

**SOUTH SUDAN
RAPID RESPONSE
REFUGEES
2023**

23-RR-SSD-61026

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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

There was no AAR conducted, however, inputs were consolidated from receipt agencies through the reports submitted.

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 on 27th September 2024.

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:

Since the 15th of April 2023, South Sudan received thousands of new arrivals at several entry points along the border between Sudan and South Sudan. The escalation of the conflict triggered the influx of refugees, returnees, and asylum-seekers to South Sudan, which resulted in a strategic decision to allocate **US\$10 million** from CERF. The timeliness of the funding enabled its partners to prevent further deterioration of the humanitarian situation in targeted locations and acted as a catalyst in scaling up humanitarian response while leveraging funding from other sources. It is through this CERF grant, that more than 200,000 people benefitted from the delivery of essential multisectoral life-saving assistance at prioritized points of entry (PoE), transit centers, and areas of final destinations. So far, 774,833 people have entered the Country, and the number is expected to increase due to the ongoing conflict in Sudan.

CERF's Added Value:

The CERF grant allowed fast delivery of humanitarian assistance to **222,443** individuals through an effective and well-coordinated response throughout the whole project period while leveraging funding from the 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 catalytic nature of CERF funding offers significant advantages, including a rapid response mechanism and the ability to leverage other funding sources during emergencies.

- It led to the fast delivery of Onward Transportation Assistance (OTA) by **IOM** and **UNHCR** to returnees and refugees affected by the Sudan crisis.
- Timely procurement of emergency supplies by **UNFPA** needed at health facilities to address the needs of the affected population in the target areas. Similarly, it enabled beneficiaries to have access to fast GBV prevention and response services.
- It enabled **UNICEF** to reach 52,500 with the timely delivery of WASH and Nutrition services in areas prone to waterborne diseases and acute malnutrition.
- WFP: The CERF assistance contributed to the provision of famine prevention interventions to vulnerable populations. The involvement of the food security livelihoods and nutrition clusters ensured speedy engagement and inclusive consultations in the design of the strategy as well as allocation of the resources.
- **WFP** was able to provide food assistance and **WHO** facilitated the timely initiation of health response to refugees and returnees at a time when the country was dealing with internal displacement compounded with acute food insecurity.

Did CERF funds help respond to time-critical needs?

Yes

Partially

No

The grant responded to time-critical needs. The timely support with onward transportation mitigated health and protection risks that would have resulted from overcrowding of the transit centers and Point of Entry. It restored hope and dignity to the affected persons, through the provision of reproductive health kits, gender-based violence-case management, and clinical management of rape, wash, and nutrition services.

Did CERF improve coordination amongst the humanitarian community?

Yes

Partially

No

This CERF grant improved and strengthened coordination among various stakeholders and has facilitated the efficient execution of the projects. Particularly noteworthy is the seamless collaboration at Renk and Malakal, where each agency's distinct roles create a multisectoral response: WFP provides food assistance, UNFPA and UNHCR provide comprehensive protection, other agencies manage Transit Centre operations, IOM offers OTA, WHO provided health services and UNICEF WASH and nutrition services in the prioritized locations.

Did CERF funds help improve resource mobilization from other sources?

Yes

Partially

No

CERF funding acted as a catalyst to leverage other funding sources.

- IOM was able to attract funding from SSHF, BHA, and ECHO.
- UNHCR from SSHF.
- UNICEF from ECHO and UNICEF global thematic fund.
- WHO from ECHO, Contingency fund for Emergencies from Regional Office and BHA.

Considerations of the ERC's Underfunded Priority Areas¹:

The following priorities were considered and advanced through programming:

- **Support for women and girls, including tackling gender-based violence:** Women and girls were empowered through women and girl-friendly spaces and benefitted from the distribution of dignity kits, and cash assistance for GBV survivors.
- **Programmes targeting disabled people:** 25,428 persons with special needs were included in the programming and benefitted from Food assistance, health, logistics, nutrition, protection- Gender Based Violence services, and Water, Sanitation, and Hygiene
- **Other aspects of protection:** Safety and dignity of project beneficiaries were prioritized during implementation. Recipient agencies and their partners avoided all actions that could cause harm and ensured that women, girls, men, and boys including persons with disability have full access to the services of the project through a do-no-harm approach. Recipient agencies and partners promoted the participation of all project beneficiaries in the feedback mechanism. Additionally, routine protection monitoring and participation in joint protection assessments at Point of Entry and Transit Centres. Protection monitoring activities were in line with Protection Information and Management (PIM) principles, including ensuring a people-centered approach and informed consent and confidentiality. Awareness-raising sessions on protection issues such as trafficking in persons, GBV, Protection, Sexual Exploitation and Abuse (PSEA), and other exploitative practices

Table 1: Allocation Overview (US\$)

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

Total amount required for the humanitarian response	356,000,000
CERF	10,000,018
Country-Based Pooled Fund (if applicable)	10,000,000
Other (bilateral/multilateral)	20,400,000
Total funding received for the humanitarian response (by source above)	40,400,018

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

Agency	Project Code	Sector/Cluster	Amount
IOM	23-RR-IOM-031	Common Services - Logistics	4,000,000
UNFPA	23-RR-FPA-038	Protection - Gender-Based Violence	399,010
UNFPA	23-RR-FPA-038	Health - Sexual and Reproductive Health	301,008
UNHCR	23-RR-HCR-029	Common Services - Logistics	900,000
UNICEF	23-RR-CEF-049	Water, Sanitation and Hygiene	986,000
UNICEF	23-RR-CEF-049	Nutrition	714,000
WFP	23-RR-WFP-044	Food Security - Food Assistance	2,000,000
WHO	23-RR-WHO-036	Health	700,000
Total			10,000,018

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

Total funds implemented directly by UN agencies including procurement of relief goods	8,431,873
Funds sub-granted to government partners*	00
Funds sub-granted to international NGO partners*	1,503,763
Funds sub-granted to national NGO partners*	64,382
Funds sub-granted to Red Cross/Red Crescent partners*	00
Total funds transferred to implementing partners (IP)*	1,568,145
Total	10,000,018

* 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:

During the allocation, the escalation of the Sudan conflict resulted in close to 250,000 people crossing into South Sudan. The humanitarian response at the time was insufficient to meet their growing needs for protection, health, food security, nutrition, water, sanitation, and hygiene services, both at transit centers and in destination areas. The South Sudan Emergency Response Plan (part of the Regional Refugee Response Plan) requires \$356 million to aid up to 600,000 returnees, refugees, and third-country nationals by the end of 2023 and is funded at less than 16%.

Operational Use of the CERF Allocation and Results:

In response, the Emergency Relief Coordinator on 29 August 2023 allocated \$10 million from CERF's Rapid Response window for humanitarian action. This funding prevents congestion at border crossing points and provides life-saving water, sanitation and hygiene, nutrition, health and food assistance, as well as protection from gender-based violence, to over 220,000 people, including 66,000 women, 101,000 children, and including 20,000 persons with disabilities. The CERF allocation complements a \$5 million allocation from the South Sudan Humanitarian Fund.

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 **222,443** 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:

678,132 individuals were indirectly reached through awareness raising, dignity kits distribution, and orientation on GBV case management. 4,320 men and boys benefitted due to their role in social norms and their influence in creating a positive transformative impact to protect women and girls from GBV. 26,775 men and boys benefitted from health education and information on the reduction of transmission of diseases through relatives. Through localizing transportation services, 10,000 family members and business operators benefitted indirectly. Additionally, the introduction of cash assistance to refugees and returnees positively impacted host communities, Market outlook improved, petty trade increased, and Health and sanitation improved: Host communities benefitted from the established health center in Renk (Abogadra) and Palouch, UNHCR provided water to returnees, and it was accessible by both host community and returnees.

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
Common Services - Logistics	5,981	4,893	4,894	4,004	19,772	7,568	7,265	7,341	7,183	29,357
Food Security - Food Assistance	16,420	17,734	15,763	15,763	65,680	22,594	18,358	53,662	46,601	141,215
Health	52,258	54,393	39,391	38,958	185,000	35,523	37,551	47,942	48,517	169,533
Health - Sexual and Reproductive Health	35,860	11,475	18,646	5,738	71,719	38,440	14,826	20,827	6,232	80,325
Nutrition	1,499	0	1,012	828	3,339	1,499	00	1,012	828	3,339
Protection - Gender-Based Violence	16,537	5,291	8,599	2,645	33,072	18,199	5,722	9,155	2,742	35,818
Water, Sanitation and Hygiene	15,278	13,556	11,510	11,043	51,387	14,691	12,077	13,123	12,609	52,500

* 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	21,148	28,559
Returnees	163,852	148,176
Internally displaced people	14,344	24,571
Host communities	21,387	21,137
Other affected people	0	0
Total	220,731	222,443

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

Sex & Age	Table 6: Total Number of People Directly Assisted with CERF Funding*		Number of people with disabilities (PwD) out of the total	
	Planned	Reached	Planned	Reached
Women	65,789	53,290	7,838	5,328
Men	62,330	46,316	8,159	5,632
Girls	47,910	66,332	2,083	7,191
Boys	44,702	55,875	2,168	7,277
Total	220,731	222,443	20,248	25,428

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 23-RR-IOM-031

1. Project Information			
Agency:	IOM	Country:	South Sudan
Sector/cluster:	Common Services - Logistics	CERF project code:	23-RR-IOM-031
Project title:	Provision on Emergency Assistance through Cash-Based Onward Transportation Assistance to Returnees Affected by the Sudan Crisis		
Start date:	01/09/2023	End date:	29/02/2024
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 37,400,000
	Total funding received for agency's sector response to current emergency:		US\$ 12,000,000
	Amount received from CERF:		US\$ 4,000,000
	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

From the onsets of the Sudan crisis until **29 Feb 2024**, IOM tracked a total of **586,010** individuals crossing the Sudan-South Sudan border at 16 Points of Entry (PoE), with priority given to Wunthow-Joda PoE in Renk County Upper Nile state. Among them, **349,318 returnees** (unique beneficiaries) were transported by IOM from PoE to the nearest town centre and transit centres (TC).

