United Nations CERF Central Emergency Response Fund

SOUTH SUDAN
RAPID RESPONSE

2024

CERF-SSD-24-RR-1401

Anita Kiki Gbeho
Resident/Humanitarian Coordinator

PART I - ALLOCATION OVERVIEW

1. Reporting Process and Consultation Summary:		
1.1 Please indicate when the After-Action Review (AAR) was conducted and who participated.		
1.2 Please indicate who participated in the After-Action Review (AAR)		
An after-action review was not conducted, however, inputs on CERF-added value were consolidated from the final reports submitted by the recipient agencies. The AAR process involved OCHA sharing the AAR questionnaire with clear guidance on the requirement to the different agencies and they in turn provided feedback on the in country CERF consultation process, the appropriateness of the allocation, CERFs added value in coordination, to time critical response to critical needs, leverage to additional resources and overall results achieved and beneficiaries reached. The feedback provided was in consultation with their implementing partners which further contributed to the report.		
1.3 Please confirm that the report on the use of CERF funds was discussed with the Humanitarian and/or UN Country Team (HCT/UNCT).	Yes X	No
1.4 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 X	No

2. STRATEGIC PRIORITIZATION

2.1 Statement by the Resident/Humanitarian Coordinator:

In 2024, South Sudan faced deepening humanitarian challenges driven by years of protracted conflict, escalating sub-national violence, climate-induced shocks, public health emergencies, and worsening food insecurity. Anticipating severe flooding in five high-risk counties–Aweil East, Fangak, Luakpiny/Nasir, Mayendit, and Rubkona–the United Nations Central Emergency Response Fund (CERF) provided a timely and strategic allocation to enable early action and mitigate the impact on vulnerable populations.
This strategic injection of CERF funding enabled recipient agencies to deliver life-saving assistance to 497,136 people, including individuals with heightened vulnerabilities. Through coordinated multi-sectoral interventions, partners provided essential health and sexual reproductive health services,emergency shelter and non-food items (NFIs) and Water, sanitation, and hygiene (WASH) support.
Importantly, CERF's flexibility allowed for adaptive programming, enabling agencies to swiftly realign resources to address emerging risks most notably, the cholera outbreak in prioritized flood-affected areas. This agility was instrumental in curbing disease spread and safeguarding public health. The CERF grant demonstrated its critical role of flexible, timely funding in safeguarding the lives of the most vulnerable.

2.2 CERF's Added Value:

The CERF grant allowed fast delivery of humanitarian assistance to 497,136 individuals through an effective and well-coordinated response throughout the whole project period while leveraging funding from the South Sudan Humanitarian Fund. This includes timely delivery of SRH through static and mobile response; distribution of shelter and NFI kits;reduction of Cholera related morbidity and mortality through provision of health and WASH services. Additionally, with CERF flexibility to support reprogramming enabled WHO and UNICEF mitigate and preventing further risks associated to Cholera outbreak in high risks counties such as Rubkona.

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

Yes

UNFPA: CERF funding facilitated the rapid delivery of critical assistance to affected populations. Mobile health teams were swiftly deployed to flood-impacted and hard-to-reach areas including Aweil East, Nasir, and Rubkona, while support was also extended to fixed health facilities in Mayendit and Fangak. The prompt distribution of emergency reproductive health kits and timely training of healthcare providers ensured the uninterrupted provision of life-saving sexual and reproductive health services. The flexibility to reallocate funds and adjust implementation plans significantly enhanced the efficiency and impact of the response, enabling the project to surpass its target by reaching 129,003 individuals within six months. IOM: CERF funding enabled the timely replenishment of essential shelter and non-food item (SNFI) kits and facilitated cash assistance to vulnerable populations. It played a pivotal role in ensuring early supply readiness, strengthening coordination efforts, and delivering targeted, context-specific support aligned with evolving needs on the ground. UNICEF: In Rubkona, where a cholera outbreak occurred instead of the anticipated flooding, CERF funding proved vital. It allowed for a rapid shift in response priorities and the immediate deployment of WASH and health interventions, which were instrumental in saving lives and curbing the spread of the disease. WHO: CERF support empowered WHO to respond promptly to urgent health needs by rapidly scaling up essential services. Through the distribution of emergency health supplies to implementing partners, WHO reached 360,600 individuals, ensuring timely access to life-saving healthcare.

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

Yes

UNFPA: CERF funding was instrumental in addressing urgent sexual and reproductive health (SRH) needs in flood-affected areas where access to services had been severely disrupted. The project deployed mobile health teams, distributed 260 inter-agency emergency reproductive health kits, and conducted refresher training for 45 health providers. These efforts ensured the immediate availability of maternal health care, emergency obstetric services, and post-rape treatment. The ability to swiftly reallocate resources in response to evolving needs—such as the cholera outbreak in Upper Nile and increased displacement in Northern Bahr el Ghazal and Jonglei—demonstrates the flexibility and life-saving impact of CERF support. IOM: CERF funding enabled timely assistance to approximately 187,000 individuals through both in-kind and cash-based support. This helped displaced families rebuild temporary shelters and prepare for seasonal rains and the anticipated resurgence of waterborne diseases, enhancing their resilience and protection. UNICEF and WHO: In Rubkona, CERF funding played a crucial role in responding to time-sensitive health needs, particularly in mitigating cholera-related morbidity and mortality. The early implementation of WASH and health interventions—initiated even before flooding began in the targeted counties—strengthened community resilience, reduced vulnerabilities, and provided a vital buffer against the impacts of anticipated shocks.

2.2.3 Did CERF improve coordination amongst the humanitarian community?

Yes

UNFPA: CERF funding significantly enhanced coordination within the humanitarian community. The project was implemented under the Health Cluster Coordination framework, ensuring alignment with key partners such as WHO, Médecins Sans Frontières (MSF), and national and county health authorities. This collaborative approach facilitated efficient supply chain management, reduced duplication of efforts, and ensured comprehensive service coverage. Regular engagement with implementing partners like HLSS and IRC, along with consultations with local authorities and communities, further strengthened joint planning and responsiveness. Integration with UNFPA’s existing GBV and protection programs also fostered a cohesive, multi-sectoral humanitarian response. IOM: IOM worked in close collaboration with the Shelter and Non-Food Items (SNFI) Cluster, OCHA, and partner NGOs to conduct joint needs re-verification, prioritize target areas, and avoid duplication of efforts, ensuring a coordinated and efficient response. UNICEF: CERF funding played a key role in enhancing coordination among humanitarian actors in the targeted counties. As an emergency grant with a strong emphasis on collaboration, it enabled joint planning between the donor, WASH Cluster, UNICEF, and implementing partners. This coordinated approach helped accurately identify emergency priorities and effectively target vulnerable populations. WHO: CERF support strengthened coordination by enabling WHO to subcontract four key implementing partners—International Rescue Committee (IRC), World Relief (WR), Children Aid Organisation (CASS), and Universal Network for Knowledge and Empowerment Agent (UNKEA). These partners were instrumental in delivering health services across five flood-affected counties (Aweil East, Fangak, Nasir, Mayendit, and Rubkona), while actively contributing to coordination efforts at both local and cluster levels.

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

No

UNFPA: Although the project did not directly result in additional resource mobilization during its implementation, CERF funding significantly enhanced the project's visibility, credibility, and operational momentum. The rapid and well-coordinated delivery of SRH services positioned UNFPA as a dependable humanitarian actor, potentially attracting future donor support. The project’s strong focus on localization, accountability, and adaptive planning demonstrated effective use of resources—key factors that encourage donor confidence. UNFPA continues to leverage the success of the CERF-funded initiative as a case study in ongoing resource mobilization efforts. IOM: While CERF funding did not lead to immediate co-financing or new donor commitments, it played a vital catalytic role in sustaining SNFI operations. The support informed broader resource mobilization strategies and helped maintain continuity in service delivery. UNICEF: CERF funding served as a strategic catalyst, enabling the mobilization of additional resources from other donors, including PRM grants, GFFO support, EPF contributions from UNICEF HQ, and allocations from UNICEF Regular Resources (RR). These complementary funds were crucial in sustaining and expanding cholera and flood response activities beyond the CERF grant period. WHO: Although the project did not directly secure additional funding from other sources, CERF support was pivotal in launching WHO’s emergency health response in South Sudan. The rapid deployment of life-saving interventions enhanced the credibility of WHO’s operations and demonstrated its readiness to address urgent health needs. This success has strengthened stakeholder confidence and served as a reference point in subsequent resource mobilization efforts.

2.2.5 Provide any other examples of added value of this CERF allocation.

Yes

Localization and Capacity Strengthening: The project made significant strides in advancing the localization agenda by channeling funds to national and local organizations through sub-granting mechanisms. For example, UNFPA's partnership with HLSS strengthened local ownership, built national capacity, and enhanced the sustainability of health services. This approach fostered deeper community engagement and long-term resilience. Equity and Inclusion: Protection, gender equality, and disability inclusion were mainstreamed across project activities, ensuring that vulnerable groups—particularly women, girls, and persons with disabilities—had dignified and equitable access to services. The project reached over 30,500 persons with disabilities, demonstrating a strong commitment to inclusive humanitarian action. Flexibility and Adaptability: CERF's flexible funding mechanism was crucial in addressing urgent WASH needs, especially during the unexpected cholera outbreak. Supplies initially intended for flood-affected populations were swiftly reallocated to support cholera containment efforts. The timely reprogramming of funds in Rubkona—from flood response to cholera response—underscores CERF's unique value in responding to overlapping emergencies, particularly in underserved and high-risk areas.

2.3. Quality Programming:

The following cross-cutting issues were considered into programing

- **Protection and gender-based violence (GBV)** considerations were effectively mainstreamed across CERF-supported interventions, WHO led efforts to integrate protection into health programming through training and capacity building of partners and health workers. These efforts emphasized equitable access to health services, safeguarding against exploitation and abuse, inclusive decision-making, and the inclusion of vulnerable groups. WHO adopted a Do No Harm approach, ensured infrastructure accessibility for persons with disabilities (PWDs), and promoted culturally and religiously respectful service delivery. Health providers were sensitized on GBV referral pathways and confidentiality, while health education sessions included messaging on available GBV services to enhance community awareness and uptake.
- **Disability inclusion** was mainstreamed across sectors. 38,508 PWDs were reached through accessible service points, tailored messaging, and inclusive consultations. WASH facilities were designed using universal accessibility standards, including ramps, handrails, and dedicated latrines for PWDs, with locations prioritized near affected households. Health Cluster partners mobilized PWDs through community meetings and disability groups, promoting access to protective services and reducing stigma.
- **Gender equality** was a key focus, with 169,608 women, 86,188 girls 162,412 men and 78,628 boys had access to health, shelter/nfi, protection and WASH services. 64,502 women and 33,541 girls reached through targeted sexual and reproductive health (SRH) services. Interventions included RH kits, female-friendly service teams, and community awareness sessions on reproductive rights and GBV prevention. Safety audits conducted with women and girls identified barriers to WASH access and informed mitigation strategies. IOM also conducted safety audits prior to cash distributions, ensuring safe access and addressing protection concerns through referrals. Women and girls actively participated in assessments, distributions, and PDMs, with 53% of recipients being female, ensuring gender-responsive programming and feedback.
- **Accountability to affected populations (AAP)** mechanism enabled two-way communication, primarily receiving feedback on poor WASH conditions, which was shared with the WASH Cluster for follow-up. IOM ensured community participation throughout project implementation, conducting market assessments and focus group discussions to inform operational planning. Based on community feedback, IOM revised its cash distribution targets to support more internally displaced persons (IDPs), adjusting for inflation and seasonal shelter material costs. Post-distribution monitoring (PDM) captured feedback on the cash assistance process and its impact.
- **Cash and voucher assistance** was considered and safety audits were conducted prior to determine safety for women and girls during cash distribution. In addition, the project responded to and mitigated against protection concerns that arose from the cash distribution.

2.5 Allocation Overview (US$)

Total amount required for the humanitarian response	**104,990,765.00**
CERF	**9,999,862.12**
Country-Based Pooled Fund (if applicable)	**0.00**
Other (bilateral/multilateral)	**0.00**
Total funding received for the humanitarian response (by source above)	**9,999,862.12**

2.6 CERF Emergency Funding by Project and Sector/Cluster (US$)			
Agency	Project Code	Sector/Cluster	Amount (US $)
WHO	CERF-SSD-24-RR-WHO-33425	Health	2,419,714.66
UNFPA	CERF-SSD-24-RR-FPA-33426	Health - Sexual and Reproductive Health	1,087,045.72
UNICEF	CERF-SSD-24-RR-CEF-33429	Water, Sanitation and Hygiene	3,845,791.73
IOM	CERF-SSD-24-RR-IOM-33441	Shelter and Non-Food Items	2,647,310.01
Total			9,999,862.12

2.7 Breakdown of CERF Funds by Type of Implementation Modality (US$)		
Partner Type	Budget in US $	Expenditure in US $
International NGO	1,189,567.00	1,046,648.00
National NGO	1,858,755.00	2,032,242.37
Total	3,048,322.00	3,078,890.37

2.8 Cash

CVA Type	Sector/Cluster	Planned People Targeted	People Reached	Total Planned transfer amount (in $US)	Total Amount transferred (in $US)
Sector-specific unconditional cash transfers	Shelter and Non-Food Items	15,546	16,242	269,464.00	281,528.00
Total		15,546	16,242	269,464.00	281,528.00

3. OPERATIONAL PRIORITIZATION:

3.1 Overview of the Humanitarian Situation:

The humanitarian crisis in South Sudan continues to worsen due to a combination of factors, including widespread malnutrition, disease outbreaks, renewed violence, severe flooding, a deepening economic crisis, and limited government capacity. In 2025, approximately 9.3 million people—nearly 69% of the country's estimated 13.4 million population—are projected to need humanitarian assistance.
According to the March Humanitarian Snapshot, there are 1.8 million internally displaced persons (IDPs) and 544 refugees. Of the 5.4 million people targeted by the Humanitarian Needs Response Plan (HNRP), around 1.36 million individuals in eight counties across Unity, Jonglei, Upper Nile, and Northern Bahr el Ghazal states are experiencing extreme levels of need. These areas have been designated as Priority 1 in the updated inter-sectoral prioritization as of March 2024. Additionally, an estimated 300,000 people—including residents, IDPs, returnees, and refugees from Sudan—will require assistance in Abyei.
Flooding continues to impact over 1.4 million people across 44 counties and the Abyei Administrative Area, with Jonglei and Northern Bahr el Ghazal states bearing the brunt. More than 379,000 people have been displaced due to flooding in 22 counties and Abyei. The cholera outbreak, which emerged in flood-affected areas, remains active a month after its onset.
Climate forecasts from the World Meteorological Organization (WMO) and other global models project above-average rainfall from July to September, particularly in Unity, Jonglei, and Upper Nile states.The NASA LASSO model also predicts inundation peaks in September and October, with maximum extents exceeding the seasonal average but remaining slightly below 2024 levels.

Conflict and Insecurity
Violence in Upper Nile State intensified in early 2025, with clashes in Nasir, Baliet, Ulang, Longochuk, Manyo, and Panyikang counties displacing approximately 154,000 people. Of these, around 50,000 were displaced since March due to fighting between government forces and armed groups. Airstrikes and militia attacks have led to civilian casualties, infrastructure damage, and major disruptions to humanitarian aid. Aerial bombing of an MSF hospital in Fangak in May killed at least seven civilians and injured 27, further limiting access to healthcare and violating international humanitarian law. Insecurity along Nile transport routes threatens critical nutrition programs serving over 60,000 malnourished children.

Public Health and Disease Outbreaks
As of 13 October, South Sudan has reported 93,924 cholera cases and 1,565 deaths across 55 counties in nine states and three administrative areas, marking the largest outbreak in two decades. The overall case fatality rate stands at 1.7%.

In response to the escalating humanitarian crisis in South Sudan, the Central Emergency Response Fund (CERF) provided a strategic injection of funding that enabled humanitarian agencies to deliver life-saving assistance to 497,136 people, including individuals with heightened vulnerabilities.

3.2 Operational Use of the CERF Allocation and Results:

At the time of the allocation, five priority locations were projected to be impacted by floods during the rainy season namely Aweil East, Fangak, Luakpiny/Nasir, Mayendit, and Rubkona and CERF allocated close to $10 million to help mitigate the impact of a crisis. The funding enabled humanitarian agencies deliver life-saving assistance to over 497,136 people, including persons with disabilities.
Through coordinated, multi-sectoral interventions, CERF-supported partners delivered essential Health Services,including primary healthcare and sexual and reproductive health services to vulnerable populations, providing displaced families with critical shelter materials and household supplies and ensuring access to clean water, sanitation facilities, and hygiene promotion to prevent disease outbreaks. CERF's flexible funding mechanism allowed agencies to rapidly adjust programming in response to emerging threats. This was particularly crucial in addressing the cholera outbreak in flood-affected priority areas. Agencies were able to swiftly reallocate resources, deploy response teams, and implement containment measures, significantly contributing to the reduction of disease transmission and safeguarding public health risks.

3.3 People Indirectly Reached:

An estimated 1.36 million people indirectly benefited from CERF-funded health services through improved health education, reduced healthcare costs, and enhanced household well-being. Healthier populations experienced better mental health and reduced domestic violence risks. Local traders in Rubkona and Aweil East also benefited from increased market activity due to cash interventions, indirectly supporting 182,000 host community members. RCCE activities reached wider populations with messaging on hygiene, cholera prevention, GBV, and PSEA. Host communities also benefited from WASH services and supplies, which were scaled beyond flood response to address cholera and other vulnerabilities, contributing to broad indirect impact.

3.4 People Directly Reached:

The data collected on directly targeted and directly reached persons for this allocation was disaggregated by gender, age, and population category (IDPs, Host communities, and Other affected persons. A total of 497,136 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.

