



**CENTRAL  
EMERGENCY  
RESPONSE FUND**



**A SOUND HUMANITARIAN INVESTMENT**

# **RESIDENT/HUMANITARIAN COORDINATOR REPORT 2012 ON THE USE OF CERF FUNDS REPUBLIC OF THE SUDAN**

**RESIDENT/HUMANITARIAN COORDINATOR**

**Mr. Ali Al-Za'tari**

## PART 1: COUNTRY OVERVIEW

### I. SUMMARY OF FUNDING 2012

TABLE 1: COUNTRY SUMMARY OF ALLOCATIONS (US\$)		
<b>Breakdown of total response funding received by source</b>	CERF	20,158,449
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND ( <i>if applicable</i> )	76,811,244
	OTHER (Bilateral/Multilateral)	587,683,428 <sup>1</sup>
	<b>TOTAL</b>	<b>684,653,121</b>
<b>Breakdown of CERF funds received by window and emergency</b>	<b>Underfunded Emergencies</b>	
	<i>First Round</i>	0
	<i>Second Round</i>	13,994,482
	<b>Rapid Response</b>	
	Conflict and Displacement	3,587,859
	Yellow Fever	2,576,108
	Diphtheria (Reprogrammed) <sup>2</sup>	1,615,578

### II. REPORTING PROCESS AND CONSULTATION SUMMARY

<p>a. Please confirm that the RC/HC Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>b. Was the final version of the RC/HC Report shared for review with in-country stakeholders as recommended in the guidelines (i.e. the CERF recipient agencies, cluster/sector coordinators and members and relevant government counterparts)? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>(NB: A final version of the RC/HC report was shared with the HCT and Sector Leads for comment before final submission.)</p>
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<sup>1</sup> All data compiled from FTS as of 12 March 2013.

<sup>2</sup> 12-WHO-017 for Diphtheria response was reimbursed by WHO. WHO sought reprogramming to use the funding to cover funding gaps in an upcoming mass meningitis campaign, which was denied by the CERF secretariat.

**PART 2: CERF EMERGENCY RESPONSE – CONFLICT AND DISPLACEMENT (RAPID RESPONSE 2012)**

**I. HUMANITARIAN CONTEXT**

<b>TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)</b>		
<b>Total amount required for the humanitarian response:</b>		<b>9,650,734</b>
<b>Breakdown of total response funding received by source</b>	<b>Source</b>	<b>Amount</b>
	CERF	3,587,859
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND ( <i>if applicable</i> )	1,482,927
	OTHER (Bilateral/Multilateral)	1,495,598
	<b>TOTAL</b>	<b>6,566,384</b>

<b>TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)</b>			
<b>Allocation 1 –Date of Official Submission: 23 February 2012</b>			
<b>Agency</b>	<b>Project Code</b>	<b>Cluster/Sector</b>	<b>Amount</b>
WFP	12-WFP-021	Food	2,705,784
Sub-total CERF Allocation			<b>2,705,784</b>
<b>Allocation 2 – Date of Official Submission: 22 May 2012</b>			
IOM	12-IOM-015	Multi-sector	882,075
Sub-total CERF Allocation			<b>882,075</b>
<b>TOTAL</b>			<b>3,587,859</b>

<b>TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)</b>	
<b>Type of Implementation Modality</b>	<b>Amount</b>
Direct UN agencies/IOM implementation	3,587,859 <sup>3</sup>
Funds forwarded to NGOs for implementation	
Funds forwarded to government partners	
<b>TOTAL</b>	<b>3,587,859</b>

At the point of receiving the allocation, the return to South Sudan of persons of South Sudanese origin living in Sudan remained a major source of humanitarian need. The Government of Sudan had proclaimed a nine month grace period (from 9 July 2011 to 8 April 2012) to allow people of South Sudanese origin who were resident in Sudan to either move to South Sudan or regularize their status as foreigners within Sudan. As the grace period ran out, the needs of those unable to travel rapidly increased.

In February 2012, the time of the initial WFP allocation request, there were an estimated 12,000 returnees at Kosti way-station, as well as 1,544 returnees at the Kosti train station. WFP anticipated these numbers would increase and had originally planned to provide food distribution to 32,600 individuals. However, distributions were cut off early and WFP was only able to distribute food to 16,532 people (see project sheet).

Moreover, as the deadline of the grace period approached, the situation was reaching a critical point, as the Governor of White Nile State imposed a deadline of 5 May 2012 for requiring all international agencies and South Sudanese to leave the way station. This deadline was ultimately overruled, but there was the danger that if IOM were unable to provide transportation assistance in a timely manner, the authorities in White Nile might return the directive for all returnees- to leave the way-station again, which would push the population into an unsafe area. Thus, IOM felt it critical to expedite transport support ASAP.

With continual new arrivals and an overall lack of funding, returnees required urgent assistance both with the provision of food and also transport assistance. The CERF funding in this phase was required to meet needs for life saving food assistance and to provide transportation assistance to those who were able to travel.

## **II. FOCUS AREAS AND PRIORITIZATION**

These projects were implemented in Kosti in White Nile State, for the reasons noted above. According to NGO partners on the ground, about 46 per cent of households were headed by females, while 16 per cent of those in need were under five years of age, of which an additional 16 per cent were malnourished, according to the NGO, FAR. There were an estimated 12,000 returnees at the Kosti way-station (based on information from WHO food distributions) as well as 1,544 returnees at Kosti train station.

The priorities were to continue to provide food support (through the WFP project, CERF funding would cover food requirements under general food distributions (GFD) for returnees staying longer than two weeks at the Kosti way station) and to expedite transport support (through the IOM project).

<sup>3</sup> Please note that the final proposal states that IOM had budgeted \$3,454,705 for direct implementation. The discrepancy with the number above is because the IOM project was multi donor and in the overall project budget included funds for government partners and allocated a percentage that each donor would contribute towards this line – however, given the timeline of CERF proposal development, once the project was implemented IOM no longer had to rely on CERF to contribute to that line and used funds from the other donors.

### III. CERF PROCESS

In November 2011, WFP requested the RC/HC to urgently seek a resolution for the situation at the Kosti Way station in consultation with the South Sudan RC/HC. WFP indicated the need for financial support for further activities to be conducted as per guidance from the Governments of Sudan and South Sudan.

In the following months, and given the lack of a comprehensive solution to the situation in Kosti, as well as reports expressing concern over the food security situation of returnees, WFP continued to provide food assistance.

The decision to apply for CERF funding was taken when WFP was requested by OCHA and agencies to continue providing assistance over extended periods of time that was initially not budgeted for. In order to set aside resources for this intervention and access funds rapidly, CERF was considered the best option.

For the IOM transportation project the decision making process was as follows: following the decree by the governor of White Nile State in May 2012 for all NGOs and returnees to leave the way-station within a two week timeframe, an emergency returns sector meeting was held to discuss the consequences of the government's decision as well as the possible response. There were about 12,000 returnees at the way-station at the time and any forced movement out would've led to a humanitarian crisis as many would've made their way to a way-station in Renk, a port town across the border, which was already overcrowded with 17,000 people there and would not have been able to absorb the thousands of new arrivals. In addition, to reach Renk, the returnees would've had to pass through insecure areas, possibly some on foot, again putting them at risk and as most were already living in precarious conditions in Kosti. The sector put together an options paper with input from colleagues in South Sudan and shared this with the humanitarian community.

Following this, a meeting was held between the heads of IOM, UNHCR, OCHA, the returns sector leads as well as the RC/HC to discuss an advocacy strategy and actions going forward. The issue was also discussed at the HCT meeting and in follow-up returns sector meetings. It was decided amongst partners, sector leads as well as agency heads that assisting the returnees there with transportation to the nearest city to their final destination was the best course to avoid a catastrophe. IOM began to fundraise and was requested and supported by OCHA and the RC/HC to apply to the CERF for funding gaps. As well as the CERF, IOM received funds from the CHF, CHF emergency reserve and ECHO.

### IV. CERF RESULTS AND ADDED VALUE

**TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR**

*Total number of individuals affected by the crisis: 34, 497*

The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Food	32,715	29,012	61,727
	Multi-sector	1,004	890	1,897

WFP provided food assistance to a cumulative number of 61,727 returnees in Kosti in White Nile, to ensure that returnees were provided with food assistance beyond the expected transit period to address potential acute lack of food brought on by extended delays at the way station en route to South Sudan. WFP conducted registration of beneficiaries using directly employed temporary staff. Due to the unpredictable environment and the limited capacity of partners on the ground, it was difficult for WFP to extend agreements on ad-hoc basis. Therefore, distributions were conducted directly by WFP staff, contrary to what was initially planned and the amount of US\$ 108,704, as quoted allocated for CPs in the proposal, was not released to CPs. Since the returnees were staying for months at the way station, WFP used an existing list to provide food on a monthly basis. Any new arrivals needed to be registered by UNHCR/IOM and the WFP list were required to be verified accordingly. However, due to difficulties with the registration process, a unique beneficiary number could not be identified and a cumulative number is therefore reported on.

IOM's planning figure was 12,000 based on best estimates. However, there was no verifiable data available at the time of the allocation request. Actual figures were later based on numbers that were manifested by IOM once airlift began. As already noted, figures were expected to rise and fluctuate over the months following the application for funding.

<b>TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING</b>		
	<b>Planned</b>	<b>Estimated Reached<sup>4</sup></b>
<b>Female</b>	18,424	33,719
<b>Male</b>	16,146	29,902
<b>Total individuals (Female and male)</b>	34,561	63,624
<b>Of total, children <u>under</u> 5</b>	5,204	2,821

WFP has provided food assistance to a cumulative number of 61,727 returnees in Kosti in White Nile, through the distribution of some 2000 mt of food. Due to difficulties with the registration process, a unique beneficiary number could not be identified and a cumulative beneficiary number is therefore reported on. As of end of April, no distribution has been carried out as the Government suspended all programmes in Kosti and later the returnees were transported to Juba via air during the period of May – June.

The growing numbers of new arrivals in Kosti, combined with transport delays and limited food availability created a dire situation for returnees at the way station. As such, humanitarian assistance and particularly provision of food remained a priority. The continuously growing number of households that were repeatedly delayed at the way station created much higher demand than the initially planned level of humanitarian assistance. Because WFP did not have enough funding set aside for a several months long intervention in Kosti, the CERF funding allowed WFP to continue food distributions to the most vulnerable returnees and ensured that they were provided with food assistance beyond the expected transit period to address potential acute lack of food brought on by extended delays at the way station. The CERF funds were used to replenish food distributed in Kosti.

The CERF funding allowed WFP to continue food distributions and provide an immediate lifesaving response to the returnees. Under the circumstances the returnees were living, without general food distribution, returnees would have faced an acute shortage of food, which would have resulted in increased levels of malnutrition among the population.

With the CERF funding, WFP was able to provide an immediate response through diverting food from on-going activities in Darfur and CETA, without disrupting programmes in other parts of Sudan. Without CERF funding, either WFP's response in Kosti would have been much delayed or would have been at the expense of beneficiaries in Darfur and CETA.

The CERF funding allowed IOM to medically screen a total of 12,396 people at Kosti, of whom 11,999 were deemed fit to travel by air. Many of those who were initially screened and registered subsequently chose to move with the luggage convoys from Kosti to Renk (these were convoys arranged by the Government of South Sudan to transport the luggage), with the remaining 11,909 travelling by road to Khartoum to be flown out to Juba. Of the 11,909 that travelled by ground, 30 left the buses at the White Nile State-Khartoum State border, while others decided to remain in Khartoum. IOM thus moved the remaining 11,840 South Sudanese first by road from Kosti to Khartoum and then by air from Khartoum to Juba. Of this, the CERF funding assisted in the return of 1,897 persons.

**a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?**

YES  PARTIALLY  NO

CERF funding enabled WFP to provide immediate response through diverting food from on-going activities in Darfur and CETA,

<sup>4</sup> Please note that the numbers provided by WFP for beneficiaries actually reached are cumulative numbers, while the numbers they used for planning are unique. That means that the above numbers do not imply that more beneficiaries were reached than were planned for.

without disrupting programmes in other parts of Sudan. Without CERF funding, either WFP's response in Kosti would have been much delayed or would have been at the expense of beneficiaries in Darfur and CETA.

**b) Did CERF funds help respond to time critical needs<sup>5</sup>?**

YES  PARTIALLY  NO

The CERF funding allowed WFP to continue food distributions and provide an immediate lifesaving response to the returnees. Under the circumstances the returnees were living, without general food distribution, returnees would have faced an acute shortage of food, which would have resulted in increased levels of malnutrition among the population.

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

YES  PARTIALLY  NO

With the additional funding received from CERF, WFP was able to address the planned requirements and no other resource mobilization for the specific intervention was conducted.

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

YES  PARTIALLY  NO

CERF did not contribute to the coordination among the humanitarian community as such, however, it enabled WFP to respond to the unplanned needs. The returnees were stranded in Kosti for months and were dependent on assistance provided by humanitarian actors.

## V. LESSONS LEARNED

TABLE 6:OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
<i>Please see Section 3, Part V, tables 6 and 7 for Consolidated Lessons Learned based on a discussion with HCT and Sector Leads on all funding rounds.</i>		

TABLE 7:OBSERVATIONS FOR COUNTRY TEAMS		
Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
<p><b>Medical</b> Transportation for medical team should be available 24/7 in case of emergency.</p> <p>In addition to the regular pre-embarkation check, conduct last minute pre-embarkation check at the entrance of the bus.</p> <p>Medical escort for ground transport should also include an IOM doctor. In this movement we used the ground transport service provider's medical team as we lacked sufficient staff to provide twice-daily medical escorts.</p>	<p>Ensure availability of transport.</p> <p>Conduct embarkation checks.</p> <p>Include IOM doctor in medical escort.</p> <p>Ensure escorting doctor has contact information and maps en route.</p>	IOM

<sup>5</sup> Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns; locust control)

<p>Provide escorting doctor with contact information for and map of the health facilities en route from point of origin to final destination.</p>		
<p><b>General</b>          Ensure there is sufficient staff such that everyone can get enough rest. The Kosti movement was fast and furious. As a result, much of the staff were working 22-23 hours a day. Although we were able to hire additional registration staff, we lacked sufficient funding for additional doctors and management staff.</p> <p>In addition to weighing the carryon luggage at the same time as the checked luggage, weighing the carry-on luggage at the entrance of the bus is advisable. Although IOM meticulously weighed all luggage, beneficiaries continued to add more carryon luggage after the initial weighing thus resulting an accumulation of several tons of excess luggage in Khartoum.</p> <p>Intensify the information campaign to protect property of accommodation service provider. Start campaign prior to arrival at the site. Place information posters throughout the site. Upon arrival conduct orientation of facilities to ensure proper usage thereof at the site. Conduct pre-operation walk-through with service provider</p>	<p>Include more staff members to ensure staff are not exhausted.</p> <p>Weigh carryon luggage at entrance of bus and at same time as carryon luggage.</p> <p>Enhance information campaign to protect property of accommodation service provider.</p> <p>Conduct pre-operation walk through with provider.</p>	<p>IOM</p>



## VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
<b>CERF Project Information</b>			
1. Agency:	World Food Programme	5. CERF Grant Period:	23-02-12 – 23-09-12
2. CERF project code:	12-WFP-021	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	FSL		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Food assistance to vulnerable populations affected by conflict and natural disasters		
7. Funding	a. Total project budget:		US\$ 4,242,910
	b. Total funding received for the project:		US\$ 4,242,910
	c. Amount received from CERF:		US\$ 2,683,982
<b>Results</b>			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	17,287	32,715	<ul style="list-style-type: none"> <li>The beneficiary numbers reached are presented as cumulative and not unique and hence the discrepancy from the planned numbers, which are unique. Therefore, while the variance looks like WFP reached more beneficiaries than planned, that may not be the reality.</li> <li>Due to difficulties with the registration process, a unique beneficiary number could not be identified and a cumulative beneficiary number is therefore reported on.</li> <li>As of end of April – no distribution was carried out as the Government suspended all programmes in Kosti and later the returnees were transported to Juba via air during the period of May – June.</li> </ul>
b. Male	15,322	29,012	
c. Total individuals (female + male):	32,600	61,727	
d. Of total, children <u>under 5</u>	4,890	9,259	
9. Original project objective from approved CERF proposal			
From January through June-July 2012, WFP will provide food assistance to 32,600 returnees at Kosti way station in White Nile, to ensure that returnees are provided with food assistance beyond the expected transit period to address potential acute lack of food brought on by extended delays at the way station en route to South Sudan.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>Distribute in total 2,528 mt of food rations to returnees at the Kosti way station.</li> <li>Address the food needs of 32,600 returnees in Kosti. (Note that the planned beneficiary number is unique whereas the beneficiary number reached is presented as cumulative).</li> </ul>			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> <li>Distributed in total 2,009 mt of food to returnees in Kosti. To ensure immediate response, CERF funds were used to replenish the MT distributed in Kosti.</li> </ul>			

<ul style="list-style-type: none"> <li>Addressed the food needs of a cumulative 61,727 returnees at the way station.</li> </ul>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<ul style="list-style-type: none"> <li>The beneficiary numbers reached are presented as cumulative and not unique and hence the discrepancy from the planned numbers.</li> <li>As of end of April – no distribution was carried out as the Government suspended all programmes in Kosti and later the returnees were transported to Juba via air during the period of May – June.</li> </ul>	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p><b>If 'YES', what is the code (0, 1, 2a, 2b):</b></p> <p><b>If 'NO' (or if GM score is 1 or 0):</b> As women are primary beneficiaries of WFP food assistance, WFP reinforces women's role in food distribution and management of WFP food assistance.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
The project has not been evaluated; however, WFP monitored the food distribution on monthly basis to ensure proper implementation of the food distribution, food utilization and other related programme activities. Regular data collection has been compiled and internal reports prepared on a monthly basis.	