Through this CERF grant, IOM assisted a total of **21,112** returnees (6% of total returnees crossing the border) against the project target of 19,772 (106% of the target achieved), including 5,610 girls, 5,369 boys, 5,177 women, and 4,956 men to travel onward from Joda PoE to Renk TC.

As highlighted below using a combination of boat vouchers, chartered flights, cash assistance, and Government subsidies, the project ensured the safe transportation of returnees to their respective final destination:

- Using boat vouchers, **13,844** returnees were transported from Renk TC to Malakal-Bulukat TC.

- From Malakal-Bulukat TC, the project chartered 173 flights to Juba, Wau, and Rubkona benefitting **10,757** returnees; among these, **9,681** adults and children above three years old also received cash in hand for the last leg of their travel.
- From Malakal-Bulukat TC, via seven Government boats with IOM fuel subsidies, a total of **2,724** returnees were transported to Luakpiny/Nasir, Leer, Fangak, Nasir, Ayod, Rubkona between October 2023 and January 2024.
- The remaining **363** individuals chose Malakal as final destination.
- It is also worth noting that **7,268** returnees stayed in Renk, including those who would like to integrate in Renk and those who were still waiting for other family members to arrive from Sudan before proceeding with onward travel.

The IOM transportation support was provided in line with a set of standard operation procedures (SoPs) contextualized for South Sudan. From PoE to final destinations, returnees received other basic services such as vulnerability screening, registration services, basic health check-ups, and fit for travel screening.

IOM implemented Site Management Support (SMS) activities in the Bulukat TC, supporting the Government Taskforce on Returns in the management of the TC and mobilization for OTA. SMS activities included the daily presence of IOM Community Mobilizers and staff in the site, tasked with monitoring and coordinating the provision of emergency assistance to returnees during their transit. This also included the operation of a complaints and feedback mechanism (CFM) where cases were received through outreach and at the information desk. Gaps in service provision were also reported during the weekly coordination meetings to find collective solutions to ensure adequate service delivery. The project also contributed to the operation of free telecommunications services offered to returnees to enable them to reach their loved ones during their transit. In total, this activity reached 6,111 returnees transiting through the Bulukat TC during the reporting period. In Renk, IOM also worked with the Community Engagement Network (CEN) to improve and expand community engagement and Communication with Communities (CwC) interventions. These efforts included the collection of feedback, emphasizing closing the feedback loop, and the development of a Frequently Asked Question (FAQ) and a monthly feedback bulletin shared with service providers in Renk.

To assess the level of satisfaction among the returnees, the project conducted random interviews with 349 individuals. The finding from the interview highlighted that 87 per cent of the respondents reported no issues receiving assistance, and 98 per cent stated they could not have returned home without humanitarian support. Ninety-three per cent expressed satisfaction with the selection and assistance process. The surveys highlighted the lengthy boat journeys (2-3 days) as a challenge, especially for those who were traveling with young children.

3. Changes and Amendments

-

There was no change in activities and areas. All activities were completed as planned in the proposal.

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	5,981	4,893	4,894	4,004	19,772	5,177	4,956	5,610	5,369	21,112
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	5,981	4,893	4,894	4,004	19,772	5,177	4,956	5,610	5,369	21,112
People with disabilities (PwD) out of the total										
	299	245	245	200	989	776	743	841	801	3,161

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

5. People Indirectly Targeted by the Project

The project indirectly benefitted an estimated 10,000 family members and business operators in Renk and Malakal through localization of services. To support OTA operation, IOM hired boats, buses, lorries from business operators which created livelihood opportunities and boosted incomes. In addition, the cash assistance received by the returnees was also injected into the local economy and hence helped to revamp markets, improving the economic conditions.

6. CERF Results Framework

Project objective Address urgent basic needs and reduce protection risks by providing South Sudanese returnees with safe, voluntary and dignified onward transportation assistance to their areas of origin/interest

Output 1 Crisis-affected returnees have improved access to pathways for return and relocation through facilitated, safe and voluntary movement assistance

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 1.1	Percentage of persons receiving OTA reported satisfied with services provided	99	93	Monitoring data, Respondent survey in TC
Indicator 1.2	Number of returnees assisted with OTA through charter flights	9,261	10,757	Chartered flight manifest, daily tracker of flights and # of people transported, flight operators' invoice/financial document
Indicator 1.3	Cash.4a Number of people receiving unconditional vouchers	10,461	13,844	Financial Service Provider (FSP) documents, Transportation voucher
Indicator 1.4	Cash.2a Number of people receiving sector-specific unconditional cash transfers	10,461	9,681	FSP documents, Transportation voucher
Indicator 1.5	Cash.4b Total value of unconditional vouchers distributed in USD	355,674	415,320	FSP documents, Transportation voucher
Indicator 1.6	Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD	198,759	183,945	FSP documents, Transportation voucher
Indicator 1.7	Number of government-hired or private vehicles supported with fuel	4	7	Fuel subsidized boat detail, manifest, including date of travel, # of

				returnees assisted, final location, and pictures
Explanation of output and indicators variance:		<p>Indicator 1.1 was underachieved because the travel by boat between Renk and Malakal is very long, approximately three days. This travel time has caused dissatisfaction among some travelers. Unfortunately, due to limitations at the Renk airstrip in 2023, which can only accommodate small planes with 12-15 passengers, boat travel remains the primary option for larger groups. Renk airstrip, as of April 2024, can fly planes with 50 passengers, however, the costs to operate flights from Renk remain high.</p> <p>Indicators 1.2, 1.4, and 1.6: Achievement for chartered flights' beneficiaries is slightly over-achieved but the direct cash assistance for passengers of the flights is slightly underachieved because infants are also counted as flight passengers. The cash assistance was only provided to adults and children above 3 years old. Therefore, the flight passengers' number is higher than the target, while the number of people receiving cash in hand is less than the target.</p> <p>Indicators 1.3, 1.5, 1.7: The target for boat movement is over-achieved. The transportation provided is voluntary and need-based. The pressure to move returnees in the last quarter of 2023 was high. To reduce congestion in Renk TC and Bulukat TC, IOM increased the number of boats out of Renk and Malakal. The overachievement did not cause an overall deficit to the project, as the balance from direct cash assistance lines and other budget lines offset the deficit.</p>		

Activities	Description	Implemented by
Activity 1.1	Conduct registration and vulnerability screening for returnees	IOM
Activity 1.2	Provide onward transportation assistance through charter flights	IOM
Activity 1.3	Provide onward transportation assistance through voucher	IOM
Activity 1.4	Provide onward transportation assistance through cash assistance	IOM
Activity 1.5	Supply fuel for government-hired or private vehicles to transport returnees safely to their final destination	IOM with the government's support provided fuel to boats to transport returnees by boat from Malakal to their final destinations in Upper Nile, Fangak (Jonglei), and Unity.
Activity 1.6	Establish Complaint and Feedback Mechanism, track the progress and conduct post activity monitoring to assess the satisfaction level of beneficiaries	IOM

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and

Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas² often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)³:

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. This ensured returnees' participation in decisions such as voluntarily traveling to their intended locations or staying at the TC. The project also provided regular information about travel time, mode, challenges, and available assistance. To address complaints and ensure the timely provision of feedback, IOM set up a feedback and complaint mechanism. In addition, IOM ensured that services were delivered to returnees based on needs without discriminating against any group or tribe. Furthermore, 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's nationwide OTA programme SOPs adapted to the evolving emergency context; the type of transportation assistance and routes of transportation were selected based on extensive field assessment and consultation with local service providers. The SOPs were also regularly updated, considering feedback from returnees, partners, and government. The SOPs are recognized and trusted by humanitarian partners and South Sudan's Government.

b. AAP Feedback and Complaint Mechanisms:

IOM continued to reinforce communities' right to access information and participate in decision-making and activities. IOM staff also directly received feedback and conducted question-and-answer sessions with the returnees. Feedback on OTA and other support provided was collected and responded to through the IOM CCCM team, to improve service design, delivery, and quality. To improve collective approaches to AAP and ensure that the feedback of the returnees fleeing from conflict are safely received and addressed, the IOM team worked with the CEN in Renk to improve CwC and Community Engagement mechanisms at the TCs and the River Port. These efforts also culminated in the production and dissemination of monthly feedback bulletins (Voices on the Move) to ensure that service providers operating in the Renk area have access to appropriate responses on the various services offered. All cases were also immediately referred to the relevant service providers on the ground to ensure that feedback was addressed. In the Bulukat TC, to ensure that returnees benefit equitably from the humanitarian services available to them, the IOM SMS team also operated a CFM ensuring that feedback and complaints received are safely referred to service providers and gaps in service provision are reported during coordination meetings to ensure that they are addressed in a timely manner.

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

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

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

IOM followed its internal mandatory 'Policy and Procedures for Preventing and Responding to Sexual Exploitation and Abuse (PSEA)' which binds staff members to standards of conduct. IOM staff, including enumerators, casual labour, and daily staff, were trained on and signed PSEA and 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 SOPs for PSEA in South Sudan. With the informed consent of the survivors, while in a timely manner channeling the report information to the IOM Headquarters Office of the Inspector General using one of the available channels. The channels of reporting included the option of a confidential and encrypted online report submission via IOM's online platform. Furthermore, IOM is an active member of the South Sudan PSEA Taskforce at the national level, and in line with IOM's commitment to UN Frameworks, it participated in the data-sharing protocol, sharing non-identifying case information with the most senior UN official in the country.

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

GUIDANCE (delete when completed): In **max. 150 words**, please explain how the project is intended to contribute to gender equality and promoting the empowerment and protection of women and girls, as well sexual and gender minorities?

