



United Nations

**CENTRAL
EMERGENCY
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
REPUBLIC OF SUDAN
RAPID RESPONSE
CONFLICT-RELATED DISPLACEMENT**

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 and some agency leads on¹ 5 March, and at an Humanitarian Country Team (HCT) level discussion on 1 April 2014², 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.

- 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 collecting inputs 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

² Including the heads of FAO, UNICEF, UNFPA, and WFP as well as representatives from UNHCR.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: US\$ 33,546,000		
Breakdown of total response funding received by source	Source	Amount
	CERF	\$15,022,779
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)	\$5,500,000 ³
	OTHER (bilateral/multilateral)	\$23,726,511
	TOTAL	44,249,290⁴

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 18-Apr-13			
Agency	Project code	Cluster/Sector	Amount
FAO	13-FAO-020	Agriculture	\$700,000
UNHCR	13-HCR-034	Shelter and non-food items	\$599,999
WFP	13-WFP-025	Food	\$10,530,502
WHO	13-WHO-027	Health	\$300,000
UNICEF	13-CEF-059	Multi-sector	\$2,892,278
TOTAL			\$15,022,779

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies /IOM implementation	\$12,839,579
Funds forwarded to NGOs for implementation	\$1,077,735
Funds forwarded to government partners	\$1,105,465
TOTAL	15,022,779

³ This number, as is elaborated later in the report – refers to the total CHF funding over the course of the CHF year, rather than to a CHF emergency allocation to Blue Nile.

⁴ This amount exceeds the total amount needed for the response according to the chapeaux. This is because that number (US\$33.5 million) was based on agencies' assessment made at the time, which triggered the Rapid Response Mechanism, of the beneficiaries they would be able to reach. Overall need in Blue Nile state was estimated at the midyear to amount to US\$55.02 million. Given this situation, it is not surprising that over the course of the implementation period agencies received additional funding to respond in Blue Nile.

HUMANITARIAN NEEDS

In September 2011, conflict broke out in Blue Nile State displacing people within the state and to neighbouring states. The humanitarian community could not access affected populations outside Damazine and Rossaries towns in Blue Nile State for over eighteen consecutive months.

In early March 2013, an inter-agency team comprising WFP, UNDSS, Humanitarian Aid Commission (HAC) and cooperating partners including the Sudanese Red Crescent Society (SRCS) and Mubadiroon conducted a rapid needs assessment in several locations across the six localities of Blue Nile State, for the first time since the original conflict in 2011.

As of April 2013, assessments had been completed in five of the six localities in Blue Nile State (Geissan, Kurmuk, Bau, Tadamon and Rossaries), where WFP estimated that 84,000 people are in urgent need of food assistance. WFP estimated that the population in need in the remaining locality of Damazine was approximately 11,000, bringing the total number of people in need across all six localities to 95,000¹.

The assessment divided the affected population into the following groups:

Directly Affected Populations (still displaced or returned without assets): this group includes those who remain displaced and unable to return to their places of origin due to insecurity as well as returnees. The majority of this group was directly affected by the conflict and lost their assets upon displacement, and were unable to cultivate land during the 2012 planting season.

Conflict-Affected Populations (displaced prior to conflict): This population group was displaced during the early days of the conflict. However, they managed to secure basic household assets and some relatively valuable belongings. They later returned to their places of origin after a short period of displacement and managed to secure some food stocks as well as livestock. In all assessed locations, this group confirmed that they have limited access to agricultural land. Findings indicated a better food security situation compared to the first group.

Both identified population groups were **food insecure**, and deprived of their productive assets due to the conflict. Therefore they urgently needed access to seeds, tools and basic livestock services for the coming rainy season in order to be able to produce their food for the coming year.

The conflict also disrupted delivery of **health services** in all localities especially in Kurmuk, Geissan and Bao. More than two third of health facilities were not functioning either due to lack of staff or lack of essential drugs and medical supplies.

In Geissan, a total of 12,300 people (11,130 IDPs and 1,170 returnees) were verified as requiring humanitarian assistance, representing a decrease of 50 per cent compared to the number initially shared with WFP.

In Kurmuk, a total of 39,100 people (10,200 IDPs, 9,200 returnees and 19,700 conflict-affected people) were verified as requiring humanitarian assistance; a 25 percent decrease compared to the number initially shared with WFP.

Despite the fact that the assessment was mainly done to assess food needs; the primary needs for the displaced were across sectors, particularly with urgent needs for shelter and other non-food items; access to safe potable water and health services.

II. FOCUS AREAS AND PRIORITIZATION

The impetus for this rapid response request was a joint needs assessment mission to Blue Nile – an area that had not been accessible to international humanitarian organizations since 2011, as noted. This meant that sectors were coordinated from the start of the process. There were early meetings with all stakeholders and there was early agreement on funding envelopes. This allowed agencies to draft and articulate projects with clear budgets in mind.

The needs assessment mission to Blue Nile state prioritised:

- Emergency food assistance for 95,000 affected people
- Livelihoods (seeds and tools) assistance; (in localities of Geissan, Bau and Tadamon) to restore household productive capacity and improve food security.
- Conducting a comprehensive a nutrition assessment,
- Conducting a comprehensive food security assessment,
- Provision of shelter equipment, (throughout newly accessible areas of Blue Nile) to 55,000 conflict affected people in need.
- Enhancement of health facilities and assurance of access to quality primary and secondary health services as well as management of health risks
- Provision of health, nutrition, wash and education assistance with a particular focus on children.

Within Blue Nile state, the newly accessible localities of Geissan, Kurmuk, Bau, Tadamon, Damazine, and Rossaries were targeted for humanitarian response.

