CERF ALLOCATION REPORT ON THE
USE OF FUNDS AND ACHIEVED RESULTS

United Nations CERF Central Emergency Response Fund

REPUBLIC OF THE SUDAN
RAPID RESPONSE
VIOLENCE/CLASHES
2024

24-RR-SDN-63674

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PART I – ALLOCATION OVERVIEW

STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

The $15 million CERF Rapid Response allocation enabled UNICEF and WFP to deliver tangible, high-impact results in some of Sudan's most crisis-affected regions. Anchored in the original objectives of early action and life-saving support, this allocation helped scale up critical food and nutrition assistance in Darfur and Kordofan regions, where famine-like conditions were already emerging.

The objectives set out in the CERF request have not only been met but, in several cases, significantly exceeded. Through this funding, 50,521 children under five with severe acute malnutrition were treated—25% more than initially planned—while 40,000 cartons of Ready-to-Use Therapeutic Food and essential nutrition supplies were procured and delivered without pipeline breaks. In parallel, WFP reached 747,085 individuals—more than 6 times its original CERF target—thanks to favorable procurement conditions that enabled the purchase of an additional 287 metric tons of food. General food assistance reached 460,526 people, and 286,559 received targeted nutrition support, helping to mitigate the most urgent food insecurity risks.

These achievements unfolded in a complex operating environment, marked by conflict, displacement, bureaucratic constraints, and adverse weather. Yet the CERF-funded response proved agile and impactful. It laid the groundwork for integrated service delivery, strengthened frontline capacity, and reinforced accountability through inclusive programming and community engagement. Importantly, the allocation catalyzed broader mobilization, including SHF complementary programming, to extend the reach of humanitarian assistance.

This allocation was intended as early action to preempt a deterioration foreseen in the lean season, and it delivered. The results demonstrate what principled, needs-driven funding can achieve when timely, well-targeted, and coordinated, continued support remains vital to prevent a slide into full-scale famine and to sustain these hard-won gains.

CERF's Added Value:

The allocation strategy for this RR allocation was designed using an area-based approach to maximize impact. The strategy focuses on targeting the most vulnerable among newly displaced populations in the hardest-hit areas through lifesaving responses, addressing the root causes of intercommunal violence and displacement, and ensuring an effective rapid response in the coming year.

Each targeted state developed its state plan, which served as the primary reference for agency submissions and coordination mechanisms during project implementation. The development of state plans facilitated a bottom-up approach to prioritizing the most vulnerable populations by leveraging real-time field knowledge and data.

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

Yes ☐ Partially ☐ No ☐

Not discussed since AAR didn't take place.

Did CERF funds help respond to time-critical needs?

Yes ☐ Partially ☐ No ☐

Not discussed since AAR didn't take place.

Did CERF improve coordination amongst the humanitarian community?

Yes ☐ Partially ☐ No ☐

Not discussed since AAR didn't take place.

Did CERF funds help improve resource mobilization from other sources?

Yes ☐ Partially ☐ No ☐

Not discussed since AAR didn't take place.

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

Women actively participated in community mobilization efforts, including hygiene promotion, Mid-Upper Arm Circumference (MUAC) screening, counseling on optimal infant and young child feeding (IYCF), and nutrition education that addressed both preventive and curative aspects. Recognizing that gender-based violence (GBV) significantly undermines the safety, well-being, and prospects of women and girls—particularly in emergency settings—UNICEF and WFP integrated gender and protection measures across their programming. UNICEF ensured the integration of services across sectors, such as incorporating water, sanitation, and hygiene (WASH) within nutrition service centers. In parallel, WFP mainstreamed gender considerations throughout the design, implementation, and monitoring of its interventions to promote gender equality, women's empowerment, and the protection of marginalized groups. Nutrition education messages were deliberately designed to engage both men and women, covering exclusive breastfeeding, optimal complementary feeding, and practical cooking demonstrations, while emphasizing joint decision-making at the household level.

