

**SOUTH SUDAN
RAPID RESPONSE
REFUGEES
2023**

23-RR-SSD-59113

Anita Kiki Gbeho

Resident/Humanitarian Coordinator

PART I – ALLOCATION OVERVIEW

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 17 April 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 escalation of the Sudan conflict in April 2023 resulted in large numbers of people arriving in South Sudan at several Points of Entry (POE) along the border between Sudan and South Sudan. The arrival of people into South Sudan resulted in a strategic decision to allocate **US\$8 million** through CERF for the provision of life-saving assistance. The timely allocation of the CERF grant scaled up the response and prevented further deterioration of the humanitarian situation at points of entry and transit areas. It facilitated the decongestion of the sites through the provision of onward transportation services to refugees and returnees and counselling sessions for 11,500 individuals such as legal counselling and mental health psychosocial support. Furthermore, the funding enhanced collaboration among the recipient agencies, its partners, and the government task force in Upper Nile, Unity, and Greater Bhar Ghazal contributing to a coordinated response. The support from CERF has been critical in addressing the immediate needs of **129,814** people. Nevertheless, arrival of an estimated 520,000 returnees will further exacerbate protection risks, vulnerabilities, food insecurity, and acute humanitarian needs for both the local population and returning individuals in 2024¹. To prevent further deterioration of the humanitarian situation in the country, additional funding is required.

CERF's Added Value:

The CERF grant allowed fast delivery of humanitarian assistance to **129,814** 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 timeliness of the CERF grant allowed the fast delivery of assistance to returnees and refugees who arrived from Sudan at the transit areas and point of entry. IOM and UNHCR provided onward transportation decongesting the sites and camp management services. WFP through CERF funding provided food assistance and WHO facilitated the timely deployment of emergency health supplies and strengthened disease surveillance at a time when the returnee/refugee influx was at its peak providing an opportunity for the fast delivery of assistance to people affected by the crisis

Did CERF funds help respond to time-critical needs?

Yes

Partially

No

CERF funding supported the scaling up of humanitarian response through the provision of life-saving interventions in Upper Nile, Unity, and Greater Bahr Ghazal, assisting **129,814** people with timely humanitarian assistance through Camp coordination and common services, Food assistance, Health, Logistics, and Protection.

Did CERF improve coordination amongst the humanitarian community?

Yes

Partially

No

Coordination at all levels from the field to the national level was crucial to ensure effective programming and response. Strong collaboration and coordination among the stakeholders facilitated efficient project implementation and complementarity of response. For instance, IOM provided Onward Transportation and WFP provided food assistance to the returnees. Additionally, operational, and technical issues were discussed and addressed at the different coordination mechanisms at the sub-national and national levels.

Did CERF funds help improve resource mobilization from other sources?

Yes

Partially

No

¹ [South Sudan HNRP 2024.pdf](#)

CERF played a critical role in initiating the Onward Transportation Assistance (OTA) programme, one of the first funding sources to support this crucial intervention. This initial funding served as a catalyst, attracting additional support from other institutional donors like PRM, ECHO, FCDO, Canada, and South Sudan Humanitarian Funds. In 2023, IOM received more than USD10M to support the returnees affected by the Sudan crisis. CERF funding worked in complementarity with WHO's Contingency Fund for Emergency (CFE), ECHO, Germany and USAID/BHA's funding currently supporting health emergency supplies, surveillance, and services delivery in locations affected by the Sudan Crisis.

Considerations of the ERC's Underfunded Priority Areas²:

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

- **Support for women and girls, including tackling gender-based violence:** Through frontline health services survivors were supported through GBV and mental health psychosocial services. UNHCR and its GBV partners conducted four safety audits to identify risks and gaps in accessing services for survivors. The recipient agencies contributed towards advocacy efforts for minorities through the provision of visibility materials in support of the 16 days of activism campaign for GBV in December 2023. Women participated in the decision-making process through the project management committees.
- **Programmes targeting disabled people:** 14,780 persons with special needs were included in the programming and benefitted from onward transportation, camp management, food assistance, protection, and health services.
- **Other aspects of protection:** Routine protection monitoring was conducted at the point of entry and transit areas. Joint protection desks were established for vulnerability screening to identify protection gaps and needs and the strengthening of referral pathways.
- **Education:** Community outreaches were conducted on health promotion and training on disease surveillance, and nutrition surveillance increased health workers' knowledge and skills.

Table 1: Allocation Overview (US\$)

Total amount required for the humanitarian response	96,000,000
CERF	8,000,000
Country-Based Pooled Fund (if applicable)	0
Other (bilateral/multilateral)	10,000,000
Total funding received for the humanitarian response (by source above)	18,000,000

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

Agency	Project Code	Sector/Cluster	Amount
--------	--------------	----------------	--------

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

IOM	23-RR-IOM-021	Common Services - Logistics	2,010,000
IOM	23-RR-IOM-021	Camp Coordination and Camp Management	510,000
IOM	23-RR-IOM-021	Common Services	480,000
UNHCR	23-RR-HCR-020	Protection	1,000,000
UNHCR	23-RR-HCR-020	Camp Coordination and Camp Management	1,000,000
UNHCR	23-RR-HCR-020	Common Services - Logistics	500,000
WFP	23-RR-WFP-026	Food Security - Food Assistance	1,500,000
WFP	23-RR-WFP-026	Common Services - Logistics	500,000
WHO	23-RR-WHO-025	Health	500,000
Total			8,000,000

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

Total funds implemented directly by UN agencies including procurement of relief goods	5,943,982
Funds sub-granted to government partners*	0
Funds sub-granted to international NGO partners*	1,656,015
Funds sub-granted to national NGO partners*	400,003
Funds sub-granted to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	2,056,018
Total	8,000,000

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

2. OPERATIONAL PRIORITIZATION:

Overview of the Humanitarian Situation:

The conflict that broke out in Sudan on 15 April 2023 causing a large number of civilian casualties, generated internal displacement in Sudan and refugee movements in the region. As of 11 June, 110,980 people have been registered crossing the border from Sudan into South Sudan since the fighting erupted on 15 April. Of those, more than 93 percent are South Sudanese returnees and the remaining are refugees and third-country nationals. About 75 percent of those arriving from Sudan are women and children. The Regional Refugee Response Plan published in mid-May seeks \$96.1M to assist 250,000 people.

Operational Use of the CERF Allocation and Results:

At the time of the allocation, people were arriving in South Sudan following the Sudan crisis in large numbers and were in critical need of life-saving humanitarian assistance. An estimated 140,000 individuals were affected and needed assistance through Common services, Food assistance, Health, protection services, and Camp Management sectors.

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 129,814 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.

People Indirectly Reached:

While most of the activities directly targeted and focused on the delivery of life-saving assistance to those forced to flee the ongoing Sudan situation, the remote and hard-to-reach border areas where activities were focused ensured an enhancement in the overall protection environment and a strengthening in the resilience of host and bordering communities where activities were implemented. Approximately, 475,764 men, women, boys, and girls indirectly benefitted through health education and 1,299 traders within the host community members through the provision of onward transportation to returnees using vehicles, canoes, and boats.

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

SECTOR/CLUSTER	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Camp Coordination and Camp Management	3,278	2,982	2,752	2,489	11,501	4,642	3,863	3,813	3,171	15,489
Common Services	3,211	2,627	2,628	2,149	10,615	3,929	3,215	3,215	2,630	12,989
Common Services - Logistics	713	648	598	541	2,500	713	648	598	541	2,500
Food Security - Food Assistance	5,452	4,430	12,943	11,244	34,069	5,800	4,712	13,775	11,962	36,249
Health	40,809	36,189	12,191	10,811	100,000	46,477	41,535	16,130	14,800	118,942
Protection	3,278	2,982	2,752	2,489	11,501	3,278	2,982	2,751	2,489	11,500

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

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

Category	Planned	Reached
Refugees	17,484	18,779
Returnees	93,000	111,035
Internally displaced people	0	0
Host communities	0	0
Other affected people	0	0
Total	110,484	129,814

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

Sex & Age	Total Number of People Directly Assisted with CERF Funding*		Number of people with disabilities (PwD) out of the total	
	Planned	Reached	Planned	Reached
Women	40,809	46,477	6,121	6,040
Men	36,189	41,535	5,428	5,340
Girls	17,811	21,973	1,828	1,798
Boys	15,675	19,829	1,621	1,602
Total	110,484	129,814	14,998	14,780

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 23-RR-IOM-021

1. Project Information			
Agency:	IOM	Country:	South Sudan
Sector/cluster:	Common Services - Logistics	CERF project code:	23-RR-IOM-021
	Camp Coordination and Camp Management		
	Common Services		
Project title:	Provide Lifesaving Multi Sectoral Assistance to South Sudan Returnees Affected by Sudan Crisis		
Start date:	20/06/2023	End date:	19/12/2023
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 13,996,888
	Total funding received for agency's sector response to current emergency:		US\$ 3,000,000
	Amount received from CERF:		US\$ 3,000,000
	Total CERF funds sub-granted to implementing partners:		US\$ 0
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 0
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF funding, IOM provided essential lifesaving assistance to 12,989 (3,215 girls, 2,630 boys, 3,929 women, 3,215 men) South Sudan returnees of which 1,948 were persons with disabilities fleeing the Sudan Conflict.

