



United Nations

**CENTRAL
EMERGENCY
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
REPUBLIC OF THE SUDAN
UNDERFUNDED EMERGENCIES ROUND I 2013**

RESIDENT/HUMANITARIAN COORDINATOR

Mr. Ali Al-Za'tari

REPORTING PROCESS AND CONSULTATION SUMMARY

- a. Please indicate when the After Action Review (AAR) was conducted and who participated.

The after-action review was planned in two parts: with reporting officers on¹ 5 March; and as part of the Humanitarian Country Team (HCT) level discussion on 1 April 2014, when a joint CERF/CHF discussion was held that addressed lessons learned from the 2013 CERF UFE and RR Funding rounds as well as the CHF, all agency heads who received CERF funding in this round were present at the meeting.

- b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.

YES NO

All sector coordinators contributed directly to the reporting process – agency reporting officers coordinated inputs received from them. Some sector coordinators participated in the 5 March AAR discussion.

The full report was shared with the HCT for consultation and comments were incorporated in the final version.

- c. 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 and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

YES NO

The report was shared with:

HCT members, including agency heads

Sector leads

Reports officers of all agencies

¹ Present at 5 March 2014 meeting : UNICEF reporting officer, Nutrition sector representative, head of FAO, WFP reporting officer, UNFPA reporting officer, WHO reporting officer

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: 985,120,878 (*revised requirements of 2013 CAP)		
Breakdown of total response funding received by source	Source	Amount
	CERF	16,922,090
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)	61,500,000
	OTHER (bilateral/multilateral)	558,947,999
	TOTAL	637,370,089

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 24 February 2013			
Agency	Project code	Cluster/Sector	Amount
UNICEF	13-CEF-038	Health	829,967
UNICEF	13-CEF-039	Health-Nutrition	1,057,002
UNICEF	13-CEF-040	Protection / Human Rights / Rule of Law	710,745
UNICEF	13-CEF-041	Water and sanitation	1,500,000
FAO	13-FAO-014	Agriculture	1,997,133
UNFPA	13-FPA-013	Health	606,410
UNHCR	13-HCR-021	Multi-sector	1,399,997
UNHCR	13-HCR-022	Protection / Human Rights / Rule of Law	700,000
WFP	13-WFP-015	Health-Nutrition	250,086
WFP	13-WFP-016	Food	5,000,000
WHO	13-WHO-016	Health	2,070,001
WHO	13-WHO-017	Health-Nutrition	300,753
WHO	13-WHO-018	Water and sanitation	499,996
TOTAL			16,922,090

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)

Type of implementation modality	Amount
Direct UN agencies/IOM implementation	11,080,433
Funds forwarded to NGOs for implementation	4,374,027
Funds forwarded to government partners	1,467,630
TOTAL	16,922,090

HUMANITARIAN NEEDS

The ongoing complex humanitarian emergency in Sudan prompted an Underfunded allocation in 2013. While Sudan had received funding the year before in an UFE II round, this was the first time an UFE I allocation happened in parallel with the Country Based Pooled Fund (Common Humanitarian Fund (CHF)) allocation process. Given that the CHF envelope was much reduced, there was a need for additional funds to support humanitarian response.

As 2013 began, an estimated 4.4 million people in Sudan had humanitarian need:

- 3.36 million people in Darfur, including 1.4 million in camps, due to protracted conflict in the region over the last decade. While 2012 had shown “Some improvements in the security situation and important political developments in the region, their impact on the overall level of humanitarian need was not significant” (Sudan Humanitarian Work Plan 2013).
- 695,000 people in South Kordofan and Blue Nile states, due to fighting between the Sudanese Armed Forces (SAF) and the Sudan People’s Liberation Movement-North (SPLM-N) in the states since 2011.
- 40,000 Internally Displaced Persons in Abyei, where the final determination of the status of the state had yet to be determined. Ongoing security concerns and a lack of livelihood opportunities meant many people chose not to return to their homes.
- 83,000 vulnerable people of South Sudanese origin, some 40,000 of whom remained stranded at open air departure points in Khartoum, and an additional 3000-4500 were stranded at Kosti railway station.
- 142,000 refugees in Sudan, mainly in Eastern Sudan – this is one of the world’s oldest refugee populations, principally from Eritrea. During 2012, new arrivals were recorded at a rate of 1000-1500 per month. In addition, Eastern Sudan in general was and continues to be affected by chronically high food insecurity.

CERF Underfunded activities focused on Darfur, where needs were greatest overall, and in South Kordofan and Blue Nile, where substantial numbers of people were affected by ongoing conflict.

Due to accessibility issues, no projects were directly implemented in Abyei although UNICEF’s child protection Sector support means that a child protection sector was active in Abyei.

There were some changes in the humanitarian context during the implementation timeframe. After the UFE 2013 round was disbursed, substantial new displacements of up to 460,000 in Darfur meant further pressure was placed on basic services in camps and urban centres throughout the region.

New displacements also occurred in Blue Nile and South Kordofan state. While humanitarians were able to do work in these areas, non-government controlled areas of these states remained inaccessible.

In addition, in the East of Sudan, a long term refugee population, principally from Ethiopia and Eritrea, was reliant on external assistance. Finally, returnees to Abyei, as well as vulnerable populations of some 40,000 people of South Sudanese origin (living throughout Sudan but principally in Khartoum) also required assistance.

II. FOCUS AREAS AND PRIORITIZATION

While the first round of CHF funding in 2013 was able to allocate US\$61.5 million toward humanitarian needs, additional funding from the CERF was necessary to ensure critical lifesaving needs were met.

Below are the priorities agreed among sectors for the CERF 2013 UFE round I allocation for Sudan, as elaborated in the prioritization strategy submitted to the CERF secretariat.

Sector	Strategic Priority	Geographic Priority	Justification	Percent (%) funding coverage per sector
1. FSL – WFP Food	<p>To reduce food insecurity and save lives of vulnerable people</p> <p>To address on-going emergency activities to ensure 300,000 beneficiaries are reached with critical food assistance for one month.</p>	DARFUR	In 2013, WFP continues to provide life-saving humanitarian assistance to a total of 2.7 million IDPs and food insecure households in Darfur, primarily through general food distributions (GFD), but also through other activities such as nutritional support for malnourished children 6-59 months. While WFP has conducted camp verifications and plans to fully launch camp profiling to further refine the needs, the security situation continues to be as such that GFD remains life-saving in camps.	<p>75% sector food specific requirements covered in 2012</p> <p>90% WFP requirements covered in 2012</p> <p>Anticipate reduced funding in 2013</p>
2. FSL – FAO Agriculture and Livelihoods	Activities or inputs not covered by the core pipeline funding will be the main focus of CERF, i.e., rehabilitate and establish livestock water points, provision of supplementary feed for livestock, re-stocking for people who have lost most of their livestock due to flash-floods etc.	Darfur and the Three Protocol Areas	Given under funding in 2012, vital activities will have to be covered by 2013 funding. In addition, there have been new displacements as a result of new armed conflicts in Darfur and the Three Protocol Areas. Despite of the overall good performance of summer season crop production in 2012, about 50% of the localities in 9 priority states have deficits due to displacement, inaccessibility of fields and pastures as a result of fighting, crop destruction caused by floods, dry spells, and pests. Most of the population in these localities will have great difficulties to meet their basic livelihood needs such as seeds, as well as animal fodder and water, during 2013.	<p>30% sector specific to agriculture & livelihoods covered in 2012</p> <p>29% FAO requirements covered in 2012</p>
Health UNICEF, WHO	1) To save lives and focus on ensuring equitable and timely access to primary health care including	All Sudan	PHC mapping conducted by the Ministry of Health revealed that 28% of the primary health facilities are not functional and only a third (35%) of functional	52% funded in 2012

	<p>reproductive health emergency interventions, and medical and psychosocial support to victims of violence</p> <p>Provision, distribution and replenishment of quick turnover emergency stockpiles which have been used in an emergency context.</p>		<p>health facilities are providing the Minimum Basic Health Package. This shows huge gap in terms of coverage and quality health care. CERF would be utilized by WHO, UNFPA and UNICEF and partners to implement priority interventions to provide access to free primary health care by IDPs. Returnees and affected populations including women and children. More specifically, the CERF would support: delivery of PHC services to the most vulnerable including women and children; ensure availability of emergency reproductive health kits; and address life threatening conditions related to communicable diseases.</p>	
<p>WASH UNICEF and WHO</p>	<p>To provide WASH lifesaving services with emphasis on timely and equitable access to WASH services with priority given to reduce gaps in WASH needs in order to reduce the risk of outbreak of diarrhoeal and other WASH related diseases.</p>	<p>Darfur</p>	<p>Downward funding trends show increasing gap to meet WASH needs, exposing children and women who are most vulnerable to deadly WASH related diseases. Based on joint inter-agency and partner assessments carried out in the Darfur region in 2012, newly displaced conflict affected people, IDPs in large critical camps and returnees have serious gaps in WASH, which require urgent responses.</p>	<p>37% funded in 2012</p>
<p>Nutrition – UNICEF, WFP, and WHO</p>	<p>To maintain and increase the coverage and quality of the treatment of acute malnutrition both severe and moderate acute malnutrition.</p>	<p>Darfur, South Kordofan, Blue Nile, Abyei and other under-funded areas with critical levels of malnutrition.</p>	<p>Prevalence of acute malnutrition has been consistently high in many areas. The SHHS[1] 2010 showed a prevalence of global acute malnutrition at national level of 16.4% and severe acute malnutrition of 5.3%[2], both well above international thresholds for an emergency situation[3]. In 2012 the localised surveys that have been carried out has shown that there has been little change in the nutrition situation in Sudan. In 2012 the rains have been very good and the 2012 harvest has been above average, resulting in improved food security in conflict-free parts of the country. However, in South Kordofan, Blue Nile and Darfur region improvements in food</p>	<p>71% funded in 2012</p>

			security will be minimal due to on-going conflict and displacement [4].	
Refugee Multi-Sector— UNHCR	Address basic and urgent needs of refugees and refugee returnees, including in areas of health, WASH, Food Assistance and Education	Eastern Sudan and Darfur	There are eleven refugee camps in Sudan, including nine in Eastern Sudan and two in Darfur, hosting 100,000 refugees, who rely on sector partners to provide basic services assistance and to meet lifesaving needs.	14% requirements covered in 2012
Protection-- UNHCR and UNICEF	<p>1. Timely response and advocacy to protection needs of IDPs, through assessment, detection and response, as well as monitoring and evaluation.</p> <p>2. Sustaining girls and boys right to protection from violence, exploitation and abuse in humanitarian settings.</p>	<p>Khartoum, South Kordofan, Blue Nile</p> <p>Darfur, South Kordofan, Blue Nile and Abyei; Khartoum</p>	<p>On-going conflict in Darfur and the protocol areas have undermined family and community capabilities to care for and protect the most vulnerable from violence, exploitation and abuse. Grave human rights violations, women and girls exposed to conflict related GBV, as well as psycho-social trauma experienced by women and children. The CERF funding will support UN and partners to provide a timely response to protection needs, in on-going conflict areas and in new displacement areas. Building upon child protection systems, community networks, women's centres, child friendly spaces, etc will be an important focus.</p>	16% requirements covered in 2012

III. CERF PROCESS

On 20 December 2012, the ERC announced an envelope of up to US\$17million from the UFE window of the CERF for Sudan.

Based on the humanitarian needs identified in the 2013 UN and partners' Humanitarian Work Plan for Sudan, the Humanitarian Coordinator led a combined prioritization process to identify both CERF under-funded life-saving needs and CHF urgent humanitarian needs that face critical gaps across all sectors.

Following discussion at the 14 January 2013 meeting of the Humanitarian Country Team (HCT), OCHA assembled a strategy document to outline how the CERF underfunded pool might be allocated. The CERF underfunded window planning built on the CHF prioritization process, whereby each sector lead consults with partners to clearly define both urgent and lifesaving humanitarian needs. Sector selection criteria (alongside CERF lifesaving criteria) are used to select projects, taking into account geographic considerations as well as vulnerable beneficiary types. Projects were ranked and then sector leads presented a sector defence to the CHF advisory group, which includes senior members of the HCT and the CHF Advisory group (including CHF donors, UN heads of agencies, and NGO representatives).

During these sector defences, sector leads, alongside NGO partners, recommended projects for either CERF or CHF funding with suggested allocation amounts. The CHF advisory group considered the defences and endorsed some of the recommendations, although selected sectors or project recommendations have been returned to provide clarifications. CERF projects were asked to specify how they will address underfunded lifesaving needs. The CERF strategy paper was then distributed to the HCT.

Each sector followed this same process, although the specific rationale varied by cluster. Please consult the table above for further information.

The gender marker is integrated into the CHF process – all projects are gender rated and projects rated 2a and 2b were prioritised in the TRG.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis: 6,100,000 ²				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Agriculture	153,331	139,847	293,178
	Food	144,421	123,025	267,446
	Health	3,040,720	2,748,821	5,789,541
	Multi-Sector	39,687	35,713	75,400
	Nutrition	134,718	96,546	231,952
	Protection	666,371	475,841	1,142,212
	WASH	609,230	627,150	1,236,380

BENEFICIARY ESTIMATION

The sector lead agencies provided estimations of beneficiaries reached in their respective sectors. Lead agency reporting officers acted as focal points for the reporting process, collecting inputs from sector leads and passing these to OCHA.

It is important to note that over the course of this implementation period, there were major new displacements in Darfur that likely affected implementation. UNICEF, as WASH lead agency, provides further rationale for their estimates, which likely affect all estimates. "...the number of affected people continually increased as the scale of the conflict expanded up to an estimated affected population of over 400,000 in the entire Darfur region. The number of beneficiaries were later refined in subsequent detailed assessment carried out by partners and inter-agency assessment missions."³

In the case of WASH, as well as some other sectors, this led to more beneficiaries been reached than had been originally planned for.

² The 2013 Sudan UN and Humanitarian Partners Mid-year Review (conducted May 2013) shows 4,4 million people in at the midyear of 2013. However, , the Needs Analysis planning for 2014 conducted in the final quarter of 2013, shows 6.1M in need. Therefore as 2013 ended, 6.1M people were in need throughout Sudan.

³ From WASH sector reporting document

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned⁴	Estimated Reached
Female	2,939,094	3,080,407
Male	2,596,532	2,784,534
Total individuals (Female and male)	5,535,626	5,864,941
Of total, children <u>under</u> age 5	1,012,706	982,692

In order to minimize double counting for Table 5 above, where beneficiaries are tallied across sectors, it was assumed that the people reached by the health sector (3 million women, 2.7 million men, and 1 million children under 5) would roughly include the people reached by the agriculture, food, nutrition, protection, and WASH sectors.

By adding these people reached by the health sector to the people reached by the refugee multi-sector (RMS) (who are a separate target population with little to no overlap), a rough estimate of total beneficiaries reached with CERF funding is achieved.

Please note this same logic (as described in footnote 3) is applied to the “planned” column in Table 5 in order to achieve a logical comparison.

Using this method, the estimated beneficiaries reached still exceed the beneficiaries planned for. According to consultations with sectors, there are two main reasons for this.

First, the number of affected people increased at certain points in some of the Darfur camps during 2013 – so partners in some cases did stretch to cover more people (as noted in some of the reports, below).

In addition, the health sector lead noted that individual people may have been under more stress due to the displacements and probably used health services more frequently than was planned.

CERF RESULTS

The CERF underfunded round allowed partners to cover lifesaving needs in Sudan. CERF funding complimented the CHF first standard allocation in supporting the most urgent humanitarian needs.

Key results of CERF funding include

- In Darfur and South Kordofan, the health sector ensured a population of 2,000,000 had access to health care, in an environment where funding was decreasing and key health INGOs had to cease operations.
- In Darfur states overall, 96,742 individuals were reached with nutrition services. The nutrition sector treated 5,347 children under five with treatment for severe acute malnutrition, as well as ran treatment centers and outpatient programs for severely malnourished children.
- Sudan-wide, 494 children who were unaccompanied or separated from their parents during displacement were successfully assisted through family tracing.

⁴ Note that, in order to more accurately compare to the estimate of beneficiary reached, these planned targets equal the total individuals targeted by the Health Sector plus those targetted by RMS.