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

	Planned					Reached				
Sector/Cluster	Women (≥ 18)	Girls (< 18)	Men (≥ 18)	Boys (< 18)	Total	Women (≥ 18)	Girls (< 18)	Men (≥ 18)	Boys (< 18)	Total
Water, Sanitation and Hygiene	71,407	63,756	61,206	58,657	255,026	85,420	76,269	73,219	70,167	305,075
Health	147,846	32,454	151,451	28,849	360,600	147,846	32,454	151,451	28,849	360,600
Health - Sexual and Reproductive Health	60,565	31,494	19,381	9,690	121,130	64,502	33,541	20,641	10,319	129,003
Shelter and Non-Food Items	45,130	51,874	41,659	47,883	186,546	47,212	52,169	41,830	46,031	187,242
Total	324,948	179,578	273,697	145,079	923,302	344,980	194,433	287,141	155,366	981,920

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

	Planned					Reached				
Category	Women (≥ 18)	Girls (< 18)	Men (≥ 18)	Boys (< 18)	Total	Women (≥ 18)	Girls (< 18)	Men (≥ 18)	Boys (< 18)	Total
Host Communities	21,422	19,127	18,362	17,597	76,508	25,626	22,881	21,966	21,050	91,523
Internally Displaced People	42,395	41,500	40,773	38,307	162,975	46,981	41,948	40,773	38,592	168,294
Other	0	0	0	0	0	0	0	0	0	0
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	97,301	21,359	99,673	18,986	237,319	97,301	21,359	99,673	18,986	237,319

Total Number of People Directly Assisted with CERF Funding	161,118	81,986	158,808	74,890	476,802	169,908	86,188	162,412	78,628	497,136

Table 6: Total Number of people with disabilities (PwD) out of the total										
Category	**Planned**					**Reached**				
	Women (≥ 18)	**Girls (< 18)**	**Men (≥ 18)**	**Boys (< 18)**	**Total**	**Women (≥ 18)**	**Girls (< 18)**	**Men (≥ 18)**	**Boys (< 18)**	**Total**
Number of people with disabilities (PwD)	6,769	7,782	6,249	7,182	27,982	8,542	7,627	7,322	7,017	30,508

Sub-IP

Partner Type	$	%
International NGO	$1,189,567.00	12%
National NGO	$1,858,755.00	19%
Others / Government	0	0
Private Contractor	0	0
Red Cross/Red Crescent Society	0	0
UN and IOM	0	0
Total	3,048,322.00	30 %

Partner Tags	$	%
WLO	$0.00	0%
RLO	$0.00	0%
YLO	$0.00	0%
OPD	$0.00	0%
Total	0.00	0 %

4. Annex: CERF Funds Disbursed to Implementing Partners								
Cluster/ Sector	**Agency**	**Implementing Partner Type**		**Partner Type**	**Funds Transferred in USD**	**Date of First Payment to Implementing Partner***	**Start Date of CERF-Funded Activities by implementing Partner***	**Comments/ Remarks**
		Extended Name	**Partner Acronym**					

CERF Project Code: CERF-SSD-24-RR-CEF-33429								
Water, Sanitation and Hygiene	UNICEF	Concern WorldWide (CWW)		International NGO	352,100.00	28-May-2025	07-Oct-2024	No variation in planned and utilized budget. UNICEF is working with Concern Worldwide under a reimbursement modality. However, the Funds were committed on 15th/10/2024 following the signing of the partnership and start of activities on 7 October 2024, and both the Programme Document and funding commitment were in place at that time, the final payment was only processed after the completion and approval of activities in May.
Water, Sanitation and Hygiene	UNICEF	Christian Mission for Development	CMD	National Partners	320,099.00	28-Oct-2024	08-Oct-2024	No variation in planned and utilized budget
Water, Sanitation and Hygiene	UNICEF	Centre for Emergency and Development Support	CEDS	National Partners	348,613.00	16-Oct-2024	03-Oct-2024	No variation in planned and utilized budget
Water, Sanitation and Hygiene	UNICEF	HealthCare Foundation Organization	HFO	National Partners	640,000.00	17-Oct-2024	04-Oct-2024	3% over expenditure within allowable 15% variance.
CERF Project Code: CERF-SSD-24-RR-FPA-33426								

Health - Sexual and Reproductive Health	UNFPA	Interchurch Medical Assistance Worldhealth	IMA	International NGO	62,489.00	29-Oct-2024	29-Oct-2024	The initially planned partnership with IMA World Health did not progress during the implementation phase of the project. This decision aligned with both strategic and operational considerations, including IMA's phased withdrawal from Nasir County, one of the targeted locations. In order to promote efficiency and support the localization agenda, the budget and activities originally allocated to IMA were reallocated to HLSS, a national partner with presence in the state. This shift allowed for uninterrupted service delivery in Nasir and reinforced the project's commitment to empowering local actors to lead frontline implementation. HLSS assumed

								responsibility for SRH service delivery in the area, ensuring that the needs of affected populations were met without delays or disruptions.
Health - Sexual and Reproductive Health	UNFPA	IRC		International NGO	124,978.00	29-Oct-2024	01-Nov-2024	IRC was responsible for implementing SRH services in Rubkona. Operating through a fixed health facility, IRC focused on providing MISP for SRH services to IDPs and vulnerable host communities. These included antenatal and postnatal care, clinical management of rape, family planning, and treatment of STI, supported by the use of RH kits. Although Unity State received a lower proportion of the overall reach (27% instead of the planned 43%) due to the presence of

								other partners including other ongoing projects of UNFPA in the same location, IRC's interventions were highly complementary and filled critical service gaps. The organization ensured consistent coordination with all stakeholders through the Health Cluster and Reproductive Health Working Group, contributing to efficient referral systems and information sharing. IRC also supported protection mainstreaming and community engagement, promoting safe access to services and contributing to the project's goals of gender equality, accountability, and inclusivity.
Health - Sexual and Reproductive Health	UNFPA	Health Link South Sudan	HLSS	National Partners	221,286.00	29-Oct-2024	01-Nov-2024	HLSS played a central role in the implementation of the

									project, particularly following the decision not to proceed with the planned partnership with IMA World Health. The budget initially allocated to IMA was redirected to HLSS, significantly expanding its scope of work and reinforcing the project's localization agenda. HLSS was responsible for delivering frontline SRH services across Aweil East, Fangak, Nasir and Mayendit four of the five target counties. It operated a combination of mobile outreach teams and fixed health facilities, ensuring access to maternal health care, family planning, post-rape treatment, and emergency obstetric and newborn care. The organization facilitated the

								distribution and utilization of inter-agency RH kits in these locations and was instrumental in responding to increased needs in Northern Bahr el Ghazal and Jonglei states. HLSS also supported the training and supervision of health workers and was actively involved in community mobilization, awareness-raising, and post-distribution monitoring. Their expanded role enabled flexible, localized service delivery that reached both displaced and host communities, including significant numbers of women, girls, and persons with disabilities.

CERF Project Code: CERF-SSD-24-RR-WHO-33425								
Health	WHO	World Relief	World Relief	International NGO	200,000.00	24-Feb-2025	08-Jan-2025	There were delays in contract issuance of sub-grantees due to delays in proposal review, selection and contracting procedures. This subsequently resulted in delays of first paymnent to sub-grantees
Health	WHO	IRC		International NGO	450,000.00	28-Mar-2025	30-Dec-2024	There were delays in contract issuance of sub-grantees due to delays in proposal review, selection and contracting procedures. This subsequently resulted in delays of first paymnent to sub-grantees

Health	WHO	Children Aid Organisation	CASS	National Partners	100,000.00	24-Mar-2025	02-Jan-2025	There were delays in contract issuance of sub-grantees due to delays in proposal review, selection and contracting procedures. This subsequently resulted in delays of first paymnent to sub-grantees
Health	WHO	Universal Network for Knowledge and Empowerment Agent (UNKEA)		National Partners	228,757.00	24-Feb-2025	02-Jan-2025	There were delays in contract issuance of sub-grantees due to delays in proposal review, selection and contracting procedures. This subsequently resulted in delays of first paymnent to sub-grantees

PART II - PROJECT OVERVIEW

Project Proposal: CERF-SSD-24-RR-WHO-33425	
Allocation Code:	CERF Rapid Response: South Sudan 2024 (Flood response)
Project Code:	CERF-SSD-24-RR-WHO-33425
Emergency Type:	Climate / natural disaster - Flood
Project Sector/Cluster:	Health
Organization:	World Health Organization (WHO)

1. Project Overview	
1.1 Project Title	Emergency life-saving health response to distressed floods-affected and cholera-affected communities in Aweil East, Fangak, Nasir, Mayendit, and Rubkona counties in South Sudan
1.2 Start Date	04-Oct-2024
1.3 End Date	03-Apr-2025
1.4 Extended End Date	03-Jul-2025
1.5 Project Duration	9 Months

1.6 Project Revision

Revision Name	Revision Project	Date Revision Submitted	Date Revision Approved	Revision Status
Revision 1	Reprogramming	12-Dec-2024	30-Dec-2024	Approved - Project form updated
Revision 2	No Cost Extensions (NCE), Reprogramming	31-Mar-2025	11-Apr-2025	Approved - Project form updated

1.7 Funding Summary	
1.7.1 Total Funds Required for Organization's Response	20,000,000.00
1.7.2 Funds Received for Organization's Response	0.00
1.7.3 Total Funds Requested from CERF for this Proposal	2,419,714.66

1.8 Project Results Summary	During the reporting period, the project successfully made available emergency, life-saving health services to an estimated 360,600 flood-affected persons across five priority counties–Aweil East, Fangak, Nasir, Mayendit, and Rubkona. By sub-contracting 4 implementing partners, WHO supported delivery of primary health care services in critical locations to 58,251 individuals by supporting 8 static and 6 mobile health facilities. 757 referrals were made to specialized health services. While PCH consultations are slightly below the original target due to access and flooding constraints, the services ensured continuous care in some of the hardest-to-reach areas. To reinforce preparedness and response to cholera, WHO procured and distributed cholera treatment kits sufficient for 57,000 treatments. 54,000 cholera treatments were provided to the target states of which 53,968 were used during the implementation period. The remaining 3,000 cholera treatments were all used in Juba. With this, the project effectively achieved its first outcome of ensuring access to essential health services for vulnerable, flood-affected populations, contributing to reduced morbidity and mortality among displaced and host communities. The project achieved its second outcome of strengthening disease surveillance and response capacity by enhancing the detection, reporting, and investigation of disease alerts, including the timely response to localized cholera outbreaks. Surveillance reports indicate maintenance of a timeliness/completeness rate of 84% in the targeted counties during project implementation, with 53,968 cholera cases detected. Rapid response teams were deployed to support outbreak investigation and containment, and 6,434 lab specimens were transported from affected states to the National Public Health Laboratory for investigation. The interventions reinforced both health service delivery and epidemic preparedness pillars of the emergency response during a multi-hazard emergency.

1.9 Changes And Amendments	The project was changed twice. The first change included a switch in the commodities to be ordered through this award, from IEHK/other emergency health kits to cholera kits. This was due to the sudden increase in cholera cases across South Sudan at the very start of this project. As the sub-grants had not yet been finalized, the sub-grantees, especially IRC in NBEG where cases were being reported from at that time, were also asked to modify their proposals to include cholera response, which they did accordingly. Due to the delays in submitting the international order for the core pipeline that resulted from the switch to cholera supplies, which delayed the procurement and delivery of the supplies to a date well after the original award period ended, and due to the fact that two of the sub-IPs had requested no-cost extensions with insufficient time remaining in the CERF award period, a no-cost extension request was submitted and granted. A choice was made to redirect funding for the trainings (which could be covered by other awards granted to WHO such as through ECHO) to top up the UNKEA sub-grant, allowing this agency to extend the implementation period for the grant in order to expand service delivery in Nasir county which was newly being affected by conflict and population displacement as well as cholera.

2. Project Objective

2.1 Project Objective

The project's overall objective is to contribute to reducing preventable morbidity and mortality among a target population of 126,346 individuals affected by floods and cholera in Aweil East, Fangak, Nasir, Mayendit, and Rubkona counties.

Logical Framework

Logical Framework details for Health

3. Outcomes and outputs

Outcome 1

Ensure emergency life-savings primary healthcare for flood-affected people in Aweil East, Fangak, Nasir, Mayendit, and Rubkona counties

Comment on progress in achieving project outcome :

During the reporting period, the project delivered emergency, life-saving health services to approximately 360,600 flood-affected individuals across five priority counties: Aweil East, Fangak, Nasir, Mayendit, and Rubkona. Through four sub-contracted implementing partners, WHO supported primary health care delivery for 58,251 people through 8 static and 6 mobile health facilities, with 757 referrals made to specialized care. Despite access constraints due to flooding, continuous care was ensured in some of the most underserved areas. To bolster cholera preparedness and response, WHO distributed treatment kits sufficient for 57,000 treatments, 53,968 of which were used across target states during the implementation period, and the remaining 3,000 kits were utilized in Juba, prioritizing POC camps and Juba Teaching Hospital. Core pipeline supplies were redirected to cholera supplies, which had a significant impact. As untreated cholera cases have a case fatality rate (CFR) between 20 and 50%, the availability of CERF-funded cholera treatments provided to partners in a timely manner resulted in a CFR of only 1.6%. Although higher than the target of <1%, between 9,951 and 26,141 cholera deaths were averted in Upper Nile, Unity, Jonglei and NBeG states through the support of this CERF project. The overall outcome was achieved by improved access to essential health services, thus reducing morbidity and mortality among vulnerable, displaced, and host communities.

	Indicators Targets		Indicators Achievements	
	End-Cycle Beneficiaries			
Outcome Indicator 1.1(Custom)				
Proportion of targeted Population reached with health emergency services Unit: Percentage	35	Women: 0 Girls: 0 Men: 0 Boys: 0	35	Women: 0 Girls: 0 Men: 0 Boys: 0

Reporting on Achievements:

This is calculated on the basis of 57,000 beneficiaries of cholera kits supplied plus 58,251 consultations provided through sub-grantees

Output 1.1

Description

360,600 flood-affected people have access to life-saving emergency primary health services

Comment on progress in achieving project output :

Health interventions were coordinated including distribution of emergency health kits to health facilities, WASH, Nutrition, protection, community engagement and mobile clinics across five counties, enabling access to essential medical consultations, treatments and surveillance reaching the entire targ 360,600 individuals. he entire target population of 360,600 persons was covered by the surveillance mechanism, with timely detection and response to disease outbreaks p 1. Health Service Delivery: WHO distributed cholera treatment kits sufficient for 57,000 treatments to supported health facilities. Sub-contracts with IPs and supply of IEHKs funded by other donors enabled the provision of 58,251essential consultations, treatments, and 408 referrals. 2. Mobile Clinics & Outreach: 6 mobile clinics were established and 8 static facilities were supported in hard-to-reach areas, ensuring coverage to the largest possible proportion of the 360,600 targeted population despite access constraints caused by flooding and conflict. Ultimately only 32% of the health cluster target of 1 consultation/person/year was achieved. 3. Integrated Support: Health interventions were complemented by surveillance, WASH, nutrition, and protection services, enhancing the overall impact and addressing multiple vulnerabilities. 4. Community Engagement: Risk communication and community mobilization activities promoted health-seeking behavior and improved uptake of services for 360,600 peopl

4. Indicators

			Indicator Targets		Indicators Achievements	
Code	**Type**	**Indicator**	**End-Cycle Beneficiaries**			
Indicator 1.1.1	Standard	(Global) H.8 - Number of primary healthcare consultations provided **Unit:** Consultations	69,346	Women:0 Men:0 Girls:0 Boys:0	58,251	Women:0 Men:0 Girls:0 Boys:0
Comments on Reached: The low achievement can be attributed to access constraints that hampered both the partners ability to provide services as well as the population's ability to reach the services. Constraints that affected both providers and beneficiaries included the insecurity and population displacements in Nasir and Fangak counties due to active conflict, making it difficult to both ensure the provision of supplies and the provision of services, as well as hampering access as potential beneficiaries were also reluctant to seek care due to the insecurity. This was further complicated by sustained flooding in Fangak and Mayendit. This resulted in reliance on boat transport, which is considerably slower and less easy to secure than overland transport.						
Indicator 1.1.2	Standard	(Global) H.10 - Number of people referred to higher level and/or specialized health services **Unit:** People	757	Women:310 Men:318 Girls:61 Boys:68	408	Women: 160 Men:190 Girls:43 Boys:15
Comments on Reached: The number of referrals was significantly low than the targeted number, as the majority of cases were effectively managed locally within the existing health facilities due to the access constraints outlined under indicator 1.1.1.						
Indicator 1.1.3	Standard	(Global) H.7 - Number of functional health facilities supported **Unit:** Facilities	10	Women:0 Men:0 Girls:0 Boys:0	8	Women:0 Men:0 Girls:0 Boys:0
Comments on Reached: Following the commencement of operations, emerging field realities, particularly access challenges resulting from severe flooding, localized conflict (notably in Nasir County), and significant population movements necessitated a strategic reassessment. As a result, implementing partners (IPs) adapted their operational modalities to optimize service delivery within these constraints, which consequently impacted the number of health facilities that could be functionally supported under the initial plan.						
Indicator 1.1.4	Standard	(Global) H.1a - Number of emergency health kits delivered to healthcare facilities **Unit:** Kits	234	Women:0 Men:0 Girls:0 Boys:0	234	Women:0 Men:0 Girls:0 Boys:0
Comments on Reached: All planned emergency health kits were procured and delivered to prioritized health facilities						

Indicator 1.1.5	Custom	Number of affected population reached with the emergency health kits **Unit:** Individuals	57,000	Women: 12061 Men:14159 Girls:14159 Boys:16621	57,000	Women: 22800 Men: 19950 Girls: 6270 Boys: 7980
Comments on Reached: The supporting document available in the 'downloads' section illustrates that the total cholera cases in the 4 targeted states were 53,968 during the project implementation period (rounded up to 54,000 as cholera treatment kits are sufficient for 100 treatments each, and the remaining 32 treatments unused at the end of the reporting period are assumed to have been consumed in the subsequent weeks). The procured supplies were sufficient for 57,000 treatments, and as the need was extremely high in Juba, remaining supplies were dispatched and used there. We chose to report on the overall target achieved as the core pipeline supplies were not intended for use only in the targeted counties. The results by age/gender were calculated based on the actual cholera data, hence the significant variance in gender and age distribution between target and achieved. For details refer to the attached document or the cholera dashboard: https://worldhealthorg.shinyapps.io/cholera_dashboard/					
Indicator 1.1.6	Custom	Number of Mobile clinics established. **Unit:** Number	4	Women:0 Men:0 Girls:0 Boys:0	6	Women:0 Men:0 Girls:0 Boys:0
Comments on Reached: Strong support to sub-grantees and teamwork amplified efforts, leading to over achievement of target.						
Indicator 1.1.7	Custom	Number of healthcare workers trained on disease outbreak response and cholera case management **Unit:** Individuals	100	Women:45 Men:55 Girls:0 Boys:0	179	Women: 38 Men:141 Girls:0 Boys:0
Comments on Reached: Strong support to sub-grantees and teamwork amplified efforts, leading to over achievement of target.						
Indicator 1.1.8	Standard	(Global) H.7 - Number of functional health facilities supported **Unit:** Facilities	4	Women:0 Men:0 Girls:0 Boys:0	8	Women:0 Men:0 Girls:0 Boys:0
Comments on Reached: Following the commencement of operations, emerging field realities, particularly access challenges resulting from severe flooding, localized conflict (notably in Nasir County), and significant population movements necessitated a strategic reassessment. As a result, implementing partners (IPs) adapted their operational modalities to optimize service delivery within these constraints, which consequently impacted the number of health facilities that could be functionally supported under the initial plan.						
3. Outcomes and outputs						
Outcome 2						
Intensifying Disease Surveillance and Response in Flood-Affected Counties of South Sudan.						
Comment on progress in achieving project outcome :						

The second outcome was realized through enhanced disease surveillance and response capacity, with timely detection and investigation of localized outbreaks. Surveillance data showed a reporting completeness/timeliness rate of 84%, and 6,434 lab specimens were sent to the National Public Health Laboratory for analysis. These efforts reinforced both health service delivery and epidemic preparedness, significantly reduced morbidity and mortality. Other outcomes included 1. Expanded Surveillance Coverage: Integrated Disease Surveillance and Response (IDSR) systems were scaled up, with enhanced reporting from health facilities, cholera treatment facilities, and community-level surveillance networks. A total of 171 non-cholera related alerts were triggered and verified within 72 hours between October 2024 and July 2025, which is lower than the target, but this can be attributed to the preoccupation of staff with the cholera outbreak, limiting the capacity for verification of 'other' disease alerts. 2. Rapid Response Activation: Mobile rapid response teams were deployed to high-risk counties, facilitating swift outbreak investigation and containment, particularly for cholera. 3. Laboratory Support: Diagnostic capacity was reinforced through the provision of essential supplies and training, improving confirmation of priority diseases and reducing response time.