The IOM Displacement Tracking Matrix (DTM) supported an evidence-based response to provide accurate and timely data to humanitarian and other key stakeholders such as the government and IOM to monitor the displacement and population mobility. In this reporting period, the project counted 382,878 individuals crossing the Sudan-South Sudan border from 14 Points of Entry (PoE), with priority given to Wunthow-Joda PoE in Renk County Upper Nile state as 84 percent of the total returnees crossed Sudan and South Sudan borders through Joda PoE. During this period, approximately 83 percent of the influx were South Sudanese nationals. IOM DTM conducted three rapid international surveys at Renk Transit Centre which indicated that 88 percent of South Sudan returnees intended to go to their areas of origin in South Sudan or move to other areas within South Sudan. Additionally, IOM DTM carried out Event Tracking

to monitor returnees' arrivals in their areas of return, maintained an **Event Tracking dashboard**, and prepared and shared four datasets with the Needs Analysis Working Group (NAWG) thus informing partners on areas of prioritization and related needs.

IOM CCCM in close coordination with the Government Taskforce implemented daily service coordination and monitoring processes and systems. The project conducted crucial communication with communities (CwC) and Community Engagement (CCE) activities through eight information desks and daily mobile sensitization sessions. To facilitate communication of returnees with their relatives in the areas of origin or destination, the project provided telecommunication services. In addition, through the regular and accessible information-sharing mechanisms such as the operation of static information desks and the conduction of mobile sensitization sessions, IOM CCCM provided returnees with immediate information on available assistance, addressed any questions, and facilitated referrals.

To ensure that returnees received life-saving aid in a targeted, dignified, and equitable manner, the project implemented critical site development and infrastructure works. Four Reception Centres were constructed to provide operational space for DTM, CCCM, Health, and OTA teams. Forty communal shelters were constructed and regularly maintained allowing returnees to be temporarily accommodated before their transit. A total of 2,090 metres of drainage channels were excavated and regularly maintained manually and with CCCM heavy-duty machinery (HDM), and 8 metres of culverts were installed in crossing areas which remedied an important flash flood event at the entrance of Bulukat Transit Centre (TC) in Malakal. In addition, IOM CCCM rehabilitated 1,300 metres of access roads leading to the Bulukat TC to ensure humanitarian access and installed eleven high-quality solar streetlights in key locations that enhanced security and safety and mitigated GBV risks in public areas and on the way to WASH facilities.

IOM contributed to the successful resettlement of **12,989** South Sudan returnees through the provision of onward Transportation Assistance. All the **12,989** returnees benefitted from road transportation from Joda PoE to Renk TC, and further received transportation vouchers to facilitate their boat journey from Renk to Bulukat-Malakal Transit centre. As part of the secondary movement from Malakal onwards, **2,622** returnees (649 girls, 531 boys, 793 women, and 649 men) received air transportation assistance to Juba (501) (for Equatorial passengers), Wau (56), Aweil (1,768) and Kuajok (297) (for NBEG and Warrap passengers), through chartered flights.

3. Changes and Amendments

No amendments or changes were made to the project

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Camp Coordination and Camp Management									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	1,687	1,662	1,939	1,912	7,200	3,929	3,215	3,215	2,630	12,989
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	1,687	1,662	1,939	1,912	7,200	3,929	3,215	3,215	2,630	12,989
People with disabilities (PwD) out of the total										
	250	253	286	291	1,080	589	482	482	395	1,948

Sector/cluster	Common Services – Logistics (OTA)									
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	3,211	2,627	2,628	2,149	10,615	3,929	3,215	3,215	2,630	12,989
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	3,211	2,627	2,628	2,149	10,615	3,929	3,215	3,215	2,630	12,989
People with disabilities (PwD) out of the total										

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

	321	263	263	215	1,062	589	482	482	395	1,948
Sector/cluster	Common Services (DTM)									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0
People with disabilities (PwD) out of the total										
	0	0	0	0	0	0	0	0	0	0

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

5. People Indirectly Targeted by the Project

This project also indirectly benefited approximately 1,299 (10%) host community members who will provide services to the returnees, such as traders who own vehicles, canoes, and boats that will be hired by the OTA team. The public boats operating between Renk and Malakal were used to carry cargo from Sudan. The disruption of the supply chain between Sudan and South Sudan had a severe impact on the market functionality in Renk and in the Upper Nile region in general. The movement of returnees, facilitated by IOM's transportation voucher payable as a 'boat ticket' to the boat union, had created new livelihood/business opportunities for the host community. The public boats, after offloading the returnees in Malakal and redeeming the transportation voucher costs from IOM, will load cargo transported from Juba to Malakal and head back to Renk. The Joint Market Monitoring Initiative (JMMI) report from the Cash Working Group suggests the market in Renk is fully functional.

6. CERF Results Framework

Project objective	Delivery of essential life-saving assistance to people fleeing Sudan crisis through provision of evidence data to support humanitarian response, supporting OTA and coordination of humanitarian assistance at PoEs and transit centres.			
Output 1	New arrivals in transit and reception centres benefit from transparent information-sharing mechanisms as well as dignified, equitable, coordinated, and unhindered humanitarian assistance			
Was the planned output changed through reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Camp Coordination and Camp Management			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of reception/transit centres established and managed	7	4	CCCM bi-weekly reports; pictures, site plans, drawings/BoQs]
Indicator 1.2	Number of new arrivals benefiting from CCCM services	7,200	12,989	[DTM registration data, Flight and boat manifests]
Indicator 1.3	Number of information desks established and operational	7	8	purchase orders, service receipt forms, CCCM bi-weekly reports, and telecommunication monitoring tool]
Explanation of output and indicators variance:		Indicator 1.1 was underachieved because based on the assessments conducted, the CCCM team established that only 4 transit or reception centres were adequate for effective service delivery. Indicators 1.2 and 1.3 were overachieved due to the high influx of returnees received than anticipated at project design thus a need for more information desks		
Activities	Description	Implemented by		
Activity 1.1	Establish, manage and coordinate assistance and services in transit centres	IOM		
Activity 1.2	Implement timely and appropriate Communication with Communities (CwC) interventions in transit centres	IOM		
Activity 1.3	Provide technical and operational support to government authorities	IOM		

Output 2 Develop sites for construction and set up of essential services and accommodations for returnees at POE and transit centres

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

Sector/cluster Camp Coordination and Camp Management

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of sites developed for setting up of reception/transit centres	7	4	CCCM bi-weekly reports; pictures, site plans, drawings/BoQs]
Indicator 2.2	Number of reception centres constructed	7	4	CCCM bi-weekly reports; pictures, site plans, drawings/BoQs]
Indicator 2.3	Number of communal transit accommodation shelters constructed (10 by 4 meters)	70	40	CCCM bi-weekly reports; pictures, site plans, drawings/BoQs]

Explanation of output and indicators variance: Indicators 2.1 and 2.2 were underachieved because based on the assessment, the four reception centres were found adequate for service delivery. Indicator 2.3 was underachieved because as per the CCCM cluster guidance to avoid service duplication, other communal transit shelters were constructed by UNHCR.