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 Inter-Agency Standard Committee (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 are achieved and negative impacts are 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 per cent of the beneficiaries were people with disabilities. IOM deployed three coach buses and five trucks at the POE, and the coach buses 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 ensured that the assistance provided was 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 which reduced barriers to accessing OTA operations.

f. Protection:

IOM has a protection presence at the PoE and joint protection desks that conduct 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 TCs.

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 also conducted awareness-raising sessions on protection issues such as trafficking in persons, GBV, PSEA, and other exploitative practices.

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	13,844

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

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

Under this CERF grant, 13,844 individuals received boat vouchers cost at SSP 35,000 or an estimated USD 30 each (subject to the exchange rate of each month), and among these 9,681 individuals also received direct cash assistance at SSP 19,100 or an estimated USD 19-20 (subject to the exchange rate of the month) to support last mile transportation. In total the project, distributed the cash value of the voucher and cash in hand worth USD 599,265.

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
Transportation voucher for river movement	13,844	US\$ 415,320	Common Services - Logistics	Restricted
Cash assistance for last-mile transportation	9,681	US\$ 183,945	Common Services - Logistics	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
[Insert]	[Insert]
[Insert]	[Insert]
[Insert]	[Insert]

3.2 Project Report 23-RR-FPA-038

1. Project Information			
Agency:	UNFPA	Country:	South Sudan
Sector/cluster:	Protection - Gender-Based Violence Health - Sexual and Reproductive Health	CERF project code:	23-RR-FPA-038
Project title:	Provision of integrated GBV prevention and response and sexual and reproductive health assistance to vulnerable women, men, boys, and girls affected by the Sudan conflict.		
Start date:	25/09/2023	End date:	24/03/2024
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 1,148,000
	Total funding received for agency's sector response to current emergency:		US\$ 0
	Amount received from CERF:		US\$ 700,018
	Total CERF funds sub-granted to implementing partners:		US\$ 437,950
	Government Partners		US\$ 0
	International NGOs		US\$ 373,568.
	National NGOs		US\$ 64,382
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

The project supported the provision of integrated gender-based violence (GBV) prevention and response and sexual and reproductive health (SRH) services to the returnees and refugees from Sudan as well as internally displaced persons (IDP) and vulnerable host communities in the project target locations. In this project, UNFPA supported access to GBV prevention and response services at the women and girls' friendly spaces; a one-stop centre, and a safe house providing temporary shelter in Renk, Wau, Bentiu, Rotriak, and Malakal. The priority locations were in line with the Allocation Strategy of this CERF window and the Refugee Response Plan (RRP). The project has also supported access to SRH services provided by health facilities that received inter-agency RH kits from this project.

As this project had two components, the protection (GBV) component provided services to 35,813 people including 3,274 persons with disabilities while the health (SRH) component provided services to 80,325 people, including 5,717 persons with disabilities. Under this project, UNFPA partnered with the International Medical Corps (IMC), the International Rescue Committee (IRC), and the Smile Again Africa Development Organization (SAADO).

In this project, UNFPA supported the full operationalization of 4 women and girls' friendly spaces in Malakal, Wau, Rotriak, and Bentiu that provided protective environment to vulnerable women and girls to mitigate the risks associated with negative coping mechanisms linked to displacement and the lengthy journey from Sudan to South Sudan. Equally, UNFPA supported a one-stop centre in Malakal to

increase the GBV case management capacity. The centre provided an integrated and specialized GBV service package including clinical management of rape, psychosocial support, legal support as well as psychological first aid to respond to the emotional, psychological and safety needs of survivors. Furthermore, UNFPA provided supplementary support to a safe house in Wau town that provided temporary shelter and protection to GBV survivors. Support for this safe house included renovation, installation of solar lighting and basic equipment for children's playground.

Under the health component of the project, UNFPA supported 24 health facilities serving returnees, refugees, IDPs and vulnerable host communities. Support included the provision of inter-agency RH kits to the health facilities.

3. Changes and Amendments

During implementation, UNFPA faced some delays in procuring and shipping inter-agency RH kits. The Gaza crisis that erupted in October 2023, coupled with the ongoing war in Ukraine, strained the capacity of suppliers to produce inter-agency RH kits, such that many kits required fresh production. Similarly, the Red Sea crisis has triggered threats to maritime shipments, causing freight forwarders' insurance costs to skyrocket. Furthermore, year-end closure of UNFPA accounts and the establishment of 2024 budget contributed to delays in the timely procurement of inter-agency RH kits.

To avoid delays caused by competing global demands for supplies and the year-end account closure, UNFPA activated a contingency stock, the supplies of which were made available for the timely distribution to health facilities. When project supplies arrived in the country, the contingency stock was replenished. UNFPA also opted for air shipments to reduce the lead time and minimize the impact of threats triggered by the Red Sea crisis. These issues had no impact on the timely implementation of the project and the achievement of its targets.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection - Gender-Based Violence									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	496	159	258	79	992	541	192	274	96	1,103
Returnees	11,576	3,704	6,019	1,852	23,151	12,481	3,906	6,276	1,908	24,571
Internally displaced people	3,307	1,058	1,720	529	6,614	3,903	1,191	1,824	533	7,451
Host communities	1,158	370	602	185	2,315	1,274	433	781	205	2,693
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	16,537	5,291	8,599	2,645	33,072	18,199	5,722	9,155	2,742	35,818
People with disabilities (PwD) out of the total										
	1,819	370	774	159	3,122	1,912	383	806	173	3,274

Sector/cluster	Health - Sexual and Reproductive Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	1,076	344	559	172	2,151	1,191	398	601	194	2,384
Returnees	25,102	8,033	13,053	4,016	50,204	27,124	11,212	15,006	4,311	57,653
Internally displaced people	7,172	2,295	3,729	1,148	14,344	7,314	2,409	3,911	1,315	14,949
Host communities	2,510	803	1,305	402	5,020	2,811	807	1,309	412	5,339
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	35,860	11,475	18,646	5,738	71,719	38,440	14,826	20,827	6,232	80,325

* 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.

People with disabilities (PwD) out of the total

3,227	574	1,305	290	5,396	3,417	591	1,391	318	5,717
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* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

4,320 men and boys indirectly benefited from the protection (GBV) component of the project. This was possible due to their role in social norms and their influence in creating a positive transformative impact to protect women and girls from GBV. Similarly, raising awareness on PSEA benefits the whole community which reduces the negative costs of SEA not only for victims but also for humanitarian actors involved in the provision of life-saving interventions.

On the health (SRH) component, 26,775 men and boys have indirectly benefited from the project. These indirect beneficiaries had indirect access to health education and information on the reduction of transmission of diseases. Similarly, direct beneficiaries who received services from supported health facilities shared the information on available services with members of the same household which has contributed to expanding the coverage of the project and reaching more indirect beneficiaries.

6. CERF Results Framework

Project objective To restore dignity, provide temporary shelter and improve access of vulnerable women, girls, men, and boys to integrated GBV and SRH services.

Output 1 4 Women and Girls Friendly Spaces; 1 safe house (temporary shelter for GBV survivors) and a one-stop centre supported to provide a protective space, mitigate risks of negative coping mechanisms, and increase access to GBV prevention and response services.

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

Sector/cluster	Protection - Gender-Based Violence			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	PS.1b Number of women and girls' friendly safe spaces and/or centres constructed, rehabilitated, and/or supported.	4	4	Progress Report
Indicator 1.2	Number of safe houses providing temporary shelters to GBV survivors supported.	1	1	Progress Report
Indicator 1.3	Number of one stop centres providing integrated medical, legal, psychosocial, and case management services supported.	1	1	Progress Report
Indicator 1.4	PS.1a Number of people accessing women- and girl-friendly safe spaces and/or centres.	25,136	27,398	Progress Report
Explanation of output and indicators variance:	In Wau, where the capacity of the Ministry of Gender to provide GBV prevention services was limited due to the growing number of vulnerable women and girls in need of GBV prevention and support services, UNFPA increased the capacity of women and girls' friendly spaces to hold sessions on Saturdays, which resulted in more women and girls being registered. This led to an increase of 2,262 in the initial target number of people accessing women and girls' friendly spaces, bringing the total target number to 27,398.			

Activities	Description	Implemented by
Activity 1.1	Upgrade existing capacities of Women and Girls Friendly Spaces. Support 4 women and girls' friendly spaces to give women and girls spaces to feel safer; have access to information and support; participate in activities; build their networks and strengthen relationships with peers.	IMC, IRC and SAADO In partnership with SAADO, IMC and IRC, UNFPA operationalized four women and girls' friendly spaces in Bulukat (Malakal town), Malakal PoC, Wau and Rotriak that created spaces where vulnerable women and girls come together to access information on GBV and integrated GBV prevention and response services.
Activity 1.2	Support to a safe house for GBV survivors. Provide supplementary support to a temporary shelter that houses and provides temporary protection to GBV survivors.	SAADO In partnership with SAADO, UNFPA supported a safe house in Wau that provided temporary shelter and protection to GBV survivors.
Activity 1.3	Scale up service of one-stop centre. Provide supplementary support to existing one-stop centre that provides integrated psychosocial, medical, legal, and case management support under one roof.	SAADO In partnership with SAADO, UNFPA upgraded the capacity of one-stop centre in Malakal that provided integrated case management, medical, psychosocial, and legal support. The one-stop centre was a referral point for women and girls' friendly spaces in Malakal as well as other GBV service delivery points.

Output 2 GBV survivors received timely GBV case management through strengthened GBV referral pathways.

