>  The project supported community awareness-raising sessions focussing on various topics of GBV including but not limited to Child and Forced Marriage that targeted 40,267 individuals. Existing community taskforces that are composed of Engaging Men in Accountable Practices		



	locations. Awareness raising can also provide information on available services.	(EMAP), Community-based Complaint Mechanisms (CBCM), and community action groups were some of the platforms used to raise awareness with the engagement of men and boys.
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<b>Output 6</b>	Safety and security concerns of women and girls assessed.			
<b>Was the planned output changed through a reprogramming after the application stage?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
<b>Sector/cluster</b>	Protection - Gender-Based Violence			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 6.1	Number of multi-sectoral safety audits conducted	6	6	Progress report
<b>Explanation of output and indicators variance:</b>		There was no change in achieving the output and indicators.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 6.1	Collaboration with the FSL, Nutrition, WASH, and CP actors on GBV integration, including GBV risk mitigation interventions, and multi-sectoral safety audits. Conduct 6 GBV safety audits to identify and address the safety and security concerns that women and girls face.	<b>HLSS, HRSS and SAADO</b> The project supported 6 multi-sectoral safety audits that were conducted to determine the protection risks faced by women and girls and to understand the services that the community offers to GBV survivors. The safety audit focused on the specific GBV response and prevention mechanisms and existing response service gaps. The safety audits were carried out in coordination with the GBV sub-cluster and other humanitarian clusters in all locations. Focus group discussions, observations, and key informant interviews were among the methodologies used by the safety audit. The findings of the safety audit recommendation have been shared with relevant partners for implementation.		

## 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<sup>4</sup> 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)<sup>5</sup>:

<sup>4</sup> 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](#).

<sup>5</sup> 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](#).

UNFPA engaged the affected population targeted by this project in the design, implementation, and monitoring of this project. Engagement was done through regular meetings, focus group discussions, and frequent visits to project sites by implementing partners. Priorities of the communities were considered in the design and implementation of this project. UNFPA placed feedback boxes in project sites for receiving feedback from the community. These included women's and girls' friendly spaces in the six project locations. The feedback was analysed on a weekly basis and actions were taken to address all issues.

After the distribution of dignity kits, UNFPA conducted post-distribution monitoring to receive the feedback of beneficiaries and assess their satisfaction. UNFPA demonstrated full accountability to the people targeted and their feedback informed project objectives and targets.

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#### **b. AAP Feedback and Complaint Mechanisms:**

UNFPA analysed all feedback received from the community on a weekly basis. Consultative meetings were held with community members to discuss the implementation of the recommendations proposed by the community. Some of the recommendations and feedback received from the community included enrolling women and girls in the women and girls' friendly spaces program, where the community suggested having two shifts: a morning shift and an afternoon shift. Likewise, the community proposed the operationalization of women and girls' friendly spaces six days a week, which was taken into consideration to expand the coverage of friendly space services.

In terms of community mobilization and awareness, the community proposed different approaches to spread the message and reach more people. Among the community's proposals were regular visits to schools and churches, in addition to door-to-door visits and community gatherings. The project considered the community's suggestion. In some cases, community members participated in these sessions as co-facilitators to spread the message and provide translations.

In terms of the distribution of cash and dignity kits, the communities contributed to the selection criteria. Suggestions made by communities included increasing the quota of women and girls with disabilities and female-headed households when distributing dignity kits. Additionally, UNFPA analysed and shared community feedback for the distribution of dignity kits. Replacing some items was suggested in addition to improving the quality of some items.

Overall, UNFPA ensured that all community feedback was considered as much as possible. These included feedback from people with disabilities.

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

UNFPA and its implementing partners adhered to a set of integrity policies that included zero tolerance for sexual exploitation and other integrity violations. This included adherence to the principles set out in ST/SGB/2003/13 on PSEA and that organizational structures are in place to prevent and respond to SEA. During the implementation, UNFPA ensured the availability of a reporting mechanism for the beneficiaries, partners, or other stakeholders to share any suspected case of SEA. Though no PSEA case was received during the project, UNFPA was ready to take immediate action to address any cases by providing immediate protection to the victim and reporting the case to the PSEA task force.

UNFPA ensured the integration of PSEA messages into all awareness-raising and community mobilization activities that were carried out during the project. Equally, all planned training activities under of the project had a session on PSEA.

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

Mainstreaming gender equality and promoting the empowerment and protection of women and girls has been driven by growing evidence in the humanitarian sector and noting that ignoring different specific needs of girls, women, men, and boys in terms of age, ability, socio-economic status, can lead to situations of discrimination in the response or, even worse, accentuate suffering with a negative long-term impact, UNFPA ensured that women and girls have appropriate and equitable opportunities to benefit from the GBV prevention and response activities of this project. Although the project was designed to target women, girls, men, and boys, some activities were exclusively designed to promote the empowerment and protection of women and girls. These included services provided in women and

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girls-friendly spaces; distribution of dignity kits and distribution of cash assistance to GBV survivors. This ensured that the protection needs of women and girls were addressed and that they had access to protection and empowerment services.