As of April 2013, assessments had been conducted in three of these six localities (Geissan, Kurmuk and Bau), where WFP estimated that 76,000 people were in urgent need of food and other assistance. WFP *originally estimated* that the population in need in the remaining three localities (Tadamon, Damazine and Rossaries) was approximately 34,000 bringing the total number of people in need across all six localities to 110,000. This 110,000 included directly affected populations; conflict affected populations; food insecure groups; and disrupted health services particularly in Kurmuk, Geissan, and Bao.

There was a CHF allocation of US\$5.5 million to the Blue Nile State for support throughout the year, but no specific allocation for this particular response. Though the Sudan Common Humanitarian Fund (CHF) approached donors about providing further support in order to conduct an emergency reserve allocation specifically for the Blue Nile crisis, the CHF was unable to raise additional funding.

However bilateral support for this particular crisis was strong, as outlined below.

III. CERF PROCESS

WFP organized and conducted the first inter-sector assessment since conflict broke out in September 2011. The assessment was conducted in early 2013. WFP shared this assessment with the wider Humanitarian Country Team (HCT), including the NGO representatives, who determined that a multi-sector response was warranted. The assessment found that food, livelihoods, health, and emergency shelter were high priorities.

Further, consultation at the HCT decided that the non-food items (NFI)/Emergency Shelter (ES) sector would appeal for complimentary funding for emergency shelter distributions; and that FAO would appeal for non-food agriculture support; and that health sector would appeal for emergency health response to be implemented through national partners.

All projects which requested funding were already part of the CAP/Flash appeal, and as such had undergone ranking for gender. While the CHF did contribute funding to high priority needs in Blue Nile (as noted on the first page of this report), these funds were not earmarked as part of this particular response. Indeed, due to a decrease in funding to the CHF, the fund was unable to offer a complimentary emergency reserve to Blue Nile, as had been done in past years. The US \$5.5 million referenced in Table 1 was the total Common Humanitarian Fund funding that went to Blue Nile state throughout the year.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES OF CERF FUNDING BY SECTOR				
Total number of individuals affected by the crisis: 166,000				
(76,000 individuals (Government Controlled Areas)				
90,000 individuals (Non-Government Controlled Areas)				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Agriculture	42,600	125,400	168,000
	Shelter and non-food items	30,956	23,044	54,000
	Food	43,756	40,391	84,147
	Health	83,445	73,999	157,444
	Multi-sector ⁵	95,421	85,943	181,364

BENEFICIARY ESTIMATION

TABLE 4 (Above): 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, reviewing, and passing these to OCHA. As no sector had more than one project included in the funding round, it is safe to assume that, within sectors, there was little duplication or double counting

TABLE 5 (below): Double counting across sectors, however, is harder to avoid, especially since all projects take place within the same broad geographic areas of Blue Nile State. The aggregate numbers in table 4, if simple addition is used to “add up” the beneficiaries across sectors, for instance (both planned and estimated reached) exceed the number of people in need (166,000 total people in need; but 644,000 people “reached – as described in the footnote below⁶ – which clearly indicates that the same people are being reached with multiple interventions.”)

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
Female	84,800	95,421
Male	75,200	85,943
Total individuals (Female and male)	160,000	181,364
Of total, children <u>under</u> age 5	35,200	46,841

For Table 5, above, in order to estimate the number of people reached by CERF funded interventions, it was assumed that the project with the largest number of total beneficiaries – in this case, the multi-Sector (WASH, Health, Education) UNICEF project (13-CEF-059) – would be considered as all beneficiaries reached by other CERF funded sectors.

⁵ This is not refugee multi-sector but a UNICEF Wash, Health, Nutrition project

As all funding was concentrated in six localities in Blue Nile State (Geissan, Kurmuk, Bau, Tadamon, and Rossaries) , we assume that all other projects in the funding round reached people already assisted by the UNICEF project (particularly because this project's Health component aimed to reach 80 per cent of the affected population).

The numbers reported in "Estimated Reached" above, thus correspond to the beneficiaries reported by UNICEF in that specific project. The "planned" beneficiaries, in order to provide a logical comparison, are UNICEF's "planned beneficiaries" for that specific project.

Using this logic, we can assume that CERF funding reached 181,000 individuals –slightly exceeding the number of people (166,000) estimated as affected by the crisis at the time of application.

This slight excess is explained by the underlying overall need in Blue Nile state. At the start of the year the Sudan Humanitarian Work Plan (HWP) already estimated a certain amount of need in Blue Nile.

CERF RESULTS

CERF funding allowed the humanitarian actors, once access was granted, to immediately address the needs of the most vulnerable population in the Blue Nile State.

Key results include:

- Emergency food assistance replenished 5,000MT of food stocks originally intended for utilization in Darfur but which were diverted towards Blue Nile State as part of WFP's immediate response.
- Livelihoods (seeds and tools) assistance; (in localities of Geisan, Bau and Tadamon) helped improve household productive capacity and improve food security to 30,000 war-affected households. The number of households able to cover their food need for more than six months with their own production increased – 20,000 households were able to cover food needs. For the non-food part of the Food, Security, and Livelihoods (FSL) sector on whose behalf FAO appealed, Blue Nile State accounted for 22.2per cent of FSL planned targets under the 2013 Humanitarian Workplan (HWP) project # SUD-13/F/54248. CERF funds allowed FAO to support the targeted beneficiaries with limited access to agricultural land; affected by lack of cultivation in the 2012 agricultural season and those with limited/lack of income-generating activities.
- Basic shelter equipment (throughout newly accessible areas of Blue Nile) that provided some assistance to 55,000 conflict affected people in need.
- Improved access to healthcare, where on the ground operations were minimal due to the closure of INGOs and a lack of presence of other actors, CERF funding was critical to run mobile clinics in key gap areas of Kurmuk, Geisan, and Bau, ensuring 157,444 people had access to basic healthcare.
- Improved tracking and response of disease outbreaks, with alert cases of scabies and Hepatitis A identified and responded to.
- Health, nutrition, wash and education assistance provided to conflict affected communities including: 80per cent of targeted population obtained access to maternal and child health services; 80 per cent of children received routine vaccinations; 740 severely malnourished children received effective treatment through a screening of 11,641 children; 54,000 children had access to safe, accessible temporary learning spaces.