Row Labels	Sum of Female	Sum of Male	Sum of Total individuals (Female and male)	Sum of Of total, children under age 5
Health	2,900,599	2,562,020	5,462,620	1,005,320
Multi	38,495	34,512	73,007	7,386
Grand Total	2,939,094	2,596,532	5,535,627	1,012,706

- Sudan-wide, through Disarmament, Demobilization, and Reintegration programs, 84 children were released from armed forces groups and 11,374 children of whom 447 were formerly associated with armed groups participated in community based reintegration programmes.
- In Darfur states, 90,450 people who fled their homes due to conflict have access to improved drinking water and sanitation through the rehabilitation of wash facilities.
- In Darfur, 293,178 people living invulnerable households saw their food security improved.
- Cash vouchers⁵ were provided to populations in Darfur and Geneina, enhancing the capacity of markets to endure increased demand and allowing beneficiaries choice and control over the food basket they prefer. WFP noted that CERF funding “was crucial in filling a critical gap in the vouchers pipeline which threatened the food security of some 460,000 cash voucher beneficiaries in Darfur.”
- Funds provided by the CERF were utilized to provide protection and basic assistance to refugees in East Sudan; and to provide emergency assistance to new arrivals as well as legal assistance. A total of 74,500 refugees (35,713 male and 39,687 female) were assisted with various lifesaving interventions UNHCR increased the access of asylum seekers to proper procedures; safe and organized transport, and registration. During the reporting period, the waiting period between registration m did not exceed one month, an improvement against past performance.

All partners noted that the CERF helped them to reach the people in most urgent need, early in the year.

CERF’s ADDED VALUE

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

YES PARTIALLY NO

In the food sector, the CERF funding was crucial in filling a critical gap in the vouchers pipeline which threatened the food security of some 460,000 cash voucher beneficiaries in Darfur. The advantage of cash voucher programming (versus that of in-kind food) is that once funds are received they can be immediately programmed and channelled towards assisting beneficiaries. The CERF funds were received in April and covered distributions until the end of June (i.e. were utilised at the field level within twelve weeks), thereby highlighting the efficiency of response on the ground that the CERF contribution enabled.

In the nutrition sector, CERF funding was critical to reaching areas characterised by persistently high levels of acute malnutrition.

The multi-sector, which serves the needs of refugees in East Sudan, noted a particular value-added for their sector, noting, “It was because of the availability of CERF funds that fast delivery of assistance to beneficiaries was made possible. Asylum seekers could be provided with the most urgent basic assistance upon arrival to Sudan through the provision of shelter, food and non-food-items. Also, CERF funding enabled quick identification and intervention in court cases and enabled UNHCR and its partners to prevent deportations. The CERF funds also enabled assistance to be provided in health services through procurement of local drugs for the treatment of refugees and host communities. Due to the delay in receiving internationally procured medical supplies such as plumpy nut was procured locally for the improvement in health of severely malnourished children.

For the FSL sector the CERF clearly had an added value. On the average, beneficiaries in Darfur could cover the daily calorie requirements of their households by additional four month through their own production thanks to CERF support. However, the short time frame was a challenge for the sector as procurement and prescribed seeds testing at national level took time. Furthermore, in 2013 the national laboratory had some difficulties to timely provide two types of livestock vaccines. The sector intended to monitor results at outcomes and not only at outputs level but this was possible only from January onwards, after the end of the CERF funded project.

The WASH sector noted that implementation was able to begin “immediately after...assessments were carried out,” and facilitated a “prompt response.”

The health sector noted that although the CERF filled critical gaps, the timeline between the call for proposals and the funds arriving (approximately three months) meant that the situation on the ground had already changed. Some needs had gone down while new needs arose, so it was necessary to adapt assistance to beneficiaries to the evolving situation.

⁵ It is important to specify that the vouchers distributed to WFP beneficiaries with the CERF funds were cash vouchers. These are different to commodity or food vouchers as they are otherwise sometimes referred to. Cash vouchers are exchanged for a choice of specified food items with the equivalent cash value of the voucher. In contrast, commodity vouchers are exchanged for fixed quantities of specified foods i.e. for the same food items as distributed in the in-kind food basket at either full (2,058 kcal per person per day [475g cereal, 60g pulses, 30g vegetable oil and 10g salt] or half ration (1,024 kcal per person per day [270g cereal and 30g pulses]).

b) Did CERF funds help respond to time critical needs⁶?

YES PARTIALLY NO

CERF funding helped the health sector meet time critical needs, ensuring primary health services and outbreak surveillance were available. CERF funding also supported UNFPA in rehabilitating facilities and conduct staff trainings early in the year before the rainy season began, ensuring key maternal health care would be available in harder to reach areas.

The FSL sector noted that CERF's inputs on the agricultural side was timely and supported people to increase food production throughout the year, adding four additional months of food security (with calorie needs of 70per cent of beneficiaries improved by four months).

Further in FSL sector, WFP noted in reference to their voucher program that "cash voucher beneficiaries in Darfur are highly vulnerable and food-insecure populations require emergency GFD in order to be able to meet their daily food requirements. The CERF funds were instrumental in ensuring that vulnerable communities received uninterrupted life-saving food assistance for a sustained period through guaranteed receipt of the recommended daily kilo-calorie intake provided through GFD."

The multi-sector, serving the needs of refugees in the eastern part of the country, noted that in line with the above, the CERF funds covered critical basic needs of new arrivals (food, shelter and non-food items) and enabled timely intervention in critical legal cases at risk of refoulement.

Nutrition colleagues noted that the CERF helped to meet time-critical needs "given that children under five, and particularly those under three, require specially fortified and nutrient dense foods which have to be pre-mixed. It is critical that WFP receives early funding to limit the timeframe with which the ration is eventually produced. For younger children and older infants, this means that WFP has to prepare specialised foods containing an enhanced micronutrient profile, low levels of anti-nutrients (fibres, phytates) and animal-source proteins and essential fatty acids. If deprived of these requirements for sustained period, children can be left with irreversible serious physical and mental defects and the CERF funding ensured that this was not the case."

The protection sector used CERF funding to support very time sensitive projects related to the government organized return of South Sudanese communities. CERF funding allowed partners to respond to the needs of South Sudanese individuals through community trainings on protection monitors to accompany each convoy of government led returns; and also funded the distribution of feminine hygiene kits and clean delivery kits.

CERF helped WASH sector partners to respond to basic WASH needs of new IDPs and to the ongoing basic needs to existing IDPs. With the help of CERF funding, WASH partners in North, South and East Darfur states managed to prepare successfully for Acute Watery Diarrhea (AWD) outbreak risk during the rainy season. There was no acute watery diarrhoea or any other water related disease outbreak during the project period.

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

YES PARTIALLY NO

The context of Sudan protracted crisis makes it difficult to quantify a "change in the humanitarian situation after the intervention". CERF UFE funding amounted to 2.6 per cent of total CAP funding in Sudan in 2013, and more than its proportionality, the timing of the UFE 1 – coming early in the year, as partners are appealing for other funding – is an important part of its value. Some partners were able to use the CERF's timely involvement to enhance credibility with other donors.

Some sectors felt that CERF funding that arrived relatively early in the year supported partners in their subsequent fundraising efforts. WFP noted overall, WFP's requirement for its cash voucher programme in 2013 was US\$40 million. At the point that the CERF application was made, WFP's voucher programme was operating on the basis of a one month limited carryover and advanced financing received on the basis of a forthcoming contribution, both of which were sufficient to cover requirements until the end of the first quarter only. Thus, The receipt of CERF funds meant that WFP did not have to suspend distributions or revert beneficiaries to in-kind food assistance, both of which can have a negative impact on: 1) beneficiary acceptance and participation in the voucher programme; 2) traders' relationships with WFP and the support the programme is providing in strengthening fragile markets; and 3) the in-kind food pipeline, which at that stage last year was also significantly under-resourced. Furthermore, it is precisely because the vouchers programme ran uninterrupted throughout the course of the year that WFP was able to highlight the efficiency and effectiveness of this

⁶ 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, etc.).

modality, resulting in significant donor contributions throughout the remainder of the year, one of which totalled GBP14.5 million (to be split between the 2013 and 2014 EMOP).

For example, though the child protection in emergency response remained largely supported by CERF, UNICEF secured emergency funds from some other donors which contributed to the strengthening of the overall response provided. For example, only a few child protection activities were supported by CERF in South Kordofan, Blue Nile and West Darfur states and additional activities were funded by other donors such as Japan and the French Embassy.

However, other sectors felt it was not possible to make a connection between CERF funding and mobilizing other funding, especially in this UFE round. Although donors continued to support the refugee operation in East Sudan in 2013, it was not possible to link this to the CERF funds as this was an underfunded window.

Even so, nutrition colleagues noted “the consistent support that the CERF UF window has given to the nutrition sector in recent years has helped draw attention to the country’s nutrition crisis and subsequently more donor interest in supporting such interventions, particularly in areas which have tended to be overlooked as a result of not being directly conflict-affected i.e. the East.”

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

Most partners did feel that the CERF promoted coordination in the humanitarian community – particularly due to the link with the CHF process. As the UNHCR focal point noted, “In 2013, the CERF UF window was received in time for the CHF allocation process. This enabled sectors to jointly prioritize the sector needs and strategize on response.”

e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response

CERF support allowed the protection sector to promote protection mainstreaming among other humanitarian partners. Within the 2013-2014 Sudan Protection Sector Strategy, a top priority for the Protection Sector is to promote protection mainstreaming amongst the sectors and to further support the HC and the UNCT/HCT on protection issues. This becomes even more relevant, given the 17 December 2014 IASC Statement on the Centrality of Protection in Humanitarian Action”

WFP noted that CERF funding allowed them to strengthen coordination with their implementing partners across Darfur WFP’s voucher programme is implemented in partnership with approximately 130 actors 7 across Darfur. The CERF funds enabled WFP’s continued collaboration with these actors in successfully implementing cash vouchers. Without CERF funds, WFP would not have been able to expand the cash voucher programme to South Darfur, which itself led to the creation of a Technical Advisory Committee. This Committee brought together all of the main actors (implementing partners [World Vision], HAC, the State Ministry of Agriculture, the Sudanese Standard Metrology Organisation (SSMO) and the Agricultural Bank) to establish closer linkages and promote better guidance and coordination in the implementation of cash vouchers in South Darfur.

⁷ This figure includes 120 traders WFP is working with in Darfur, in addition to 5 cooperating partners, HAC, the State Ministry of Agriculture, the Sudanese Standard Metrology Organisation (SSMO) and the Agricultural Bank.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
If the given timeframe is to be respected, only output monitoring is possible (not outcome monitoring).	Consider extension of project duration to allow for monitoring at outcome level; if an extension is not possible, consider altering reporting to restrict to monitoring of outputs.	CERF secretariat and partners to consider
Some partners indicators are not SMART – indicators were not always “realistic” and with high staff turnover program managers reporting officers sometimes had trouble determining how their predecessors came up with certain numbers.	Improved due diligence by OCHA to ensure partners use SMART indicators – perhaps aligned with CHF indicators for the relevant sectors.	OCHA country office/CERF secretariat.
Not all sector projects show results within time frame of underfunded	CERF should consider whether it or another funding mechanism is best placed for certain types of projects. Critical discussion with agencies at country and at HQ level would be helpful	CERF secretariat

TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Some partners found that their chosen NGO partners were unable to implement due to “too much funding” from elsewhere.	Agencies need to plan better to ensure NNGO capacity is ready to deliver when money arrives. Agencies should also note that if partners are receiving “too much funding” from other sources it does call into question whether that particular aspect of the emergency is underfunded.	Agencies/ OCHA country office
Some partners reported the value add for CERF funds in prepositioning – but this is not a CERF lifesaving criteria	Improved clarity between CERF secretariat, OCHA country office, and sector partners on CERF life-saving criteria. Agencies must be sure that programme officers / responsible sector focal points understand CERF lifesaving criteria.	Agencies /OCHA country office/CERF secretariat.
WFP noted that CERF funding allowed them to strengthen coordination with their implementing partners across Darfur – specifically noting that WFP’s voucher programme is implemented in partnership with approximately 130 actors ⁸ across Darfur. The CERF funds enabled WFP’s continued collaboration with these actors in successfully	Note CERFs added value in coordinating with partners in further CERF rounds and try to continue this best practice	Agencies/OCHA country office, CERF secretariat

⁸ This figure includes 120 traders WFP is working with in Darfur, in addition to 5 cooperating partners, HAC, the State Ministry of Agriculture, the Sudanese Standard Metrology Organisation (SSMO) and the Agricultural Bank.

<p>implementing cash vouchers. CERF funds led to the creation of a Technical Advisory Committee. This Committee brought together all of the main actors (implementing partners [World Vision], HAC, the State Ministry of Agriculture, the Sudanese Standard Metrology Organisation (SSMO) and the Agricultural Bank) to establish closer linkages and promote better guidance and coordination in the implementation of cash vouchers in South Darfur.</p>		
<p>Despite guidelines to use direct beneficiary numbers, partners used catchment populations as beneficiary targets rather than “Direct beneficiaries”,</p>	<p>Improved due diligence and streamline approach on beneficiary targets.</p>	<p>OCHA Country office with HCT</p>

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	9 Apr. 2013 – 31 Dec. 2013
2. CERF project code:	13-CEF-038	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project title:	Improve access of vulnerable population to quality primary health care services		
7. Funding	a. Total project budget:	US\$9,900,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$2,312,557	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ N/A
	c. Amount received from CERF:	US\$ 829,967	▪ <i>Government Partners:</i> US\$ N/A
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	980,000	980,000	There is no significant discrepancy.
b. Male	1,020,000	1,020,000	
c. Total individuals (female + male):	2,000,000	2,000,000	
d. Of total, children <u>under</u> age 5	320,000	320,000	
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, Protocol areas and the East 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"> 80 per cent of the affected population have timely access to lifesaving essential services including maternal and child health services. 300 health workers trained or re-trained on life-saving interventions. 100 per cent of outbreaks are responded timely and effectively. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> 60 per cent of the affected population have timely access to lifesaving essential services, including maternal and child health services. 310 health workers were trained or retrained on life saving interventions. 100 per cent of outbreaks were responded to timely and effectively. 			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
Insecurity and restricted access to affected population posed challenges to reach affected people in some areas particularly in Blue Nile and South Kordofan states.			

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>Code 2a. Although the project addresses all populations, it focuses particularly on the special needs of women and children. Regular reporting on activities is done with data disaggregated by sex and age (1 year or EPI and under 5 years for primary health care services. Also during training and social mobilization campaigns, efforts are made to ensure participation is gender balanced.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>Regular monitoring visits were conducted to Darfur and protocol areas.</p> <p>Insecurity has hindered access to remote locations. However, activities conducted in state capitals and other accessible localities were closely supervised by UNICEF zonal offices.</p>	

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	9 Apr. 2013 – 31 Dec. 2013
2. CERF project code:	13-CEF-039	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health-Nutrition		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency nutrition activities		
7. Funding	a. Total project budget:	US\$18,000,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$8,085,927	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$987,852
	c. Amount received from CERF:	US\$1,057,002	▪ <i>Government Partners:</i> US\$0
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>
<i>a. Female</i>	75,000	53,371	Insecurity restricted some partners from being able to fully implement the project and to reach the intended beneficiaries.
<i>b. Male</i>	75,000	43,371	
<i>c. Total individuals (female + male):</i>	150,000	96,742	Beneficiary costs were higher than anticipated due to inflation, rising costs, and the cost of transport (including airlifting of supplies). This meant there was a higher cost for beneficiaries, thus no savings.
<i>d. Of total, children under age 5</i>	15,000	11,017	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> Contribute to reducing under 5 years mortality due to acute malnutrition in Darfur states to less than 1.5/10000 by mid of 2013. Increase the capacity to treat 24,000 of acute malnutrition and respond to incident emergencies in Darfur states. 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> Treatment of approximately 15,000 children with severe acute malnutrition. <ul style="list-style-type: none"> Cure rate in the programs more than 75 per cent. Mortality rate less than 5 per cent and defaulter rate less than 15 per cent. Treatment of 15,000 children with moderate acute malnutrition. <ul style="list-style-type: none"> Cure rate more than 75 per cent. Mortality rate less than 3 per cent and defaulter rate less than 15 per cent. 150,000 women and children reached with preventative nutrition services. 			
Agency	Activity		
Sibro	South Kordofan. Rehabilitation of four feeding centres and support to the implementation of four outpatient care facilities in S including running costs, and community engagement to ensure effective implementation of the project.		
Talawait	Support the functioning of outpatient (OTP) care facilities in Kassala state including emergency preventative nutrition activities.		
SRCS	Kassala, Support to four outpatient feeding programmes through provision of running costs, training and supervision and emergency prevention activities.		
Almanar	South Kordofan. Support to establishment of three new outpatient feeding programmes including repairs, capacity building and training including strong community engagement.		
ARC	South Darfur Support to two Stabilisation Centers (SC), 10 supplementary feeding programs (SFP's) and 10 OTP's running implementation of emergency nutrition prevention campaigns and education sessions.		
NCA	South and Central Darfur, Support to four SFP centres including repairs, running costs and training. Implementation of nutrition activities with communities.		