#### e. People with disabilities (PwD):

To ensure accessibility and inclusion of people with disability, UNFPA took the following measures:

- Consultations with people with disabilities on their communication preferences were held to share their feedback. These included persons with physical, hearing, visual, intellectual, and psychological disabilities.
- Based on their preferences, UNFPA established reasonable spaces and platforms for persons with disabilities to provide their feedback.
- UNFPA monitored whether persons with disabilities benefited from existing services, in situations where access of people with disability to the project was a challenge, UNFPA addressed the issue with implementing partners, and all access barriers were addressed in a timely manner.
- During monitoring, UNFPA and implementing partners collected disability disaggregated monitoring data on participation in the complaint and feedback mechanisms.

#### f. Protection:

During the implementation of the project, UNFPA prioritized the safety and dignity of project beneficiaries. UNFPA implementing partners avoided all actions that could cause harm and ensured that women, girls, men, and boys including persons with disability have full access to the services of the project through a do-no-harm approach. UNFPA promoted the participation of all project beneficiaries in the feedback mechanism.

During the service delivery, especially during GBV case management, UNFPA protected the privacy of GBV cases, and no names were recorded, instead cases were recorded with the use of codes that don't identify the survivor. During awareness raising and distribution of cash and dignity kits, UNFPA and its implementing partners prevented and minimized as much as possible any unintended negative effects of these interventions.

#### g. Education:

This project did not have an education component.

### 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	344

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

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

In total, UNFPA supported 344 GBV survivors. Of these, 300 survivors were supported by this project while 44 were referred to another UNFPA project for similar support in the same geographical area. The selection process involved a meticulously selected committee and a robust assessment of vulnerability and needs. The committee was made up of representatives from women's groups, youth activists, male GBV champions, and members of the community action groups that UNFPA supports to raise awareness about GBV.

The distribution was done in one round, with each person receiving 75 USD. This amount was intended to cover the costs of transporting and referring survivors to specialized care and basic needs such as food, clothing, and temporary shelter. The amount allocated was consistent with the average cost of services needed by survivors. As this was a six-month project, UNFPA had advocated for the inclusion

of the same beneficiaries in the ongoing WFP cash distribution through the MPC. To this end, UNFPA suggested broadening the MPC selection criteria to facilitate the inclusion of these beneficiaries. As none of the project sites had an effective national social protection system, meeting the needs of these survivors through MPC was the only option.

**Parameters of the used CVA modality:**

<b>Specified CVA activity</b> (incl. activity # from the results framework above)	<b>Number of people receiving CVA</b>	<b>Value of cash (US\$)</b>	<b>Sector/cluster</b>	<b>Restriction</b>
<b>Multi-purpose cash</b>	344	US\$ 22,500	Protection(GBV)	Unrestricted

**9. Visibility of CERF-funded Activities**

<b>Title</b>	<b>Weblink</b>
<b>Promoting the distribution of dignity kits under the CERF project.</b>	<a href="https://t.co/XBt5xsG9yX">UNFPA South Sudan on X: "UNFPA distributes clean delivery kits to ensure safe birth and postnatal care. With support from @UNCERF, @UNFPA ss also provides displaced women and girls of reproductive age with dignity kits to maintain proper hygiene and meet their menstrual health needs. https://t.co/XBt5xsG9yX" / X (twitter.com)</a>
<b>Promoting UNFPA-supported women and girls' friendly spaces that support vulnerable women and girls.</b>	<a href="https://t.co/OGN1JUL7Bb">UNFPA South Sudan on X: "Women and Girls-Friendly space is a place where women &amp; girls feel safe, access information &amp; support, engage in income generation activities, build their networks &amp; strengthen relationships with peers. Women and girls feel physically &amp; emotionally safe #WGFS #Musharaka4Tanmiya https://t.co/OGN1JUL7Bb" / X (twitter.com)</a>
<b>UNFPA Quarter 4, 2023 newsletter – acknowledging CERF contribution</b>	<a href="https://southsudan.unfpa.org/en/publications/unfpa-south-sudan-newsletter-quarter-4-2023">https://southsudan.unfpa.org/en/publications/unfpa-south-sudan-newsletter-quarter-4-2023</a>

### 3.3 Project Report 23-RR-CEF-037

1. Project Information			
<b>Agency:</b>	UNICEF	<b>Country:</b>	South Sudan
<b>Sector/cluster:</b>	Nutrition Protection - Child Protection	<b>CERF project code:</b>	23-RR-CEF-037
<b>Project title:</b>	Emergency Nutrition and Child Protection Response in Jonglei, Unity, and Eastern Equatorial States.		
<b>Start date:</b>	10/07/2023	<b>End date:</b>	04/01/2024
<b>Project revisions:</b>	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
<b>Funding</b>	<b>Total requirement for agency's sector response to current emergency:</b>		<b>US\$ 120,000,000</b>
	<b>Total funding received for agency's sector response to current emergency:</b>		<b>US\$ 16,000,000</b>
	<b>Amount received from CERF:</b>		<b>US\$ 1,300,000</b>
	<b>Total CERF funds sub-granted to implementing partners:</b>		<b>US\$ 535,864</b>
	Government Partners		US\$ 0
	International NGOs		US\$ 286,923
	National NGOs		US\$ 248,941
Red Cross/Crescent Organisation		US\$ 0	