There were some limitations in delivery. During project implementation, WFP found it was unable to verify the initial figure of 11,000 people reported to them. While "WFP initially estimated the population in need...to be around 11,000" the government were reluctant to allow a verification exercise to take place during project implementation, because they were "Reluctant to create a 'pull factor' within Damazine where non vulnerable populations might be attracted to Blue Nile's largest urban town. In addition, the government indicated that they would provide assistance to whatever needy population was located there. Thus, the government insisted that people in need in Damazine be assisted through the government. The UNICEF multi-sector project had to slightly narrow target population for new safe temporary learning spaces, due to an increase in material costs. FAO had to narrow its focus on delivering animal vaccinations as planned, due to an implementing partner's inability to deliver inputs in a timely fashion.

CERF's ADDED VALUE

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

YES PARTIALLY NO

According to a UNICEF partner in Damazine, this CERF allocation contributed to building UN credibility, because the arrival of funding followed quickly following the needs assessment.

The CERF funding ensured timely initiation and continuity of life saving nutrition services in all 21 IDP sites affected by conflict in Blue Nile State.

WFP used part of the funding to replenish stocks (5,000 MT of food) they had used to immediately respond to needs that came up in the assessment. They noted that "swift funding from the CERF Rapid Response mechanism not only ensured that affected populations cut off from international humanitarian support for eighteen months were provided with immediate assistance, but also that life-saving activities across other parts of Sudan were not disrupted in the process. Without CERF funding, WFP's response in Blue Nile State would either have been considerably delayed, or at the expense of other vulnerable and food insecure populations in Sudan."

The NFI sector used CERF funding similarly to replenish stocks run down by the new displacements and immediate response to the crisis. Some procurement issues meant that there were commodity substitution, and the rainy season and lack of previous access to the region meant that some roads that were thought to be accessible actually weren't – meant some missed distributions in July and August.

For FAO, different aspects of their project had different levels of timeliness. Agricultural inputs were able to be delivered in a timely manner, and there was a significant improvement in household food security. On the livestock side, activities could not be conducted in the project time frame due to the only approved government lab for procurement, the National Veterinary Laboratory in Soba, not delivering requested quantities of vaccines and drugs on time.

Furthermore, the nature of FSL project means results show over time, over the course of the agricultural cycle. The provision of seeds and basic hand tools for farming families just before the planting time enabled the majority of the war affected farmers to grow three feddans. Sixty per cent of farmers assisted were able to produce food for six month, keep seeds for the next season, and support another needy farmer, although the conditions during the rainy season were sub-optimal (flooding, late on-set and early stop of the rains).

Unfortunately, CERF funding did not manage to support livelihoods of pastoralists and agro-pastoralists in border areas since vaccination and treatment of livestock did not take place during the time frame due to the late delivery from the National Veterinary Laboratory in Soba, only supplier in Sudan. However, these inputs were ultimately delivered.

The funding also supported UNICEF, in partnership with the Ministry of Health (MoH), in responding to the urgent health care needs of the population in 14 conflict affected communities (focusing on children) in Kurmuk, Bau and Giessen localities. Mobile clinics were organized to provide treatment of common diseases, antenatal care, health education and hygiene promotion.

CERF funds were readily available and disbursed to implementing partners immediately after WASH verification assessments, which helped WASH implementing partners to start implementing the response, especially in areas which were accessible.

b) Did CERF funds help respond to time critical needs?⁷

YES PARTIALLY NO

CERF funding helped partners respond to time critical needs, ensuring response could proceed following new access to Blue Nile. The CERF funding allowed WFP to purchase food commodities and immediately commence food distributions in Blue Nile State thereby providing an immediate life-saving response to IDPs and conflict-affected populations located there. In light of the fact that these communities had been without access to international humanitarian support since September 2011, they had very limited access to their own food sources and income-generating opportunities and were thus unable to meet their daily food requirements. The provision of GFD was therefore critical in ensuring that their food needs were met and that a situation of increased under-nutrition and malnutrition was averted.

⁷ 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.).

WHO reported that CERF funding allowed them to respond in a timely manner to disease outbreaks through better tracking, and increase health service coverage overall. In the health sector, The INGO GOAL – which had been the only international agency in Kurmuk – had left the area, and there was no way to deliver basic health services. The government MoH needed extensive support, and quickly, to run mobile clinics in key areas of Kurmuk, which the CERF funding facilitated. UNICEF also partnered with the MoH to run mobile clinics.

FAO noted that CERF funding did help them respond to time critical needs in the agriculture/seed component, but external factors (government impediments) delayed their ability to implement the livestock vaccination campaign.

UNICEF reported they were able to meet and exceed targets in the Health and WASH sectors in a timely manner.