Activities	Description	Implemented by
Activity 2.1	Site clearing, backfilling, levelling and excavation of drainage channels	IOM
Activity 2.2	Construction of 7 reception centres	IOM
Activity 2.3	Construction of 10 communal transit accommodation shelters in each transit location	IOM

Output 3 Facilitate safe and dignified movement of returnees from PoEs to preferred destination

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

Sector/cluster Common Services - Logistics

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Cash.4a Number of people receiving unconditional vouchers	8,115	12,989	copies of boat vouchers, flight and boat manifests, financial service provider invoices, and liquidation documents
Indicator 3.2	Cash.4b Total value of unconditional vouchers distributed in USD	324,600	323,482	financial service provider invoice and liquidation documents
Indicator 3.3	Number of people facilitated with transportation	10,615	12,989	DTM registration data, copies of boat voucher, flight and boat manifests, financial service provider invoice and liquidation

				documents, vehicle logbook]
--	--	--	--	-----------------------------

Explanation of output and indicators variance: Indicators 3.1 and 3.3 were overachieved due to the high influx of returnees while the overachievement of indicator 3.2 is attributed to the dwindling exchange rate. In April 2023 (the beginning of the crisis), the budget was built on rough estimates and based on initial consultation with local transportation unions and vendors. The boat voucher cost was estimated at 35,000 SSP and was equivalent to 40 USD at that time. The scale of IOM's OTA program significantly expanded since then, the boat voucher costs remained at 35,000 SSP but the USD value of it decreased from 40USD to 35USD and as it stands now, is equivalent to 33USD; additionally, children and infants' voucher costs were also waived by the boat union. Therefore, the number of people (including children and infants) transported exceeded the target; but the value of the voucher in USD is within budget.

Activities	Description	Implemented by
Activity 3.1	Facilitate Onward Transport Assistance via air/other transportation mode depending on feasibility.	IOM
Activity 3.2	Verify, register, and provide unconditional cash for onward transport movement.	IOM
Activity 3.3	Provide emergency cash assistance for OTA – Each individual will receive a voucher equivalent to USD 40 for onward boat assistance.	IOM
Activity 3.4	Coordinate and engage other stakeholders including partners, and government to facilitate the onward transport movement.	IOM

Output 4 Accurate and up-to-date evidence and data produced to support humanitarian response

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

Sector/cluster Common Services

Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	Number of flow monitoring points established and managed	12	12	DTM weekly reports, flow monitoring data
Indicator 4.2	Number of returnees benefitting from registration activities	90,000	100,517	voluntary return forms, DTM registration data
Indicator 4.3	Number of event tracking reports shared to partners	4	4	email circulation of the published reports

Explanation of output and indicators variance: To access OTA, returnees registered with IOM DTM. There was a higher influx of returnees than expected.

Activities	Description	Implemented by
Activity 4.1	Conduct flow monitoring at points of entry and major transport hubs	IOM
Activity 4.2	Register beneficiaries who are to benefit from Onward Transport Assistance	IOM

Activity 4.3	Implementation of Event Tracking in areas of return to report on numbers of spontaneous Sudan Crisis returnees	IOM
--------------	--	-----

7. Effective Programming

a. Accountability to Affected People (AAP)³:

IOM promoted the active and meaningful participation of returnees in all stages and aspects of the project implementation using accountability to affected populations (AAP) principles which included the timely provision of information, the establishment of feedback, and complaint mechanisms. This ensured returnees' participation in decisions such as voluntarily traveling to their intended locations or staying at the transit centre; provided regular information about travel time, mode, challenges, and available assistance; set up a feedback and complaint mechanism; and delivered services based on needs without discriminating against any group. In project locations, and especially in Renk and Malakal where the OTA operates, IOM was part of the regular community engagement meetings that discussed the services provided.

IOM continued to reinforce communities' rights to access information and participate in decision-making and activities. IOM staff also directly received their feedback and conducted question-and-answer sessions. Feedback on OTA and other support provided was collected and responded to through IOM CCCM team, to improve service design, delivery, and quality.

b. AAP Feedback and Complaint Mechanisms:

The project established and implemented eight complaint and feedback desks in Panakuach, Rotriak, Adok and the Bulukat TC. The complaint and feedback desks not only provided critical and timely information to the new arrivals but also received feedback, requests, and addressed complaints related to the response and OTA. These mechanisms, in combination with the presence of field protection staff that regularly conducted routine protection monitoring and raised awareness, allowed IOM to detect new trends regarding protection risks and gaps in communication with communities. The mechanism also enhanced information dissemination with relevant staff or senior management and ensured that feedback was acted upon in a timely and appropriate manner. Additionally, they ensured that safe referrals were made, complaints were addressed promptly, and that information collected from affected people was used to inform decisions and actions in the response.

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

IOM followed its internal mandatory 'Policy and Procedures for Preventing and Responding to Sexual Exploitation and Abuse' which binds staff members to standards of conduct. IOM staff, including enumerators, casual labour, and daily staff, were trained on PSEA and signed the code of conduct.

IOM protection teams organized community information and awareness-raising sessions for the returnees, either IOM standalone sessions or jointly with the field-level PSEA task force. In addition, IOM deployed PSEA focal points whose role was to support and address SEA cases by safely referring the survivor(s) to specialized services, in line with the GBV Referral Pathway and Standard Operating Procedures for PSEA in South Sudan, with the informed consent of the survivors, while in a timely manner channelling the reported information to the IOM Headquarters Office of the Inspector General using one of the available channels. This included the option of a confidential and encrypted online report submission via IOM's online platform. IOM is also an active member of the South Sudan PSEA Taskforce at the national level, and in line with IOM's commitment to UN Frameworks, it participates in the data-sharing protocol, sharing non-identifying case information with the most senior UN official in the country.

The project additionally disseminated information to the returnees about the joint toll-free UN reporting telephone lines in English and Arabic, alongside the UN reporting email on displayed communication and visibility material and through radio jingles. IOM conducted a

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

country-wide SEA risk assessment for its programmes and operations in 2019 to inform the PSEA strategy up until 2023 and is currently supporting the PSEA Taskforce in conducting a new country-wide SEA risk assessment to inform the new strategy and action plan. Specifically for the Sudan Response, IOM, on behalf of the task force, conducted a rapid SEA risk assessment in Renk, focusing on the OTA operations. Findings were shared with all partners in Renk and at the Juba level, followed by several mitigating actions, most importantly the establishment of a new community-based complaint mechanism in Renk.

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

The implementation of the proposed intervention was guided by IOM's Gender Equality Guidelines, IOM's Institutional Framework for Addressing Gender-Based Violence in Crises (GBViC framework), and IASC commitments to ensure that gender-specific needs are addressed and measures are taken to mitigate GBV risks throughout the activities. IOM also ensured a gender-sensitive approach within the activities through mainstreaming gender. Given the sensitive nature of this project, IOM drew on its experiences in similar situations and, where appropriate, on current programming to ensure that positive results were achieved and negative impacts mitigated, ensuring adherence to the Do No Harm (DNH) principle throughout the project life cycle.

e. People with disabilities (PwD):

In this emergency context of massive, nationwide transportation programming, data for people with disabilities is not deemed reliable by the Protection Cluster; therefore, as per the guidance received, OTA assumed 15 percent of the beneficiaries were people with disabilities. IOM deployed three coaches and five lorries at the POE, and the coaches were reserved for people with specific needs and vulnerable cases, including those with disabilities.

IOM aimed for more meaningful engagement of persons with disabilities in all stages of the project and strengthened disability inclusion in the provision of its services, in line with the IASC Guidelines for Inclusion of Persons with Disabilities in Humanitarian Action and its must-do actions.

In practice, as much as possible, IOM ensures that the assistance provided is tailored to the specific needs and preferences of persons with disabilities. For instance, people with disabilities were consulted on the type of OTA that would best meet their needs.

During movement, persons with disabilities were given priority, including ensuring that they had the most comfortable seats on planes, vehicles, and boats, and those who needed additional support were provided with escorts. Cash assistance was also provided to people with disabilities who needed further support to reach their destination. This reduced barriers to accessing OTA operations.

f. Protection:

IOM maintained a protection presence at the PoE and joint protection desks that conducted rapid vulnerability screening to identify persons with specific needs and facilitate their referral to services and access to protection-sensitive transportation assistance. In coordination with protection partners, IOM conducted routine protection monitoring and participated in joint protection assessments at PoE and transit centres. Protection monitoring activities were in line with Protection Information and Management (PIM) principles, including ensuring a people-centred approach and informed consent and confidentiality. The IOM protection team conducted awareness-raising sessions on protection issues such as trafficking in persons, GBV, PSEA, and other exploitative practices.

g. Education:

Not applicable

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	12,989

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

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

The project introduced the CVA modality as an incentive for on-ward movement rather than staying in TC/camps, and to allow people to access public transportation as much as possible.

To facilitate the transportation of returnees out of Renk and to provide them with safe and dignified transportation assistance, IOM implemented two distinct cash modalities based on the specific situation:

- Transportation Vouchers for Boat Travel: For those returning by boat from Renk to Malakal, IOM issued transportation vouchers valued at USD 33-40, depending on the prevailing exchange rate. These vouchers served as tickets for the boat journey.
- Cash-in-hand to cover last mile transportation: For returnees arriving via IOM chartered flights to state capitals like Juba, Wau, Aweil, and Kuajok, IOM provided cash-in-hand of the amount equivalent to USD 19. This supported their "last mile" transportation from the state capital to their intended final destination, the cash in hand was provided when people boarded the flight.