TABLE 8: PROJECT RESULTS			
<b>CERF Project Information</b>			
1. Agency:	International Organization for Migration	5. CERF Grant Period:	05/06/2012–05/12/2012
2. CERF project code:	12-IOM-015	6. Status of CERF grant:	<input type="checkbox"/> On-going
3. Cluster/Sector:	Multi-cluster (Returns and Early Reintegration)		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Life-saving transport assistance to stranded and vulnerable South Sudanese in Kosti way-station and rail-way station		
7. Funding	a. Total project budget:		US\$ 5,407,824
	b. Total funding received for the project:		US\$ 5,407,824
	c. Amount received from CERF:		US\$ 882,075
<b>Results</b>			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	1137	1004	Planning figures were based on assumptions as the registration data at Kosti way-station when the project began was not wholly accurate. While IOM reached 96% of the targeted beneficiaries, less people were assisted with CERF funding as the total expected beneficiaries was less than expected (11,840 total assisted instead of 12,000). Additionally while less people were transported by CERF funding, more people than planned were medically screened but either a) choose not to travel on the date or b) were unfit to travel and then decided not to travel following medical assistance.
b. Male	824	890	
c. Total individuals (female + male):	1961	1897	
d. Of total, children <u>under 5</u>	314	341	
9. Original project objective from approved CERF proposal			
The objective of the project is to provide safe and humane transportation support for 1,961 people from Kosti way-station to Juba via Khartoum. This particular group is targeted with assistance given the Governor's decree for them to leave the way-station due to their irregular status. If assistance is not provided to transport them as close as possible to their final destination, they are at risk of being stranded in the insecure border areas between Sudan and South Sudan.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>1,961 men, women, boys and girls are provided with safe and dignified transportation assistance by air from Khartoum to South Sudan on IOM-chartered flights.</li> <li>Extremely vulnerable persons were identified e.g. ill or wounded; those with mobility issues (e.g. frail, elderly, disabled); unaccompanied/separated children; female-headed households) and provided with assistance including medical support and/or family tracing.</li> </ul>			
11. Actual outcomes achieved with CERF funds			

- 1897 men, women, boys and girls (96% of the target) were provided with safe and dignified transportation assistance by air from Khartoum to South Sudan on IOM-chartered flights with CERF funding  
For the overall project, IOM medically screened 12,396 returnees, deeming 11,999 fit to travel by air. Of these, 232 returnees were categorized as vulnerable and requiring medical escort, and 952 returnees were referred to the clinic at the way station administered by the NGO FAR and the local hospital for additional medical attention. Of this number, 555 returnees ultimately returned to register for travel while the other 397 people apparently made their own way. IOM successfully air lifted a total of 232 EVI's, out of a total of 11,840 returnees.  
No unaccompanied minors were identified.  
IOM successfully air lifted a total of 232 EVI's, out of a total of 11,840 returnees.  
No unaccompanied minors were identified.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

There was not a significant discrepancy but rather just a small difference between planned and actual outcomes.

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?

YES  NO

**If 'YES', what is the code (0, 1, 2a, 2b):** 2a

**If 'NO' (or if GM score is 1 or 0):**

14. M&E: Has this project been evaluated?

YES  NO

An internal lessons-learned exercise as well as a review of manifests and cross-checking of beneficiary figures was undertaken by IOM Sudan at the end of the project to verify numbers assisted.

## PART 2: CERF EMERGENCY RESPONSE – YELLOW FEVER (RAPID RESPONSE 2012)

### I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
<b>Total amount required for the humanitarian response::</b>		<b>5,190,527</b>
<b>Breakdown of total response funding received by source</b>	<b>Source</b>	<b>Amount</b>
	CERF	2,576,108
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)	0
	OTHER (Bilateral/Multilateral)	6,169,852
	<b>TOTAL</b>	<b>8,745,960</b>

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
<b>Allocation 1 – Date of Official Submission: 16 November 2012</b>			
<b>Agency</b>	<b>Project Code</b>	<b>Cluster/Sector</b>	<b>Amount</b>
WHO	12-WHO-081	Health	2,576,108
Sub-total CERF Allocation			<b>2,576,108</b>
<b>TOTAL</b>			<b>2,576,108</b>

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
<b>Type of Implementation Modality</b>	<b>Amount</b>
Direct UN agencies/IOM implementation	2,328,447
Funds forwarded to NGOs for implementation	0
Funds forwarded to government partners	247,661
<b>TOTAL</b>	<b>2,576,108</b>

On 29 October 2012, Sudan's Federal Ministry of Health (FMoH) notified the WHO of a yellow fever outbreak in seven localities in Central and East Darfur. At the time of the funding request, 358 suspected cases of Yellow Fever had been reported, including 107 deaths.

CERF funding was needed to close gaps in the following areas:

- The cost of the vaccines – 2.4 million doses.
- Operational cost for running the isolation wards for 4 months in five states of Darfur region.
- Indoor residual vector control campaigns including awareness raising.

- Monitoring and supervisory visit for 4 months.
- Provision of Personal Protective Equipment and reagents from the national public health lab for diagnosis and confirmatory testing and mosquito nets for patients in hospitals to stop transmission.

## II. FOCUS AREAS AND PRIORITIZATION

The geographic focus of this CERF sponsored project was in North Darfur, West Darfur, South Darfur and Central Darfur localities where the outbreak was occurring or where the population was at risk of contracting the disease. Treating the sick as well as preventing further spread of the disease were the priorities. The cases were reported from 23 localities in Darfur, and new cases are also appearing in other villages. Seven isolation centres have been established in Nyala, Kass, Nertity, Zalengei, Garcilla, Morni and Geneina to manage the outbreak. In general, 77.6 per cent of the reported cases were in the age group 2-29.9 years. Surveillance showed that 83.3 per cent of the reported cases were from Central Darfur, 7.2 per cent were from South Darfur, 7.2 per cent were from West Darfur and 2.3 per cent were from North Darfur.

## III. CERF PROCESS

Preceding the application for funding to CERF, other funding modalities were explored, with donors invited to health sector coordination meetings and situation reports were regularly circulated. Although the level of interest and concern was high, no commitments were made. The French Embassy and ECHO expressed interest in supporting the operations but no hard pledges were received at the application for CERF funding. Additionally, USAID was fully briefed and sensitized, but no positive feedback was received. (Funding came through from these sources later on but CERF was part of the initial round of funding that kicked off the project).

The Ministry of Health and WHO have been closely monitoring the progress of the outbreak, and leading the response interventions. A vaccination campaign to contain the outbreak is recognized as the single most important measure to control the outbreak. This was decided based on the positive result received from WHO reference laboratory in Senegal. Based on that, the vaccines were shipped to Sudan on a loan basis and WHO and FMOH had to continue to mobilize the resources to cover the cost.

Given the high case fatality rate in the outbreak, a focus on case management was necessary and training activities commenced before the CERF allocation was provided, supported by WHO. Through regular health cluster meetings chaired by the Ministry of Health and WHO at state and federal level, information sharing and response and preventative measures were planned and discussed.

## IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
<i>Total number of individuals affected by the crisis: 8,000,000</i>				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Health	1,071,817	995,937	2,067,754

The vaccine targeted all members of the population over 9 months of age. The number of people vaccinated was verified through registers and through daily reporting from sites. The overall coverage is based on MOH reports.

The major challenge faced was the insecurity in Sharg El Jabal locality and lack of adequate access, still the teams managed to get in touch with the health cadre residing in these areas, and vaccines were transported and the campaign was conducted on time.

<b>TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING</b>		
	<b>Planned</b>	<b>Estimated Reached</b>
<b>Female</b>	828,698	1,071,817
<b>Male</b>	796,200	995,937
<b>Total individuals (Female and male)</b>	1,624,898	2,067,754
<b>Of total, children <u>under</u> 5</b>	292,482	436,792

Activities completed include:

- Yellow fever vaccine, syringes and transportation of these to Khartoum/
- Procurement of PPE.
- Procurement of mosquito nets.
- Procurement of reagents for NPHL Differential diagnosis for Yellow Fever, VHF,DF, CCHF, Chikungunya, hepatitis E).
- Procurement of Antibiotics and IV fluids.
- Printing and distribution of 5000 treatment protocols and 10,000 tally sheets for medical staff and 100,000 health messages for health promotion.
- Incentives for staff working in 5 states in isolation wards 24X7.
- Monitoring and supervisory visits for 4 months (12 missions/ month).
- Residual indoor spraying and breeding site plus community awareness campaigns.

The sector lead reports that, “in the original CERF we projected we would reach 2,400,000 [people] while in reality we reached 2,067,754 - this is under phase 1 of Yellow Fever vaccination campaign.” A first phase was followed by a second and a third phase of Yellow Fever vaccination. Transmission stopped and mortality and morbidity dropped immensely following the first vaccination campaign. After that, there was a significant drop in cases with the last case reported at the end of December 2012.

The CERF allocation was provided in a timely manner and was critical to ensure a rapid response. The first round showed quick results with a drop in mortality and morbidity. The CERF proposal supported the vaccination as well as preventive measures including residual spraying and the procurement of bed nets and personal protection equipment. These were important for staff and patients in the hospitals who were receiving and treating yellow fever cases. In addition, the CERF funding was used to conduct a risk assessment. This assessment was conducted by a technical team from 18 to 30 November 2012. The objectives were to:

- Coordinate field investigations to assess the geographic extension and epidemiological characteristics of the outbreak.
- Collect, validate and analyse the available disease surveillance data on Yellow Fever in order to identify areas of highest risk and develop a reactive vaccination strategy for the priority areas.
- Enhance surveillance and monitoring of suspected Yellow Fever cases and other viral diseases including Rift Valley Fever, and viral haemorrhagic fever.

In view of the fact that the outbreak lasted for many weeks, experts were deployed to Darfur and Khartoum: a virologists who supported the National Public Health Laboratory testing the laboratory samples for Yellow Fever and other viral diseases; an entomologist who supported development of Standard Operating Procedure for entomological surveys and mosquito sampling in order to better understand the progression and risk of propagation of the outbreak; a logistician who successfully support the implementation of vaccination campaigns and finally an epidemiologist to support risk assessment, field investigation, and data analysis

## CERF ADDED VALUE

The funding received from CERF complimented funding spent by NGOs for the vaccination campaign in Darfur. The outcome was vaccination of 2,067,754 people (995,937 female, 1,071,817 males). The target was achieved and coverage was above 95%. CERF funding ensured that vaccines arrived on time and that the vaccination campaign began on time.

Additionally, following the initial round of CERF funding, ECHO supported the phase one vaccination campaign. Hence, CERF funding prompted other partners to come forward and support the campaign.

**a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?**

YES  PARTIALLY  NO

The availability of CERF funding ensured that vaccines arrived on time and that the vaccination campaign itself started on time. Additionally, preventive measures and support to the national laboratory enhanced the health system's capacity to respond to the outbreak that may not have been possible if it wasn't for the CERF and the quick disbursement of funding.

**b) Did CERF funds help respond to time critical needs<sup>6</sup>?**

YES  PARTIALLY  NO

The first round vaccination was imperative as the mortality and morbidity rates at that time were very high. The only solution to the outbreak was the vaccination campaign. After the first round, there was a noticeable decrease in number of cases reported.

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

YES  PARTIALLY  NO

CERF provided the initial support to the outbreak response. The disbursement was quick and filled a big gap in the first phase of the response. The availability of CERF funds facilitated the coordination and encouraged resource mobilization with other partners such as the NGOs mentioned earlier, as well as ECHO, DFID and Sweden via the CHF. Through CERF and ECHO support, the first phase of the response was fully funded and implemented.

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

YES  PARTIALLY  NO

CERF funded the initial response to the outbreak of yellow fever. Funding was rapidly approved and deployed, addressing the funding gap in the first phase. The availability of CERF encouraged further coordination with other partners such as the NGOs, ECHO, DFID and Sweden via the CHF.

## V. LESSONS LEARNED

Discussion with sector lead indicated sector was pleased by the CERF rapid response process and had no suggestions for improvement. General discussion for lessons learned is included in the final section of the report.

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<sup>6</sup> Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns; locust control)



## VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
<b>CERF Project Information</b>			
1. Agency:	WHO	5. CERF Grant Period:	4 Dec 2012-4 May 2013
2. CERF project code:	12-WHO-081	6. Status of CERF grant:	<input type="checkbox"/> On-going
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Yellow fever outbreak in Darfur		
7. Funding	a. Total project budget:		US\$ 5,190,527
	b. Total funding received for the project:		US\$ 1,700,000
	c. Amount received from CERF:		US\$ 2,576,108
<b>Results</b>			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	828,698	1,071,817	<p>The project has been concluded, as seen from the coverage, the number of persons reached was higher than the estimated figures, which is due to the following reasons;</p> <ul style="list-style-type: none"> <li>• People came from surrounding villages to the vaccination posts to be vaccinated.</li> <li>• Less than expected waste of vaccines.</li> </ul>
b. Male	796,200	995,937	
c. Total individuals (female + male):	1,624,898	2,067,754	
d. Of total, children <u>under 5</u>	292,482	436,792	
9. Original project objective from approved CERF proposal			
The project aims to support the Ministry of Health to contain the outbreak through a reactive vaccination campaign, reducing morbidity and mortality.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>• 1.7 million people aged 9 months to 60 years vaccinated with yellow fever vaccine.</li> <li>• Timely intervention will lead to geographical containment of the outbreak and its spread to other areas.</li> </ul>			
11. Actual outcomes achieved with CERF funds			
Actual outcomes were in line with the planned outcomes; although actual number of people vaccinated is higher than what was originally estimated. It is worth mentioning that this was the first vaccination round. In total after three rounds around 8 million people were vaccinated.			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
No significant discrepancy.			