Concern	West Darfur. Support to the functioning of OTP's with running costs, repairs and supportive supervision and implementation of emergency nutrition prevention activities	of emergency
---------	---	--------------

11. Actual outcomes achieved with CERF funds

- **Treatment of 5,347 children with severe acute malnutrition**
 - **Cure rate more than 75 per cent**
 - **Mortality rate less than 5 per cent and defaulter rate less than 15 per cent**

5,347 severely malnourished children were admitted in the feeding centres and received effective treatment with outcome indicators exceeding the SPHERE minimum standards with an aggregated cure rate of more than 75 per cent and death rate of less than 5 per cent. These achievements occurred through strong partnership, integrated implementation and provision of supplies and essential medicines (for routine and supplemental treatment) as per Sudan National CMAM guidelines.

- **10,325 women and children reached with preventative nutrition services.**

As part of the emergency nutrition prevention activities, dissemination of Health and Nutrition messages through the nutrition education sessions were conducted across the different feeding centres by community outreach workers and approximately 10,325 mothers / caregivers attended and believed to be benefited from this sessions.

- **Capacity increased to treat 500,000 malnourished annually and respond to incident emergencies in Darfur states.**

The funding contributed to supporting the running of severe acute malnutrition (SAM) treatment centres which were all integrated with routine primary health care services, which includes of 44 Outpatient Therapeutic Programs (OTP) for treatment of severe acute malnourished children without complications and 6 stabilization centres (Inpatient units) for treatment of severe acute malnourished children with other medical complications, and 29 Supplementary Feeding Programmes (SFP) for the treatment of moderately malnourished children and pregnant and lactating women using community-based management of acute malnutrition (CMAM) approach. The 44 OTPs have a collective capacity to treat 50,000 malnourished annually. The partners running this programme were four national NGOs: 1) Sudan Red Crescent (SRC), 2) Talawit Organization for Development (TOD), 3) SIPRO and 4) Almanar and three international NGOs: 1) American Refugee Committee (ARC), 2) Norwegian Church Aid (NCA) and 3) Concern Worldwide. Of the four national NGOs, two of them work in Kassala and two in South Kordofan State while the three international nutrition partners cover South Darfur, Central Darfur and West Darfur states.

Activities were implemented in collaboration with State Ministry of Health and strong community engagement throughout the project cycle. UNICEF provided the in-kind supplies including therapeutic feeds and anthropometric equipment in addition to the technical support through close supportive supervision (with on job training) of activities implementation.

A total of 54,297 children aged 6 – 59 months and pregnant and lactating mothers were screened for acute malnutrition. Those with severe acute malnutrition (without medical complications) were admitted into the OTP and those with SAM and medical complications into SC with appropriate referrals made for early detection and commencement of treatment for children with acute malnutrition.

Further training and capacity building activities were undertaken with 396 health staff and 30 community and religious leaders. These training covered both treatment and prevention of malnutrition. The aim is to improve the knowledge/understanding and skill of Ministry of Health (MoH) staff and community toward the programme.

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

Insecurity remained a major reason which restricted some partners from the fully implementation of the project, especially in South Kordofan State.

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** or 2b): **2a. The Gender Marker Code is 2a**

The nutrition programs focused on both boys and girls children under five and pregnant and lactating women for treatment and prevention of moderate acute malnutrition (MAM) and severe acute malnutrition (SAM). Moreover the community mobilization and all other nutrition education in the communities target both women and men in the community. Gender issues in general were considered in all projects from planning to implementation level which have been reflected through gender disaggregated data on most programme activities, such as training, screening and reporting.

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

YES NO

In the monitoring aspect; site monitoring visits were carried out by Khartoum and state based staff, and monthly progress reports were written and shared by all partners involved on the project. Monthly reports were received and analysed according to the CMAM standards and discussed with the implementing partners. Final reports were also received and verified accordingly.

The key findings from monitoring visits were:

- Targeted communities were fully involved by partners in the whole project cycle, especially in the community based projects, e.g. in Nutrition Impact and Positive Practice (NIPP) project the selection of the NIPP circle volunteers occurred by the community members.
- The target beneficiaries have high level of acceptance for all nutrition approaches as they keep requesting for expansion of the programme.
- National NGOs in Kassala needs to strengthen the nutrition and health education component of the programme,
- National NGOs need to strengthen organization internal monitoring and programme documentations.

TABLE 8: PROJECT RESULTS

CERF project information					
1. Agency:		UNICEF		5. CERF grant period:	9 Apr. 2013 – 31 Dec. 2013
2. CERF project code:		13-CEF-040		6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:		Protection / Human Rights / Rule of Law			
4. Project title:		Sustaining girls' and boys' rights to protection from violence, exploitation and abuse in humanitarian settings in Sudan			
7. Fundin	a. Total project budget:	US\$1,615,000	d. CERF funds forwarded to implementing partners:		
	b. Total funding received for the project:	US\$1,535,031	<ul style="list-style-type: none"> ▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 253,603 ▪ <i>Government Partners:</i> US\$225,263 		
	c. Amount received from CERF:	US\$ 710,745			
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		174,835	151,993	Integration of mine risk education in school increased the outreach of the MRE activities. As the project was implemented in a context of increased instability and fighting, UNICEF responded to a number of new emergencies, especially in South Kordofan and North Darfur. UNICEF decreased some its operational costs, including the costs for the staffing to respond to the child protection needs created by these new emergencies. As a result and as stated in the narrative report, UNICEF was able to reach more beneficiaries than initially planned.	
b. Male		116,557	257,568		
c. Total individuals (female + male):		291,392	409,561		
d. Of total, children <u>under age 5</u>		n/a	n/a		
9. Original project objective from approved CERF proposal					
In humanitarian and post-conflict settings, to strengthen government and community capacities to promote and sustain girls' and boys' rights to protection from violence, exploitation and abuse.					
10. Original expected outcomes from approved CERF proposal					

No	Standard Project Output Indicator	Mid-year target (indicate number)	End-year Target (indicate number)
1.	No. of unaccompanied and separated children for whom family tracing is successful	150	350
2.	No. of children newly released from armed forces and groups as intervention from the protection sector	100 (integrated with vulnerable children at a ratio of 1:50)	200 (integrated with vulnerable children at a ratio of 1:50)
3.	No. of children with safe access to community spaces for socializing, play, learning etc.	30,000	75,000
4.	No. of women, children and youth and other persons with specific needs that have access to protection services (Family and Child protection)	8,000	10,000
5.	No. of individuals (children) at-risk reached through mine risk education	100,000	200,000

Expected Outcomes

In line with the sector response plan of the 2013 Humanitarian Workplan, the intervention aims to achieve the following results:

- **Monitoring and reporting on grave violations** and other serious human rights and protection concerns are systematically undertaken and triggering response. This will be undertaken through UNICEF support to the monitoring and reporting mechanism established within the framework of Security Council Resolutions 1612, 1882 and 1998, specifically through co-chairing the UN Task Force; deploying staff with child rights monitoring responsibilities; capacity building of partners; contributing to Bimonthly and Annual Reports to the UN Security Council; managing the database on grave violations; and advocacy with armed groups and forces for respect for international humanitarian law and addressing grave child rights violations.
- **Access is improved to protection services and assistance for children** and women exposed to neglect, violence, exploitation and/or abuse, including GBV. UNICEF will strengthen the national family tracing and reunification network, in view of promoting prompt identification, tracing and reunification of separated and unaccompanied children. This includes supporting the national FTR database; and supporting the implementation of the Memorandum of Understanding with the Government of South Sudan for the reunification of Southern children who have been left behind following succession, in collaboration with Save the Children, IOM and other partners. In addition, UNICEF will continue its partnership with the Sudan Disarmament, Demobilization and Reintegration Commission, the Ministry of Social Welfare, and NGOs to support the release and reintegration of children from armed groups and forces.
- Law enforcement agents, social service providers and the judiciary are enabled to provide protection to affected population particularly those who are marginalized and with specific needs. This will take place through strengthening the capacity of Family and Child Protection Units to provide services to children accused of offences or in conflict with the law. Support will include the provision of specialised equipment; strengthening of management systems; training of staff; and operationalizing the newly created “gender desk” function.
- International humanitarian protection actors improve preparedness and response to affected population. UNICEF will continue to chair the national child protection subsector, and co-chair (with Government) child protection working groups in at least six States. A major focus in 2013 will be on capacity building of child protection partners, with a focus on national NGOs. Key areas include (a) child protection rapid assessment; (b) training on manual for establishment of community child protection networks; (c) rolling out child protection minimum standards; (d) standards for Child Friendly Spaces.
- **Communities and individuals actively contributing to a protective environment for vulnerable groups.** UNICEF will work with NGO partners for the establishment and operation of community child protection networks in fragile situation where local capacities to protect children have broken down due to conflict; and child friendly spaces for children to respond to psychosocial needs in situations of recent displacement. This will include departure points for Southern returnees. UNICEF will also ensure children living in high risk communities are reached with mine risk education, with an accent on sustainable community based approaches, and through mainstreaming of mine risk education in schools.

11. Actual outcomes achieved with CERF funds

Monitoring and Reporting of grave child rights violations

- UNICEF co-chaired the Country Task Force on Monitoring and Reporting established under Resolution 1612 to monitor the six grave child rights violations in contexts of armed conflict, namely the recruitment and use of children, abduction, killing and maiming, rape and other grave sexual violence, attacks on schools and hospitals and denial of humanitarian access. The technical working groups on Monitoring and Reporting continued to operate at the state level both in Darfur and the Three Areas. Training was also provided to 151 SAF and PDF officers to build their capacities to protect children from the grave violations of their rights, with a focus on preventing and responding to child recruitment.
- Also, UNICEF continued to operate an information management system with the capacity to identify and track the trends of the six grave violations using ethical gender and age appropriate methodology. Additionally, UNICEF provided training on monitoring and reporting to staff from UN agencies and key international organisations to increase their capacities to document the six grave child rights violations and increase its pool of monitors. Through this information network, 151 cases of grave child rights violations were identified and documented.
- The information collected through these mechanisms were used by the task force to produce regular quarterly reports or Global Horizontal Notes and contributed to the 13th Annual Report of the Secretary General on Children and Armed Conflict for to the Security Council. When possible, the information collected was also used to advocate and address the different violations with the various armed actors. In total, four Global Horizontal Notes and two Annual Reports were produced and submitted to the SRSG for children in armed conflict office.

Improved protection services to conflict affected children.

- Technical and operation support were provided to Disarmament, Demobilisation and Reintegration Commission (DDRC) to implement and coordinate child Disarmament, Demobilisation and Reintegration programmes. As a result 11,374 (5,733 boys ,5,641 girls) children of whom 447 (386 boys, 61 girls) were children formerly associated with armed groups and forces participated in community based reintegration programmes that included social follow-up, vocational training, skills training and referral to formal schools or livelihoods support. Of these children, 84 (55 boys, 29 girls) were released from armed groups in 2013.
- Technical support and funds were also provided to the Ministry of Social Welfare and the National Council of Child Welfare (NCCW) to strengthen their capacities to coordinate national efforts to prevent and respond to family separation of children due to the conflict and displacement. As part of this process 118 social workers and networks were trained on Family tracing and reunification techniques and 494 (217 boys, 277 girls) were reunified with their families and relatives.
- Finally, UNICEF provided training to 150 government staff and NGO partners, on gender-based violence (GBV) and caring for survivors, to increase their technical skills in preventing and responding to GBV.

Individuals and community contribution to a protective environment:

- To address the limited outreach of government supported child protection services; UNICEF supported the establishment of community-based child protection networks at community level whose main role is to identify, monitor and refer vulnerable children to mainstream services. Overall, CERF contributed to the establishment and strengthening of some 200 community based child protection networks in Darfur States and the Three Protocol States. These networks were able to identify some 1, 029 vulnerable children and refer them to formal schools.
- Given the high level of distress caused by conflict and displacement, 43,685 (23,180 boys, 20,505 girls) accessed psychosocial support through play and recreational activities in UNICEF supported Child Friendly Spaces or Safe Play areas. Additionally, 598 caregivers and members of the community-based child protection networks received basic training on psychosocial support to equip them with the necessary skills required in organising structured play and recreational activities for conflict affected children.
- Finally, awareness and sensitization sessions on the risks of mines and UXOs were conducted in conflict affected communities and reached some 50376 (30.442 male, 19.934 Female) individuals, including 28,149 children. Another key achievement was the successful integration of MRE in basic and secondary schools curricula which led to a progressive shift from emergency MRE to a sustainable and cost effective MRE programme with great reach. As part of this process, UNICEF supported the printing and distribution of 600.000 MRE school books. Training were also provided to some 380 teachers and social workers on the use of MRE school books. By end of December, some 292.000 (189.890 boys, 102.110 girls) school going children were reached by MRE.

Coordination of Child protection response

- UNICEF led the child protection area of responsibility within the humanitarian cluster system, chairing the national subsector and co-chairing with government eight child protection working groups through which gaps in child protection service delivery were identified and addressed. The established child protection sub-clusters maintained a high level of productivity (both at national and state level) as shown by the regular monthly meetings and joint initiatives undertaken by

the sub-cluster even in areas where there is no UNICEF presence such as Abyei. The establishment of Child protection sub-clusters at State level has allowed timely response to child protection needs in new emergencies such as during the floods or conflict induced new displacement.

- UNICEF supported inter-agency training on child protection rapid assessment for 87 sub-cluster members to build their capacities to respond to child protection needs in emergencies. Also, child protection actors participated in a national consultation on child protection in emergencies Minimum Standards. These interagency minimum standards for child protection in humanitarian situations were launched with Sudan being the first country to support the launch of this global handbook. The roll out of the minimum standards to all child protection actors is ongoing.
- Another key achievement was the Arabic translation of the Sudan community based child protection networks handbook and its dissemination to all child protection actors. This handbook is now used a key training tool for the community based child protection networks and has contributed to increased harmonized approaches of the sub-cluster members towards the establishment, training and capacity building of community based child protection networks throughout the country.

Law enforcement and justice actors enabled to provide protection to vulnerable children

- During this reporting period and in collaboration with UNICEF, the Sudan Judiciary organized five consultation forums in High Court jurisdictions, namely El Obeid, Gazeera, Kassala, Khartoum and Red Sea on the implementation of Child Act 2010, which constitutes the national legislative framework for the Convention on the Rights of the Child. The discussions that took place at the forums helped the High Court judges to decide to exclusively apply the Child Act 2010 in any case that involve children whether a victim, a witness or an offender without bringing to discussion the Criminal Act. Additionally, they also agreed that the Child Act 2010 is not inconsistent with Islam as the Hanafiya (one of four Islamic Sharia Schools) defines a child as any person below 18 years old. Additionally, 778 justice for children professionals and 3,000 civil society leaders were oriented on the Child Act 2010.
- A total of 11,970 legal, psychosocial and medical services were provided to 11,548 (M: 8,096; F: 3,498) children in contact with law, including 5,612 victims, 565 witnesses and 5,371 offenders. Family and Child Protection Unit (FCPU) referred 890 children to social welfare services. Public awareness broadcasts on different justice for children topics reached an estimated of 1,700,000 persons. The FCPU National Mechanism executive secretary was established and put in place an official data collection system of children serves by the FCPUs, which takes into account the gender segregation. Also, to standardize the establishment and intervention approach of the 17 FCPUs established across the Country, the FCPU National Mechanism conducts a study which aims to define what constitutes a “FCPU standard model”; and how much such a model would cost to be established and operate. Once the “FCPU standard model” study completed, it will serve as a reference point for any future establishment, intervention and operation of the FCPU. Supplies to cover 10 FCPUs were delivered to the FCPU National Mechanism and were distributed to FCPUs in all States.
- Direct support were provided to CVRS (Civil Registry and Vital System) offices in Eastern States and in South Darfur that resulted in registration of 201,208 births. In Kassala, Ministry of Health-Statistics office trained 48 health cadres, resulting in a completion of 3,000 court declarations. In South Darfur, 184 vaccinators and 44 vaccination officers were trained. Forty-five computers had been distributed to CVRS in three states (Kassala, Gedaref and Red Sea).

Summary of actual outputs.

No	Standard Project output	End year target	End year actual
1.	No. of unaccompanied and separated children for whom family tracing is successful	350	494
2.	No. of children newly released from armed forces and groups as intervention from the protection sector	200	84
3.	No. of children with safe access to community spaces for socializing, play, learning and reintegration activities, etc.	75,000	55,059
4.	No. of women, children and with specific needs that have access to protection services (Family and Child protection)	10,000	11,548
5.	No. of individuals (children) at-risk reached through mine risk education	200,000	342,376

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

Overall, the project has met all planned targets. In some areas, the project has reached more individuals than the original targets.