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
#3.3	12,898	US\$ 323,482	Common Services - Logistics	Restricted

9. Visibility of CERF-funded Activities

Title	Weblink
Bittersweet Return South Sudanese Fleeing Conflict in Sudan	https://southsudan.iom.int/stories/bittersweet-return-south-sudanese-fleeing-conflict-sudan
IOM Onward Transport Assistance boosts Livelihoods for boat Operators-Malakal	https://southsudan.iom.int/stories/iom-onward-transport-assistance-boosts-livelihoods-boat-operators-malakal

3.2 Project Report 23-RR-HCR-020

1. Project Information			
Agency:	UNHCR	Country:	South Sudan
Sector/cluster:	Protection Camp Coordination and Camp Management Common Services - Logistics	CERF project code:	23-RR-HCR-020
Project title:	Delivering life-saving assistance and protection to people fleeing Sudan and assist the most vulnerable South Sudan returnees through integrated protection action		
Start date:	04/05/2023	End date:	03/11/2023
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 29,669,308
	Total funding received for agency's sector response to current emergency:		US\$ 2,000,000
	Amount received from CERF:		US\$ 2,500,000
	Total CERF funds sub-granted to implementing partners:		US\$ 1,891,018
	Government Partners		US\$ 0
	International NGOs		US\$ 1,491,015
	National NGOs		US\$ 400,003
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

The project was implemented from 4 May to 3 November 2023 and included protection activities among the three sectors for this project.

Through the presence established in the 24 official entry points along the border with Sudan, UNHCR and IOM in close coordination with the government monitored the arrival of 362,194 individuals fleeing the conflict in Sudan to South Sudan. This inflow consisted mainly of South Sudanese (83 percent) returning in adverse circumstances and Sudanese refugees (57,107). Together with the Commission for Refugee Affairs (CRA), UNHCR managed to biometrically register 33,656 newly arrived refugees. The protection vulnerability profiling tool, jointly developed by IOM and UNHCR and deployed at reception centres near the border, enabled to immediately identify 31,868 vulnerable individuals.

Within camp coordination and camp management, 1,800 NFI kits were provided to refugees in the transit centres of Malakal, Renk, and Wedwil. The NFI kits included core relief items (soap, plastic sheet, blankets, kitchen set, collapsible jerry can, bucket, and sleeping mats) for persons with specific needs and/or those at risk. A total of 11,500 people received in-person assistance such as protection and legal counselling, MHPSS, social accompaniment, and family tracing.

Within common services - logistics, three transit centres – in Renk, Malakal, and Wedwil – were established and supported with appropriate site management services. UNHCR and partners with other international actors were responsible for reception, management of transit centres, and coordination of services. Transportation of core relief items (CRI) and humanitarian transportation of refugees and asylum-seekers from Points of Entry (PoEs) to refugee camps were some of the key actions taken in order to provide refugees and asylum-seekers with NFIs including CRIs.

3. Changes and Amendments

There were no major changes or amendments to the project. With regard to indicator 4.1, the delivery of NFIs to the field was changed from airlift to river barge and road transportation due to value for money and UNHCR procurement rules and regulations. NFIs were still delivered to all targeted locations, in the same amounts and tonnage. Explanations for each indicator exceeded are provided below, in the 'Explanation of output and indicators variance' sections.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Camp Coordination and Camp Management									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	713	648	598	541	2,500	713	648	598	541	2,500
Returnees	2,565	2,334	2,153	1,948	9,000	2,565	2,334	2,153	1,948	9,000
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	3,278	2,982	2,751	2,489	11,500	3,278	2,982	2,751	2,489	11,500
People with disabilities (PwD) out of the total										
	328	298	275	249	1,150	328	298	275	249	1,150

Sector/cluster	Common Services - Logistics									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	713	648	598	541	2,500	713	648	598	541	2,500
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	713	648	598	541	2,500	713	648	598	541	2,500
People with disabilities (PwD) out of the total										

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

	71	65	60	54	250	71	65	60	54	250
Sector/cluster	Protection									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	713	648	598	541	2,500	713	648	598	541	2,500
Returnees	2,565	2,334	2,153	1,948	9,000	2,565	2,334	2,153	1,948	9,000
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	3,278	2,982	2,751	2,489	11,500	3,278	2,982	2,751	2,489	11,500
People with disabilities (PwD) out of the total										
	328	298	275	249	1,150	328	298	275	249	1,150

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

5. People Indirectly Targeted by the Project

While the activities in this project directly targeted and focused on delivery of life-saving assistance to those forced to flee the ongoing Sudan situation, the remote and hard-to-reach border areas where activities were focused ensured an enhancement in the overall protection environment and a strengthening in the resilience of host and bordering communities where activities were implemented. Protection activities including community-based protection and camp coordination and camp management have provided benefits to local communities indirectly as UNHCR and partners provided assistance and protection services including MHPSS and allowed access to camp facilities to host and local communities. When intervening in an emergency, UNHCR ensures host community members who wish to access protection and CCCM services may do so to ensure peaceful co-existence and maintain the protection space.

6. CERF Results Framework

Project objective	To deliver life-saving assistance and protection services to people fleeing Sudan and assist the most vulnerable South Sudan returnees through integrated protection action.			
Output 1	Identification referral and assistance to most vulnerable.			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Protection			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of border points actively monitored for collection of data to inform the humanitarian response.	6	7	Joint HCR/IOM dashboard
Indicator 1.2	PP.1a Number of protection referral mechanisms and/or pathways established and regularly updated.	6	6	UNHCR and partner reports
Indicator 1.3	Number of people accessing transit facilities and receiving provision of essential services at transit centres.	11,500	11,500	Registration data, IM weekly and monthly dashboards, Sudan emergency response vulnerability profiling dashboard
Explanation of output and indicators variance:		Total arrivals for 1.3 exceeded target as all arrivals are considered to have received essential services, which was not the assumption at proposal stage.		
Activities	Description	Implemented by		
Activity 1.1	Conduct border monitoring to count and record all arrivals at point of entry using a joint tool developed with Government of South Sudan and IOM and provide initial information on asylum and return to new arrivals.	UNHCR, HDC		
Activity 1.2	Rapid and household level vulnerability assessment and referral to transit sites.	UNHCR, ACTED and HDC		
Activity 1.3	Site management and registration of access to monitor access and protect individuals in transit and reception centres.	UNHCR, ACTED and HDC		

Output 2 Provision of individual protection assistance, including core relief and shelter, as part of the integrated protection response.

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

Sector/cluster Camp Coordination and Camp Management

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	SN.2b Number of in-kind NFI kits distributed	1,800	1,800	NFI distribution reports, weekly/monthly sitreps, PDMs
Indicator 2.2	Number of people receiving in-person assistance such as protection and legal counselling, MHPSS, social accompaniment and family tracing.	1,000	1,000	UNHCR and partner reports

Explanation of output and indicators variance:

Activities	Description	Implemented by
Activity 2.1	Provision of customized individual assistance for person with specific needs or at risk (including Core Relief Items - soap, plastic sheet, blankets, kitchen set, collapsible jerry can, bucket and sleeping mats)	UNHCR, ACTED, AIRD, DRC & HDC
Activity 2.2	Provision of protection services including protection and legal counselling, MHPSS, social accompaniment, information and family tracing.	UNHCR, ACTED, AIRD, DRC & HDC

Output 3 Reception and transit centres management, coordination of services ensuring a safety protection environment.

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

Sector/cluster Common Services – Logistics

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	CM.1 Number of transit centres supported with appropriate site management services	2	3	Settlement profiles and layouts, cluster reports, sitreps. UNHCR established transit centres in Renk, Malakal, Wedwil. In addition, extension of Renk Transit site was completed at year-end.
Indicator 3.2	Number of people to benefit from CCCM services	11,500	11,500	UNHCR IOM joint bordering monitoring dashboard, IM registration reports, Sudan emergency response vulnerability profiling of family's dashboard

Explanation of output and indicators variance:		UNHCR established transit sites at the key entry points of Renk, Malakal, and Wedwil.
Activities	Description	Implemented by
Activity 3.1	Site management of Transit centre in Renk, and Malakal.	UNHCR, ACTED, AIRD, HDC

Output 4 Airlifting of Core Relief Items and humanitarian transportation of refugees and asylum-seekers from Points of Entry (PoEs) to refugee camps.