At the Area Office level, WFP's senior gender focal points conducted regular monitoring facilitated training for cooperating partners (CPs) and community leaders, and led gender and protection assessments to ensure that affected communities accessed assistance in a safe and dignified manner. UNICEF focused particularly on the most vulnerable groups, especially children and women with disabilities. Program designs considered the needs of persons with disabilities, with a specific emphasis on supporting mothers of children with disabilities through targeted education on IYCF practices to improve caregiving capacity. To promote inclusion, communities received tailored messages directing persons with disabilities to contact the community help desk or focal points for support with registration and access to services.

WFP remained an active member of interagency fora led by UNESCO Sudan to implement the UN Disability Inclusion Strategy (UNDIS). Furthermore, both WFP and UNICEF prioritized disability inclusion in food and nutrition programming by organizing consultations with persons with disabilities and community groups—particularly in northern states—to improve accessibility and dignity in food distribution. The project also provided targeted education on nutrition, health, and hygiene to pregnant and breastfeeding women and caregivers of children aged 6–59 months, aiming to improve nutritional practices and dietary intake. Where feasible, trained Community Nutrition Volunteers delivered key messages and conducted follow-up for cases of moderate acute malnutrition (MAM) eligible for treatment. Social Behavior Change (SBC) campaigns complemented this approach by educating caregivers and beneficiaries on positive nutrition, health, and hygiene behaviors throughout the program lifecycle.

Ensuring the safety of vulnerable populations—including women, adolescent girls, and children—remained a core priority for UNICEF. This involved strengthening complaints and feedback mechanisms and encouraging implementing partners to integrate protection-sensitive approaches into their activities.

In 2024, WFP Sudan launched a comprehensive Protection and Conflict Sensitivity Strategy (2024–2027) to ensure that its operations are conflict-sensitive and responsive to the unique needs of vulnerable populations, including persons with disabilities. Despite operational challenges, WFP developed practical tools such as risk matrices and community-based monitoring systems to identify and mitigate evolving risks. Safe distribution checklists introduced to guide partners achieved over 90% compliance, and nearly 1,000 staff and community workers received training on protection principles.

[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.

Additionally, WFP established safe referral pathways, trained staff in psychological first aid for GBV survivors, and conducted assessments to ensure that new modalities of assistance adhered to protection and conflict sensitivity standards. These efforts collectively contributed to safer, more inclusive, and more accountable service delivery.

Table 1: Allocation Overview (US$)

The total amount required for the humanitarian response	**1,000,000,000**
CERF	14,998,358
Country-based Pooled Fund (if applicable)	68,911,216
Other (bilateral/multilateral)	904,048,852
Total funding received for the humanitarian response (by source above)	**987,958,427**

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

Agency	Project Code	Sector/Cluster	Amount
UNICEF	24-RR-CEF-009	Nutrition	7,498,359
WFP	24-RR-WFP-008	Food Security - Food Assistance	4,499,999
WFP	24-RR-WFP-008	Nutrition	3,000,000
Total			**14,998,358**

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

Total funds implemented directly by UN agencies, including procurement of relief goods	**[Fill in]**
Funds sub-granted to government partners*	185,081
Funds sub-granted to international NGO partners*	1,091,093
Funds sub-granted to national NGO partners*	1,323,709
Funds sub-granted to Red Cross/Red Crescent partners*	125,980
Total funds transferred to implementing partners (IP)*	**2,725,864**
Total	**14,998,358**

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

2. OPERATIONAL PRIORITIZATION:

Overview of the Humanitarian Situation:

Intense conflict and organized violence that started on 15 April 2023, coupled with the continued economic decline, have propelled approximately 17.7 million people across Sudan (37 percent of the analyzed population) into high levels of acute food insecurity, classified as IPC Phase 3 or above (Crisis or worse) between October 2023 and February 2024. Among these, about 4.9 million (10 percent of the population analyzed) are in IPC Phase 4 (Emergency), and almost 12.8 million people (27 percent of the population analyzed) are in IPC Phase 3 (Crisis). The almost 5 million people in IPC Phase 4 are one step away from famine conditions. The situation is projected to deteriorate even further in the subsequent months up to the lean season.