For example, the integration of mine risk education (MRE) in schools increased the outreach of MRE and helped reach more children than initially planned. Though only 55,059 children received psychosocial support through UNICEF supported programmes(as opposed to the planned 75,000), as sub-sector lead, UNICEF provided the required technical support to all sub-cluster members providing psychosocial support to children through Child Friendly Spaces (CFS) Through the sub-cluster, some 500.000 children affected by conflict and displacement attended activities. The low implementation of action plans signed between the UN and armed groups signatories of the peace agreement resulted in relatively smaller number of children released from armed groups.

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 or 2b): 2a

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

YES NO

No particular evaluation was planned for this particular project as it contributed to the overall UNICEF response to children affected by displacement and conflict in Sudan. As part of its planning process, UNICEF undertakes mid-year and annual reviews of its programmes and this offers an opportunity to review the achievements, constraints and challenges, bottlenecks and lessons learnt to inform further programming. In addition to the regular monitoring which were conducted, achievements under CERF funded projects were also evaluated as part of this process.

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	11 Apr. 2013 – 31 Dec. 2013
2. CERF project code:	13-CEF-041	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Water, sanitation and Hygiene (WASH)		<input checked="" type="checkbox"/> Concluded
4. Project title:	Provide and maintain basic WASH lifesaving services for recently displaced and conflict affected population at the most vulnerable IDP locations in Darfur region		
7. Funding	a. Total project budget:	US\$ 13,900,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 5,200,000	▪ To NGO Partners US\$ 309,511
	c. Amount received from CERF:	US\$ 1,500,000	▪ Government Partners: US\$ 674,981
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	98,000	339,230	The initial beneficiary numbers were estimated based on rapid assessments at the onset of the crises; however, the number of affected people increased as the scale of the conflict expanded up to an estimated affected population of over 400,000 in the entire Darfur region.
b. Male	102,000	226,150	
c. Total individuals (female + male):	200,000	565,380	
d. Of total, children <u>under</u> age 5	94,000	282,650	The number was later refined in subsequent detailed assessment carried out by partners and inter-agency assessment missions. Please note regarding pass-through funding to partners: Due to late programming changes, UNICEF did not request reprogramming of grant funds. Mercy Corps, one of the two NGO partners named in the proposal withdrew their proposal to UNICEF following UNICEF's proposal for CERF funding. The amount stated as being provided to the government/WES includes contracts with the government. UNICEF is happy to report that nearly triple the number of beneficiaries were reached as those that were planned.
9. Original project objective from approved CERF proposal			
<p>Increase and maintain access to basic lifesaving improved water, sanitation and hygiene outreach services for up to 200,000 new and existing IDPs and conflict affected population at the most vulnerable IDP locations in Darfur by December 2013.</p> <p>Targeted Locations:</p> <ul style="list-style-type: none"> • West/Central Darfur states: Nertiti. • South/East Darfur States: Deriege, Sakaly and Elserief IDP camps. • North Darfur State: Zam Zam, Tawila, Kabkabiya, Surf Omra, El Srief, Gara Zawya and Abu Gamra. 			

10. Original expected outcomes from approved CERF proposal

- About 50,000 new IDPs and conflict affected population have access to improved drinking water and sanitation services.
- 100,000 new and existing conflict affected IDPs have sustained access to improved drinking water and sanitation services.
- 200,000 IDPs and conflict affected population outreached with personal and environmental hygiene interventions.

11. Actual outcomes achieved with CERF funds

Overall, the project achieved the following outcomes using CERF funds:

- **About 90,450 new IDPs and conflict affected population have access to improved drinking water and sanitation services through construction and rehabilitation of WASH facilities.** This is over and above the planned 50,000 beneficiaries.
- **521,700 new and existing IDPs and conflict affected people have sustained access to improved drinking water and sanitation services** through operations and maintenance of water systems, chlorination and use of CATS approach to mobilise communities to construct their latrines.
- **565,380 IDPs and conflict affected population were reached with hygiene awareness messages, personal and environmental hygiene interventions,** which represents over 200 per cent of the planned target population.

Details of outcome achievements on state basis are given below:

West/Central Darfur states: Nertiti

- With CERF funding, about 35,200 new IDPs, existing IDPs and conflict affected population in Nertiti and Durti IDP camps have access to improved drinking water and sanitation services through construction of new and rehabilitation/replacement of WASH facilities as detailed below:
 - ✓ RCDO: Established spare parts sale centres and replaced 30 filled latrines in Durti IDP camp.
 - ✓ RCDO: Rehabilitated 5 non-functional hand pumps and rehabilitated mini water yards in Durti IDP camp.
 - ✓ TGH: Installed 1 Emergency Water System (EWS) and constructed 150 latrines.
 - ✓ ACTED: Constructed 120 communal latrine,
 - ✓ WES: Rehabilitated 13 hand pumps, rehabilitated 1 mini water yard and constructed 300 household latrines in Krinding-1
- 116,500 new and existing IDPs and conflict affected people have sustained access to improved drinking water and sanitation services through operations and maintenance of water systems and introduction of Community Approach to Total Sanitation (CATS) using CERF funds.
 - ✓ TGH: Operated and maintained 1 Emergency Water System (EWS) for 2 months.
 - ✓ WES: Rehabilitated 5 OXFAM tanks and operated and maintained 7 water yards in Mornei IDP camp (Sep-Dec 13),
 - ✓ WES: Rehabilitated 450 trap stands in Mornei IDP camp and supported GWWD management (June-Dec 13),
 - ✓ WES: Supported implementation and monitoring of 8 villages implementing CATS Approach (Aug-Dec 13)
- With CERF funds, 82,580 IDPs and conflict affected population were reached with hygiene awareness messages, and personal and environmental hygiene interventions.
 - ✓ RCDO: Conducted weekly community clean up and solid waste disposal campaigns in Durti IDP camp.
 - ✓ ACTED: Trained 600 community members in PHAST and provided them and 3 PHAST facilitators with hygiene kits.
 - ✓ WES: Conducted WASH sector harmonized operation Workshop and 2 gender mainstreaming workshop in Geneina and Zalingei.
 - ✓ WES: Conducted 2 cleaning campaigns in Zalingei and Umdukhun IDP camps.
 - ✓ WES-CD: Established WES units in Umdukhun locality.

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

- Using CERF funds, about 21,450 (10,950 females, 10,500 males - of which about 3,750 were children <5) new IDPs and conflict affected population have access to improved drinking water and sanitation services as detailed below;

- ✓ 34 boreholes were drilled in South Darfur and 31 of the boreholes were fitted with hand pumps (7 in Mersing, 10 in Kabum, 3 in Al Salaam, 4 in Beleil, 5 in Elwehda and 2 in Kass in IDP camps), benefiting a total of 13,950 IDPs and conflict affected people. Four of the wells were drilled in Kass and fitted with motorised pumps, expanding existing water system, and the new expanded system is benefiting 7,500 IDPs and host communities.
- ✓ 300 shared latrines were constructed in El Neem camp in East Darfur contributing to safe excreta disposal for 6,000 new IDPs/
- About 350,200 (178,600 females, 171,600 males - of which about 61,300 were children < 5) new and existing IDPs and conflict affected have sustained access to improved drinking water and sanitation services through the following activities, which were implemented using CERF funds.
 - ✓ WES: Carried out Operation & Maintenance including chlorination of all water supplied from 35 motorised water systems, 31 of them in South Darfur (Ottash, Alsalam, Gereida, Kass, Kalma & Mossei) & 4 in East Darfur (Elneem & KhorOmar) benefiting a total of 350,200 people (178,600 females, 171,600 males - of which 61,300 were children <5). Operation and maintenance of 31 water systems in South Darfur was funded using CERF for a period of 5 months benefiting a total of 256,950 about IDPs while the operation and maintenance of 4 East Darfur motorised water systems was funded using CERF for a period of 2 months benefiting about 93,250 IDPs.
 - ✓ WES: Constructed 2.5 KMs water pipeline, rehabilitated (1) 45 cubic metre ground based tank, rehabilitated (9) water points and constructed (2) new water points in addition to replacement of 1 km water pipeline in Al Salam IDP camp during November & December 2013.
 - ✓ WES: conducted the following training activities to ensure sustained provision of quality WASH services for IDPs and conflict affected people in South and East Darfur:
 - One CATS training was conducted in Nyala targeting 30 persons, representing sector partners from 14 of South Darfur localities, during September 2013
 - One training on Solar pump technology was conducted to 25 sector partners, as part of early preparation for introducing this technology during 2014 as recommended by sector partners. Introduction of solar systems will help overcome the problem of water system operation interruptions due to disruptions to fuel supply.
 - One training on Monitoring and Evaluation was conducted in Nyala, attended by 20 WASH sector partners
 - Workshop (advocacy): Conducted a state level advocacy workshop for commissioners to scale up sanitation during September - October 2013
- A total number of about 357,800 (182,500 females, 175,300 males - of which about 61,300 were children <5) IDPs and conflict affected population were outreached with hygiene awareness messages, personal and environmental hygiene interventions.
 - ✓ WES: Reached about 357,800 (182,500 females, 175,300 males - of which about 61,300 were children <5) IDPs and conflict affected people with hygiene promotion activities including; home visits, hygiene sessions, water dialogues, group discussions and community cleaning up campaigns mobilisations. The project provided necessary tools for cleaning campaigns.

North Darfur State: Zam Zam, Tawila, Kabkabiya, Surf Omra, El Srief, Gara Zawya and Abu Gamra.

- Using CERF funds, about 33,800 people in Zam Zam (new arrivals), Serraif, garra Zaweya and Taweisha (displaced from East Darfur) accessed with sanitation and water services through the following activities:
 - ✓ WES: Drilled and installed 22 hand pumps at basic schools, which accommodated by people affected by the Jabel Amir conflict
 - ✓ WES: Rehabilitated Sarf Omra water system for new arrivals
 - ✓ WES: Constructed VIP latrines at Seraif Hospital benefitting about 250 IDP
 - ✓ WES: Constructed 600 emergency communal latrines for El Seraf IDP serving 12,000 individuals
- About 55,000 people in Tawilla, ZamZam, Jabel Hilla, including basic schools and health centres have been reached with sustained access to improved sanitation and water services using CERF funds by implementing the following activities;

<ul style="list-style-type: none"> ✓ WES: Supported O&M of water facilities in Jabel Amir crisis affected areas (Sarf Omra, Seraif ,Gara Zaweya) ✓ WES: Trained community hand pump mechanics (30) and chlorinators (30) on 50:50 basis; male to female. ✓ WES: Conducted a mid-year review for WASH interventions in humanitarian context attended by 30 participants ✓ WES: Supported effective coordination of interventions with Government and sector partners at state and field level by conducting biweekly coordination meetings. <ul style="list-style-type: none"> • Using CERF funds, sanitation facilities were provided and about 125, 000 IDPs in Zam Zam, Tawilla, Kabkabiya, Sarf Omra and Seraif were outreached with hygiene awareness messages, personal and environmental hygiene interventions. <ul style="list-style-type: none"> ✓ Plan Sudan: Supported provision sanitation through construction and rehabilitation of latrines and Hygiene promotion interventions in Zam Zam IDP camp that reached 125,000 IDPs, including new arrivals. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>There was a change in targeted locations. Mercy Corps Scotland (MCS), one the main partners in South Darfur identified prior to forwarding of proposal to the Secretariat later found alternative funding sources.</p> <p>The project then focused on other needy locations, prioritising conflict affected areas and camps receiving large numbers of new arrivals. The project successfully achieved the original planned outcomes.</p> <p>The funds which were originally meant for MCS were disbursed to WES, a change that was communicated to the CERF secretariat.</p>	
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 or 2b): 2a	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>The project has not been evaluated; however, UNICEF monitored implementation of the CERF funded activities. Below are examples of how implementation was monitored:</p> <ul style="list-style-type: none"> ✓ TGH; Activities were monitored twice and they have provided quality services in accordance with the description of planned outcomes, with clear visibility taken into account. ✓ RCDO: The project was monitored based on the indicators agreed upon in the initial proposal. All activities were completed with high quality leading to enhanced water services in Dortii IDP camp. ✓ WES: Project activities were monitored and all activities were completed with substantial quality. ✓ ACTED: Project were monitored and the services provided by ACTED contributed significantly on improving camp environment. 	

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	FAO	5. CERF grant period:	20 Mar. 2013 – 31 Dec. 2013
2. CERF project code:	13-FAO-014	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Agriculture		<input checked="" type="checkbox"/> Concluded
4. Project title:	Improving food security and livelihoods of vulnerable farming and agro-pastoralist households in Darfur, Sudan		
7. Funding	a. Total project budget:	US\$18,000,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 1,500,000 (50 per cent of CHF core pipeline)	<ul style="list-style-type: none"> ▪ <i>NGO partners and Red Cross/Crescent:</i> <i>TEARFUND</i> US\$ 193,450 <i>UMCOR</i> US\$ 182,240 <i>TRIANGLE</i> US\$ 227,450 <i>WORLD VISION</i> US\$ 196,500 <i>OXFAM AMERICA</i> US\$ 207,325 <i>COOPI</i>
	c. Amount received from CERF:	US\$ 1,997,133	▪ <i>Government Partners:</i> US\$ NA
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	159,732	153,331	The achievement rate in reaching beneficiaries was about 93.6 per cent. The difference between the planned and actual targets was due to not reaching the target for the vaccination activity. It is related to the poor flow of vaccines from FAO to our partner COOPI because of inability of the State Ministry of Animal Resources in North Darfur to avail timely the quantities of vaccines requested by FAO. About 35 per cent of the total households supported through this project were women while the total female beneficiaries constitute about 52.3 per cent of the total individual beneficiaries. Kindly note that although the Service Provider was not able to complete the vaccination campaign for the reasons mentioned in the report, the procurement process started on time and the vaccines have been purchased, so there was no cost savings. The late delivery is due to the inability of the State Ministry of Animal Resources in North Darfur to avail timely the quantities of vaccines requested by FAO. In this regard, there are no saving against the procurement of vaccines.
b. Male	153,468	139,847	
c. Total individuals (female + male):	313,200	293,178	
d. Of total, children <u>under age 5</u>	49,172	43,977	

9. Original project objective from approved CERF proposal

The main objective of the project is to restore the productive capacity and to improve the food security of 52,200 newly displaced, and vulnerable flood and drought-affected households, as well as of vulnerable nomad and agro-pastoralist households affected by blockage of livestock migratory routes.

The total budget for the project was estimated at 18,000,000 of which US\$1,997,133 was provided by CERF and US\$ 1,500,000 was provided by CHF, 50% of core pipeline. The project has been implemented by FAO through six partners and targeted approximately 52,200 vulnerable households in Darfur. CERF funds were used for the procurement of inputs, including vegetable, cereals and legumes seeds, hand tools, vaccines and veterinary drugs for the targeted households, in addition to covering implementation costs of the six partners.

10. Original expected outcomes from approved CERF proposal

Outcome 1

- Improved productive capacity and food security of 26,000 newly displaced and vulnerable flood and drought affected households.
 - Increased area planted per household by 40 per cent
 - Increased yields per household by 30 per cent
 - Increased household food availability by 25 per cent

Outcome 2

- Improved survival, health and body condition of 896,000 animals belonging to 26,320 vulnerable nomad and agro-pastoralist households.
 - Reduced mortality due to epidemic diseases from 30per cent (usual before vaccination) to 5percent (expected after vaccination)
 - Reduced prevalence of parasites from 50per cent (usual before treatment) to 10percent (expected after treatment)
 - Improved milk production, body condition and fertility due to improved access to water, feed and health care by 50percent

11. Actual outcomes achieved with CERF funds

Progress towards Outcome 1

The following agricultural inputs have been procured and transported to the respective States in Darfur in July 2013:

- 870 Kg of vegetable seeds
- 6.9 MT of legume seeds
- 376.6 MT of crops seeds
- 5,800 pieces of hand tools and
- 800 pieces of ploughs

All inputs procured by FAO were distributed to the beneficiaries, previously selected by the village committees upon agreed criteria, through six Implementing Partners who, in addition to the distribution, provided technical support to beneficiaries for the proper utilization of inputs by conducting several training sessions at village level. During the implementation period, the IPs experienced major challenges in terms of security which contributed to the delay of some activities. In addition, the deterioration in the humanitarian situation, government and rebel clashes together with intertribal fighting had a negative impact on the beneficiaries' access to arable land. Some of the IPs, observed during their monitoring missions that due to the insecurity, a number of farmers, between 10 per cent to 20 per cent, who received the seeds, were displaced before sowing. For those that manage to harvest the seeds planted, it has been assessed that on average, they were able to secure additional four months of food.