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

Sector/cluster	Common Services - Logistics			
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	Number of airlifts conducted to position Core Relief Items and other items.	18	0	UNHCR
Indicator 4.2	CS.4 Total number of passengers transported per project (Number of refugees and asylum seekers transported to refugee camps.)	2,500	2,500	UNHCR
Indicator 4.3	Number of core relief items to be airlifted (1 standard CRI set consist of soap x 5, plastic sheet x 3, blankets x 5, kitchen set x 1, jerry can x 2, bucket x 1, sleeping mats x 5 multiplied by 1,800 sets).	39,600	39,600	UNHCR

Explanation of output and indicators variance: Delivery of NFIs to the field was changed from airlift to river barge and road transportation due to value for money and UNHCR procurement rules and regulations. NFIs were delivered to all targeted locations.
Indicator 4.3- Transported by road and river badge and not airlift.

Activities	Description	Implemented by
Activity 4.1	Airlifting of Core relief items (soap, plastic sheet, blankets, kitchen set, collapsible jerry can, bucket and sleeping mats) from Juba to Malakal, and Renk (Pallouch)	UNHCR
Activity 4.2	Humanitarian transportation of refugees and asylum-seekers from Points of Entry to refugee camps in Maban and Jamjang.	UNHCR

7. Effective Programming

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

⁴ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF

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

a. Accountability to Affected People (AAP)⁵:

A rapid assessment was conducted to gain insights into the social dynamics, attitudes, behaviours, and collective perceptions among refugees and returnees, which informed the development of a comprehensive communication plan. Social mobilizers were deployed at transit sites to disseminate crucial life-saving messages and promote partner services through channels such as interpersonal communication, IEC materials, radio broadcasts, megaphone announcements, and radio listening clubs. Community-based complaint mechanisms were established and facilitated by social mobilizers and a hotline, with efforts focused on streamlining feedback mechanisms and fostering regular discussions among partners to address feedback effectively.

b. AAP Feedback and Complaint Mechanisms:

Community-based complaint mechanisms were established and facilitated by social mobilizers and a hotline, with efforts focused on streamlining feedback mechanisms and fostering regular discussions among partners to address feedback effectively. Additionally, the community engagement network facilitated the recording and widespread dissemination of messages among the displaced population. Messages were continually adapted to reflect evolving service provisions, such as emphasizing cholera prevention measures and demonstrating a dynamic approach to the communication strategy in response to changing circumstances.

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

Over 166 partner staff in Renk, Wau, Rumbek, Malakal, and Juba were trained on SEA risk mitigation, prevention, and response. Several PSEA assessments for new partners were conducted to assess their organizational capacities/systems and identify gaps and areas of improvement. Key PSEA messages were developed and translated. Through the PSEA national task force, coordination, and collaboration amongst partners in the emergency response was stepped up, including a joint PSEA assessment mission, joint training and strengthening of the community-based complaints mechanism in field locations impacted by the response. A PSEA task force was established in Renk. Following the training sessions conducted with humanitarian actors and the consultations with the community leaders, youth, children, and authorities, the partners developed a PSEA work plan focusing on four thematic areas: management and coordination of the task force, prevention of sexual exploitation and abuse, complaint reporting and response, and enforcement and compliance with standards.

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

UNHCR and GBV partners conducted four GBV safety audits in Renk, Maban, and Malakal in Upper Nile State, and Aweil, Northern Bahr El Ghazal State, identifying risks and gaps in access to services for survivors. Interventions were implemented based on audit findings, such as improving lighting, creating safe spaces, and establishing protection desks. The GBV sub-sector was activated in Renk, Upper Nile State, with similar systems in other arrival areas. Some 252 frontline workers received GBV training. Safe spaces for women and girls were established in various locations. Additionally, support was provided to 3,041 GBV survivors and women at risk of GBV, including psychosocial, medical, and legal assistance.

remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

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

e. People with disabilities (PwD):

Protection border monitoring and rapid protection vulnerability tools developed by IOM and UNHCR enabled to identify persons with specific needs including people with disabilities (PwD) at the entry points. A total of 1,150 PwD impacted by the Sudan conflict were identified at reception centres near the border. However, accessibility for people with disabilities remained an acute problem in the reception centres and transit centres within the overall challenging environment in hard-to-reach areas with very limited infrastructure particularly in the most remote border areas and in those locations where host communities are already extremely vulnerable. Efforts were made to engage partners with expertise in working with PwD in the emergency response.

f. Protection:

Protection remained central to the entire Sudan emergency response in South Sudan from the outset of the influx. From the border monitoring and vulnerability profiling at the border to the biometric registration and documentation, 11,500 returnees and refugees received protection services in transit and areas of destination. Efficient and robust biometric registration of newly arrived refugees by UNHCR through the use of ProGres formed the fundamental protection tool for protection responses and interventions. Whilst specialised services including protection were insufficient to match the ever-growing needs of the new arrivals, this project enabled to identify gaps and strengthening of referral pathways in place for GBV and Child Protection by UNHCR and protection partners.

g. Education:

Not applicable

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	N/A

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

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

Cash was not considered based on the challenges highlighted during the proposal development such as market price fluctuation, and disruption of imports affecting the markets.

Parameters of the used CVA modality:

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

9. Visibility of CERF-funded Activities

Title	Weblink
Twitter, 15 Aug 2023	https://twitter.com/UNHCRSouthSudan/status/1691466131427794944

3.3 Project Report 23-RR-WFP-026

1. Project Information			
Agency:	WFP	Country:	South Sudan
Sector/cluster:	Food Security - Food Assistance Common Services - Logistics	CERF project code:	23-RR-WFP-026
Project title:	Emergency food assistance to the most vulnerable and food insecure people affected by the Sudan crisis, and provision of common services to organizations responding to the Sudan response in South Sudan		
Start date:	01/06/2023	End date:	30/11/2023
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 36,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 0
	Amount received from CERF:		US\$ 2,000,000
	Total CERF funds sub-granted to implementing partners:		US\$ 97,153
	Government Partners		US\$ 0
	International NGOs		US\$ 97,153
	National NGOs		US\$ 0
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

During the project period, WFP provided emergency food assistance to 466,000 most vulnerable and food insecure people (unique beneficiaries) including refugees and returnees affected by the Sudan crisis in Greater Bahr el Ghazal, Unity and Upper Nile States. WFP partnered with International NGOs NRC, NPA, SP, RI, GOAL and WV to implement the activity.

Through the CERF contribution, WFP and its cooperating partners (Norwegian Refugee Council; Samaritan's Purse; Relief International; Goal South Sudan; and World Vision South Sudan) were able to provide assistance in the form of hot meals to 31,689 (15,845 returnees and 15,844 refugees) over 3 days as well as dry food rations comprised of a food basket of sorghum, vegetable oil, yellow split peas and salt for 2 months at 50% rations to 32,200 people. This was achieved due to WFP's ability to procure more commodities due to efficiency gains from reduced commodity prices.

Lower than planned prices of commodities (sorghum/millet and split peas-yellow) allowed WFP to procure a total of 608 MT of food commodities (528.8 MT of sorghum, 50 MT of split peas-yellow and 29.994 MT of vegetable oil) higher than the planned 544.965 MT enabling assistance to more people. This was as a result of ability to undertake procurement of sorghum (100%) locally due to availability instead of procuring them from international markets as was planned. As a result, the total commodities procured represented 111% of the target.

Courtesy of the CERF funding, 4,069 people (including 1,940 refugees and 2,129 returnees) have received a total of USD107,195⁶ through cash assistance over two months in the areas of return/settlement locations (Northern Bahr el Ghazal, Unity, and Upper Nile states) representing 100% of the targeted population.

The CERF contribution enabled the WFP Logistics Cluster to transport (via air) 707 MT of urgent humanitarian cargo to Malakal, Renk and Rubkona which required a timely life-saving intervention. This was above the 250 MT targeted due to the high demand for service from humanitarian partners. The Logistics Cluster supported 26 humanitarian organizations (ACAD, ACTED, ADA, CARITAS, CWW, DRC, GOAL, IMC, IOM, Medair, MSF-BE, NCA, NP, NRC, OXFAM GB, PLAN, RI, SCI, SOLIDARITE, SSRC, UNHCR, UNICEF, WCH, WFP, WHO, Women Vision, WVI) responding to the ongoing Sudan crisis. All service requests from partners for the critical relief cargo to response locations were supported.