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

Sector/cluster	Health - Sexual and Reproductive Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	PS.2 Number of people receiving GBV psycho-social support and/or GBV case management.	240	240	Progress Report
Indicator 2.2	Number of GBV referral mechanisms strengthened.	6	6	Progress Report
Indicator 2.3	CC.1 Number of implementing partner staff receiving training to support programme implementation. (Number of frontline service providers received refresher training on case management, psychosocial support, PSEA and disability inclusion.)	90	90	Progress Report
Explanation of output and indicators variance:		There have been no changes in indicators and targets; the number of referral pathways supported, the number of partner staff reached by refresher training,		

		and the number of people reached by GBV psychosocial support were in line with planned figures.
Activities	Description	Implemented by
Activity 2.1	GBV case management and psychosocial support: Provide GBV case management services to GBV survivors.	SAADO, IMC and IRC In partnership with IMC, IRC and SAADO, UNFPA provided GBV case management services to GBV survivors. The case management services were provided through women and girls' friendly spaces supported by the three partners in Bentiu, Rotriak, Malakal and Wau as well as a one-stop centre supported by SAADO in Malakal.
Activity 2.2	Establishment and strengthening of GBV referral systems. Strengthen 6 GBV referral pathways in Unity state, Upper Nile state and Greater Bahr el Ghazal region.	SAADO, IMC and IRC In partnership with SAADO, IMC and IRC and in close collaboration with GBV sub-cluster partners in Wau, Malakal, Bentiu and Rotriak, UNFPA supported 6 referral pathways to ensure uninterrupted access to GBV prevention and response services.
Activity 2.3	Refresher training to frontline service providers Conducting refresher training on GBV case management, psychosocial support, PSEA and disability inclusion for front-line GBV service providers.	SAADO, IMC and IRC In partnership with IMC, IRC and SAADO, UNFPA supported refresher training for staff of implementing partners. The training focussed on the provision of psychosocial support, PSEA, disability inclusion and GBV case management.

Output 3 31,214 women, men, boys, and girls received GBV prevention messages through awareness-raising and outreach activities.

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

Sector/cluster Protection - Gender-Based Violence

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of women, men, boys, and girls received messages on GBV prevention and services available through awareness messages.	31,214	34,647	Progress Report

Explanation of output and indicators variance: During the implementation period, UNFPA partners reached more women, men, boys, and girls through the 16 days of activism events. These events created an opportunity to spread the messages and have contributed to enhanced service uptake. To this end, the number of people reached increased by 3,433 bringing the total to 34,647.

Activities	Description	Implemented by
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Activity 3.1	Awareness-raising activities on GBV and Sexual Exploitation and Abuse (SEA) risk factors in the project locations, including available response services and reporting. Support awareness-raising activities on GBV and SEA risk factors in the project locations. Detailed explanation is provided under the summary section.	SAADO, IMC and IRC In partnership with SAADO, IMC and IRC, UNFPA reached 34,647 men, women, boys, and girls through awareness raising activities in Malakal, Rotriak, Bentiu and Wau. Different strategies were used for awareness raising including social gatherings, door-to-door, community action groups, and radio talk shows. The key messages of the awareness raising were on GBV and SEA risk factors.
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Output 4	Safety and security concerns of women and girls assessed.			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Protection - Gender-Based Violence			
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	Number multi-sectoral safety audits conducted.	4	4	Progress Report
Explanation of output and indicators variance:		There is no variance under this output.		
Activities	Description	Implemented by		
Activity 4.1	Conduct 4 GBV safety audits to identify and address the safety and security concerns that women and girls face. Detailed explanation is provided in the summary	SAADO, IMC and IRC In partnership with three implementing partners and in close collaboration with GBV sub-cluster partners, UNFPA supported four multi-sectoral safety audits in Malakal, Rotriak, Bentiu and Wau. The recommendations from the safety audits were shared with the Protection and Health clusters for implementation.		

Output 5	71, 719 women, men, boys, and girls have full access to reproductive health services as part of multi-sectoral humanitarian assistance.			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Health - Sexual and Reproductive Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 5.1	H.7 Number of functional health facilities supported (Number of health facilities receiving inter-agency reproductive health kits in Upper Nile and Unity states and greater Bahr el Ghazal region)	24	24	Distribution Report

Indicator 5.2	SP.2b Number of people accessing services enabled by inter-agency emergency reproductive health kit.	71,719	80,325	Distribution Report
Indicator 5.3	SP.2a Number of inter-agency emergency reproductive health kits delivered.	120	120	Procurement Report

Explanation of output and indicators variance: During the implementation, partners used both static and mobile facilities to provide SRH services. Also, in some facilities, the SRH services were integrated into community-based activities such as health promotion and community mobilization activities. This helped to expand the services and reach more people than planned to bring the total number of people who benefited from SRH services to 80,325.

Activities	Description	Implemented by
Activity 5.1	Procure and distribute 120 inter-agency RH	UNFPA
Activity 5.2	Provide minimum initial health service package to vulnerable women, girls, men, and boys	IOM, IMC, IRC, IMA, WVI, RI, SCI and CORDAID
Activity 5.3	Conduct periodic monitoring to health facilities receiving inter-agency RH Kits and provide them with regular technical assistance.	UNFPA

7. Effective Programming

a. Accountability to Affected People (AAP)⁴:

UNFPA engaged the affected population targeted by this project in the design, implementation, and monitoring of this project. Engagement was done through regular meetings, focus group discussions and frequent visits to project sites by implementing partners. Priorities of the communities were considered in the design and implementation of this project. UNFPA placed feedback boxes in women and girls' friendly spaces, one-stop centre, safe house, and health facilities for receiving feedback of the community. The feedback was analysed on weekly basis and actions were taken to address all issues. UNFPA demonstrated full accountability to the people targeted and their feedback informed project objectives and targets.

b. AAP Feedback and Complaint Mechanisms:

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

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

⁴ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

In terms of SRH services, the community proposed expansion of the services through community-based awareness raising activities in order to promote family planning and prevention of sexually transmitted infections.

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

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

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

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

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

e. People with disabilities (PwD):

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

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

f. Protection:

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

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

g. Education:

This project did not support education.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	The project did not have CVA component

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 was primarily focussing on people affected by the Sudan conflict. There was an agreement to integrate CVA into the onward transport assistance that was led by IOM in coordination with UNHCR and other partners.

Parameters of the used CVA modality:

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

9. Visibility of CERF-funded Activities

Title	Weblink
Acknowledging contribution of CERF as well as from other donors to support the integrated GBV and SRH service provision	https://x.com/UNFPASouthSudan/status/1767470325481025594?s=20
Success story about the impact of the project on the lives of beneficiaries	https://southsudan.unfpa.org/en/news/restoring-hope-integrated-returnees-renk-how-income-generation-activities-and-cash-assistance

<p>Success story about the impact of the project on the lives of beneficiaries</p>	<p>https://southsudan.unfpa.org/en/news/discovering-hope-safe-shelter-journey-amina-young-survivor</p>
<p>The voices from the beneficiaries appreciating the support</p>	<p>UNFPA South Sudan Rebuilding the lives of women through Income Generation Activities.</p>
<p>Acknowledging contribution of CERF as well as from other donors to support the integrated GBV and SRH service provision</p>	<p>https://x.com/UNFPASouthSudan/status/1734129812376006891?s=20</p>
<p>UNFPA regional office in Johannesburg acknowledging UNFPA South Sudan efforts to support vulnerable women and girls affected by the Sudan conflict</p>	<p>https://twitter.com/UNFPA_ESARO/status/1689638112828489728?s=08</p>
<p>Situation of women and girls affected by the conflict including the Sudan one</p>	<p>https://twitter.com/UNFPA_ESARO/status/1689517168776425472?s=08</p>
<p>CERF acknowledges UNFPA's efforts to rebuild lives of vulnerable people who fled Sudan</p>	<p>https://x.com/UNCERF/status/1786012314086380003?s=08</p>

3.3 Project Report 23-RR-HCR-029

1. Project Information			
Agency:	UNHCR	Country:	South Sudan
Sector/cluster:	Common Services – Logistics	CERF project code:	23-RR-HCR-029
Project title:	Onward Transportation Assistance for refugees and asylum-seekers from border to transit/reception sites under the Emergency Response to the Sudan Crisis		
Start date:	15/08/2023	End date:	14/02/2024
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 112,355,000
	Total funding received for agency's sector response to current emergency:		US\$ 31,750,539
	Amount received from CERF:		US\$ 900,000
	Total CERF funds sub-granted to implementing partners:		US\$ 180,000
	Government Partners		US\$ 0
	International NGOs		US\$ 180,000
	National NGOs		US\$ 0
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

As of 19 May 2024, over 500,000 South Sudanese returnees and over 140,000 refugees from Sudan have arrived in South Sudan, with new arrivals increasing week by week.

With CERF funding, this project 'Onward Transportation Assistance for Refugees and Asylum-seekers from Border to Transit/Reception Sites under the Emergency Response to the Sudan Crisis' focused on providing onward transportation assistance (OTA) to a targeted 4,000 refugees and asylum-seekers from border and transit/reception sites to refugee-hosting areas.

There were three main routes by which refugees and asylum-seekers were relocated from the transit/reception sites to the three locations where the South Sudan Commission for Refugee Affairs (CRA) and UNHCR are conducting asylum registration (namely Maban, Jamjang, Wedwil/Aweil), where protection and essential services are available in the designated areas. UNHCR with its partner AAHI achieved the following total relocations during the project period:

- 1,081 refugees (569 HH) were relocated from Renk to Jamjang Ajuong Thok Camp
- 2,634 refugees (1,482 HH) were relocated from Renk to Maban Kaya Camp

- 1,174 refugees were relocated from Abyei, Wau, Majokyinthiu, and Kiir adem to Wedwil settlement
- 3,356 refugees were relocated from Panakuach and nearby areas to Jamjang

A total 8,245 refugees were relocated to Jamjang, Maban, and Wedwil/Aweil from 15 August 2023 to 14 February 2024.

3. Changes and Amendments

During the project's timeline, UNHCR exceeded the CERF target of 4,000 refugees, with 8,245 individuals relocated from the three main border and transit/reception sites (Renk, Abyei/Aweil, and Panakuach). Transportation was done by road from Renk to Maban, Abyei to Wedweil, and Panakuach to Ajuong Thok. Transportation from Renk to Ajuong Thok was done by river and air.