Progress toward Outcome 2

FAO procured 718,000 doses of vaccines and 6,360 units of drugs and managed, through the implementing partners and with the support of the Ministry of Agriculture and Animal Resources in the respective States, to complete the livestock vaccination and

treatment campaigns targeting 378,573 animals against the most common epidemic and endemic livestock diseases in the targeted areas. 11,623 pastoralist and agro-pastoralist households benefited from these animal health services and from the training in animal husbandry. CERF fund also supported the procurement of animal concentrate feed for promotion of better feeding and animal husbandry during the dry season to achieve better fertility and milk production. The project distributed 200 MT of animal concentrate feed for the benefit of 1,200 households targeting about 4,500 core breeding stock during the dry season. In this regard, the SPs supported the establishment of village based Animal Feed Management Committees (AFMC) to determine the price of the feed to the beneficiaries and to take the responsibility for feed distribution and management of the revolving fund. The money generated from the feed revolving fund is to be used for direct purchase of animal concentrate feed from private service providers locally or outside the area.

34 water yards and four Hafirs have been rehabilitated in order to support pastoralists while moving along the migratory route. 2,500 households benefited from this intervention. In addition, Water Committees/WUAs have been established to provide a sustainable solution and to guarantee continuation of activities after the project end date, in particular to ensure maintenance works to the rehabilitated water points by collecting contribution form the communities, establishing policy for water management and providing fuel and engine oil when necessary.

The project procured and distributed 1,120 small ruminants over 388 households to enhance their food and income. The procured animals were vaccinated and de wormed before distribution to beneficiaries. Each beneficiary household was given in addition to the shoats livestock feed for three months to ensure avoidance of selling some animals by the targeted groups.

The animal health support was beneficial in reducing disease outbreaks and morbidity and mortality rates by protecting livestock against the common animal diseases prevailing in the area. On the other hand improving access by the targeted beneficiaries to water and concentrate feed has mitigated the adverse effect of the dry season and its negative impact on livestock productivity, particularly milk production. The feeding and water interventions have had positive impact on household food and income.

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

N/A

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 or 2b):

If 'NO' (or if GM score is 1 or 0): 2a

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

YES NO

If 'YES', please describe relevant key findings here and attach evaluation reports or provide URL

If 'NO', please explain why the project has not been evaluated

Evaluation to be conducted upon completion, as noted there was late delivery as the Service Provider was not able to complete the vaccination campaign for the reasons mentioned in the report, the procurement process started on time and the vaccines have been purchased, so there was no cost savings. The late delivery is due to the inability of the State Ministry of Animal Resources in North Darfur to avail timely the quantities of vaccines requested by FAO. In this regards, there are no saving against the procurement of vaccines.

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNFPA	5. CERF grant period:	14 Mar. 2013 – 31 Dec. 2013
2. CERF project code:	13-FPA-013	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project title:	Health Emergency Interventions in Darfur		
7. Fundin	a. Total project budget:	US\$ 4,118,561	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 2,018,913	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$150,684
	c. Amount received from CERF:	US\$ 606,410	▪ <i>Government Partners:</i> US\$275,256
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
Direct Beneficiaries	Planned	Reached	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	551,185	60,720	<p>The figures in the “reached” column indicate the direct beneficiaries which were directly reached through service provision at health facilities which had received training and/or supplies of Emergency Reproductive Health (RH) Kits, training, sensitization and other activities.</p> <p>A total of 81,020 beneficiaries reached with the provided grants of USD 606,410 which also includes infrastructure rehabilitation, seems to be realistic and cost-efficient.</p> <p>The calculation of the direct beneficiaries was done by using the standard calculation for beneficiaries from RH kits and EMOC services (Pregnant women attending Antenatal Care, Normal deliveries, neonate emergency resuscitation, number of caesarean section and coverage of safe blood transfusion)</p> <p>The much higher figures in the left column represent the catchment population of affected persons, in terms of general population living in the areas and affected by humanitarian crisis rather than the direct beneficiaries, a smaller sub-set within the general group, that would actually be in need of the specific RH services and access them. This may have not been clearly expressed at the onset of the formulation of the proposal.</p>
b. Male	450,969	20,300	
c. Total individuals (female + male):	1,002,155	81,020	
d. Of total, children <u>under age 5</u>	168,326	9,000	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> • Prevent excess maternal and neonatal morbidity and mortality through increased access to EMOC services and provision of clean delivery kits to visibly pregnant women and birth attendants when access to health facility is not possible. • Make clinical care available for the survivors of sexual assault. • Reduce HIV transmission through ensuring safe blood transfusion and making free condoms available. • Ensure the syndromic treatment of sexually transmitted diseases is available to patients presenting with symptoms. • Develop the referral pathways for the complicated RH-related cases. 			

10. Original expected outcomes from approved CERF proposal

Outcome: 80 – 100 per cent of affected people received RH care according to the needs.

Expected results:

- 240 service providers trained on MISP.
- 200 service providers trained on integrated reproductive health package.
- 70 per cent of procured RH kits distributed to target sites and beneficiaries.
- Five health facilities rehabilitated for primary reproductive health care; three health facilities rehabilitated for secondary/tertiary care.
- 80 per cent of complicated reproductive health-related cases received secondary and tertiary care.

11. Actual outcomes achieved with CERF funds

A. Supplies, Commodities, Materials

- **100 per cent of RH kits were procured and distributed to the target sites and beneficiaries. This is the equivalent of 228 RH emergency kits procured to prevent excess maternal and neonatal mortality and morbidity.** The emergency RH Kits contains medical supplies, disposables and equipment for community, primary health care and referral hospital levels. The contents allows 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 provision of Emergency RH Kits served about **38,170 individuals** as direct beneficiaries.

B. Three Health facilities were rehabilitated for reproductive health care at primary health care level; Five health facilities were rehabilitated, and Five Referral hospitals equipped for secondary/tertiary care

- Health facilities were upgraded in order to make rational and safe blood transfusion available to prevent the transmission of HIV and other transfusion-transmissible infections (TTIs) such as hepatitis B, hepatitis C and syphilis, and to be able to safely address complications of haemorrhage during pregnancy and delivery.
- In **West Darfur**, three rural hospitals (Krinik, Forbrang, and Kulbus) were supported with blood refrigerators, laboratory sets and solar systems to support the operationalizing of the blood units (total number of population in the three localities is 426,906; 74,139; and 46,322 respectively). This support served to upgrade the three hospitals to provide Comprehensive Emergency Obstetric and new born Care services in areas that are completely isolated during the rainy season and have no accessibility to emergency services outside these localities.
- In **West Darfur**, Human Relief Foundation - UK (HRF) was contracted to support the rehabilitation of the delivery and waiting room of Reyad PHC facility in El Genina locality. This facility serves the Riyad IDPs camp hosting a total population 46,531. Through this support, Ryad PHC now offers basic emergency obstetric and neonatal care (BEMONC) services 24 hours per day, seven days per week. The facility was further supported with RH supplies to support basic EmOC and newborn care. (For details please refer to Annex 2. Table 3).
- In **North Darfur** state, El Serif Rural hospital labour room was rehabilitated in order to be able to provide a safe delivery environment in the context of the chronic humanitarian situation reported in the area lasting for 7 months following the Jabal Aamer conflict.
- In **South Darfur**, CERF funds contributed to the rehabilitation of the delivery room in Nyala Teaching Hospital (NTH). NTH is the main referral hospital in the state offering comprehensive EmONC and new-born care, which includes the provision of Caesarean Section and safe blood transfusion. NTH has a high case load but receives only minimum government investment and was, therefore, identified as a facility in need of support. The support addressed both the critical gap with regard to infrastructure and equipment of the maternity ward in NTH which had been highlighted by field technical officers and the

SMOH. The approval of reallocating CERF funds to be used for NTH facilitated the response to this critical need and contributed to the improvement of the services provided, allowing for preventing excess maternal and neonatal mortality and morbidity in South Darfur. It should be noted that South Darfur state has the highest maternal mortality ratio of 355 women dying per 100,000 live births (SHHS, 2010). In addition to the good quality of the medical equipment's that procured internationally from CERF fund and distributed to the hospital maternity ward.

- To ensure comprehensive EmONC at NTH, 35 Nyala Teaching Hospital staff attended training on infection prevention.
- Funds were also used for the international procurement of anaesthesia, resuscitation, and laboratory equipment and hospital furniture for health facilities during the reporting period. The distribution covered four Comprehensive EmONC hospitals in South, West, Central and North Darfur and one Basic EMONC hospital in East Darfur. The procured equipment was in line with international quality standards, a fact well appreciated by the authorities and community.

C. Capacity Building, 20 service providers trained on MISP, 262 service providers trained on integrated reproductive health package.

- **Service providers trained on MISP and Clinical Management of Rape (CMR)**
 - In **West Darfur**, EL Genina Teaching Hospital was contracted to conduct MISP and CMR trainings targeting 20 health managers and Health care providers from EL Genina locality on MISP and **25** health care care providers on Clinical Management of Rape.
- **Service providers trained on integrated RH package:-**
 - In **Central Darfur**, Labena NGO was contracted to train **35** health care providers in Umshalia and Nartati localities on the integrated reproductive health package. The integrated package addresses family planning, and infection prevention and control.
 - In **West Darfur**, Human Relief Foundation (HRF) conducted training for **82** Health care providers from Al Genina and Terbiba, on STIs, FP, and HIV Infection prevention. Participants were selected jointly with the West Darfur MOH/RH department as part of the technical support provided by the Ministry.
 - In **South Darfur**, World Vision international trained **50** Village midwives from rural areas (Mershing, Doma and Nyala) in Nyala on the integrated reproductive health package in the course of a 5 days in-service training facilitated by the South Darfur Ministry of Health.
- **Patient Helping Fund (PHF) was contracted to support:**
 - The renovation and refurbishment of the delivery rooms in two primary health care clinics (Al Salam IDPs camp, South Darfur and Deraj IDPs camp in North Darfur) and one delivery room in Al Nahda Hospital in South Darfur. The process went smoothly and resulted in the availability of 24 hours/7 days delivery services in the targeted PHC clinics.
 - Training of (**35**) health providers on infection prevention (IP) from Nyala.
 - Sensitization workshops for (**30**) stakeholders were conducted in Nyala locality in South Darfur. Topics covered were: RH package, HIV/AIDS and FP.
 - Local media (TV and radio) were contracted to air awareness campaigns on health seeking behaviour.
 - **18** education sessions (lectures and drama), in Deraj and Otach camps to raise community awareness on reproductive health focusing on adolescent girls of reproductive age, pregnant women and lactating mothers and youth. The total number of beneficiaries is **1,023**.

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

- Some implementing NGO partners that had initially been included in the project proposal had to be change to factors beyond our control. Some had been contracted by other agencies and did not have sufficient absorption capacities. Others were impact by low accessibility to project areas or were found to have insufficient technical capacity. In order to mitigate these shortcomings and to ensure implementation, some funds were transferred to Darfur State Ministries of Health which also allowed for better accessibility to rural areas.

<ul style="list-style-type: none"> • The Darfur region is characterized by the on-going conflict and insecurity in many geographic areas resulting in lack of access. This was also the case for East Darfur, a state targeted by the CERF funds. • Furthermore, heavy rains hit the country in August and September 2013, further exacerbating the humanitarian situation and created new emergency situation and population displacement. • All of the above resulted in a low implementation status of activities within some budget lines. These budget lines were reprogrammed in order to integrate the needs of conflict and flood affected people, and other critical needs reported during the implementation of the project. UNFPA submitted a request for budget revision which was approved and resulted in a package of new activities and interventions, which resulted in minor changes in the indicators agreed on in the first proposal.. 	
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>If 'YES', what is the code (0, 1, 2a or 2b): 2b</p> <p>The project addressed the reproductive health needs of women, men, girls and boys in humanitarian settings, through a package of activities to ensure the access of women, girls , men and boys' to basic and appropriate RH services supporting their reproductive health needs, and overall well-being and quality of life. Awareness sessions and trainings addressed gender specific messages.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>The on-going conflict in Darfur region and unpredictable security situation affected the implementation of the original project.</p> <p>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.</p> <p>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. Monitoring visits allowed for gathering of information through monthly monitoring visits, beneficiary/community based interviews, focal group- discussions, direct observation, and communication with key informants.</p>	

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNHCR	5. CERF grant period:	2 Apr. 2014– 31 Dec. 2014
2. CERF project code:	13-HCR-021	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Multi-sector		<input checked="" type="checkbox"/> Concluded
4. Project title:	Protection and assistance to refugees and asylum seekers in Eastern Sudan		
7. Funding	a. Total project budget:	US\$ 36,269,576	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 1,399,997	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 546,446
	c. Amount received from CERF:	US\$ 1,399,997	▪ <i>Government Partners:</i> US\$ 168,540
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	38,495	39,687	
b. Male	34,512	35,713	
c. Total individuals (female + male):	73,007	75,400	
d. Of total, children <u>under</u> age 5	7,386	4,950	
9. Original project objective from approved CERF proposal			
Through the project UNHCR and its implementing partners aimed to provide protection urgent humanitarian assistance to asylum-seekers and refugees in the East of Sudan. This was to ensure that asylum-seekers and refugees continued access refuge in Sudan and provided with the essential humanitarian assistance. The assistance provided by UNHCR and implementing partners forms the basic support necessary for refugees to survive and lead a meaningful life in Eastern Sudan.			
10. Original expected outcomes from approved CERF proposal			
The project activities will had the following outcomes/results:			
<ul style="list-style-type: none"> • Registration, Refugees Status Determination and Documentation: <ul style="list-style-type: none"> ○ 18,000 new asylum seekers will have been registered upon arrival in Sudan and their status will have been determined by COR. Recognized refugees will be provided with refugee ID cards. • Emergency Assistance to new arrivals: <ul style="list-style-type: none"> ○ 18,000 new asylum seekers will have been provided with food and non-food items as well as shelter upon arrival in Shagarab refugee camp. ○ 2,880 new asylum seekers will have been provided with emergency shelter and basic needs in 2 transit centers in Toker and Kassala town. • Legal Assistance, capacity building and advocacy: <ul style="list-style-type: none"> ○ Legal services will be provided to asylum seekers and refugees. ○ Persons at risk of refoulement will be identified at an early stage through detention monitoring. ○ The total number of persons of concern who are deported will decrease due to legal representation of cases in court. 			

- Government authorities will be sensitized about the importance of respecting the principle of non-refoulement.
- The law and policy of refugee law and human rights law will be strengthened.
- Access to the territory will be improved and risk of refoulement will be reduced.
- Persons of concern will be aware of their rights and obligations in Sudan.
- The host community will become sensitized about the rights of persons of concern and their positive impact in the community.
- Health:
 - Maintenance and improvement of the health status of refugees and asylum seekers.
- Nutrition:
 - Reduction of the number of malnourished children and women of reproductive age by 20 per cent.
 - Increased knowledge and nutritional care practices for mothers of children under 5 years with moderate or severe acute malnutrition.
- Water, Sanitation and Hygiene:
 - Improved sanitary conditions in the refugee camps.
 - Improved access to fresh/potable water.