Operational Use of the CERF Allocation and Results:

The CERF-funded response – complementary to projects funded through the Sudan Humanitarian Fund - consisted of direct action in the sectors of Food Security, Nutrition, Water, Sanitation, and Hygiene, as well as preparation and response plans at regional and state levels. Agencies had provided available logistic capacity (warehouses, trucks) and worked with local actors to reach the people in need.

People Directly Reached:

Agencies and partners were able to reach 286,559 people with this CERF RR funding, which was 263% of the 109,138 that was originally targeted. Due to favorable market circumstances and shorter assistance periods, WFP was able to procure an additional 287.008 MT of food, resulting in a high completion rate. This allowed for a wider reach with reduced support per individual to address urgent needs amid operational constraints and insecurity. A "max approach" was used for projects running in the same locations for various clusters to reduce the possibility of double-counting.

People Indirectly Reached:

Targeted communities received nutrition, health, and hygiene education through this CERF funding to improve dietary practices and overall well-being at the household level. To promote better health and nutrition practices at the family and community levels, Community Nutrition Volunteers used social behavior change campaigns to spread a range of important messages about nutrition, hygiene, and health. It is estimated that more than 137,000 people benefited indirectly from the nutrition activities supported under this project. This includes the mothers who received awareness messages through the nutrition sites in the health facilities and mobile teams, in addition to the children screened through the integrated campaigns.

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

	Planned					Reached				
Sector/Cluster	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Food Security - Food Assistance	12,500	9,676	13,102	11,019	**46,297**	84,844	128,241	137,472	109,969	**460,526**
Nutrition	81,854	0	33,011	34,003	**148,868**	48,579	0	156,780	131,721	**337,080**

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

Category	**Planned**	**Reached**
Refugees	26,245	87,536
Returnees	228	0
Internally displaced people	105,555	453,821
Host communities	63,408	256,249
Other affected people	0	0
Total	**195,436**	**797,606**

Table 6: Total Number of People Directly Assisted with CERF Funding*			**Number of people with disabilities (PwD) out of the total**	
Sex & Age	**Planned**	**Reached**	**Planned**	**Reached**
Women	12,500	133,423	0	0
Men	9,676	128,241	0	0
Girls	46,113	249,252	1,937	2,627
Boys	45,022	241,690	2,063	2,425
Total	**113,311**	**797,606**	**4,000**	**5,052**

* 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.

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 24-RR-CEF-009

1. Project Information			
Agency:	UNICEF	**Country:**	Republic of the Sudan
Sector/cluster:	Nutrition	**CERF project code:**	24-RR-CEF-009
Project title:	Sudan Food Security Crisis Response – Critical Nutrition assistance to children and families in Darfur and Kordofan states		
Start date:	01/03/2024	**End date:**	31/08/2024
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding		
	The total requirement for the agency's sector response to a current emergency:	**US$ 208,000,000**
	Total funding received for the agency's sector response to the current emergency:	**US$ 87,000,000**
	Amount received from CERF:	**US$ 7,498,359**
	Total CERF funds sub-granted to implementing partners:	**US$ 6,283,470.00**
	Government Partners	US$ 185,081.42
	International NGOs	US$ 504,299.92
	National NGOs	US$ 1,200,697.42
	Red Cross/Crescent Organisation	US$ 125,980.31

2. Project Results Summary/Overall Performance

Through this CERF grant, UNICEF and its partners were able to maintain and scale up life-saving nutrition services for the most vulnerable children and mothers in Darfur and Kordofan regions, and the project has achieved its targets. A total of 50,521 children under five with Severe Acute Malnutrition (SAM) were treated using the supplies procured under this project. This includes 41,069 children aged 6 – 59 months with Severe Acute Malnutrition in the Outpatient Therapeutic Programs (OTPs), and 9,452 children with complicated SAM in the stabilization centers. The project has contributed to ensuring the intact pipeline for essential nutrition supplies. A total of 40,000 cartons of Ready-to-Use Therapeutic Food (RUTF), 3,700 cartons of Therapeutic Milk, and 12,000 cartons of Lipid-based Nutrient Supplements were procured and delivered to the implementation locations.