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

YES PARTIALLY NO

Partners did note that the CERF funding in general helped kick start resource mobilization. CERF funding helped highlight the needs, which helped to attract more funding from other donors (the United States of America, the Netherlands, the European Commission, the United Kingdom, and Norway) to the state to help the conflict affected population.

WFP elaborated, “In short, yes. WFP’s overall requirements for Blue Nile State were US\$17.5 million. As indicated at the proposal stage, WFP believed that the donor community would not be able to respond as swiftly as needs on the ground dictated and thus CERF funding was critical in ‘bridging the gap’ between WFP being able to conduct an initial response and additional funds being received. Subsequently, the CERF was one of the first donors to respond with a contribution of US\$10.5 million towards WFP’s response in Blue Nile State, alongside Norway with a donation of US\$2.5 million. This was later reinforced by contributions from the UK (US\$2 million) and ECHO (EUR 2 million) in June and July respectively. One interesting observation to be made is that the activation of the CERF response facilitated bilateral contributions from the UK and Norway towards WFP, two donors who typically only give to the pooled funds and who had not given specifically to WFP since the height of the Darfur crisis in 2006/7.

OCHA notes that the CERF funding, and the publicity and donor awareness surrounded it, supported donors’ awareness of the situation in general.

For FSL, the CERF funds for Blue Nile came after the allocation of funds from the other donors, so CERF funds helped to close an existing funding gaps.

For health, CERF helped to complement other funding sources -including CHF – used to implement health activities in the region.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

Partners agreed that this was a particularly well-coordinated CERF appeal, with partners meeting early in the process, conducting a needs assessment together, and building a coherent package of projects off of that.

The CERF process further strengthens partnerships within the sector and encourages partners to work together to rapidly deliver the most needed support to the affected population. It also strengthens inter-sector decision making as each sector has to carry out a gap analysis to justify the need for CERF funding

At the national level, the CERF process supported inter-sector coordination, and in this case the CERF funding itself was built off of a joint assessment. A joint assessment mission was conducted in Blue Nile state in April 2013, to identify needs and service delivery in the form of food and ES & NFIs were coordinated to ensure identified households in need received NFIs like cooking sets and jerry cans for water following food provided by WFP. (As WFP noted, “ Although the CERF Rapid Response request was activated by WFP following improved access to the region, the rest of the HCT/other UN agencies were able to piggyback on this access and conduct an inter-agency assessment to ascertain other humanitarian needs in the region and ensure a coordinated response with the CERF funds.”)

The CERF also supported state level coordination. For example, in the education sector, the CERF implementation was done in close collaboration between UNICEF, Save the Children, Blue Nile State Ministry of Education and the government counterparts at all levels, including at locality and community level with local authorities where implementation took place.

The WASH response to the conflict affected population was accomplished with WASH sector partners. Before implementation there were a number of meetings with implementing partners to agree on who would do what and where. This was followed by detailed assessments and mapping the worst affected areas and agreeing on beneficiaries and resources required. All these exercises and meeting helped a great deal to improve coordination among implementing partners and targeting of affected communities on an equity basis much easier.

As a result of the CERF funding, national and international key nutrition partners that were involved in this project have initiated close coordination for the related interventions.

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

N/A

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 extension not possible restrict to monitoring of outputs.	CERF Secretariat
There is a continuous change in the composition of the communities due to voluntary return and also new displacements - thus the snapshot gained at proposal writing stage may not match situation on the ground.	CERF to allocate funding for rapid assessment to update the population need and the targeted figures	CERF Secretariat
Proposals sometimes lacked SMART outcomes.	Project outcomes were not "SMART". Numerous project outcomes lacked a measurable indicator. For example "Increased coverage of population" rather than "Coverage increased by XX%" Secretariat might consider revising project sheet to have a clearer log frame format, where SMART indicators support defined outcomes/results. Current format allows for a certain degree of vagueness.	CERF Secretariat

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Responding quickly builds credibility with partners	Ensure the success in this grant is found again in subsequent CERFs – streamlined communication and partner buy in from the start of process	Country team, OCHA Sudan, CERF
Target planning was not always realistic	Ensuring whether planned targets are realistic providing the time frame and available funding	Agencies, , RC/HC
Partners unable to access all areas they planned.	Advocate with the authorities for immediate access to newly displaced populations for rapid assessment to determine needs	HC/UN agencies
Joint assessments	In case of new displacements due to conflict or disaster, joint/ multi-sectoral assessments and service delivery result in a greater impact	OCHA/partners
Planning and case load estimation is done differently by different agencies.	<p>CERF secretariat to provide stricter guidance. Here, estimation was more immediate and contextual due to a rapid assessment conducted with different agencies. This highlights a contrast with other appeals where less “on the ground” data might be used.</p> <p>One solution may be making evidence based and contextual estimation only for local areas to be covered by the project instead of using national and/or state level estimations (same suggestion applies to UFE and other rounds).</p>	Agencies
Partners are making alterations to projects but not submitting revisions to OCHA or CERF secretariat	Improved communication – perhaps quarterly reporting?	HCT