	Indicators Targets		Indicators Achievements	
	End-Cycle Beneficiaries			
Outcome Indicator 2.1(Custom)				
Timeliness and completeness of IDSR/EWARS reporting in flood affected counties. Unit: Reports	80	Women: 0 Girls: 0 Men: 0 Boys: 0	84	Women: 0 Girls: 0 Men: 0 Boys: 0

Reporting on Achievements:
While the overall target was achieved, Aweil East and Nasir counties fell short due to the impact of ongoing conflict.

Output 2.1

Description

Increasing alerts detection, reporting and investigated within 72 hours in flood-affected Counties

Comment on progress in achieving project output :

Timely detection, reporting, and investigation of public health alerts were significantly enhanced across flood-affected counties, strengthening early warning and response mechanisms. Disease Surveillance activities covered 360,600 people. 1. Surveillance data showed a reporting completeness/timeliness rate of 84% against a target of 80%, enabling timely public health responses and informing service delivery strategies, and indicating a solid improvement in alert detection and reporting. 2. Alert Volume & Timeliness: Between October 2024 and July 2025, a total of 171 alerts were triggered and verified within 72 hours, demonstrating improved responsiveness and operational efficiency. 3. Diagnostic Support: Timely laboratory confirmation was facilitated through improved specimen transport and availability of testing kits, reducing delays in response. As a result 6,434 lab specimens were sent to the National Public Health Laboratory for analysis, enabling timely public health responses and informing service delivery strategies 4. Community-Based Surveillance: 179 Community health workers and volunteers were trained to identify and report unusual health events, increasing grassroots-level detection. This was primarily supported through the work of the sub-grantees.

4. Indicators

			Indicator Targets		Indicators Achievements	
Code	**Type**	**Indicator**	End-Cycle Beneficiaries			
Indicator 2.1.1	Standard	(Global) H.5 - Percentage of public health alerts generated through community-based and/or health-facility-based surveillance or alert systems investigated within 24 hours **Unit:** Alerts	90	Women:0 Men:0 Girls:0 Boys:0	30	Women:0 Men:0 Girls:0 Boys:0

Comments on Reached: Alert verification rates remained low as efforts were primarily directed toward the cholera outbreak, limiting the available manpower for verifying other alerts.

Indicator 2.1.2	Custom	Number of targeted BHI workers given refresher training **Unit:** Individuals	379	Women:170 Men:209 Girls:0 Boys:0	0	Women:0 Men:0 Girls:0 Boys:0
Comments on Reached: This activity was initially planned to be implemented by WHO but was ultimately canceled and the earmarked funds were reallocated to sub-grantees.						
Indicator 2.1.3	Custom	Number of laboary samples refferd to the national public health laboratry **Unit:** Number	1,000	Women:0 Men:0 Girls:0 Boys:0	6,434	Women:0 Men:0 Girls:0 Boys:0
Comments on Reached: The number of samples transported increased significantly due to cholera outbreak. Transport costs exceeding the budget allocation under this award were offset by contributions from other funding sources, including ECHO and SSHF.						

5. People Targeted

5. People Directly Reached

PROJECT DETAIL

Categories		Women (>=18)	Girls (<18)	Men (>=18)	Boys (<18)	Total
Internally Displaced People	Targeted	39,802	8,737	40,773	7,766	97,078
Internally Displaced People	Reached	39,802	8,737	40,773	7,766	97,078
Refugees	Targeted	0	0	0	0	0
Refugees	Reached	0	0	0	0	0
Returnees	Targeted	97,301	21,359	99,673	18,986	237,319
Returnees	Reached	97,301	21,359	99,673	18,986	237,319
Host Communities	Targeted	10,743	2,358	11,005	2,097	26,203
Host Communities	Reached	10,743	2,358	11,005	2,097	26,203
Other	Targeted	0	0	0	0	0
Other	Reached	0	0	0	0	0
Total People directly Targeted						
	Targeted	147,846	32,454	151,451	28,849	360,600
	Percentage of Female 50 %		Percentage of Male 50 %		Percentage of Child 17 %	
	Reached	147,846	32,454	151,451	28,849	360,600
	Percentage of Female 50 %		Percentage of Male 50 %		Percentage of Child 17 %	

Persons with disabilities						
	Targeted	1,611	353	1,650	314	3,928
	Reached	1,611	353	1,650	314	3,928

	Percentage of PWD against Total Targeted 1%

Directly Targeted by Sector/Cluster

Cluster	Category	Women (>=18)	Girls (<18)	Men (>=18)	Boys (<18)	Total
Health	Internally Displaced People - Targeted	39,802	8,737	40,773	7,766	97,078
	Internally Displaced People - Reached	39,802	8,737	40,773	7,766	97,078
	Refugees - Targeted	0	0	0	0	0
	Refugees - Reached	0	0	0	0	0
	Returnees - Targeted	97,301	21,359	99,673	18,986	237,319
	Returnees - Reached	97,301	21,359	99,673	18,986	237,319
	Host Communities - Targeted	10,743	2,358	11,005	2,097	26,203
	Host Communities - Reached	10,743	2,358	11,005	2,097	26,203
	Other - Targeted	0	0	0	0	0
	Other - Reached	0	0	0	0	0
	Total People directly Targeted					
	Targeted	147,846	32,454	151,451	28,849	360,600
	Percentage of Female 50 %		Percentage of Male 50 %		Percentage of Child 17 %	
	Reached	147,846	32,454	151,451	28,849	360,600
	Percentage of Female 50 %		Percentage of Male 50 %		Percentage of Child 17 %	
	Persons with Disabilities					
	Targeted	1611	353	1650	314	3928
	Reached	1,611	353	1650	314	3,928
	Percentage of PWD against Project Total 1%					

5.1 Comments for People Targeted *

Beneficiaries included 57,000 patients receiving treatments provided through the core pipeline supplies, and 58,251 consultations provided through the sub-grantees. , in addition to 360,600 beneficiaries covered by the surveillance and RCCE activities. These three figures were not added together due to the fact that this would result in duplicate reporting for the same beneficiaries, given that all treated patients are also covered through the surveillance and RCCE activities.

6. People Indirectly Reached

6.1 Estimate on people indirectly reached

Targeted	1,363,323	**Reached**	1,363,323

6.2 People indirectly reached by the project

An estimated 1,363,323 people indirectly benefited from health care services provided through this allocation. The indirect beneficiaries were reached through health education, reduction in the cost of out-of-pocket expenditure on healthcare for the households, indirectly increasing incomes available to households and the household capacity to access other basic needs; sound health conditions of target beneficiaries improved household labor capacity and labor productivity of direct beneficiaries trickling down benefits to other family members in the form of an increase in household resources. Finally, healthier household populations enjoyed an environment with reduced psychosocial distress and improved mental health, reducing the risk of domestic violence among the affected people.

7. Locations

	Targeted			Reached		
People per Sector	**Health**					
Jonglei	13	%	46,878	19	%	68,514
Northern Bahr el Ghazal	37	%	133,422	24	%	86,544
Unity	44	%	158,664	38	%	137,028
Upper Nile	6	%	21,636	19	%	68,514
	100	%	360,600	100	%	360,600

Comments on People Reached

These proportions were calculated on the basis of the cholera caseloads by state and the actual number of beneficiaries reported by the sub-grantees.

Comments on Budget

Upper Nile budget is slightly higher than described in the original proposal due to the fact that UNKEA received a top-up of $127,000 to address the increased health needs due to the active conflict in Nasir county.

	Targeted			Reached		
Budget per Sector	**Health**					
Jonglei	13	%	314,562.91	10	%	241,971.47
Northern Bahr el Ghazal	37	%	895,294.42	36	%	871,097.28
Unity	44	%	1,064,674.45	40	%	967,885.86
Upper Nile	6	%	145,182.88	14	%	338,760.05
	100	%	2,419,714.66	100	%	2,419,714.66

Programming and Implementation

8. Effective Programming

8.1 Effective programming *

Enhancing localization
WHO's localization strategy is grounded in the principles of partnership, community participation, and local ownership. WHO aimed to address local capacity gaps through training and mentoring, enhancing the capabilities of health facilities, workers, and local health authorities to manage cholera outbreaks. Local capacity building was done through participatory assessments, and planning and decision-making with the MoH through the IMS. Implementation of sub-grants included national NGOs benefiting from WHO's collaborative approach.
Protection mainstreaming
WHO aimed to ensure that interventions prioritized individuals' safety, dignity, and rights in crisis, applying protection principles aimed at identifying ad mitigating risks to vulnerable populations such as women, children, the disabled, the elderly, and the displaced. WHO integrated protection into health programming through training and capacity building of partners and health workers, covering key protection elements such as ensuring equitable access to health services, safeguarding against exploitation and abuse, fostering inclusive and participatory decision-making, and including vulnerable groups. WHO tried to ensure that all work adopted a Do No Harm approach, that infrastructure was accessible to PWDs, and that services provided were respectful and inclusive of cultural and religious practice.
Protection from GBV
The project has taken into account the needs and vulnerabilities of boys, girls, men, and women, including the promotion of gender-based violence (GBV) programming by IPs in targeted communities. WHO recognizes that communities in South Sudan have previously faced GBV, with risks increasing during humanitarian emergencies. Direct implementing partners were encouraged to ensure that women and girls could access life-saving health services by ensuring an uninterrupted supply of essential medical supplies to keep cholera treatment facilities operational at all times. Additionally, privacy, confidentiality, and safe spaces in these facilities were encouraged to be available to allow for the disclosure of issues related to GBV and intimate partner violence in the event it was required.
Participation and accountability of affected populations
WHOs AAP feedback and complaints mechanism did not log any negative issues that could be addressed by the health sector. WHOs mechanism allowing for two-way dialogue primarily received feedback on the poor WASH situation, and this information was provided to the WASH cluster for follow-up.
Protection from sexual exploitation and abuse
The failure of entities or individuals to take preventive measures against SEA, to investigate allegations thereof, or to take corrective action when SEA has occurred, constitutes grounds for termination of any cooperative arrangement with WHO. Partners received a short refresher training session on PSEA when appropriate, but no instances of PSEA were reported in relation to this project.
Gender equality
The floods were expected to compound existing gender inequalities and increase the risk of gender-based violence, thus the protection and promotion of the rights of women and girls was prioritized. WHO applied a gender analysis approach when reviewing the epidemiological data, and ensured that the public health interventions put in place included tailored approaches directed to men and women, for example for the public health messages.
Disability inclusion
Health Cluster partners were encouraged to ensure adequate mobilization of PWDs through disability groups and organizations, community meetings to sensitize on disability inclusion and emphasis on dealing with stigma, discrimination, and increased access to protective services.

8.2 Protection Budget Value and People Reached

Sector Name	Sector Budget		Protection Budget Percent	Protection Budget Value	Protection People Targeted
Health	2,419,714.66	Targeted	0.00	0.00	0
		Reached	0.00	0.00	0

8.3. Comment on the Protection Budget Value

Protection is a cross-cutting issue encompassing areas such as gender-based violence (GBV) and disability. While no specific monetary value has been allocated in the budget, the activities outlined in this project are designed to align with and support targeted protection initiatives under the purview of programs and partners associated with the protection cluster.

8.4 Protection from GBV Budget Value and People Reached

Sector Name	Sector Budget		GBV Budget Percent	GBV Budget Value	GBV People Targeted
Health	2,419,714.66	Targeted			
		Reached	0.00	0.00	0

8.5. Comment on the Protection from GBV Budget Value

Gender-based violence (GBV) is a cross-cutting issue. While no specific monetary value has been allocated in the budget, the activities outlined in this project are designed to align with and support targeted protection initiatives under the purview of programs and partners associated with the protection cluster.

8.6. Gender Equality Budget Value and People Reached

Sector Name	Sector Budget		Gender Equality Budget Percent	Gender Equality Budget Value	Gender Equality People Targeted
Health	2,419,714.66	Targeted	50.00	1,209,857.33	360,600
		Reached	0.00	0.00	0

8.7. Comment on the Gender Equality Budget Value

Gender equality is a cross-cutting issue. While no specific monetary value has been allocated in the budget, the activities outlined in this project are designed to align with and support targeted gender equality initiatives under the purview of programs and partners associated with the protection cluster.

8.8. Disability Budget Value and People Reached

Sector Name	Sector Budget		Persons with Disabilities Budget Percentage	Persons with Disabilities Budget Value
Health	2,419,714.66	Targeted		0.00
		Reached	0.00	0.00

8.9. Comment on Disability Budget Value and People Reached

Disability is a cross-cutting issue. While no specific monetary value has been allocated in the budget, the activities outlined in this project are designed to align with and support targeted protection initiatives under the purview of programs and partners associated with the protection cluster.

9. Funding

Total CERF funds sub-granted to implementing partners:									978,757.00	
International NGO									650,000.00	27 %
National NGO									328,757.00	14 %
	WLO		RLO		YLO		OPD			
	0.00	0 %	0.00	0 %	0.00	0 %	0.00	0 %		
Others / Government									0.00	0 %
Private Contractor									0.00	0 %
Red Cross/Red Crescent Society									0.00	0 %
UN and IOM									0.00	0 %

10. Sub-Implementing Partners

Partner Name	Partner Type	Budget in US $	Expenditure in US $ 2nd Financial Report	Date of First Payment to Implementing Partner	Start Date of CERF Funded Activities	Activities	Comment (mandatory if 15% variance)
Children Aid Organisation	National NGO	100,000	100,000	24-Mar-2025	02-Jan-2025	**Health** **Activity 1.1.1** Engage emergency health partners/sub-grantees to provide lifesaving emergency health services in Awe...	There were delays in contract issuance of sub-grantees due to delays in proposal review, selection and contracting procedures. This subsequently resulted in delays of first paymnent to sub-grantees
IRC	International NGO	450,000	450,000	28-Mar-2025	30-Dec-2024	**Health** **Activity 1.1.1** Engage emergency health partners/sub-grantees to provide lifesaving emergency health services in Awe...	There were delays in contract issuance of sub-grantees due to delays in proposal review, selection and contracting procedures. This subsequently resulted in delays of first paymnent to sub-grantees
World Relief	International NGO	200,000	200,000	24-Feb-2025	08-Jan-2025	**Health** **Activity 1.1.1** Engage emergency health partners/sub-grantees to provide lifesaving emergency health services in Awe...	There were delays in contract issuance of sub-grantees due to delays in proposal review, selection and contracting procedures. This subsequently resulted in delays of first paymnent to sub-grantees
Universal Network for Knowledge and Empowerment Agent (UNKEA)	National NGO	228,757	228,757	24-Feb-2025	02-Jan-2025	**Health** **Activity 1.1.1** Engage emergency health partners/sub-grantees to provide lifesaving emergency health services in Awe...	There were delays in contract issuance of sub-grantees due to delays in proposal review, selection and contracting procedures. This subsequently resulted in delays of first paymnent to sub-grantees
Total		978,757.00	978,757.00				
Latest Financial Report Expenditure			18,796.00				
Comment: Briefly describe the reason for invalid date inputs							

There were delays in contract issuance of sub-grantees due to delays in proposal review, selection and contracting procedures. This subsequently resulted in delays of first payment to sub-grantees Additionally, some of the sub-grantees were slow in submission of relevant documentation required for processing of contracts and payments, and CASS had changed their agency name, which led to delays in in processing payments at the level of the bank.

11. Cash and Voucher Assistance (CVA)

11.1 Cash

CVA Type	Cluster/Sector	Planned People Targeted	People Reached	Total planned transfer amount	Total amount transferred info
No CVA types were added in this project.					

11.2 CVA Total People Reached	Targeted		Reached	0

11.3 Comments on the Reached people" (mandatory if variance is more than 15%)

Project Proposal: CERF-SSD-24-RR-FPA-33426	
Allocation Code:	CERF Rapid Response: South Sudan 2024 (Flood response)
Project Code:	CERF-SSD-24-RR-FPA-33426
Emergency Type:	Climate / natural disaster - Flood
Project Sector/Cluster:	Health - Sexual and Reproductive Health
Organization:	United Nations Population Fund (UNFPA)

1. Project Overview	
1.1 Project Title	Provision of integrated sexual and reproductive health services to communities affected by floods in South Sudan
1.2 Start Date	30-Sep-2024
1.3 End Date	29-Mar-2025
1.4 Extended End Date	
1.5 Project Duration	6 months

1.6 Project Revision

Revision Name	Revision Project	Date Revision Submitted	Date Revision Approved	Revision Status

1.7 Funding Summary	
1.7.1 Total Funds Required for Organization's Response	8,990,765.00
1.7.2 Funds Received for Organization's Response	0.00
1.7.3 Total Funds Requested from CERF for this Proposal	1,087,045.72

1.8 Project Results Summary	The project aimed to enhance access to sexual and reproductive health (SRH) services for flood-affected populations in Aweil East, Fangak, Nasir, Mayendit, and Rubkona counties. Over the six-month implementation period, the project reached 129,003 individuals, including 64,502 women, 33,541 girls, 20,641 men, and 10,319 boys, ensuring their dignified and life-saving access to maternal, and SRH services. Key achievements included the deployment of three UNFPA-led mobile health teams to Aweil East, Nasir, and Rubkona, as well as support for two fixed health facilities in Mayendit and Fangak. These interventions complemented the services provided by WHO and Médecins Sans Frontières (MSF). UNFPA also facilitated the distribution of inter-agency emergency reproductive health (RH) kits to the targeted health facilities, enabling continuity of essential SRH services in remote and flood-affected areas. In addition, 45 health workers received refresher training in emergency obstetric and newborn care, strengthening service quality and long-term capacity. Coordination with WHO, other partners, and national and county health authorities under the Health Cluster Coordination framework ensured comprehensive service coverage, efficient supply chain management, and integrated, multi-sectoral support. Local partner Health Link South Sudan (HLSS) and the International Rescue Committee (IRC) delivered frontline services, with 90% of sub-grant funding which represented 35% of the overall project budget directed to local actors, reinforcing localization and community ownership. An estimated 387,010 individuals were indirectly reached through health education and awareness initiatives, contributing to greater resilience and informed health-seeking behavior within households. Protection, gender equality, and disability inclusion were mainstreamed across all interventions, promoting safe and equitable access to services for all.