11. Actual outcomes achieved with CERF funds

- Registration, Refugees Status Determination and Documentation:
 - 7,178 new asylum seekers were registered upon arrival in Sudan and their status was determined by COR. Recognized refugees were provided with refugee ID cards.
- Emergency Assistance to new arrivals:
 - 7,178 new asylum seekers were provided with food and non-food items as well as shelter upon arrival in Shagarab refugee camp.
 - 2,120 new asylum seekers were provided with emergency shelter and basic needs in 2 transit centers in Toker and Kassala/Wad Sherifey.
- Legal Assistance, capacity building and advocacy:
 - Legal services were provided to 270 asylum seekers and refugees (42 female and 228 male).
 - Persons at risk of refoulement were identified at an early stage through detention monitoring. UNHCR and COR intervened in the case of 314 individuals (272 male, 42 female between 13-60 yrs) to prevent refoulement. 250 persons of concern facing charges were released from detention centers in Eastern Sudan, as opposed to the release of only 60 persons of concern in 2012, and 90 in 2011.
 - The total number of persons of concern who are deported decreased from 68 in 2012 to 17 in 2013 due to legal representation of cases in court.
 - 548 government authorities (453 male, 95 female) were sensitized about the importance of respecting the principle of non-refoulement and increased their knowledge on international refugee and human rights law through workshops.
 - The law and policy of refugee law and human rights law was strengthened through increased awareness of authorities about their obligations under international law.
 - Access to the territory was improved and risk of refoulement was reduced as asylum seekers, including those who are victims of trafficking, are increasingly referred to COR for initiation of asylum procedures rather than charged for illegal entry into Sudan.
 - Persons of concern are more aware of their rights and obligations in Sudan through weekly information sessions and the distribution of information leaflets in Tigrinya, Amharic, Arabic, English and Somali languages to all new arrivals. 10,000 new leaflets are in the printing process.
 - The host community became more sensitized about the rights of persons of concern and their positive impact in the community through the broadcasting of 11 radio sessions.
- Health
 - Maintenance and improvement of the health status of refugees and asylum seekers continued. All refugees received primary health care services from camp hospitals and clinics, and over 50 refugees living with HIV/AIDS received medical care and ART treatment. Essential medicines were also procured and continue to be provided at the camp

<p>health facilities.</p> <ul style="list-style-type: none"> • Nutrition <ul style="list-style-type: none"> ○ Reduction of the number of malnourished children ○ Increased knowledge and nutritional care practices for mothers of children under 5 years with moderate or severe acute malnutrition continued to be provided to 11,006 persons (3760 children; 3230 pregnant women and 4,016 lactating mothers). Severe acute malnutrition was recorded to be less than 3per cent. Stunting persisted above 40 per cent. • Water, Sanitation and Hygiene: <ul style="list-style-type: none"> ○ Improved sanitary conditions in the refugee camps through construction of 100 latrines in Shagrabs camps. Latrines constructed are being used by approximately 600 individuals. ○ Improved access to clean potable water was undertaken through the construction of new water stations and upgrading of existing water supply facilities in Shagrabs, Abuda, Wad Sherifey and Um Gargour camps enabling more than 9000 housheolds access potable drinking water. 	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<ul style="list-style-type: none"> ○ Please note regarding first two indicators: Based on the continued influxes of asylum-seekers entering into East Sudan during 2012 which reached a monthly average of 1,500, this trend was predicted to continue through 2013. ○ However, the monthly average of new arrivals in 2013 numbered 600, hence the reduced number of asylum seekers registered and assisted with food and NFIs. ○ It is difficult to predict the exact number of new arrivals per year as there are several factors such as the tightening of border controls on the Eritrean side which can dissuade asylum-seekers from entering into Sudan. Mirroring this, several smuggling networks were broken up by the Sudanese authorities and the phenomenon of trafficking also dissuaded asylum-seekers from entering into the East. Pulling all these elements together the total number of registered asylum-seekers dropped. It is not to indicate the human rights situation in Eritrea has improved but alternative routes have been sought, mainly through Ethiopia. Against this, 2014 is already seeing an increase in asylum-seekers in the East. 	
<p>13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code? Khartoum to fill</p>	<p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>
<p>If 'YES', what is the code (0, 1, 2a or 2b): 2a If 'NO' (or if GM score is 1 or 0): Please describe how gender equality is mainstreamed in project design and implementation</p>	
<p>14. M&E: Has this project been evaluated?</p>	<p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>
<p>If 'YES', please describe relevant key findings here and attach evaluation reports or provide URL If 'NO', please explain why the project has not been evaluated</p> <p>Different parts of the project have been evaluated independently and through different means. The registration, refugee determination and documentation component was monitored through field visits and on-going dialogue with beneficiaries and government counterpart, as well as systematic record keeping. The same goes for the emergency assistance to new arrivals. For the legal aid and capacity building, questionnaires were used to evaluate the project, in addition to continuous observation of the officials trained by UNHCR, as well as systematic record keeping of court, prison and deportation cases.</p> <p>Frequent supervisory field monitoring visits were undertaken by UNHCR staff to monitor and evaluate the health, nutrition and water and sanitation activities. Field monitoring tools and data collection was used to analyse the success of the activities. With regards to Health, a weekly surveillance report using applicable HIS reporting forms were used to analyse the activities as well as monthly activity and drug consumption reports. A yearly nutritional assessment was also undertaken.</p> <p>Key findings: An increased number of asylum seekers arrested for 'illegal entry' were released in 2013. In fact, throughout the year, 250 persons of concern facing charges were released from detention centers in Eastern Sudan, as opposed to the release of only 60 persons of concern in 2012, and 90 in 2011. Moreover, from East Sudan 67 asylum seekers and refugees were deported to Eritrea and</p>	

Ethiopia in 2011. 68 deportations were known to UNHCR in 2012. Remarkably, the number of deportations dropped to 17 in 2013. In short, the provision of free legal aid services safeguarded the legal rights of persons of concern, reduced cases of arbitrary detention and refoulement and promoted a favorable protection environment.

A number of positive improvements have been observed in the course of 2013 that could be attributed to the success of the capacity building and advocacy activities, as UNHCR has observed the Sudanese judiciary and law enforcement authorities demonstrating an enhanced awareness of their obligations under the 1951 Convention and Sudanese national legislation on asylum. This is important since, at this stage, it is believed that the cases where officials fail to uphold refugee rights are mainly the result of lack of knowledge and information. In fact, the number of deportations has dropped and asylum seekers, including those who are victims of trafficking, are increasingly referred to COR for initiation of asylum procedures rather than charged for illegal entry into Sudan.

The nutrition survey in Abuda, Fau 5, and Girba camps indicated a reducing trend in global acute Malnutrition (GAM) rates at 12.2 per cent, 11.4 per cent, and 10.3 per cent respectively. The same trend was shown by the systematic random surveys in Kilo 26 {12.1 per cent (9.2-15.6, 95 per cent C.I)}, Shagarab camps {14.1 per cent (11.1-17.7, 95 per cent C.I)}, Um gargour {10.6 per cent (8.0-13.9, 95 per cent C.I)} and Wad shariffe {15.1 per cent(12.1-18.5, 95 per cent C.I)}. Despite the dwindling malnutrition problem, the prevailing rates are still relatively in high levels according WHO standards. Severe acute malnutrition (SAM) in all camps was recorded to be less than 3 percent and no case of SAM in Fau5, indicating an improving situation. The levels of stunting have however, persisted above 40 per cent in all camps showing almost no improvement. The same survey recorded stunting as 64.7 per cent, 60.3 per cent, and 50.8 per cent in Shagarabs, Um-gargour and combined camps respectively. Anaemia in children (6-59 months) was also reported to be high 55.5 per cent, 62.9 per cent and 46.4 per cent in Shagarabs, Um-gargour and combined camps respectively. While anaemia among women of reproductive age (15-49 years) was contained within acceptable levels at 33.6 per cent in Shagarabs and 41.4 per cent in Um-gargour.

TABLE 8: PROJECT RESULTS

CERF project information				
1. Agency:	UNHCR		5. CERF grant period:	11 Apr. 2013 – 31 Dec. 2013
2. CERF project code:	13-HCR-022		6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Protection			
4. Project title:	Protection monitoring of IDPs in Khartoum and Protocol Areas and South Sudanese in Khartoum			
7. Funding	a. Total project budget:	US\$ 4,119,867	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US\$ 1,919,991	<ul style="list-style-type: none"> ▪ NGO partners and Red Cross/Crescent: US\$ 258,204.11 ▪ Government Partners: US\$ 123,590 	
	c. Amount received from CERF:	US\$ 700,000		
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>	
<i>a. Female</i>	358,500	514,378	While the final population is approximately the same, the difference between direct FEMALE/ MALE beneficiaries is based on the following: 1) Overall IDPs and SS communities in areas targeted have a disproportionately high female population 2) Generally, beneficiaries supported included those identified through reported protection incidents and based on vulnerability. Given the current situation as identified by the Protection Sector, women and girls are dramatically affected by the conflict/violence. 3) UNHCR and the Protection Sector are making special efforts to address the protection needs of women and girls, taking into account the principle of do-no-harm.	
<i>b. Male</i>	358,500	218,273		
<i>c. Total individuals (female + male):</i>	717,000	732,651		
<i>d. Of total, children <u>under</u> age 5</i>	N/A	92,472		
9. Original project objective from approved CERF proposal				
The project is aimed at contributing to effective response of protection needs through greater coordination of protection response mechanisms, leveraging information management and analysis, including protection, monitoring, evaluation, response/referral systems, early warning mechanisms. This will in turn improve prevention strategies, mitigation of risks and protection response.				
10. Original expected outcomes from approved CERF proposal				
<ul style="list-style-type: none"> • Protection of IDP women, children and most vulnerable groups strengthened. Protection needs of South Sudanese are identified and responded to. • Specific needs of women and girls identified and responded to. • Situation of IDPs and South Sudanese monitored. • Risk of SGBV is reduced and quality of response improved. • Participation of South Sudanese communities in identification and response to protection needs ensured. • Information on return to South Sudan developed and delivered. 				

- Capacity of national actors strengthened to respond to protection needs of IDPs and South Sudanese.
- EVIs are identified, assisted and monitored at South Sudanese departure points, IDP sites and en route.

No	Standard Project Output Indicator	Mid-year target (indicate number)	End-year Target (indicate number)
1	# of monitoring missions where there are attacks reported which affect the civilian population	50	100
2	# of women, children, youth and other persons with specific needs that have access to protection services.	5,000	10,000
3	# of persons reached by community awareness activities focused on reducing stigma and shame of GBV and providing information on available basic services such as education, health, WASH and Protection services (e.g. GBV referral pathway)	15,000	30,000
4	# of advocacy efforts on access, actions and interventions taken on the basis of periodic reports and trends analysis.	100	200
5	# of South Sudanese obtained updated information on return options.	115,000	230,000

11. Actual outcomes achieved with CERF funds

No	Standard Project Output Indicator	Mid-year achievement (indicate number)	End-year achievement (indicate number)
1	# of monitoring missions where there are attacks reported which affect the civilian population	40	128
2	# of women, children, youth and other persons with specific needs that have access to protection services.	7,500	24,050
3	# of persons reached by community awareness activities focused on reducing stigma and shame of GBV and providing information on available basic services such as education, health, WASH and Protection services (e.g. GBV referral pathway)	20,000	47,760
4	# of advocacy efforts on access, actions and interventions taken on the basis of periodic reports and trends analysis.	60	120
5	# of South Sudanese obtained updated information on return options.	115,000	230,000

A. Protection of IDP women, children and most vulnerable groups strengthened.

Protection needs of South Sudanese are identified and responded to.

- 1) With UNHCR/Protection Sector provided trainings on protection monitoring, EVI identification/response and on community-based protection to partners, which enhanced their engagement with communities and the provision of protection services in priority areas.
- 2) Community based protection networks supported in IDP/conflict-affected communities, with ongoing monitoring visits, training of community members and sensitization campaigns.

B. Specific needs of women and girls identified and responded to.

C. Risk of SGBV is reduced and quality of response improved.

- 1) The UNHCR/Protection Sector trainings mentioned paid special focus on the issues of girls and women, in terms of specific protection risks and needs and equitable (community) participation.
- 2) Within the overall objective to provide protection services, GBV prevention/response activities were prioritized as well as other services, recognizing that the great majority of IDPs are women and girls, who for the most part hold the burden of the household on their shoulders.
- 3) Advocacy and awareness-raising with key stakeholders, including government officials, religious leaders and community members decreased apprehension to discuss issues and increased to support further work with GBV survivors and those-at-risk

D. Situation of IDPs and South Sudanese monitored.

Participation of South Sudanese communities in identification and response to protection needs ensured.

EVIs are identified, assisted and monitored at South Sudanese departure points, IDP sites and en route.

- 1) In Khartoum, protection monitoring missions took place on average once a week, with varying degrees of frequency over the course of the year, due to GoS access restrictions. For example during the floods, initially access was granted but from that point on to the end of the year, access requests delayed or denied for short periods at a time. However, due to community networks, despite lack of direct access, remote monitoring continued throughout.
- 2) Incidents reported with follow-up by UNHCR and CVHW through direct intervention with communities and with other relevant entities, as necessary, including police, MoH and KCCW, as well as within the Protection Sector (Child Protection / GBV Sub-Sectors) and with other sectors, particularly WASH, Health, NFI/ES and Return.
- 3) In Khartoum UNHCR, and CVHW organized 3 sessions on conflict transformation skills, mediation & negotiation, conflict resolution, and conflict management targeting 100 traditional and religious leaders. 2 sensitization events on peace building and peaceful co-existence between IDPs and host communities were facilitated. 24 campaigns to sensitize communities on the IDPs Guiding Principle were launched, which resulted in establishment of 12 Youth Groups that conducted monthly peaceful coexistence meetings.
- 4) Protection monitoring missions in South Kordofan and Blue Nile increased in the second half of the year, in line with the pilot protection monitoring project, which rolled out to NNGO partners (AMVO, AORD, ASSIST/NMIAD) a Protection Monitoring System (PROMIS).
- 5) In Blue Nile State, the situations of IDPs and returnees were systematically monitored through establishment of Community Based Protection Groups which reached 10 communities across the BN State provided with awareness and advocacy sessions/activities.

E. Information on return to South Sudan developed and delivered.

- 1) UNHCR and CVHW maintained regular monitoring and follow up situation of South Sudanese in open areas across Khartoum State and share findings with relevant GoS entities and other national organizations to timely address their protection concerns.
- 2) There were limited organized return operations, implemented by Africa Inland Church (AIC) and a private donor, which transported at least 6700 returnees by land road to their final destinations in various locations across South Sudan. CVHW delivered appropriate return messages as identified by the Return Task Force for potential

<p>returnees to inform their decisions and ensure they adhere to principals of voluntariness.</p> <p>3) UNHCR participated actively in the IDP Centre-led Return Task Force to highlight the rights of SS and the principals of voluntariness, safety and dignity.</p> <p>4) While UNHCR did not support the movements undertaken, UNHCR advocated for a principled approach with both governments and intervened to mitigate the negative effects for those most vulnerable and with special needs. CVHW delivered appropriate return messages for potential returnees to inform their decisions and ensure voluntariness.</p> <p>5) UNHCR worked with South Sudanese communities to identify 25 community volunteers to undertake protection monitoring for the return movements. They were trained and accompanied each convoy, providing key information regarding situation and conditions, as well as support to returnees. Also,</p> <p>6) CVHW worked in a coordinated manner with UNHCR (and UNFPA) distributed female hygiene kits (FHK) and clean delivery kits to returnee women and girls..</p>	
<p>F. Capacity of national actors strengthened to respond to protection needs of IDPs and South Sudanese.</p> <p>1) UNHCR implementing partners, the Commission of Voluntary and Humanitarian Work (CVHW), under the Khartoum State Ministry of Social Welfare, and the South Kordofan Ministry of Social Development (MoSDWCA) were provided with trainings and ongoing accompaniment in the exercise of their responsibilities.</p> <p>2) UNHCR Protection Monitoring Teams worked jointly with CVHW staff to visit SS open areas in Khartoum to identify and respond to incidents. CVHW with UNHCR also addressed police-related, advocating on behalf of the SS, and for various SS needs referred and follow-up with other relevant government entities and other humanitarian actors.</p> <p>3) In South Kordofan, UNHCR and the MoSDWCA have promoted protection conceptual understanding of IDPs, returnees, and host community across 5 localities within the State through training 350 participants mainly representing the traditional leaders and local authorities on protection and human rights.</p> <p>4) In Khartoum, UNCHR with CVHW conducted four focus groups discussion with South Sudanese and IDPs around Khartoum State, in which messages of peaceful co-existence were disseminated among IDPs South Sudanese and host communities to allow peace neighbourhood..</p>	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p> <ul style="list-style-type: none"> Given the identified priority in the field on protection services, especially to girls, women and others with specific needs, in mid-year UNHCR coordinated additional capacity building on protection monitoring/response and EVI identification/response. This resulted in an increase in monitoring missions that were focused identification/response capacity to increase protection services. In terms of the decrease in “advocacy efforts on access, actions and interventions taken on the basis of periodic reports and trends analysis”, the increase on protection services decreased focus on this outcome. At the same time, UNHCR and the Protection Sector decided to improve the quality of its work, including its advocacy efforts, through the design of a common sector strategy. As such, great efforts were put in finalizing the 2013-2014 Sudan Protection Sector Strategy to be able to improve its protection operations. With the strategy paper, the Protection Sector has re-prioritized this outcome with even greater unity and focus amongst protection partners. 	
<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>If 'YES', what is the code (0, 1, 2a or 2b): 2a If 'NO' (or if GM score is 1 or 0):</p>	
<p>14. M&E: Has this project been evaluated?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>1) Protection monitoring capacity and work to identify and respond to the needs of extremely vulnerable individual (EVIs) increased with respect to the NNGO partners, due to special pilot training undertaken by UNCHR for AMVO, AORD and</p>	

ASSIST (NMIAD).

- 2) Due to the number of distinct projects being undertaken by AORD, their organizational capacity to manage the resources has been stretched.
- 3) ASSIST field capacity and specific response to women and GBV issues was highlighted. Despite the sensitivities to do protection and address GBV issues, ASSIST's work is possible due to a positive relationship with state authorities.
- 4) AMVO is focused on community-level engagement and has a significant network within Khartoum, which has permitted its protection work with conflict-affected populations, even when the Protection Sector is restricted by the GoS.
- 5) Given that the CVHW project was focused on UNHCR-CVHW joint interventions with South Sudanese to support capacity building at the field level, the project suffered delays, due to severe access restrictions imposed on UNHCR during a significant part of the year. On a monthly basis, UNHCR sought permits through CVHW, but NISS delayed and denied access on a number of occasions for national staff and since mid-2013, no UNHCR international staff have been allowed access to the SS open areas in Khartoum.
- 6) Due to limited and infrequent access to certain areas, UNHCR did have difficulties during certain periods to effectively evaluate projects Implementation.