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p><b>If 'YES', what is the code (0, 1, 2a, 2b) : 2a</b></p> <p><b>If 'NO' (or if GM score is 1 or 0):</b></p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input type="checkbox"/>
<p>Monitoring of campaigns was undertaken by WHO and FMOH, for the first round a team from WHO HQ and Regional office travelled to the field. For the 2<sup>nd</sup> and 3<sup>rd</sup> round this was done through WHO staff in Khartoum and the field.</p>	

**PART 2: CERF EMERGENCY RESPONSE – CONFLICT AND DISPLACEMENT (UNDERFUNDED ROUND II 2012)**

**I. HUMANITARIAN CONTEXT**

<b>TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)</b>		
<b>Total amount required for the humanitarian response:</b>		<b>155,725,851</b>
<b>Breakdown of total response funding received by source</b>	<b>Source</b>	<b>Amount</b>
	<i>CERF</i>	13,994,482
	<i>COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)</i>	34,567,779
	<i>OTHER (Bilateral/Multilateral)</i>	50,334,678
	<b>TOTAL</b>	<b>98,896,939</b>

<b>TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)</b>			
<b>Allocation 1 – Date of Official Submission: 22 August 2012</b>			
<b>Agency</b>	<b>Project Code</b>	<b>Cluster/Sector</b>	<b>Amount</b>
FAO	12-FAO-032	Agriculture	2,000,000
UNFPA	12-FPA-039	Health	300,001
UNFPA	12-FPA-040	Protection/Human Rights/Rule of Law	458,623
UNHCR	12-HCR-042	Multi-sector	499,886
UNHCR	12-HCR-043	Protection/Human Rights/Rule of Law	173,085
UNICEF	12-CEF-104	Health	500,760
UNICEF	12-CEF-106	Health-Nutrition	1,967,497
UNICEF	12-CEF-105	Water and sanitation	2,493,580
WFP	12-WFP-062	Coordination and Support Services UNHAS	3,000,000
WHO	12-WHO-061	Health	2,138,393
WHO	12-WHO-062	Water and sanitation	462,657
Sub-total CERF Allocation			13,994,482
<b>TOTAL</b>			<b>13,994,482</b>

<b>TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)</b>	
<b>Type of Implementation Modality</b>	<b>Amount</b>
Direct UN agencies/IOM implementation	9,092,692
Funds forwarded to NGOs for implementation	4,851,790
Funds forwarded to government partners	-
<b>TOTAL</b>	<b>13,944,482</b>

At the time of the Underfunded Round, the Sudan Humanitarian Work-plan was the second largest humanitarian appeal in the world (second only to Somalia) and at mid-year 2012, the work-plan was funded at only 43 per cent. This funding level represented a serious drop from previous mid-year reviews, given 55 per cent funding received at the mid-year in 2011, 52 per cent in 2010 and 56 per cent in 2009. The decline in funding represented a worrying trend as humanitarian needs remained relatively constant in comparison to previous years for Sudan.

The protracted humanitarian crisis in Sudan has a variety of causes, including a lack of access to certain areas due to conflict, funding shortfalls, and continuing conflict in parts of Darfur.

## **II. FOCUS AREAS AND PRIORITIZATION**

This allocation targeted areas in all Darfur states.

### **Food Security and Livelihoods**

Food security in parts of Darfur was a major concern following rising food prices and a poor harvest season. According to the WFP Food Security Update for May 2012, in North Darfur sorghum prices in May 2012 were 56 per cent above May 2011 prices. At the time of the funding application, sorghum prices in Dar El Salam and Mellit markets were higher than those of Fasher town market, which is a strong indication of depleted local supplies. In West and Central Darfur, sorghum was in short supply in most of the local markets.

At the time of the allocation, there was need for winter season vegetable and legume production support (seeds, small scale irrigation equipment, shallow wells rehabilitation), and also for assistance for livestock protection and production (winter vaccination and treatment, water points rehabilitation, pasture rehabilitation and management, as well as feed support for starving lactating animals which are crucial for the families' food requirements).

### **Nutrition**

The nutrition sector indicated that, at the time of the CERF allocation, that on-going conflict was deepening access challenges and the most recent nutrition surveys for 2012 showed that global acute malnutrition (GAM) levels for under-fives in Sudan at 16.4 per cent, which is above the internationally accepted emergency threshold, 'critical', of 15 per cent. Of these, 5.3 per cent of the children were suffering from severe acute malnutrition (SAM). It was noted that the new displacements in Darfur would likely present an increased rate of malnutrition due to food insecurity and more limited livelihoods opportunities, and would require closer monitoring of the nutrition situation.

### **Health**

At the time of the CERF allocation the health sector was deeply concerned by the health indicators coming from Darfur. According to the Sudan Household Health Survey (SHHS) 2010 (the most recent one), supplemented by more recent needs assessments in key areas, the prevalence of diarrhoea among children age 0-59 months was 33.9 per cent in East and South Darfur, and 29.7 per cent in West Darfur. Further, the prevalence of diarrhoea increased in all Darfur states compared to 2006. Similarly, the incidence of pneumonia increased in all Darfur states compared to 2006. The coverage of measles immunization among infants was only 54.4 per cent in West Darfur, 73.4 in North Darfur and 56.3 per cent in South Darfur. The percentage of women who received antenatal care was 27.2 per cent in North Darfur, 33.2 per cent in West Darfur and 36.6 per cent in South Darfur. Percentage of childbirth assisted by qualified health personnel was 33 per cent in Darfur region. The maternal mortality

ratio in West Darfur (1056 per 100,000 live births) and South Darfur (1581 per 100,000 live births) is one of the highest in the world. The increased risk of mortality and high prevalence of morbidities illustrated above is directly attributed to the lack of access to primary health care services.

### **Protection**

With increased number of returnees to Darfur areas at the time of the allocation, there were increased protection needs for both returnees and IDPs already living in camps, including the need for strengthened responses to Gender Based Violence in northern Darfur that includes health, psychosocial, and law enforcement components.

### **Water, Sanitation and Hygiene**

The WASH sector prioritized for CERF funding focused on: maintaining the existing water and sanitation facilities for the current IDPs; ensuring improved water and sanitation facilities for the newly affected population; enhancing the IDPs personal and environmental hygienic practices; building the capacity of the IDPs to operate, maintain and manage their WASH facilities and improving WASH cluster coordination. A key part of the criteria for project selection was the projects' geographic focus. The prioritized projects were located at the most critical geographic areas including Mornie, Ardamata, Durti, Abusurug, Abuzar and Nertiti in West/Central Darfur, KAS, Nyala and El Daein IDP camps in South/East Darfur and Kutum, Abbassia, Fata Barno, Abu Shok, Al Salam, Zamzam, ShangilTobay and Kabkabiya in North Darfur.

**Coordination and Common Services** (please note that in August 2012 the UNHAS project was shifted to a newly formed sector, the LET, which is henceforth referred to in this report)

The poor road conditions and general insecurity in the Darfur region at the time of the allocation meant that humanitarian air services continued to be critical for transporting humanitarian personnel as well as goods to the affected areas. Domestic commercial air transport is unavailable to most locations where the humanitarian community must travel, and where services are available, compliance with maintenance and safety regulations cannot be guaranteed.

### **Refugee Multi-Sector**

The Refugee Multi Sector identified critical gaps in Darfur wide projects providing basic assistance in terms of shelter, WASH and protection for refugees in Darfur, with the aim of maintaining minimum sphere standards. Prioritization was done in consultation with government and NGO partners implementing UNHCR projects for the benefit of refugees in camps as well as in border areas. Inter-cluster coordination meetings were organized throughout Darfur states and Khartoum to identify critical gaps, as well as identify interventions to address the most urgent needs.

## **III. CERF PROCESS**

The process for prioritizing projects for CERF funding used the Humanitarian Work Plan Mid-Year Review (MYR) as its starting point. Through the MYR, the humanitarian community in Sudan had already done an extensive analysis of current needs and critical gaps. However, in order to make sure that critical gaps were targeted with the CERF funding, a further consultative prioritization exercise was undertaken under the leadership and guidance of the Humanitarian Coordinator, with OCHA taking the lead on the coordination process.

As a first step, sector leads were provided with an email outlining the prioritization process and were provided with the CERF guidelines. As a follow up, the Darfur sectors took the lead on identifying life-saving and underfunded priorities throughout Darfur; forming the basis for further sector wide consultations in Khartoum. The process was transparent and inclusive throughout, ensuring that NGOs, both national and international, were consulted and given an opportunity to advise on critical and underfunded gaps at all levels. The results of the exercise were discussed in an inter-sector coordination meeting (with NGO representation) in Khartoum on 29 July 2012. In this meeting, a funding envelope per life-saving sector was recommended with agreement of all sectors.

The strategy with recommended funding envelopes was subsequently presented and discussed at the Humanitarian Country Team meeting on 30 July 2012 and was given the green light. Further prioritization and consultation work was then undertaken by the sectors at the project level. Meanwhile, OCHA met with all the sectors individually to discuss proposed projects and make sure an overall coordinated response was taken to the proposal, and to ensure that no duplication was done in terms of activities funded by other bilateral donors or the Common Humanitarian Fund (CHF).

Across the sectors, the population identified as most in need was the IDP population throughout Darfur, and particularly those newly displaced or those not previously catered for because of funding shortfalls. Through OCHA's overall coordination role, and bilateral meetings with sector leads, it was ensured that the overall humanitarian response was integrated and that the target population was given at least a minimum standard support package covering life-saving needs.

OCHA Darfur, along with humanitarian partners in Darfur, also played a critical role in this regard, and consultations at the field level corroborated life-saving needs identified through the sector consultation process. The response was also tailored to fit in with the overall strategy for the humanitarian response in Sudan (as elaborated in the Sudan Humanitarian Work Plan) along with the key objectives defined by each sector.

#### IV. CERF RESULTS AND ADDED VALUE

<b>TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR</b>				
<b>Total number of individuals affected by the crisis:</b> 3,500,000				
<b>The estimated total number of individuals directly supported through CERF funding by cluster/sector<sup>7</sup></b>	<b>Cluster/Sector</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
	Agriculture (FSL)	137,994	238,908	376,902
	Coordination and Support Services – UNHAS-LET	N/A	N/A	N/A
	Health	416,403	446,058	862,461
	Nutrition	31,610	32,901	64,511
	Refugee Multisector (RMS)	4,535	3,534	8,069
	Protection / Human Rights / Rule of Law <sup>8</sup>	23,860	24,606	48,466
	Water and sanitation	538,041	485,010	1,023,051

#### **BENEFICIARY ESTIMATION**

##### **Food Security and Livelihoods**

Numbers included above were collected from the six implementing partners of the project and reflect what has been achieved with CERF funding.

##### **Coordination and Common Services – UNHAS**

The above table is not applicable to the UNHAS project, because the project funded (12-WFP-UNHAS) is an on-demand service for the humanitarian community. Each year, UNHAS provides flight services to about 138 humanitarian agencies and partners with a projected 50,000 passengers annually. These passengers are members of the humanitarian community, and are thus not included in the above calculation of "individuals supported."

##### **Nutrition**

Beneficiaries are the number of children screened (which also includes the children receiving treatment)..

<sup>7</sup> Total beneficiaries served slightly greater than total affected, due sectors' different methodologies for counting beneficiaries.

<sup>8</sup>Sum of beneficiary data from each project. Sector level report not yet received

## Refugee Multi-Sector

CERF funds for the Refugee Multi-Sector were used for the UNHCR project aiming to provide protection and mixed solutions for Chadian and CAR refugees in Darfur. UNHCR has its own database, ProGres, for registering all refugees and asylum seekers in Sudan. The database is used in Darfur and is being populated with data about the different groups of refugees and asylum seekers residing in the two camps in Darfur. Since the activities funded through the UNHCR CERF-funded project benefited the totality of refugees and asylum seekers registered with UNHCR in Darfur, the figures mentioned above represent an accurate estimation of the total number of beneficiaries reached with the CERF funds. As the specific interventions include a medical referral system being in place as well as functioning camp coordination structures and ensuring all refugees are in progress database for delivery of documentation, the total population of the camp has been given as the beneficiary numbers, as they all benefit.

## Protection

The number of beneficiaries for the Protection report was reached through looking at the total population of both areas covered (Savanna B camp approx. 6,000 as per OCHA 2012 statistics), as well as Gemaiza Komora village (approx. 10,000 as per WVI estimates) as the activities proposed and implemented benefitted all those in the camp/area, particularly the water facilities. In addition to this population, 205 people were trained as per this component of the project and specified within the results. 245 children used the Child Friendly Spaces, while 115 women used the Women's Centres, plus 115 further children in the community benefitting from training. Overall, this brings a total of 16,680, slightly over the total specified to reach.

## WASH – Water, Sanitation, and Hygiene

Over 632,400 IDPs and conflict affected people were provided with emergency lifesaving WASH services using CERF grants. The estimated number of beneficiaries was arrived at based on estimates provided by different implementing partners, who carried out assessments before implementation and also kept records of the people they served.

There was, however, a challenge in getting accurate beneficiary figures as there were overlaps in some activities, e.g., where targeted people benefitted from different WASH activities such as solid waste management, hygiene campaigns and water quality monitoring and yet others were covered by only one or two of the activities. In such a situation, the highest number of people reached was assumed.

**TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING<sup>9</sup>**

	Planned	Estimated Reached Total
Female	3,570,496	1,152,443
Male	3,214,241	1,231,017
<b>Total individuals (Female and male)</b>	6,609,737	2,383,460
<b>Of total, children under 5<sup>10</sup></b>	1,977,496	490,552

Discrepancies between numbers planned and numbers reached are explained by the fact that in project proposals a few partners (notably UNICEF and UNFPA) used estimated catchment populations rather than direct beneficiaries as stated in project proposal guidance.

<sup>9</sup> There may be some overlap if individuals benefit from multiple CERF allocations across sector – however such overlap would have been equally true of the planned numbers.

<sup>10</sup> LET, RMS, and PROTECTION did not provide data disaggregated for children served.

### **Food Security and Livelihoods**

The CERF funds complemented CHF funds and have provided vital inputs to farmers and animal-keepers during the dry season. Winter season vegetable and legume production and livestock survival and production activities have taken place, reaching approximately 75,380 households (376,904 individuals) in the targeted regions.

Meetings with communities, local leaders and Community Based Organizations (CBOs) took place in each village, as part of the participatory process of beneficiary selection and implementation planning. Vegetable and legume seeds and tools arrived in time for the planting season, and harvesting of vegetable started in March 2013, just before the lean season when food security in the project area is its lowest level. Monitoring has produced evidence that, through the distribution of seeds and tools, production increased by average 25 per cent in the targeted areas. This alleviated food shortages at household level during the crucial period of the 9 months dry season and contributed in improving household food security and income, as well as diversification of diets. Beneficiaries have been given technical advice in pest management, small scale irrigation, and improved crop husbandry.

In areas where livestock is crucial for the population's food supplies and livelihoods, vaccination and treatment campaigns have been carried out, thereby further strengthening households' food security.

The CERF funding received by FAO reduced the 2012 Humanitarian Work Plan funding gap for the Food Security & Livelihoods sector as a whole. It enabled crucial and time-sensitive interventions to reduce life-threatening situations for the targeted population. Without the CERF funding, FAO and the implementing partners would not have been able to address crucial food shortages and the stressed livelihood situations of the targeted population.

### **Coordination and Common Services**

CERF funds enabled UNHAS to continue its service without disruption, which was a risk given funding gaps, and thereby ensured UNHAS services for all users. The CERF contribution allowed UNHAS to provide over 138 humanitarian organizations with air services thereby supporting the humanitarian community to access the most vulnerable populations and to support humanitarian coordination overall.

CERF funds were received just in time to avoid service disruption and to ensure continuous air transport service to the users. The availability of CERF funds ensured that UNHAS was able to maintain the service during a period of financial uncertainty while mobilizing additional funding from UNHAS' regular donors.

### **Nutrition**

To date, a total of 15,372 severely malnourished children were admitted to feeding centres for effective treatment of severe acute malnutrition (SAM). Performance indicators across the centres have been satisfactory, exceeding SPHERE minimum standards with an aggregated cure rate of more than 75 per cent and death rate of less than 5 per cent. In the community, a total 64,511 children under 5 years have been screened for early detection and management of malnutrition with appropriate referrals made for commencement of treatment for children with SAM. This helps to ensure a faster recovery. In addition to treatment, transportation and distribution of 1,800 cartons of emergency food rations (BP5) for children under 5 years has been successfully carried out in Kutum and Kassab camps plus the areas affected by the recent crisis in Jabel Amir in North Darfur. Procurement has begun for an additional 7,100 cartons of BP5 and this is due to arrive in the country shortly.