1.9 Changes And Amendments	The original implementation plan of the project included partnerships with three organizations: IRC, HLSS, and IMA World Health. However, during the inception phase, the partnership with IMA World Health did not progress due to administrative and coordination constraints. As a result, the funds initially allocated to IMA were reallocated to HLSS, a national NGO with an established presence in several of the target counties. This adjustment reinforced the project's commitment to the localization agenda by strengthening local ownership and enabling more agile, context-specific service delivery. Channeling additional resources through HLSS also contributed to reduce overhead costs and improved operational efficiency, allowing for sustained provision of frontline SRH services in flood-affected and hard-to-reach areas. During implementation, both the geographic reach and budget allocations were adjusted to reflect evolving needs and field realities. In Jonglei and Northern Bahr el Ghazal, the project reached 20% and 31% of the total beneficiaries, up from the planned 17% and 25%, respectively, due to increased displacement and rising demand for SRH services, particularly among women and girls. Corresponding budget adjustments supported expanded outreach and RH kit distribution. In contrast, Unity State saw a reduced reach of 27% (from 43%) and lower budget utilization, as some services were already being provided by other partners, including UNFPA. Resources were redirected to Upper Nile, where the reach rose to 22% (from 15%) and budget use increased to meet heightened needs driven by conflict-related displacement and a cholera outbreak. These changes demonstrate the project's adaptive, needs-driven approach, prioritizing efficiency, complementarity, and responsiveness.

2. Project Objective

2.1 Project Objective

The overall objective of the project is to enhance dignified access of 121,130 women, men, boys, and girls to sexual and reproductive health services as part of multi-sectoral humanitarian assistance.

Logical Framework

Logical Framework details for Health - Sexual and Reproductive Health

3. Outcomes and outputs

Outcome 1

121,130 women, men, boys, and girls have enhanced and dignified access to maternal, sexual and reproductive health services Aweil East, Fangak, Nasir, Mayendit and Rubkona.

Comment on progress in achieving project outcome :

During the reporting period, the project exceeded its original target by reaching a total of 129,003 individuals with maternal, SRH services. This included 64,502 women, 33,541 girls, 20,641 men, and 10,319 boys across the five targeted counties. The increase in reach reflects the strong demand for services and the responsiveness of the project team. Mobile teams deployed by UNFPA in Aweil East, Nasir, and Rubkona, alongside two supported static facilities in Mayendit and Fangak, played a critical role in ensuring accessibility for communities affected by widespread flooding. Despite damaged infrastructure and logistical challenges, services remained operational through strong coordination with local actors and UN partners, notably WHO and MSF. Furthermore, refresher training on emergency obstetric and newborn care was delivered to 45 healthcare providers, enhancing their capacity to offer respectful and life-saving services. The project also prioritized equitable access by engaging with affected communities to identify and address barriers to care, ensuring that even the most vulnerable, including persons with disabilities and IDPs could access services without stigma or discrimination.

	Indicators Targets		Indicators Achievements	
	End-Cycle Beneficiaries			
Outcome Indicator 1.1(Custom)				
Number of vulnerable women, men, boys, and girls with enhanced and dignified access to maternal, sexual and reproductive health services in Aweil East, Fangak, Nasir, Mayendit and Rubkona. Unit: Individuals	121,130	Women: 60565 Girls: 31494 Men: 19381 Boys: 9690	129,003	Women: 64502 Girls: 33541 Men: 20641 Boys: 10319

Reporting on Achievements:

The project reached a total of 129,003 individuals, comprising 64,502 women, 33,541 girls, 20,641 men, and 10,319 boys who accessed maternal and SRH services through mobile and static facilities. This exceeded the planned target and reflected strong demand and successful community outreach efforts.

Output 1.1

Description

121,130 women, men, boys and girls received sexual and reproductive health services through static and outreach facilities

Comment on progress in achieving project output :

Under this output, the project successfully provided SRH services to 129,003 individuals through a combination of static and mobile service delivery. Outreach was conducted by three UNFPA-led mobile health teams in Aweil East, Nasir, and Rubkona, while static services were supported in Fangak and Mayendit through established health facilities. Services included antenatal and postnatal care, emergency obstetric services, family planning, syndromic management of sexually transmitted infection (STI), and post-rape treatment, enabled through the distribution of inter-agency emergency RH kits. The use of RH kits across all supported sites was critical to maintaining uninterrupted service provision, particularly in remote or flood-affected areas. The project ensured operational continuity through strong partnerships with implementing partners, particularly HLSS and IRC, who delivered frontline services with funding support. The reallocation of funds initially intended for IMA World Health to HLSS further strengthened local delivery systems. Through this localized approach and community engagement, services were tailored to meet the needs of each community while promoting accountability and trust. Health education and awareness sessions conducted at both facility and community levels supported uptake, contributing to the high utilization of SRH services during the reporting period.

4. Indicators

			Indicator Targets		Indicators Achievements	
Code	**Type**	**Indicator**	**End-Cycle Beneficiaries**			
Indicator 1.1.1	Standard	(Global) H.7 - Number of functional health facilities supported **Unit:** Facilities	6	Women:0 Men:0 Girls:0 Boys:0	6	Women:0 Men:0 Girls:0 Boys:0
Comments on Reached: All 6 targeted health facilities were fully supported with essential supplies, trained staff, and operational assistance. These facilities remained functional throughout the implementation period, providing critical SRH services to flood-affected populations.						
Indicator 1.1.2	Standard	(Global) SP.3 - Number of health care providers receiving training on the minimum emergency response package for sexual and reproductive health **Unit:** Staff	45	Women:16 Men:29 Girls:0 Boys:0	45	Women: 16 Men:29 Girls:0 Boys:0
Comments on Reached: A total of 45 health care providers received refresher training in emergency obstetric and newborn care, aligned with the Minimum Initial Service Package (MISP) guidelines. This training enhanced their ability to deliver quality and timely SRH services in emergency settings.						
Indicator 1.1.3	Standard	(Global) SP.2b - Number of people accessing services enabled by inter-agency emergency reproductive health kits **Unit:** People	121,130	Women: 60565 Men:19381 Girls:31494 Boys:9690	129,003	Women: 64502 Men: 20641 Girls: 33541 Boys: 10319
Comments on Reached: Through the effective deployment of inter-agency emergency RH kits, 129,003 individuals were able to access SRH services. The kits ensured service continuity despite challenges posed by flooding and displacement, enabling outreach to remote and underserved areas.						
Indicator 1.1.4	Custom	Number of inter-agency emergency reproductive health procured and distributed to health facilities **Unit:** Kits	121,130	Women: 60565 Men:19381 Girls:31494 Boys:9690	129,003	Women: 64502 Men: 20641 Girls: 33541 Boys: 10319
Comments on Reached: A total of 260 inter-agency emergency RH kits were procured and distributed to mobile teams and health facilities across the five targeted counties that benefitted a total of 129,003 individuals, comprising 64,502 women, 33,541 girls, 20,641 men, and 10,319 boys. These kits included supplies for clean delivery, management of obstetric complications, STI treatment, and post-rape care, supporting the full range of SRH services.						

5. People Targeted

5. People Directly Reached

PROJECT DETAIL

Categories		Women (>=18)	Girls (<18)	Men (>=18)	Boys (<18)	Total
Internally Displaced People	Targeted	42,395	22,046	13,567	6,783	84,791
Internally Displaced People	Reached	45,151	23,479	14,449	7,224	90,303
Refugees	Targeted	0	0	0	0	0
Refugees	Reached	0	0	0	0	0
Returnees	Targeted	13,930	7,244	4,457	2,229	27,860
Returnees	Reached	14,835	7,715	4,747	2,373	29,670
Host Communities	Targeted	4,240	2,204	1,357	678	8,479
Host Communities	Reached	4,516	2,347	1,445	722	9,030
Other	Targeted	0	0	0	0	0
Other	Reached	0	0	0	0	0
Total People directly Targeted						
	Targeted	60,565	31,494	19,381	9,690	121,130
	Percentage of Female 76 %		Percentage of Male 24 %		Percentage of Child 34 %	
	Reached	64,502	33,541	20,641	10,319	129,003
	Percentage of Female 76 %		Percentage of Male 24 %		Percentage of Child 34 %	

Persons with disabilities						
	Targeted	6,366	3,075	1,162	291	10,894
	Reached	6,780	3,275	1,237	310	11,602
	Percentage of PWD against Total Targeted 9%					

Directly Targeted by Sector/Cluster

Cluster	Category	Women (>=18)	Girls (<18)	Men (>=18)	Boys (<18)	Total
Health - Sexual and Reproductive Health	Internally Displaced People - Targeted	42,395	22,046	13,567	6,783	84,791
	Internally Displaced People - Reached	45,151	23,479	14,449	7,224	90,303
	Refugees - Targeted	0	0	0	0	0
	Refugees - Reached	0	0	0	0	0
	Returnees - Targeted	13,930	7,244	4,457	2,229	27,860
	Returnees - Reached	14,835	7,715	4,747	2,373	29,670
	Host Communities - Targeted	4,240	2,204	1,357	678	8,479

Health - Sexual and Reproductive Health	Host Communities - Reached	4,516	2,347	1,445	722	9,030
	Other - Targeted	0	0	0	0	0
	Other - Reached	0	0	0	0	0
	Total People directly Targeted					
	Targeted	60,565	31,494	19,381	9,690	121,130
	Percentage of Female 76 %		Percentage of Male 24 %		Percentage of Child 34 %	
	Reached	64,502	33,541	20,641	10,319	129,003
	Percentage of Female 76 %		Percentage of Male 24 %		Percentage of Child 34 %	
	Persons with Disabilities					
	Targeted	6366	3075	1162	291	10894
	Reached	6,780	3,275	1237	310	11,602
	Percentage of PWD against Project Total 9%					

5.1 Comments for People Targeted *

The project targeted 129,003 individuals across five flood-affected counties, Aweil East, Fangak, Nasir, Mayendit, and Rubkona, based on identified needs through rapid assessments and partner consultations. The target included 90,303 IDPs, 29,670 returnees and 9,030 host communities, reflecting a strong emphasis on reaching women and girls, who made up 76% of the total due to their increased vulnerability in emergencies. Displaced families, returnees, and host communities were prioritized to ensure inclusive and equitable access to SRH services. The project also integrated disability inclusion and protection principles, ensuring no one was left behind. Out of the people targeted, 11,602 were persons with disabilities. Targeting was refined through coordination with the Health Cluster, local authorities, and implementing partners to maximize coverage and minimize duplication.

6. People Indirectly Reached

6.1 Estimate on people indirectly reached

Targeted	363,390	**Reached**	387,010

6.2 People indirectly reached by the project

In addition to directly reaching 129,003 individuals with essential SRH services, the project indirectly benefited an estimated 387,010 people across the five targeted counties: Aweil East, Fangak, Nasir, Mayendit, and Rubkona. These indirect beneficiaries included family members, community members, and caretakers of those directly served, as well as broader populations reached through health promotion, awareness campaigns, and community engagement activities.

One of the key channels through which people indirectly benefited was health education and awareness-raising campaigns conducted by mobile teams and facility-based health workers. These campaigns provided critical information on maternal health, family planning, post-rape care, prevention of STIs, and hygiene practices in the context of flood-related displacement. Community outreach activities involved group sessions and individual counselling. It is estimated that each direct beneficiary shared health messages with at least three other individuals, amplifying the reach and public health impact of the intervention.

7. Locations

	Targeted			Reached		
People per Sector	**Health - Sexual and Reproductive Health**					
Jonglei	17	%	20,592	20	%	25,800
Northern Bahr el Ghazal	25	%	30,282	31	%	39,993
Unity	43	%	52,086	27	%	34,830
Upper Nile	15	%	18,170	22	%	28,380
	100	%	121,130	100	%	129,003

Comments on People Reached

The distribution of people reached by location varied slightly from the original plan due to changing needs on the ground and the evolving humanitarian context. In Jonglei, the project initially targeted 17% of the total population, but ultimately reached 20%, responding to an increased influx of IDPs and greater demand for SRH services. Similarly, in Northern Bahr el Ghazal, 31% of the total reached population was served, up from the planned 25%. This is mainly because the area experienced rising needs, particularly among women and girls with limited access to essential services.

Conversely, Unity State accounted for 27% of those reached, compared to the originally projected 43%. This adjustment was made deliberately, as several other partners were already providing complementary services in the area, and UNFPA focused on closing gaps rather than duplicating responses. In Upper Nile, the project reached 22% of the total population, significantly exceeding the planned 15%, due to extensive displacement during the eruption of the conflict and a cholera outbreak that heightened the need for emergency health services. These adjustments underscore the project's adaptive approach, which prioritized responsiveness, efficiency, and complementarity with other humanitarian actors.

Comments on Budget

Budget utilization by location was adjusted in response to emerging needs and operational realities during implementation. In Jonglei and Northern Bahr el Ghazal, budget allocations slightly increased from the original estimates of 17% and 25% respectively, to match the higher number of beneficiaries reached 20% in Jonglei and 31% in Northern Bahr el Ghazal. This was primarily due to an influx of displaced populations, increased demand for services, and the need to scale up mobile outreach activities and supplies in underserved areas. Additional resources were also required to support the distribution of RH kits and expanded health education campaigns.

In contrast, Unity State utilized a lower proportion of the budget than initially planned: 27% instead of the projected 43% as UNFPA deliberately focused on complementing other actors already operational in the area, including other UNFPA projects in the location, to avoid duplication. Resources originally allocated to Unity were partially redirected to Upper Nile, where budget utilization rose to 22% from a planned 15%. This reallocation addressed urgent health needs resulting from massive displacement and a cholera outbreak during the Upper Nile crises, which significantly increased demand for SRH services and emergency response capacity. The budget adjustments reflect the project's flexible and needs-based implementation approach.

	Targeted			Reached		
Budget per Sector	**Health - Sexual and Reproductive Health**					
Jonglei	17	%	184,797.77	20	%	217,409.14
Northern Bahr el Ghazal	25	%	271,761.43	31	%	336,984.17
Unity	43	%	467,429.66	27	%	293,502.34
Upper Nile	15	%	163,056.86	22	%	239,150.06
	100	%	1,087,045.72	100	%	1,087,045.71

Programming and Implementation

8. Effective Programming

8.1 Effective programming *

Localization
The project advanced localization by partnering with HLSS. Originally, three partners were planned, namely HLSS, IRC, and IMA World Health, but when the partnership with IMA did not materialize, its funding was reallocated to HLSS. This increased the local partner's share of sub-grant funding to 90% of the total partner budget which represented 35% of the overall project budget, reinforcing local ownership and enhancing sustainability. HLSS led service delivery in Aweil East, Fangak, Nasir and Mayendit counties, managing both mobile teams and static health facilities. Their deep community roots and contextual understanding enabled more responsive and culturally appropriate service delivery.

Protection Mainstreaming
Protection principles were integrated into service delivery. Supported health facilities provided care in ways that prioritized safety, confidentiality, and dignity. Health care providers were trained on survivor-centered approaches, and feedback mechanisms such as complaint boxes and post-distribution monitoring identified and responded to protection concerns. Furthermore, awareness raising activities embedded messages on safe health-seeking behaviors and rights to care, contributing to mitigate risks related to gender, age, and displacement status.

GBV Prevention and Response
While the project did not have a dedicated GBV programming budget, it complemented other ongoing GBV interventions of UNFPA. CMR was supported through the provision of RH Kit 3, and CMR services were integrated into facility-based care where feasible. Health providers were sensitized on GBV referral pathways and the importance of confidentiality. Furthermore, health education sessions conducted throughout the project included messaging on available GBV services, contributing to community awareness and service uptake.

AAP
Community participation was a cornerstone of project implementation. Affected populations, including women, men, youth, and persons with disabilities were engaged through needs assessments, community dialogues, and regular feedback sessions. Focus group discussions were used to gather feedback on service quality and gaps. This participatory approach enabled timely adjustments to service delivery and strengthened trust between communities and service providers.

PSEA
PSEA was prioritized across all project components. Service providers, including HLSS, were required to adhere to the UN PSEA code of conduct. PSEA awareness was integrated into training sessions for health workers, and all community mobilization activities included messaging on how to report SEA incidents. Functional hotline systems were in place, and complaint boxes were positioned at service points. UNFPA also conducted routine monitoring to ensure confidential reporting and follow-up protocols were upheld.

Gender Equality
The project promoted gender-responsive service delivery by prioritizing the needs of women and girls, who constituted 76% of those reached. Health facilities and mobile teams were encouraged to employ female staff where possible, and where not feasible, male staff received orientation on gender-sensitive care. Field monitoring included consultations with women and adolescent girls to identify barriers to access, which were addressed through tailored adjustments. Gender equality was also reflected in the training of health workers, who were equipped to deliver equitable care across all population groups.

Disability Inclusion
The project mainstreamed disability inclusion by ensuring that people with disabilities had equitable access to services. Health messages were delivered in accessible formats, and service points accommodated people with mobility limitations where feasible. During community engagement, individuals with disabilities were specifically consulted. The project reached over 11,602 persons with disabilities as part of the direct target, and their inclusion was monitored through disaggregated reporting and feedback mechanisms.

8.2 Protection Budget Value and People Reached

Sector Name	Sector Budget		Protection Budget Percent	Protection Budget Value	Protection People Targeted
Health - Sexual and Reproductive Health	1,087,045.72	Targeted	0.00	0.00	0
		Reached	0.00	0.00	0

8.3. Comment on the Protection Budget Value

While the project was designed to support SRH service delivery with no budget allocation for project, the protection principles were systematically integrated into SRH service delivery. All supported health facilities and mobile teams provided care in ways that prioritized safety, confidentiality, and dignity. Health care providers were trained on survivor-centered approaches, and feedback mechanisms such as complaint boxes and post-distribution monitoring helped identify and respond to protection concerns. Furthermore, awareness raising activities embedded messages on safe health-seeking behaviors and rights to care, helping mitigate risks related to gender, age, and displacement status.