The sharply deteriorating security situation around Abyei during the months of November, December, and January was a significant challenge, with government forces losing control of the situation for several weeks, which forced UNHCR to suspend road movements out of Abyei after an attack on a convoy. The security situation in that region is now back under control and road movements to move refugees out of Abyei into the Adweil camp have resumed.

There was a marked difference among refugee groups arriving in Renk, with those originating from the Kordofans and Blue Nile being keen to be relocated to refugee camps – Ajuong Thok and Maban respectively – while those coming from urban areas like Khartoum and Wad Madani were more reluctant to go into camps. The government of South Sudan has a progressive policy for Sudanese refugees, who are authorized to live outside camps as long as they do not need humanitarian assistance. A number of refugees availed themselves of this right, while a small number in need of humanitarian assistance remain in the Transit Centre in Renk.

Onward transportation out of Renk remains a top priority of the response to allow for a rapid decongestion of this border town. UNHCR is also working with the Government of South Sudan to facilitate the integration of refugees who do not wish to go to camps.

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	1,160	1,120	840	880	4,000	2,391	2,309	1,731	1814	8,245
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	1,160	1,120	840	880	4,000	2,391	2,309	1,731	1,814	8,245
People with disabilities (PwD) out of the total										
	52	50	38	40	180	107	104	78	82	371

* 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

NTR

6. CERF Results Framework

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Project objective Refugees and asylum-seekers newly arrived to South Sudan are provided with access to onward transportation assistance to refugee-hosting areas

Output 1 Refugees and asylum-seekers newly arrived at South Sudan are provided with access to onward transportation assistance to established refugee-hosting locations

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

Sector/cluster	Common Services - Logistics			
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Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	CS.4 Total number of passengers transported per project	4000	8,245	Manifests for transportation and registration records

Explanation of output and indicators variance: The target was achieved and exceeded, as a high number of individuals relocated was in line with a high number of new arrivals.

Activities	Description	Implemented by
Activity 1.1	Plan and assess routes between border reception/transit centers and refugee camps, arrange transportation of new arrivals, manage logistics including maintenance of vehicles (buses and trucks), fuel propositioning and consumption, and specific arrangements for passengers with specific needs	UNHCR & AAHI
Activity 1.2	Receive and organize new arrivals at border reception and transit centers for onward transportation, including communications with the newly arrived refugees and asylum-seekers on seeking asylum in South Sudan, identification and referral arrangements for persons with specific needs or protection vulnerability who are in need of prioritized transportation	UNHCR
Activity 1.3	Coordinate with local authorities for approval and sensitization of refugee and host communities for peaceful coexistence; monitor and manage the reception center capacity, coordinate with UNHCR and partner teams in pick-up locations on transportation scheduling; Prepare refugee reception centers with essential services,	UNHCR

	including immediate medical and nutrition screening, wet feeding for the new arrivals, identification/follow up of referred cases for protection services, and information dissemination on services available	
Activity 1.4	Monitoring: Collect and incorporate feedbacks from refugees at pick-up (border reception/transit centers) and drop-off locations (refugee reception centers), ensuring complaints and immediate needs being processed through mechanisms in place	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 areas⁵ 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)⁶:

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 mobilisers 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 mobilisers 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.

⁵ 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](#).

⁶ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

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

Over 60 partner staff in Renk, Aweil, Jamjang and Maban 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 three GBV safety audits in Renk and Maban 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. For example, during transportation, UNHCR and partners ensured the lighting was maintained in buses/trucks and in dim areas en route. The GBV sub-sector was activated in Renk, Upper Nile State, with similar systems in other arrival areas. Some 185 frontline workers received GBV training. Safe spaces for women and girls were established in various locations. Additionally, support was provided to over 3,000 GBV survivors and women at risk of GBV, including psychosocial, medical, and legal assistance.

e. People with disabilities (PwD):

Protection border monitoring and rapid protection vulnerability tools developed by IOM and UNHCR enabled to identify of persons with specific needs including people with disabilities (PwD) at the entry points. This rapid vulnerability assessment tool enabled UNHCR to be attentive and place special focus and provide assistance to people with specific needs (PSN) including people with disabilities during relocation. Through this vulnerability identification mechanism, PwDs were prioritized amongst Persons with Specific Needs (PSN) for transportation. 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 border monitoring and vulnerability profiling at the border to the biometric registration and documentation, Efficient and robust biometric registration of newly arrived refugees by UNHCR using 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 identification of gaps and strengthening of referral pathways in place for GBV and Child Protection by UNHCR and protection partners. The entire process of transportation, such as manifest preparations, prioritization of PSN, and protection intervention during the journey including the provision of contact persons for reporting any violence was informed by protection considerations to ensure safety and dignity were maintained.

g. Education:

NTR

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

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

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

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

Cash was not considered, as the project provided transportation assistance for refugees and asylum-seekers from border to transit/reception sites. It would have impractical to provide cash for these individuals to pay for their own onward transportation, and not all would have managed to obtain, and doing so would also have increased protection risks for these individuals.

Parameters of the used CVA modality:

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

9. Visibility of CERF-funded Activities

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

3.4 Project Report 23-RR-CEF-049

1. Project Information			
Agency:	UNICEF	Country:	South Sudan
Sector/cluster:	Water, Sanitation and Hygiene Nutrition	CERF project code:	23-RR-CEF-049
Project title:	Emergency WASH and Nutrition Response in Upper Nile State.		
Start date:	22/09/2023	End date:	21/03/2024
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 356,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 10,000,000
	Amount received from CERF:		US\$ 1,700,000
	Total CERF funds sub-granted to implementing partners:		US\$ 887,896
	Government Partners		US\$ 0
	International NGOs		US\$ 887,896
	National NGOs		US\$ 0
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF grant, UNICEF and its partners provided essential life-saving WASH services to the returnees and refugees affected by the Sudan crisis at transit centres in Renk and Malakal and host communities in both towns. Over 52,500 people (13,123 girls, 12,609 boys, 14,691 women, and 12,077 men), including returnees and refugees, benefitted from adequate safe water through the rehabilitation of the conventional water treatment plant in Renk, the operation and maintenance of surface water treatment (SWAT) systems in Malakal town, and the extension of safe water storage and distribution points to the transit centre in the town. Out of these 52,500 people, an estimated 14,787 returnees had access to basic communal sanitation facilities at both transit centres in Renk and Malakal through the construction of five blocks of 4 stances each of communal latrines, (with a total of 20 stances) and the continued desludging of filled 78 latrine stances. The project also supported the procurement and distribution of WASH Non-Food Items (NFIs), including soap, buckets, hygiene kits, and household-level water disinfection chemicals, to 18,846 returnees and vulnerable people within the host communities in Renk and Malakal. This intervention was supplemented by routine hygiene promotion activities primarily conducted in Malakal and Renk towns. This intervention has contributed immensely to reducing waterborne disease cases and improving overall personal health among beneficiaries.

In addition, the CERF funds have also enabled UNICEF to procure life-saving nutrition supplies (Ready to use therapeutic food (RUTF), therapeutic milk, amoxicillin, and resomal) and provide critical curative and preventive nutrition services to 3,339 people, including 1,544 returnees (1,436 females) and 1,795 (1,075 females) refugees affected by the Sudan Crisis. The intervention further reached 1,840

children under 5 with treatment for wasting and 1,499 mothers and caregivers with messages on optimal breastfeeding and complementary feeding in Melut and Malakal counties. The project helped save the lives of children 6-59 months who were highly likely to die of severe wasting if not treated and helped to build the capacity of mothers and caregivers of children 0-23 months on prevention of malnourishment among children.

3. Changes and Amendments

The project did not face any significant change; all components of the project were achieved within the planned timeframe. CERF funds allocated to this project have been fully utilized as planned. However, there was an increase in the number of people reached because of the continued influx of returnees from Sudan crossing to South Sudan. Over 1,800 returnees and refugees were crossing into South Sudan daily, through the Joda border crossing in Renk County. This influx of returnees was not anticipated during the planning of the project; hence, the project services reached more people than planned, providing access to safe water to 52,500, exceeding the planned 51,387 individuals, WASH NFIs and hygiene promotion services reaching 18,846, exceeding the planned 15,000 individuals. The increase in the number of individuals reached by WASH services during the project implementation constitutes added value for the project as project targets were surpassed for safe water and WASH NFIs without an increase in the planned original budget for both components. However, out of 3,000 dignity/hygiene kits planned for distribution to returnees, only 2,387 were distributed. The remaining 613 dignity/hygiene kits are in store and have been delayed for distribution. This was due to the internal core pipeline WASH cluster policy that restricted the distribution of dignity kits to only women visiting nutrition centres. Plans are in place to enable the completion of the distribution by mid-June of the remaining dignity/hygiene kits at Nutrition centres in partnership with Nutrition partners supporting returnees at the transit centres.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Nutrition									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	195	0	880	720	1,795	195	0	880	720	1,795
Returnees	1,304	0	132	108	1,544	1,304	0	132	108	1,544
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	1,499	0	1,012	828	3,339	1,499	0	1,012	828	3,339
People with disabilities (PwD) out of the total										
	150	0	101	83	334	150	0	101	83	150
Sector/cluster	Water, Sanitation and Hygiene									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	2,973	2,638	2,240	2,149	10,000	2,058	1,691	1,837	1,764	7,350
Returnees	5,946	5,276	4,480	4,298	20,000	6,717	5,527	6,004	5,765	24,013
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	6,359	5,642	4,790	4,596	21,387	5,916	4,859	5,282	5,080	21,137
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	15,278	13,556	11,510	11,043	51,387	14,691	12,077	13,123	12,609	52,500
People with disabilities (PwD) out of the total										
	1,528	1,356	1,151	1,104	5,139	1,260	1,470	1,208	1,312	5,250

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

5. People Indirectly Targeted by the Project

This CERF-funded WASH project has provided an opportunity to expand WASH services beyond the original scope set for project beneficiaries. Hygiene promotion campaigns organized in Renk and Malakal towns have benefitted more community members than anticipated and in December helped to avert a Cholera Outbreak. An estimated 57,466 individuals (exclusive of the 52,500 people reached by the project), the majority of whom are women and children, have been reached during large gathering hygiene campaigns, house-to-house hygiene sessions, and mass environmental cleaning campaigns in both towns. Campaign messages included cholera mitigation measures, personal hygiene, environmental cleanliness, proper use of sanitation facilities, and safe disposal of faeces. Institutions such as schools and health and nutrition facilities in Malakal town, with an estimated 6,787 individuals, continue to access safe water as the project supports the operation and maintenance of the surface water treatment (SWAT) systems.