### 2. Project Results Summary/Overall Performance

Through this CERF grant, UNICEF and its partners provided nutritional screening for 179,651 children under five and reached 7,575 children with severe acute malnutrition (SAM) through treatment in six prioritized counties: Akobo, Canal/Pigi, Fangak, (in Jonglei) Leer, Mayendit (in Unity), Kapoeta East (Eastern Equatoria). The grant also supported the procurement of 7,575 cartons of Ready to Use Therapeutic Foods (RUTF), which were used for the treatment of severely wasted children. In addition, 36,725 mothers and caregivers of children 0-23 months benefited from counseling sessions on optimal breastfeeding and complementary feeding practices.

One of the major problems encountered during the implementation of this project was the difficulty in transporting nutrition supplies to the nutrition sites due to flooding and the high logistics cost. Further, the Sudan crisis, with the consistent inflow of South Sudanese returnees and refugees, has put an additional burden on the existing needs.

Thanks to CERF's contribution, this helped save the lives of children who were highly likely to die of severe wasting if not treated and helped to build the capacity of mothers and caregivers of children 0-23 months on how to prevent their children from becoming malnourished.

Furthermore, with this contribution, UNICEF Child Protection and its partners were able to reach 7,954 boys, girls, women, and men out of the 8,033 planned with much-needed child protection services and support (family tracing, reunification, case management, referrals), Mental Health and Psychosocial Support through 6 Child-Friendly Spaces (CFS) and awareness raising on Gender-Based Violence (GBV). Of the total, at least 46 children had disabilities (15 girls) who largely benefited from services

in CFS. These activities supported community resilience, improved children's and adults' psychosocial well-being, increased the communities' awareness of GBV, enhanced the inclusion of children with disabilities, and restored family links between unaccompanied children and their caregivers. This has contributed to the overall protection and empowerment of individuals and their families within the reach of the implementing partners. One major challenge in project implementation was the delay in recruiting local staff, such as senior social workers and community workers. Despite efforts to promote local recruitment, the necessary expertise in the localities was lacking. However, both UNICEF and implementing partners are committed to localisation, evident in our training initiatives aimed at empowering local actors in child protection, gender-based violence, and mental health support. The impact of this is evident in the reach despite the delay in implementation.

The project assisted a total of 52,254 people, including 15,247 children, with Nutrition and Child protection interventions. This project also supported the early detection of wasting in children who were screened during the implementation of the project. This was achieved from July 2023 to April 2024.

### **3. Changes and Amendments**

A No-Cost Extension (NCE) was requested for this project because UNICEF experienced unexpected challenges, causing some delays in implementation, such as flooding, procurement delays, and delayed recruitment processes by partners. The NCE request was approved by the CERF, and UNICEF had 3 additional months to implement the activities; the project ended on 03 April 2024 instead of 04 January 2024.

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Nutrition									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	36,725	0	3,863	3,712	44,300	36,725	0	3,863	3,712	44,300
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>36,725</b>	<b>0</b>	<b>3,863</b>	<b>3,712</b>	<b>44,300</b>	<b>36,725</b>	<b>0</b>	<b>3,863</b>	<b>3,712</b>	<b>44,300</b>
<b>People with disabilities (PwD) out of the total</b>										
	367	0	37	38	442	367	0	37	38	442
Sector/cluster	Protection - Child Protection									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	333	166	4,700	3,134	8,333	178	104	3,336	4,336	7,954
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>333</b>	<b>166</b>	<b>4,700</b>	<b>3,134</b>	<b>8,333</b>	<b>178</b>	<b>104</b>	<b>3,336</b>	<b>4,336</b>	<b>7,954</b>
<b>People with disabilities (PwD) out of the total</b>										
	3	2	47	31	83	0	0	15	31	46

\* 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

Both the Nutrition and Child Protection components of this intervention targeted direct beneficiaries only.