8.4 Protection from GBV Budget Value and People Reached

Sector Name	Sector Budget		GBV Budget Percent	GBV Budget Value	GBV People Targeted
Health - Sexual and Reproductive Health	1,087,045.72	Targeted			
		Reached	0.00	0.00	0

8.5. Comment on the Protection from GBV Budget Value

While the project did not have a dedicated GBV programming budget, it complemented ongoing GBV interventions of UNFPA and other partners in the same locations. CMR services were supported through the procurement and distribution of RH Kit 3, and CMR services were integrated into facility-based care where feasible. Health providers were sensitized on GBV referral pathways and the importance of confidentiality. Furthermore, health education sessions conducted throughout the project included messaging on available GBV services, contributing to community awareness and service uptake.

8.6. Gender Equality Budget Value and People Reached

Sector Name	Sector Budget		Gender Equality Budget Percent	Gender Equality Budget Value	Gender Equality People Targeted
Health - Sexual and Reproductive Health	1,087,045.72	Targeted	76.00	826,154.75	30,379
		Reached	76.00	826,154.75	99,823

8.7. Comment on the Gender Equality Budget Value

The number of people reached by gender equality activities included 64,502 women and 33,541 girls, who were the primary beneficiaries of targeted SRH services designed to address gender-specific needs in flood-affected areas. These activities went beyond gender mainstreaming and directly supported women's and girls' access to MISP for SRH services, including family planning, emergency obstetric and newborn care, and post-rape treatment services. The provision of RH Kits, deployment of female-friendly service teams, and community awareness sessions focusing on reproductive rights and GBV prevention were key targeted interventions contributing to gender equality.

8.8. Disability Budget Value and People Reached

Sector Name	Sector Budget		Persons with Disabilities Budget Percentage	Persons with Disabilities Budget Value
Health - Sexual and Reproductive Health	1,087,045.72	Targeted		0.00
		Reached	0.00	0.00

8.9. Comment on Disability Budget Value and People Reached

Although there was no dedicated budget line allocated for disability-targeted programming, the project ensured the inclusion of persons with disabilities through mainstreamed approaches. These included accessible service points, tailored health messaging, and consultations with persons with disabilities during community engagement activities. In total the project reached 11,602 persons with disabilities which reflected the project's strong commitment to inclusive humanitarian action, despite the absence of dedicated funding.

9. Funding

Total CERF funds sub-granted to implementing partners:									408,753.00	
International NGO									187,467.00	17 %
National NGO									221,286.00	20 %
	WLO		RLO		YLO		OPD			
	0.00	0 %	0.00	0 %	0.00	0 %	0.00	0 %		
Others / Government									0.00	0 %
Private Contractor									0.00	0 %
Red Cross/Red Crescent Society									0.00	0 %
UN and IOM									0.00	0 %

10. Sub-Implementing Partners

Partner Name	Partner Type	Budget in US $	Expenditure in US $ 1st Financial Report	Date of First Payment to Implementing Partner	Start Date of CERF Funded Activities	Activities	Comment (mandatory if 15% variance)

IRC	International NGO	124,978	44,648	29-Oct-2024	01-Nov-2024	**Health - Sexual and Reproductive Health Activity 1.1.2** Provide lifesaving sexual and reproductive health services to vulnerable women, girls, men, and boys... , **Activity 1.1.3** Maintain close coordination with partners implementing RH activities in Aweil East, Fangak, Nasir, M...	IRC was responsible for implementing SRH services in Rubkona. Operating through a fixed health facility, IRC focused on providing MISP for SRH services to IDPs and vulnerable host communities. These included antenatal and postnatal care, clinical management of rape, family planning, and treatment of STI, supported by the use of RH kits. Although Unity State received a lower proportion of the overall reach (27% instead of the planned 43%) due to the presence of other partners including other ongoing projects of UNFPA in the same location, IRC's interventions were highly complementary and filled critical service gaps. The organization ensured consistent coordination with all stakeholders through the Health Cluster and Reproductive Health Working Group, contributing to efficient referral systems and information sharing. IRC also supported protection mainstreaming and community engagement, promoting safe access to services and contributing to the project's goals of gender equality, accountability, and inclusivity.
Health Link South	National NGO	221,286	378,292	29-Oct-2024	01-Nov-2024	**Health - Sexual and Reproductive Health Activity 1.1.2**	HLSS played a central role in the implementation of

Sudan						Provide lifesaving sexual and reproductive health services to vulnerable women, girls, men, and boys... , **Activity 1.1.3** Maintain close coordination with partners implementing RH activities in Aweil East, Fangak, Nasir, M...	the project, particularly following the decision not to proceed with the planned partnership with IMA World Health. The budget initially allocated to IMA was redirected to HLSS, significantly expanding its scope of work and reinforcing the project's localization agenda. HLSS was responsible for delivering frontline SRH services across Aweil East, Fangak, Nasir and Mayendit four of the five target counties. It operated a combination of mobile outreach teams and fixed health facilities, ensuring access to maternal health care, family planning, post-rape treatment, and emergency obstetric and newborn care. The organization facilitated the distribution and utilization of inter-agency RH kits in these locations and was instrumental in responding to increased needs in Northern Bahr el Ghazal and Jonglei states. HLSS also supported the training and supervision of health workers and was actively involved in community mobilization, awareness-raising, and post-distribution monitoring. Their expanded role enabled flexible, localized service delivery that reached both displaced and host communities, including significant

							numbers of women, girls, and persons with disabilities.
Interchurch Medical Assistance Worldhealth	International NGO	62,489	0	29-Oct-2024	29-Oct-2024	**Health - Sexual and Reproductive Health Activity 1.1.2** Provide lifesaving sexual and reproductive health services to vulnerable women, girls, men, and boys... , **Activity 1.1.3** Maintain close coordination with partners implementing RH activities in Aweil East, Fangak, Nasir, M...	The initially planned partnership with IMA World Health did not progress during the implementation phase of the project. This decision aligned with both strategic and operational considerations, including IMA's phased withdrawal from Nasir County, one of the targeted locations. In order to promote efficiency and support the localization agenda, the budget and activities originally allocated to IMA were reallocated to HLSS, a national partner with presence in the state. This shift allowed for uninterrupted service delivery in Nasir and reinforced the project's commitment to empowering local actors to lead frontline implementation. HLSS assumed responsibility for SRH service delivery in the area, ensuring that the needs of affected populations were met without delays or disruptions.
Total		408,753.00	422,940.89				
Latest Financial Report Expenditure			0.00				
Comment: Briefly describe the reason for invalid date inputs							

During implementation, the total partner budget increased from USD 408,753 to USD 422,940.89 to accommodate operational needs, service expansion, and reinforce localization. This adjustment followed the non-progression of the IMA World Health partnership, as the organization phased out its presence in Nasir County. As a result, HLSS assumed additional responsibilities in Aweil East, Fangak, Mayendit, and Nasir, increasing its allocation to USD 378,292.89, nearly 90% of the total partner budget. This ensured service continuity and advanced the localization agenda. Meanwhile, IRC maintained its scope in Rubkona with a final allocation of USD 44,648, supporting SRH service delivery through a static facility. The reallocation improved efficiency, addressed geographic needs, and strengthened national implementation capacity.

11. Cash and Voucher Assistance (CVA)

11.1 Cash

CVA Type	Cluster/Sector	Planned People Targeted	People Reached	Total planned transfer amount	Total amount transferred info
No CVA types were added in this project.					

11.2 CVA Total People Reached	Targeted		Reached	0

11.3 Comments on the Reached people" (mandatory if variance is more than 15%)

Project Proposal: CERF-SSD-24-RR-CEF-33429	
Allocation Code:	CERF Rapid Response: South Sudan 2024 (Flood response)
Project Code:	CERF-SSD-24-RR-CEF-33429
Emergency Type:	Climate / natural disaster - Flood
Project Sector/Cluster:	Water Sanitation and Hygiene
Organization:	United Nations Children's Fund (UNICEF)

1. Project Overview	
1.1 Project Title	WASH Flood response in the affected five counties, Aweil East, Fangak, Nasir, Mayendit, and Rukona counties, and cholera response in Rubkona county
1.2 Start Date	02-Oct-2024
1.3 End Date	01-Apr-2025
1.4 Extended End Date	01-Jun-2025
1.5 Project Duration	8 Months

1.6 Project Revision

Revision Name	Revision Project	Date Revision Submitted	Date Revision Approved	Revision Status
Revision 1	No Cost Extensions (NCE), Reprogramming, Budget Revision (above 15% variance across categories)	09-Mar-2025	25-Mar-2025	Approved - Project form updated

1.7 Funding Summary	
1.7.1 Total Funds Required for Organization's Response	37,400,000.00
1.7.2 Funds Received for Organization's Response	0.00
1.7.3 Total Funds Requested from CERF for this Proposal	3,845,791.73

1.8 Project Results Summary	Thanks to CERF, UNICEF/partners (CWW, CMD, HFO, CEDS) reached 305,075 people against 255,026 target with life-saving WASH services, improving access to safe water, sanitation, hygiene, while building community resilience amid floods and cholera outbreaks. This includes 85,421 females, 73,218 males, 76,269 girls, 70,167 boys, including 30,508 persons with disabilities (PWD). The 20% overachievement is due to intensified awareness on safe hygiene prompted by outbreak of Cholera in Rubkona and anticipatory action taken in the other counties. Safe Water: 102,252 people (28,631 females, 24,540 males, 25,563 girls, 23,518 boys, including 10,225 PWD) accessed safe water—exceeding the 100,000 target—through rehabilitation, drilling, and operation of 96 water points out of 109 planned. Capacity Building: 210 WASH technicians (50 females, 160 males) were trained to maintain water points (224 targeted). 548 Water Management Committees (333 females, 215 males) were trained on hygiene, conflict resolution, and tariff setting to enable safe water services. Sanitation: 42,913 people (12,016 females, 10,299 males, 10,728 girls, 9,870 boys, including 4,391 PWD) accessed safe, dignified sanitation via 71 latrine blocks (297 stances) and 24 blocks/120 bathing shelters reaching 86% of the 50,000 target. Hygiene Promotion: Through 162 community volunteers (80 females, 82 males), 305,075 people (85,421 females, 73,218 males, 76,269 girls, 70,167 boys, including 30,508 PWD) received hygiene messages, exceeding 255,026 target. Topics included excreta disposal, handwashing, cholera prevention, GBV, PSEA, and referrals. RCCE groups boosted WASH demand. WASH Supplies: 115,902 people (32,453 females, 27,816 males, 28,976 girls, 26,657 boys, including 11,590 PWD) received essential supplies, including 15,000 people with cholera kits in Rubkona; 3,760 women/girls with MHM kits. Post-distribution monitoring and safety audits identified barriers and guided improvements to enable safer, inclusive WASH access.
1.9 Changes And Amendments	UNICEF, with CERF's approval, implemented a series of programmatic adjustments in response to significant contextual changes that arose during project implementation. These included a cholera outbreak in Rubkona County, insecurity in Nasir, and logistical

	constraints due to suspension of BHA funding support. **Cholera Outbreak in Rubkona:** Contrary to initial projections of flooding, Rubkona experienced a severe cholera outbreak. By 17 January 2025, 10,214 cumulative cases were reported in Rubkona (CFR: 2.1%) and 439 cases in Guit County (CFR : 3%). As a result, UNICEF reprogrammed Rubkona's $352,100 budgets toward cholera response while retaining the original activity structure. **Insecurity in Nasir:** Conflict erupted in Nasir town (February 24th, 2025), halting upgrading of 2 boreholes to solar water yards, rehabilitation of 6 handpumps, WASH NFI distributions. Staff were evacuated for safety. Due to continued insecurity, unspent $53,475 was reallocated to Mayendit. **Logistical Constraints:** In January 2025, Logistics Cluster ceased transport services following BHA funding freeze. This affected delivery of lifesaving WASH supplies to targeted counties. UNICEF revised the supply plan–adjusting item types and quantities–and redirected savings to cover warehousing and transport costs previously supported by the Cluster. **Target Adjustments:** Due to these operational challenges, the target for flood affected people receiving WASH supplies was reduced by 50%, from 255,026 to 127,513 individuals. Likewise, the target for dignity kits was halved from 10,210 to 5,105 women and girls. **Workplan and Timeline Revisions:** Activities originally planned for Nasir were relocated to Mayendit. A two-month no-cost extension (from 29 March to 1 June 2025) was granted to accommodate this revised plan and allow completion of reprogrammed activities. These changes were essential to ensure the continued relevance, feasibility, and impact of the response within the rapidly evolving humanitarian context.
2. Project Objective	
2.1 Project Objective	

127,513 reached frontline services vulnerable people affected by floods gain access to lifesaving water, sanitation, and hygiene services and critical WASH supplies to minimize health risks such as diarrhea, cholera, and other WASH-related diseases.

Logical Framework

Logical Framework details for Water, Sanitation and Hygiene

3. Outcomes and outputs

Outcome 1

Children, women, and their families in flood-affected counties have equitable access to and use climate-resilient, safe water and sanitation services and practice safe hygiene behaviors.

Comment on progress in achieving project outcome :

About 102,251 people (including 10,225 PLWD) in five flood/cholera affected counties gained access to safe water through 96 water systems, exceeding the 100,000 targets. UNICEF operationalized 5 SWATs in Fangak and Rubkona to reduce reliance on unsafe sources, providing a rapid lifeline amid cholera outbreaks. To enhance sustainability, 69 handpumps were rehabilitated, 12 boreholes drilled, and 10 boreholes upgraded to solar-powered water yards; all infrastructure was elevated to withstand flooding. Capacity was built through training 548 WMC members and 210 WASH technicians, while water quality was regularly monitored to ensure safety. As a result, access to safe water improved, and community resilience to cholera and climate shocks was strengthened. 42,913 people accessed safe sanitation via 71 latrine blocks and 24 bathing shelter blocks. Hygiene promotion reached 305,075 individuals through a network of 162 community volunteers, exceeding the target and including messaging on cholera prevention, GBV, PSEA, and referrals. 175 handwashing stations (vs. target of 74) supported hygiene practices during peak flood/cholera risks. A total of 115,902 people received WASH supplies, including 15,000 with cholera kits and 3,760 women/girls with MHM kits. Safety audits and six post-distribution monitoring exercises informed us of improvements. Despite logistical disruptions and target realignment due to funding cuts and cholera response needs, essential WASH services and supplies.

	Indicators Targets		Indicators Achievements	
	End-Cycle Beneficiaries			
Outcome Indicator 1.1(Standard)				
(Global) WS.19 - Percentage of households that can demonstrate effective treatment of their water to meet the recognized standards for water quality Unit: Percentage	10	Women: 0 Girls: 0 Men: 0 Boys: 0	10	Women: 0 Girls: 0 Men: 0 Boys: 0
Reporting on Achievements:				
Outcome Indicator 1.2(Standard)				
(Global) WS.20 - Percentage of people with improved knowledge that demonstrate safe hygiene practices that have received hygiene promotion and/or distribution of hygiene items/materials Unit: Percentage	50	Women: 0 Girls: 0 Men: 0 Boys: 0	50	Women: 0 Girls: 0 Men: 0 Boys: 0
Reporting on Achievements:				

Output 1.1

Description

100,000 (Women 28,000, Men 24,000, Girls 25,000, and Boys 23,000) people in flood-affected have access to safe water in target five Aweil East, Mayendit, Rubkona, Nasir, and Fangak counties.

Comment on progress in achieving project output :

About 102,251 individuals (28,630 women, 24,540 men, 25,563 girls, 23,518 boys, 10,225 PWDs) in 5 flood/cholera affected counties gained access to safe water through 96 water systems against a target of 100,000 people and 109 water points respectively. UNICEF established and operationalized 5 SWATs; Fangak (3), cholera hotspots in Rubkona (2) reducing communities' reliance on unsafe open sources, provided immediate lifeline, reduced potential for further cholera escalation. A total of 69 handpumps were rehabilitated; 12 boreholes were drilled, replacing high-cost SWATs in Rubkona; 10 existing high-yield boreholes were upgraded to motorized solar-powered water yards thus improved sustainability, lower maintenance costs, reduced carbon footprint. All water point platforms were elevated above flood levels to safeguard year-round functionality. A total of 548 WMC members (333 women, 215 men), were trained on safe management of their water sources; 210 WASH technician (50 women, 160men) were trained to support the daily maintenance and functionality of the water infrastructure. This capacity-building component was critical in ensuring uninterrupted delivery of safe water. Water quality assurance was prioritized across all phases of implementation through testing, disinfection, routine monitoring. Overall, access to safe water improved, disease transmission reduced, capacities of community structures built, local resilience enhanced against cholera/future climate-related shocks.

4. Indicators

			Indicator Targets		Indicators Achievements	
Code	**Type**	**Indicator**	**End-Cycle Beneficiaries**			
Indicator 1.1.1	Standard	(Global) WS.6 - Number of people accessing sufficient and safe water for drinking, cooking and/or personal hygiene use as per agreed sector standard **Unit:** People	100,000	Women: 28000 Men:24000 Girls:25000 Boys:23000	102,252	Women: 28631 Men: 24540 Girls: 25563 Boys: 23518
Comments on Reached: Variation of 2% thus within allowable variance of 15%.						
Indicator 1.1.2	Standard	(Global) WS.15 - Number of communal water points (e.g. wells, boreholes, water taps stands, systems) constructed and/or rehabilitated **Unit:** Facilities	109	Women:0 Men:0 Girls:0 Boys:0	96	Women:0 Men:0 Girls:0 Boys:0
Comments on Reached: Variation of 12% thus within allowable variance of 15%						
Indicator 1.1.3	Custom	Number of WASH Management committee members trained for operation, maintenance, and sustainability of the water systems **Unit:** People	651	Women:391 Men:260 Girls:0 Boys:0	548	Women: 333 Men:215 Girls:0 Boys:0
Comments on Reached: Variance of 15.8% - under achievement. Suspension of two SWYs in Nasir due to conflict resulted into 2 WMCs comprising of 14 members not trained. Although the un-spent budget in Nasir was relocated to Mayendit, only infrastructure related activities were implemented; 3 handpumps repaired and rehabilitated. These handpumps repaired with the unspent budget sifted from Nasir to Mayendit shared the already trained WMCs of boreholes closest to the vicinity of these boreholes in Mayendit.						
Indicator 1.1.4	Custom	Number of Hand pump mechanics/WASH technicians trained on basic maintenance of WASH facilities. **Unit:** Number	224	Women:90 Men:134 Girls:0 Boys:0	210	Women: 50 Men:160 Girls:0 Boys:0
Comments on Reached: Variance of 6% thus within allowable 15% variance.						