6. CERF Results Framework

Project objective	Delivery of essential WASH and nutrition life-saving assistance to people fleeing Sudan at the border crossing at prioritized points of entry (PoE) and transit centres			
Output 1	More children and their families fleeing the Sudan conflict have access to safely managed water, basic sanitation, and improved hygiene services at the entry point and during transit			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	WS.6 Number of people accessing sufficient and safe water for drinking, cooking, and/or personal hygiene use as per agreed sector standard	51,387	52,500	Implementing partner's reports
Indicator 1.2	WS.15 Number of communal water points e. g boreholes, water taps stand, a system constructed or rehabilitated	1	1	Implementing partners reports
Indicator 1.3	WS.13 Number of communal sanitation facilities (e.g., latrine) constructed or rehabilitated (at schools, Health/nutrition facilities.)	5	5	Implementing partners reports
Indicator 1.4	WS.16a Number of people (received critical WASH supplies e.g WASH Kits (buckets, soaps)	15,000	18,846	Implementing partners reports
Indicator 1.5	WS.16b Number of WASH/hygiene kits distributed	3,000	2,387	Implementing partners reports
Explanation of output and indicators variance:		Indicator 1.1: With this CERF contribution, 52,500 people have access to sufficient, safe water. This increase of 1,113 people in the planned target of 51,387 was due to more returnees and refugees that crossed over to South Sudan during the project implementation. However, there was no impact on the planned budget for safe water provision.		

Indicator 1.4: The project equally reached 18,846 people with critical WASH supplies such as buckets, soap, and water purification and disinfection chemicals. With an initial target of 15,000 people, an additional 3,846 people were reached with WASH NFIs during the project implementation due to an increase in the number of beneficiaries at the transit centres. There was, however, no impact on the planned budget for WASH NFI distribution as the additional WASH NFIs were obtained from the existing prepositioned WASH core pipeline supplies.

Indicator 1.5: Out of 3,000 dignity/hygiene kits, 2,387 were distributed to women of reproductive age and adolescent girls at the Joda / Wunthrow border entry point in Renk. The second phase of the distribution could not be undertaken as planned as all dignity/hygiene kits were redirected by the WASH cluster for the exclusive use of women visiting nutritional centres for nutrition services. The implementing partner is engaging with Nutrition partners to complete the distribution of the remaining 613 dignity/hygiene kits at nutrition centres to children's caregivers

Activities	Description	Implemented by
Activity 1.1	Procurement of equipment (high lift pumps, dossier pump, portable laboratory for water quality testing)	World Vision International
Activity 1.2	Procurement of WASH Non-Food Items (NFI) and supplies (Hygiene kit, Aluminium Sulphate, Calcium Hypochlorite, buckets, etc)	UNICEF – South Sudan
Activity 1.3	Repairs and rehabilitation of Renk water supply system	World Vision International
Activity 1.4	Construction of 5 blocks of latrines at the Transit centres (TCs) and entry points	World Vision International
Activity 1.5	Management of latrines (existing and new), including desludging at the TCs and Entry Sites	World Vision International
Activity 1.6	Distribution of WASH NFIs	World Vision International
Activity 1.7	Conduct hygiene promotion and behaviour change activities at TCs and entry points	World Vision International
Activity 1.8	Conduct routine water quality testing at water source and fetching points	World Vision International
Activity 1.9	Supervise implementation and conduct monthly progress meetings	World Vision International

Output 2 Provide integrated quality life-saving nutrition services for children and women and ensure families have the knowledge and skills to apply quality infant and young child feeding practices.

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

Sector/cluster	Nutrition			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	N.3a Number of people admitted to SAM treatment programme	1,840	1,840	Nutrition Information System (NIS)

Indicator 2.2	N.3b Percentage of people who were admitted for SAM treatment who recovered	90	90	NIS
Indicator 2.3	N.6 Number of people receiving community awareness sessions on maternal, infant, and young child feeding in emergencies	1,499	1,499	NIS
Explanation of output and indicators variance:		No variance		
Activities	Description	Implemented by		
Activity 2.1	Procure and distribute nutrition supplies to sites	UNICEF		
Activity 2.2	Conduct screening for early detection of wasting and other forms of acute malnutrition in children under five. and refer for treatment	International Medical corps		
Activity 2.3	Provide quality and appropriate case management for all children identified with wasting with and without complications.	International Medical corps		
Activity 2.4	Promote optimal breastfeeding and complementary feeding through messaging and counselling session	International Medical corps		

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.**

During the project implementation, girls, boys, women, and men actively participated in the decision-making process that affected them, including defining and prioritizing project interventions and determining the most appropriate means of delivering WASH services in Renk and Malakal. The project supported a feedback mechanism to inform decision-making processes, adapt activities accordingly, and communicate any corrective actions taken in response to feedback and complaints. Service improvements include increasing drinking water in Malakal transit centres by adding a 7 a.m. pumping schedule so that returnees receive water in the morning.

For Nutrition, community mobilization and sensitization are key components from the onset of the program. Community volunteers were engaged in community mobilization and monitoring results through follow-up of beneficiaries in the community. Partners were also encouraged to hold community meetings regularly with the population served to get feedback on the progress of the project implementation. A total of 3 community meetings were conducted during the implementation period.

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](#).

b. AAP Feedback and Complaint Mechanisms:

UNICEF and implementing partners' meetings with community leaders set feedback and complaint mechanisms through the transit centre committees in Malakal and Renk, community leaders and social workers. The feedback and complaint mechanism facilitated two-way communication between the implementing partner, and community members. Additionally, the mechanism has provided secure platforms for affected communities to provide feedback and file complaints about the project.

Feedback from the affected population on Nutrition is critical as it enables the beneficiaries to receive appropriate, timely, and quality services. The existing feedback mechanism uses complaint boxes, which are placed at nutrition sites for those who can read and write. It also relies on trained Community Nutrition Volunteers who act as recipients of information and obtain real-time feedback from affected communities on what they could expect regarding response. UNICEF and partners through the Nutrition Cluster are working on a systematic approach to compile and address the feedback.

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

UNICEF maintains a zero-tolerance policy on Sexual Exploitation and Abuse (SEA). In this project, UNICEF worked closely with WASH and Nutrition partners to enable Prevention of Sexual Exploitation and Abuse (PSEA) requirements to be integrated into the project, including staff training, signing a code of conduct, and holding all personnel accountable. The affected communities were also made aware and provided with information on SEA and how to report it through community engagement activities. UNICEF also enabled PSEA commitments that have been recognized both at the policy level and integrated into partners' projects through the establishment of key PSEA performance indicators during the designing of the project and monitoring progress. It was crucial to enable safe, confidential, appropriate, equitable, and inclusive access to mechanisms for registering, referring, investigating, and responding to protection issues and for accessing quality support for SEA survivors.

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

UNICEF and its partners focused on the integration of GBV prevention and response components into WASH programming, recognizing the intersectionality between WASH and GBV. The project provided training and capacity-building activities that empowered women, girls, and gender minorities to participate in and contribute to WASH programming. It promoted leadership opportunities and decision-making roles for women and gender minorities within WASH committees and community structures. In addition, robust monitoring and evaluation systems were established to track the gender inclusion outcomes of WASH interventions. UNICEF-supported assessments that identify areas for improvement in gender WASH inclusion.

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

e. People with disabilities (PwD):

Inclusive needs assessments, planning, and monitoring were undertaken in the inception phase of the project. Working with child protection partners, a platform for accessibility of communication and information for children with disabilities and their caregivers was established. This has allowed children with disabilities and their caregivers to have safe access to basic WASH services, including disability-user-friendly latrine stances. During the inception of the project, community engagement forums were created to enable vulnerable people living with disabilities to participate in the design of programmes and in the decisions that affect their lives. Hence, a total of 5,250 (women:1,260, men:1,470, girls:1,208, boys:1,312) were reached with WASH interventions.

The nutrition programme enabled children and caretakers/mothers with disabilities and special needs to be included and given priority during the project implementation. 184 (101 girls and 83 boys) children received treatment for wasting, and 150 caretakers/mothers benefitted from counselling and messages on the prevention of wasting.

f. Protection:

UNICEF and its implementing partners encourage an intersectoral approach to project implementation. Hence, this project's intersectoral approach facilitated the championing of key aspects of child protection and the general protection of the most vulnerable during its implementation. This included applying mechanisms to assess, analyse, monitor, and report on child protection concerns and their root causes. It also integrated case management systems, including referral pathways for services and a functional, safe information management system. Additionally, the project provided protective functions to vulnerable families and communities, with measures in place to mitigate and prevent abuse, neglect, exploitation, and violence against children.

g. Education:

The project's operation and maintenance of emergency water systems have benefitted 10 schools within Malakal town. An estimated average of 7,500 learners continue to access safe water at these schools. Extended latrine desludging support to schools has enabled them to access safe sanitation facilities. Additionally, the distribution of dignity/hygiene kits to adolescent girls is a key intervention in schools, reaching 787 school-going girls.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

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

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

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

The Cash and voucher assistance (CVA) were not considered in the WASH intervention because the WASH non-food items (NFIs) component of this project was supported through the WASH core pipeline mechanism managed by UNICEF and IOM.