### **Protection, RMS**

The CERF funds enabled UNHCR to support the set up and inaugurations of the Central Darfur State Committee for Combatting Violence against Women. UNHCR and partners also activated the SGBV working group for Central Darfur, which would not have succeeded without CERF funds. CERF funds have now reached a total of 8,069 beneficiaries in the refugee sector and 48,000 beneficiaries in the protection sector.

### **WASH**

CERF funding enabled the WASH sector to promptly provide lifesaving assistance and sustain WASH services to about 1,000,000 new and existing IDPs and conflict affected people. The funding also permitted the sector to intensify preventive activities during the rainy season and successfully protected IDPs and conflict affected populations through improving access to lifesaving WASH services during the Acute Watery Diarrhoea (AWD) risk period. No AWD or any other water, sanitation and hygiene related disease outbreak was recorded in the targeted areas during the project period



Please note, the information related to section a – d compiles the answers given across sectors. Where some sectors answered “partial” or “no” rather than “yes”, the reporter has indicated either “partial” or “no” as the compiled answer. Comments are included from each sector that provided them. Sectors that selected “partial” or “no” have been highlighted.

**a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?**

YES  PARTIALLY  NO

*Food Security and Livelihoods:* CERF funds lead to a fast delivery of assistance, with rapid and timely support to at-risk populations, enabling the planting of crops and survival of livestock at a critical period during the dry season.

*Health:* The CERF funding led to the revitalization of health facilities that became non-functional following the withdrawal of international NGOs from Darfur. By filling gaps, CERF funding ensured continuity of basic emergency primary health care services including maternal and child health services especially in remote rural areas.

*Refugee Multi-Sector:* UNHCR activities, funded through CERF, were used by UNHCR and its partners to deliver protection as well as different services. The funds were used to ensure that new asylum seekers have access to asylum, refugees have access to quality medical services and refugee children have access to education.

*Nutrition:* The CERF funding ensured timely initiation and continuity of life saving nutrition services in critical areas with no other intervention; despite the fact that fund delay happened for some of the projects.

*Wash:* WASH: Agreeing on priority areas with implementing partners took longer than anticipated as the needs and areas with WASH critical gaps far exceeded the funds allocated to the sector. PCA processing also took longer than envisaged as some of the implementing partners did not originally have a direct partnership with UNICEF. However, once the PCA processes were completed, partners responded immediately and funds were disbursed to implementing partners. Most of the PCAs were also signed at a time when new displacements were happening. In that context, CERF funds led to a fast delivery of assistance to beneficiaries. In Kalma IDP camp, for example, Oxfam started water trucking only 48 hours after signing CERF agreement with UNICEF, urgently providing water to new arrivals. Other partners also started activities promptly after signing the agreement.

**b) Did CERF funds help respond to time critical needs<sup>11</sup>?**

YES  PARTIALLY  NO

*Food Security and Livelihoods:* The CERF funds enabled timely provision of the required agricultural inputs for winter season planting. Livestock inputs ensured the protection of animals against major livestock epidemic diseases and also provided feed to animals that otherwise may have died of starvation.

*Health:* The CERF funds helped to meet lifesaving needs by closing gaps due to under funding and by improving health service delivery in gap areas to vulnerable population.

*Nutrition:* Partners have been able to expand their capacity to ensure a timely response ahead of the hunger gap which usually starts in May.

*Refugee Multi-Sector:* UNHCR activities, funded through CERF, were critical in ensuring that timely assistance in the form of health and education services were made available to refugees in Darfur. The funds were also critical in ensuring that asylum seekers have prompt access to asylum and international protection.

*Wash:* CERF funds helped to respond to the most critical needs, which were identified through assessments and prioritised by all WASH partners. CERF covered areas, which had not been covered by other fund mechanisms such as CHF and other donor

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<sup>11</sup>Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns; locust control).

funds and they came at a time when other donor funds were almost depleted and the process for 2013 was just starting. CERF funds came at the right time and helped to respond to the most critical WASH needs. WASH sector partners responded to lifesaving WASH needs of new IDPs and to the ongoing basic needs for existing IDPs. Water tankering for new IDP population in Kalma IDP camp is a case in point. The water tankering was carried out in a very critical period for the new arrivals who were desperately suffering shortage of water associated with large number of IDPs arriving to the camp, adding pressure to already overwhelmed camp water sources. It, therefore, significantly contributed in reducing suffering of children, women and men who were newly displaced to the targeted camps.

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

YES  PARTIALLY  NO

*Food Security and Livelihoods:* The CERF funds came towards the end of the 2012 when most donors had already allocated/provided funds for the year. Therefore, CERF augmented funding already provided by other donors and considerably helped to reduce the funding gap.

*Health:* The CERF funding was used to fill gaps in operations of NGOs. All NGOs had funding from other sources hence the CERF funding helped them to bridge gaps and ensured continuity until new funding becomes available.

*Nutrition:* The CERF grant contributed in most of critical areas of nutrition especially where there is a limited and/or no implementing partners with continued conflicts and other ongoing emergencies in Darfur region and South Kordofan state. It contributed by improving access to the outpatient feeding centres, stabilization centres and also supplementary feeding programmes. This is underpinned by a strong community mobilisation programme to ensure that all children suffering from malnutrition are identified and referred for treatment

*Refugee Multi-Sector:* In addition to CERF funds, UNHCR operations in Darfur received funds from a number of donor governments through bilateral agreements.

*Wash:* The process of identifying and prioritising critical needs for CERF also helped the sector to identify gaps in the sector, which were used by partners to prepare proposals and some of the identified gaps and needs were also the basis for CHF (2013) project sheets.

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

YES  PARTIALLY  NO

*Food Security and Livelihoods:* The CERF further strengthened partnerships within the sector and encouraged partners to work together to rapidly deliver the most-needed support to the affected population. It also strengthened inter-sector decision making as each sector had to carry out a gap analysis in order to justify the need for CERF funding. This gap analysis was the basis for the division of CERF funds to the different sectors.

*Health:* The coordination forums were utilized for identification of gaps and allocation of CERF to address the gaps. It strengthened the role of coordination forums. All projects proposals were reviewed and cleared by MOH to ensure earmarked activities were consistent with the priorities of the MOH strategy, health cluster plan and NGOs mandate. Joint monitoring missions were also undertaken to service delivery points to assess the status of implementation and institute appropriate measures to address implementation constraints identified.

*Nutrition:* As a result of the CERF funding, ten key nutrition partners have initiated close coordination for the related interventions.

*Refugee Multi-Sector:* In undertaking the CERF-funded activities, UNHCR relied mostly on other humanitarian partners with whom coordination of different activities was crucial.

*Wash:* The WASH cluster conducted joint assessments, identification and prioritisation of critical needs which most needed CERF resources. WASH partners shared information on gaps for lifesaving WASH services during regular coordination meetings

to better coordinate humanitarian WASH response, including the CERF funded activities. The health sector was always represented in WASH sector meetings to share epidemiological data on WASH related diseases. This permitted the WASH sector to better focus and provides indications on impact of WASH interventions.

## V. LESSONS LEARNED<sup>12</sup>

<b>TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT</b>		
<b>LESSONS LEARNED</b>	<b>SUGGESTION FOR FOLLOW-UP/IMPROVEMENT</b>	<b>RESPONSIBLE ENTITY</b>
Reporting process asks partners to break down progress indicators based on funding (i.e. reporting only on outputs that are “CERF funded”). This can be challenging as there is not a defined standard for doing so.	Perhaps secretariat can request total beneficiary numbers from country sectors, and then utilize a global standard at the secretariat level to estimate how many were CERF funded.	CERF Secretariat
Difficult for UN agencies to attract implementing partners when they are not allowed to charge PSC. This places an unfair burden on NGOs. This restriction is in contradiction to the CERF message and policy that NGOs should be involved in CERF implementation.	CERF needs to give clearer guidance to UN agencies on how to work with Implementing Partners – right now the solution to this dilemma is left deliberately vague, which causes difficulties at the country level.	CERF Secretariat
15 March deadline is very difficult for CHF countries as falls in the middle of the CHF allocation as well as possibly CERF 1 <sup>st</sup> round UF An end of March or Mid-April deadline, would be easier (although this is a country specific suggestion).	CERF considers changing reporting deadline.	CERF Secretariat

<b>TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS</b>		
<b>LESSONS LEARNED</b>	<b>SUGGESTION FOR FOLLOW-UP/IMPROVEMENT</b>	<b>RESPONSIBLE ENTITY</b>
Local NGO partners were challenged in ensuring timely reporting.	OCHA can support sector leads in NNGO capacity building, perhaps through reporting workshops that would supplement CHF reporting needs as well.	OCHA, sector leads.
The CERF application and	OCHA can do a better job of informing sector leads in advance of	OCHA, agencies

<sup>12</sup> These lessons learned combine sector lead comments for all three emergencies covered in this report but for ease of reading have been compiled in one place.

<p>reporting processes can sometimes coincide with CHF and other deadlines creating burdens on sector leads.</p>	<p>reporting requirements and deadlines. Suggestion is to create a yearly (or bi-yearly) reporting calendar distributed at the start of each cycle. Also workshop to educate sector leads on who may be new on funding mechanisms in general and their differing application//reporting requirements.</p> <p>Agencies could consider creating dedicated sector lead positions for all sectors. Alternatively, sectors with dedicated monitoring and reporting officers can utilize them for reporting purposes as well.</p>	
<p>It can be challenging to harmonize CHF and CERF allocation process (as was the case in Sudan for 1<sup>st</sup> under-funded round 2013). Sectors had to change the formats of their applications from CHF to CERF and sometimes back to CHF. This was very time consuming during a busy time of year.</p>	<p>HC and HCT to have a much clearer and detailed CERF strategy, firmly deciding envelopes per sector early on based on overall humanitarian situation in country and leaving sectors to decide on which projects to put forward for CERF.</p>	<p>HC, HCT, OCHA CO</p>
<p>Despite this being the second round of UFE for Sudan in a short time, partners still included activities that do not fall into lifesaving criteria for consideration.</p>	<p>OCHA to encourage sector partners to send their staff to CERF trainings. Alternatively, OCHA country office to hold one day CERF trainings in relevant countries (using CERF trained OCHA staff).</p>	<p>Sector Leads, OCHA</p>

## VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
<b>CERF Project Information</b>			
1. Agency:	FAO	5. CERF Grant Period:	4 Oct 12 – 30 Jun 13
2. CERF project code:	12-FAO-032	6. Status of CERF grant:	<input type="checkbox"/> On-going
3. Cluster/Sector:	FSL		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Support to the restoration and maintenance of the food and livelihoods security of vulnerable households (IDPs, refugees, returnees, and host communities)		
7. Funding	a. Total project budget:		US\$ 8,000,000
	b. Total funding received for the project:		US\$ 2,550,000
	c. Amount received from CERF:		US\$ 2,000,000
<b>Results</b>			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	207,000	137,994	For all activities implemented under this project, except the livestock component, the ratio for targeting male and female was around 50 percent, while for the livestock it was 77 to 23 percent. In general, 36.6 percent of the total beneficiaries targeted were women.
b. Male	225,000	238,908	
c. Total individuals (female + male):	432,000	376,902	
d. Of total, children <u>under 5</u>	65,000	56,535	
9. Original project objective from approved CERF proposal			
<p>The <b>objective</b> of the project is to enhance the capacity of 72,000 food insecure, conflict and drought affected households (IDPs, returnees, pastoralists, and host communities) in Darfur to meet their basic food requirements through their own production in order to improve their daily diets and to reduce their dependency on food aid.</p> <p>The total budget for the project is estimated at US\$ 8,000,000 of which US\$ 2,000,000 was provided by CERF and US\$ 1,033,384 is provided by CHF (US\$ 550,000 from the US\$483,384 from the Standard Allocation).<sup>13</sup> The project is implemented by FAO through nine partners and targets approximately 72,000 vulnerable households in Darfur. CERF funds were used for the procurement of inputs including vegetable and legume seeds, irrigation equipment, vaccines and veterinary drugs and animal feed for the targeted 72,000 vulnerable households, in addition to covering the implementation costs of five partners. The CERF funds were used for covering the implementation costs of five partners listed in Annex I to this progress report.</p>			
10. Original expected outcomes from approved CERF proposal			

<sup>13</sup> An additional US\$ 2,500,000 came from other sources, including US\$1,000,000 from the Darfur Peace and Stability Fund and \$1,500,000 from the United States of America.

Outcome 1: Improved winter season vegetable production for 12,000 households.

Outcome 2: Improved survival, health and body condition of 1,500,000 animals belonging to 60,000 vulnerable agro-pastoralists and pastoralists.

11. Actual outcomes achieved with CERF funds

**Progress towards Outcome 1:**

Inputs for winter season vegetable and legume production (21.64 MT of vegetable and legume seeds, 3,891 pieces of hand tool including 352 ploughs) were procured and transported to the respective States in Darfur in December 2012. 720 treadle pumps were procured abroad and have been used in the hot dry period to overcome the difficulties related to the low water levels in shallow wells. Contracts were signed with five partners (International NGOs) for the implementation of different project activities. The implementation of winter season vegetable and legume production have been completed and reached a total number of 12,245 households (61,225 heads of household, including 34,410 women). The harvest of vegetables started in March 2013. Monitoring produced evidence that, through the distribution of seeds and tools and technical advice to producers, production increased by average 25% in the targeted areas. This considerably alleviated food shortages at household level during the dry season and contributed to improved food security and increased income at household level. Based on the analysis made by FAO at least 70% of the inputs were used successfully by the project beneficiaries in producing food sufficient to provide enough calories for the average households for four months. This will leave these households in a good food security situation when adding up the harvest from their own seeds or seeds from other sources. 1,161 beneficiary farmers were given targeted advice in pest management, small scale irrigation, and improved crop husbandry.

**Progress towards Outcome 2:**

The project provided vaccines, drugs and equipment to the implementing partners who succeeded in vaccinating 943,553 animals against PPR, sheep pox, HS and BQ diseases (about 80% of the animals targeted were small ruminants). 52,113 animals were dewormed.. In total these animals are owned by 37,538 agro-pastoralist households (187,690 individuals including 23% women headed households). All the services were provided by 105 Community Animal Health Workers (CAHW) under the direct supervision of the State Government Veterinary Services at locality level. Other Livestock production support activities included rehabilitation of three water points (hafirs), reconstruction of 67 shallow wells, distribution of 155 tons of animal concentrate feed to ensure improved milk production during the dry season, rehabilitation of 1,388 ha of degraded pasturelands and construction of 1,150 kilometres of fire lines to protect pastures against wild fire. A total of 126,925 individual benefited from these livestock support activities including 59,500 women. The project provided technical advice on crop husbandry practices to 964 farmers including 382 women and training in fodder preservation and pasture management to 98 agro-pastoralists including 36 women. The estimated number of animals that have access to the rehabilitated pasture and water points and the concentrate feed is at least 125,000, assuming that each beneficiary household has at least 5 small ruminants. The Livestock Coordination Committees (LCC) were established in the selected localities to coordinate and monitor the animal feed distribution and delivery of animal health services; training on cost recovery system was completed in June and the communities were able to recover at least 50% of the vaccine and animal feed cost. As a consequence of the vaccination and treatment campaigns, general morbidity and mortality rate decreased by 30%. It has also been observed that disease outbreaks were not recorded in the area of intervention based on the monitoring conducted by FAO field staff at the time of project termination. In addition to this impact, the distribution and use of concentrate feed significantly increased milk production allowing survival of the off-spring and partly milk consumption by small children.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

So far the implementation of different project activities are progressing as planned. Activities are expected to be completed and targets to be met by end of June 2013.

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?