Output 1.2

Description
255,026 (Women 71,407, Men 61,206, Girls 63,757, and Boys 58,656) people in the flood-affected five Aweil East, Mayendit, Rubkona, Nasir, and Fangak counties gain access to basic sanitation and improved hygiene services.
Comment on progress in achieving project output :
305,075 people (85,421 females, 73,218 males, 76,269 girls, 70,167 boys, 30,508 PWD) received hygiene messaging against a target of 255,026. Because of the cholera outbreak, a vast range of volunteers were engaged leading to reaching more people. In all 162 (80 females, 82 males) integrated network of community volunteers comprising of CNVs, BHWs, Mother to Mother support group, traditional hygiene promoters led the hygiene promotion with key messages on safe excreta disposal, handwashing at critical times, safe food and water chain, cholera prevention and referral to treatment centers, PSEA, GBV and referral. An estimated 42,913 people (12,016 females, 10,299 males, 10,728 girls, 9,870 boys, 4,391 PWD) against a target of 50,000 (86% achievement) people gained access to safe, dignified sanitation through construction of 71 latrine blocks (297 stances) and 24 blocks, 120 stances of bathing shelters. Risk Communication and Community Engagement was key to this program delivery amidst massive floods in Fangak, Aweil East, Nasir, Mayendit and looming cholera in Rubkona. Hygiene messaging was paced up in bid to contain the rapidly spreading cholera especially in Rubkona by recruitment of more RCCE volunteers and diversification on messaging Chanels. A total of 175 handwashing stations were installed and equipped with clean water and soap against a target of 74 to facilitate handwashing at critical times thus contributing to breaking fecal oral transmission route.

4. Indicators

			Indicator Targets		Indicators Achievements	
Code	**Type**	**Indicator**	**End-Cycle Beneficiaries**			
Indicator 1.2.1	Standard	(Global) WS.17 - Number of people receiving WASH/hygiene messaging **Unit:** People	255,026	Women: 71407 Men:61206 Girls:63757 Boys:58656	305,075	Women: 85421 Men: 76269 Girls: 73218 Boys: 70167
Comments on Reached: 20% over achievement. Cholera outbreak necessitated for pace up of RCCE activities particularly on adoption and practice of safe hygiene including but not limited to handwashing at the 5 critical moments, latrine use and safe disposal of human excreta, safe food and water chain and demand creation for uptake of WASH services provided by UNICEF and partners in the project locations. To facilitate handwashing practice, hand washing stations equipped with clean water and soap/ash/clean sand were critically needed. In Rubkona where cholera was already wide spreading, about 100 hand washing stations were installed and operationalized by CWW to curb the outbreak. In the other 4 counties categorized as priority one due to poor WASH conditions amongst others, UNICEF and partners prioritized installation and operationalization of handwashing stations and awareness raising on safe hygiene as anticipatory action against cholera amidst looming flood therein.						
Indicator 1.2.2	Custom	Number of people reached with safe, dignified sanitation facilities **Unit:** People	50,000	Women: 14000 Men:12000 Girls:12500 Boys:11500	42,913	Women: 12016 Men: 10299 Girls: 10728 Boys: 9870
Comments on Reached: 14% variance thus within allowable 15% variance						
Indicator 1.2.3	Standard	(Global) WS.13 - Number of communal sanitation facilities (e.g. latrines) and/or communal bathing facilities constructed or rehabilitated **Unit:** Facilities	74	Women:0 Men:0 Girls:0 Boys:0	95	Women:0 Men:0 Girls:0 Boys:0

Comments on Reached: 28% variance - over achievement attributed to the outbreak of cholera during the project implementation period, access to safe sanitation was a major drive on the pandemic as such the project prioritized latrine construction to facilitate safe disposal of human excreta particularly in Aweil East as anticipatory action against cholera following reported wide spread of the disease outbreak in Rubkona.						
Indicator 1.2.4	Custom	Number of handwashing station established in IDP **Unit:** Facilities	74	Women:0 Men:0 Girls:0 Boys:0	175	Women:0 Men:0 Girls:0 Boys:0
Comments on Reached: 136% over achievement. Due to cholera outbreak necessitated for pace up of RCCE activities particularly on adoption and practice of safe hygiene including but not limited to handwashing at the 5 critical moments, latrine use and safe disposal of human excreta, safe food and water chain and demand creation for uptake of WASH services provided by UNICEF and partners in the project locations. To facilitate handwashing practice, hand washing stations equipped with clean water and soap/ash/clean sand were critically needed. In Rubkona where cholera was already wide spreading, about 100 hand washing stations were installed and operationalized by CWW to curb the outbreak. In the other 4 counties categorized as priority one due to poor WASH conditions amongst others, UNICEF and partners prioritized installation and operationalization of handwashing stations and awareness raising on safe hygiene as anticipatory action against cholera amidst looming flood therein.						
Indicator 1.2.5	Custom	Number of WASH safety audit conducted on WASH facilities 1 per county **Unit:** Number	5	Women:0 Men:0 Girls:0 Boys:0	5	Women:0 Men:0 Girls:0 Boys:0
Comments on Reached: One Safety Audit per county conducted.						

Output 1.3

Description

255,026 people (Women 71,407, Men 61,206, Girls 63,757, and Boys 58,656) flood-affected in five counties (Aweil East, Mayendit, Rubkona, Nasir, and Fangak) are reached with WASH lifesaving existing supplies. In addition, UNICEF will replenish the core pipeline supplies in logistics hubs.

Comment on progress in achieving project output :

Lifesaving WASH supplies reached 115,902 people (32,453 females, 27,816 males, 28,976 girls, 26,657 boys, 11,590 PWD), against revised target of 127,513; including 15,000 who received 2,500 cholera kits in Rubkona; 3,760 women and adolescent girls reached with MHM kits against target of 5105. A total of 6 against 10 post-distribution monitoring gathered community feedback on satisfaction and identified improvements needed in distribution, package contents, and supply quality. Safety audits with women and girls identified access barriers and helped plan risk mitigation to improve WASH access. Due to the outbreak of cholera, and suspension of support from Logistics Cluster caused by cuts in BHA funding posed an additional layer of complexity. This resulted in program targets realignment. The original target for lifesaving WASH NFIs was reduced from 255,026 to 127,513 people, while the dignity kit target was halved from 10,210 to 5,105 women. UNICEF procured WASH supplies entailed in the proposal to replenish stock utilizated in the CERF flood and cholera response in the 5 targeted counties. WASH supplies procured under this grant included: water distribution kit,6 taps (30); Water tank, collapsible,20000l,w/dist.kit (10); Water tank, collapsible,10000l,w/dist.kit (10); Water tank, onion, collaps,30m3, w/taps (10); Wat tank, collapsible,5000l,w/dist.kit (10); Water floc. & disinfectant, pdr/BOX-240 (30,000 boxes); Water purif.(NaDCC) 67mg tabs/BOX-16000 (1000 boxes).

4. Indicators

			Indicator Targets		Indicators Achievements	
Code	**Type**	**Indicator**	**End-Cycle Beneficiaries**			
Indicator 1.3.1	Standard	(Global) WS.16a - Number of people receiving critical WASH supplies (e.g. WASH/hygiene kits) **Unit:** People	127,513	Women: 35704 Men:30603 Girls:31878 Boys:29328	115,902	Women: 32453 Men: 27816 Girls: 28976 Boys: 26657

Comments on Reached: Although this is a variance of 9% within the allowable 15%. To highlight, this CERF program envisioned to use and replenish Core pipeline stock and leverage on Logistics Cluster Support. The surgency of cholera during the CERF implementation resulted in major shortages in WASH Core pipeline supplies as the cholera affected populations were prioritized over flood affected populations for WASH supplies due to high Morbidity and mortality of the disease. Also funding cuts impacted on transportation of supplies to target locations. The CERF locations depend on the major hubs from Core Pipeline prepositioned stock with the WASH cluster leveraging on Logistics Cluster to preposition the WASH stock in those hubs. With the funding cuts, this was no longer possible. Under indicator 1.3.3 - more people were reached with WASH kits aligning to the cholera response were more kits distributed.						
Indicator 1.3.2	Custom	Number of post distribution monitoring conducted 2 PDM per county **Unit:** Number	10	Women:0 Men:0 Girls:0 Boys:0	6	Women:0 Men:0 Girls:0 Boys:0
Comments on Reached: 40% under achievement in line with reduction of targets for WASH NFIs distribution to flood affected populations in targeted counties. As elaborated in sections of this report, reduction in the targets for WASH NFIs distribution to flood affected populations informed by prioritization of supplies to cholera impacted populations who are at high risk of mortality and morbidity ad well as suspension of logistic support from Logistic cluster due to BHA cutting cuts.						
Indicator 1.3.3	Standard	(Global) WS.16b - Number of WASH/hygiene kits distributed **Unit:** Kits	5,105	Women:0 Men:0 Girls:0 Boys:0	6,260	Women:0 Men:0 Girls:0 Boys:0
Comments on Reached: 23% over achievement due to the outbreak of cholera, and suspension of support from Logistics Cluster caused by cuts in BHA funding posed an additional layer of complexity. This resulted in program targets realignment. With appoval from CERF, the original target for lifesaving WASH kits (hygiene and MHM) was reduced from 10210 to 5,105 people. However, cholera in Rubkona necessitated for cholera kits distribution to improve access to safe water and hygiene in Delmet and Yoayang. Thus 2,500 out of the 6260 kits were cholera kits and the remaining 3,760 were MHM kits.						

5. People Targeted

5. People Directly Reached

PROJECT DETAIL

Categories		Women (>=18)	Girls (<18)	Men (>=18)	Boys (<18)	Total
Internally Displaced People	Targeted	39,274	35,066	33,663	32,262	140,265
Internally Displaced People	Reached	46,981	41,948	40,270	38,592	167,791
Refugees	Targeted	0	0	0	0	0
Refugees	Reached	0	0	0	0	0
Returnees	Targeted	10,711	9,563	9,181	8,798	38,253
Returnees	Reached	12,813	11,440	10,983	10,525	45,761
Host Communities	Targeted	21,422	19,127	18,362	17,597	76,508
Host Communities	Reached	25,626	22,881	21,966	21,050	91,523
Other	Targeted	0	0	0	0	0
Other	Reached	0	0	0	0	0
Total People directly Targeted						
	Targeted	71,407	63,756	61,206	58,657	255,026

	Percentage of Female 53 %		Percentage of Male 47 %		Percentage of Child 48 %	
	Reached	85,420	76,269	73,219	70,167	305,075
	Percentage of Female 53 %		Percentage of Male 47 %		Percentage of Child 48 %	

Persons with disabilities						
	Targeted	714	638	612	587	2,551
	Reached	8,542	7,627	7,322	7,017	30,508
	Percentage of PWD against Total Targeted 10%					

Directly Targeted by Sector/Cluster

Cluster	Category	Women (>=18)	Girls (<18)	Men (>=18)	Boys (<18)	Total
Water, Sanitation and Hygiene	Internally Displaced People - Targeted	39,274	35,066	33,663	32,262	140,265
	Internally Displaced People - Reached	46,981	41,948	40,270	38,592	167,791
	Refugees - Targeted	0	0	0	0	0
	Refugees - Reached	0	0	0	0	0
	Returnees - Targeted	10,711	9,563	9,181	8,798	38,253
	Returnees - Reached	12,813	11,440	10,983	10,525	45,761
	Host Communities - Targeted	21,422	19,127	18,362	17,597	76,508
	Host Communities - Reached	25,626	22,881	21,966	21,050	91,523
	Other - Targeted	0	0	0	0	0
	Other - Reached	0	0	0	0	0
	Total People directly Targeted					
	Targeted	71,407	63,756	61,206	58,657	255,026
	Percentage of Female 53 %		Percentage of Male 47 %		Percentage of Child 48 %	
	Reached	85,420	76,269	73,219	70,167	305,075
	Percentage of Female 53 %		Percentage of Male 47 %		Percentage of Child 48 %	
	Persons with Disabilities					
	Targeted	714	638	612	587	2551
	Reached	8,542	7,627	7322	7017	30,508
	Percentage of PWD against Project Total 10%					

5.1 Comments for People Targeted *

The number of people targeted was based on projections made during the project design phase. However, the project ultimately reached 305,075 individuals, surpassing initial target of 255,026 due to significant contextual changes during implementation and flexible programmatic adjustments approved by CERF. In particular, a cholera outbreak declared in October 2024 severely affected Rubkona prompting an intensified hygiene awareness campaign. additionally, in the other CERF counties, anticipatory action was undertaken to promote safe hygiene practices through diverse risk communication channels and strong Risk Communication and Community Engagement (RCCE) mechanisms. These efforts expanded the reach of messaging on hygiene, cholera prevention and treatment referral and demand creation for available WASH services. Unlike water supply and sanitation interventions, hygiene promotion is less resource-intensive, enabling UNICEF and partners to reach more people without additional funding.

6. People Indirectly Reached

6.1 Estimate on people indirectly reached

Targeted	159,974	**Reached**	183,045

6.2 People indirectly reached by the project

The host community not targeted directly in this program benefitted in the RCCE activities related to safe hygiene, cholera prevention and referral to treatment units, GBV and PSEA including demand creation activities for uptake of availed WASH services in targeted counties. This was mainly through the radio messaging, commemoration of global WASH events like the World Toilet Day, Global Hand Washing Day, World water Day amongst others. The engagements with populations in the 5 targeted counties were inclusive of the wider county population and so was the response in which host communities not displaced with floods also benefitted from the program services. The supplies procured under CERF were punched into the Core pipeline and benefitted the wider WASH response scaled across vulnerabilities of cholera, conflict, worsening Malnutrition/IPC and flood. As detailed, the CERF project initially focused on only flood and later cholera following approval for reprogramming and realignment of the response. All these contributed to the indirect beneficiaries under this CERF program reached.

7. Locations

	Targeted			Reached		
People per Sector	**Water, Sanitation and Hygiene**					
Jonglei	16	%	40,804	19	%	57,964
Northern Bahr el Ghazal	27	%	68,857	28	%	85,421
Unity	42	%	107,112	33	%	100,675
Upper Nile	15	%	38,253	20	%	61,015
	100	%	255,026	100	%	305,075

Comments on People Reached

Overall, project reached 305,075 people, exceeding original target of 255,026 individuals, due to significant contextual changes during implementation and flexible programmatic adjustments approved by CERF. With not significant changes in terms of percentage of targeted and reached people in Aweil East. Changes related to percentage targeted vs percentage reached are detailed below for other 4 counties.

Unity State:
Initially targeted for flood response, Rubkona faced a major cholera outbreak. As of 17 January 2025, 10,214 cumulative cases were reported (CFR: 2.1%). CERF funding of $352,100 was reprogrammed to support cholera response activities, including water chlorination, hygiene promotion, and sanitation. The response also complemented other grants supporting returnees from Sudan, with CERF funding filling critical gaps. Unity State had a target of reaching 42% of the population, but only 33% was reached, largely due to contribution of other grants that CERF leveraged. The targeted cholera response helped mitigate morbidity, mortality in cholera hotspot locations of Yoanyang and Delmet.

In Mayendit, the response focused on floods, with activities relocated here from Nasir. While Mayendit had no reported cholera cases until late April 2025, this delay was attributed to the CERF program which paced up WASH services particularly RCCE on safe hygiene, cholera prevention including demand creation for uptake of availed WASH services. In mid-April, budget lines for RCCE activities were exhausted thus RCCE activities drew to a close. This could explain the outbreak of cholera in late April 2025. Nonetheless, early action likely contributed to delayed onset and reduced transmission risk.

Upper Nile State:
In Nasir, conflict erupted in February 2025, halting borehole upgrades, handpump rehabilitation, and WASH NFI distribution. Field teams were evacuated for safety. $53,475 in unspent funds was reallocated to Mayendit. Upper Nile had an initial target of 15% population coverage, but 20% was reached due to increased needs driven by floods, conflict, and cholera risks.

Jonglei State:
Fangak county was initially underserved, and following early signs of cholera transmission, anticipatory flood response efforts were intensified integrating messaging on cholera. As a result, 19% of the population was reached, exceeding the original 16% target. WASH interventions here were aimed at reducing morbidity and mortality related to cholera through proactive risk mitigation.

Logistics and Operational Challenges
In January 2025, the Logistics Cluster suspended transport services due to BHA funding cuts. This disrupted supply delivery across counties. UNICEF revised the supply plan—adjusting item types and quantities—and redirected savings to cover warehousing and transport, previously provided by the Cluster.

Target Revisions:
In response to access and delivery challenges including reprioritization of supplies to cholera affected counties other than the CERF counties, the WASH NFI target was reduced by 50%, from 255,026 to 127,513 people, and dignity kits from 10,210 to 5,105 women and girls

Adaptation and Extension:
To accommodate operational shifts, including relocation of Nasir activities to Mayendit, CERF granted a two-month no-cost extension (29 March–1 June 2025) to complete implementation.

Monitoring, Coordination, and Impact:
Frequent field visits, monthly coordination meetings, and WASH Cluster guidance enabled adaptive programming and data-informed realignment. These mechanisms helped navigate evolving risks and facilitated prioritization of the most affected counties and population groups.

Overall, these strategic adjustments were essential to maintaining relevance, flexibility, and impact in a complex operating environment. While some location-specific targets were unmet, the overall response was strengthened by context-aware reallocations, cross-sector coordination, and timely interventions—particularly in cholera hotspots and underserved areas.

Comments on Budget

Overall, the CERF budget was fully utilized. The variances in the budget are linear to the people reached as detailed in previous section of this report.