Given the programme design and the national guidelines and protocols for treating waste, no cash was transferred to the beneficiaries in this grant.

Parameters of the used CVA modality:

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

9. Visibility of CERF-funded Activities

Title	Weblink
Thanks to partners, UNICEF is supporting displaced children and families with health and nutrition services	https://www.instagram.com/p/Cy0-X1uLqcb/
<i>Roriak transit site where UNICEF and partners are on the ground</i>	https://twitter.com/unicefssudan/status/1718508014385459432

3.5 Project Report 23-RR-WFP-044

1. Project Information			
Agency:	WFP	Country:	South Sudan
Sector/cluster:	Food Security - Food Assistance	CERF project code:	23-RR-WFP-044
Project title:	Emergency food assistance to the most vulnerable and food insecure people affected by the Sudan crisis		
Start date:	01/09/2023	End date:	29/02/2024
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

Funding	Total requirement for agency's sector response to current emergency:	US\$ 139,400,000
	Total funding received for agency's sector response to current emergency:	US\$ 18,900,000
	Amount received from CERF:	US\$ 2,000,000
	Total CERF funds sub-granted to implementing partners:	US \$62,300
	Government Partners	US\$
	International NGOs	US\$ 62,300
	National NGOs	US\$
Red Cross/Crescent Organisation	US\$	

2. Project Results Summary/Overall Performance

Through this CERF Rapid Response Emergency grant, WFP and its partners were able to provide lifesaving food assistance to a total of 141,215 people through in-kind and cash assistance. This included 65,680 men, women and children reached in 15,763 households through in-kind food assistance (34,154 female and 31,526 male). To ensure delivery of this assistance WFP procured 350 MT of food commodities including High-energy biscuits. This assistance also included cash-based transfers to 75,535 through the disbursement of USD 940,760.08.

Through the CERF fund a total of 20% of all new arrivals who were received (333,914 people) during the implementation period were served through Fortified Biscuits distribution at the entry points and a one-time seven-day cash worth distribution before they were transported to their final destination. The fund came during the peak of the influx and really contributed to the effective response to meet the need of the population.

The CERF allocation allowed WFP to respond rapidly to the emergency during a time when the influx of people fleeing the conflict in Sudan was on the rise. Through this Rapid Response allocation, WFP was able to complement existing funding from other donors to ensure continuity of assistance and meet the emerging humanitarian needs.

3. Changes and Amendments

No changes were made to the planned implementation. It is however worth noting that the vast increase of new arrivals beyond the anticipated numbers were noted during the reporting period. In addition, despite delays in the delivery of the high-energy biscuits in-country due to shipping challenges, WFP managed to ensure full distribution of all commodities under the allocation providing lifesaving food assistance to conflict affected populations.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Food Security - Food Assistance									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	2,500	2,700	2,400	2,400	10,000	3,615	2,937	8,586	7,456	22,594
Returnees	13,920	15,034	13,363	13,363	55,680	18,979	15,421	45,076	39,145	118,621
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	16,420	17,734	15,763	15,763	65,680	22,594	18,358	53,662	46,601	141,215
People with disabilities (PwD) out of the total										
	210	171	499	433	1,313	452	367	1,073	932	2,824

* 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

Introduction of cash assistance to refugees and returnees positively impacted host communities, Market outlook improved, petty trade increased, and Health and sanitation improved: Host communities benefited from the established health center in Renk (Abogadra) and Palouch, UNHCR provided water to returnees, and it was accessible by both host community and returnees.

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.			
Output 1	Number of people (refugees and returnees) in targeted communities receiving in-kind 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 (high energy biscuits)	40,000	40,000	Distribution Reports Vs Inflows from Border Monitoring
Indicator 1.2	FN.1b Quantity of food assistance distributed in metric tons (high energy biscuits)	50	50	Distribution Reports
Indicator 1.3	FN.1a Number of people receiving in-kind food assistance (refugees)	10,000	10,000	Distribution Report
Indicator 1.4	FN.1b Quantity of food assistance distributed in metric tons (cereals)	300	300	Distribution Reports
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 1.1	Procurement of food commodities (HEBs)	WFP		
Activity 1.2	Food delivery to WFP and/or partners warehouses	WFP		
Activity 1.3	Distribution of in-kind food commodities (including HEBs) at border areas and transit centres	WFP and AAHI / GOAL		
Activity 1.4	Monitoring of Distributions and Assistance provided to beneficiaries	WFP		
Output 2	Number of people (refugees and returnees) in targeted communities receiving food assistance in the form of cash based transfers (CBT)			

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 2.1	Cash.2a Number of people receiving sector-specific unconditional cash transfers (returnees)	15,680	75,535	Distribution Reports
Indicator 2.2	Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD	940,800	940,760.08	Distribution Reports
Explanation of output and indicators variance:		WFP had initially envisaged assistance under the CERF grant to take place over 4 months with the assistance of 2 weeks at transit centres. However, due to funding limitations and the volume of people crossing into South Sudan WFP provided assistance under the CERF grant over 2 months and with a 1-week assistance at centres therefore reaching more people.		
Activities	Description	Implemented by		
Activity 2.1	Contracting of financial service providers and traders	WFP		
Activity 2.2	CBT distribution as part of GFD	Financial Service Providers		
Activity 2.3	Monitoring of Distributions and Cash Assistance provided to beneficiaries	WFP		

7. Effective Programming

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

a. Accountability to Affected People (AAP)⁹:

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

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

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

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. PMCs were re-activated to link WFP and communities that they represent as necessary. WFP engaged with community to identify another community-based mechanism that can assume these functions.

b. AAP Feedback and Complaint Mechanisms:

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. WFP continued to strengthen the beneficiary feedback mechanism by ensuring that beneficiaries have access to channels (toll-free hotline, helpdesks, and community outreach) for providing complaints/feedback. During the implementation period, 2,808 cases were processed (logged, analysed, addressed and clients provided feedback) through the 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, and beneficiaries not aware of the project process (selection and targeting criteria, rations, registration and distribution process, and distribute dates). During the reporting period, 99 percent of the reported issues (complaints/feedback) were closed.

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

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 analyze 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).

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 toward achieving gender equality and women's empowerment. WFP's Gender and Protection Unit worked closely with established targeted communities' structures to address norms and 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 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 analyze 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).

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\$	75,535

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 75,535 conflict-affected people. Given the challenges with the location of the population, WFP focused the assistance on the 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	75,535	US\$ 940,760.08	Food Security - Food Assistance	Unrestricted
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
Tweet	https://x.com/WFP_SouthSudan/status/1710177567091593232
Tweet	https://x.com/WFP_SouthSudan/status/1780843704292716837

3.6 Project Report 23-RR-WHO-036

1. Project Information			
Agency:	WHO	Country:	South Sudan
Sector/cluster:	Health	CERF project code:	23-RR-WHO-036
Project title:	Emergency health assistance to South Sudanese returnees and refugees affected by the Sudan crisis in Unity, Upper Nile, and Greater Bahr el Ghazal states		
Start date:	14/08/2023	End date:	13/02/2024
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 10,700,000
	Total funding received for agency's sector response to current emergency:		US\$ 1,000,000
	Amount received from CERF:		US\$ 700,000
	Total CERF funds sub-granted to implementing partners:		US\$ [0]
	Government Partners		US\$ [0]
	International NGOs		US\$ [0]
	National NGOs		US\$ [0]
Red Cross/Crescent Organisation		US\$ [0]	

2. Project Results Summary/Overall Performance

The World Health Organisation (WHO) South Sudan received the CERF Rapid Response Allocation to support returnees and refugees arriving in South Sudan from Sudan due to the ongoing Sudan humanitarian complex Crisis, the six-month project "Emergency Health Assistance to South Sudanese Returnees and Refugees Affected by the Sudan crisis in Unity, Upper Nile, and Greater Bahr el Ghazal states" aimed to respond to the immediate health needs of returnees and refugees by ensuring equitable access to quality health services, reducing the risk of disease outbreaks, and promoting the well-being of the refugees and returnees at reception centers, Point of Entries (PoEs) and transit centres. By its end, the project had reached 169,533 (Men 37,551 Women 35,523 Boys 48,517, and girls 47,942) of its intended beneficiaries representing 91.6% of the total targeted population among them 25,428 people with disabilities. The health kits were used to provide treatment to 119,260 people and were provided through 20 health facilities, the measles reactive vaccination reached 50,271 children under 15 years of age. The project also strengthened disease surveillance and response capacities consequently 72% of the total 3,009 disease alerts raised in the Early Warning Alert and Response System (EWARS) were responded to within 24 hours. The project also built a capacity of 191 healthcare workers in case management for common diseases, integrated disease surveillance and response, inpatient management of severe acute malnutrition, and successfully carried out water quality testing for which results were shared with the WASH and Health Cluster partners to inform programming. This overall contributed to the reduction of preventable morbidity and mortality among returnees and refugees.

3. Changes and Amendments

There were no changes to the project during the project implementation period

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	4,703	4,896	5,839	5,710	21,148	4,468	4,651	9,698	9,742	28,559
Returnees	47,555	49,497	33,552	33,248	163,852	31,055	32,900	38,244	38,775	140,974
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	52,258	54,393	39,391	38,958	185,000	35,523	37,551	47,942	48,517	169,533
People with disabilities (PwD) out of the total										
	7,838	8,159	2,083	2,168	20,248	5,328	5,632	7,191	7,277	25,428

* 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 678,132 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 emergency health kits and primary health care services provided through health partners, vaccination services offered to children, improved WASH services and capacity building provided to health care workers.