The cluster prioritized critical cargo and transported Emergency Fuel, Vehicles, WASH, Shelter, Nutrition, Protection and Health cargo on behalf of partners responding to the crisis.

3. Changes and Amendments

Not applicable

⁶ Based on SSP 14,000 per person ration

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Common Services - Logistics									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0
People with disabilities (PwD) out of the total										
	0	0	0	0	0	0	0	0	0	0
Sector/cluster	Food Security - Food Assistance									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	2,726	2,215	6,473	5,622	17,036	2,900	2,356	6,888	5,981	18,125
Returnees	2,726	2,215	6,470	5,622	17,033	2,900	2,356	6,887	5,981	18,124
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	5,452	4,430	12,943	11,244	34,069	5,800	4,712	13,775	11,962	36,249
People with disabilities (PwD) out of the total										
	110	90	261	227	688	110	90	261	227	688

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

5. People Indirectly Targeted by the Project

The Logistics Cluster provides common services to organizations in South Sudan and does not have populations as the direct beneficiaries of its services/support, but rather the humanitarian community in support of lifesaving operations in South Sudan. As such, by transporting life-saving critical cargo, the Logistics Cluster provides support to partner's programmatic activities and all partners' beneficiaries are indirectly benefiting from the provision of the services. Currently, the Logistics Cluster supports approximately 180 organizations including UN agencies, international and national NGOs. For the response the cluster estimates to serve approximately 15 – 25 organizations. The cluster will continue to advocate its services in several forums and support humanitarian organizations when a service request is presented, and the cluster intends to support 100% of requests for transport of critical cargo for the duration of the allocation

6. CERF Results Framework

Project objective	Support the most vulnerable and food insecure people affected by the Sudan crisis and in dire humanitarian situation with emergency food assistance and provide common services and expertise to humanitarian organisations providing lifesaving assistance.				
Output 1	Number of people (refugees and returnees) in targeted communities receiving food assistance				
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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 (Number of people receiving in-kind hot meals in transit centres)	30,000	31,689	Partner Distribution reports	
Indicator 1.2	Number of people receiving in-kind food through GFD (targeted beneficiaries are the same people receiving hot meals in transit centre; under the assumption that people at transit centres are moving to areas of return and re-settlement locations)	28,368	32,200	Partner Distribution reports	
Indicator 1.3	FN.1b. Quantity of food assistance distributed in MT	544.965	608	Partner Distribution reports	
Explanation of output and indicators variance:		Due to lower-than-expected commodity prices, WFP was able to buy more food and therefore reach more people than planned with assistance during the project period.			
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	Distribution of General Food – in-kind hot meals in transit centres	Cooperating partners			
Activity 1.4	Distribution of General Food –in-kind transfer through GFD modality at resettlement locations	Cooperating partners			

Activity 1.5	Monitoring of Distributions and Assistance provided to beneficiaries	WFP
--------------	--	-----

Output 2	Amount of CBT transferred (US \$)			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Common Services - Logistics			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Cash.2a Number of people receiving sector-specific unconditional cash transfers (returnees)	2,129	2,129	Cooperating partners Distribution Reports
Indicator 2.2	Cash.2a Number of people receiving sector-specific unconditional cash transfers (refugees)	1,940	1,940	Cooperating partners Distribution Reports
Indicator 2.3	Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD	107,195	107,195	Cooperating partners Distribution Reports
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 2.1	Contracting of financial service providers and traders	WFP		
Activity 2.2	CBT distribution	Financial Services provider		
Activity 2.3	Monitoring of Distributions and Assistance provided to beneficiaries	WFP		

Output 3	Quantity (MT) of humanitarian cargo moved through common logistics services			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Common Services - Logistics			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	CS.2 Total weight of cargo transported by land, sea or air in MT per project	250	707	Relief Items Tracking Application (RITA)
Indicator 3.2	CS.9 Percentage of service requests that have been completed (Percentage of critical relief items moved against requests)	100	100	Relief Items Tracking Application (RITA)
Explanation of output and indicators variance:		During the reporting period, the Logistics Cluster facilitated the airlift of 707 mt of critical multi-sectoral humanitarian cargo to locations in Unity and Upper Nile state including Malakal, Paloich, Renk, and Rubkona on behalf of 36 humanitarian organizations. The increase in the quantity transported was		

		attributed to a high number of requests received from partners responding to the emergency.
Activities	Description	Implemented by
Activity 3.1	Transport of critical relief items on behalf of humanitarian organizations from Juba	Logistics Cluster in close collaboration with UNHAS

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁷ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁸:

Consistent across all its programming, the WFP strategy of Accountability to Affected Populations ensures that women, men, girls and boys of all diversity are meaningfully engaged in the full programme cycle and humanitarian decisions. Accountability to Affected Populations is actualized through the formalized Complaint and Feedback Mechanism, establishment of Project Management Committees (PMC) and improved access to accurate and timely information. Across all activity areas and during the reporting period, WFP and its implementing partners worked together to establish inclusive and representative PMCs. All PMCs in field locations were comprised of women, girls, youth and persons with disabilities, as well as representations from community leaders and stakeholders. These groups were, therefore, assisted and required to disseminate information to the wider community in an accurate and timely manner concerning distributions and registrations. PMCs have been critical in the support and management of crowds, supporting awareness raising initiatives on CFMs. During the project period, there were 9,644 reported individuals participating as PMCs across WFP activities with primary responsibility being to function as additional two-way-feedback system linking WFP and community with information necessary to all stakeholders. In all response areas, the PMCs were re-activated to link WFP and communities that they represent as necessary. Where PMC were unable to function, WFP engaged with community to identify another community-based mechanism that can assume these functions.

b. AAP Feedback and Complaint Mechanisms:

Throughout the project implementation period WFP continued to implement a Complaints and Feedback Mechanism (CFM), a centralized system for receiving and managing feedback and complaints from affected populations about WFP's activities. The CFM is part of the WFP's corporate Accountability to Affected Populations Strategy that seeks to ensure that women, men, girls, and boys of all diversity are meaningfully engaged in the full programme cycle and humanitarian decisions. Between July and December 2023, WFP continued to strengthen the beneficiary feedback mechanism by ensuring that beneficiaries have access to channels (tollfree hotline, helpdesks and community outreach) of providing complaints/feedback. During the reporting period, 2,808 cases were processed (logged, analysed,

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

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

addressed and clients provided feedback) through WFP CFM system. CFM hotline remained a convenient venue for female beneficiaries who represented over 75 percent of all complaints received. Issues reported include access beneficiary identification challenges lost ration cards, damaged cards, missing names in distribution lists, beneficiaries not aware of project process (selection and targeting criteria, rations, registration and distribution process, distribute dates). During the reporting period, 99 percent of the reported issues (complaints/feedback) were closed.

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

During the project period, WFP together with the Protection Cluster conducted protection assessments in Western Equatoria state (Mundri and Mvolo counties) and Western Bahr El Ghazal state (Wau county). The key objective of the assessment was to analyse the linkages between protection risks, the ration deduction impact and other underlying causes of vulnerability and people's coping mechanisms. Some of the issues that were further explored included SGBV and SEAH risks. Key findings from the assessment included: 1) Protection Risks: The suspension of food assistance has adversely affected the affected communities, households, and individuals, increasing the intensity of inherent protection risks along the gender continuum. Many women (54.5% females compared to 45.5% males) have assumed the household headship role. With limited survival strategies, women engage in casual work, petty trade, foraging wild fruits and leaves which reportedly has got them at a higher exposure to sexual gender-based violence (SGBV).

WFP has strengthened its multiple feedback mechanisms by working more closely with local partners and building their capacity during the implementation and emergency response periods to ensure inclusive feedback.

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

WFP maintained its corporate commitment to support Gender Equality and Women's Empowerment in the implementation of this action. Through the interventions, WFP sought to strengthen women's decision-making leadership and decision-making through their participation in Project Management Committees. Gender indicators were embedded in the project design and are measured annually through the annual country reporting exercise on progress towards achieving gender equality and women's empowerment. WFP's Gender and Protection Unit worked closely with established targeted communities' structures to address norms, attitudes that perpetuate violence against women. The WFP country hopes to contribute to gender transformation through its programming.

e. People with disabilities (PwD):

The unconditional and blanket assistance modality prioritised Persons with Disabilities (PwD) and other categories of persons with specific needs. WFP worked with partners to identify barriers and enablers to accessing WFP assistance. During the monitoring visit to the distribution site, community outreach sessions on Disability inclusion sessions were conducted for affected populations to address discrimination, stigma and prejudiced attitudes toward disability that hinder their access to services.

f. Protection:

During the project period, WFP together with the Protection Cluster conducted protection assessment in Western Equatoria state (Mundri and Mvolo counties) and Western Bahr El Ghazal state (Wau county). The key objective of the assessment was to analyse the linkages between protection risks, the ration deduction impact and other underlying causes of vulnerability and people's coping mechanisms. Some of the issues that were further explored included SGBV and SEAH risks. Key findings from the assessment included: 1) Protection Risks: The suspension of food assistance has adversely affected the affected communities, households, and individuals, increasing the intensity of inherent protection risks along the gender continuum. Many women (54.5% females compared to 45.5% males) have assumed the household headship role. With limited survival strategies, women engage in casual work, petty trade, foraging wild fruits and leaves which reportedly has got them at a higher exposure to sexual gender-based violence (SGBV).