## 6. CERF Results Framework

<b>Project objective</b>	Emergency Nutrition and Child Protection Response in Jonglei, Unity, and Eastern Equatoria States.				
<b>Output 1</b>	Provide integrated quality life-saving nutrition services for children and women and ensure families have the knowledge and skills to apply quality infant and young child feeding practices				
<b>Was the planned output changed through a reprogramming after the application stage?</b>				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>Sector/cluster</b>	Nutrition				
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>	
Indicator 1.1	N.3a Number of people admitted to SAM treatment programme (therapeutic feeding)	7,575	7,575	Nutrition Information System (NIS)	
Indicator 1.2	N.3b Percentage of people who were admitted for SAM treatment who recovered (SAM recovery rate)	90	90	NIS	
Indicator 1.3	Number of Ready-to-Use Therapeutic Food (RUTF) procured for the treatment of 7,575 SAM Children	7,575	7,575	UNICEF procurement order	
Indicator 1.4	N.6 Number of people receiving training and/or community awareness sessions on maternal, infant, and young child feeding in emergencies	36,725	36,725	NIS	
<b>Explanation of output and indicators variance:</b>		There was not any variance in the indicators			
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>			
Activity 1.1	Procure, store, and distribute 7,575 cartons of RUTF	UNICEF			
Activity 1.2	Ensure the early detection and treatment of 7,575 children with severe acute malnutrition (SAM);	UNICEF through its Implementing partners (Medair, SCI, AAH, AFSS, and IMC)			
Activity 1.3	Promotion of optimal breastfeeding and complementary feeding	UNICEF through its Implementing partners (Medair, SCI, AAH, AFSS, and IMC)			
Activity 1.4	Referral of CP and GBV cases identified at nutrition sites.	UNICEF through its Implementing partners (Medair, SCI, AAH, AFSS, and IMC)			
Activity 1.5	Scale up the capacity-strengthening efforts through refresher job training (OJT) and mentoring, to improve the quality of nutrition services;	UNICEF/CTG			



**Output 2** Provide integrated Child Protection services for children and women

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

Sector/cluster	Protection - Child Protection			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	CP.3 Number of children receiving protection support (family tracing, reunification, reintegration, case management services, referrals, etc)	300	213	Partner reports
Indicator 2.2	CP. 4 Number of people accessing protection activities and/or services through child-friendly spaces	8,033	7,954	Partner reports
Indicator 2.3	CP.5 Number of child-friendly spaces established and/or rehabilitated	6	6	Partner reports

**Explanation of output and indicators variance:**

Partnerships with ADA and UNIDOR (implementing partners) began implementing in July 2024, however, the recruitment process saw some delays – resulting in delays in service delivery in Child-Friendly Spaces as well as case management.

**Indicator 2.1** As mentioned in the first interim report, there was a slight delay in the recruitment of workforce for both implementing partners which resulted in the variance between target and achieved results.

**Indicator 2.2** Although the 6 child-friendly spaces (indicator 2.3) were active from the start of the programme, they were not fully staffed, resulting in slight under-achievement of the target.

Activities	Description	Implemented by
Activity 2.1	Provide comprehensive case management services to children and adolescents with critical protection risks including CAFAAG, referrals, and family tracing and reunification.	UNICEF through implementing partners: Universal Intervention and Development Organization (UNIDOR) and Africa Development Aid (ADA)
Activity 2.2	Provide focused and non-focused PSS activities through either static or mobile child-friendly spaces (CFS) in community spaces and schools.	UNICEF through implementing partners: Universal Intervention and Development Organization (UNIDOR) and Africa Development Aid (ADA)
Activity 2.3	Establish or rehabilitate child-friendly spaces in community spaces.	UNICEF through implementing partners: Universal Intervention and Development Organization (UNIDOR) and Africa Development Aid (ADA)

## 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<sup>6</sup> 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)<sup>7</sup>:**

UNICEF worked with partners for the implementation of this project to enable the needs expressed by the community to be met by the services provided, and this was monitored through the community's seeking and utilizing of services. Partners were encouraged to hold community meetings regularly with the population served to get feedback on the progress of the project implementation. Community volunteers were engaged in community mobilization and monitoring results through follow-up of beneficiaries in the community. UNICEF's key technical staff also conducted regular monitoring visits to the recipient facilities and communities to enable the rational use of services and supplies and get first-hand feedback from beneficiaries.

#### **b. AAP Feedback and Complaint Mechanisms:**

This programme was implemented while working closely with the affected population. To enable continuous feedback and complaints to be received, beneficiaries were made aware of the existing feedback mechanism. The system uses complaints boxes for those who can read and write but also relies on trained Community Nutrition Volunteers who act as recipients of information and obtain real-time feedback from affected communities on what they could expect in terms of response.

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

UNICEF worked closely with 7 partners to enable PSEA requirements to be integrated into the project including training for staff signing of a code of conduct and holding all personnel accountable. The affected communities were also made aware and provided with information on what SEA is and how to report it through community engagement activities. UNICEF also enabled AAP and PSEA commitments that have been recognized both at the policy level and integrated into partners' nutrition projects through the establishment of key PSEA performance indicators during the designing of the project and monitoring progress.

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

Protection is a cross-cutting issue and is key in the Nutrition programme. Most nutrition sites have undergone safety audits to assess the level of risks associated with access to nutrition services, enabling women and children to be protected while in the nutrition facilities. GBV case identification and referral were also activities conducted in this project.