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	WFP	5. CERF grant period:	12 Apr. 2013 – 31 Dec. 2013
2. CERF project code:	13-WFP-015	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health-Nutrition		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency nutrition activities		
7. Funding	a. Total project budget:	US\$ 25,729,172	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 19,037,773	▪ NGO partners and Red Cross/Crescent: US\$ 146,966 ⁹
	c. Amount received from CERF:	US\$ 250,086	▪ Government Partners: US\$ 0
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> ¹⁰	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	19,340	19,143	See section 12.
b. Male	9,223	10,486	
c. Total individuals (female + male):	28,563	29,628	
d. Of total, children <u>under age 5</u>	18,445	20,971	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> Contribute to reducing under 5 years mortality due to acute malnutrition in Darfur states to less than 1.5/10000 by mid of 2013 Increase the capacity to treat 24,000 of acute malnutrition and respond to incident emergencies in Darfur states. 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> Treatment of approximately 15,000 children with severe acute malnutrition. <ul style="list-style-type: none"> Cure rate in the programs more than 75 per cent. Mortality rate less than 5% and defaulter rate less than 15 per cent. Treatment of 15,000 children with moderate acute malnutrition. <ul style="list-style-type: none"> Cure rate more than 75 per cent. Mortality rate less than 3 per cent and defaulter rate less than 15 per cent. 150,000 women and children reached with preventative nutrition services. 			
Agency		Activity	
Sibro		South Kordafan. Rehabilitation of 4 feeding centres and support to the implementation of 4 out patient care facilities in South Kordfan including running costs, and community engagement to ensure effective implementation of the project	
Talawait		Support the functioning of out patient (OTP) care facilities in Kassala state including emergency preventative nutrition	

⁹ Please note that this figure reflects the total amount given to three implementing partners in Darfur in 2013.

	activities.
SRCS	Kassala, Support to 4 outpatient feeding programmes through provision of running costs, training and supervision and emergency nutrition prevention activities.
Almanar	South Kordafan. Support to establishment of 3 new outpatient feeding programmes including repairs, capacity building and running costs. Including strong community engagement.
ARC	South Darfur Support to 2 Stabilisation Centers (SC), 10 supplementary feeding programs (SFP's) and 10 OTP's running costs and implementation of emergency nutrition prevention campaigns and education sessions.
NCA	South and Central Darfur, Support to 4 SFP centres including repairs, running costs and training. Implementation of nutrition prevention activities with communities.
Concern	West Darfur. Support to the functioning of OTP's with running costs, repairs and supportive supervision and implementation of emergency nutrition prevention activities

11. Actual outcomes achieved with CERF funds

CERF funds were primarily used to increase the availability of food-based preventive nutrition services throughout Sudan in areas characterised by persistently high levels of acute malnutrition.

In Darfur locations where the funds were used specifically, WFP supported 29,628 beneficiaries including 10,486 boys, 10,486 girls and 8657 pregnant and lactating women (PLW) who received supplementary food rations and participated in behaviour changes activities. The programme was implemented through international NGOs.

76 per cent of children admitted for prevention programme gained weight while only 6 percent lost weight during the period they were enrolled in the programme. The provision of food-based preventive services was expanded significantly in 2013.

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

Key constrains in 2013 in relation to the programme are mostly linked to pipeline shortfalls owing to late contribution of funds from key donors and pipeline breaks in West Darfur due to difficulties encountered to transport commodities from EL Obeid to El Geneina. These difficulties are due to the inability of WFP to preposition food ahead of the rainy season (late contributions), and increases transport time in the second half of the year due to delays in getting escorts for convoys.

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 or 2b): 2b

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

In IBSFP the provision of food supplement are complemented by behaviour change interventions addressing key health and hygiene practices linked with the development of acute malnutrition. This gender sensitive community awareness raising programme targets both female and male caregivers as men play significant roles in supporting new mothers and children (WFP targeted beneficiaries); to ensure sustainable success it is essential that communal attitudes and improved practices are adopted by all members of the community.

WFP continues to ensure that women activity participate in planning, implementation and evaluation of the operations, through their representation within food management committees at each health facility and distribution site and their promotion as food entitlement holders of ration cards. In consultation with women beneficiaries, WFP determines where IBSFP distribution points are best established to allow women to collect the rations themselves and avoid burdensome and unsafe travel. Distributions are also only conducted during the day, so as to reduce the risk to women returning home after dark. WFP also consults with women to determine if special packaging is required to facilitate the collection and carrying of food rations, and when distributions should take place to decrease interference with other domestic activities.

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

YES NO

The project has not been evaluated directly. Nutrition preventive services are monitored through monthly statistical reports from implementing partners. The i-BSFP monitoring system includes a cohort of 200 children at each centre monitored for growth outcomes. Over 75 per cent of children in the programme gained weight over two consecutive measurements while 6 per cent lost weight. The i-BSFP also focuses on positive changes in feeding and hygiene behaviour. To measure changes, knowledge, attitude, and practice (KAP) localised surveys are conducted at baseline and repeated after approximately 2 years. Since the inception of i-BSFP in 2011, 12 KAP surveys have been done including 3 in 2013. Given that i-BSFP is a relatively new programme, no follow up survey has been conducted to date.

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	WFP	5. CERF grant period:	25 Mar. 2013– 31 Dec. 2013
2. CERF project code:	13-WFP-016	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Food		<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\$ 332,601,995 ¹¹	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 29,098,551	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 99,616 ¹²
	c. Amount received from CERF:	US\$ 5,000,000	▪ <i>Government Partners:</i> US\$ 0
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	248,400	144,421	Please see section 12
b. Male	211,600	123,025	
c. Total individuals (female + male):	460,000	267,446	
d. Of total, children <u>under age 5</u>	92,000	53,489	
9. Original project objective from approved CERF proposal			
WFP's primary objective is to reduce food insecurity and save lives of 460,000 long-term WFP registered IDPs in camps in Darfur for two months during the lean season via cash voucher GFD activities			
10. Original expected outcomes from approved CERF proposal			
Distribution and redemption of cash vouchers to 460,000 beneficiaries from April-May 2013 in Darfur.			
11. Actual outcomes achieved with CERF funds			
<p>With the total contribution from CERF of USD 5 million, WFP assisted 267,446 IDP beneficiaries with cash vouchers, rather than the 460,000 planned beneficiaries (please see section 12).</p> <p>Due to the decreased number of beneficiaries receiving cash vouchers, the CERF grant was able to provide 3 months assistance (April-June 2013) instead of the 2 months (April-May) originally planned;.</p> <p>54per cent or 144,421 beneficiaries were women and the remaining 46per cent or 123,025 beneficiaries were men. A total of 53,489 children under the age of 5 were assisted with cash vouchers.</p> <p>The monthly voucher value per beneficiary was calculated based on the in-kind ration at local market prices. Thus, it varied from location to location (see table below for details). Vouchers were introduced in Otash camp, South Darfur in May 2013. In the remaining locations, WFP has assisted its beneficiaries with cash vouchers since 2011.</p>			

¹¹ Note from WFP: SUD13F53720 is WFP Emergency Food Security Project under HWP valued at US\$300 million.

¹² Note from WFP: The US\$364,000 figure planned in the proposal was according to ODOC budget rates applying to the entire operation; specific implementation agreements with individual CPs gave rise to lower than anticipated rates.

Geographically, cash voucher assistance was provided to IDPs in the following locations:

State	Location	Number of beneficiaries	Monthly Voucher value	Cooperating partner
West Darfur	Sultan House camp (Geneina)	4,116	Sultan House: 28 SDG	Sudanese Red Crescent
North Darfur	Abu Shouk and Al Salam camps (both Fasher), Saraf Omra, Kabkabiya	85,036 52,167 69,681	Fasher camps: 32 SDG Saraf Omra: 26 SDG Kabkabiya: 26 SDG	Kabkabiya: Kabkabiya Small-Holders Charitable Society (KSCS) Rest: SAEKER Charitable Society
South Darfur	Otash camp (Nyala)	56,446	Otash: 30 SDG (as of May)	World Vision International

WFP worked together with four cooperating partners to implement the project: Sudanese Red Crescent in West Darfur, KSCS and SAEKER in North Darfur, and World Vision International in South Darfur. The responsibilities of the CP include beneficiary sensitization, physical distribution of vouchers as well as data entry for voucher reconciliation.

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

In 2013 WFP was not able to expand its cash voucher programme in 2013 at the pace originally foreseen. In places where WFP had planned to implement vouchers but was not able to do so (for reasons listed below), IDP beneficiaries continued to receive GFD in-kind assistance as in previous years.

For example:

- WFP had planned to reach up to 65,000 beneficiaries in various camps in Geneina, West Darfur. Due to fact that the WFP/IOM IDP verification exercise had not finished at the time, beneficiaries and community leaders were reluctant to accept a shift in assistance modality until their complaints regarding the verification process had been addressed. As a result, WFP was only able to assist the small caseload in Sultan House camp, approximately 4,000 beneficiaries, instead of the planned 65,000 IDPs;
- In Nyala, South Darfur, WFP had planned to introduce vouchers in various peri-urban camp locations in Nyala (targeting almost 100,000 additional beneficiaries) in addition to Otash camp. This plan was too ambitious both in terms of internal capacity to implement at scale, as well as in terms of WFP's ability to raise un-earmarked cash contributions in order to sustain such a big caseload throughout 2013. Whilst the CERF grant would have covered two months' cash vouchers for Nyala camps, WFP's policy is to gradually transition camps from in-kind assistance to cash voucher assistance only when the cash pipeline is healthy enough to sustain the modality through-out the year, rather than shifting back and forth between in-kind and cash voucher-based assistance according to pipeline breaks;
- Consequently, further expansions of GFD cash vouchers both in Geneina and Nyala were postponed to 2014.
- Due to the reduction in the number of cash voucher beneficiaries, the CERF contribution was able to cover more than two months of the cash requirement for the voucher programme. The grant supported the entire Darfur voucher programme (more than 260,000 beneficiaries) for approximately 3 months (12 weeks in total) instead of the planned two months.

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 or 2b): 2b

If 'NO' (or if GM score is 1 or 0): WFP continued to ensure that women actively participated in planning, implementation and evaluation of the operations, through their representation within food/cash voucher management committees at each distribution site and their promotion as food entitlement holders of ration cards. WFP's distribution and post distribution monitoring highlight that women are the primary recipient of assistance: this is particularly notable for voucher based activities where the vast majority of vouchers are collected and redeemed at local markets by women. In consultation with women beneficiaries, WFP determines where distribution points are best established to allow women to collect the rations themselves and avoid burdensome and unsafe travel. Distributions are also only conducted during the day, so as to reduce the risk to women returning home after dark. WFP partners in Darfur work to enhance protection for IDPs – especially women – and to identify particularly vulnerable cases. In camps, WFP and its partners allow for gender segregated verifications and distributions.

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

YES NO

An external comparative evaluation was conducted in both Fasher and Geneina. It is important to clarify that the evaluation looked at the implementation of the voucher programme in general and not specifically at the duration of the CERF contribution to the programme. The evaluation mission was conducted during April 2013 and the report was finalized during May 2013.

The key findings were:

Choice of modality:

- The evaluation finds the decision to shift from in-kind food assistance to vouchers appropriate, especially considering the overall capacity of markets to endure increased demand over time and WFP's proven ability to manage possible constraints such as poor harvest and related increase in food prices.

Food security and dietary diversity:

- Overall, voucher transfers are preferred over in-kind assistance because they allow beneficiaries the flexibility to choose the most needed and locally preferred commodities, thus contributing to greater diversity of the food items obtained.
- Dietary diversity is better guaranteed through the voucher programme, provided that all relevant items are available and accessible in adequate quantity and quality and at a reasonable price.
- Selling of food: The introduction of the voucher programme has contributed to a significant reduction in the sales of food commodities into the local markets as compared to in-kind.

Impact on markets:

- Despite the stimulation of the markets due to the influx of cash through vouchers, the current impact of the programme on the markets of the two sites investigated should not be overestimated. At best, the programme is benefiting a relative small number of better-off traders, whose capacity was already high prior to their engagement with WFP.
- The lengthy voucher payment process is among the impediments for the engagement of small traders, as they do not have the capacity to sustain upfront costs that at best will be reimbursed after a month or more.

Impact on community:

- Beneficiaries generally reported that the practice of sharing with more vulnerable and needy community members continue regardless of the type of transfer modality.
- There were no accounts of tension or safety concerns within communities and with non-beneficiaries in relation to the assistance received, regardless to whether transfers were made in-kind or through vouchers.

Cost efficiency:

- A cost comparison exercise is carried out on a monthly basis between the updated market prices in each location and the value of in-kind food assistance (calculated with current free-on-board prices and associated transport, storage and handling costs) to determine the cost efficiency of the cash voucher programme as compared to in-kind rations. Cost-efficiency calculations in the two locations over the past two year found that the cash voucher is more cost-efficient than in-kind assistance.

Findings specific to El Fasher:

- The voucher programme in El Fasher provides beneficiaries effectively with more choice and control over their food needs and how to best meet them. Control over food entitlements shifted from community leaders (sheiks and umdas) to individual beneficiaries with the introduction of the voucher programme. This shift of control over food led to the (re)-establishment of a relationship of trust between community members, particularly women, and leaders.

Findings specific to El Geneina:

- The evaluation found that the voucher programme has not been implemented in accordance to WFP voucher standards and procedures. The programme mirrors what was happening before with in-kind distribution. Choice is limited to four to five commodities only, and beneficiaries are 'forced' by traders to redeem a stack of minimum 40 vouchers at a time, if they do not want to run the risk of waiting for a long time or not be served at all. Consequently, reliance on and control by sheiks remains high and no change in the power dynamics at community level was observed in relation to the voucher programme.

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	WHO	5. CERF grant period:	2 Apr. 2013 – 31 Dec. 2013
2. CERF project code:	13-WHO-016	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project title:	Support access to quality health services including communicable disease control and prevention		
7. Funding	a. Total project budget:	US\$ 14,000,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 7,900,000	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 689,968
	c. Amount received from CERF:	US\$ 2,070,001	▪ <i>Government Partners:</i> US\$ 0
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	1,859,879	2,000,000	Clinics saw more users than expected – hence the target was exceeded – likely due both an increase of people in the camps due to increased violence related displacements and due to individuals visiting more often than WHO anticipated..
b. Male	1,521,720	1,708,521	
c. Total individuals (female + male):	3,381,600	3,708,521	
d. Of total, children <u>under age 5</u>	676,320	648,742	
9. Original project objective from approved CERF proposal			
Enhance availability and access to basic health services for vulnerable including chronic diseases, in emergency setting taking into account the different needs of men women and children.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> Contractual arrangement with 3 NGOs done. Medicines and supplies procured and distributed. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> Three NGOs – World Vision Sudan, SRCS, and Relief International – were contracted and provided services in agreed areas. All NGOs submitted detailed reports including weekly bulletin reports regarding morbidity and mortality. Clinic based Surveillance system (EWARS) has been maintained. 49 Health education sessions were conducted throughout the period All agreed medicine and supplies purchased and distributed, including: 70 Rapid response kits, 25 Diarrheal kits, 20 meningitis kits and 23 Italian Trauma kits A and B 			

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
NA	
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 or 2b): 2a If 'NO' (or if GM score is 1 or 0):	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Every month WHO officers visited the targeted clinics of NGOs and report on the type of services, quality of services, and availability of medicines and supplies. This note for record usually sent to country office for comments.	

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	WHO	5. CERF grant period:	5 Apr. 2013 – 31 Dec. 2013
2. CERF project code:	13-WHO-017	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Nutrition		<input checked="" type="checkbox"/> Concluded
4. Project title:	Nutrition Support for high risk States (Red Sea, Blue Nile, Sinnar and White Nile)		
7. Funding	a. Total project budget:	US\$1,310,107	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$499,988	NGO partners and Red Cross/Crescent: US\$ 0
	c. Amount received from CERF:	US\$300,753	Government Partners: US\$ 0
Results			
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	22,943	24,262	
b. Male	5,756	6,927	
c. Total individuals (female + male):	41,501	43,314	
d. Of total, children under age 5	12,802	11,977	
9. Original project objective from approved CERF proposal			
<p>To ensure the availability of appropriate and comprehensive treatment of acute malnutrition in communities affected by conflict and states with critical nutrition situation through strengthening the capacity of MOH and volunteering health workers</p> <p>Strengthening the integration of nutrition services into primary health care services in order to prevent and reduce the acute malnutrition rates (SAM, MAM, GAM) within the targeted high risk states</p>			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • At least 22,903 pregnant and lactating women enrolled and treated in SAM/CMAM activities and been informed with IYCF key messages. • At least 50per cent of detected children with moderate acute malnutrition (MAM) in target areas enrolled in therapeutic feeding and 100 per cent treated. • At least 50per cent of detected children with severe acute malnutrition (SAM) in target areas enrolled in therapeutic feeding and 100 per cent treated. • 80per cent (10,241 boys and girls) of children under five in target areas are screened using MUAC. • At least 120 health workers (72 women and 48 men) trained in SAM/MAM/CMAM as well as IYCF counselling and growth monitoring been promoted. The health worker also empowered with HIV/AIDS knowledge. • Recovery rate >75 per cent = 9,601 (boys and girls). • The 15 TFCs (new and activated) will be fully linked to the Primary Health Care (PHC) services. 			