YES  NO

If 'YES', what is the code (0, 1, 2a, 2b):2a

14. M&E: Has this project been evaluated?

YES  NO

**TABLE 8: PROJECT RESULTS**

TABLE 8: PROJECT RESULTS			
<b>CERF Project Information</b>			
1. Agency:	<b>UNFPA</b>	5. CERF Grant Period:	1 Oct. 2012 – 30 June 2013
2. CERF project code:	12-FPA-040	6. Status of CERF grant:	<input type="checkbox"/> On-going
3. Cluster/Sector:	Protection		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Strengthening Lifesaving, Comprehensive, and Multi-Sectoral Prevention and Response to GBV Survivors in Northern States		
7. Funding	a. Total project budget:		US\$2,460,056
	b. Total funding received for the project:		US\$1,264,000
	c. Amount received from CERF:		US\$ 458,623
<b>Results</b>			
8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).			
Direct Beneficiaries	Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female	200,000	31,798	31,798 is the number of direct beneficiaries that received hygiene kits, were trained, attended sensitization sessions/awareness raising and also received services;  The original planned figure of 200,000 was from the original workplan and was not revised downwards to be in line with the funds available under the CERF; given that the bulk of the funds went into procurement of personal hygiene kits, it was never realistic to expect that 200,000 could benefit.
b. Male	-	-	
c. Total individuals (female + male):	200,000	31,798	
d. Of total, children under 5	-	-	
9. Original project objective from approved CERF proposal			
<p>To strengthen the prevention and the response to Gender Based Violence (GVB) as a lifesaving humanitarian concern by:</p> <ul style="list-style-type: none"> <li>• Strengthening and/or deploying GBV personnel to guide implementation of an inter-agency multi-sectoral GBV Programme response (3 GBV officers), increasing monitoring Missions to assess protection concern, including to El Daen and South Sudanese populations and emerging conflict areas.</li> <li>• Supporting health service providers with CMR training and refresher training including capacity building in psychosocial response.</li> <li>• Training women police on GBV issues, referral pathways, and guiding principles in dealing with GBV survivors, reporting and follow up of cases.</li> <li>• Procuring 7,000 Personal Hygiene/Dignity kits to be distributed for GBV survivors and vulnerable women and girls in reproductive age in new conflict areas and to the South Sudanese remaining in South Darfur and East Darfur- with a strong emphasis on menstrual needs</li> <li>• Procuring 10,240 Dignity/Hygiene kits for flood victims (women and girls who have lost their homes) that include additional clothing items.</li> </ul>			
10. Original expected outcomes from approved CERF proposal			



- 3 GBV officers will support emerging conflicts and do protection monitoring and support CERF activities.
- 160 health providers<sup>14</sup> will be trained in Clinical Management of Rape and psychosocial support from the 5 Darfur states.
- Government of Sudan (GOS), FCPU and United Nations African Union Hybrid Operation in Darfur, UNAMID police (targeting 50 female police) will be trained on GBV, referral pathways, guiding principle dealing with survivors, reporting and follow-up.
- 7,000<sup>15</sup> personal hygiene kits will be distributed to the most vulnerable women and girls in Darfur, including South Sudanese in East and South Darfur. Women and girls, recent victims of flooding in West Darfur, South Darfur, East Darfur and Central Darfur will be provided with personal hygiene kits/dignity kits

#### 11. Actual outcomes achieved with CERF funds

- 3 GBV officers were supported to liaise and monitor implementation of GBV activities and coordinate among different GBV prevention actors through GBV subsector coordination working groups and joint state committees to combat violence against women which included both government and non-government actors.
- **Personal hygiene kits – in process (3,725/7,000):** The three main targeted states (West, North and South Darfur) started the process of personal hygiene kits procurement for ((268,660 which accounted for 58% of the CERF proposal. **2,725 hygiene kits were initially distributed to the flood affected population**, and vulnerable groups including persons with disabilities. After the last attack of SLA /AW elements in Golo town on 24 December 2012, UNFPA participated in the interagency mission to Niriti where an influx of IDPs had occurred. The majority of IDPs were women and children (850 HHs from Golo 271 HH, Guldo 579 HH).UNFPA, through Islamic Relief organization, **distributed 1,000 hygiene kits to affected women and girls of menstruation age** .In total , 18,456 personal hygiene kits were procured to support both vulnerable groups and flood affected population in the three main targeted states.
- UNFPA now has appropriate secure warehouse space to accommodate an expanded number of dignity kits in West Darfur as part of emergency preparedness and timely response. The previous warehouse had limited capacity to accommodate the temporal storage of the personal hygiene kits.
- **Psychosocial support and other programming – pending repair of women’s centres, partnerships agreed:** For the two women centres that were damaged during the floods in South Darfur, UNFPA visited JAMCO organization, a known partner for UNFPA in South Darfur, re-assessed the organization and agreed to have it as the implementing partner for the CERF activities. For South Darfur, a total of three women centers were re-established and rehabilitated by JAMCO organization. This includes two women centres that were damaged during the floods in Alsalam and Belil IDP camps, and Kalma IDP women’s centre. A total of 250 women were trained on livelihood activities, and 92 community members were trained on different GBV related issues as part of the activities conducted within women centres. Overall, around 4,000 women are benefiting from the 3 women centres) The same agreement was reached with Darfur Peace and Development organization (DPDO) another national NGO in North Darfur to rehabilitate and refurbish the women’s centre and the Legal Aid centre in Kutum where they can resume their part in the referral pathway of GBV survivors. DPDO organization will implement psychosocial training in Kutum and Kassab and conduct open days for the purpose of raising awareness of the community regarding available services and available response. Both South and North Darfur activities will be implemented in the first and second quarter of 2013.

In North Darfur, Dar Elsalam Development organization provided items which had been looted from the Kutum Women’s Centre. Moreover, the Darfur Peace and Development Organization (DPDO) rehabilitated Kassab legal aid women’s centre

<sup>14</sup> Please note that there is a discrepancy between the report narrative (160 health providers) and the numbers budgeted for (250 service providers). In the final report, we focus on the achievement of the planned results/indicators as per the approved budget rather than the narrative.

<sup>15</sup> Please refer to above comment on the Health Service Providers. The numbers of hygiene kits approved in the budget were 16,233 (7,000 for most vulnerable women as part of regular humanitarian programme + 9,233 hygiene kits in response to the floods)

and trained 75 women on livelihood skills. 150 women received literacy training and 75 community members were trained on peace building as part of the activities conducted within women centres. DPDO also trained: 250 actors on protection referral pathways covering psychosocial support, legal aid and Form 8 targeting service providers, community leaders, paralegals and Family and Child Protection Unit (FCPU) staff. It further trained: 150 UNAMID police staff on GBV reporting and referral pathway and 75 woman committee members on assessment, leadership, advocacy, emotional support, counselling and project management. DPDO also conducted 2 open days for awareness raising on GBV issues targeting an audience of 5,000.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

We faced challenges in identifying qualified candidates to hire as consultants in the Darfur States and this delayed timely implementation. Initially, in view of only short-term availability of funds we were going to recruit personnel on consultancy basis. Since these contract modalities turned out not to be appealing given the difficult and security compromised working environment, we decided to recruit under better contractual modalities to attract more qualified candidates. In addition, working with new partners in Kutum and Kassab required a capacity assessment and then also the need to build capacity. While this may be beneficial over a long-term-term period in terms of contributing to strengthened capacities of local partners, it did slow down the implementation of activities at the start of the project.

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?

YES  NO

If 'YES', what is the code (0, 1, 2a, 2b):2b

The dignity kits address needs not met by other sectors for women and girls who are menstruating. UNFPA still advocates for the NFI sector or for WASH to take action on this issue since UNFPA is too small to respond to all NFI needs in this area. CERF funds also go towards supporting the repairs of a women centre and legal centre for women who are especially vulnerable.

The fact that men and boys were not included among the beneficiaries, in hindsight seems to have been an oversight and will be avoided in future projects of a similar nature. GBV prevention and response needs to be inclusive of both men and women, boys and girls since GBV is not just limited to females. In addition, any awareness creation and sensitization on this issue needs to be inclusive of both male and female community members just as much as male and female service providers

14. M&E: Has this project been evaluated?

YES  NO

**TABLE 8: PROJECT RESULTS**

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	<b>UNFPA</b>	5. CERF Grant Period:	20.09.2012 – 30.06.2013
2. CERF project code:	12-FPA-039	6. Status of CERF grant:	<input type="checkbox"/> On going
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Emergency health interventions in Darfur region.		
7. Funding	a. Total project budget:		US\$ 4,623,427
	b. Total funding received for the project:		US\$ 1,946,405
	c. Amount received from CERF:		US\$ 300,001
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	715,000	30,375	Please note: the initial planning figure of 1.3 million catchment population included both direct and indirect beneficiaries.  By the end of the project the total of direct beneficiaries was updated and reported according to the report format.  The delivery of rape kits and Reproductive Kits (to prevent transmission of STDs) to the planned health facilities has been on going from January 2013 and is not yet completed at the time of reporting.
b. Male	585,000	10,750	
c. Total individuals (female + male):	1,300,000	41,125	
d. Of total, children <u>under 5</u>	260,000	4,995	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> <li>• Prevent increase in maternal and neonatal morbidity and mortality through the provision of access to quality reproductive health services.</li> <li>• Develop referral pathways for complicated RH cases.</li> <li>• Prevent transmission of STDs including HIV/AIDS.</li> </ul>			
10. Original expected outcomes from approved CERF proposal			
<p><b>Outcome:</b> 80%-100% of affected people receive RH emergency assistance according to the needs.</p> <p><b>Indicators:</b></p> <ul style="list-style-type: none"> <li>• # of deliveries assisted by trained health personnel</li> <li>• # of caesarean section</li> <li>• Nr of RH kits distributed (type of beneficiaries, location)</li> <li>• Nr of rehabilitated health facilities</li> </ul> <p># of referrals related to RH complicated cases (secondary and tertiary care level).</p>			
11. Actual outcomes achieved with CERF funds			
<p><b># of RH kits distributed (154)</b></p> <ul style="list-style-type: none"> <li>• <b>A total of 154</b> Emergency RH kits were procured in the fourth quarter of 2012. The emergency RH Kits contains medical supplies, disposables and equipment for community, primary health care and referral hospital levels. The contents allows</li> </ul>			

to address the basic and comprehensive emergency obstetric care services at different service provision levels to implement the Minimum Initial Service Package for RH in Crisis (MISP). The MISP addresses the key RH components affected in a crisis through (1) preventing sexual violence and assisting survivors; (2) reducing HIV transmission; (3) preventing excess maternal and newborn morbidity and mortality; and (4) planning for comprehensive RH services integrated into primary health care services. The supplies were delivered to the Darfur states according to the distribution plan prepared by the UNFPA field offices and in cooperation with the respective State Ministries of Health so as to serve the affected population. The supplies were delivered to the target Darfur states during the month of January 2013 so as to serve the affected population.

- The RH kits supported basic and comprehensive emergency obstetric care services in the health facilities located within the IDP camps and at the tertiary care level of referral hospitals for addressing the complicated cases. In total, interventions served **24,158 individuals as direct beneficiaries**.

#### **# of health facilities upgraded (5)**

- In line with the findings of the health facility assessment conducted by UNFPA field officers and State Ministries of Health in Darfur region, five health facilities were selected to be upgraded for basic and comprehensive reproductive health services through minor renovations and support to the referral system;
- In West Darfur, Kirinik rural hospital (maternity ward and theater room) were rehabilitated to facilitate the management of Emergency Obstetric cases in the locality. Prior to this, all EmONC cases had to be referred to El Genina Teaching hospital which required 9 - 10 hours by public transportation. During the rainy season it could take even one to two days. Taking this long journey was further impacted by insecurity. All these delays in access to EmONC could result in maternal or neonatal death for complications requiring immediate medical support. One other complication could have also been long obstructed labour resulting in the death of the unborn baby and the mother developing obstetric fistula. (Refer to Annex 3 pictures).
- In Central Darfur, the maternity theater room in Garsela rural hospital was rehabilitated to accommodate all C/S and Gynecological operations in Wadi Saliha locality. This critical support reduced the risks caused by a long distance of 75km, 3 – 4 hours driving (10 – 12 hours during the rainy season) driving on poor roads and in an unsafe environment.
- In North Darfur, the rehabilitation of the maternity theater room in EL Malha rural hospital was completed successfully and contributed to the provision of comprehensive EMOC services in the locality. (Refer to Annex 3 pictures).
- In South Darfur, Kass rural hospital maternity ward was rehabilitated to improve the EMONC services in a locality known as one of the conflict zones in South Darfur.
- In East Darfur, the labor rooms and maternity rooms in Alferdous rural hospital were rehabilitated to strengthen the provision of maternity services in the area.

#### **# of referrals related to complicated cases (250)**

- In South Darfur, World Vision International was contracted to support the referral of women in need of life-saving emergency obstetric care interventions from Mershing (80 Km from Nyala town). A total of 42 complicated obstetric cases, which needed referral, were provided with transportation support to Nyala Teaching Hospital. The most common causes included high risk previous pregnancy, hyperemesis gravidarum, antepartum hemorrhage, and other pregnancy-associated disease).
- In West Darfur, COSV organization was contracted to support the referral of complicated obstetric cases from Kulbus locality to El Geneina Teaching Hospital. A total of 23 Emergency Obstetric cases were referred, and 60% of these cases needed life-saving cesarean section. Support also included maintenance for three ambulances supporting the emergency services in Kerinik, Morni and Kulbus Hospitals.
- In North Darfur, the adequate means of transportation of complicated cases was identified as a major gap. Priority was therefore given toward the maintenance of five ambulances. Five rural hospitals were supported with spare parts for ambulances (Elsereif, Sarafomra, El Malha, Kabkabya and Kutum, in addition to the Midwifery school in Elfasher). This support allowed for the following results:
  - El Malha hospital received 63 cases referred by the ambulance, 12 cases were referred to El Fasher, and 51 cases were brought to the hospital from villages around El Malha. Most of the cases received in El Malha were bleeding due to miscarriage and had to undergo surgical evacuation. All cases recovered fully. There were also 4 cases of obstructed labour and 2 cases of eclampsia which had to undergo caesarian section (C/S) or medically required termination of pregnancy.
- In Kutum hospital, 35 cases with obstetric/gynaecological needs were transferred by ambulance to the hospital from

Kuttum quarters, Kassab IDP camp, Fatta Barno and Syeh Genna. These cases included 12 cases of C/S, 4 cases of ante-partum hemorrhage transfused, 3 preeclampsia cases and other cases of miscarriage.

- In Saraf Omra, 42 cases were brought to the hospital from within the town. (3 APH terminated by C/S, one eclampsia case, 3 obstructed delivery managed through C/S and the rest medical evacuation of results of miscarriage).
- In Al Serif and Kabkabia, the ambulances supported through the project were restricted from movement due to insecurity within the towns. Hence, people use other means of transportation. Negotiations are on-going with the authorities to facilitate the future movement of ambulances to save women's lives.
- As for the Midwifery school, support went to their only vehicle to transport 100 students ranging from grade A up to the graduation of midwives who are currently going through their practical training in the hospitals. The vehicle was also used to refer emergency cases that were identified in the school's ANC department.
- In Central Darfur, three ambulances were supported allowing for the strengthening of referral of EMONC cases in the newly created state, namely in Wadi Saliha area (Deliag, Garsela and Bendysi). As a result, 45 cases were transported from the three localities to Garsela rural Hospital, which itself had been rehabilitated with the help of CERF funds.

### Summary Outcomes

- 80 life-saving caesarian sections were performed after successful referral of patients in needs for comprehensive emergency obstetric care.
- 1,215 of deliveries assisted by trained health personnel
- 154 Emergency RH kits were procured and distributed in 5 Darfur States. These kits contain medical supplies, disposables and equipment to address excess maternal mortality and morbidity at community, primary health care and referral hospital levels. (Refer to Annex 1 for details in terms of target populations and beneficiaries as per RH kit)
- Five health facilities were rehabilitated and provided with RH kit supplies, disposable and equipment. (Refer to Annex2 for details).
- 250 complicated obstetric/gynecological cases were referred to medically more advanced secondary and tertiary care levels.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

- The initial proposal had included Yassin Rural hospital in East Darfur for rehabilitation. However, due to lack of access as a consequence of security restrictions in the area the support was redirected to Alferdous Rural hospital, another area with a critical gap in access to EMONC services.
- All the procurements (internationally or nationally) were conducted in the first three months of the project toward the end of 2012. However, the majority of the Annual Work Plans (AWPs) and agreements with implementing partners (IPs) could only be finalized in the first quarter of 2013. This delay was partly due to changes in government structures in the target states, with the establishment of new states, including new ministries in East Darfur and Central Darfur. East and Central Darfur are also characterized by a low presence of highly capable organizations, hence the difficulty to identify adequate partners. The situation in North Darfur was further impacted by the departure of PAI, a previous and very qualified partner.