In child protection programs, partners engage with communities, including children, through child-friendly spaces and awareness campaigns on child rights and GBV. Active community involvement ensures interventions are responsive to local gender dynamics and priorities.

#### **e. People with disabilities (PwD):**

<sup>6</sup> 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](#).

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

The programme enabled children and caretakers/mothers with disabilities and special needs to be included and given priority. 75 (37 girls and 38 boys) children and 367 caretakers/mothers benefitted from the services provided in this project. Under child protection programming, 46 children with disabilities (15 girls and 31 boys) received case management support, benefitted from Mental Health and Psychosocial Support as well as received referrals to other services.

**f. Protection:**

NA

**g. Education:**

NA

**8. Cash and Voucher Assistance (CVA)**

**Use of Cash and Voucher Assistance (CVA)?**

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

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

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

Given the programme design, no cash was transferred to the beneficiaries during the programme. All supplies, goods and services were paid by UNICEF and partners for the benefit of the beneficiaries as per the programme design. The CVA was not planned for the nutrition intervention. According to the national CMAM protocol, treatment. Child protection caseworkers did not provide cash assistance to prevent incentivizing reporting, which could have disrupted identification and complicated case management. Instead, they referred individuals to food security and cash support services where available and suitable.

**Parameters of the used CVA modality:**

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

**9. Visibility of CERF-funded Activities**

Title	Weblink
This little one is eating a sachet of ready-to-use therapeutic food at a #UNICEF-supported health centre.	<a href="#">link</a>
Porridge during a cooking class at a mother-to-mother support group in Aweil, #SouthSudan.	<a href="#">link</a>
Severe #drought in some parts of #southsudan has forced families to move in search of #food and #water.	<a href="#">link</a>

### 3.4 Project Report 23-RR-WFP-030

1. Project Information			
<b>Agency:</b>	WFP	<b>Country:</b>	South Sudan
<b>Sector/cluster:</b>	Food Security - Food Assistance Nutrition	<b>CERF project code:</b>	23-RR-WFP-030
<b>Project title:</b>	Provision of food assistance and specialized nutrition commodities to prevent the risk of famine while making a more lasting impact on household food security areas projected to face the worst levels of food insecurity.		
<b>Start date:</b>	01/06/2023	<b>End date:</b>	30/11/2023
<b>Project revisions:</b>	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input checked="" type="checkbox"/>	Reprogramming <input checked="" type="checkbox"/>
<b>Funding</b>	<b>Total requirement for agency's sector response to current emergency:</b>		<b>US\$ 120,000,000</b>
	<b>Total funding received for agency's sector response to current emergency:</b>		<b>US\$ 0</b>
	<b>Amount received from CERF:</b>		<b>US\$ 11,500,000</b>
	<b>Total CERF funds sub-granted to implementing partners:</b>		<b>US\$ 826,619.93</b>
	Government Partners		US\$ 0
	International NGOs		US\$ 757,946.93
	National NGOs		US\$ 68,623
Red Cross/Crescent Organisation		US\$ 0	

### 2. Project Results Summary/Overall Performance

WFP South Sudan received an allocation of USD 11.5 million from UN CERF for the implementation of famine prevention interventions in South Sudan. The prioritised areas for assistance as per the implementation strategy were Akobo, Canal/Pigi, Fangak, Leer, Mayendit, and Kapoeta East. Through the allocation, WFP reached 237,906 people with food assistance through in-kind food distributions and cash-based transfers. This was achieved through the procurement and distribution of 3,415 MT of mixed food commodities and the distribution of USD 461,866 in cash assistance.

At the start of the implementation, the WFP-verified population was 8,365 households less than the planned 13,038 households (36 percent less than planned). By August 2023, a total value of USD 306,396 in food assistance through cash-based transfers had been provided to 7,710 (59%) of the planned 13,038 households in IPC 4 locations that are experiencing emergency levels of food insecurity with food and cash assistance. Based on the market functionality in Akobo, some food commodities like cereals were not widely available in the market. This meant that the CBT portion of the assistance covered part of the food basket requirements (mainly salt, vegetable oil, and pulses) while the remainder of the food basket had to be complemented with sorghum in the form of in-kind distribution through other donor contributions allocated to WFP. To ensure the achievement of the targeted households for assistance, WFP requested and received approval for a revision request on the initial approved proposal (see details in section 3). WFP therefore was able to target the same 7,710 households in Akobo East for a third month of assistance in January 2024 when the lean season response resumed in the IPC4 county. This enabled the utilisation of USD 155,470 to support approximately 7,710 households with the cash component during the month of January. This enabled targeted populations to purchase pulses, vegetable oil, and salt from local traders to meet their food

needs. WFP also procured 160 MT of sorghum which was utilised to support 4,267 Households during the month of January 2024. Complementary resourcing from other donors was used to cover the remaining quantity of sorghum required to reach all 7,710 targeted households. WFP reached a set of beneficiaries with the first distributions. However different groups were reached in the subsequent distributions instead of the provision of repeat assistance. This was due to the hybrid assistance meaning that full baskets were not provided from CERF allocation alone due to complementary funding from other donors. WFP reached host communities instead of IDPs in locations prioritized.

