

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

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.

A discussion on the report was held as part of the Humanitarian Country Team (HCT) meeting with full Community Health Team, (CHT) participation) on 02 June 2014.

- 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

- 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 the HCT mailing list which includes representatives of the INGO Steering Committee, all UN recipient agencies and the Red Cross and Red Crescent Movement.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: 42,971,590		
Breakdown of total response funding received by source	Source	Amount
	CERF	8,027,628
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)	741,123
	OTHER (bilateral/multilateral)	9,976,189 ¹
	TOTAL	18,744,940

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 07-Aug-13			
Agency	Project code	Cluster/Sector	Amount
UNICEF	13-RR-CEF-081	Health-Nutrition	693,395
UNICEF	13-RR-CEF-082	Education	311,783
UNICEF	13-RR-CEF-083	Protection / Human Rights / Rule of Law	196,452
UNICEF	13-RR-CEF-084	Water and sanitation	820,642
UNICEF	13-RR-CEF-085	Health	159,203
FAO	13-RR-FAO-025	Agriculture	305,350
UNFPA	13-RR-FPA-026	Health	171,930
UNHCR	13-RR-HCR-044	Shelter and non-food items	600,270
WFP	13-RR-WFP-037	Food	4,388,604
WHO	13-RR-WHO-045	Water and sanitation	100,000
WHO	13-RR-WHO-046	Health	279,999
TOTAL			8,027,628

¹ Calculated by subtracting total CERF funding per agency from total funding received per agency.

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

Type of implementation modality	Amount
Direct UN agencies/IOM implementation	6,227,550
Funds forwarded to NGOs for implementation	1, 316,048
Funds forwarded to government partners	484,030
TOTAL	8,027,628

HUMANITARIAN NEEDS

At the mid-year review of the humanitarian response plan in 2013, an increase in inter- and intra-tribal fighting as well as conflict between the Sudanese Armed Forces (SAF) and armed movements led to the forced displacement of more than 300,000 people across Darfur, including at least 27,000 people who crossed into Chad. This was more than the total number of people displaced in Darfur in 2011 and 2012 combined and led to an acute humanitarian situation in some camps across the region. Overcrowding in these camps put a significant strain on already stretched resources in other camps.

The main humanitarian consequences of this stretch on resources included a strain on existing camp services across the lifesaving spectrum, increasing the risk of contagious disease outbreak and depleting water services – needs that are further outlined in section II below.

II. FOCUS AREAS AND PRIORITIZATION

The CERF funding kick-started an overall response to new needs in Darfur (see section III). The response focused on the following geographic and thematic areas. The funding was supplemented by CHF Emergency Reserve (ER) funding.

- **FOOD SECURITY AND LIVELIHOODS (FSL)** - Rapid food assessments conducted by the World Food Programme (WFP) and partners identified approximately 242,000 newly displaced in need of emergency food assistance across Darfur. All assessments found that villages had been partially or completely destroyed and a vast majority of the displaced had lost nearly all of their possessions, including livestock, crops and food stocks. For most displaced people, it was likely that cultivation for the 2013/2014 season would be disrupted, reducing access to other livelihood opportunities, and undermining long-term recovery and reconstruction plans.
- **NUTRITION:** The new displacements were depleting the in-country emergency contingency stocks. UNICEF had initially planned for 10,000 children requiring emergency food support for 2013; but to date, it has extended services to over 48,400 children, in South, East, North and Central Darfur. The new displacements put additional burden on existing feeding programmes in all major camps and the numbers are increasing substantially. All feeding programmes were reporting a need to expand their operations in order to cope.
- **The Emergency Shelter and Non-Food Items (ES & NFI):** With such a large number of new displacements, the distribution of NFIs and shelters has been a priority, particularly seen as most of the displacements were caused by people fleeing from conflict, meaning they did not have time to organize, pack and bring these items. The NFI sector has already provided stocks for over 242,985 people in Darfur this year, far exceeding the initial planning. Based on trends from the past three years, the planned number of newly displaced or disaster-affected households targeted for assistance in 2013 was 60,000 (300,000 beneficiaries)
- **EDUCATION:** In South and East Darfur IDP camps, there were an estimated 16,200 newly displaced primary-school aged children. In addition, there were an estimated 2,000 newly displaced children in Central Darfur camps (Zallingi, Hamidia and Kadangra). In North Darfur, there was an estimated new caseload of 7,330 of primary-school aged children. In all concerned areas, schools were of poor quality and there was a lack of emergency education supplies.

- **WATER, SANITATION AND HYGIENE (WASH):** Unforeseen displacement of populations since the beginning of 2013 resulted in the implementations of several non-planned WASH activities involving provision of emergency supplies and leading to a significant depletion of the pipeline. The supplies were distributed to sector partners to provide essential WASH services to IDPs in East Darfur (35.000), South Darfur (15.000).
- **PROTECTION:** UNICEF child protection in consultation with partners and government prioritized the provision of a protective environment and psychosocial support to around 9,100 traumatised children in North, Central South and East Darfur in order to ensure their psychosocial and emotional wellbeing and physical safety.
- **HEALTH:** The additional caseload caused by the new displacement is estimated at about 250,000 people, including 62,500 women of child bearing age, 10,000 pregnant women and 8,500 children below one year of age. The new displacements strained existing health programmes and affected delivery of quality of health services in all major IDP camps such as Elsalam), Kalma, Ottash, Edd Elfarsan, Katilla and Kubum in South Darfur, and , Zamzam, Elserif and Elneem in North Darfur. In parallel to the CERF² process, the CHF allocated \$741,123 to three partners – International Organization for Migration (IOM) (to transfer NFIs), Surge Capacity Section (to support rehabilitation of health services in West Darfur), and Merlin (to respond to nutrition needs in East Darfur).

IOM	Transportation of NFIs to displaced in Jabel Amir, North Darfur	N/A	\$50,023.00
SCS	Emergency rehabilitation of health services in West Darfur	SUD-13/H/54403	\$316,791.00
Merlin	Responding to emerging nutrition needs among the recently displaced communities in South and East Darfur through mobile outreach approach.	N/A	\$374,309.00

III. CERF PROCESS

This CERF Rapid Response application for Darfur was made at the same time as the rapid response request for the Kordofan, as follows:

- The decision to appeal for CERF funding came about during the mid-year review of the Humanitarian Work Plan (HWP), as sectors were taking stock of interventions to date, remaining needs, as well as new needs for the rest of the year.
- At this point, it became evident that stocks and funding across all sectors were seriously depleted, and given the continued displacements and armed clashes throughout Darfur and the Kordofan States, further funding was required to continue delivering services to both the existing and new Internally Displaced Persons (IDP) caseloads in these states. Initial consultations were held at the inter-sector level to determine priority needs and gaps, and the results were presented to the HCT.
- At the HCT's behest, OCHA, through the sector coordinators, compiled a needs assessment for all those displaced or affected by conflict in Sudan in 2013. A deliberate effort was made to make sure all sectors consulted with the NGO implementing partners, and all sectors held sector meetings to discuss the sector-wide needs. During the process, feedback from the INGO-Steering Committee to OCHA indicated that some sector partners were given very short time-frames for providing feedback/input and thus the message was reinforced yet again.
- As a result of the exercise, the overall new needs came to USD 50,164,090, with USD \$42,971,590 for Darfur and USD 7,192,500 for the Kordofans.
- OCHA and the HC then worked with the sector leads and in-country donors to determine sector envelopes for the CERF request. The initial total request from sectors amounted to USD 23.8 million. By examining potential co-funding available from bilateral donors and tightening the requests from the sectors, this was brought down to USD 13.6 million.
- After HCT consultation, the HC presented the appeal to the CERF secretariat. After feedback from the secretariat, it was agreed that the overall (Darfur and Kordofan) envelope had to be reduced – the agencies would request 20 per cent of the overall need identified in the needs assessment, using CERF funding to kick-start the response and ensure continued response to needs before other bi-lateral funding arrived. Sectors then worked with their sector partners, through the established sector coordination mechanisms, to draft the CERF proposals. The proposals were shared with the HCT, before the HC submitted the two sets of proposals (one for Darfur and one for South Kordofan) to the CERF secretariat and the ERC.

² In 2013, the CHF received less funding than anticipated, with less than 10 per cent as planned. By mid-year, the CHF reserve was seriously depleted, for this reason the CHF could only provide minimal support and focused on issues that were outside the CERF lifesaving criteria.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis: 300,000 individuals newly displaced + 1.4 million in camps ³				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Health-Nutrition	5,390	4,830	10,220
	Education	10,017	9,776	19,793
	Protection / Human Rights / Rule of Law	14,666	21,998	36,664
	Water and sanitation	128,610	123,567	252,177
	Health	272,710	239,181	511,891
	Agriculture	35,705	49,725	85,430
	Shelter and non-food items	35,335	14,665	50,000
	Food	175,210	151,630	326,840

BENEFICIARY ESTIMATION

Beneficiaries were estimated by adding total beneficiaries across sectors as this was the logic used in the initial proposal. Though there is likely some overlap across sectors, consistency with the proposal was prioritised for purposes of ascertaining whether targets were met.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
Female	812,266	677,643
Male	738,409	615,372
Total individuals (Female and male)	1,550,675	1,293,015
Of total, children under age 5	388,682	324,775

CERF RESULTS

Overall, agencies met planned targets and at for this round of CERF Funding, notably health and WASH sectors. However, some sectors were under target, notably food. WFP explained that fewer beneficiaries were reached than planned because they were unable to run the voucher programme as planned in ZamZam and Nyala camps, because of funding constraints and

³ This is how the total number of people in need was conveyed in the original application for grant funding.

logistical/security challenges. However, this meant that assistance was provided for longer than planned (three months) rather than the one month originally planned for.⁴

UNFPA has also noted a discrepancy in their planned beneficiary numbers, which were based on catchment population rather than direct beneficiaries (see p.30). Thus, not reaching the targets here was due to a misinterpretation of planning numbers at the proposal stage. This has been noted in Section V: lessons learned.