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	FAO	5. CERF grant period:	01 May 2013 – 31 Oct. 2013
2. CERF project code:	13-FAO-020	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Agriculture		<input checked="" type="checkbox"/> Concluded
4. Project title:	Enhancement of food security and livelihoods of vulnerable households in Blue Nile, Sudan		
7. Funding	a. Total project budget:	US\$ 2,123,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 1,250,000	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 32,020
	c. Amount received from CERF:	US\$ 700,000	▪ <i>Government Partners:</i> US\$ 48,000
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>
a. Female	104,040	42,600	<p>The total number of beneficiaries reached through CERF funding did not meet the number planned for the following main reasons:</p> <ul style="list-style-type: none"> The 400,000 animals belonging to 16,000 pastoralists and agro-pastoralist HHs were not vaccinated as planned. The National Veterinary Laboratory in Soba failed to deliver the inputs within the project NTE, therefore, the HHs did not benefit from the CERF funding; The number of women participated in the project activities was less than the planned due to the difficulties in accessing the land. The host communities were not in favour of giving land to women.
b. Male	99,960	125,400	
c. Total individuals (female + male):	204,000	168,000	
d. Of total, children <u>under</u> age 5	32,028	26,376	
9. Original project objective from approved CERF proposal			
<p>The main objective of the project is to restore the productive capacity and improve the food security of 34,000 displaced, returnee and vulnerable host community households, in the recently accessed localities of Geisan, Bau and Tadamon as well as of vulnerable pastoralist and agro-pastoralist households affected by blockage of livestock migratory routes.</p> <p>The total budget for the project was estimated at US\$ 2,123,000 of which US\$ 700,000 was provided by CERF and US\$ 550,000 by CHF. The project was implemented by FAO through 2 partners and was able to reach 30,000 displaced, returnee and vulnerable host community households in Blue Nile.</p> <p>CERF funds were used to:</p> <ul style="list-style-type: none"> Provided crucial agricultural inputs (seeds, basic equipment) to restore the productive capacity of the displaced and returnees as well as the vulnerable host communities. The support enabled the affected households to produce their own food during the 2013 agricultural season, and to reduce their dependency on food aid. Provide sound technical advice on crop husbandry best practices to ensure proper utilization of the agricultural inputs provided. 			

10. Original expected outcomes from approved CERF proposal	
Outcome 1: Improved productive capacity and food security of 20,000 newly accessed war-affected displaced, returnee and vulnerable host community households.	
Outcome 2: Improved survival, health and body condition of 400,000 animals belonging to 16,000 vulnerable pastoralist and agro-pastoralist households.	
11. Actual outcomes achieved with CERF funds	
A total number of 30,000 war-affected HHs have been supported through the distribution of quality seeds and agricultural hand tools. In particular 245 MT of crops, including 50 MT of legume seeds and 2.2 MT of assorted vegetable seeds and 17,500 pieces of hand tools, out of the planned 20,000 due to price increases, have been distributed to beneficiaries selected by the newly established and trained village committees (the total of them were 38). Specifically:	
<ul style="list-style-type: none"> • All targeted beneficiaries succeeded to cultivate three feddans or more. This target was achieved 100 per cent • 3,000 households succeeded to produce 810 Kg of sorghum; they represent (15 per cent) of the target. These households were able to secure their cereal requirement for about 9 months. • 17,000 households succeeded to produce 405 Kg of sorghum; they represent (85 per cent) of the target. These households were able to meet cereal requirement for about 5 months. • 20,000 households out of 30,000 (including Damazine Locality) were able to cover their food needs i.e. 67per cent from their production of legume and vegetables. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
Vaccination campaign against Peste des Petits Ruminants (PPR) and treatment against parasitic diseases of 400,000 animals belonging to 16,000 pastoralist and agro-pastoralist households in the three target localities of Geisan, Bau and Tadamon, as indicated in the project document, was not conducted during the project timeframe. The National Veterinary Laboratory in Soba, the only authorized supplier in Sudan, did not deliver the requested quantities of vaccines and drugs; therefore, the delay impeded the implementation of the planned activities and the achievement of results under the outcome 2. However, the procurement of the vaccine and drugs were completed in July, and the delivery of vaccines took place during last week of February 2014. FAO did not request a no-cost extension as no expenditures occurred beyond the grant expiry of 31 October 2013. Vaccination campaigns started in the three targeted locations with the support in kind of the Animal Resources Directorate under the State Ministry of Agriculture, Blue Nile State. The activities were completed within the month of March.	
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:	
An evaluation has been planned for after the completion of vaccination.	

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNHCR	5. CERF grant period:	1 Apr. 2013 - 30 Sep. 2013
2. CERF project code:	13-HCR-034	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Shelter and Non-food items		<input checked="" type="checkbox"/> Concluded
4. Project title:	Provision of Non-food items and Emergency Shelter to displaced, returnee and host populations in newly accessible areas of Blue Nile State		
7. Funding	a. Total project budget:	US\$1,795,906	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$1,299,999	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ n/a
	c. Amount received from CERF:	US\$ 599,999	▪ <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>
<i>a. Female</i>	31,295	30,956	Some 1,000 individuals had moved on to another location since the assessments were conducted in March/April 2013
<i>b. Male</i>	23,705	23,044	
<i>c. Total individuals (female + male):</i>	55,000	54,000	
<i>d. Of total, children <u>under</u> age 5</i>	5,500	5,356	
9. Original project objective from approved CERF proposal			
The overall objective of this project is to ensure that some 55,000 conflict- affected people (11,000 households), identified to be in dire need of life-saving assistance receive non-food items and emergency shelter from the NFI Core Pipeline.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • Approximately 55,000 individuals receive lifesaving non-food items in a timely manner • 55,000 beneficiaries are protected from environmental elements and minimum human dignity is restored through the distribution of emergency shelter materials. • Health threats are mitigated for 55,000 newly displaced/ returnee populations, through the distribution of items as kitchen sets and jerrycans which allow food to be properly cooked and water to be transported and stored in clean containers. • The risk of exploitation, including sexual exploitation, of women, girls and boys is reduced with the timely distribution of non-food items. 			
11. Actual outcomes achieved with CERF funds			
54,000 individuals received timely lifesaving non-food items <ul style="list-style-type: none"> • 54,000 beneficiaries were protected from environmental elements and minimum human dignity was restored through the distribution of emergency shelter material. • Health threats were mitigated for 54,000 newly displaced/ returnee populations, through the distribution of items as kitchen sets and jerrycans which allow food to be properly cooked and water to be transported and stored in clean containers. 			