6. CERF Results Framework

Project objective	To respond to the immediate health needs of refugees and returnees by ensuring equitable access to quality health services, reducing the risk of disease outbreaks, and promoting the well-being of the refugees and returnees at PoEs and transit centres				
Output 1	Increased access to emergency health kits for refugees and returnees at Transit sites, PoE and affected communities				
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Health				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 1.1	H.1a Number of emergency health kits delivered to healthcare facilities	313	279 (89%)	Distribution list Waybills	
Indicator 1.2	Number of people benefiting from the medicines	134,000	119,260	Partner Consumption reports Facility registers	
Indicator 1.3	H.7 Number of functional health facilities supported	20	20	Monitoring reports Distribution list	
Explanation of output and indicators variance:		H.1a – A total of 279 health kits were distributed representing an underachievement of 11%. This variance was due to the low uptake of non-communicable disease (NCD) kits (67%) and Mental health kits (80%) against the planned targets. Access to emergency health kits is usually demand-driven to avoid pushing kits that are not demanded by partners, the balance of the kits is currently in the custody of WHO and will be provided to partners on a need basis as the crisis is still on and with limited funding. Variances in the number of beneficiaries reached are also linked to the total kits distributed.			
Activities	Description	Implemented by			
Activity 1.1	Procure and distribute 313 Health Emergency kit (255 IEHK, three complete non-Communicable disease kits, 15 Mental Health Kits, 20 complete Measles Kits, and 20 pneumonia kits)	WHO			
Activity 1.2	Post distribution monitoring of emergency medical supplies	WHO			
Output 2	Increased capacity of health responders to provide quality primary health services at the PoEs and transit centres through refresher trainings				

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	The number of implementing partner staff receiving refresher training on quality case management for epidemic-prone diseases to support programme implementation.	60	62 (103%)	Training reports Participant's attendance list
Indicator 2.2	Number of implementing partner staff receiving refresher training on Clinical Management of Rape (CMR) to support programme implementation.	60	41 (68%)	Training Reports Participant's attendance list
Indicator 2.3	The number of implementing partner staff receiving refresher training on in case management of medical complications associated with Severe Acute Malnutrition to support programme implementation.	30	35 (116%)	Training Reports Participant's attendance list

Explanation of output and indicators variance:

Indicator 2.1 More Healthcare workers were trained on case management for epidemic prone diseases due to demand for training among partners at the height of the response.

Indicator 2.2 A total of 68% achievements on the target was achieved, the low achievement is attributed to low turn up by targeted beneficiaries.

Indicator 2.3 Achievement of 116% was registered, the overachievement was attributed to more participants showing up for the training due to effective mobilisation and how the partners were seeing more children with severe acute malnutrition at the start of the response. Hence, the need of nutrition capacities showed the interest of the response.

Activities	Description	Implemented by
Activity 2.1	Refresher training of 60 health care workers on quality case management for common epidemic-prone diseases.	WHO
Activity 2.2	Refresher training of 60 health care workers on Gender-Based Violence, and clinical management of rape (CMR) for health workers supporting PoEs and Transit canterers	WHO
Activity 2.3	Refresher training of 30 health care workers on the management of medical complications associated with Severe Acute Malnutrition for health workers supporting PoEs and Transit canterers	WHO

Activity 2.4	Support supervision of health response in facilities, PoEs, and transit sites to ensure quality health services are delivered to the affected population	WHO
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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 No

Sector/cluster Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of RRT deployments conducted	4	6	Investigation and risk assessment reports Project reports
Indicator 3.2	H.4 Number of people vaccinated	50,000	50,271	Vaccination registers Campaign reports
Indicator 3.3	Number of water samples tested per 5 deployments	150	219	Water quality laboratory report Project monitoring report
Indicator 3.4	Number of health workers received refresher training in disease surveillance	40	53	Training report Participant's list
Indicator 3.5	H.5 Percentage of public health alerts generated through community-based and/or health-facility-based surveillance or alert systems investigated within 24 hours	75%	72%	EWARS database

Explanation of output and indicators variance:

Indicator 3.1 More RRT deployments were conducted due to increased risk caused by the surge in measles, Suspected Meningitis, suspected polio cases, Dengue fever in Sudan, and outbreak of Cholera in the Sudan and related Acute watery Diarrhoea (AWD) cases in areas affected by Sudan Crisis. WHO also used other complementary funding from USAID to support the deployment of Rapid Response Teams for outbreak investigation in Maban refugee camp for suspected cholera outbreaks.

Indicator 3.3 Achievements on the number of water samples collected and tested were 146% above the planned targets. The WHO WASH officer intensified Water Quality testing from diverse water sources at the request of health and WASH partners due increased risk of Cholera and other waterborne diseases among displaced populations and congested areas with overcrowding.

Indicator 3.5 72% of the total number of disease alerts generated in EWARS was verified and responded to within 24 hours leaving a variance of 3%. This is attributed to access constraints in the Unity state and some parts of upper

		Nile like Longechuk that affected the capacity of the surveillance and response teams to do timely verification and response.
Activities	Description	Implemented by
Activity 3.1	Support disease outbreak monitoring, verification, investigation, and response, through the timely deployment of rapid response teams (RRTs)	WHO
Activity 3.2	Support reactive and preventive Immunization campaigns in returnee/refugee-affected areas, border crossing points, and in transit locations to limit the spread of communicable diseases while in transit and reduce the risk of severe disease outbreaks in the wider community	WHO
Activity 3.3	Water quality testing and monitoring in disease hotspots and making available information to partners as part of disease outbreak prevention and response	WHO
Activity 3.4	Deployment of technical officers to refugee/returnee sites to carry out risk assessment and overall guidance to the health response	WHO
Activity 3.5	Refresher training for 40 healthcare workers on Epidemic Disease Surveillance and outbreak response	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 areas¹⁰ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)¹¹:

The WHO's rapid risk assessment conducted in the returnee-receiving locations provided the benchmark for design of the project. The surveillance information generated through the Disease Early Warning Alert and Response System offered vital clue into the health risk and vulnerabilities, meanwhile county Surveillance structures along with Rapid Response Teams, and the WHO health screening post provided information on risk of epidemics. These needs were prioritized at the health cluster levels and used as a basis to engage the Inter- Cluster Coordination Group and UN Country team to guide strategic prioritisation and eventual design of the action. At implementation, WHO also worked with emergency health partners to ensure medical supplies and equipment were available at the facilities and in the states for easy access and use, the RRTs, Surveillance Officers were engaged in alert verification, investigation and initial response, the health workers also supported health screening at PoEs and reactive measles vaccination campaigns under the supervision of the CHD.

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

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

b. AAP Feedback and Complaint Mechanisms:

WHO used several feedback mechanisms which provided time sensitive information that ensured the affected people are informed and provided feedback. This include the inter-cluster weekly health and nutrition cluster meetings where partners were informed about availability of medical supplies and how they can access them, the post distribution monitoring exercise and the patient satisfaction exercises where WHO monitoring and evaluation officer reviewed warehouse and stock management systems among the recipient partners, and conducted beneficiary satisfaction interviews with patients on prescription and dispensing at health facility levels. Other feedback mechanisms used were the WHO health screening desk, IOM screening desk, UNHCR registration and forward movement desk, and the camp management desk where complains are received and shared.

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

In line with WHO's safeguarding policies, all technical officers who were deployed to the response were briefed on PRSEAH, 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 focal points in Renk, and state hubs to ensure that PRSEAH is mainstreamed in the response. PRSEAH communication materials were procured and distributed to responders. The WHO PRSEAH coordinator conducted 2 field visits to Renk and Malakal, as well as to Bentiu, Aweil, Wau, Aweil and Kuajok, to ensure that PRSEAH measures are in place. WHO was mission co-lead (together with IOM) during a joint inter-agency mission to Renk which 1) established a Renk based inter-agency PSEA taskforce, 2) trained the taskforce members on PRSEAH, 3) trained the members on community-based complaint mechanism (CBCM) and prepared their workplan to establish Community Based Complains Mechanism in Renk so that beneficiaries have free, confidential, and accessible reporting channels.

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 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. To ensure response to GBV and protection needs of the affected population, WHO conducted training for health care workers on Clinical Management of Rape, Gender Based violence and supported health partners to conduct awareness on GBV prevention and response. 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):

The project increased access to emergency medical supplies to returnees/refugees including PWDs through mobile and static health facilities supported by health partners. Partners ensured disability friendly services were provided including facilities, equipment, and procedures to accommodate diverse needs. They also ensured PWDs were mobilised through health education and community outreaches, PWD were also identified through the health screening points where attention was given. The health information collected and used for reporting had disaggregated information for PWD. The above strategies served to ensure planning and inclusion of PWDs in health services delivery.

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:

WHO integrated risk communication and community engagement as part of investigation and response to disease outbreaks ensuring that communities are empowered with information to prevent or disrupt transmission of epidemics. In addition, WHO's trainings in disease surveillance, Inpatient Care of SAM/MC children as well as case management trainings provided learning and capacity building opportunities. 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	0

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	0	US\$ 0	Choose an item.	Choose an item.
Not applicable	0	US\$ 0	Choose an item.	Choose an item.
Not applicable	0	US\$ 0	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
Provision of Medical supplies to refugees/returnees in Renk	https://www.facebook.com/WHOSOUTHSDAN/posts/pfbid02KZ8ug8CkMbpYmmFWm7LPe8zSdJgahNNNQPT33LMhg2HsUzEsKvN7YtYEDhcbNnkil

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
23-RR-WFP-044	Food Assistance	WFP	INGO	\$62,300
23-RR-CEF-049	Water, Sanitation and Hygiene	UNICEF	INGO	\$761,165
23-RR-CEF-049	Nutrition	UNICEF	INGO	\$126,730
23-RR-HCR-029	Logistics	UNHCR	INGO	\$180,000
23-RR-FPA-038	Protection	UNFPA	INGO	\$270,565
23-RR-FPA-038	Protection	UNFPA	INGO	\$103,002
23-RR-FPA-038	Protection	UNFPA	NNGO	\$64,382