Key results by sector include:

WASH sector prevented epidemic diseases related to water and sanitation during the reporting period, as well as providing:

- 120,776 new IDPs and conflict affected population with access to improved drinking water and sanitation services.
- 252,117 new and existing conflict affected IDPs with sustained access to improved drinking water and sanitation services.
- 231,992 IDPs and conflict affected population with personal and environmental hygiene interventions.

Agriculture Sector supported the urgent humanitarian needs of the newly displaced households in early 2013 that were not captured during the 2012-2013 UN Humanitarian Work Plan. The CERF project provided crucial livestock inputs and undertook activities such as vaccination and treatment services.

Food sector ensured highly vulnerable and food-insecure populations who require emergency General Food Distribution (GFD) were supported with cash vouchers in order to meet their household food requirements.

Nutrition sector treated 2,890 children under 5 for severe acute malnutrition and provided screening for over 8,921 children overall. In addition, 2,000 women were reached with nutrition awareness campaign, and 5,972 children received protective food rations to prevent malnutrition.

Education sector ensured access to quality teaching and learning materials to provide emergency education to 19,700 children in affected camps and settlements.

Child protection provided family tracing for 34 children separated from their families, ensured safe community spaces for 8,525 children, and provide Unexploded Ordinance (UXO) risk education to 32,000+ at risk individuals.

Health sector were able to reach newly arriving IDPs with improved access to primary health care services. 100 per cent of outbreaks in target areas were responded to in a timely and effective manner, including an outbreak of Acute Jaundice Syndrome following renewed fighting in Jebel Amir, in north-west of North Darfur.

Shelter and Non-food Items (NFI) sector provided 50,000 people with life-saving NFI including emergency shelter material, plastic sheeting, kitchen sets, and jerry cans.

CERF's ADDED VALUE

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

YES PARTIALLY NO

Some partners felt that CERF funds led to fast delivery; however, some partners noted conflict in some areas made delivery less timely.

UNICEF (Nutrition) (Partially): The support under this CERF funding contributed positively in delivering nutrition care services to

⁴ See page 37 for more detail. There are several reasons for the discrepancy between planned and actual outcomes in terms of beneficiaries reached with cash vouchers. First and foremost, WFP intended to move from in-kind to voucher assistance in ZamZam camp (102,000 beneficiaries) during the second half of 2013. This expansion did not go ahead as planned as the funding situation at the intended introduction time (July 2013), did not allow WFP to commit to this substantial additional voucher caseload. Furthermore, in light of the significant caseload in ZamZam camp, WFP initially planned to use electronic vouchers in order to avoid the administrative burden typically associated with the paper voucher system. Unfortunately, the electronic voucher system was not ready to be deployed at the time. The reason for the delay is that the development of the system, which is led by WFP headquarters, took more time than expected. Secondly, WFP intended to introduce vouchers in additional camps in Nyala (approximately 30,000 beneficiaries) during 2013; however, as explained above, it did not go ahead because the funding and security situation at that time did not allow for such an expansion. Additional voucher activities were subsequently pushed back to 2014.

malnourished people in the target locations, particularly in areas with limited International non-Governmental Organization (INGO) coverage on the ground. Without CERF funding, it would not have been possible to reach the beneficiaries in need. CERF funding was critical to maintaining the feeding programs which were overstretched in terms of funding. In addition, the protracted conflict in South Darfur (Kubum, Mershing, Tulus, and Kalma IDP camps, Nyala camps and town) and East Darfur (Ed Daein locality) led to the disruption of the beneficiaries' means of livelihood and thereby increased the need for a targeted nutrition intervention.

The nutrition services were complemented by community capacity building which kept the community volunteers motivated in their function of outreach services. This resulted in facilitating detection of malnutrition and early referral to the nutrition centres by community volunteers working jointly with partners outreach workers.

FAO (Agriculture) (Yes): CERF funds led to a fast delivery of assistance, with rapid and timely support to at risk populations, enabling the survival and productivity of livestock which is the main source of food, incomes and livelihoods for affected populations, especially during a very critical time.

UNHCR (ES & NFI) (Yes): The Emergency Shelter (ES) & NFI sector was able to deliver assistance rapidly from the available stocks knowing that the CERF funds would be received in a timely manner. This ensured the procurement and delivery of items to prevent a complete depletion of the NFI common pipeline that provides ES & NFIs to some 40 sector partners for distribution to needy populations.

UNICEF (Education) (Yes): CERF funds led to the quick delivery and assistance to beneficiaries in the affected areas. Thanks to the prompt actions and availability of CERF funds, children affected by emergencies were provided with education in emergency support in a timely manner

UNICEF (Protection) (Yes): UNICEF's response to the child protection needs of children affected by conflict and displacement, especially in Darfur has been largely supported through CERF. The rapid allocation of funds had allowed provision of timely response to address the protection needs of children affected by new displacement in South Darfur and North Darfur states.

UNICEF (Health) (Yes): Fast disbursement of the CERF grant allowed UNICEF to timely place an emergency order of the required medical kits and supplies. Funding ensured continuity of emergency primary health care services including maternal and child health services, especially among newly displaced people.

UNICEF (WASH) (Yes):

Following the assessment, CERF funds were availed and used to urgently meet water, sanitation and hygiene needs of the newly displaced and conflict affected people who had fled to ZamZam (4,000 IDPs), Seraif (65,000 IDPs), and Lait (7,190 IDP), Shangil Tobaya (39,000) and Kabkbakbiya /Gara Zaweya (42,510 IDPs) due to conflict.

After joint assessments following the incidents of violence in Kaboum, Edd el Firsan , Reheid ElBirdi and Bulbul Tibisco, joint assessments were conducted and CERF funds were immediately availed to Water, Environment and Sanitation (WES) to urgently respond to the needs of new IDPs and other affected populations.

Following the arrival of new IDPs in Al Salaam camp, Care International/Sweden (CIS) adapted its CERF-funded project and promptly constructed 200 latrines, meeting the sanitation needs of 4,000 new arrivals.

Based on joint assessment results, funds were immediately availed to WES in West Darfur and Central Darfur to urgently respond to the needs of new IDPs other conflict affected populations.

CERF funds permitted WASH sector partners to urgently respond to humanitarian needs, averting cholera / Acute Watery Diarrhoea (AWD) outbreaks among the affected communities

WFP (Food) (yes): While the procurement and delivery of pulses in country took longer than anticipated, the funds received from the CERF Rapid Response mechanism were fundamental in replenishing existing stocks. These stocks were utilised as part of the immediate response to newly displaced populations in Darfur which had been diverted away from the long-standing existing caseload.

b) Did CERF funds help respond to time critical needs⁵?

YES PARTIALLY NO

Partners agreed that CERF funding helped them respond to time critical needs in Darfur.

UNICEF (Nutrition) (Yes): The critical component of supplying routine and supplementation drugs to the nutrition centres was a key achievement. This kept the nutrition centres operational and helped the partners to provide quality and timely therapeutic care service to malnourished cases admitted into the programme.

Since April 2013, Um Dukhun has been affected by severe tribal conflict with the whole target village population being displaced to Abujaradil and Kabar. Fifty per cent of Selayleh population (mainly women and children) left the village for safer havens in Um Dukhun town and surrounding villages. Through CERF funding, Tearfund established two new feeding centres in Abuzar IDP Camp (Um Dukhun Town) and Kamjar in the southern suburbs of the town. In addition, a mobile clinic was established to support surrounding villages that received a substantial number of displaced populations from the target villages. At the same time, Tearfund utilised CERF funding to complete the rehabilitation of Selayleh feeding centre in order to support returnees.

World Vision responded to the displacements with CERF funding following a request by the state Ministry of Health to operate in Alhuda (Edd el Firsan locality) and Markundi (Kubum locality). In addition, CERF funds supported the Mershing Stabilization Centre (SC), which is the only existing centre in the Mershing locality, and the next closest SC being 80 kilometres away in Nyala. Markundi Outpatient Treatment Programme (OTP) (Edd el Firsan) and Mershing centre remained fully functional during the project's duration.

This CERF project helped American Refugee Council (ARC) to respond to a new emergency and the needs of subsequent new arrivals. ARC provided treatment of SAM cases among new arrivals in Kalma Centre 8. ARC's CERF-funded project also constructed one store for keeping Ready-to-Use Therapeutic Food RUTF and other (OTP) materials and four shelters for waiting room/health and nutrition education, registration room and measurements, distribution and appetite test room, women exclusive breast feeding corner and child space centre. The shelters are now in use by beneficiaries in Kalma camp.

FAO (Agriculture) (Yes): The CERF funds enabled timely provision of the required livestock inputs. These ensured the protection of animals against major livestock epidemic diseases and also provided feed to the targeted animals that otherwise might have suffered from serious consequences.

UNHCR (ES & NFI) (Yes): The availability of CERF funds ensured that UNHCR Emergency Shelter and Non Food Items (ESNFI) project could provide essential life-saving ES & NFIs to sector partners for distribution to an additional 50,000 newly displaced people in Darfur, before the rainy season, thus safeguarding these vulnerable populations from the seasonal weather effects.

UNICEF (Education) (Yes): The speedy provision and utilisation of CERF funds helped to respond to time critical needs. CERF funds enable UNICEF to meet emergency education needs including the provision of essential teaching, learning and safe temporary learning spaces. These were critical in restoring access to a safe learning environment for emergency affected children.

UNICEF (Protection) (Yes): CERF funds were largely used to provide family tracing and reunification services to separated and unaccompanied children; provide psychosocial support to children affected by conflict and displacement; implement mine risk education activities; prevent and respond to child recruitment through monitoring of incidents; conduct advocacy activities with the armed groups; and provide reintegration support to boys and girls at risk of recruitment, including those released from armed groups and forces. All these activities are lifesaving and are very critical in a context of long term displacement in the sustained presence of armed actors, including tribal armed groups such as Darfur.

UNICEF (Health) (Yes): The CERF fund was critical to respond to urgent needs of the new arrivals, who fled their original villages in 2013, as health facilities were supported in Elfasher, Kabkakbiya,, Elserif and Saraf Umra, Kalmaa, Al Salam and Derej IDP camps in Darfur states. Essential drugs were provided in response to the outbreak of Acute Jaundice Syndrome in the Elsirif locality. CERF

⁵ 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.).

funding also covered a critical gap in the drug supply reported by implementing partners Anhar for Peace, Development and Humanitarian Work , Humanitarian Aid and Development Organization (HAD) and State Ministry of Health (SMoH).