<ul style="list-style-type: none"> The risk of exploitation, specifically sexual exploitation of women, girls and boys, was reduced with the timely distribution of non-food items – which provided shelter and privacy for people displaced from their homes.. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
Some 1000 individuals had moved on to another location since the assessments were conducted in March/April 2013	
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): 2b 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"/>
The partner submitted a distribution report, but no independent evaluation conducted, due to lack of access	

TABLE 8: PROJECT RESULTS

CERF project information				
1. Agency:	WFP		5. CERF grant period:	1 Apr. 2013 – 30 Sep. 2013
2. CERF project code:	13-WFP-025		6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Food			
4. Project title:	Food Assistance to Vulnerable Populations Affected by Conflict and Natural Disasters			
7. Funding	a. Total project budget:	US\$ \$17,500,000	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US\$ \$17,904,234 ⁸	<ul style="list-style-type: none"> ▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 130,815 ▪ <i>Government Partners:</i> US\$ 0 	
	c. Amount received from CERF:	US\$ 10,530,502		
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>	49,500	43,756	The shortfall in the number of beneficiaries reached was due to the fact that although WFP initially estimated the population in need in the remaining locality of Damazine to be around 11,000, an assessment/verification exercise was not carried out during the reporting period as the Government of Sudan were reluctant to create a 'pull factor' within the largest urban town in Blue Nile State, and indicated that they would cover any food requirements of populations considered particularly vulnerable.	
<i>b. Male</i>	45,600	40,391		
<i>c. Total individuals (female + male):</i>	95,000	84,147		
<i>d. Of total, children <u>under age 5</u></i>	14,250	12,622		
9. Original project objective from approved CERF proposal				
WFP's primary objective is to respond to emergency food needs in Blue Nile State and save the lives of 95,000 affected beneficiaries through General Food Distribution (GFD) rations for seven months, five of which are during the rainy season (note that distributions will be carried out in a six month period). The CERF funds will be utilized within a six month period: April – September. However, they will cover the requirement for seven months: April-October. The last distribution in September will be a two-month ration.				
10. Original expected outcomes from approved CERF proposal				
The distribution of approximately 10,719 MT of food commodities to 95,000 beneficiaries in Blue Nile State from April to September.				
11. Actual outcomes achieved with CERF funds				

⁸ WFP confirmed that they received slightly more funding than total project budget.

<p>A total of 7,830 MT of food commodities was distributed to 84,147 beneficiaries in Blue Nile State from April – September.</p> <p>WFP reports additional stocks were used as follows: As it stands, 573MT of the leftover stocks have already been dispatched to South Kordofan and White Nile States where they have been distributed to newly displaced populations from South Sudan; 410MT has also been sent to Darfur to aid the recent displacements. The remaining 1,671MT is en route from Port Sudan to Blue Nile State (BNS) where it will be used to continue food distributions to affected populations in Blue Nile State. WFP stopped all distributions in BNS in January 2014 pending completion of a re-verification and food security assessment; the verification found an estimated additional 17,000-20,000 people in need of food assistance.</p>	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>The reduced tonnage distributed is due to the below main reasons:</p> <ul style="list-style-type: none"> • 41,983 beneficiaries missing distributions in April (approximately 724 MT). With two teams in the field during the month, WFP was only able to mobilize two out of three distribution teams during April due to logistical constraints. • 8,820 beneficiaries missing September entitlements (152 MT) within Kurmuk and Geissan towns due to impassable roads. WFP was striving to reach those locations through use of helicopters but was denied approval from local authorities due to security concerns. • 11,000 beneficiaries in Damazine not assessed and assisted due to Government request that they be assisted through the Government (1,139 MT) <p>Pipeline breaks during the beginning of the operation leading to a reduction in rations provided.</p>	
<p>13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?</p>	<p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>
<p>If 'YES', what is the code (0, 1, 2a or 2b): 2b If 'NO' (or if GM score is 1 or 0):</p> <p>WFP continued to ensure that women actively participated in planning, implementation and evaluation of the operations, through their representation within food 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 food assistance. 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.</p> <p>WFP continued to encourage communities to participate in the planning and food distribution process and has been progressively working on sensitizing communities to increase participation of women. By December 2013, 24 out of 161 community members participating were females, in comparison to previous distribution rounds where zero females used to participate.</p>	
<p>14. M&E: Has this project been evaluated?</p>	<p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>

Activities in Blue Nile state were continuously monitored throughout the implementation period. Given the challenges in accessing affected areas of Blue Nile State, the region was under exceptional monitoring measures. WFP was present at all Final Distribution Points (FDPs) to monitor distributions and distribution monitoring took place simultaneously and under the presence of international staff and local cooperating partners. WFP teams deployed to the field to support the operation monitored the on-going distribution and simultaneously conducted monitoring of beneficiaries' utilisation of food handed over in the previous distribution round. Two specifically designed checklists were used for monitoring purposes:

GFD Monitoring Checklist - Part 1:

This is the primary tool that allows WFP to monitor food distribution, ensuring that its food assistance resources are being appropriately distributed according to the plan. One form has to be filled in when monitoring each single distribution. The tool includes a section on food basket monitoring which aims to monitor whether individual beneficiaries are receiving their correct food assistance entitlements from the cooperating partners in charge of the distribution. WFP monitors 10 randomly selected households to have their individual rations checked (1 form = 10 HHs). Between April-September, a total of 67 checklists have been filled.