- Death rate (for boys and girls) for therapeutic care decrease to <10 per cent
- Mortality rate (for boys and girls) for supplementary care decrease to <3 per cent

11. Actual outcomes achieved with CERF funds

24,191 pregnant and lactating women been informed with SAM/CMAM activities and IYCF key messages.

All of the SAM and MAM cases (among the 80 per cent “9,581” screened children with MUAC) detected and treated.

All targeted health and nutrition workers (120 in addition to 23 volunteers) trained in SAM/MAM/CMAM as well as IYCF counselling and growth monitoring been promoted in addition to HIV/AIDS messages.

Recovery rate >75 per cent 8,982 = (boys and girls).

12 out of 15 targeted TFCs activated and fully linked to the PHC services except for those in White Nile state (due to below mentioned reason).

Death rate for both therapeutic and supplementary care decreased (for boys and girls) to <3 per cent and <10 per cent respectively.

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

Gaps were met by increasing the activities in other targeted areas.

For example, White Nile state (which represent 25 per cent of the total target): the targeted staff have been trained – most of the activities related to pregnant and lactating mothers held in Kosti hospital.

The drugs and equipment for the all sites are procured, but some are not yet distributed to the targeted TFCs due to insecurity issues in both Alsalam and aljabalain localities where most of southern Sudan’ refugees return).

In Kosti, as well, the hospital had a higher than expected admission rate resulting in overcrowding that also delayed the start process of the rehabilitation.

Nevertheless the rehabilitation started and nearly finished - at the time of reporting WHO is waiting for SMOH permission to deliver the equipment as well as drugs meanwhile.

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 or 2b): 2a

If ‘NO’ (or if GM score is 1 or 0):

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

YES NO

The final internal WHO monitoring report is not yet completed waiting for the sites in White Nile State to be fully functioning and then to complete the report.

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	WHO	5. CERF grant period:	26 Mar. 2013 – 31 Dec. 2013
2. CERF project code:	13-WHO-018	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Water and sanitation		<input checked="" type="checkbox"/> Concluded
4. Project title:	Support to emergency and recovery wash interventions with focus on vector control		
7. Funding	a. Total project budget:	US\$1,707,129	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 0	▪ <i>NGO partners and Red Cross/Crescent:</i>
	c. Amount received from CERF:	US\$499,996	▪ <i>Government Partners:</i>
			US\$ 0
			US\$ 0
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	315,000	270,000	
b. Male	385,000	401,000	
c. Total individuals (female + male):	700,000	671,000	
d. Of total, children <u>under</u> age 5	122,500	105,000	
9. Original project objective from approved CERF proposal			
To support reduction in morbidity and mortality caused by vector/water borne diseases in high risk areas.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> 500 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). Support integrated vector control Campaign in Darfur and Eastern states. 			
Indicator		Target	
total # of people trained		500	
# of integrated vector control campaign		16	
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> 871 environmental health workers have been trained in different thematic areas The training program focused on training the environmental health officers (EHO) on chemical and bacteriological water analysis methods, water safety and hygiene control, training on; vector control techniques and chemical pesticide's safety rules, training of community volunteers on different environmental health topics to raise awareness on public health and environment hazards around the dwellings. 			

<ul style="list-style-type: none"> 30 Integrated vector control campaigns and entomological assessment targeting vector in rural areas were conducted 	
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"/>
If 'YES', what is the code (0, 1, 2a or 2b): 2a If 'NO' (or if GM score is 1 or 0	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If 'YES', please describe relevant key findings here and attach evaluation reports or provide URL If 'NO', please explain why the project has not been evaluated After the implementation of vector control campaigns the density of mosquito had reduced according to Malaria program report. By undertake water sampling, testing and conduct sanitary inspection on targeted sources the targeted area showed free of waterborne diseases outbreak.	

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name	Partner Type	Total CERF Funds Transferred to Partner US\$	Date First Installment Transferred	Start Date of CERF Funded Activities By Partner	Comments/Remarks
13-CEF-040	Child Protection	UNICEF	FCPU	GOV	\$54,515	19-Aug-13	24-Aug-13	
13-CEF-040	Child Protection	UNICEF	Ministry of Interior	GOV	\$1,252	11-Sep-13	13-Sep-13	
13-CEF-040	Child Protection	UNICEF	NMAC	GOV	\$3,261	1-Aug-13	1-Aug-13	
13-CEF-040	Child Protection	UNICEF	NCCW	GOV	\$31,488	12-Jun-13	17-Jun-13	
13-CEF-040	Child Protection	UNICEF	NDDRC	GOV	\$52,327	9-Jul-13	1-Jul-13	
13-CEF-040	Child Protection	UNICEF	Nyala Technical College	GOV	\$10,690	8-May-13	15-May-13	
13-CEF-040	Child Protection	UNICEF	Ministry of Social Welfare	GOV	\$71,730	29-May-13	1-Jun-13	
13-CEF-040	Child Protection	UNICEF	Plan Sudan	INGO	\$33,340	13-Aug-13	1-Aug-13	
13-CEF-040	Child Protection	UNICEF	World Vision	INGO	\$60,884	29-Aug-13	1-Aug-13	
13-CEF-040	Child Protection	UNICEF	JASMAR	NNGO	\$4,006	20-Oct-13	1-Oct-13	
13-CEF-040	Child Protection	UNICEF	Kabkabyia Small holders	NNGO	\$19,950	22-Jul-13	1-Jul-13	
13-CEF-040	Child Protection	UNICEF	Auttash Organization	NNGO	\$19,950	22-Jul-13	1-Jul-13	
13-CEF-040	Child Protection	UNICEF	Saraf Omra Women Organization	NNGO	\$19,950	21-Jul-13	1-Jul-13	
13-CEF-040	Child Protection	UNICEF	Kalma Youth Committee	NNGO	\$9,258	23-May-13	1-May-13	
13-CEF-040	Child Protection	UNICEF	Child Development Foundation	NNGO	\$86,265	14-Jul-13	1-Jul-13	
13-CEF-039	Nutrition	UNICEF	Almanar Voluntary Organization	NNGO	\$95,000	18-Sep-13	18-Sep-13	Disbursement of CERF fund was delayed to the partner and that automatically delayed the timely project implementation. This was mainly because the partners' Unicef account was blocked with outstanding cash (not clear/liquidate).
13-CEF-039	Nutrition	UNICEF	Sibro Organization for Development (SOD)	NNGO	\$133,443	3-Jul-13	3-Jul-13	Project implementation was significantly delayed, due to insecurity which restricted Sibro from the movement to the

								proposed project sites.
13-CEF-039	Nutrition	UNICEF	Concern Worldwide	INGO	\$93,000	11-Oct-13	11-Oct-13	Disbursement of CERF funds was delayed to the partner and that automatically delayed the timely project implementation. This was mainly because the partners' UNICEF account was blocked with outstanding cash (not clear/liquidate).
13-CEF-039	Nutrition	UNICEF	Norwegian Church Aid (NCA)	INGO	\$188,734	11-Sep-13	11-Sep-13	Disbursement of CERF funds was delayed to the partner and that automatically delayed the timely project implementation. This was mainly because the partners' UNICEF account was blocked with outstanding cash (not clear/liquidate).
13-CEF-039	Nutrition	UNICEF	Sudanese Red Crescent Society (SRCS)	NNGO	\$200,000	10-Jul-13	10-Jul-13	It was the first time for SRCS to create a partnership with UNICEF, therefore the proposal writing and agreement documentation took time to be in line with UNICEF agreement standards.
13-CEF-039	Nutrition	UNICEF	Talawiet Organization for Development (T.O.D)	NNGO	\$94,607	5-Jul-13	5-Jul-13	It is first time for TOD to create a partnership with UNICEF, therefore the proposal writing and agreement documentation took time to be in line with UNICEF agreement standards.
13-CEF-039	Nutrition	UNICEF	AMERICAN REFUGEE COMMITTEE (ARC) INTERNATIONAL	INGO	\$183,068	20-May-13	20-May-13	
13-CEF-041	Water, Sanitation and Hygiene	UNICEF	Plan Sudan	INGO	\$250,000	21-Nov-13	21-Nov-13	CERF funds were disbursed in 2 installments through PCA arrangement
13-CEF-041	Water, Sanitation and Hygiene	UNICEF	TGH	INGO	\$19,804	26-Sep-13	26-Sep-13	CERF funds were disbursed as an ammendment to a PCA.
13-CEF-041	Water, Sanitation and	UNICEF	RCDO	NNGO	\$19,955	12-Sep-13	12-Sep-13	CERF funds were disbursed as SSFA

	Hygiene							
13-CEF-041	Water, Sanitation and Hygiene	UNICEF	ACTED	INGO	\$19,753	9-Oct-13	9-Oct-13	CERF funds were disbursed as SSFA
13-CEF-041	Water, Sanitation and Hygiene	UNICEF	WES (C, E, N, S and W.Darfur)	GOV	\$674,981	16-Sep-13	16-Sep-13	CERF funds were disbursed through various Direct Cash Transfers at state level.
13-WHO-016	Health	WHO	WORLD VISION	INGO	\$240,000	17-May-13	1-May-13	Last instalment \$160,000 is under process after we received the final report.
13-WHO-016	Health	WHO	RELIEF INTERNATIONAL (RI)	INGO	\$249,968	17-May-13	1-May-13	Last instalment \$74,990 is under process after we received the final report.
13-WHO-016	Health	WHO	SUDANESE RED CRESENT SOCIETY	RedC	\$200,000	31-Jul-13	1-Jul-13	
13-HCR-021	Protection	UNHCR	COR	GOV	\$168,540	10-Mar-13	1-Jan-13	
13-HCR-021	Food Assistance	UNHCR	Human Appeal International	INGO	\$159,815	4-Mar-13	1-Jan-13	
13-HCR-021	Water, Sanitation and Hygiene	UNHCR	Al Sugya	NNGO	\$298,800	25-Mar-13	1-Mar-13	
13-HCR-021	Protection	UNHCR	Al Sharq	NNGO	\$48,299	4-Feb-13	1-Jan-13	
13-HCR-021	Shelter & NFI	UNHCR	Sudanese Red Crescent/SRC	RedC	\$39,532	28-Mar-13	25-Jul-13	
13-FPA-013	Health	UNFPA	EL Genina Teaching Hospital	GOV	\$14,819	20-Aug-13	25-Aug-13	
13-FPA-013	Health	UNFPA	Nyala Teaching Hospital	GOV	\$33,245	1-Dec-13	5-Dec-13	After receiving the approval for the redeployment on 29 November 2013. AWP was agreed on advanced with IP
13-FPA-013	Health	UNFPA	SMOH West Darfur	GOV	\$84,730	10-Oct-13	17-Oct-13	The fund was released on Q4 after the SMOH cleared Q3 allocated fund, as it was supported through NEX modality- CERF fund was received on April after releasing Q3 fund
13-FPA-013	Health	UNFPA	SMOH North Darfur	GOV	\$17,738	26-May-13	15-Jun-13	
13-FPA-013	Health	UNFPA	Government	GOV	\$124,724			
13-FPA-013	Health	UNFPA	World Vision international	INGO	\$8,560	10-Jun-13	20-Jun-13	
13-FPA-013	Health	UNFPA	NGO Partners/RC	INGO	\$76,679			
13-FPA-013	Health	UNFPA	Human Relief Foundation	NNGO	\$14,791	4-Nov-13	20-Nov-13	

13-HCR-022	Protection	UNHCR	CVHW	GOV	\$82,474	19-Mar-13	1-Jan-13	Initial allocation of US\$ 87,322 was revised downwards during mid-year review
13-HCR-022	Protection	UNHCR	MoSWD	GOV	\$41,116	15-Jan-13	1-Jan-13	
13-HCR-022	Protection	UNHCR	NMIAD	NNGO	\$170,080	15-Jan-13	1-Jan-13	Initial allocation of US\$ 162,740 was revised upwards during mid-year review for assistance to EVIs
13-HCR-022	Protection	UNHCR	AORD	NNGO	\$71,196	17-Feb-13	1-Jan-13	Initial allocation of US\$ 48,250 was revised upwards during the mid-year review to reach addition EVIs in Blue Nile State
13-HCR-022	Protection	UNHCR	Al Manar	NNGO	\$16,928	3-Sep-13	1-Aug-13	Partner was not in initial proposal but a decision was made to engage after the mid-year review revealed gaps in assistance to South Sudanese in Khartoum State
13-WFP-015	Nutrition	WFP	American Refugee Committee (ARC)	INGO	\$24,050	1-Jul-13	1-Apr-13	The discrepancy between the proposed and actual sub-grant amount for 13-WFP-015 was due to the fact that the items in budget line D of the proposal should have been considered as under implementing partners (NCA, ARC and Concern).
13-WFP-015	Nutrition	WFP	Norwegian Church Aid (NCA)	INGO	\$21,787	1-Jul-13	1-Mar-13	
13-WFP-015	Nutrition	WFP	Concern	INGO	\$101,129	1-Jun-13	1-May-13	
13-WFP-016	Food Assistance	WFP	Kabkabiya Small-Holders Charitable Society (KSCS)	NNGO	\$14,688	Not available	Not available	
13-WFP-016	Food Assistance	WFP	Saeker Charitable Society	NNGO	\$38,697	Not available	Not available	
13-WFP-016	Food Assistance	WFP	World Vision Sudan	INGO	\$44,362	Not available	Not available	
13-WFP-016	Food Assistance	WFP	Sudanese Red Crescent (SRC)	RedC	\$1,869	Not available	Not available	
13-FPA-013	Health	UNFPA	Labena	NNGO	\$8,472	7-Oct-13	15-Oct-14	
13-FPA-013	Health	UNFPA	Patient Helping Fund	NNGO	\$42,182	1-Dec-13	7-Dec-13	After receiving the approval for the redeployment on 29 November 2013. AWP was agreed on advanced with IP

13-FAO-014	Livelihoods	FAO	TEARFUND	INGO	\$159,201	22-May-13	22-May-13	
13-FAO-014	Livelihoods	FAO	UMCOR	INGO	\$193,450	29-May-13	29-May-13	
13-FAO-014	Livelihoods	FAO	TRIANGLE	INGO	\$182,240	22-May-13	22-May-13	
13-FAO-014	Livelihoods	FAO	WORLD VISION	INGO	\$227,450	23-May-13	23-May-13	
13-FAO-014	Livelihoods	FAO	OXFAM AMERICA	INGO	\$196,500	22-May-13	22-May-13	
13-FAO-014	Livelihoods	FAO	COOPI	INGO	\$207,325	22-May-13	22-May-13	

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ARC	American Refugee Committee
AWD	Acute Watery Diarrhea
CHF	Common Humanitarian Fund
CMAM	Community-based management of acute malnutrition
CMR	Clinical Management of Rape
CVHW	Commission of Voluntary and Humanitarian Work (Government)
DFID	Department for International Development (United Kingdom)
ECHO	European Commission Humanitarian Organization
EMOC	Emergency Obstetric Care
EVI	Extremely Vulnerable Individuals
FAO	Food and Agriculture Organization of the United Nations
FCPU	Family and Child Protection Unit
FSL	Food Security Livelihoods
GAM	Global Acute Malnutrition
HCT	Humanitarian Country Team
HWP	Humanitarian Work PPlan
MAM	Moderate acute malnutrition
MISP	Minimum Initial Service Package
MoH	Ministry of Health
MoSDWCA	South Kordofan Ministry of Social Development
MUAC	Mid-upper Arm Circumference
NCA	Norwegian Church
NIPP	Nutrition Impact and Positive Practice
OFDA	Office of Foreign Disaster Assistance (Part of USAID)
OTP	Outpatient Therapeutic Programs
RH	Reproductive Health
SAM	Severe acute malnutrition
SFP	Supplementary Feeding Programmes
SRC	Sudan Red Crescent
SSMO	Sudanese Standard Metrology Organisation
TOD	Talawit Organization for Development
TTIs	Transfusion-transmissible Infections
UFE	Underfunded Emergency
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nation Children's Fund
WFP	World Food Programme
WHO	World Health Organization