Through the CERF contribution, WFP also procured and distributed 408.0 MT of specialised nutritious foods providing nutrition assistance to 35,341 people (16,958 children under 5 years through its Targeted Supplementary Feeding Programme (TSFP); 7,874 pregnant and breastfeeding mothers for six months under TSFP; as well as 10,572 children 6-23 Months through nutrition prevention under the blanket supplementary feeding programme (BSFP) for six months). WFP also provided nutrition messaging on the optimal use of Specialised Nutritious Foods, Maternal Infant and Young Child Nutrition (MIYCN), and hygiene, and sanitation, as part of the assistance.

In addition to the treatment and prevention program, WFP through its partners supported surveillance and active case finding through community and facility MUAC screening. A total of 49,084 children were screened for malnutrition.

Programme performance was measured through the calculation of standard program performance indicators. The programme attained a Cure rate of 96.1%, a death rate of 0.001%, a defaulter rate of 0.2%, and a non-response rate of 1.7%. All these were within acceptable minimum sphere standards.

The locations prioritized were mainly targeting host communities and not IDPs, thus the reason for more host communities being reached.

### **3. Changes and Amendments**

Given that the households verified and those assisted were less than the number of households initially planned, and considering the need to provide a hybrid modality of assistance (cash and in-kind food/cereals) in Akobo, WFP proposed and received approval to re-program part of the budget allocated for CBT to procure sorghum and allow for the continuation of distributions at the start of the lean season response in January 2024 in the Akobo region.

Before submitting the request, WFP assessed its operational plans for 2024 to extend emergency assistance in Akobo East into January (or February) 2024 as part of WFP's overall lean season response in that area and as informed by the latest November 2023 IPC analysis results. WFP also evaluated the availability and time it would take to procure an additional quantity of sorghum (around 160 mt).

WFP requested and received approval for a No-Cost Extension for 3 months from the end date of this project of 30 November 2023 to 29 February 2024. The No-Cost Extension allowed WFP to finalize the procurement process for the sorghum, facilitate its delivery into South Sudan, and then transport it to Akobo for distribution to beneficiaries.

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Nutrition									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	5,362	0	10,945	8,256	24,563	5,511	0	10,213	9,058	24,782
Host communities	2,298	0	4,691	3,538	10,527	2,363	0	4,377	3,882	10,622
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>7,660</b>	<b>0</b>	<b>15,636</b>	<b>11,794</b>	<b>35,090</b>	<b>7,811</b>	<b>0</b>	<b>14,590</b>	<b>12,940</b>	<b>35,341</b>
<b>People with disabilities (PwD) out of the total</b>										
	153	0	539	468	1,160	148	0	496	439	1,083

  

Sector/cluster	Food Security - Food Assistance									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	11,352	9,224	26,961	23,414	70,951	0	0	0	0	0
Host communities	4,865	3,953	11,555	10,034	30,407	39,043	30,940	90,388	78,535	237,906
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>16,217</b>	<b>13,177</b>	<b>38,516</b>	<b>33,448</b>	<b>101,358</b>	<b>39,043</b>	<b>30,940</b>	<b>90,388</b>	<b>78,535</b>	<b>237,906</b>
<b>People with disabilities (PwD) out of the total</b>										

\* 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.

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324	264	770	669	<b>2,027</b>	<b>761</b>	<b>619</b>	<b>1,808</b>	<b>1,570</b>	<b>4,758</b>
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\* 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

N/A

## 6. CERF Results Framework

-

**Project objective** Provide Emergency food assistance to prevent the risk of famine while making a more lasting impact on household by improving house holder food security and preventing acute malnutrition in areas projected to face the worst levels of food insecurity.

**Output 1** Critical food assistance is timely delivered to targeted crisis-affected locations

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

**Sector/cluster** Food Security - Food Assistance

Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	FN.1a Number of people receiving in-kind food assistance	88,320	196,935	CP distribution report
Indicator 1.2	Cash.2a Number of people receiving sector-specific unconditional cash transfers	13,038	8,365	CP distribution report
Indicator 1.3	FN.1b Quantity of food assistance distributed in MT	3,255	3,415	CP distribution report
Indicator 1.4	Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD	689,971	461,866	CP distribution report

**Explanation of output and indicators variance:** N/A  
 1.1 Due to the operating environment and market functionality the modality was reprogrammed to a hybrid where 4,267 HH targeted for cash assistance benefitted from food assistance  
 1.2 The number of beneficiaries validated in Akobo East and who received food assistance was less than the initial target and planned households (HH).  
 1.4 The cash transfer value ranged on average 3.6 to 3.8 beneficiary per month depending on the SSP to USD exchange rate for the distribution month.