In addition to the main support for the procurement of supplies, the project has significantly contributed to maintaining service delivery to treat severe acute malnutrition. Through UNICEF partners from NGOs and SMOH, 82 Outpatient Therapeutic Programs (OTPs), which provide management for children with Severe Acute Malnutrition, were supported during the project period. Additionally, 16 mobile teams were deployed, which provided integrated nutrition services to IDP gatherings and unserved communities in Darfur and Kordofan states.

Furthermore, three mass-integrated nutrition campaigns were implemented, which reached 55,110 children under five with screening for malnutrition. Lastly, the project supported strengthening the quality of care through supporting monitoring and on-the-job training for the nutrition workers in health facilities. More than 100 technical supportive supervision visits were conducted by UNICEF implementing partners using this support. This contributed to exceeding the minimum threshold of the SPHERE standard for the cure rate of the SAM management program.

3. Changes and Amendments

The project was implemented by the outlined plan, effectively achieving its set objectives and goals.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Nutrition									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	0
Returnees	0	0	0	0	**0**	0	0	0	0	0
Internally displaced people	0	0	15,737	16,763	**32,500**	0	0	10,508	9,700	**20,208**
Host communities	0	0	15,737	16,763	**32,500**	0	0	15,763	14,550	**30,313**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**0**	**0**	**31,474**	**33,526**	**65,000**	0	0	26,271	24,250	**50,521**
People with disabilities (PwD) out of the total										
	0	0	3,147	3,353	**6,500**	0	0	2,627	2,425	**5,052**

* 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

It is estimated that more than 137,000 people benefited indirectly from the nutrition activities supported under this project. This includes the mothers who received awareness messages through the nutrition sites in the health facilities and mobile teams, in addition to the children screened through the integrated campaigns.

6. CERF Results Framework

Project objective	To scale up lifesaving preventive and curative nutrition services in Darfur and Kordofan states to mitigate the negative impacts of the projected nutrition emergency due to deterioration in the food security situation.
Output 1	Provision of lifesaving nutrition services, including severe acute malnutrition management, malnutrition screening, vitamin A supplementation, deworming for children under five, and Infant and Young Child Feeding counseling and iron-folate supplementation for pregnant and lactating women.

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

Sector/cluster	Nutrition			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	N. 3a Number of people admitted to the SAM treatment program (therapeutic feeding) (girls and boys aged 6-59 months)	40,000	50,521	CMAM Database
Indicator 1.2	N,3b Percentage of people (girls and boys (6-59 months)) who were admitted for SAM treatment who recovered (SAM recovery rate)	More than 75% (as per SPHERE standards)	89%	CMAM Database
Explanation of output and indicators' variance:		The project has achieved its target and even goes beyond it. The procured therapeutic food supported under this project has been utilized to treat 41,069 children 6 – 59 months with Severe Acute Malnutrition in the Outpatient Therapeutic Programs (OTPs), and 9,452 children with complicated SAM in the stabilization centers.		

Activities	**Description**	**Implemented by**
Activity 1.1	Procurement and delivery of nutrition supplies	The procurement and delivery of the nutrition supplies were implemented directly by UNICEF through the supply section at the country office and in Copenhagen. This activity was implemented as planned. A total of 40,000 cartons of Ready to Use Therapeutic Food (RUTF) were procured and delivered, in addition to 3,700 cartons of Therapeutic Food, and 12,000 cartons of Lipid-based Nutrient Supplements.
Activity 1.2	Support nutrition service delivery through supporting nutrition outpatient Therapeutic programs (OTPs) at the fixed primary health care facilities in the priority localities.	The activity was implemented through UNICEF partners from NGOs and SMOH in Darfur and the Kordofan region. Through these partners, a total of 82 outpatient Therapeutic programs (OTPs) were supported to provide management for children with Severe Acute Malnutrition.
Activity 1.3	Support Mobile Teams services in areas that have large gatherings of IDPs, as well as the hard-to-reach villages in the priority localities.	The activity was implemented through UNICEF partners from NGOs and SMOH in Darfur and the Kordofan region. Through these partners, a total of 16 mobile teams were deployed which provided integrated nutrition services to IDP gatherings and the unserved communities in Darfur and Kordofan states.