UNICEF (WASH) (Yes): WES and INGOs received CERF funds in time and helped them to respond to urgent and critical WASH needs of the newly displaced people. As a result of timely interventions, there were no deaths or outbreaks of WASH related disease in the new displacement areas.

CERF funds were quickly disbursed to implementing partners to respond quickly to the critical needs that had been identified during the detailed partner assessments. As evidence of the timely response to critical needs, no outbreaks of diarrhoeal diseases were reported among the conflict affected children.

Using CERF funds, partners managed to quickly provide basic safe water supply to new arrivals and also to promptly start the construction of latrines. Intensive hygiene promotion ensured adoption of good hygiene behaviour, orderly sharing and proper use of latrines and clean-up of the camp environment soon after the settlement of new arrivals. This helped avert major outbreaks of acute watery diarrhoea (AWD) at the initial stages of the response when the IDPs were most vulnerable.

WFP (Food) (Yes): The CERF rapid response funds were critical in ensuring that the US\$2.1 million that had been diverted away from voucher beneficiaries in Darfur as a result of new displacements was replenished and that immediate food needs of the existing caseloads were met through guaranteed receipt of the recommended daily kilo-calorie intake provided through GFD. As a result of the CERF funds and those received from additional donors at the same time, WFP was able to avoid a pipeline break in its vouchers programme and sustain the operation throughout the critical time of the lean season when food needs typically reach their peak. This also meant that WFP was not forced to return voucher beneficiaries to in-kind food assistance which, in turn, would have placed additional stress on the commodity pipeline.

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

YES PARTIALLY NO

For some partners, CERF funds kick-started funding from other donors. For other partners, CERF funds met the remaining life-saving needs even after other donors had provided support.

UNICEF (Nutrition) (Partially): Particular for Tearfund, CERF funding helped in mobilising funding from Humanitarian Aid and Civil Protection department of the European Commission (ECHO), which caters to the comprehensive nutritional support in the four localities –Ed Daein, Elferdouse, Bahir Elarab, and Abujabra – of East Darfur State. In Central Darfur, CERF funding was used to cover gaps in the feeding programme while Tearfund sought more funds from other donors for the continuation of the nutrition program in both locations.

UNHCR (ES & NFI) (Yes): The CERF funds were received in a timely manner as the NFI pipeline was running out of stock due to the unexpected large scale displacements in the first half of the year. The receipt of CERF funds highlighted the needs in Darfur to other donors, encouraging funding by other donors and considerably helped to reduce the funding gap.

UNICEF (Education) (Yes): CERF funds were used to fill critical time sensitive gaps in areas facing sudden onset of displacement/emergencies. UNICEF's other resources were used to complement emergency activities particularly in areas of low enrolment and enhancing girl's education.

UNICEF (Protection) (Yes): Although 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, UNICEF secured some funds from Norway to respond to child protection needs in Darfur states and the Three Protocol Areas. UNICEF also received funds from France for child protection response in West Darfur.

UNICEF (Health): CERF funds bridged important gaps in funding and facilitated UNICEF mobilizing funding from other donors, such as the Government of South Korea.

UNICEF (WASH): CERF funding helped UNICEF in identifying critical areas of need and as a result, UNICEF mobilized additional funding from the United States Agency for International Development (USAID).

WFP (Food) (yes): In short, yes. Overall, WFP's requirements for its cash voucher programme in 2013 were US\$40 million. Following the contribution from the CERF rapid response window, additional funds for cash vouchers were received from Germany, the UK, ECHO and USAID. In addition, WFP received a sizeable cash contribution from USAID – the first of its kind in recent years – for the local procurement of sorghum which complemented the procurement of pulses enabled by the CERF donation.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

Most partners agreed CERF funding improved coordination.

UNICEF (Nutrition) (Partially): CERF funding helped to improve coordination with UNICEF, WHO, WFP and SMOH in responses undertaken in some locations particularly when there was new displacements. This includes undertaking joint assessment, information sharing and joint planning to initiate responses. Partners shared pertinent information at the nutrition cluster meetings at locality, state and federal levels.

FAO (/Agriculture) (Yes): The CERF further strengthened the partnerships within the humanitarian sector and funds allowed the humanitarian actors to immediately address the needs of the most vulnerable population in the Darfur States. In addition, through FAO, the funds supported the targeted beneficiaries with limited access to livestock services. In addition, it encouraged the partners to work together to rapidly deliver the most needed support to the affected population. It also strengthened the inter-sector decision making as each sector has to carry out a gap analysis to justify the need for CERF funding.

UNHCR (ES and NFIs) (Yes): The receipt of CERF funds by many sectors allowed a coordinated response following joint assessments, where access was available, to identify needs and to deliver humanitarian assistance. The distribution of food and ES & NFIs were coordinated to ensure identified households in need received NFI's like cooking sets and jerry cans for water to complement the food provided by WFP.

UNICEF (Education) (Yes): Funding received from CERF enhanced UNICEF and partners ability to respond in an emergency context. In particular, coordination was enhanced with the Ministry of Education (MoE) and education sector, for undertaking joint assessment missions and coordination meetings with partners.

UNICEF (Protection) (Partially): As lead for the child protection sub-sector within the humanitarian cluster system, UNICEF chaired the national subsector and co-chaired with the government eight child protection working groups. Child protection sub-clusters have maintained a high level of productivity (both at national and state level) as shown by the regular monthly meetings and joint initiatives such as rapid child protection assessment undertaken by the sub-sector even in areas where there is no UNICEF presence. UNICEF officers chairing these meetings attended other relevant coordination fora to ensure child protection issues and concerns are articulated within their interventions. Child protection actors were trained on the inter-agency child protection in emergencies rapid assessment tool. Another key accomplishment over the reporting period was roll out of a manual on the establishment of community child protection networks and committees in Sudan as well as the launch of the inter-agency child protection in emergencies minimum standards with Sudan being the first country to launch these minimum standards.

UNICEF (Health) (Yes): Implemented activities were discussed and agreed with the SMOH, WHO and UNFPA UN partners.

UNICEF (WASH) (Yes): WASH interventions in new displacement areas were discussed and decisions were made through WASH sector coordination forum where all implementing partners participated. Several task forces were formed to deal with the crisis. Partners that benefited from CERF funding played a lead role in representing sector coordination at locality levels. Oxfam and WES assisted in feeding back the outcomes of the locality level discussions at state level coordination meetings. Before the implementation, WASH sector partners conducted joint inter-agency missions to identify WASH gaps, followed by joint action plans, and implementation progress was reported on regular basis to partners during coordination meetings.

Joint assessments carried out for the CERF-funded response helped to identify gaps in WASH needs and hot spot areas/locations and camps where new IDPs often fled to. This information was used to map out and rank areas with severe humanitarian needs and also determine where WASH supplies needed to be prepositioned to respond to future displacements. Assessment findings were also used to advocate for more funds to cover the identified WASH needs that the CERF could not cover. CERF funding brought together not only WASH sector partners but also other sectors, which helped to improve inter-sectorial coordination and maximising on the impact of responses by the different sectors

WFP (Food) (Yes): WFP's voucher programme is implemented in partnership with approximately 130 actors across Darfur, and continued collaboration was possible in large because of funds received from the CERF rapid response mechanism.

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
To identify the number of (actual) planned beneficiaries at project inception, so as to avoid apparent (but not actual) under-achievement at the reporting stage	CERF Secretariat to improve guidance to streamline approach in planning beneficiary figures among agencies at project proposal stage. This would help to minimize discrepancies between planned and actual beneficiary figures at reporting stage.	CERF Secretariat
To encourage agencies to abide by the CERF Secretariat guidelines, specifically on reporting, no-cost extensions and reprogramming/redeployment of fundss	To conduct trainings on CERF guidelines on reporting and no-cost extension/ reprogramming requests in order to improve the quality of the report, timeliness and avoid oversight of critical details.	CERF Secretariat

TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Not all areas were accessible. The security situation in Nyala prevented the full implementation of WFP project, for example.	Advocated with the authorities for immediate access to newly displaced populations for rapid assessment to determine needs	HC/UN agencies
In case of new displacements due to conflict or disaster, joint/ multi-sectoral assessments and service delivery result in a greater impact	To ensure the continuation of this practice, the HCT should introduce a viabale mechanism for a joint/multi sectoral assessment and service delivery	OCHA/HCT partners

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	28 Aug. 2013 – 27 Feb. 2014
2. CERF project code:	13-RR-CEF-084 13-RR-WHO-045	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 North Darfur state		
7. Funding	a. Total project budget:	US\$ 4,600,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 1,070,642	▪ NGO partners US\$ 283,612
	c. Amount received from CERF:	US\$ 920,642	▪ Government Partners: US\$ 329,598
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	77,500	128,610	Continued conflict in the Darfur region led to continuous influx of newly displaced people during implementation of the project, which increased the number of actual population reached in Kabkbakbiya and ZamZam camps in North Darfur and Al Salam, Kalma and Gereida camps in South Darfur. Also, the project responded to new conflict affected populations in South Darfur State-- notably in Kaboum, Edd el Firsan, Reheid ElBirdi and Bulbul Tibisco, who were displaced towards the end of 2013. UNICEF was able to reach a more than the planned number of beneficiaries in output, largely through chlorination
b. Male	74,500	123,567	
c. Total individuals (female + male):	152,000	252,177	
d. Of total, children <u>under</u> age 5	71,500	118,623	
9. Original project objective from approved CERF proposal			
Increase and maintain access to basic lifesaving improved water, sanitation and hygiene outreach services for up to 152,000 new IDPs and conflict affected population at the most vulnerable IDP locations in Darfur region			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • 152,000 new IDPs and conflict affected population have access to improved drinking water and sanitation services. • 152,000 new and existing conflict affected IDPs have sustained access to improved drinking water and sanitation services. • 152,000 IDPs and conflict affected population outreached with personal and environmental hygiene interventions. 			
11. Actual outcomes achieved with CERF funds			

Expected Outcome 1: 152,000 new IDPs and conflict affected population have access to improved drinking water and sanitation services.