	Targeted			Reached		
Budget per Sector	**Water, Sanitation and Hygiene**					
Jonglei	16	%	615,326.68	19	%	730,700.43
Northern Bahr el Ghazal	27	%	1,038,363.77	28	%	1,076,821.68
Unity	42	%	1,615,232.53	33	%	1,269,111.27
Upper Nile	15	%	576,868.76	20	%	769,158.35
	100	%	3,845,791.74	100	%	3,845,791.73

Programming and Implementation
8. Effective Programming
8.1 Effective programming *

The project was delivered through a blend of International (CWW) and local NGOs (HFO, CMD, CEDS), with local partners prioritized to build technical and financial capacity in line with UNICEF localization commitments. UNICEF/IPs jointly developed program design, budgets, delivery standards, realistic timelines, and coordination mechanisms. At inception, UNICEF/IPs in collaboration with line ministry and community leaders conducted in depth needs assessment and prioritization with engagement of beneficiary communities which shaped program design and delivery strategy.
Monthly coordination meetings and joint field monitoring engaging IPs, UNICEF, ministries, and community leaders helped track progress, financial absorption, and manage risks. These efforts strengthened local partners and UNICEF field staff capacity. Some staff including hygiene promoters, masons, and semi-skilled workers were recruited from target communities to foster ownership. RCCE groups, Water Management Committees (WMCs), and local WASH technicians were capacitated to sustain service delivery post-project.
Women and girls led safety audits determined facility locations, identified access barriers, and proposed risk mitigation strategies. Communities were sensitized on GBV/SEA. Project staff including contractors and volunteers were oriented on UNICEF's commitments to PSEA and contractual safeguarding clauses embedded in partnership agreements, staff and volunteer contracts. GBV messages were integrated into WASH hygiene promotion. Messaging directed communities to local case management, psychosocial support, and legal services for GBV survivors.
Deliberate actions such as Menstrual Hygiene Management (MHM) kits distributed to flood and conflict-affected women of reproductive age facilitated equitable access. Locations for latrines, water points, and NFI distribution were selected in consultation with women, girls, and PLWDs. WASH infrastructure was adapted with ramps, rails, and locks to enhance safety and dignity. In Delmet, women raised safety concerns and long wait times at water points; an additional six-tap stand was built, halving queues and reducing tensions.
The program demonstrated full localization through equal participation of local actors from design to delivery. Stakeholder participation, including beneficiaries, community-based WASH structures and leaders ensured relevance and sustainability when embedded early and continuously. Protection mainstreaming requires a multilayered approach entailing deliberate engagements with at risk segments of the targeted population like women and girls, PLWD and other marginalized groups; orientation/training and sensitization of beneficiaries and program staff on key protection issues and safe guarding requirements including referrals; institutional measures such as safe guarding clause inclusion in partnership agreements, institutional contracts, staff and volunteers contract as well as gathering complaints and providing timely feedback and taking action in events of violations.
A few examples to scale out in this program delivery include:
• Safeguarding clauses were embedded in partnership agreements signed between UNICEF and the IPs; project staff (UNICEF and IPs) including project volunteer agreements included safeguarding clause on SEA, reinforcing UNICEF's zero tolerance for SEA.
• In Delmet, adding six new taps reduced queues by 50%, addressing women's safety concerns at water collection points.
• UNICEF, IPs, local leaders and beneficiaries co designed the WASH facilities, including women, girls, and persons with disabilities, which enhanced both uptake and sustainability."
• A safety audit led by women and girls resulted in the relocation and redesign of latrines and hand washing stations to safer, more accessible sites.

8.2 Protection Budget Value and People Reached

Sector Name	Sector Budget		Protection Budget Percent	Protection Budget Value	Protection People Targeted
Water, Sanitation and Hygiene	3,845,791.73	Targeted	0.00	0.00	0
		Reached	0.00	0.00	0

8.3. Comment on the Protection Budget Value

No protection specific activities were planned under this program although protection was duly mainstreamed into the WASH project activities as detailed in the section 8.1 on effective programming.

8.4 Protection from GBV Budget Value and People Reached

Sector Name	Sector Budget		GBV Budget Percent	GBV Budget Value	GBV People Targeted
Water, Sanitation and Hygiene	3,845,791.73	Targeted			
		Reached	0.00	0.00	0

8.5. Comment on the Protection from GBV Budget Value

This project had no specific protection and GBV component and budget. However, specific actions were taken to ensure adequate and meaningful engagement of women and girls with specific activities such as MHM kits secured from the Core Pipeline stock and distribution to women and adolescent girls for safe management of their menstruation amidst flood and conflict crisis. This strengthened UNICEF commitment to ensuring equitable access to lifesaving interventions to all segments of the targeted beneficiaries. GBV and SEA orientation and sensitization were carried out through robust channels and diversified RCCE groups across project sites leveraging on UNICEF and IPs internal capacities that didn't require additional budget.

8.6. Gender Equality Budget Value and People Reached

Sector Name	Sector Budget		Gender Equality Budget Percent	Gender Equality Budget Value	Gender Equality People Targeted
Water, Sanitation and Hygiene	3,845,791.73	Targeted		0.00	
		Reached	0.00	0.00	0

8.7. Comment on the Gender Equality Budget Value

No specific gender equity project activities considered in this project. However, the project addressed specific needs of women and girls. particularly, MHM kits were distributed to vulnerable women and adolescent girls through targeted distribution in conflict and flood affected population to facilitate safe management of their menstruation. Safety Audits were conducted with women and Girls and these identified and mitigated barriers to access to WASH facilities and services. RCCE was inclusive of GBV and SEA awareness including referral to GBV actors. All WASH infrastructure designs incorporated views of women during the project inception consultations with water collection points increased in high density population like Delmet in Rubkona to reduce queuing. Latrines were equipped with internal locking systems and gender segregated for safe and dignified access for women and girls. All these design measures subsequently contributed to reducing exposure to GBV risks. These were all, mainstreamed to the program and did require a specific budget. To highlight, the program targeted primarily flood affected, conflict and cholera impacted populations regardless of being IDPs or host community and this mitigated risk on conflict accross the profile of the populations in these 5 targeted counties.

8.8. Disability Budget Value and People Reached

Sector Name	Sector Budget		Persons with Disabilities Budget Percentage	Persons with Disabilities Budget Value
Water, Sanitation and Hygiene	3,845,791.73	Targeted		0.00
		Reached	0.00	0.00

8.9. Comment on Disability Budget Value and People Reached

The project facilitated access to WASH facilities and services for PLWD through use of universal accessibility design standards such as access ramps, handrails installed for elevated WASH infrastructure (latrines and waterpoints). In siting of WASH facilities and services, locations closure to households with PLWD were prioritized to reduce travel time to access these facilities and services by PLWD. Households with PLWD were prioritized during distribution of lifesaving WASH NFIs including women and adolescent girls reached with MHM kits. Specific latrine stances in a block of constructed communal latrines were dedicated for PLWD. This particular latrine is designed with special features such as ramps, handrails, large door to easy access for PLWD including those with wheelchairs to navigate through to access the latrine squat hole.

9. Funding

Total CERF funds sub-granted to implementing partners:									1,660,812.00	
International NGO									352,100.00	9 %
National NGO									1,308,712.00	34 %
	WLO		RLO		YLO		OPD			
	0.00	0 %	0.00	0 %	0.00	0 %	0.00	0 %		
Others / Government									0.00	0 %
Private Contractor									0.00	0 %
Red Cross/Red Crescent Society									0.00	0 %
UN and IOM									0.00	0 %

10. Sub-Implementing Partners

Partner Name	Partner Type	Budget in US $	Expenditure in US $ 2nd Financial Report	Date of First Payment to Implementing Partner	Start Date of CERF Funded Activities	Activities	Comment (mandatory if 15% variance)
Centre for Emergency and Development Support	National NGO	348,613	348,613	16-Oct-2024	03-Oct-2024	**Water, Sanitation and Hygiene** **Activity 1.1.1** Repair and Rehabilitation of non-functional handpumps in flood-affected areas within communities, he... , **Activity 1.1.2** Upgrade and rehabilitation of hand pumps into Solar Water Yards in institutions and communities in A... , **Activity 1.1.4** Conduct shock chlorination of rehabilitated boreholes in the target communities, health centers, and... , **Activity 1.1.5** Installation/repair of Emergency Surface Water Treatment Systems (SWAT) and operated for three month... , **Activity 1.2.1** Construction/ Rehabilitation of semi-permanent emergency communal latrines -	No variation in planned and utilized budget

						climate-resilient latri... , **Activity 1.2.2** Conduct hygiene education campaigns targeting staff, caregivers, and community members to raise awar... , **Activity 1.2.3** Increased protection and safety for girls and vulnerable people in accessing WASH services through s... , **Activity 1.2.4** Installation of handwashing stations next to blocks of latrines in flood affected IDPs congested are... , **Activity 1.3.1** Distribution of household water purification products (aqua tabs, PUR/filter cloth), dignity kits fo...	
Christian Mission for Development	National NGO	320,099	320,000	28-Oct-2024	08-Oct-2024	**Water, Sanitation and Hygiene** **Activity 1.1.1** Repair and Rehabilitation of non-functional handpumps in flood-affected areas within communities, he... , **Activity 1.1.2** Upgrade and rehabilitation of hand pumps into Solar Water Yards in institutions and communities in A... , **Activity 1.1.4** Conduct shock chlorination of rehabilitated boreholes in the target communities, health centers, and... , **Activity 1.1.5** Installation/repair of Emergency Surface Water Treatment Systems (SWAT) and operated for three month...	No variation in planned and utilized budget

						, **Activity 1.1.6** Conduct training/refresher training for handpump mechanics and Operators (Boreholes, Solar Powered W... , **Activity 1.2.1** Construction/ Rehabilitation of semi-permanent emergency communal latrines - climate-resilient latri... , **Activity 1.2.2** Conduct hygiene education campaigns targeting staff, caregivers, and community members to raise awar... , **Activity 1.2.3** Increased protection and safety for girls and vulnerable people in accessing WASH services through s... , **Activity 1.2.4** Installation of handwashing stations next to blocks of latrines in flood affected IDPs congested are... , **Activity 1.3.1** Distribution of household water purification products (aqua tabs, PUR/filter cloth), dignity kits fo...	
Concern WorldWide (CWW)	International NGO	352,100	352,000	28-May-2025	07-Oct-2024	**Water, Sanitation and Hygiene** **Activity 1.1.1** Repair and Rehabilitation of non-functional handpumps in flood-affected areas within communities, he... , **Activity 1.1.2** Upgrade and rehabilitation of hand pumps into Solar Water Yards in institutions and communities in A...	No variation in planned and utilized budget. UNICEF is working with Concern Worldwide under a reimbursement modality. However, the Funds were committed on 15th/10/ 2024 following the signing of the partnership and start of activities on 7 October 2024, and both the Programme

						, **Activity 1.1.3** Drilling of eight (8) boreholes equipped with a hand pump in Rubkona. Prior to drilling of the handp... , **Activity 1.1.4** Conduct shock chlorination of rehabilitated boreholes in the target communities, health centers, and... , **Activity 1.1.5** Installation/repair of Emergency Surface Water Treatment Systems (SWAT) and operated for three month... , **Activity 1.1.6** Conduct training/refresher training for handpump mechanics and Operators (Boreholes, Solar Powered W... , **Activity 1.2.1** Construction/ Rehabilitation of semi-permanent emergency communal latrines - climate-resilient latri... , **Activity 1.2.2** Conduct hygiene education campaigns targeting staff, caregivers, and community members to raise awar... , **Activity 1.2.3** Increased protection and safety for girls and vulnerable people in accessing WASH services through s... , **Activity 1.2.4** Installation of handwashing stations next to blocks of latrines in flood affected IDPs congested are... , **Activity 1.3.1** Distribution of household water purification products	Document and funding commitment were in place at that time, the final payment was only processed after the completion and approval of activities in May.

						(aqua tabs, PUR/filter cloth), dignity kits fo...	
HealthCare Foundation Organization	National NGO	640,000	656,578	17-Oct-2024	04-Oct-2024	**Water, Sanitation and Hygiene** **Activity 1.1.1** Repair and Rehabilitation of non-functional handpumps in flood-affected areas within communities, he... , **Activity 1.1.2** Upgrade and rehabilitation of hand pumps into Solar Water Yards in institutions and communities in A... , **Activity 1.1.4** Conduct shock chlorination of rehabilitated boreholes in the target communities, health centers, and... , **Activity 1.1.5** Installation/repair of Emergency Surface Water Treatment Systems (SWAT) and operated for three month... , **Activity 1.1.6** Conduct training/refresher training for handpump mechanics and Operators (Boreholes, Solar Powered W... , **Activity 1.2.1** Construction/ Rehabilitation of semi-permanent emergency communal latrines - climate-resilient latri... , **Activity 1.2.2** Conduct hygiene education campaigns targeting staff, caregivers, and community members to raise awar... , **Activity 1.2.3** Increased protection and safety for girls	3% over expenditure within allowable 15% variance.

						and vulnerable people in accessing WASH services through s... , **Activity 1.2.4** Installation of handwashing stations next to blocks of latrines in flood affected IDPs congested are... , **Activity 1.3.1** Distribution of household water purification products (aqua tabs, PUR/filter cloth), dignity kits fo...	
Total		1,660,812.00	1,677,192.48				
Latest Financial Report Expenditure			1,232,658.93				

Comment: Briefly describe the reason for invalid date inputs

Funds were dispatched to partner on reimbursement modality.

We are working with Concern Worldwide under a reimbursement modality. However, the Funds were committed on 15th/10/ 2024 following the signing of the partnership and start of activities on 7 October 2024, and both the Programme Document and funding commitment were in place at that time, the final payment was only processed after the completion and approval of activities in May.

11. Cash and Voucher Assistance (CVA)

11.1 Cash

CVA Type	Cluster/Sector	Planned People Targeted	People Reached	Total planned transfer amount	Total amount transferred info
No CVA types were added in this project.					
11.2 CVA Total People Reached		**Targeted**		**Reached**	**0**
11.3 Comments on the Reached people" (mandatory if variance is more than 15%)					

Project Proposal: CERF-SSD-24-RR-IOM-33441	
Allocation Code:	CERF Rapid Response: South Sudan 2024 (Flood response)
Project Code:	CERF-SSD-24-RR-IOM-33441
Emergency Type:	Climate / natural disaster - Flood
Project Sector/Cluster:	Shelter and Non-Food Items
Organization:	International Organization for Migration (IOM)

1. Project Overview	
1.1 Project Title	Provision of Life-Saving Cash, Shelter and Non-Food Items Assistance to Flood-Affected Households in Aweil East, Nasir, Mayendit, Rubkona and Fangak, South Sudan
1.2 Start Date	30-Sep-2024
1.3 End Date	29-Mar-2025
1.4 Extended End Date	
1.5 Project Duration	6 months

1.6 Project Revision				
Revision Name	**Revision Project**	**Date Revision Submitted**	**Date Revision Approved**	**Revision Status**

1.7 Funding Summary	
1.7.1 Total Funds Required for Organization's Response	38,600,000.00
1.7.2 Funds Received for Organization's Response	5,000,000.00
1.7.3 Total Funds Requested from CERF for this Proposal	2,647,310.01

1.8 Project Results Summary	IOM provided lifesaving SNFI and cash assistance to 187,242 Individuals (99,381 female, 87,861 male) impacted by floods in Fangak, Rubkona, Mayendit, Nasir and Aweil East. Through the IOM core pipeline management, IOM procured 28,500 emergency S-NFI kits that replenished SNFI supplies which were released to Core Pipeline partners for frontline distribution to flood affected communities. Specifically, IOM through the five Shelter Cluster partners who included the NRC, PAH, CH, ADA and IOM settlement and shelter (SS) unit released 414 metric tons of emergency S-NFI supplies to flood affected populations. The emergency S-NFI supplies included plastic sheets, rubber rope, mosquito nets, blankets, sleeping mats, kitchen sets, solar lamps and wooden poles that benefitted 171,000 individuals (90396 female, 80064 male). While the distributions were conducted by several Core Pipeline, it is worth noting that 68 per cent of the distributions were done directly by IOM SS unit that benefitted 115,473 Individuals (52,623 male, 62850 female). Moreover, the IOM Core Pipeline facilitated coordinated bulk procurement, warehousing and storage of emergency preparedness supplies at logistic warehouse hubs in Juba, Bor, Bentiu, Malakal and Wau enabling S-NFI Cluster partners to quickly access the emergency S-NFI supplies to timely respond to flood emergencies across the country. Furthermore, in Rubkona and Aweil East where markets were functional, IOM SS Unit provided cash assistance to 2707 households benefitting 16242 individuals (7797 male, 8445 female). The cash beneficiaries included households with severely damaged shelters, households with persons with disability, elderly and pregnant and lactating women, female and/or child headed households, marginalized households and victims of GBV. The combined in kind and cash assistance intervention improved living conditions while ensuring safety and dignity among affected households.
1.9 Changes And Amendments	No changes or amendments

2. Project Objective
2.1 Project Objective
The project will contribute to reduce the impact of floods among affected households by ensuring timely and adequate access to life-saving cash and S-NFI assistance in Aweil East, Nasir, Rubkona, Mayendit and Fangak, South Sudan.

Logical Framework

Logical Framework details for Shelter and Non-Food Items

3. Outcomes and outputs

Outcome 1

Flood-affected households benefit from timely and adequate S-NFI and cash assistance to meet their urgent needs.

Comment on progress in achieving project outcome :

with CERF fund, IOM Core Pipeline processed a total of 16 requests for emergency S-NFI supplies from five Shelter Cluster partners who include the Norwegian Refugee Council, Polish Humanitarian Aid, Coalition for Humanity, Africa Development Aid and the International Organization for Migration. IOM Core Pipeline replenished 28,500 emergency S-NFI kits and released 414 metric tons of emergency S-NFI supplies to flood affected populations in target locations in Fangak, Rubkona, Mayendit, Nasir, Aweil East. The emergency S-NFI supplies included plastic sheets, rubber rope, mosquito nets, blankets, sleeping mats, kitchen sets, solar lamps and wooden poles. The emergency S-NFI supplies reached a total of 28,500 households and 171,000 individuals. The effective management of the core pipeline enabled IOM to respond to 90 per cent of the partners request with 72 hours leading to timely response to the SNFI needs of flood affected households. In addition, the response provided essential items and shelter solutions that ensured safety, health, dignity, and well-being to the HH that benefitted. Further more the cash response that benefitted 16,242 individuals in Rubkona and Aweil East enhanced choice by allowing households to choose the specific SNFI items they need the most and supported local markets by allowing people to purchase SNFIs from local businesses.