Activity 1.4	Support Mass Integrated Campaigns that include nutrition screening and referral, micronutrient supplementation for U5, adolescents, and PLWs, and IYCF messages in the priority localities.	The activity was implemented through UNICEF partners from NGOs in Darfur and the Kordofan region. Through these partners, three mass integrated campaigns were implemented which identify the malnourished children early to the program, in addition to the provision of micronutrients for children under five.
Activity 1.5	Strengthen the quality of life-saving nutrition services through enhanced supportive supervision, data management, and monitoring.	The activity was implemented through UNICEF partners from NGOs and SMOH who conducted over 100 technical supportive supervision visits on the nutrition sites in both Darfur and Kordofan region.

7. Effective Programming

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

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

Community leaders, local authorities, and affected populations are actively engaged in the programs being implemented, participating in program planning, site selection, and activity execution. This involvement is intended to cultivate a sense of ownership and ensure commitment and sustainability for the program.

b. AAP Feedback and Complaint Mechanisms:

Throughout the implementation of the project, community members are encouraged to share their opinions through UNICEF's established complaint and feedback mechanisms, front-line staff, monitoring visits, ad hoc methods, focus group discussions, and more. This approach ensures that all community members benefit equally from the project. Additionally, UNICEF's implementing partners have the flexibility to modify their engagement methods if the initially planned activities present challenges.

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

Sexual exploitation and abuse (SEA) is central to UNICEF Sudan's operations. Each implementing partner undergoes an organizational risk assessment, and their staff receives training to prevent, mitigate, and respond to SEA. UNICEF collaborates with other humanitarian organizations to ensure coordinated and effective responses to SEA incidents. Internally, UNICEF has established reporting channels and procedures for escalation and accountability, particularly for child survivors. Designated focal points for preventing SEA are appointed within both UNICEF and partner organizations to lead PSEA initiatives, including capacity building, risk mitigation, awareness-raising, and victim support. All UNICEF service delivery points provide safe and sensitive channels for community members to report SEA and access survivor-centered services.

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

[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.

Women participated in community mobilization activities, including hygiene promotion, Mid-Upper Arm Circumference (MUAC) screening, counseling on optimal infant and young child feeding, and nutrition education that addressed both preventive and curative interventions. Gender-based violence negatively impacts the lives and futures of women and girls, worsening the challenges faced by those living in emergencies. UNICEF ensured that services were integrated with other sectors, such as providing water, sanitation, and hygiene services within nutrition service centers.

e. People with disabilities (PwD):

UNICEF interventions focus on the most vulnerable children and women, including individuals with disabilities. The needs of people with disabilities are considered in all program designs. UNICEF specifically prioritizes mothers of children with disabilities by offering education on optimal infant and young child feeding practices to enhance their caregiving.

f. Protection:

Ensuring the safety of all the affected population, particularly vulnerable women, adolescent girls, and children, is a priority for UNICEF. The organization is dedicated to enhancing the complaints mechanism and encouraging its partners to address potential protection issues when carrying out activities.

g. Education:

Infant and Young Child Feeding (IYCF) counseling corners were set up in select health facilities to offer personalized services to caregivers. Community support systems were created by forming mother support groups that enable members to care for and support one another, particularly new mothers. Through partnerships, these mother support groups received training and nutrition education tools to enhance their activities.