Achieved: 120,776 new IDPs and conflict affected population were given access to improved drinking water and sanitation services as summarised and detailed below according to state:

- I. In North Darfur state, an estimated 52,030 new IDPs and conflict affected population have access to improved drinking water and sanitation services.
- II. In South Darfur and East Darfur states, an estimated 36,220 new IDPs and conflict affected population have access to improved drinking water and sanitation services.
In West Darfur and Central Darfur states, an estimated 32,526 new IDPs and conflict affected population have access to improved drinking water and sanitation services.

Expected Outcome 2: 152,000 new and existing conflict affected IDPs have sustained access to improved drinking water and sanitation services.

Achieved: 252,177 new and existing conflict affected IDPs have sustained access to improved drinking water and sanitation services through operation and maintenance and chlorination as summarised and detailed below according to state:

- I. In North Darfur State, an estimated 119,000 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 chlorination.
- II. In South Darfur and East Darfur states, an estimated 133,177 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 chlorination.
- III. Fielding of 10 water testing and sanitary inspection missions in the targeted areas in North and South Darfur (Kabkabya, Zam Zam, Al Salam, Kalma Greida and Kaboumv camps and gatherings). The results of these tests together with the team observations have been shared with the WASH partners in the regular meetings with WHO support.

Expected Outcome 3: 152,000 IDPs and conflict affected population outreached with personal and environmental hygiene interventions.

Achieved: 231,992 IDPs and conflict affected population outreached with personal and environmental hygiene interventions through hygiene awareness campaigns, environmental clean ups, home visits, mobilisation and trainings. WHO activities that contributed to the achievement of this outcome include:

- I. Procurement and distribution of ten personal protective equipment to six health facilities in the North and South Darfur states; Kabkabiya, ZamZam, Al Salam, Kalma Greida and Kaboumv camps and gatherings
- II. 600 copies of Ministry of Health (MoH) guidelines about different environmental health emergencies printed and disseminated
- III. Training of 84 health cadres from the targeted localities on the health care waste management
- IV. Implementation of four vector control campaign in the targeted localities
- V. Implementation of community awareness campaign on indoor vector breeding, disease prevention and control

In addition, the following UNICEF activities are summarised and detailed below according to state:

- I. In North Darfur state, an estimated 62,515 IDPs and conflict affected population were reached with hygiene awareness messages, personal and environmental hygiene interventions and 689 people trained.
- II. In South and East Darfur states, an estimated 93,477 IDPs and conflict affected population were reached with hygiene awareness messages, personal and environmental hygiene interventions and 141 people trained.

In West Darfur and Central Darfur states, more than 76,000 IDPs and conflict affected population were reached with hygiene awareness messages, personal and environmental hygiene interventions and 120 people trained.

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

Instability of the security situation in neighbouring states and in some localities in the state led to the continued displacement with the numbers exceeded planned estimates. Therefore, the project responded to more affected people than originally planned as unremitting insecurity led to continued displacements during the implementation period. UNICEF was able to reach more people largely through operations and maintenance of water systems for longer hours/day and chlorination, which was possible as a result of using chlorine from core pipeline supplies. More people were also reached through more participation of communities in constructing latrines and using media and campaigns to raise awareness in hygiene.

All the water provided to the conflict affected people was chlorinated to ensure it was safe and UNICEF was able to obtain sufficient supplies of chlorine to cover more people as a result of saving due to changes in technology used, e.g., conversion of some generator operated water systems to solar operated water systems.

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 hasn't been evaluated. However, the project activities have been routinely monitored.</p> <p>The Ministry of Health and Water Environment and Sanitation WES were the main implementing partners. All the gathered water testing data was analysed and the information immediately shared with all stakeholders to enable appropriate actions to be taken. Regular monthly visits by the WHO technical officer in South Darfur and North Darfur, under guidance and with support from the WHO country office in Khartoum, have been conducted in designated areas to ensure effective implementation and quality of project activities and project financial performance.</p> <p>In addition, UNICEF WASH technical team from El Fasher Zonal Office in conjunction with implementing partners carried out regular monitoring visits to follow up the implementation status and quality of work for CERF funded activities. Key findings and observations of the monitoring visits were as follows were:</p> <ul style="list-style-type: none"> • The CERF project timely addressed life- saving needs of targeted populations through providing urgently needed water, sanitation and hygiene needs for newly displaced populations as well as maintaining basic water and sanitation services for new and old IDPs. • In consultation with beneficiary IDPs, Oxfam piloted a durable latrine which addresses privacy needs of users. Lessons learned from the pilot stage will be shared for the benefit of the WASH sector. • The visited activities were of acceptable quality and standards and well adapted to the Darfur context, reflecting the competence of implementing partners and their knowledge and experience of the region. • Building on prior programming in targeted locations, partners significantly involved communities in the planning and implementation of the project. Communities knew the objectives and details of the project and took leading role in its implementation. 	

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	27 Aug. 2013 – 26 Feb. 2014
2. CERF project code:	13-RR-CEF-081	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health-Nutrition		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency Nutrition Support		
7. Funding	a. Total project budget:	US\$ 3,500,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 993,395	▪ <i>NGO partners and Red Cross/Crescent:</i>
	c. Amount received from CERF:	US\$ 693,395	▪ <i>Government Partners:</i>
			US\$ 459,910
			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. <i>Female</i>	4,646	5,390	The target achieved by the end of grant period was above the intended target. This was mainly due to the expansion of effective low cost community outreach activities and more engagement of communities' stakeholders which led to increased number of beneficiaries
b. <i>Male</i>	3,140	4,830	
c. <i>Total individuals (female + male):</i>	7,786	10,220	
d. <i>Of total, children under age 5</i>	6,600	6,973	
9. Original project objective from approved CERF proposal			
Provide emergency nutrition support and treatment to all acutely malnourished children who are newly displaced and affected by the current conflict in Darfur.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • Treatment of 500 children for severe acute malnutrition • Provide nutritional screening and referral of over 6,600 children under five years of age • 2,000 women reached with emergency nutrition awareness raising messages • Functioning of four emergency mobile outpatient therapeutic programmes and two stabilisation centre • 6,600 under five children received a protective age appropriate emergency food ration (BP5). 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> • Treatment of 500 children for severe acute malnutrition <p>During the grant period, a total of 2,890 children under five years were treated for severe acute malnutrition, through inpatient care services in four Stabilisation Centres (SC) and outpatient care services in 22 Outpatient Therapeutic Programs (OTPs). The services were delivered with good quality as all program indicators met Sphere Standards in all sites with 87.2 per cent cure rate, 0.5 per cent mortality rate and 10.5 per cent default rate. UNICEF conducted training for 87 (53f, 34m) health care providers from Ministry of Health (MoH) and INGOs staff on Community-based Management of Acute Malnutrition (CMAM) focusing on operations of SC and OTP.</p> <p>In addition, 4,083 children under five years and 839 of pregnant and lactating women (PLW) were treated for moderate acute</p>			

malnutrition through supplementary feeding services in 15 Supplementary Feeding Programmes (SFP). The therapeutic and supplementary programme was provided with routine medicine and supplementation drugs by UNICEF. The nutrition centres were supplied with safe drinking water and latrines, and well-placed incinerators for disposing medical waste and solar panels for cold chain. In addition, UNICEF procured and delivered 1,900 cartons of ready to use therapeutic foods (RUTF) that contributed to the supply pipeline of RUTF.

- **Provide nutritional screening and referral of over 6,600 children under five years of age.**

Screening with mid-upper arm circumference (MUAC) **was conducted for 8,921 children under-five** children during the project period out of which 2,511 severely malnourished children were referred and admitted to OTPs, 4,083 moderate malnourished children were admitted to SFPs. In addition, 839 moderately malnourished pregnant and lactating women (PLW) were admitted and treated in SFPs.

- **2,000 women reached with emergency nutrition awareness raising messages.**

A total of 9,922 (6,163 female, 3,759 male) caregivers and communities stakeholders were reached with nutrition, health and WASH key education messages through outreach service and during regular education sessions at the nutrition centres. Additionally, 240 (167f, 73m) community members including community nutrition volunteers (CNVs) were trained on detection of malnutrition, food preparation and use of nutritious vegetables, basics of nutrition and food security, and micro and macro nutrients locally available.

- **Functioning of four emergency mobile outpatient therapeutic programmes and two stabilisation centre**

Four (4) new mobile nutrition clinics were opened by nutrition partners in conflict affected areas: One clinic by American Red Cross (ARC) in Kalma camp sector 8 (South Darfur), two clinics in Mershing locality by World Vision (WV) and one mobile nutrition clinic based out of Algantor to reach the nomadic villages outside Um Dukhun in central Darfur by Tearfund.

Tearfund had planned mobile clinics service in Elferdouse (Elferdouse locality) and Abumataric (Bahir Elarab locality) but this was not undertaken mainly due to movement restrictions to targeted areas for mobile clinic services. This was due to the deteriorated security situation caused by the recurrence of inter-communal clashes since August 2013.

WV and ARC maintained the provision of support to two stabilization centres, with provision of therapeutic medication and anthropometric equipment, and job aid materials. As result, 372 children under five years with severe acute malnutrition were treated for medical complications and referred to OTPs to complete the treatment.

- **6,600 under five children received a protective age appropriate emergency food ration (BP5)**

Total of 5,972 children under five years received two week ration of emergency food (BP5), as initial rapid response for the new displacement in affected areas (Ottach, Derei, Khor, Abache, Sani Deliaba and Kalma IDP camp) by concern partners.

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): 2a

Gender was properly mainstreamed throughout the project's life cycle. The program planned and achieved to reach both men (4,830) and women (5,390) in all operating sites funded by CERF. Men and women have benefited from the nutrition outreach programs and children were treated without gender discrimination.

Gender sensitivity ensures that special attention is given to the particular needs of women and girls during project design and implementation. All staff were oriented on how to engage men and women in the community through a consultative process, including the leaders, i.e., the sheiks, imams (male) and sheikhats and hakamats (female). During implementation of the project activities, intentional targeting and inclusion of both men and women, and boys and girls, was done by the sector staff. Caregivers, particularly women, were well consulted and feedback was received regarding the progress of children enrolled into the programme during case follow up.