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?

YES  NO

**If 'YES', what is the code (0, 1, 2a, 2b): 2a**

The project addressed predominantly the maternal health needs of women of reproductive age in humanitarian settings. As such, the majority of the direct beneficiaries were women. However, RH supplies also included family planning methods and drugs for treatment of sexually transmitted diseases and, hence, also addressed the RH needs of men. Both women and men were addressed through provision of information about reproductive health. A key component to ensure women's timely access to quality reproductive health care is to also address men as the key decision makers for health seeking behaviour.

14. M&E: Has this project been evaluated?

YES  NO

No end of project evaluation was carried out. However, in 2014 a team of external auditors will carry out a mission to evaluate selected partners who implemented projects under national execution modality (NEX). In the case of Darfur, this will also include the 3 state ministries of health for North, West and South Darfur.

UNFPA has a field presence in 4 states (North, Central, West, South Darfur) which are all staffed by teams of qualified medical doctors/RH programme officers, GBV officers, and admin/finance staff. These teams were in charge the close planning, follow up and quarterly monitoring of project activities jointly with the selected IP including the state Ministries Of Health.

The UNFPA Representative, together with technical officers, also presided in the launching of some field-activities and inauguration of newly rehabilitated health facilities under the auspices of the Darfur Regional Authority. This high-level support also served as advocacy for the visibility of these projects among the beneficiaries.

**TABLE 8: PROJECT RESULTS**

TABLE 8: PROJECT RESULTS			
<b>CERF Project Information</b>			
1. Agency:	<b>UNHCR</b>	5. CERF Grant Period:	24.09.2012 – 31.12.2012
2. CERF project code:	<b>12-HCR-042</b>	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	<b>Refugee Multi-Sector</b>		
4. Project Title:	Protection and Assistance to Refugees in Darfur		
7. Funding	a. Total project budget:	US\$ 8,193,455	
	b. Total funding received for the project:	US\$ 1,803,701	
	c. Amount received from CERF:	US\$ 499,886	
<b>Results</b>			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	4,535	4,535	
b. Male	3,534	3,534	
c. Total individuals (female + male):	8,069	8,069	
d. Of total, children <u>under 5</u>	1,389	1,389	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> <li>• Ensure effective protection for refugees and asylum seekers with particular attention to women and children and other persons with specific needs</li> <li>• Ensure refugees' access to basic needs and essentials services including education and health services</li> <li>• Strengthening self-reliance opportunities for refugees with a view to mitigate the protection risks they face in their quest to meet their basic needs</li> </ul>			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>• Access to and quality of refugee status determination procedures improves and level of individual documentation increases.</li> <li>• Access to protection services and assistance for vulnerable groups with specific needs e.g. children, women, the elderly and the disabled increases, and their specific needs are appropriately addressed.</li> <li>• Self-reliance and livelihood for refugees improved Access to health care and its quality improves</li> <li>• Access to education for children for primary school is secured. Refugees are provided with opportunities for secondary and tertiary education.</li> </ul>			
11. Actual outcomes achieved with CERF funds			
100% of eligible cases have been identified and registered 100% of asylum seekers and refugees issued with documentation			

<p>100% of new born children received birth certificates  Camp coordination structures are in place (camp coordination meetings conducted and joint COR-UNHCR missions undertaken)</p> <p>7 communities and 2,800 individuals trained and sensitized on GBV, HIV/AIDs  100% of women, and girls identified as victims of GBV have been supported legally, physically and psychologically  100% of identified unaccompanied and separated children have been registered and Best Interest Assessment undertaken  3 Child Friendly Networks created with a total of 45 individuals (Nyoro, Anjemi and Terbeiba)  7 Child protection Networks and 12 animators (social workers) trained  3 CFS constructed and 4 CFS renovated and rehabilitated  25% of those active in the camp coordination structures are women  1400 students received uniforms  4 classrooms constructed in Amel school</p> <p>750 farmers had access to crop production (via agricultural tools support,) 102 households provided with livestock development interventions  105 target beneficiaries had access to quality life skills and vocational training (carpentry, masonry, welding and food processing)</p> <p>Medical referral system has been implemented  80% of children in camps receive primary education  70 teachers received training  7 latrines constructed</p>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
No significant discrepancy	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p><b>If 'YES', what is the code (0, 1, 2a, 2b):</b>2a</p> <p><b>If 'NO' (or if GM score is 1 or 0):</b></p>	
14. M&E: Has this project been evaluated?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>Yes – this project was evaluated on an ongoing basis by UNHCR programme and field staff from our offices in Mornei and El Geneina. Regular field visits for project implementation monitoring were undertaken in West Darfur to refugee return areas including Nyoro, Terbeiba and Anjemi. Similarly UNHCR is in Um Shalaya refugee camp on a daily basis, ensuring that continuity of services is maintained, and any issues that arise in the camp are mitigated against and resolved. Partners involved are also required to submit regular quarterly financial and narrative reports against selected indicators and activities.</p>	



**TABLE 8: PROJECT RESULTS**

CERF Project Information			
1. Agency:	UNHCR	5. CERF Grant Period:	28/09/2012 – 30/12/2013
2. CERF project code:	12-HCR-043	6. Status of CERF grant:	<input type="checkbox"/> On-going
3. Cluster/Sector:	Protection		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Protection and assistance for IDPs, conflict affected people and returnees in Darfur		
7. Funding	a. Total project budget:		US\$ 33,056,546
	b. Total funding received for the project:		US\$ 1,737,093
	c. Amount received from CERF:		US\$ 173,085
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	7,961	7,961	
b. Male	8,707	8,707	
c. Total individuals (female + male):	16,668	16,668	
d. Of total, children <u>under 5</u>	4,167	4,167	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> <li>To improve access to psychosocial support to children and women affected by the emergency through provision of child friendly spaces and women centres.</li> <li>To build the capacities of the relevant actors working in combating violence against women in Central Darfur, especially the state-level Committee on Combating Violence against women.</li> <li>To monitor and support the on-going processes for the self-awareness and empowerment of women about their status in the Sudanese constitution within priority communities, to also improve community understanding and the fight against GBV, while upholding broader women and child rights.</li> </ul>			
10. Original expected outcomes from approved CERF proposal			
<p>Protection of children, women and most the vulnerable through ensuring access to a safe place where they can receive psychosocial assistance and skills training. Skills building will enhance interventions of life saving and critical protection activities. At-risk women and children, especially those survivors of violence, acquire basic skills to support their recuperation. Children, community members and women have acquired critical knowledge on their rights.</p> <p>Community building to enhance lifesaving capacity with respect to protection of populations with special needs (including prevention and attention), conducted by UNHCR and protection partners.</p> <p>Activities:</p> <ol style="list-style-type: none"> <li>1 Rehabilitation to and improvements of child friendly areas/centres in Gonobia Camp (one) and Veterinary IDP camps (one)</li> <li>2 Support one women’s centre in Gonobia and one in Veterinary IDP camps</li> <li>3 Community building activities to improve one Child Welfare and safety committee (CWSC) and to increase overall awareness regarding children’s rights</li> <li>4 Provide 8 drinking water facilities, two per Child Friendly Centre and Women’s Centre</li> </ol>			

5. Provide 8 hand washing facilities, two per Child Friendly Centre and Women's Centre
6. Construct 4 blocks of VIP latrines, two for each Women's Centre
7. Provide equipment to child friendly centres to support specialised attention to extremely vulnerable and at-risk IDP children
8. Provide learning and teaching materials for the Women's Centres, to improve lifesaving assistance and protection provided to survivors of SGBV
9. Training for the newly established Committees on Combatting Violence Against Women in State Localities (Zalingei and other localities in Central Darfur)
10. Train the partners and officials on the issues relating to GBV and the general guidelines of work in Um Dukhun, Nertiti and Garsila)
11. Monitor and evaluate the annual action plan of the Committee of Combatting Violence against Women in Central Darfur State, through participation in joint coordination mechanisms and protection monitoring on the ground.

#### 11. Actual outcomes achieved with CERF funds

Activity 1: The sites of the two Child Friendly Spaces were relocated from Al Gonobia and Veterinary IDP camps to Alsavana B IDP camp and Gemaiza Komora, as upon further coordination with humanitarian actors, Tearfund had already decided to support CFS and Women's Centres in these two IDP camps.

The CFS in Gemaiza Komora was constructed, and consists of three classrooms, one office and a perimeter fence, while the CFS in Al Savana was rehabilitated, and also has three classrooms, one office and a perimeter fence. Over the course of the project 245 children, (116 boys and 129 girls) made use of the centres attending literacy and numeracy classes. Both sites were also supported with safety kits, comprising of first aid kits, fire extinguishers, shovels and buckets.

Activity 2: The sites of the two women's centre was relocated as per the reason exemplified above, located in Al Savana IDP camp. Only one Women's Centre was targeted as in other areas activities were covered by Tearfund. The Women's Centre also has three classrooms, one office and a perimeter fence, and was also provided with safety kits, as per the CFS's. Over the course of the project 115 women attended literacy and numeracy classes at the centre.

Activity 3: 32 Child Welfare and Safety Committee (CWSC) members were trained, split into three groups, covering their roles and responsibilities in the protection of children, and as a result the CWSC members created and implemented a child rights awareness campaign to community members. Two Child Welfare Club trainings were also implemented targeting 64 boys and 51 girls in the community, increasing child participation in their own protection, and in turn the children trained then further disseminated the messages to their fellow classmates.

Activity 4: Drinking water facilities were provided for the two CFS and one Women's Centre, in the original plan these were broken down as two facilities per structure. Instead one larger drinking water facility was implemented in each location, and was supplemented by activities not under CERF funding to improve the spread of hand pumps and water management in the three areas.

Activity 5: Hand washing facilities were installed in the two CFS and one Women's Centre, again one larger facility rather than two smaller ones, as this design was found more useful for space and construction.

Activity 6: The project constructed three blocks of latrines, one for each of the structures funded under this project. Each block consists of four drop holes. These latrines currently service 245 children in the CFS and 115 women who attend the Women's Centre.

Activity 7: Recreational equipment was provided to the CFS, comprising of swing sets, slides and swings, which kept the children positively engaged and built social relations. An array of teaching and learning materials were also provided to the CFS, including text books for literacy, Arabic and Islam, exercise books, blackboards and mats.

Activity 8: Teaching and learning materials were provided to the Women's Centre, including text books, basic furniture, stationary, blackboards and chalk. Two community campaigns were also run focusing on prevention of FGM and other harmful cultural practices, with a total of 640 participants.

Activity 9: UNHCR jointly with UNFPA and UNAMID Gender Unit supported the newly established State Committee for Combatting Violence Against Women (CCVAW) in order to launch the committee and thereafter did a one day workshop for the members of the State Committee in order to build their capacity. The launching and workshop was a two day event which took place on 21 - 22

<p>November 2012. A total of 30 individuals participated in the State Committee for Combatting violence training.</p> <p>Activity 10: In June 2013 a Human Rights for Parliamentarians training was conducted, co-facilitated by UNAMID Human Rights and UNHCR. The training reached 45 parliamentarians, members of Central Darfur State Legislative Council. A training for peace and reconciliation committee members in Hassa Hissa IDP camp was also undertaken in June 2013, focusing on the IDP guiding principles, as well as capacity building for the committee.</p> <p>To support these trainings, the Ministry of Social Welfare, under which the CCVAW sits, devised a training plan focusing on SGBV awareness and prevention, targeting various stakeholders. These trainings were then duly run in tandem with UNHCR to separate groups of: 30 high school and basic school teachers, 35 religious leaders, 35 members of the police, CRP and civil court and 30 Zalingei university students.</p> <p>Activity 11: UNHCR together with partners activated the Gender Based Violence working group which has held monthly meetings since November 2012. Additionally, UNHCR participated in 3 meetings of the State CCVAW in which they assisted in reviewing the Terms of Reference of the Committee and developed a work plan for 2013.</p>	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>Activities 1-8, undertaken by UNHCR partner WVI, were delayed until the first quarter of 2013 due to capacity issues with implementation of the project. There were significant challenges both in terms of travel permit permissions for WVI staff, and also access to restrictions to Kass area which delayed the start of this project. Implementation began in January, and will continue until the end of June 2013.</p>	
<p>13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?</p>	<p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>
<p><b>If 'YES', what is the code (0, 1, 2a, 2b):2A</b></p> <p><b>If 'NO' (or if GM score is 1 or 0):</b></p>	
<p>14. M&amp;E: Has this project been evaluated?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p> </p>	

**TABLE 8: PROJECT RESULTS**

CERF Project Information			
1. Agency:	UNICEF	5. CERF Grant Period:	24/09/2012 – 30/06/2013
2. CERF project code:	12-CEF-104	6. Status of CERF grant:	<input type="checkbox"/> On-going
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Provide quality primary health care services to vulnerable populations		
7. Funding	a. Total project budget:		US\$ 500,760
	b. Total funding received for the project:		US\$ 500,760
	c. Amount received from CERF:		US\$ 500,760
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	654,300	220,000	Beneficiaries were overestimated at the time of project proposal and not achievable within the time frame of the grant. In addition, insecurity impacted UNICEF's ability to conduct all planned activities.
b. Male	652,700	225,000	
c. Total individuals (female + male):	1,307,000	445,000	
d. Of total, children <u>under 5</u>	209,120	75,000	
9. Original project objective from approved CERF proposal			
To improve access to life-saving emergency interventions to the most vulnerable population in all Darfur states through provision of essential health supplies and capacity building of care providers.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>• 80% of the affected population have timely access to essential health services including maternal and child health services.</li> <li>• 200 health workers trained or re-trained on life-saving interventions.</li> <li>• 100% of outbreaks are responded to timely and effectively.</li> </ul>			
11. Actual outcomes achieved with CERF funds			
220 health workers trained or retrained on lifesaving interventions including IMCI, Malaria ,Health promotion. 100% of outbreaks are responded to timely and effectively.			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
UNICEF in collaboration with MOH and NGOs using the existing trained personnel has supported the yellow fever outbreak control activities. All activities have been completed as planned.			
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

If 'YES', what is the code (0, 1, 2a, 2b):2a

If 'NO' (or if GM score is 1 or 0):

14. M&E: Has this project been evaluated?

YES  NO

Health officers visited South Darfur, East Darfur , North Darfur (Saraf Omra locality) ,West Darfur (Krenick locality) and Central Darfur to monitor and evaluate the implementation of the activities .

**TABLE 8: PROJECT RESULTS**

TABLE 8: PROJECT RESULTS			
<b>CERF Project Information</b>			
1. Agency:	UNICEF	5. CERF Grant Period:	22 August 2012 – 30 June 2013
2. CERF project code:	12-CEF-106	6. Status of CERF grant:	<input type="checkbox"/> On-going
3. Cluster/Sector:	Nutrition		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Management of acute malnutrition in Darfur states		
7. Funding	a. Total project budget:		US\$ 13,900,000
	b. Total funding received for the project:		US\$ 9,000,000
	c. Amount received from CERF:		US\$ 1,057,025
<b>Results</b>			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	700,000	31,610	The original planned figure was unrealistic and unachievable. During the year 2012 throughout the country using all sources of funds, UNICEF treated a total of 102,009 children. All the CERF funds were used to target the number of children reached. The number of children reached is based on the total number of children screened. Similarly during the year 2013 the total number of children treated throughout the country with all funds was 122,919. Moreover, on the CERF project proposal under objective and activities it was stated that the project expected to reach only 24,000 children under the age of five years. However, due to insecurity and access challenges the project was only able to reach 15,372 out of the 24,000 direct beneficiaries.
b. Male	500,000	32,901	
c. Total individuals (female + male):	1,200,000	64,511	
d. Of total, children <u>under 5</u>	1,000,000	64,511	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> <li>Contribute to reducing under 5 years mortality due to acute malnutrition in Darfur states to less than 1.5/10000 by mid-2013.</li> <li>Increase the capacity to treat 24,000 of acute malnutrition and respond to incident emergencies in Darfur states.</li> </ul>			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>Numbers of children admitted (50% coverage).</li> <li>Cure rate in the programs more than 75%.</li> <li>Mortality rate less than 5% and defaulter rate less than 15%.</li> <li>Supplies are available at service delivery sites.</li> <li>Emergencies are well responded to in terms of distribution of emergency food ration and /or establishing general food distribution.</li> </ul>			
11. Actual outcomes achieved with CERF funds			

- **Numbers of children admitted (50% coverage).**

A total of 15,372 severely malnourished children were treated in the feeding centres with acceptable outcome of sphere standards. The severely malnourished children were identified through mass nutritional screening conducted using the same CERF funding. The mass nutritional screening conducted for about 64,511 children under the age of five years in the targeted areas.