8. Visibility of CERF-funded Activities

Title	Weblink
18 AUG: Thanks to @eu_echo, @USAIDSavesLives, @UNCERF & @FCDOGovUKUNICEF & partners provide nutrition supplies to treat over 88,600 children in Darfur. #ForEveryChild, we never give up.	https://x.com/UNICEFSudan/status/1825174082427777080
14 APR: The nutrition situation in #Sudan continues to deteriorate day by day. 🙏 to @USAIDSavesLives, @eu_echo, @UNCERF, @FCDOGovUK support, UNICEF & its partners are working on the ground to provide life-saving aid. This is not enough. We need unimpeded & sustained humanitarian access.	https://x.com/UNICEFSudan/status/1779502080366965163
5 AUG: Ready-to-Use Therapeutic Food (#RUTF) is a critical lifeline for #children suffering from severe acute malnutrition. @UNICEF has reached over 248K children with RUTF across #Sudan incl. Darfur, Kordofan & Khartoum. Safe & unimpeded humanitarian access is needed to save more lives.	https://x.com/UNICEFSudan/status/1820461318903587003
18 AUG: Thanks to @eu_echo, @USAIDSavesLives, @UNCERF & @FCDOGovUKUNICEF & partners provide nutrition supplies to treat over 88,600 children in Darfur. #ForEveryChild, we never give up.	https://x.com/UNICEFSudan/status/1825174082427777080

3.2 Project Report 24-RR-WFP-008

1. Project Information

Agency:	WFP	**Country:**	Republic of the Sudan
Sector/cluster:	Food Security - Food Assistance Nutrition	**CERF project code:**	24-RR-WFP-008
Project title:	Food Security and the Nutrition Status of Vulnerable Communities in Sudan Through WFP Sudan General Food Distributions and Emergency Nutrition Operations		
Start date:	14/03/2024	**End date:**	13/09/2024
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding

The total requirement for the agency's sector response to a current emergency:	**US$ 473,113,326**
Total funding received for the agency's sector response to the current emergency:	**US$ 222,363,263**
Amount received from CERF:	**US$ 7,499,999**
Total CERF funds sub-granted to implementing partners:	**US$ 709,806**
Government Partners	US$ 0
International NGOs	US$ 586,793
National NGOs	US$ 123,012
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

WFP Sudan remains committed to assisting the most vulnerable populations, particularly those facing or at risk of famine. In 2024, WFP reached nearly 8 million people, with 6.1 million receiving general food assistance. Of these, 1.2 million were in areas experiencing famine or at risk of it. This significant achievement was also made possible through this generous contribution from CERF, which played a vital role in supporting these efforts, especially in the Darfur and Kordofan regions. Under this CERF grant, WFP was able to procure and distribute 2,694MT of mixed food commodities, including nutritious options, to 747,085 beneficiaries. This exceeded the initial target, as WFP was able to procure an additional 287.008 MT of food due to favorable changes in the global market. As part of the general food assistance, 460,526 people received in-kind food support, provided in partnership with Cooperating Partners in Darfurs and Kordofans. Additionally, 286,559 individuals, including children under five and pregnant and lactating women, received specialized nutritious food in the most severely affected areas of these regions. The volatile security situation, bureaucratic barriers, and adverse weather conditions have all significantly hindered the planned delivery of food assistance to vulnerable populations. In addition, shifting power dynamics and limited humanitarian access have made it increasingly difficult to reach the targeted areas within the expected time. Despite these challenges, WFP has remained steadfast in its commitment to reaching regions where humanitarian needs have sharply escalated, primarily due to the large-scale displacement caused by the ongoing conflict. The growing demand for assistance is a direct consequence

of displaced populations, who are often forced to flee their homes with minimal resources, placing immense pressure on local infrastructure and already overburdened supply chains.