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

YES NO

A separate evaluation was not conducted for this project due to short-term duration and the nature of support (emergency response).

However, a nutrition survey was conducted in March 2014 including those locations targeted under this project. Currently, the data analysis is underway and the report will be shared once approved by the East Darfur Ministry of Health. In addition, a Knowledge, Attitudes and Practices (KAP) survey in Kalma camp (sector 8) was conducted by INGO partner ARC.

A regular monitoring visit was carried out internally by partners' nutrition related staff and externally from sector lead and OCHA to ensure quality and program effectiveness.

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	26 Sept. 2013 – 25 Mar. 2014
2. CERF project code:	13-RR-CEF-082	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Education		<input checked="" type="checkbox"/> Concluded
4. Project title:	Provision of access to education in emergencies for newly displaced IDP children in Darfur		
7. Funding	a. Total project budget:	US\$ 1,289,590	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 450,000	▪ NGO partners and Red Cross/Crescent: US\$ 0
	c. Amount received from CERF:	US\$ 311,783	▪ Government Partners: US\$ 85,227
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	10,742	10,017	
b. Male	8,788	9,776	
c. Total individuals (female + male):	19,530	19,793	
d. Of total, children <u>under</u> age 5	n/a	n/a	
9. Original project objective from approved CERF proposal			
Provide access to education in emergency services through provision of emergency education and recreation supplies and temporary safe learning spaces.			
10. Original expected outcomes from approved CERF proposal			
At least 19,530 newly displaced primary school aged children in affected camps/settlements in Darfur have access to quality teaching and learning materials and recreation kits, and at least 4,500 of these children are accommodated through provision of temporary learning spaces and emergency latrines near existing schools by the end of December 2013.			
11. Actual outcomes achieved with CERF funds			
Emergency teaching and learning materials were procured and distributed to directly benefit 19,793 children. In Central Darfur (Zallengi), 20 temporary learning spaces were erected, providing learning space for 1,000 children. In North Darfur (El Sereif) provision of learning spaces is behind schedule due to insecurity and inaccessibility of El Sereif until recently. The Ministry of Education has not been able to transport the construction materials to the classroom sites, however all required education and construction materials have been purchased and procured. Teaching and learning materials and education supplies have already been distributed to children in El Sereif. However, the physical construction of 50 temporary classrooms and 12 emergency latrines has been delayed for the reasons stated above. There is a commitment from the Ministry of Education and the community to complete the construction of classrooms by mid-June, in time for the new school year commencing end of June/early July.			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			

<p>Targets were reached in terms of provision of education supplies to children and the provision of temporary learning spaces in Central Darfur. In North Darfur, implementation of Temporary Learning Spaces with emergency latrines is behind schedule, but is planned to be completed by the start of the academic year by the end of June.</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): 2a</p>	
<p>14. M&E: Has this project been evaluated?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>Due to the current emergency in Darfur, the project has yet to be evaluated. UNICEF and Ministry of Education teams have visited the project sites during emergency outbreak and implementation. However, new emergencies have erupted near the area – therefore a final evaluation of the project is due once emergency has settled.</p>	

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	1 Aug. 2013 – 31 Jan. 2014
2. CERF project code:	13-CEF-083	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Protection / Human Rights / Rule of Law		<input checked="" type="checkbox"/> Concluded
4. Project title:	Sustaining girls' and boys' rights to protection from violence, exploitation and abuse in humanitarian settings in Sudan		
7. Funding	a. Total project budget:	US\$ 982,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 785,548	▪ NGO partners and Red Cross/Crescent: US\$ 124,060
	c. Amount received from CERF:	US\$ 196,452	▪ Government Partners: US\$ 23,233
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	15,908	14,666	Integration of mine risk education (MRE) in schools and community based child protection networks increased the MRE outreach activities, thus exceeding targets.
b. Male	17,450	21,998	
c. Total individuals (female + male):	33,358	36,664	
d. Of total, children <u>under</u> age 5	14,908	11,423	
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	End-year Target (indicate number)	
1.	No. of unaccompanied and separated children for whom family tracing is successful	125	
2.	No. of children with safe access to community spaces for socializing, play, learning etc.	8,100	
3.	No. of women, children and youth and other persons with specific needs that have access to protection services (Family and Child protection)	3,500	
4.	No. of individuals at-risk reached through mine risk education	33,358	
Expected Outcomes			
In line with the sector response plan of the 2013 Humanitarian Workplan and as per the approved project proposal, the intervention			

aimed to achieve the following results:

Result 1: Monitoring and reporting of grave violations and other serious protection concerns regarding children and women

Result 2: Access is improved to protection services and assistance for children and women exposed to neglect, violence, exploitation and/or abuse,

Result 3: 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

Result 4: International humanitarian protection actors improve preparedness and response to affected population

Result 5: Communities and individuals actively contributing to a protective environment for vulnerable groups

11. Actual outcomes achieved with CERF funds

Summary of actual outputs to which this grant has directly contributed

No	Standard Project output	End year target	End year actual
1.	No. of unaccompanied and separated children for whom family tracing is successful	125	34
2.	No. of children with safe access to community spaces for socializing, play, learning etc.	8,100	8,525
3.	No. of women, children and youth and other persons with specific needs that have access to protection services (Family and Child Protection)	3,500	2,780
4.	No. of individuals at-risk reached through mine risk education	33,358	32,552

Monitoring and reporting of grave violations and other serious protection concerns regarding children and women

- The humanitarian impact and the child rights violations linked to the resurgence of conflict were monitored by the Country Task Force on Children and Armed Conflict. It raised concerns with the parties to conflict regarding the recruitment and use of children, use of indiscriminate weapons, disruption of schools and health centres, and access restrictions that hampered humanitarian assistance to children. The Task Force also included advocacy with both state and non-state actors. UNICEF contributed to the Security Council reporting on grave child rights violations and sexual violence in conflict in compliance with Security Council Resolutions 1612 and 1960.
- Along with the Resident Coordinator and United Nations African hybrid Mission in Darfur UNAMID, UNICEF co-chaired the Country Task Force on Monitoring and Reporting, established under Resolution 1612. It helped develop monitoring capacities in Darfur States and in the Three Areas. The Task Force reported to the Security Council in regular bi-monthly or quarterly reports, and to the annual report of the Secretary General on Children and Armed Conflict.
- Between July and December 2013, UNICEF contributed to the drafting of two quarterly reports to the UNSC and to the annual report of the Secretary General on Children and Armed Conflict. During the same period, 192 of incidents of grave violations of the rights of children in armed conflict as defined by the UNSC resolutions 1539 and 1612 were recorded, verified and documented. When appropriate, this information was used by UNICEF and the UN Task Force on Monitoring and Reporting to conduct discreet advocacy was also undertaken with the Government of Sudan and rebel groups to halt the recruitment and use of children, and to engage in Action Plans with the UN⁶.

Access is improved to protection services and assistance for children and women exposed to neglect violence, exploitation and/or abuse.

- UNICEF provided funds and technical support to the National Council of Child Welfare to coordinate national efforts to prevent and respond to family separation of children affected by conflict and displacement. As part of this process, CERF funding contributed to the support the National Council of Child Welfare to organize monthly coordination meeting, to produce monthly reports and to carry out regular follow-up visits to monitor the situation of separated children.
- UNICEF provided technical guidance to the National Council for Child Welfare (NCCW) and the State Council for Child Welfare in Khartoum and the Ministry of Social Welfare (MoSW) in Darfur States and the Three Areas in building their capacities to manage the information management system for separated/unaccompanied children at federal and state

⁶ Monitoring of grave violations for children's rights is a key task for UNICEF child protection officers based in the field. CERF has been contributing to their and as such has also contributed to this large result.

levels and to coordinate FTR activities, including cross-border FTR. Together with funds received from other donors, this grant contributed to the training of 118 social workers and networks on family tracing and reunification techniques which resulted in the reunification of 494 (217 boys, 277 girls) separated and unaccompanied children with their families and relatives. Of these cases, 43 separated and unaccompanied children were identified between July and December 2013; 33 children were reunified with their families and relatives.

- The children's component of the National DDR Commission, along with the Ministry of Social Welfare has been capacitated to separate boys and girls from armed groups, support their family reunification, and register them for reintegration programmes with technical support from UNICEF. As part of this process, 84 (55 boys, 29 girls) were released from the Sudan Liberation Army – Historical Leadership in 2013 as part of the Darfur Peace Process.
- Also, UNICEF provided technical and operational support to the Disarmament Demobilisation and Reintegration Commission (DDRC) to implement and coordinate child DDR programmes. With CERF funds and funds from other donors, 8,950 (4,789 boys 4160 girls) children -- of whom 447 (386 boys, 61 girls) were children formerly associated with armed groups and forces -- participated in community-based reintegration programmes in Darfur states that included social follow-up, vocational training, skills training and referral to formal schools or livelihoods support.

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

- UNICEF provided technical assistance to the national mechanism to develop the framework for intersectoral collaboration on issues related to children in contact with law either as victims, witnesses or offenders, develop norms and standards and an information management system for Family and Child Protection Units (FCPUs). As part of this process, UNICEF supported the development of a Standard Model Family and Child Protection Units reference document to be used by the Police Department throughout the country to support the standardization of all 17 Family and Child Protection Units already established. This is a major step forward, as the national mechanism groups senior level key players (police, judiciary, prosecution, social welfare) at an inter-departmental forum and allows for federal-level coordination, oversight and support to the Family and Child Protection Units.
- FCPUs have been established in all conflict affected areas, they remained operational during the reporting period and capacitated to respond to the needs of children in contact with the law, including in dealing with cases of rape and sexual violence. As a result, 2,249 children in contact with law living in Darfur states were assisted by the Family and Child Protection Units between August and December 2013 out of 6,115 children in contact with the law assisted by these units in these states throughout of the year. Forty-five per cent were cases of children in conflict with the law or child offenders and 47 per cent were cases of children in contact with law as victims. This is also an important milestone as in conflict affected communities, Family and Child Protection Units are increasingly responding to cases of rape and sexual violence of children and women.
- In the project proposal, UNICEF stated that it planned to provide the required technical support to implement gender desks in Family and Child Protection Units. The implementation of this activity has experienced some setbacks and challenges due to competing interest and leadership within the police. To address these challenges, UNICEF decided to focus its efforts on advocacy at higher level with decision makers in Khartoum to build consensus on the need of gender desks. As part of this process, UNICEF supported the Family and Child Protection Units in Khartoum and the Department of External Cooperation of the Ministry of Interior to conduct several sensitization activities with different level of police (including senior police officers), to disseminate the concept behind the Gender Desk, presenting several examples and case studies from the region. Consensus has now been reached and actual implementation of gender desks has now been planned to begin in May 2014.