- **Cure rate in the programs more than 75%, Mortality rate less than 5% and defaulter rate less than 15%.**

The project met all the SPHERE minimum standards with cured rate of 83%, 1% mortality rate and 14% defaulter rate

- **Supplies are available at delivery sites:**

800 cartons of RUTF were procured under this CERF funded project and delivered to all program sites.

- **Distribution of emergency food rations / general food distributions**

- Distribution of emergency supplies including BP5 biscuits was done to all eligible beneficiaries in emergency situation.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

The original planned figure had been completely unrealistic and not achievable.

During the year 2012 throughout the country using all sources of funds it had been able to treat only 102,009 children. Similarly during the year 2013 total number of children treated throughout the country is 122,919. Moreover on this CERF project proposal under objective and activities it had been planned to reach only 24,000 children under the age of five years. Hence it's believed that what is achieved is consistent to the realistic plan that should have been planned.

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?

YES  NO

If 'YES', what is the code (0, 1, 2a, 2b): 2A

If 'NO' (or if GM score is 1 or 0):

14. M&E: Has this project been evaluated?

YES  NO

**TABLE 8: PROJECT RESULTS**

TABLE 8: PROJECT RESULTS			
<b>CERF Project Information</b>			
1. Agency:	UNICEF	5. CERF Grant Period:	03-Oct-2012 – 30-Jun-2013
2. CERF project code:	12-CEF-105	6. Status of CERF grant:	<input type="checkbox"/> On-going
3. Cluster/Sector:	WASH		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Increase and maintain access to WASH basic lifesaving services for 700,000 existing and new IDPs and conflict affected population at the most vulnerable IDP locations in Darfur		
7. Funding	a. Total project budget:		US\$ 27,130,000
	b. Total funding received for the project:		US\$ 4,390,000
	c. Amount received from CERF:		US\$ 2,493,580
<b>Results</b>			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	147,000	322,529	The project was delayed in starting due to delays in processing Project Cooperation Agreements (PCAs) but once PCAs were signed, implementing partners expanded provision of life saving WASH services, which they started using their own resources. Based on the needs of new arrivals, CERF covered about twice as many beneficiaries as planned -- though it was for a shorter period of time as additional resources such CHF 2013 were secured.
b. Male	153,000	309,880	
c. Total individuals (female + male):	300,000	632,409	
d. Of total, children <u>under 5</u>	141,000	113,834	
9. Original project objective from approved CERF proposal			
Increase and maintain access to basic lifesaving improved water, sanitation and hygiene outreach services gap for up to 300,000 IDPs and conflict affected population at the most vulnerable IDP locations in Darfur by May 2013.			
1.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>• 50,000 new IDPs and conflict affected population have access to improved drinking water and sanitation services.</li> <li>• 100,000 existing conflict affected IDPs have sustained access to improved drinking water and sanitation services.</li> <li>• 300,000 IDPs and conflict affected population reached with personal and environmental hygiene interventions.</li> </ul>			
11. Actual outcomes achieved with CERF funds			
Overall, the project achieved the following outcomes using CERF funds:			
<ul style="list-style-type: none"> <li>• About <b>103,266 new IDPs and conflict affected population were provided access to improved drinking water and sanitation services</b> through construction and rehabilitation of WASH facilities. This is over and above the planned 50,000 beneficiaries.</li> <li>• About <b>622,160 new and existing IDPs and conflict affected people have sustained access to improved drinking water and sanitation services</b> through operations and maintenance of water systems, water tankering, chlorination and replacement of latrines.</li> <li>• <b>Over 632,400 IDPs and conflict affected population were reached with hygiene awareness messages, personal</b></li> </ul>			



**and environmental hygiene interventions**, which represents about twice the planned target population.

Details of outcome achievements on state basis are given below.

West/Central Darfur states:

- About 26,800 new IDPs and conflict affected population have access to improved drinking water and sanitation services through construction of new water and sanitation facilities using CERF funds as follows:
  - ✓ WES: constructed 300 household latrines in Nertiti IDP camps benefiting 1,800 IDPs
  - ✓ SCS: constructed 1 elevated tank in Mornei benefiting 5,000 IDPs
  - ✓ NCA: drilled 1 borehole, fitted it with a solar pump and extended network pipeline in Nertiti benefiting 5,000 people
  - ✓ TGH: constructed 3 water distribution systems benefiting 15,000 IDPs
- Using CERF funds, 218,000 new and existing IDPs and conflict affected people have sustained access to improved drinking water and sanitation services through the following activities:
  - ✓ WES: rehabilitated 100 Hand pumps in 23 IDP camps in West Darfur serving 50,000 IDPs
  - ✓ SCS: sustained improved drinking water supply in Mornei through community based management, benefiting 90,000 IDPs
  - ✓ WR: rehabilitated 7 hand pumps and 150 household latrines; trained 22 water committees; conducted a hand pump mechanic training course; and trained 30 volunteers on water quality, which benefitted 27,000 IDPs
  - ✓ NCA: rehabilitated 10 hand pumps; conducted 2 hand pump mechanic refresher courses and water quality training; and carried out water quality monitoring, benefiting a total of 51,000 IDPs
- With CERF funds, 38,250 IDPs and conflict affected population were reached with hygiene awareness messages, personal and environmental hygiene interventions.
  - ✓ SCS: reached 38,250 people in Mornei through hygiene promotion sessions conducted by TOTs

**South/East Darfur States: Deriege, Sakaly and Elserief IDP camps.**

- CERF funds were used to provide about 44,466 (22,678 females, 21,788 males – including 7,782 children <5) new IDPs and conflict affected population have access to improved drinking water and sanitation services through the following activities:
  - ✓ WES: installed one motorised water system comprising of one elevated tank, one kilometre pipeline and two new water points in Otash IDP camps in South Darfur, ensuring supply of improved drinking water to 18,000 new IDPs
  - ✓ Oxfam and WES: provided a total of 26,466 new arrival IDPs in Kalma camp in South Darfur and El Neem camp in East Darfur respectively with an average of 8 litres per person per day of improved drinking water through water tankering while more permanent water systems were being constructed
  - ✓ WES: installed four new water points in Dereige camp in South Darfur, ensuring improved drinking water supply for 27,653 new IDPs
  - ✓ WES: constructed a total of 1,000 emergency latrines (500 latrines in Ottash camp & 500 latrines in Dereige Camp in South Darfur), contributing to safe excreta disposal for a total of 27,000 new IDPs
  - ✓ UMCOR: constructed a total of 500 emergency latrines in El Neem camp in East Darfur, contributing to safe excreta disposal for a total of 15,000 new IDPs
- Using CERF funds, 299,159 (152,410 females and 146,749 males – of which, 52,410 were children <5 ) existing IDPs and conflict affected people have sustained access to improved drinking water and sanitation services through the following activities:
  - ✓ WES: carried out the operation and maintenance of motorised water systems including chlorination of all water supplied from 29 motorised water systems, 25 of them in South Darfur (Ottash, Alsalam, Gereida, Kass and Mossei) and four in East Darfur (Elneem and Khor Omar) for a period of three months, benefiting 299,487 IDPs. The project funded the operation and maintenance of the 25 motorised pumps in South Darfur for three months, benefiting a total of 299,159 IDPs and the operation and maintenance of the four motorised pumps in East Darfur for three months, benefiting a total of 94,851 IDPs
  - ✓ WES: organised a training on Acute Watery Diarrhoea (AWD) and water chlorination for participants from AWD high risk areas to reinforce acute watery diarrhoea response during the rainy season. The training benefited a total of 57 people (13 female and 44 male) covering Nyala, Nyala North and Kass
  - ✓ WES: rehabilitated 2 water yards and 18 water points and two water yards were fenced in Gereida IDPs camp, which assured access to improved drinking water for 27,653 IDPs
  - ✓ WES: rehabilitated/replaced 1,000 household latrines in South Darfur camps (850 in Ottash and 150 in Musai IDP camps), benefiting 20,000 IDPs

- ✓ UMUCOR: rehabilitated/replaced 1,100 household latrines in East Darfur camps (1,050 in El Neem and 50 in Khor Omar IDP camps), benefitting 22,000 IDPs
- With CERF funds, a total of 299,159 IDPs (152,410 females and 146,749 males – of which, 52,410 were children <5) IDPs and conflict affected population were outreached with hygiene awareness messages, personal and environmental hygiene interventions.
  - ✓ WES/UMUCOR/OXFAM: reached a total of 299,159 IDPs with hygiene promotion messages and activities. Hygiene promotion activities included home visits, hygiene sessions, water dialogues, group discussions and cleaning up campaigns.
  - ✓ WES/UMUCOR: provided tools for cleaning up campaigns to IDP communities in 5 IDP camps, 3 in South Darfur (Ottash, Kass and Musai) and 2 in East Darfur (Elneem & Khor Omar), benefitting 204,636 IDPs.
  - ✓ UMUCOR: distributed 4,000 jerry cans benefitting 2,000 families in El Neem camp.
  - ✓ UMUCOR: distributed a total of 18,000 pieces of soap in El Neem and Khor Omar camps of East Darfur, benefitting 3,600 households.
  - ✓ WES: conducted a training for 10 community water quality monitors in El Neem camp to reinforce water quality control/monitoring in the IDP camp

**North Darfur State: Zam Zam, Kabkabiya, Surf Omra, El Srief, Abu Shouk and El Salam**

- CERF funds were used to provide about 32,000 (16,320 females and 15,680 males – of which, 5,760 were children <5) new IDPs and conflict affected population have access to improved drinking water and sanitation services through the following activities:
  - ✓ WES: completed construction/installation of 1 water yard in Sarf Omra that benefits 5,000 IDPs
  - ✓ WES: drilled and installed 22 hand pumps at schools and IDP locations to benefit 11,000 IDPs
  - ✓ WES: constructed 600 communal latrines for Seraif IDPs and constructed a VIP latrine at Serif hospital benefitting a total of 12,000 IDPs
  - ✓ Plan Sudan: constructed 1,000 emergency latrines for new arrivals in Zam Zam camp to benefit 20,000 IDPs
- Using CERF funds, 105,000 (53,550 females and 51,450 males – of which, 18,900 were children <5) existing IDPs and conflict affected people have sustained access to improved drinking water and sanitation services through the following activities:
  - ✓ WES: carried out operation and maintenance of motorised water systems including chlorination of all water supplied from 11 motorised water systems in Zam zam camp benefitting a total of 55,000 IDPs
  - ✓ Oxfam: carried out operation and maintenance of motorised water systems including chlorination of all water supplied from 8 motorised water systems (5 WY in El Salam camp and 3 WY in Kebkabiya camp) benefitting a total of 50,000 IDPs
  - ✓ Oxfam: rehabilitated/replaced a total of 1,000 emergency latrines in Abu Shouk, El Salam and Kebkabiya camps to benefitting a total of 20,000 IDPs
  - ✓ Plan Sudan and WES: rehabilitated/replaced 1,000 household latrines in Zam Zam camp benefitting a total of 20,000 IDPs
- With CERF funds, a total of 295,000 (150,450 females and 144,550 males – of which, 53,100 were children <5) IDPs and conflict affected population were outreached with hygiene awareness messages, personal and environmental hygiene interventions.
  - ✓ Oxfam: Reached 115,000 IDPs with hygiene promotion messages and activities in Abu Shouk, El Salam and Kebkabiya camps
  - ✓ Plan Sudan: Reached 100,000 IDPs with hygiene promotion messages and activities in Zam Zam camp (sector B&C)
  - ✓ WES: Outreached a total of 80,000 IDPs with hygiene promotion messages and activities in Zam Zam camp (sector A)

*All Hygiene promotion activities included home visits, hygiene sessions, water dialogues, group discussions and cleaning up campaigns.*

  - ✓ Plan Sudan: conducted a training for community hygiene promoters in Zam zam camp.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

The project was delayed in starting due to delays in processing Project Cooperation Agreements (PCAs) but once PCAs were

signed, implementing partners expanded provision of life saving WASH services, projects which they had begun using their own resources. Based on the needs of new arrivals CERF covered about three times more beneficiaries than planned -- though it was for a shorter period of time as more resources such CHF 2013 were secured.

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code? YES  NO

If 'YES', what is the code (0, 1, 2a, 2b): 2A

If 'NO' (or if GM score is 1 or 0):

14. M&E: Has this project been evaluated? YES  NO

Though the project was not fully evaluated, the UNICEF WASH officers closely monitored project implementation as detailed below.

#### South and East Darfur:

The following monitoring and evaluation visits were conducted with the attached trip reports:

1. Ed-Daien Trip report of 6 -8 October 2013.
2. Ed Daein Trip report of 16-20 June 2013.
3. Oxfam SSFA final evaluation.
4. Kalma Trip Report of 15 May 2013.
5. Ed Daein Trip Report of 08-10 September 2013.
6. Ed Daein Trip report of 15-17 December 2013

Key findings were as follows:

- Implemented activities were generally of high technical standards and in respect to humanitarian norms.
- Beneficiaries expressed satisfaction with the project.
- Implementing partners needed to respond promptly to unpredictable influxes of new IDPs. Monitoring visits assessed and supported partners' response to emerging needs.
- A strong sense of community and organisation is evident among old IDP populations. The WASH sector intends to build on that to advance community based management of WASH facilities in camps. This transition is at its initial stages. UNICEF staff supported partners on this approach during some of the monitoring visits.

#### Central and West Darfur:

The Project was monitored as follows:

1. TGH activities were monitored and they have provided quality services in accordance with the description of planned outcomes, with clear visibility
2. NCA project was monitored based on the indicators agreed upon in the PCA. Initial proposal activities were completed with high quality, enhancing water services in Nertiti IDP camps
3. WR project was monitored and activities were completed with substantial quality
4. SCS project was monitored and the services provided by SCS contributed significantly on the sustainability of WASH services and have set concrete foundation for community based management

WES activities in Ardamata camp as well as in 23 IDP camps in West Darfur were well monitored and have improved sustainability of water facilities in the respective IDP camps.