3. Changes and Amendments

During the implementation of this CERF project, WFP Sudan faced significant challenges in accessing and delivering assistance to the most food-insecure regions, particularly in Darfur and Kordofan, due to extreme weather, logistics disruptions, and security concerns. As a result, while 80% of the food commodities purchased under this CERF contribution were delivered, WFP was unable to distribute the remaining 20% by the initial project end date of 13 December 2024. To address this, WFP requested and received a no-cost extension until 13 March 2025. Additionally, WFP identified discrepancies in the budget allocation during a review of expenditures against the approved budget. To cover increased procurement and transportation costs due to unforeseen logistical challenges, WFP requested a budget revision to increase the allocation for "B. Supplies, Commodities, and Materials" from $4.4 million to $6.1 million. Furthermore, while the initial plan involved supporting cooperating partners (CPs) to transport and distribute food aid from WFP warehouses, due to the escalating logistical difficulties, WFP had to assume direct responsibility for transportation to the distribution points. This shift resulted in reduced costs under the "F. Transfers and Grants to Counterparts" category, as fewer resources were needed to facilitate the movement of goods by implementing partners. WFP acknowledges CERF's approval of the fund redeployment in line with the revised budget.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Nutrition									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	13,915	0	2,319	2,319	**18,553**	14,844		23,761	19,567	**58,172**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	45,020	0	7,503	7,503	**60,026**	21,365	0	79,404	65,387	**166,156**
Host communities	22,919	0	3,820	3,820	**30,559**	12,370	0	27,344	22,517	**62,231**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**81,854**	**0**	**13,642**	**13,642**	**109,138**	**48,579**	**0**	**130,509**	**107,471**	**286,559**
People with disabilities (PwD) out of the total										
	0	0	0	0	**0**	0	0	0	0	**0**

Sector/cluster	Food Security - Food Assistance									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	2,077	1,607	2,177	1,830	**7,691**	5,410	8,177	8,765	7,012	**29,364**
Returnees	62	48	65	54	**229**	0	0	0	0	**0**
Internally displaced people	6,893	5,336	7,225	6,076	**25,530**	49,275	74,478	79,839	63,866	**267,457**
Host communities	3,469	2,685	3,636	3,058	**12,848**	30,160	45,586	48,868	39,091	**163,705**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**12,501**	**9,676**	**13,103**	**11,018**	**46,298**	**84,844**	**128,241**	**137,472**	**109,969**	**460,526**
People with disabilities (PwD) out of the total										
	0	0	0	0	**0**	0	0	0	0	**0**

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

5. People Indirectly Targeted by the Project

Through this CERF funding, targeted communities received nutrition, health, and hygiene education aimed at improving dietary practices and overall well-being at the household level. This was accomplished through social behavior change campaigns, where Community Nutrition Volunteers shared a variety of key messages on nutrition, health, and hygiene to promote improved health and nutrition practices at the household and community levels.

6. CERF Results Framework

Project objective	Strategic Objective 1:
Output 1	General Food Distributions (In-Kind)

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

Sector/cluster	Food Security - Food Assistance			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	FN.1a Number of people receiving in-kind food assistance	46,296	460,526	Cooperating Partner Monthly Distribution Reports
Indicator 1.2	FN.1b Quantity of food assistance distributed in MT	2,407.6 MT	2,694.608 MT	Cooperating Partner Monthly Distribution Reports
Indicator 1.3	FS.3 Average reduced Coping Strategies Index (CSI)	4%	12.2	WFP Outcome Monitoring Survey
Indicator 1.4	FS.5a Percentage of households with an acceptable food consumption score	50%	42%	WFP Outcome Monitoring Survey

Explanation of output and indicators variance:

- Total tonnage procured under this CERF contribution amounts to 2,694.608 MT, exceeding the initial target of 2,407.6 MT due to favorable shifts in global market conditions.
- Due to favorable market conditions, WFP purchased an additional 287.008 MT of stock, enabling WFP to assist more beneficiaries than initially planned.
- Not meeting the target for outcome indicators can be largely attributed to the difficult socio-political and economic conditions caused by the ongoing conflicts that began in April 2023. For example, between March and September 2024, the price of sorghum rose by 238%, while wheat prices increased by 157% over the same period (VAM Market price data).