International humanitarian protection actors improve preparedness and response to affected population

- In September 2013, UNICEF organized training of trainers in Child Protection Rapid Assessment (CPRA) tool kit for 34 staff from both NGO, UN agencies and government counterparts working in Darfur. This is in addition to the 85 staff previously trained in Khartoum on the same topic. The training has contributed to an increase in the capacity of the members of the Child Protection Working group in conducting rapid assessments of the child protection needs during emergencies using the global inter-agency child protection rapid assessment tool. For example, in North Darfur this tool was used by the members of the child protection sub-sector to assess child protection in El Seriaf and Saraf Omra localities in November 2013 following the tribal hostilities in Jabel Amir in early 2013. The conflict resulted in approximately 76,182 people reportedly being displaced to El Seraif, 15,600 people to Saraf Omra and 9,738 people to Kabbakbiya localities.
- 2013 saw the launch of the inter-agency minimum standards for child protection in humanitarian setting and the production

of a manual on the establishment of community child protection networks and committees in Sudan. Child protection partners were trained on child protection in emergencies, data collection and participated in a national consultation on Child Protection in Emergencies minimum standards with support from UNICEF. There are currently 201 networks identified and mapped throughout Sudan, including 26 Community Based Child Protection Networks in the Abyei Administrative Area. While the membership and composition vary from one state to another, each child protection networks has an average of 20 members. Members of these networks have also been trained on these standards and the Sudan child protection networks handbook. These said, the dissemination of these minimum standards and the Sudan handbook on child protection networks benefited to some 4020 individuals

Communities and Individuals actively contribute to a protective environment for vulnerable girls and boys

- To respond to the psychosocial distress caused by conflict and displacement, UNICEF provided funds and technical assistance to NGO partners in South Darfur and West Darfur to implement Child Friendly Spaces and psychosocial affected in Darfur. This grant directly contributed to the provision of play and recreational activities for some 8,525 (5,115 boys, 3,410 girls) conflict affected children through 34 Child Friendly Spaces (CFS) supported by UNICEF in South Darfur, North Darfur and West Darfur states. Out of these 34 CFSs, five were established in South Darfur during the reporting period.
- Awareness and sensitization sessions on the risks of mines/UXOs were also conducted for people, including children living in mines/UXOs affected areas. CERF funds were specifically used to support a national NGO partner to carry out awareness raising activities on mine risks for children and families in South and West Darfur. Through this partnership and in collaboration with NMAC at the state level, eleven public information campaigns on mine risks were organised, messages were also broadcasted through local radio and television in South Darfur and West Darfur. Also 75 community sessions/community dialogues on mine risks were organized, reaching some 32,552 individuals.
- A key progress has however the successful shift from emergency MRE to a sustainable and cost effective MRE programme with great reach through integration of MRE in basic and secondary schools curricula. Together with funds received from other donors, UNICEF supported the printing and distributions of 600.000 MRE school books. By end of December, some 292,000 (189,890 boys, 102,110 girls) school going children were reached by MRE.

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

Overall, the project met all planned targets, except for family tracing and reunification in which only 27 per cent of the target was reached. In addition to an over-estimation of beneficiaries in the proposal, the tense political situation between Sudan and South Sudan affected UNICEF's ability to carry out family tracing for South Sudanese separated children -- who represent the majority of the caseload in the national FTR database.

The integration of mine risk education (MRE) in schools increased the MRE outreach and helped reach more children than initially planned.

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

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

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

No specific evaluation was conducted for this 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 provides an opportunity to review the achievements, constraints and challenges, bottlenecks and lessons learned to inform further programming. In addition to the regular monitoring which was conducted, achievements under CERF-funded projects were also monitored as part of this process.

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	26 Aug. 2013 – 25 Feb. 2014
2. CERF project code:	13-CEF-085	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\$ 3,000,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$1,720,529	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ N/A
	c. Amount received from CERF:	US\$ 159,203	▪ <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	122,500	98,000	One primary health care (PHC) kit serves 10,000 people for one month. Through CERF support, UNICEF procured and distributed 120 PHC kits which are enough to serve 200,000 people for 6 months (80 per cent of the target). The remaining 20 per cent were reached through other partners. Insecurity has considerably delayed the transportation of medical kits to affected areas in Kabkakiya and Alsiref locality. Additionally, the pull out of INGO s Partner Aid International (PAI) and Mercy Malaysia reduced the number of implementing organizations supporting new arrivals in North Darfur State.
b. Male	127,500	102,000	
c. Total individuals (female + male):	250,000	200,000	
d. Of total, children <u>under age 5</u>	42,500	34,000	
9. Original project objective from approved CERF proposal			
To improve the access of the new arrivals to life saving, primary health care interventions			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • 80 per cent of new arriving IDPs have improved access to primary health care services • 100 per cent of PHC facilities serving new arrivals benefit from continuous provision of essential supplies • 100 per cent of outbreaks are responded to timely and effectively 			
11. Actual outcomes achieved with CERF funds			
<p>80 per cent of new arriving IDPs have improved access to primary health care services UNICEF procured supplies sufficient for 200,000 population for six months: 120 PHC kits, 45 integrated management of childhood illness (IMCI) 50,000 sachet of oral rehydration salts, 106 ringer lactate intravenous fluid and 39 midwifery kits. These supplies met the needs of 80 per cent of the expected 250,000 new arriving IDPs.</p> <p>100 per cent of PHC facilities serving new arrivals benefit from continuous provision of essential supplies All Primary Health Care facilities serving new arrivals received support with CERF funding to provide essential supplies. Partners that received essential medicines and supplies Anhar for Peace, Development and Humanitarian Work, Relief International as well</p>			

as the Ministry of Health running clinics serving new arrivals in Elfasher, Kabkbakbiyaa, Elserif and Saraf Umra localities in North Darfur. In South Darfur, International Mercy Corps (IMC), Merlin and Kuwaiti Patient's Helping Fund (KPHF) received medical kits to address additional caseloads in Kalmaa, Al Salam and Derej IDP Camps.

100 per cent of outbreaks are responded to timely and effectively:

In response to outbreak of Acute Jaundice Syndrome (AJS) following the Jabal Amir crisis, UNICEF provided 14,000 sachets of ORS and 1,500 bottles of Ringer Lactate intravenous fluid essential to manage patients at the health facilities. Given a number of implementing partners reported shortages in essential drugs, those medical kits came at a critical time and covered treatment for 2,595 cases of AJS attended in the clinics. There were no other reported outbreaks during the reported period.

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): 2a

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

YES NO

The project was monitored through regular joint supervisory visits involving UNICEF staff in zonal offices, NGOs and relevant MoH departments.

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	FAO	5. CERF grant period:	27 Aug. 2013 – 26 Feb. 2014
2. CERF project code:	13-RR-FAO-025	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Agriculture		<input checked="" type="checkbox"/> Concluded
4. Project title:	Restoring food security and livelihoods of vulnerable pastoralist and agro pastoralist households in Darfur, Sudan		
7. Funding	a. Total project budget:	US\$ 1,500,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 305,350	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 30,820
	c. Amount received from CERF:	US\$ 305,350	▪ <i>Government Partners:</i> US\$ NO
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	36 593	35 705	The project reached a higher number of beneficiaries than those planned because it targeted more newly arrived IDPs. These possess a lower number of animals than those of the host communities. In addition, the project covered more animals with treatment than with vaccination services which led to a higher number of beneficiaries.
b. Male	35 157	49 725	
c. Total individuals (female + male):	71 750	85 430	
d. Of total, children <u>under</u> age 5	11 265	13 669	
9. Original project objective from approved CERF proposal			
The main objective of the project is to protect livelihoods and improve food security of 14 350 newly displaced households among the vulnerable pastoralist and agro-pastoralist groups affected by the on-going intertribal fighting in Darfur.			
10. Original expected outcomes from approved CERF proposal			
Outcome:			
<ul style="list-style-type: none"> Improved survival, health and body condition of 168 250 animals belonging to 14 350 newly displaced households among the vulnerable pastoralist and agro-pastoralist households. 			
Indicators:			
<ul style="list-style-type: none"> Reduced mortality due to epidemic diseases from 30 per cent (usually before vaccination) to 5 per cent (expected after vaccination) Reduced prevalence of parasites from 50 per cent (usually before de-worming) to 10% (expected after de-worming) Improved milk production, body condition and fertility due to improved access to feed and health care by 50 per cent 			
11. Actual outcomes achieved with CERF funds			
The project improved access of the selected beneficiaries to essential animal health services through three Implementing Partners. These, in addition to the provision of the services, provided technical support for the proper utilization of inputs by conducting several training sessions at village level. The NGO Partners included Kebkabyia Small holder Charity Society (KSCS) in North Darfur, African Vision Organization (AVO) which replaced Peace and Development National Organization (PDNO) in South Darfur and Khairat Azum Organization for Development and Reconstruction (KAODT) in Central Darfur.			
During the project implementation period, the Partners experienced major challenges in terms of insecurity which contributed to			

delay some of the activities. This affected particularly the work of Kebkabyia Small holder Charity Society (KSCS) in Kebkebyia in North Darfur state and that of Khairat Azum Organization for Development and Reconstruction in UM Dukhun in Central Darfur.