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

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

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

Sector/cluster	Nutrition			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	N.1 Number of people receiving blanket supplementary feeding (U2)	10,880	10,572	Nutrition Routine reports
Indicator 2.2	N.2a Number of people admitted in MAM treatment programme (U5)	16,550	16,958	Nutrition routine reports
Indicator 2.3	N.2a Number of people admitted in MAM treatment programme(PLW)	7,660	7,874	Nutrition Routine reports
Indicator 2.4	N.2b Percentage of people who were admitted for MAM treatment who recovered	75	96	Nutrition Routine reports
Indicator 2.5	Number of people admitted to SAM treatment programme (>3.310)	3,310	N/A	N/A
Indicator 2.6	N.3b Percentage of people who were admitted for SAM treatment who recovered	75	N/A	N/A
Indicator 2.7	N.4 Number of people screened for acute malnutrition (>=35,090)	35,090	49,084	Nutrition Routine reports
Indicator 2.8	N.6 Number of people receiving training and/or community awareness sessions on maternal, infant, and young child feeding in emergencies (>=16,550)	16,550	16,858	Nutrition Routine reports
<b>Explanation of output and indicators variance:</b>		Due to higher arrivals at the Nutrition sites, WFP was able to undertake more screenings and deliver assistance to more beneficiaries than planned. However, this was offset by the lower-than-planned number of people who were treated under the BSFP. For indicators 2.5 and 2.6- WFP does not provide SAM treatment. This is provided by UNICEF in the same locations.		
Activities	Description	Implemented by		
Activity 2.1	Procurement of Specialized Nutritious Food (SNF)	WFP		
Activity 2.2	Delivery to WFP and/or partners warehouses	WFP		
Activity 2.3	Distribution of Specialized Nutritious Food (SNF)	WFP through its partners ( ACF. GOAL, SCI, ForAFricka, IMC , Nile Hope, Tearfund)		
Activity 2.4	Provision of nutrition messaging on optimal use of Specialized Nutritious Food (SNFs), Maternal Infant and Young Child Nutrition (MIYCN) and hygiene, sanitation, and health messages	WFP through its partners ( ACF. GOAL, SCI, ForAFricka, IMC , Nile Hope, Tearfund)		

## 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<sup>8</sup> 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)<sup>9</sup>:**

Communication and Information, Education and Communication (IEC) materials were developed using simplified, easy-to-read messages and pictorials on general food distribution, Identity Management registration process, and nutrition. The messages were designed to meet the information needs of the beneficiaries and to address the gaps identified in different locations. Through routine process monitoring, the WFP mapped and ensured that women's, men's, boys', and girls' voices were heard and ensured community engagement by the project management committee.

#### **b. AAP Feedback and Complaint Mechanisms:**

During the reporting period, WFP, through its CPs, maintained helpdesks and hotlines. As a result, a total of 2053 complaints were recorded across the various counties, where Leer County reported the highest feedback (2,025 pieces). The issues raised in the order of priority included reports of no vouchers, issues with fingerprints, damaged cards, long distances to the distribution site, and complaints of reduction in entitlement arising from the correction of duplication cases. All cases were handled and closed according to the country office's CFM SOP. Women provided the highest feedback at about 1392, compared to men 661. Post-distribution findings indicate that households felt WFP and/or partner staff have treated all the members of their families respectfully. About 90% of households also reported they think that WFP programme sites are dignified

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

WFP continued to apply a Zero Tolerance Policy to SEA by carrying out regular awareness and prevention activities to WFP and partner staff, and communities. The WFP Standard Operating Procedure on Sexual Exploitation and Abuse in South Sudan guides all staff (including partners) on their roles, responsibilities, accountabilities, and actions in case of any identified/suspected SEA concerns. The various safe, accessible, and confidential reporting mechanisms include: PSEA Advisor, Ms. Miriam Warui (Cell 0926-622-6020); Office of Inspections & Investigations (OIGI) Food SAT: 1301-3663; Phone: +39 06 6513 3663; investigationsline@wfp.org; PSEA focal points at field level; and the National PSEA hotline were in place and accessible to communities, partners and staff throughout the project period. WFP developed communication materials with this info and displayed them in strategic spaces.

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

According to the December 2023 post-distribution monitoring findings administered across the board, women are the primary decision-makers on how, when, and where to spend either cash or food assistance they receive, followed by a combination of both women and men and then men. Only about 44% of households reported they had been consulted or involved in project decision-making throughout or at any point during the project cycle. Most women (about 99%) felt they had a voice to contribute to positive changes in their respective communities. WFP used findings to establish better ways to mainstream gender across the operation. In Malakal, the WFP partnered with

<sup>8</sup> 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](#).

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

the GBV Subcluster at the national and state level to support training for the WFP CP and programme implementation staff. Through this initiative, key GBV messages are integrated into overall nutrition messaging. The messages aimed to promote help-seeking behavior.

#### e. People with disabilities (PwD):

Overall, 1.7% of beneficiaries who received assistance during the project period were persons with disabilities. The WFP initiated a partnership with the South Sudan Union of Persons with Disability to enhance access for persons with disabilities. The GPU developed community outreach information to address communication and attitudinal barriers for persons with disabilities.