	Indicators Targets		Indicators Achievements	
	End-Cycle Beneficiaries			
Outcome Indicator 1.1(Standard)				
(Global) SN.7 - Percentage of households reporting adequate access to household non-food items Unit: Percentage	85	Women: 0 Girls: 0 Men: 0 Boys: 0	81	Women: 0 Girls: 0 Men: 0 Boys: 0

Reporting on Achievements:
According to the Post Distribution Monitoring conducted under the IOM core pipeline, 81 per cent of households surveyed in Mayendit and Aweil East reported being able to access household NFIs. A key concern raised by the respondents was that the standard shelter NFI kit distributed were inadequate to meet the needs of larger families who have more than six members

Outcome Indicator 1.2(Custom)				
(Global) AP.5b - AAP - Percentage of affected people who state that they were able to access humanitarian assistance and services in a safe, accessible, accountable and participatory manner Unit: Percentage	85	Women: 0 Girls: 0 Men: 0 Boys: 0	85	Women: 0 Girls: 0 Men: 0 Boys: 0

Reporting on Achievements:

During the project period, IOM conducted three Post Distribution Monitoring (PDM) exercises. Two of these were for in-kind distributions, while one was for sectoral cash transfer. On average, 85 per cent of beneficiaries (87% in Mayendit, 83% in Nasir, and 86% in Rubkona) reported that the assistance was delivered in a safe, accessible, accountable, and participatory manner. Specifically, 85 per cent of respondents noted that the in-kind assistance was provided in a safe (85%), accessible (78%), and participatory/accountable manner (93%). Furthermore, 86 per cent of beneficiaries indicated that the sectoral cash transfer was delivered safely (94%), accessible (76%), and in a participatory/accountable manner (89%).

Output 1.1

Description

Flood-affected households are supported through the provision of Core Pipeline supplies with in-kind S-NFI and cash for S-NFI to respond to immediate emergency needs

Comment on progress in achieving project output :

IOM procured 28,500 emergency S-NFI kits to replenish supplies which were released to Core Pipeline partners for frontline distribution to flood affected communities in Fangak, Rubkona, Mayendit, Nasir and Aweil East benefiting an estimated, 171,000 individuals. Under this grant, IOM SS unit conducted 68 per cent of the distribution. Specifically the IOM SS unit distributed 1,800 SNFI kits to 18,760 individuals (6,721 males, and 12,039 females) in Mayendit, 1,824 kits to 17,224 individuals (8,045 males, and 9,179 females) in Nasir, 3,788 kits to 22,933 individuals (10,710 males, and 12,223 females) in Fangak. Furthermore, in Rubkona , 5,117 kits were distributed to 30,702 individuals (14,737 males, and 15,965 females) while in Aweil East 4,309 kits were received by 25,854 individuals (12,410 males, and 13,444 females). In relation to the cash distribution, IOM under the general guidance of the Cash Working Group and S-NFI Cluster, in March 2025, directly facilitated cash-based interventions in Aweil East and Rubkona. Through a contracted financial service provider (M-Gurus) responded to the shelter needs of 1,016 households/ 6,096 individuals (2,927 males, and 3,169 females) in Aweil East and 1,691 flood affected households/ 10,146 individuals (4,870 males, and 5,276 females) in Rubkona. Each household received a cash amount of 452,600 SSP, equivalent to 104 USD at the time of distribution, to address or improve their most most urgent shelter needs.

4. Indicators

			Indicator Targets		Indicators Achievements	
Code	**Type**	**Indicator**	**End-Cycle Beneficiaries**			
Indicator 1.1.1	Standard	(Global) SN.1b - Number of in-kind shelter kits distributed **Unit:** Kits	28,500	Women:0 Men:0 Girls:0 Boys:0	28,500	Women:0 Men:0 Girls:0 Boys:0
Comments on Reached: A total of 28,500 shelter kits were distributed by five Shelter Cluster partners who include the Norwegian Refugee Council, Polish Humanitarian Aid, Coalition for Humanity, Africa Development Aid and IOM to flood affected populations in target locations in Fangak, Rubkona, Mayendit, Nasir, Aweil East. The emergency Shelter Kits included plastic sheets, rubber rope and wooden poles.						
Indicator 1.1.2	Standard	(Global) SN.2b - Number of in-kind NFI kits distributed **Unit:** Kits	28,500	Women:0 Men:0 Girls:0 Boys:0	28,500	Women:0 Men:0 Girls:0 Boys:0
Comments on Reached: A total of 28,500 in kind NFI kits were distributed by five Shelter Cluster partners who include the Norwegian Refugee Council, Polish Humanitarian Aid, Coalition for Humanity, Africa Development Aid and IOM. The emergency NFI supplies included, mosquito nets, blankets, sleeping mats, kitchen sets and solar lamps.						
Indicator 1.1.3	Standard	(CASH) Number of people receiving Sector-specific unconditional cash transfers **Unit:** People	15,546	Women: 3471 Men:3990 Girls:3761 Boys:4324	16,242	Women: 3902 Men:3607 Girls: 4543 Boys: 4190
Comments on Reached: With CERF funding, IOM assisted 2,707 households / 16,242 flood affected beneficiaries (104% on the basis of 2,591 households / 15,546 individuals) with sector-specific unconditional cash to address or improve their most urgent shelter needs.						
Indicator 1.1.4	Standard	(CASH) Total value of Sector-specific unconditional cash transfers distributed in USD **Unit:** Dollars	269,464	Women:0 Men:0 Girls:0 Boys:0	281,528	Women:0 Men:0 Girls:0 Boys:0
Comments on Reached: This indicator is overachieved because the CVA target was set by IOM at the time of the proposal based on cash feasibility analysis. After jointly conducting SNFI needs and market assessment with the SNFI cluster partner, a modest and realistic target was set for Rubkona and Aweil East responses where households received an estimated USD104 (considering 30% inflation of local shelter materials post rainy season during first quarter of 2025, USD104 is set on the basis of USD80 SNFI Cluster standard). Therefore, an equivalent of USD 281,528 was distributed.						

Indicator 1.1.5	Custom	(Global) SN.2a - Number of people receiving in-kind shelter and NFI assistance **Unit:** People	171,000	Women: 38187 Men:43894 Girls:41368 Boys:47551	171,000	Women: 42990 Men: 37932 Girls: 47946 Boys: 42132
Comments on Reached: This number is estimated based on the number of kits distributed to an average household (HH) size of 6 members. Under this grant. 28,500 were procured * 6 individuals per HH which is equivalent to 171,000 individuals						
Indicator 1.1.6	Custom	Number of PDM conducted **Unit:** Reports	4	Women:0 Men:0 Girls:0 Boys:0	5	Women:0 Men:0 Girls:0 Boys:0
Comments on Reached: A total of 5 PDMs were conducted, 3 under the frontline responses and 2 by the core pipeline.						
Indicator 1.1.7	Custom	Number of safety audits conducted **Unit:** Assessments	5	Women:0 Men:0 Girls:0 Boys:0	7	Women:0 Men:0 Girls:0 Boys:0
Comments on Reached: To ensure the safety and well-being of beneficiaries, the project conducted safety audits before and during all the seven (07) distributions. This helped mitigate risks, promote efficiency, and accountability during distribution. In consultation with beneficiaries, community leaders and local authorities, distribution sites were assessed to ensure that they were accessible to beneficiaries. In addition, skilled workers were trained and deployed to oversee distribution points and registered beneficiaries were informed of the distribution schedule and procedures including maintaining of orderly queuing systems. The overachievement is attributed to the number of sites were distribution had to take place.						
Indicator 1.1.8	Custom	Number of market assessments conducted **Unit:** Assessments	5	Women:0 Men:0 Girls:0 Boys:0	2	Women:0 Men:0 Girls:0 Boys:0
Comments on Reached: This indicator is underachieved because by the time of implementation, other partners had conducted market assessment in Mayendit, Nasir, Fangak and the recommendation was to implement an in-kind response rather than cash distribution. Therefore, IOM found it reasonable to only conduct market assessments in Aweil East and Rubkona counties						

5. People Targeted

5. People Directly Reached

PROJECT DETAIL

Categories		Women (>=18)	Girls (<18)	Men (>=18)	Boys (<18)	Total
Internally Displaced People	Targeted	36,104	41,500	33,327	38,307	149,238
Internally Displaced People	Reached	37,247	40,802	34,767	37,994	150,810
Refugees	Targeted	0	0	0	0	0
Refugees	Reached	0	0	0	0	0
Returnees	Targeted	4,513	5,187	4,166	4,788	18,654
Returnees	Reached	1,177	1,329	1,087	1,227	4,820
Host Communities	Targeted	4,513	5,187	4,166	4,788	18,654
Host Communities	Reached	8,788	10,038	5,976	6,810	31,612

Other	Targeted	0	0	0	0	0
Other	Reached	0	0	0	0	0
Total People directly Targeted						
	Targeted	45,130	51,874	41,659	47,883	186,546
	Percentage of Female 52 %		Percentage of Male 48 %		Percentage of Child 53 %	
	Reached	47,212	52,169	41,830	46,031	187,242
	Percentage of Female 53 %		Percentage of Male 47 %		Percentage of Child 52 %	

Persons with disabilities						
	Targeted	6,769	7,782	6,249	7,182	27,982
	Reached	1,658	1,906	1,406	1,616	6,586
	Percentage of PWD against Total Targeted 4%					

Directly Targeted by Sector/Cluster

Cluster	Category	Women (>=18)	Girls (<18)	Men (>=18)	Boys (<18)	Total
Shelter and Non-Food Items	Internally Displaced People - Targeted	36,104	41,500	33,327	38,307	149,238
	Internally Displaced People - Reached	37,247	40,802	34,767	37,994	150,810
	Refugees - Targeted	0	0	0	0	0
	Refugees - Reached	0	0	0	0	0
	Returnees - Targeted	4,513	5,187	4,166	4,788	18,654
	Returnees - Reached	1,177	1,329	1,087	1,227	4,820
	Host Communities - Targeted	4,513	5,187	4,166	4,788	18,654
	Host Communities - Reached	8,788	10,038	5,976	6,810	31,612
	Other - Targeted	0	0	0	0	0
	Other - Reached	0	0	0	0	0
	Total People directly Targeted					
	Targeted	45,130	51,874	41,659	47,883	186,546
	Percentage of Female 52 %		Percentage of Male 48 %		Percentage of Child 53 %	
	Reached	47,212	52,169	41,830	46,031	187,242
	Percentage of Female 53 %		Percentage of Male 47 %		Percentage of Child 52 %	
	Persons with Disabilities					
	Targeted	6769	7782	6249	7182	27982
	Reached	1,658	1,906	1406	1616	6,586
	Percentage of PWD against Project Total 4%					

5.1 Comments for People Targeted *
Floods usually lead to displacement, that is why a high number of internally displaced persons was targeted and reached in different locations as compared to members of the host communities and returnees. Notably more females (53%) than males were also targeted and reached under this action.

6. People Indirectly Reached			
6.1 Estimate on people indirectly reached			
Targeted	373,092	Reached	182,000
6.2 People indirectly reached by the project			
The project indirectly benefited local traders who brought commodities from location such as Juba to meet the cash beneficiaries' needs in both Rubkona and Aweil East markets. An estimated population of 182,000 individuals from the host community also benefited from the revamped markets, as more and different type of goods were available in the markets. IOM observed from the two local markets that the traders increased their supplies as a result of increased demand and purchasing capacity during the week of the cash intervention			

7. Locations						
	Targeted			Reached		
People per Sector	Shelter and Non-Food Items					
Jonglei	12	%	22,385	12	%	22,467
Northern Bahr el Ghazal	38	%	70,888	33	%	61,784
Unity	44	%	82,080	46	%	86,141
Upper Nile	6	%	11,193	9	%	16,850
	100	%	186,546	100	%	187,242
Comments on People Reached						
Comments on Budget						

	Targeted			Reached		
Budget per Sector	Shelter and Non-Food Items					
Jonglei	12	%	317,677.20	12	%	317,677.20
Northern Bahr el Ghazal	38	%	1,005,977.80	33	%	873,612.30
Unity	44	%	1,164,816.40	46	%	1,217,762.60
Upper Nile	6	%	158,838.60	9	%	238,257.90
	100	%	2,647,310.00	100	%	2,647,310.00

Programming and Implementation
8. Effective Programming
8.1 Effective programming *

Protection and Gender mainstreaming: IOM carried out safety audits prior to determining the distribution sites, which ensured safety for women and girls during cash distribution. In addition, the project responded to and mitigated against protection concerns that arose from the cash distribution. Referrals to local chiefs and protection partners were done for protection cases that resulted from cash distribution and households were encouraged to spend the money received in consultation with household/family members.
The project ensured the participation of women and girls in all project activities including the needs assessment, distribution and PDMs. Notably, 53 per cent of the project recipients were female. During PDM, more than half of the key informants were women respondents and women-led households, which ensured gender-responsive feedback. IOM mitigated against gender-based violence (GBV)-related abuses that might arise from cash distribution by encouraging households to spend the money received in consultation with household/family members.

Prevention of Sexual Exploitation and Abuse (PSEA): All IOM staff, and local casual laborers who conducted the assessments and distribution were trained on PSEA principles, data protection, humanitarian principles, protection, and standards of conduct. Beneficiaries were also informed and oriented on the "We are all in" platform, an internal IOM reporting mechanism that is available to anyone who wishes to directly report misconduct committed by IOM staff, including PSEA

Accountability to affected population: IOM project teams ensured that the affected population was consulted throughout the project implementation to secure community buy-in and collaboration in the emergency interventions. The project conducted two market assessments where households participated in focus group discussions. This approach provided a platform for engaging community members on their critical needs and how the project will address them. Findings from the assessment indicated that a higher number of IDPs were in need of support, therefore, IOM revised its operational plan in consultation with the SNFI Cluster and local authorities by adjusting the cash distribution target from 2,591 households/15,546 persons to 2,707 households / 16242 persons who were supported with USD104 (considering 30% inflation of local shelter materials post rainy season during first quarter of 2025 . Additionally, the project conducted a PDM exercise in which IOM received feedback on the cash distribution process and the impact of the cash distribution on the recipient households and the community at large.

Disability Inclusion: During registration and distribution, IOM prioritized and provided extra support to Persons with disabilities by recruiting caretakers to support them during the registration and distribution processes, which improved their mobility and safety during movement to and from the distribution sites. Through these efforts, the project ensured that an estimated 6,586 persons with disabilities have dignified access to emergency SNFI supplies in flood affected areas.

8.2 Protection Budget Value and People Reached

Sector Name	Sector Budget		Protection Budget Percent	Protection Budget Value	Protection People Targeted
Shelter and Non-Food Items	2,647,310.01	Targeted	0.00	0.00	0
		Reached	0.00	0.00	0

8.3. Comment on the Protection Budget Value

No budget was allocated for protection; all protection activities were mainstreamed during project implementation. **To ensure protection mainstreaming, IOM carried out safety audits prior to determining the distribution sites, which ensured safety for women and girls during cash distribution. In addition, the project responded to and mitigated against protection concerns that arose from the cash distribution.**

8.4 Protection from GBV Budget Value and People Reached

Sector Name	Sector Budget		GBV Budget Percent	GBV Budget Value	GBV People Targeted
Shelter and Non-Food Items	2,647,310.01	Targeted			

Shelter and Non-	2,647,310.01	Reached	0.00	0.00	0

8.5. Comment on the Protection from GBV Budget Value

No budget was allocated for GBV; all GBV activities were mainstreamed during project implementation. **Specifically, IOM conducted needs assessment that disaggregated data by sex and age to understand specific GBV risks and vulnerabilities within the affected population. In addition, IOM targeted and reached the most vulnerable individuals and households, including female-headed households, elderly individuals, and people with disabilities. To mitigate against the risk of GBV during distribution, distribution sites were located in safe, accessible and well lit spaces and distributions were concluded before dark. In addition, IOM mitigated against GBV-related abuses that might arise from cash distribution by encouraging households to spend the money received in consultation with household/family members.**

8.6. Gender Equality Budget Value and People Reached

Sector Name	Sector Budget		Gender Equality Budget Percent	Gender Equality Budget Value	Gender Equality People Targeted
Shelter and Non-Food Items	2,647,310.01	Targeted		0.00	
		Reached	0.00	0.00	0

8.7. Comment on the Gender Equality Budget Value

No budget was allocated for Gender Equality; all Gender Equality activities were mainstreamed during project implementation. **Gender equality was mainstreamed through effective stakeholders engagement in all aspects of project implementation; specifically during needs assessment and PDMs women, girls and youth groups were consulted and their insights and perspectives were vital for ensuring an inclusive approach. In addition, distributions were conducted in a safe and dignified manner, considering the specific needs of women and girl. Separate distribution lines were made for PLWs, Elderly persons, un accompanied minors, ensuring privacy during distribution, and providing transportation assistance for those who were not able to carry the SNFI items to their HHs.**

8.8. Disability Budget Value and People Reached

Sector Name	Sector Budget		Persons with Disabilities Budget Percentage	Persons with Disabilities Budget Value
Shelter and Non-Food Items	2,647,310.01	Targeted		0.00
		Reached	0.00	0.00

8.9. Comment on Disability Budget Value and People Reached

No budget was allocated for disability; all disability inclusion was mainstreamed during project implementation. **During registration and distribution, IOM prioritized and provided extra support to Persons with disabilities by recruiting caretakers to support them during the registration and distribution processes, which improved their mobility and safety during movement to and from the distribution sites.**

9. Funding

Total CERF funds sub-granted to implementing partners:								**0.00**	
International NGO								0.00	0 %
National NGO								0.00	0 %
	WLO		RLO		YLO		OPD		
	0.00	0 %	0.00	0 %	0.00	0 %	0.00	0 %	

Others / Government	0.00	0 %
Private Contractor	0.00	0 %
Red Cross/Red Crescent Society	0.00	0 %
UN and IOM	0.00	0 %

10. Sub-Implementing Partners

Partner Name	Partner Type	Budget in US $	Expenditure in US $	Date of First Payment to Implementing Partner	Start Date of CERF Funded Activities	Activities	Comment (mandatory if 15% variance)
No Sub-Partners were added in this project							
Total							
Latest Financial Report Expenditure							
Comment: Briefly describe the reason for invalid date inputs							

11. Cash and Voucher Assistance (CVA)

11.1 Cash

CVA Type	Cluster/Sector	Planned People Targeted	People Reached	Total planned transfer amount	Total amount transferred info
Sector-specific unconditional cash transfers	Shelter and Non-Food Items	15,546	16,242	269,464.00	281,528.00
11.2 CVA Total People Reached		**Targeted**	**15,546**	**Reached**	**16,242**

11.3 Comments on the Reached people" (mandatory if variance is more than 15%)

The variance is of 4 per cent is attributed to the actual need that was determined after conducting the needs and market assessment in Aweil East and Rubkona. The currency exchange gain enabled IOM to provide cash assistance to slightly more people in need than targeted. Each household received a cash amount of 452,600 South Sudanese pounds (SSP), equivalent to 104 United States dollars (USD) at the time of distribution, to address or improve their most urgent shelter needs. The cash value was determined based on need analysis and recommendation by the CWG, established through the monthly Joint Market Monitoring Initiative for the Multisectoral Survival Minimum Expenditure Basket. The cash beneficiaries included households with severely damaged shelters, households with persons with disability, elderly and pregnant and lactating women, female and/or child headed households, marginalized households and victims of GBV.