FAO procured 397 000 doses of vaccines and 1 987 units of drugs. Also FAO 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. These interventions targeted 160 454 animals against the most common epidemic and endemic livestock diseases in the targeted areas. A total of 17 086 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 the promotion of better feeding strategies and for improving animal husbandry, especially during the dry season to achieve better fertility and milk production. The project distributed 250 MT of animal concentrate feed and 3000 kg of mineral salt licks to 1 850 households, targeting about 5 550 core breeding stocks during the dry season. In this regard, the Implementing partners 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 incomes generated from the feed revolving fund are to be used for the direct purchase of animal concentrate feed from private service providers locally or outside the area.

Indicators:

- No disease outbreaks were recorded after the intervention. Mortality has been reduced to zero per cent
- Almost disappearance of internal parasites from all animals dosed with anthelmintic drugs the prevalence rate was 3 percent after the intervention
- Improved milk production and body condition of all animals subjected to vaccination, de worming and animal feeding

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

No significant discrepancy

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

YES NO

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

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

YES NO

FAO is planning to conduct an overall evaluation for the CERF projects in Darfur in 2015.

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNFPA	5. CERF grant period:	26 Aug. 2013 – 25 Feb. 2014
2. CERF project code:	13-RR-FPA-026	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency reproductive health assistance for the new IDPs in Darfur		
7. Funding	a. Total project budget:	US\$ 4,118,561 ⁷	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$2,200,000	▪ NGO partners and Red Cross/Crescent: US\$ NO
	c. Amount received from CERF:	US\$ 171,930	▪ Government Partners: US\$ NO
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	165,000	20,355	<p>The figures in the “reached” column indicate the direct beneficiaries, in need of Reproductive Health (RH) services, which were reached through service provision at health facilities which had received supplies of Emergency RH Kits.</p> <p>A total of 23,355 beneficiaries were reached through the provided grants of US\$ 171,930. The calculation of the direct beneficiaries is based on the standard calculation for beneficiaries per emergency RH kits.</p> <p>The higher figures in the left column represent the catchment population in target localities. They represent the general population living in the areas and affected by humanitarian crisis rather than the direct beneficiaries. Out of the overall catchment population, only a smaller group with particular demographics (i.e. women of reproductive age) will actually be in need of the specific RH services and access them. This may have not been clearly expressed during proposal formulation.</p>
b. Male	135,000	3,000	
c. Total individuals (female + male):	300,000	23,355	
d. Of total, children <u>under</u> age 5	51,000	7375	
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 Emergency Obstetric Care services (EmOC) Contribute to the reduction of sexually transmitted infection Reduce including HIV /AIDS 			
10. Original expected outcomes from approved CERF proposal			
<p>Outcome:</p> <ul style="list-style-type: none"> 80 – 100 per cent of affected people received RH care according to the needs <p>Indicators:</p> <ul style="list-style-type: none"> Total of 149 RH kits containing medical supplies, drugs and disposables distributed to a total of 23,355 beneficiaries (Category breakdown of beneficiaries (935 of pregnant women attending antenatal care (NC), prenatal care (PNC), and intra-partum care) 			

⁷ UNFPA estimation for Sudan HWP 2013 was in total US \$4,118,561.

<ul style="list-style-type: none"> • 2,280 of referrals related to RH complicated cases received comprehensive management at secondary and tertiary care level. <p>Expected results</p> <ul style="list-style-type: none"> • 100 per cent of procured RH kits distributed to target sites and beneficiaries 	
11. Actual outcomes achieved with CERF funds	
<ul style="list-style-type: none"> • <u>149 RH emergency kits procured and distributed, benefitting approximately 23,555 beneficiaries</u> to prevent excess maternal and neonatal mortality and morbidity, prevent the transmission of HIV/STIs, and assist survivors of sexual violence. The emergency RH Kits contain 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. As an expected result 100 per cent of procured RH kits distributed to target sites and beneficiaries • <u>2,280 referrals related to RH complicated cases received comprehensive management.</u> 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
No significant discrepancy reported.	
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"/>
No specific evaluation was carried out. 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, Gender-based Violence (GBV) officers, and admin/finance staff. These teams were in charge of the close planning, follow up and quarterly monitoring of project activities jointly with the selected Implementing Partners (IPs) 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.	

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNHCR	5. CERF grant period:	23 Aug. 2013 – 22 Feb. 2014
2. CERF project code:	13-RR-HCR-044	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:	The Common Humanitarian Pipeline Contingency stocks for Emergency Shelter and Non Food Items		
7. Funding	a. Total project budget:	US\$ 6,816,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 6,709,507	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 0
	c. Amount received from CERF:	US\$ 600,027	▪ <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	37,500	35,335	
b. Male	12,500	14,665	
c. Total individuals (female + male):	50,000	50,000	
d. Of total, children <u>under</u> age 5	5,000	5,000	
9. Original project objective from approved CERF proposal			
The overall objective of this project is to ensure that some 50,000 conflict-affected people (10,000 households), identified (by assessments and verification) to be in dire need of life-saving assistance receive non-food items and emergency shelter.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> Approximately 50,000 individuals receive lifesaving non-food items in a timely fashion. 50,000 beneficiaries are protected from the elements and minimal human dignity is restored through the distribution of emergency shelter material. Health threats are mitigated for 50,000 newly displaced people through the distribution of items such as plastic sheets that provide shelter from harsh weather conditions, kitchen sets and jerry cans 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			
<ul style="list-style-type: none"> 50,000 individuals (including children) received lifesaving non-food items in a timely fashion. 50,000 beneficiaries were protected from the elements and minimal human dignity was restored through the distribution of emergency shelter material. Health threats were mitigated for 50,000 newly displaced people through the distribution of items such as plastic sheets that 			

<p>provide shelter from harsh weather conditions, kitchen sets and jerry cans which allow food to be properly cooked and water to be transported and stored in clean containers.</p> <ul style="list-style-type: none"> The risk of exploitation, including sexual exploitation, of women, girls and boys was reduced with the timely distribution of non-food items. 	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>N/A</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): 2a</p>	
<p>14. M&E: Has this project been evaluated?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>The project has not been evaluated. However, partners that conducted the distributions submitted distribution reports. Post distribution monitoring was conducted by partners and UNHCR ESNFI project staff, where there was access.</p>	

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	WFP	5. CERF grant period:	28 Aug. 2013 – 27 Feb. 2014
2. CERF project code:	13-RR-WFP-037	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\$ 26,486,182	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 24,981,493	▪ <i>NGO partners and Red Cross/Crescent:</i>
	c. Amount received from CERF:	US\$ 4,388,604	▪ <i>Government Partners:</i>
			US\$ 260,247
			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	237,243	175,210	Fewer beneficiaries than intended were reached through cash vouchers in Darfur with CERF funding than originally planned. For a detailed explanation, please see section 12. The fact that fewer beneficiaries were reached means that the assistance could be provided over a longer timeframe (from October to December) rather than for one month only.
b. Male	202,097	151,630	
c. Total individuals (female + male):	439,340	326,840	
d. Of total, children <u>under</u> age 5	65,901	81,710	Fewer beneficiaries than intended were reached with in-kind food also due to delays in the procurement process (see section 11). Consequently, WFP used existing stocks on the ground to meet the needs of beneficiaries in South and East Darfur. In-kind food procured with CERF funds has subsequently been used to replenish these stocks.
9. Original project objective from approved CERF proposal			
WFP's primary objective is to respond to emergency food needs in Darfur and save the lives of 439,340 affected beneficiaries through General Food Distribution (GFD) rations for a period of one month. 15,000 beneficiaries will be provided with GFD emergency in-kind food assistance and 424,340 beneficiaries with GFD emergency food assistance in the form of cash vouchers. CERF funds will be utilized within a six month period: August – January.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> The distribution of approximately 1,758 MT of food commodities to 15,000 newly-displaced people in affected locations in South and East Darfur for a period of one month. The distribution of 424,340 cash vouchers (the equivalent of 3,757 MT of food assistance) to affected WFP beneficiaries in Darfur for a period of one month. 			
11. Actual outcomes achieved with CERF funds			
Of the US\$ 4,388,604 received from the CERF, US\$2,602,395 was used to assist 294,756 IDP beneficiaries (the equivalent of			

7,958MT of food assistance) with cash vouchers from October to December 2013. This differed from the initial target of 424,340 planned beneficiaries (please see section 12 for further details). Of the 294,756 beneficiaries, 54 percent (159,168) were women and the remaining 46 percent (135,588) were men. A total of 44,213 children under the age of 5 were assisted with cash vouchers. With the CERF funding, WFP provided cash voucher assistance to IDPs across the following geographic locations:

State	Location	# of beneficiaries	Monthly Voucher value ⁸	Cooperating partner
West Darfur	Sultan House camp, Ardamata camp, Dorti Camp (Geneina)	30,032	35 SDG	Sudanese Red Crescent
North Darfur	Abu Shouk and Al Salam camps (both Fasher), Saraf Omra, Kabkabiya	85,042 53,598 69,554	Fasher camps: 38 SDG Saraf Omra: 30 SDG Kabkabiya: 32 SDG	Kabkabiya: Kabkabiya Small-Holders Charitable Society (KSCS) Rest: SAEKER Charitable Society
South Darfur	Otash camp (Nyala)	56,530	Otash: 30 SDG	World Vision International

To implement its cash voucher project in South and East Darfur WFP worked together with four cooperating partners: the Sudanese Red Crescent Society in West Darfur, Kabkabiya Small Charitable Society (KSCS) and SAEKER Charitable Society in North Darfur, and World Vision International in South Darfur. The responsibilities of the cooperating partner include beneficiary sensitization, physical distribution of vouchers as well as data entry for voucher reconciliation.

The remaining US\$1,786,208 was spent on the procurement of 1,776 MT of pulses for use in GFD in South and East Darfur. Due to delays in the procurement process, the pulses did not arrive in country until 22 January (1,488MT) and 17 February 2014 (288MT). As such, WFP had to divert existing stocks already on the ground and initially intended for other parts of the country, such as South Kordofan and Blue Nile State, towards Darfur in order to meet the immediate needs of in-kind food beneficiaries in South and East Darfur.

Between 28 August 2013 and 27 February 2014, WFP assisted approximately 663,856 newly-displaced populations in Darfur with 16,574 MT of emergency food assistance (GFD). This includes populations who had been both displaced in 2013 and newly-displaced as of 1 January 2014.