Food Distribution Monitoring Checklist - Part 2:

A household questionnaire designed to assess the access to and the utilisation of food assistance by WFP's beneficiaries. The questionnaire is administrated to the selected 10 households to obtain information about how they utilized the food received in the previous distribution; and about the level of their food consumption in the week prior to the current distribution. This last piece of information is collected to calculate the food consumption score that is the outcome indicator listed in the project log-frame. Between April-September, a total of 35 checklists have been filled.

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	WHO	5. CERF grant period:	1 May 2013 - 31 Oct. 2013
2. CERF project code:	13-WHO-027	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project title:	Urgent support to health services in Blue Nile State		
7. Funding	a. Total project budget:	US\$ 680,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 380,000	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 90,000
	c. Amount received from CERF:	US\$ 300,000	▪ <i>Government Partners:</i> US\$ 40,000
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>
a. Female	86,509	83,445	
b. Male	76,715	73,999	
c. Total individuals (female + male):	163,224	157,444	
d. Of total, children <u>under</u> age 5	27,748	26,776	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> To ensure better access for vulnerable populations to quality PHC, SHC services in addition to outreach activities To strengthen local capacity to predict, prepare for, respond to, mitigate and manage health risks that include communicable diseases and emergencies 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> All disease outbreaks detected and responded to within 48-72 hours. Increased Coverage of targeted pop by basic health service package. Ensured availability of essential drugs in all targeted health facilities. 			
11. Actual outcomes achieved with CERF funds			
Disease outbreaks detected and responded to. <ul style="list-style-type: none"> 64 alert cases of scabies and Hepatitis E Virus was investigated in order to prevent disease outbreak Response capacity improved/preparedness: 1000 copies of standard case management protocols, guidelines, forms & health education messages targeting epidemic prone diseases in the state printed and disseminated 11 rapid response kits and 32 basic health kits purchased and distributed to targeted clinics as agreed in the original proposal. 			

Coverage was increased

- State Ministry of Health had left most areas of Blue Nile, with only a single INGO, GOAL operational in Kurmuk. There were interrupted and poor health services in Geisan and Bau. Through 2 NNGOs and SMOH staff the project has provided access to 157,444 vulnerable people who had extremely limited access to health care services before.
- **SRC** have run the following clinics (mostly mobile) are Kurmuk, Jord and Dindero (Kurmuk locality), Dereng and Khor adar (Bau locality), while **Pancare** provided services in Khor-Magnza, Bagees, Abu-Geren, Alshadeed A fendi (Bau locality) and Bakuri, Elias, Amardalo, Abu Shanina, Abu-rondo, Diem Saad clinics (Geissan locality). **SMoH** supported Elkelli, Diglog, Doya (Kurmuk locality), Yara and Fazugli (Geissan locality) in addition to Khor Adar (Bau locality)

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

No discrepancy

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

YES NO

If 'YES', what is the code (0, 1, 2a or 2b): 2a
If 'NO' (or if GM score is 1 or 0):

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

YES NO

The project has not been evaluated.

In terms of monitoring, NGOs projects and SMOH clinics are visited by WHO officers who check the registration book which showed significant work. There is note for record has been sent to WHO country office.

By this project WHO and the three health partners managed to provide and maintained provision of health services in the agreed areas.

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	17 May 2013 – 16 Nov. 2013
2. CERF project code:	13-CEF-059	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Multi-sector		<input checked="" type="checkbox"/> Concluded
4. Project title:	Health, Nutrition, WASH and Education Assistance to conflict affected population (focusing on children) in Blue Nile state		
7. Funding	a. Total project budget:	US\$4,562,842	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$2,892,278	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 824,900
	c. Amount received from CERF:	US\$2,892,278	▪ <i>Government Partners:</i> US\$ 1,017,465
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	84,800	95,421	For education, the number of classrooms was reduced to 108 classrooms due to an overall increase in material costs and an increase in transportation costs of the materials to the project sites.
b. Male	75,200	85,943	
c. Total individuals (female + male):	160,000	181,364	
d. Of total, children <u>under age 5</u>	35,200	46,841	
9. Original project objective from approved CERF proposal			
Provide humanitarian assistance in health, nutrition, wash and education to conflict affected people in Blue Nile State.			
10. Original expected outcomes from approved CERF proposal			
<p>Health</p> <ul style="list-style-type: none"> • At least 80 per cent of affected population have access to maternal and child health services. • 80 per cent displaced under-five children in 22 locations are immunized (routine). • 100 per cent of outbreaks among target population are responded to in a timely and effective manner. <p>Nutrition</p> <ul style="list-style-type: none"> • Treatment of approximately 5,000 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 • At least 5,000 women and children reached with provision of IYCF education and support. • At least 35 CMAM centres (OTPS/IP) operational by end project period across Blue Nile state <p>WASH</p> <ul style="list-style-type: none"> • 72,000 conflict affected people access potable water through newly constructed/rehabilitated HPs and mini-water yards. • About 160,000 conflict affected people have access to improved water by chlorination. • 60,000 conflict affected people have access sanitation facilities through the construction of 3,000 emergency latrines. 			

- 160,000 conflict affected people outreached with personal and environmental hygiene interventions through hygiene messages, hygiene campaigns and soap distribution.