**TABLE 8: PROJECT RESULTS**

TABLE 8: PROJECT RESULTS			
<b>CERF Project Information</b>			
1. Agency:	World Food Programme	5. CERF Grant Period:	
2. CERF project code:	12-WFP-062	6. Status of CERF grant:	<input type="checkbox"/> On-going
3. Cluster/Sector:	Humanitarian Air Services		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Provision of Humanitarian Air Services in Sudan		
7. Funding	a. Total project budget:		US\$ 34,533,259
	b. Total funding received for the project:		US\$ 27,732,770
	c. Amount received from CERF:		US\$ 3,000,000
<b>Results</b>			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female			N/A – UNHAS provides flight services to more than 200 humanitarian agencies and an expected 50,000 passengers from UN, I/NGOs and Embassies.  UNHAS facilitates movement of humanitarian staff and thus indirectly assists all beneficiaries targeted by humanitarian agencies in Sudan.
b. Male			
c. Total individuals (female + male):			
d. Of total, children <u>under 5</u>			
9. Original project objective from approved CERF proposal			
<p>The objectives of the UNHAS Special Operation are as below:</p> <ul style="list-style-type: none"> <li>• To provide safe, efficient and cost-effective inter-agency air transport service for over 200 United Nations Agencies, I/NGOs and donor organizations providing humanitarian assistance to Sudanese refugees, host populations and IDPs in the region.</li> <li>• To transport light cargo such as medical supplies, high energy foods and information and communications technology equipment.</li> <li>• To provide timely medical and security evacuations for the humanitarian community in Sudan.</li> </ul>			
10. Original expected outcomes from approved CERF proposal			
<p>UNHAS maintains semi-scheduled air service in Sudan (particularly Darfur), linking the major towns in Sudan using fixed wing aircraft and helicopters serving remote locations, as well as provision of medical and/or security evacuation air transport services to all agencies as required. Based on project historical statistics, key performance indicators will be reported at the end of the project implementation period and will include the following:</p> <ul style="list-style-type: none"> <li>• Number of passengers transported against planned (target: 4,000-4,500 passengers per month).</li> <li>• Tonnage of food or non-food items transported against requested or planned quantities (target: 25 mt of non-food items per month).</li> <li>• 100 per cent utilization of contracted hours.</li> <li>• The number of UN agencies and other humanitarian organizations utilizing the service and number of locations served. Currently more than 200 agencies benefit from this service with access to 77 locations; and</li> <li>• 100 per cent response to medical and security evacuations duly requested.</li> </ul>			

11. Actual outcomes achieved with CERF funds	
<ul style="list-style-type: none"> <li>• Total number of passengers transported: 44,731 (in average 3,728 passengers per month).</li> <li>• Total food and non-food items transported: 229 MT (in average 19 MT per month).</li> <li>• Contracting hours utilization: 81%.</li> <li>• Number of agencies utilizing the service: 138.</li> <li>• Response to medical and security evacuation requests: 14 medical and 50 security evacuations performed.</li> </ul>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>All the objectives are mostly achieved. Restricted access to South Kordofan and Blue Nile states, frequent changes in flight and staff travel clearing procedures, security situation in Darfur prevent UNHAS achieving 100% of projected objective outcomes.</p> <p>The CERF US\$ 3m contribution to the total UNHAS 2012 Budget of US\$ 34,533,259 was disbursed in Sep 2012, and completely consumed by monthly operating expenses before the end of 2012. The monthly operating budget for 2012 UNHAS services was approximately USD 2.9m, thus the CERF contribution of USD 3m sustained UNHAS operations for a little over a month.</p>	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b): N/A</p> <p>If 'NO' (or if GM score is 1 or 0): N/A</p>	
14. M&E: Has this project been evaluated?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>UNHAS project is constantly evaluated through the User Group Meetings organized in Darfur and Steering Committee organized in Khartoum. Steering Committee represented by Donors, UN and (I)NGO evaluates UNHAS fleet structure and schedule (destinations and flight frequencies) on a quarterly basis. UNHAS is regularly audited by WFP Aviation Quality Assurance Unit to ensure full mission compliance to WFP Air Transport Manual and UN Aviation Standards.</p>	

**TABLE 8: PROJECT RESULTS**

CERF Project Information			
1. Agency:	WHO	5. CERF Grant Period:	24-Sep.-2012 – 31-June-2013
2. CERF project code:	12-WHO-061	6. Status of CERF grant:	<input type="checkbox"/> On-going
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Urgent support to health services in Darfur		
7. Funding	a. Total project budget:		US\$ 17,042,960
	b. Total funding received for the project:		US\$ 5,706,661
	c. Amount received from CERF:		US\$ 2,138,393
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	373,143	386,028	
b. Male	423,777	435,308	
c. Total individuals (female + male):	804,403	821,336	
d. Of total, children <u>under 5</u>	152,682	144,429	
9. Original project objective from approved CERF proposal			
<p>This project contributes to the implementation of the overall health sector objectives and complements the work done by other UN agencies (UNICEF and UNFPA) or implementing partners national and international NGOs. Objectives:</p> <ul style="list-style-type: none"> <li>• To ensure availability of drugs and supplies in identified gap areas.</li> <li>• Strengthen the EWARS system in Darfur.</li> <li>• Sustain and maintain health service provision through selected partners in hard to reach areas in Darfur.</li> </ul>			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>• All disease outbreaks detected and responded to within 48 -72 hours.</li> <li>• Health services provided by the 8 INGOs.</li> <li>• Kits procured and distributed.</li> </ul>			
11. Actual outcomes achieved with CERF funds			
<p><b>Health services provided:</b></p> <p>Through this project WHO contracted NGOs namely Mercy Malaysia, HAD and Anhar (to fill the gap left by PAI's departure from Zamzam camp). Other NNGOs ARC, IRW, IMC, Concern, WV, WR and HRF to provide health services in Zamzam camp.</p> <p><b>Detecting and responding to disease outbreaks.</b></p> <ul style="list-style-type: none"> <li>• 480 health cadres trained on different health topics, including outbreak investigation and rumour verification.</li> <li>• 5 treatment protocols guidelines and forms targeting the following diseases, Meningitis, AWD, Diphtheria, measles,</li> </ul>			

hepatitis were printed and disseminated.

- As a result 5/5 outbreaks detected and responded to within 48-72 hours

**Procurement of kits:**

- 60 Rapid response kits were procured; and distributed according to the gap.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

No significant discrepancy.

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?

YES  NO

**If 'YES', what is the code (0, 1, 2a, 2b) : 2a**

**If 'NO' (or if GM score is 1 or 0):**

14. M&E: Has this project been evaluated?

YES  NO

Project is still under implementation but on-going M&E activities are undertaken to monitor progress.

**TABLE 8: PROJECT RESULTS**

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	WHO	5. CERF Grant Period:	24 Sep 2012 – 30 June 2013
2. CERF project code:	12-WHO-062	6. Status of CERF grant:	<input type="checkbox"/> On-going
3. Cluster/Sector:	WASH		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Promote water and sanitation activities in the targeted camps in Darfur 700,000 existing and new IDPs and conflict affected population in the most vulnerable IDP locations in Darfur		
7. Funding	a. Total project budget:		US\$ 2,224,530
	b. Total funding received for the project:		US\$ 842,657
	c. Amount received from CERF:		US\$ 462 657
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	261,660	215,512	The plan was to target each of the nine selected communities with different activities. Due to security limitations, most of the activities were implemented in only one community – therefore coverage was decreased, though all planned activities were implemented, except for HCWN activities which were unable to be implemented.
b. Male	272,340	175,130	
c. Total individuals (female + male):	534,000	390,642	
d. Of total, children <u>under 5</u>	90,780	76,220	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> <li>• Ensure access to safe drinking water.</li> <li>• Support integrated vector control campaigns focusing on breeding site control and source, elimination and activities. This includes capacity building, entomological survey in targeted camps and develop, print and dissemination of guidelines and IEC material. Community awareness campaigns will also be implemented.</li> <li>• Support Solid Waste management campaigns and activities in camps and health facilities. This includes capacity building, provision of equipment and supplies, printing and disseminating guidelines and IEC material and ensuring community awareness campaigns.</li> </ul>			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>• Water point monitored for Water quality in targeted camps.</li> <li>• 5 guidelines developed and 300 copies printed and disseminated.</li> <li>• 1381 environmental health workers trained in the area of water quality monitoring, integrated vector control, control and prevention of vector- and waterborne diseases, and health care waste management (HCWM).</li> <li>• 700 private well owners trained on proper chlorination and cleanliness of water resources.</li> <li>• 950 community volunteers trained on water safety and storage of water at household level.</li> <li>• 20 solid waste management campaigns implemented.</li> <li>• 16 entomological surveys implemented.</li> <li>• 20 integrated vector control In IDPs campaigns implemented</li> </ul>			



<ul style="list-style-type: none"> <li>• 14 facilities supported with HCWM activities</li> <li>• Nine community awareness campaigns on in-door vector breeding, disease prevention and control, personal hygiene and proper usage of bed nets in IDPS camps implemented.</li> </ul>	
11. Actual outcomes achieved with CERF funds	
<ul style="list-style-type: none"> <li>• Water monitoring: One round of monitoring water sources in the targeted locations was conducted, 164 water sources were inspected to identify the status of water quality in Eid Elfursan locality. The coverage reached 80% of total targeted water sources</li> <li>• 720 Communities trained; <b>40 community members trained in Kalma camp on different Environmental Health topics.</b> The participants were equipped with tools and trained on environmental health risk factors associated with diseases and methods in interrupting the transmission routes of Environmental Health related diseases.</li> <li>• <u>18</u> Vector Control campaigns conducted: In Serba, Beida, Jabal Moon, Selia, in addition to Nertiti. It was conducted through larval control spraying at all breeding sites, spraying in free space areas, and surveillance.</li> <li>• <u>9</u> Health education and community mobilization at all levels had done.</li> <li>• 20 Solid waste management campaigns were conducted in the targeted areas.</li> <li>• Through this project 16 entomological surveys were conducted.</li> <li>• Guidelines developed and 300 copies printed and disseminated</li> <li>• 200 private well owners trained on proper chlorination and cleanliness of water resources</li> </ul>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
The decrease in number of people trained was due to an under-estimation of the costs required to conduct the community trainings.	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>If 'YES', what is the code (0, 1, 2a, 2b): 2a</b> <b>If 'NO' (or if GM score is 1 or 0):</b>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
The evaluation is scheduled for July 2013 following the end of the project	

**ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS**

CERF Project Code	Cluster/ Sector	Agency	Partner Name	Partner Type	Total CERF Funds Transferred To Partner US\$	Date First Instalment Transferred	Start Date Of CERF Funded Activities By Partner	Comments/ Remarks
12-FPA-039	Health	UNFPA	WVI	INGOs	8,856	7th March 2013	20th March 2013	Done
12-FPA-039	Health	UNFPA	Mubaderoon	INGOs	8,856	March 2013	March2013	Done
12-FPA-039	Health	UNFPA	SMOH CD	GOV	8,856	7th March 2013	15th March 2013	Done
12-FPA-039	Health	UNFPA	COSV	INGOs	8,856	28 January2013	7th February 2013	Done
12-FPA-039	Health	UNFPA	SMOH SD	Gov	23,120	March 2013	March2013	Done
12-FPA-039	Health	UNFPA	SMOH CD	Gov	23,120	March 2013	March2013	Done
12-FPA-039	Health	UNFPA	SMOH WD	Gov	22,120	March 2013	March2013	Done
12-FPA-039	Health	UNFPA	SMOH ND	Gov	23,120	March 2013	March2013	Done
12-HCR-043	Protection	UNHCR	World Vision International	INGO	139,570	10-Jan-13	10-Jan-13	
12-CEF-106	Nutrition	UNICEF	IMC	INGO	81,650	15-Dec-2012	15-Dec-12	
12-CEF-106	Nutrition	UNICEF	ARC	INGO	250,000	19-Dec-2012	19-Dec-2012	
12-CEF-106	Nutrition	UNICEF	Merlin	INGO	96,300	22-Jan-2013	22-Jan-13	
12-CEF-106	Nutrition	UNICEF	World Vision	INGO	60,119	23-Jan.-2013	23-Jan.-2013	
12-CEF-106	Nutrition	UNICEF	NCA	INGO	85,000	07-April-13	07-April-13	
12-CEF-106	Nutrition	UNICEF	Johanniter International	INGO	23,800	20-Dec-2012	20-Dec-2012	
12-CEF-106	Nutrition	UNICEF	Concern Worldwide	INGO	51,300	20-Dec-2012	20-Dec-2012	
12-CEF-106	Nutrition	UNICEF	Kuwaiti Help Patient Fund	NNGO	27,376	17-Mar-2013	18-Mar-13	

12-CEF-106	Nutrition	UNICEF	CRS	INGO	105,388	14-Mar-2013	15-Mar-13	
12-CEF-106	Nutrition	UNICEF	Tearfund	INGO	263,690	11-Mar-2013	12-Mar-13	
12-CEF-106	Nutrition	UNICEF	World Relief	INGO	225,000	21-Mar-2013	22-Mar-13	
12-CEF-105	WASH	UNICEF	TGH	INGO	150,760	05-Jun-13	05-Jun-13	Funds disbursed in two instalments under PCA arrangement for IDP WASH in Central Darfur. Activities completed in grant period.
12-CEF-105	WASH	UNICEF	NCA	INGO	\$72,472	17-Feb-13	24-Feb-2013	Funds disbursed in two instalments under PCA arrangement for IDP WASH in Central Darfur. Activities completed in grant period.
12-CEF-105	WASH	UNICEF	SCS	INGO	\$97,884	18-Feb-13	20-Feb-13	Funds disbursed in two instalments under PCA arrangement for IDP WASH in West Darfur. Activities completed in grant period.
12-CEF-105	WASH	UNICEF	WR	INGO	\$88,376	17-Feb-13	24-Feb-13	Funds disbursed in two instalments under PCA arrangement for IDP WASH in West Darfur. Activities completed in grant period.
12-CEF-105	WASH	UNICEF	OXFAM- America	INGO	\$370,598	16-Apr-13	18-Apr-13	Funds disbursed in three instalments under PCA arrangement for IDP WASH in North Darfur and South Darfur. Activities completed in grant period.
12-CEF-105	WASH	UNICEF	Plan International Sudan	INGO	\$87,359	26-Mar-13	26-Mar-13	Funds disbursed in one instalment under PCA arrangement for IDP WASH work in North Darfur. Activities completed in grant period.

12-CEF-105	WASH	UNICEF	UMCOR	INGO	\$179,017	10-Feb-13	15-Feb-13	Funds disbursed in two instalments under PCA arrangement for IDP WASH in East Darfur. Activities completed in grant period.
12-CEF-105	WASH	UNICEF	WES	GOV	543,949	12-Nov-12	15-Dec-12	Funds disbursed to WES in all Darfur states as Direct Cash Transfer. Activities completed in grant period.
12-WHO-061	Health	WHO	MOH	Government	247,661.00	15-Jan-2013	15-Jan-2013	
12-FAO-032	FSL	FAO	CARE International Switzerland in Sudan (CIS)	INGO	145,000	30-Dec-2012	30-Dec-2012	
12-FAO-032	FSL	FAO	International Relief and Development	INGO	150,000	30-Dec-2012	30-Dec-2012	
12-FAO-032	FSL	FAO	Practical Action	INGO	99,177	23-Dec-2012	23-Dec-2012	
12-FAO-032	FSL	FAO	Fellowship for African Relief	INGO	114,651	15-Jan-2013	15 Jan-2013	
12-FAO-032	FSL	FAO	Oxfam GB	INGO	80,000	30-Dec-2012	30 Dec 2012	
12-WHO-061	Health	WHO	PAI	NNGO	170,000.00	11-Jan-13	18-Nov-2012	PAI closed its operation in Darfur and refunded \$70,532 of CERF funds to WHO. WHO is now using HUD to implement to implement that activity. WHO will reflect this change in the 2014 CERF Annual Report.
12-WHO-061	Health	WHO	IMC	INGO	100,000.00	11-Jan-13	18-Nov-2012	Still in process.
12-WHO-061	Health	WHO	HRF	NNGO	66,500.00	11-Jan-13	18-Nov-2012	Second instalment of \$20,693 was disbursed 22 March 13.

12-WHO-061	Health	WHO	IR	INGO	200,000.00	20-Dec-12	18-Nov-2012	Second instalment of \$80,000 disbursed on 6-Feb-13.
12-WHO-061	Health	WHO	CONCERN	INGO	9,244.00	19-Dec-12	18-Nov-2012	
12-WHO-061	Health	WHO	WV	INGO	99,250	21-Dec-12	18-Nov-2012	
12-WHO-061	Health	WHO	ARC	INGO	155,000.00	5-Mar-13	13-Feb-2013	
12-WHO-061	Health	WHO	WR	INGO	100,000	18-Jan-13	1-Dec-12	
12-WHO-081	Health	WHO	MOH	Government	247,661	30-Jan-2013	30-Jan-2013	

**ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)**

CCVAW	Coalition on Violence Against Women
CHF	Common Humanitarian Fund
DPDO	Darfur Peace and Development organization
EH	Environmental Health
GBV	Gender Based Violence
GoS	Government of Sudan
HWP	Humanitarian Work Plan
LET	Logistics and Telecom Sector
MOH	Ministry of Health
MYR	Mid-Year Review
PHC	Primary Health Care
SoP	Standard Operating Procedure
UNAMID	African Union/United Nations Hybrid Operation in Darfur