Activities	**Description**	**Implemented by**
Activity 1.1	Provision of general food assistance in the form of in-kind food rations to people affected by shocks	WFP

Output 2	Emergency Nutrition – Emergency Blanketed Supplementary Feeding

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

Sector/cluster	Nutrition			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	N.5 Number of people receiving vitamins and/or micronutrient supplements	109,139	286,559	Cooperating Partner Monthly Distribution Reports
Explanation of output and indicators variance:		• The overachievement is attributed to a higher procurement of nutrition supplies, driven by favorable market conditions. However, due to access and displacement challenges, some beneficiaries were not consistently reached with nutrition assistance, as they were targeted in different locations in subsequent months. As a result, some beneficiaries may not have received assistance consistently over the three months.		

Activities	Description	Implemented by
Activity 2.1	Provision of treatment to children 6-59 months and PLW suffering from moderate acute malnutrition, and subsequent referrals as needed	Cooperating Partners

7. Effective Programming

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

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

To promote meaningful participation and community engagement, WFP works closely with cooperating partners, community nutrition and outreach volunteers, and local leaders to share information, support case follow-up, and ensure services reach those most in need. Crisis-affected communities including women, youth, persons with disabilities, and IDPs were actively involved in shaping, delivering, and monitoring the nutrition response. Key messages supported by IEC materials were shared through focus group discussions, public announcements, and visual aids. This multi-channel, participatory approach helped ensure the program was inclusive, culturally appropriate, and responsive to community feedback. Adjustments such as modifying distribution schedules were made based on what communities shared, helping make services safer and more accessible amid ongoing challenges.

b. AAP Feedback and Complaint Mechanisms:

To enhance Accountability to Affected Populations (AAP) and enhance communication with communities, WFP has strengthened its Community Feedback Mechanism (CFM), to include internet-based channels: click-to-call, self-reporting links, email and chatbot targeting locations with limited or no phone connectivity but available internet access in addition to the Hotlines and digital helpdesks at program sites. WFP also ensures beneficiaries are informed about food distribution locations and times, with CPs engaging local leaders and

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

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

volunteers for sensitization. WFP and UNHCR jointly manage a hotline, with a referral mechanism in place for feedback. A case management system allows safe storage and detailed analysis of feedback, with sensitive cases such as SEA and fraud being escalated to designated focal points for appropriate handling and protection of personal data.

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

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

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

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

e. People with disabilities (PwD):

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

f. Protection:

In 2024, WFP Sudan updated its protection strategy to a comprehensive Protection and Conflict Sensitivity Strategy for 2024-2027, aimed at ensuring operations are conflict-sensitive and meet the specific needs of vulnerable groups, including people with disabilities. Despite operational challenges, WFP developed various tools such as risk matrices and community-based monitoring systems to track and mitigate evolving risks. Safe distribution checklists for partners were introduced, achieving over 90% compliance, and extensive training was conducted for around 1,000 staff and community workers on protection principles. Additionally, WFP implemented safe referral mechanisms, trained staff on psychosocial first aid for GBV survivors, and carried out protection and conflict sensitivity assessments for new assistance modalities. Consultations with people with disabilities and community groups were also held to enhance food distribution accessibility, especially in northern states, resulting in more dignified and safe food distribution practices.

g. Education:

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

8. Visibility of CERF-funded Activities

Title	Weblink
Thank You Tweet	https://x.com/WFP_Sudan/status/1758030494137024674

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Total CERF Funds Transferred to Partner US$
24-RR-WFP-008	Nutrition	WFP	$148,173
24-RR-WFP-008	Nutrition	WFP	$119,515
24-RR-WFP-008	Nutrition	WFP	$123,012
24-RR-WFP-008	Nutrition	WFP	$111,740
24-RR-WFP-008	Nutrition	WFP	$103,392
24-RR-WFP-008	Nutrition	WFP	$103,975
24-RR-CEF-009	Nutrition	UNICEF	$185,081
24-RR-CEF-009	Nutrition	UNICEF	$504,300
24-RR-CEF-009	Nutrition	UNICEF	$1,200,697
24-RR-CEF-009	Nutrition	UNICEF	$125,980