Education

- 7,500 conflict affected children have access to education

11. Actual outcomes achieved with CERF funds

- 80 per cent of affected population had access to maternal and child health services. Approximately 10,000 medical consultations were provided by mobile health clinics and more than 21,000 people benefitted from community mobilization health education campaigns.
- 80 per cent displaced under-five children in 22 locations are immunized (routine). Immunization services were provided to children through mobile clinics. Coverage (Penta 3- 103 per cent; Measles 1-103 per cent, Measles 2-101 per cent)
- 100 per cent of outbreaks among target population are responded to in a timely and effective manner. AN integrated primary health care package (drugs and medical supplies) was provided through the mobile clinics: curative consultations, EPI services, ante-natal care, health education, water purification, hygiene promotion and soap distribution.
- 740 severely malnourished children received effective treatment with cure rate greater than 75per cent and mortality rate less than 15 per cent. These severely malnourished children were identified from mass nutritional screening conducted for 11,641 children under the age of five years in all the 21 IDP sites covered using the CERF funding. Moreover 2,108 children in the same age category received emergency food ration (BP-5) for two weeks through this grant.
- 4,065 women and children were reached with IYCF education and attended the nutrition education sessions including practical cooking demonstrations to enhance maximum utilization of locally available nutritious food items.
- The project ensured the operationalization of 39 CMAM centres of which three of them are newly established OTPs using CERF funding. Moreover, the funding was used to train 116 health professionals with various capacity levels on CMAM protocol in addition to the 142 volunteer community outreach workers trained on community mobilization.
- 160,000 people from conflict affected communities in Blue Nile State have sustained access to improved water, sanitation and hygiene services.
- A total of 108 safe temporary learning spaces was erected, with total of 5,400 children reached.

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

- There is a discrepancy between the planned and achieved figure for management severe acute malnutrition which may be attributed to over estimation of the case load. All 21 IDP sites were covered with community mobilization and mass screening activities which is believed to reach all malnourished cases.
- CERF funds helped to exceed the planned outputs in water provision and sanitation.
- A total number of 108 safe temporary learning spaces were erected instead of 150 due to an overall increase in market prices of material costs, as well as increased transportation costs of materials to project sites. Due to these factors, 5,400 beneficiaries were reached instead of the planned 7,500.

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

The nutrition programs focused on both boys and girls children under five for treatment of acute malnutrition. 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 service delivery.

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

YES NO

A joint M&E visit from Khartoum and Blue Nile Field Office staff is currently underway to evaluate the education project in select sites. In addition, Save the Children has provided detailed reports based on monitoring missions for their portion of the implementation of temporary learning spaces. A joint MoE and UNICEF evaluation mission will soon occur to remaining project sites to undertake the final evaluation of the project's education components.

The health portion of the project was regularly monitored through joint UNICEF/MoH teams.

Though the project was not evaluated, there was technical supportive supervision and site monitoring visits for nutrition which were carried out by Khartoum and state based staff. In addition, monthly progress reports were written and shared by all partners involved in the project.

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-FAO-020	Agriculture	FAO	ISRA	INGO	\$17,210	12-Jun-13	12-Jun-13	N/A
13-FAO-020	Agriculture	FAO	HAD	INGO	\$14,810	12-Jun-13	12-Jun-13	N/A
13-CEF-059	Multi-sector (Education)	UNICEF	SMoE-Blue Nile state	GOV	\$206,087	24-Jul-13	25-Jul-13	
13-CEF-059	Multi-sector (WASH)	UNICEF	Water Environmental Sanitation project (WES) Blue Nile	GOV	\$811,378	5-Aug-13	10-Aug-13	Funds were disbursed through Direct CASH Transfer (DCT) and all activities have been completed.
13-CEF-059	Multi-sector	UNICEF	Radda Barna-Sweden	INGO	\$335,537	30-Sep-13	1-Oct-13	
13-CEF-059	Multi-sector (WASH)	UNICEF	Islamic Relief Worldwide (IRW) Blue Nile Office	INGO	\$237,184	26-Jun-13	1-Jul-13	Funds were disbursed through a Programme Cooperation Agreement (PCA) and all activities have been completed.
13-CEF-059	Multi-sector (WASH)	UNICEF	World Vision International (WVI)	INGO	\$240,179	28-Sep-13	1-Oct-13	Funds were disbursed through a Programme Cooperation Agreement (PCA).

13-FAO-020	Agriculture	FAO	Blue Nile SMOH	GOV	\$48,000	15-Sep-13	15-Sep-13	
13-CEF-059	Multi-sector (Nutrition)	UNICEF	WVI	INGO	\$12,000	15-Sep-13	15-Sep-13	
13-WHO-027	Health	WHO	Sudanese red Crescent in Blue Nile State	RedC	\$40,000	3-Aug-13	18-Jul-13	
13-WHO-027	Health	WHO	PAN HEALTH CARE ORGANIZATION (PANCARE)	NNGO	\$50,000	29-Aug-13	1-Aug-13	
13-WHO-027	Health	WHO	STATE MINISTRY OF HEALTH-BLUE NILE STATE	GOV	\$40,000	1-Sep-13	1-Sep-13	
13-WFP-025	Food	WFP	Mubadiroon	NNGO	\$63,991	24/07/2013	Not available	
13-WFP-025	Food	WFP	Sudanese Red Crescent	RedC	\$66,824	12-Nov-13	Not available	

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

CHF	Common Humanitarian Fund
DFID	Department for International Development (United Kingdom)
ECHO	European Commission Humanitarian Organization
FSL	Food Security Livelihoods
HCT	Humanitarian Country Team
HWP	Humanitarian Work Plan
MoH	Ministry of Health
OFDA	Office of Foreign Disaster Assistance (USAID)