WFP has strengthened its multiple feedback mechanisms by working more closely with local partners and building their capacity during the implementation and emergency response periods to ensure inclusive feedback.

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	4,069

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.

Through this allocation, WFP provided cash assistance to 1,940 refugees and 2,129 returnees for two months in Upper Nile state. Given the challenges with location of population, WFP focused the assistance in Upper Nile to provide assistance to populations arriving in-country and during protracted stays in transit areas. .

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
Activity 2.2 CBT distribution	4,049	US\$ 107,195	Food Security - Food Assistance	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
Story	South Sudanese head home from war-torn Sudan World Food Programme (wfp.org)
Post	WFP South Sudan on X: "More than 200k people have crossed into #SouthSudan fleeing the #SudanCrisis Thank you @UNCERF for your USD 2million contribution to @WFP to provide food assistance and the airlift of critical cargo on behalf of partners through @logcluster  https://t.co/03CxbHQD38 " / X (twitter.com)

3.4 Project Report 23-RR-WHO-025

1. Project Information			
Agency:	WHO	Country:	South Sudan
Sector/cluster:	Health	CERF project code:	23-RR-WHO-025
Project title:	Emergency health assistance to displaced conflict-affected refugees and returnees in Unity and Upper Nile States in South Sudan.		
Start date:	22/06/2023	End date:	21/12/2023
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 11,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 1,700,000
	Amount received from CERF:		US\$ 500,000
	Total CERF funds sub-granted to implementing partners:		US\$ 165,000
	Government Partners		US\$ 0
	International NGOs		US\$ 165,000
	National NGOs		US\$ 0
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

The World Health Organisation (WHO) in partnership with the International Medical Corps (IMC) through the CERF Rapid Response allocation responded to the health needs of returnees and refugees fleeing from the ongoing Sudan Crisis. The 6 month project aimed to ensure equitable access to quality health services and reduce the risk of disease outbreaks among refugees and returnees. By the end of the project a total of 118,942 returnees and refugees had received health services. The numbers include 20,941 men, women, boys, and girls who benefitted from curative consultations, Mental health, and psychosocial support, antenatal care, and routine immunization services implemented in Renk, and Malakal through IMC's mobile and static health facilities and 98,001 returnees and refugees reached through Emergency health kits provided through health partners. The project overall helped to increase access to emergency medicines and enabled health partners to provide much-needed emergency health services contributing to the reduction of preventable morbidity and mortality in the returnee and refugees' population.

3. Changes and Amendments

No changes were made to the project.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	2,856	2,533	853	758	7,000	3,124	2,786	1,045	952	7,907
Returnees	37,953	33,656	11,338	10,053	93,000	43,353	38,749	15,085	13,848	111,035
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	40,809	36,189	12,191	10,811	100,000	46,477	41,535	16,130	14,800	118,942
People with disabilities (PwD) out of the total										
	6,121	5,428	1,828	1,621	14,998	6,040	5,340	1,798	1,602	14,780

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

5. People Indirectly Targeted by the Project

The estimated indirect beneficiaries of the project were 475,764 men, women, boys, and girls. The indirect beneficiaries are calculated based on the average household size of returnees and refugees of 4 persons per household. Benefits were due to health education and information received by the target communities, social economic benefits accruing to households whose members received healthcare resulting from the project, among others.

6. CERF Results Framework

Project objective To respond to the immediate health needs of refugees/ returnees by ensuring equitable access to quality health services, reducing the risk of disease outbreaks, and promoting the well-being of the refugees, returnees, and the host community

Output 1 Increased access to emergency health kits for refugees and returnees in priority targeted sites

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

Sector/cluster Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	H.1a Number of emergency health kits delivered to healthcare facilities	193	191	Waybills Consumption reports
Indicator 1.2	Number of Partners supported with emergency health kits	10	10	Monitoring reports Distribution list Standard kit projection
Indicator 1.3	Number of returnees reached with emergency health kits	93,000	91,141	Consumption reports Facility registers Standard kit projection
Indicator 1.4	Number of refugees reached with emergency health kits	7,000	6,860	Consumption reports Facility registers Standard kit projection

Explanation of output and indicators variance: There was no major variance between the planned targets and the achievements on these output indicators.

Activities	Description	Implemented by
Activity 1.1	Procurement and distribution of 158 Inter-agency Emergency Health Kits, 20 pneumonia kits and 2 Non-Communicable Disease kits in Joda in Renk County Upper Nile State, Kiir Adem in Aweil North, and Majokynthiu in Aweil East counties of Northern Bahr el Ghazal State; Panakuach in Pariang and Roriak in Rubkona county Unity State	World Health Organisation (WHO)

Output 2 Increase access to integrated quality primary health care services to refugees and refugees

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

Sector/cluster Health

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

Indicator 2.1	H.7 Number of functional health facilities supported (1 mobile and 1 static)	2	2	Project monitoring reports
Indicator 2.2	H.8 Number of primary healthcare consultations provided	23,400	20,941	Health Facilities registers
Indicator 2.3	H.4 Number of people vaccinated	15,552	2,085	Vaccination registry Health facilities Registers
Indicator 2.4	PS.2 Number of people receiving GBV psycho-social support and/or GBV case management	1,650	962	Health Facilities registers Project reports
Indicator 2.5	Number of ANCs visits attended to	2,745	730	Health facilities register
Indicator 2.6	CC.1 Number of implementing partner staff receiving training to support programme implementation	60	50	Project monitoring reports Interim reports End of project reports

Explanation of output and indicators variance:

Indicator 2.2 - OPD (Outpatient Department) consultations achieved 90% of its total targets, this was due to delays faced by IMC in starting the activities in Malakal due to interference by community leaders.

Indicator 2.3 - Exceptionally low achievements on the number of people vaccinated in Malakal and Renk (14%) was due to many partners (4) who came to support EPI (Expanded Programme on Immunization) services in Renk Transit Centre and the initiation of a health facility with vaccination services at the border crossing point by the IOM (International Organization for Migration). This significantly reduced the number of eligible children for EPI vaccination reaching the IMC facility in Renk. The project team however initiated community outreaches in Renk transit centre and the Malakal-POC buffer zone and vaccinated children who missed getting vaccinated at the border crossing point and those who could not be brought to the facilities by their guardians reaching out to the 2,085 children.

Indicator 2.4 - 58% achievements people receiving GBV psycho-social support and/or GBV case management was due to overestimation of the targets and a likelihood of GBV reporting affected by social-cultural barriers especially against GBV reporting in South Sudan that affects mostly women.

Indicator 2.5 - Finally multiple health partners delivering health services in the targeted locations means few women came for ANC (Ante Natal Care) services to the IMC facilities.

Activities	Description	Implemented by
Activity 2.1	Support existing health facilities to optimize basic healthcare to populations in locations prioritized for the response through Outpatient consultations, routine vaccination for vaccine-preventable diseases, Basic emergency obstetric and Neonatal care (BeMONC), Antenatal Care and Post Natal and Survivor's support for victims of gender-based violence for returnees and refugees in Rent border crossing point	International Medical Corps (IMC)
Activity 2.2	Refresher training of health care workers on case management of common epidemic-prone diseases, Gender Based Violence, and clinical management of rape (CMR) in Renk and Malakal counties	World Health Organisation (WHO)

Output 3

Strengthen capacity for prevention, early detection, investigation, and response to disease outbreaks.

Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of RRT deployments conducted	3	2	Mission reports
Indicator 3.2	Number of health workers trained on disease surveillance	60	67 (M 59, F 8)	Participant's list Training reports
Indicator 3.3	Number of health workers trained on nutrition surveillance	60	47 (M 36, F 11)	Participant's list Training reports
Explanation of output and indicators variance:		<p>Indicator 3.1 - The disease alerts that qualified for RRT deployments were only two (cholera and measles investigations explaining the variance). However, 5 WASH (Water, sanitation, and hygiene) deployments were conducted for Water quality testing and one Nutrition deployment was conducted in response to the surge in Severe Acute Malnutrition cases in the Sudan crisis.</p> <p>Indicator 3.3 - Meanwhile, nutrition surveillance training targets could not be met due to the low turnout of participants.</p>		
Activities	Description	Implemented by		
Activity 3.1	Conduct disease outbreak monitoring, verification, investigation, and response, through the timely deployment of rapid response teams (RRTs).	World Health Organisation (WHO)		
Activity 3.2	Water quality surveillance through regular water quality testing	World Health Organisation (WHO)		
Activity 3.3	Refresher training for 60 health care workers on surveillance, quality case management for both communicable and non-communicable diseases, with a focus on cholera and measles	World Health Organisation (WHO)		
Activity 3.4	Train 60 health workers on nutrition surveillance (MUAC Screening) for prevention/early warning and responses at health facilities.	World Health Organisation (WHO)		

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 areas⁹ 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.**

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

a. Accountability to Affected People (AAP) ¹⁰:

The involvement of affected people in the design was through the rapid risk assessment conducted by WHO technical officers, the emergency health partners, and the local health authorities in Renk, Paluoch, Roriak, Aweil, and Malakal among other returnee-receiving locations where Focused Group Discussions with all gender and age groups were conducted, and personal interviews with Key Informants were conducted to gather health needs faced by communities. Further disease surveillance information was obtained through the surveillance structures (community-based, County Surveillance officers the Rapid Response Teams, and the WHO health screening points at points of entry). These needs were prioritized by the health cluster as the voice of the affected people that informed the design. During implementation and monitoring, IMC rolled out the service delivery component through project inception meetings attended by the states and the county health authorities where project benefits, roles, and responsibilities of each party. The County Health Department Director played the overall supervisory responsibility including guidance on the locations that required vaccination or those to be targeted with mobile clinics, the Surveillance officer supervised facilities and provided the capacity for health workers on outbreak prevention response, the different structures, and the transit centres supported community mobilization, health screening, and vaccination. The CHD director coordinated the selection of healthcare workers trained in nutrition surveillance, and the deployment of sub-national rapid response Teams, among others. They also guided WHO on partners' needs for health supplies.

b. AAP Feedback and Complaint Mechanisms:

Feedback and complaints were received through the help and information desk located at the two (2) IMC service delivery points in Renk and Malakal where female and male clerks register and analyse feedback. In addition, health education and information sharing sessions, posters printed in local languages and culturally appropriate pictorial illustrations were also used to provide information and receive beneficiary feedback. Meanwhile other feedback mechanisms used were the WHO health screening desk, IOM screening desk, UNHCR registration and forward movement desk, the ARC camp management desk, and the CHD. A total of 106 community feedback and complaints were received from the affected people and responded to within 30 days by IMC from the services delivery component of the project amongst which 90% of them were processed and shared. Sample complains include long hour waiting to receive services, lack of injectable drugs, non-food items (mosquito nets, blankets, and mats), food items and money to support their families.

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

In line with the WHO's commitments to provide a safe environment to the affected people, each personnel deployed to respond to the Sudan Crisis was briefed on PRSEAH (Preventing and Responding to Sexual Exploitation, Abuse and Harassment), signed the Code of Conduct, the PRSEAH deployment checklist, and received the No Excuse card with reporting channels. In addition, WHO deployed 2 part-time trained Focal Points based in Renk, and 2 in each of the state hubs, to ensure that PRSEAH is mainstreamed following coordination with the country coordinator. The focal points support awareness creation and protection monitoring. PRSEAH communication materials (posters, leaflets, flyers in English and classical Arabic) were procured and are being distributed to responders in areas affected by Sudan Crisis.

To ensure measures are in place, the WHO PRSEAH coordinator and conducted 2 field visits to Renk and Malakal, as well as to Bentiu, Aweil, Wau and Kuajok, to ensure that PRSEAH measures are in place and adequate. The WHO Regional Coordinator for the Africa region also visited Renk and Malakal during her mission to South Sudan. WHO was mission co-lead (together with IOM) during a joint inter-agency mission to Renk. The purpose of the mission was to 1) establish a Renk based inter-agency PSEA taskforce, 2) train the taskforce members on PRSEAH, 3) train the members on community-based complaint mechanism (CBCM) and prepare their workplan to establish CBCM in Renk so that beneficiaries have free, confidential, and accessible reporting channels. Finally, WHO provided financial support and distributed visibility materials during the 16 days of activism campaign for GBV in December 2023.

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

Displaced Women and Girls suffer from sexual exploitation and violence during flight and displacement, as such WHO put in place a strong PRSEAH measures including support to the establishment of Renk based inter-agency PSEA taskforce, training the taskforce

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

members on PRSEAH, training the members on community-based complaint mechanism (CBCM) and helped to prepare their workplan to establish CBCM in Renk so that beneficiaries have free, confidential, and accessible reporting channels. In addition, the project supported GBV and Mental Health and Psychosocial services to survivors through frontline health services implemented by IMC. The projects Help and Information Desk located at service delivery point had female and male clerks registering feedback and the complaints from beneficiaries to ensure voices of gender minorities are captured and feedback provided. Women were particularly mobilised to participate in project activities including training, immunisation exercises and community outreaches implemented by IMC and WHO. Finally, WHO contributed towards advocacy efforts for minorities through provision of visibility materials in support of the 16 days of activism campaign for GBV in December 2023.

e. People with disabilities (PwD):

A total of 12% of the overall project beneficiaries reached were people with disabilities, this was mainly through frontline health services and essential medicines delivered by IMC and other partners who received emergency health kits. Specifically, PWDs were mobilised through health education and community outreaches conducted by health partners, PWD were also identified through the health screening points where attention was given. During curative consultations, health workers identified and prioritized PWDs ensuring that their waiting time is reduced by assigning them special lines. The above strategies served to ease access to health services by PWD.

f. Protection:

To ensure protection of at-risk persons was mainstreamed, WHO used the results of the rapid risk assessment conducted among the affected persons to design and implement the project. For instance, information on health and protection risk such as information on cholera outbreak in Sudan, risk of overcrowding, the limited WASH services at the collection centre and widespread Acute Watery Diarrhoea on children were used to design prevention strategies such as routine water quality testing, health screening at the border post and strengthening immunisation. In addition, WHO also strengthened its protection monitoring, complaints, and feedback mechanism through its PRSEAH interventions to ensure protection concerns are escalated and responded to including provision of visibility materials during the 16 days of activism campaign for GBV in December 2023.

g. Education:

IMC integrated community outreaches health promotion sessions within the Renk transit centre and the Malakal-POC to increase coverage of immunisation. In addition, WHO's trainings in disease surveillance, nutrition surveillance provided opportunity for increased health worker knowledge and skills. Furthermore, contribution to community education was achieved through the PRSEAH communication and awareness materials (posters, leaflets, flyers in English and classical Arabic) provided by WHO to the states affected by the crisis, for visibility

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	Not applicable

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 South Sudan, the market for pharmaceuticals is not developed enough to deploy cash assistance in health response. WHO uses its global supply chain at the headquarters to procure medical supplies to support countries. In addition, health systems in the country are very poor making it difficult to use cash assistance in health responses.

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
Not applicable	N/a	0	Choose an item.	Choose an item.
Not applicable			Choose an item.	Choose an item.
Not applicable			Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
WHO's support towards the refugee/returnees affected by Sudan Crisis through medical supplies and emergency health services delivery	https://www.facebook.com/WHOSOUTHSUDAN/posts/pfbid02KZ8ug8CkMbpYmmFWm7LPe8zSdJgahNNNQPT33LMhg2HsUzEsKvN7YtYEDhcbNnkil https://www.facebook.com/WHOSOUTHSUDAN/posts/pfbid02oj1c78HcbHuNWx8xiQ75xLcuy4PMfbaSqLQ8uDH49YBDA5meCgAACHFkckYyiZ5YI

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
23-RR-WHO-025	Health	WHO	INGO	\$165,000
23-RR-HCR-020	Camp Coordination and Camp Management	UNHCR	INGO	\$500,000
23-RR-HCR-020	Logistics	UNHCR	INGO	\$391,015
23-RR-HCR-020	Protection	UNHCR	NNGO	\$400,003
23-RR-HCR-020	Camp Coordination and Camp Management	UNHCR	INGO	\$600,000