#### f. Protection:

The WFP Gender and Protection unit supported field offices to develop risk matrixes and relevant mitigation matrixes. Protection. The WFP took advantage of national Protection cluster analysis and capacity building, which included training to enhance protection analysis. Protection risk monitoring was also complimented by the internal end-of-year process monitoring, which features protection, gender, disability and AAP module, disability, and AAP modules. Findings from process monitoring were followed up through the country monitoring matrix to ensure identified issues were addressed. Protection key messages and banners enhance beneficiary respect, and dignity and reinforce community empowerment.

#### g. Education:

N/A

### 8. Cash and Voucher Assistance (CVA)

#### Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	40,971 or 8,365HH

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

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

In general, beneficiary households use more than 60% of their cash assistance on food and the rest on other non-food needs and debts. Food Items purchased by most of the beneficiary households include cereals, pulses, vegetable oil, vegetables, sugar, and salt. Non-food items purchased mostly include soap, cooking fuel (wood and charcoal), milling, clothes, and transport costs. In decision-making, women remain the main decision-makers of how the cash assistance is used followed by joint decisions (both male and female). This is irrespective of the type of assistance. As for vulnerability assessment, mapping, and market monitoring, WFP uses market information for monitoring food security to support early warning through price alerts, providing information for cash-based transfers (CBT), including adjustment to the transfer values, and informing decisions for local purchases. Out of the 10 states, 23 reference markets have been selected. The selection criteria include: i) the importance of the market to the targeted population, and ii) the relevance and impact of the market as a hub in the domestic market system.

#### Parameters of the used CVA modality:

<b>Specified CVA activity</b> (incl. activity # from results framework above)	<b>Number of people receiving CVA</b>	<b>Value of cash (US\$)</b>	<b>Sector/cluster</b>	<b>Restriction</b>
<b>Food Assistance - CBT</b>	40,971 or 8,365 HH	US\$ 461,866	Food Security - Food Assistance	Unrestricted

## 9. Visibility of CERF-funded Activities

<b>Title</b>	<b>Weblink</b>
Tweet	<a href="https://twitter.com/WFP_SouthSudan/status/1693902828836684286">https://twitter.com/WFP_SouthSudan/status/1693902828836684286</a>

**ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS: Part I**

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred
23-RR-CEF-037	Nutrition	UNICEF	INGO	\$108,860
23-RR-CEF-037	Nutrition	UNICEF	NNGO	\$28,517
23-RR-CEF-037	Nutrition	UNICEF	INGO	\$103,060
23-RR-CEF-037	Nutrition	UNICEF	INGO	\$63,004
23-RR-CEF-037	Nutrition	UNICEF	INGO	\$11,999
23-RR-CEF-037	Child Protection	UNICEF	NNGO	\$54,899
23-RR-CEF-037	Child Protection	UNICEF	NNGO	\$165,525
23-RR-FPA-026	Gender-Based Violence	UNFPA	NNGO	\$159,562
23-RR-FPA-026	Gender-Based Violence	UNFPA	NNGO	\$79,780
23-RR-FPA-026	Gender-Based Violence	UNFPA	NNGO	\$239,343
23-RR-WFP-030	Food Assistance	WFP	NNGO	\$8,047
23-RR-WFP-030	Food Assistance	WFP	INGO	\$57,940
23-RR-WFP-030	Food Assistance	WFP	INGO	\$21,365
23-RR-WFP-030	Food Assistance	WFP	NNGO	\$8,047
23-RR-WFP-030	Food Assistance	WFP	NNGO	\$44,533
23-RR-WFP-030	Food Assistance	WFP	INGO	\$8,047
23-RR-WFP-030	Food Assistance	WFP	INGO	\$144,849
23-RR-WFP-030	Food Assistance	WFP	NNGO	\$8,047

**ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS: Part II**

<b>CERF Project Code</b>	<b>Cluster/Sector</b>	<b>Agency</b>	<b>Partner Type</b>	<b>Total CERF Funds Transferred</b>
23-RR-WFP-030	Food Assistance	WFP	INGO	\$144,849
23-RR-WFP-030	Food Assistance	WFP	INGO	\$115,880
23-RR-WFP-030	Food Assistance	WFP	INGO	\$248,923
23-RR-WFP-030	Food Assistance	WFP	INGO	\$8,047
23-RR-WFP-030	Food Assistance	WFP	INGO	\$8,047
23-RR-FAO-020	Agriculture	FAO	NNGO	\$156,179
23-RR-FAO-020	Agriculture	FAO	NNGO	\$71,586
23-RR-FAO-020	Agriculture	FAO	NNGO	\$147,131
23-RR-FAO-020	Agriculture	FAO	NNGO	\$91,965
23-RR-FAO-020	Agriculture	FAO	INGO	\$114,131
23-RR-FAO-020	Agriculture	FAO	NNGO	\$48,002