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

There are several reasons for the discrepancy between planned and actual outcomes in terms of beneficiaries reached with cash vouchers. First and foremost, WFP intended to move from in-kind to voucher assistance in ZamZam camp (102,000 beneficiaries) during the second half of 2013. Unfortunately, however, this expansion did not go ahead as planned for two reasons: firstly, because following the WFP-IOM led verification exercise there were a number of complaints from beneficiaries who maintained that they were eligible to receive food assistance but had been excluded from WFP distribution lists. Consequently, sheikhs and community leaders inside the camp were resistant to transitioning to a different food assistance modality until these complaints had been resolved. Secondly, WFP had insufficient funding in August 2013 to guarantee that it could support the ZamZam caseload until the end of the year and therefore postponed expansion until the beginning of 2014. Furthermore, in light of the significant caseload in ZamZam camp, WFP initially planned to use electronic vouchers in order to avoid the administrative burden typically associated with the paper voucher system. Unfortunately, the electronic voucher system was not ready to be deployed at the time. The reason for the delay is that the development of the system, which is led by WFP HQ, took more time than expected. Secondly, WFP intended to introduce vouchers in additional camps in Nyala (approximately 30,000 beneficiaries) during 2013, however as above did not go ahead as planned because the funding and security situation at that time did not allow for such an expansion and was subsequently pushed back to 2014.

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

YES NO

⁸ The reduction of fuel subsidies in tandem with the anticipation of bad harvest results led to an increase in food prices in Darfur towards the end of 2013. Since the monthly voucher value per beneficiary is calculated based on the in-kind ration at local market prices, the increase in food prices led to an increase in the cash voucher value, which resulted in higher cost per beneficiary than originally anticipated.

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

WFP continued to ensure that women actively participated in the planning, implementation and evaluation of cash voucher 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 recipients of food assistance: this is particularly the case for voucher based activities where the vast majority (around 96 per cent) 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 cooperating 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

As per standard WFP operating procedures, WFP conducted regular distribution monitoring and post distribution monitoring of its cash voucher activities, the latter of which takes place two to three weeks after initial distribution and which examines food usage, food consumption scores and household dietary diversity. On a monthly basis, WFP also captured information related to the commodities that the vouchers were redeemed for, and which over the course of a year provide a portrait of how beneficiary consumption patterns may have changed.

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	WHO	5. CERF grant period:	23 Aug. 2013 – 22 Feb. 2014
2. CERF project code:	13-RR-WHO-046	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency support to newly displaced population in Darfur		
7. Funding	a. Total project budget:	US\$ 3,000,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 279,999	▪ NGO partners and Red Cross/Crescent: US\$ 157,400
	c. Amount received from CERF:	US\$ 279,999	▪ Government Partners: US\$ 45,972
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	141,227	154,355	The discrepancy between planned and reached beneficiaries had occurred because the security situation in the area of the project is unstable which led to unexpected population movements towards neighbouring locality
b. Male	157,434	134,181	
c. Total individuals (female + male):	298,661	288,536	
d. Of total, children <u>under</u> age 5	50,773	53,377	
9. Original project objective from approved CERF proposal			
<p>The overall aim of the project is to decrease the morbidity and mortality among the population affected by the Jebel Amir crisis to below emergency threshold level. The specific objectives are:</p> <ul style="list-style-type: none"> • Ensure access to basic health services as measured by outpatient consultation of at least 2/person/year. • Detect and respond to disease outbreaks within 72 hours. 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • The people in the conflict affected area can access and utilize health services <ul style="list-style-type: none"> ○ Outpatient consultation of at least 2/person/year ○ No stock out of essential drugs ○ Penta 3 coverage of 85 per cent • Outbreaks in the affected area are detected and responded to timely <ul style="list-style-type: none"> ○ 85 per cent timeliness and completeness of weekly surveillance reports ○ Outbreaks are detected and responded to within 72 hours 			
11. Actual outcomes achieved with CERF funds			

This project is implemented through four NGOs (Almsar, Anhar, HAD and Zulfa) and SMoH as agreed in the original proposal and the outcomes were as follows:

Outcome 1. The people in the conflict affected area can access and utilize health services:

- Number of consultation has reached the average of 2 per person per year. All of them have received proper treatment in the health facility according to protocol and guidelines.
- Zero stock out of medicine and medical supplies in all clinics
- 79.5 per cent coverage of Penta 3 vaccination

Outcome 2. Outbreaks in the affected area are detected and responded to timely:

- 90 per cent timeliness and completeness of Weekly Mortality and Morbidity Bulletin were submitted to WHO and SMoH for analysis and necessary actions
- 90 per cent of rumour investigation visits were implemented as scheduled and managed to control expected outbreaks. There were 17 cases of acute jaundice syndrome and 125 cases of Whooping cough from Elseref town were detected and responded to on timely manner.

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

Due to unrest and insecurity situation at the time of the project the vaccination coverage of Penta 3 is less than the proposed percentage.

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

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name	Sub-grant made under pre-existing partnership agreement	Partner Type	Total CERF Funds Transferred to Partner US\$	Date First Installment Transferred	Start Date of CERF Funded Activities By Partner	Comments/Remarks
13-RR-CEF-081	Nutrition	UNICEF	American Refugee Committee (ARC)	No	INGO	\$86,000	3-Oct-13	1-Sep-13	Delay on 1st disbursement because ARC had outstanding cash on account with UNICEF.
13-RR-CEF-081	Nutrition	UNICEF	TEARFUND	No	INGO	\$175,982	22-Oct-13	1-Sep-13	Delay on 1st disbursement because Tearfund had outstanding cash on account with UNICEF.
13-RR-CEF-081	Nutrition	UNICEF	World Vision	No	INGO	\$197,927	10-Nov-13	1-Sep-13	Delay on 1st disbursement because WVS had outstanding cash on account with UNICEF.
13-RR-CEF-082	Education	UNICEF	State Ministry of Education	No	GOV	\$85,227	9-Oct-13	1-Sep-13	Delay on 1st disbursement because planning activities were initiated by partner in September, did not require a cash transfer to partner
13-RR-CEF-083	Child Protection	UNICEF	JASMAR	Yes	NNGO	\$30,174	30-Dec-13	1-Nov-13	Partner received reimbursements for its activity.
13-RR-CEF-083	Child Protection	UNICEF	NMAC	Yes	GOV	\$20,493	31-Dec-13	1-Sep-13	Partner received reimbursements for its activity.
13-RR-CEF-083	Child Protection	UNICEF	Terre des Hommes	Yes	INGO	\$35,915	14-Jan-13	1-Oct-13	Partner received reimbursements for its activity.
13-RR-CEF-083	Child Protection	UNICEF	Auttash	Yes	NNGO	\$8,658	31-Dec-13	1-Oct-13	Partner received reimbursements for its activity.
13-RR-CEF-083	Child Protection	UNICEF	CDF	Yes	NNGO	\$49,313	31-Dec-13	14-Nov-13	Partner received reimbursements for its activity.
13-RR-CEF-083	Child Protection	UNICEF	Ministry of Social Welfare	Yes	GOV	\$2,740	31-Dec-13	1-Oct-13	Partner received reimbursements for its activity.
13-RR-CEF-084	Water, Sanitation and Hygiene	UNICEF	OXFAM	Yes	INGO	\$160,430	8-Dec-13	12-Dec-13	NA

13-RR-CEF-084	Water, Sanitation and Hygiene	UNICEF	Care International Switzerland	Yes	INGO	\$123,182	23-Dec-13	26-Dec-13	NA
13-RR-CEF-084	Water, Sanitation and Hygiene	UNICEF	Water, Environment and Sanitation Agency	Yes	GOV	\$300,838	14-Nov-13	17-Nov-13	NA
13-RR-WHO-045	Water, Sanitation and Hygiene	WHO	State Ministry of Health	Yes	GOV	\$28,760	25-Nov-13	12 Nov,2013	WHO did not request a repogramming/fund redeployment
13-RR-FAO-025	Livelihoods	FAO	Kabkabyia Small holder Charitable Society	No	NNGO	\$14,154	9-Jan-14	9-Jan-14	NA
13-RR-FAO-025	Livelihoods	FAO	Khairat Azoum Organization for Development & Reconstruction	No	NNGO	\$10,308	7-Jan-14	7-Jan-14	NA
13-RR-FAO-025	Livelihoods	FAO	African Vision Organization	No	NNGO	\$6,358	17-Feb-14	17-Feb-14	NA
13-RR-WHO-046	Health	WHO	Almassar Charity Organization	Yes	NNGO	\$17,532	28-Oct-13	2-Oct-13	Activities started the day IP sign the partnership agreement and receive reimbursement for its' activity.
13-RR-WHO-046	Health	WHO	Anhar for Peace, Development and Humanitarian Work	Yes	NNGO	\$9,248	21-Oct-13	2-Oct-13	Activities started the day IP sign the partnership agreement and receive reimbursement for its' activity.
13-RR-WHO-046	Health	WHO	Humanitarian Aid and Development Organization	Yes	NNGO	\$121,473	28-Oct-13	2-Oct-13	Activities started the day IP sign the partnership agreement and receive reimbursement for its' activity.
13-RR-WHO-046	Health	WHO	ZULFA Development and Peace Organization	Yes	NNGO	\$9,147	28-Nov-13	28-Oct-13	Activities started the day IP sign the partnership agreement and receive reimbursement for its' activity.
13-RR-WHO-046	Health	WHO	State Ministry of Health (North Darfur)	Yes	GOV	\$45,972	13-Nov-13	27-Oct-13	Activities started the day IP sign the partnership agreement and receive reimbursement for its' activity.
13-RR-WFP-037	Food Assistance	WFP	SAEKER Charitable Society in North Darfur	Yes	NNGO	\$68,916	12-Aug-13	1-Oct-13	Voucher implementation
13-RR-WFP-037	Food Assistance	WFP	Kebkabiya Small Holder's Charitable Society (KSCS) (North Darfur)	Yes	NNGO	\$34,574	20-Aug-13	1-Oct-13	Voucher implementation
13-RR-WFP-037	Food Assistance	WFP	Sudanese Red Crescent (North Darfur)	Yes	NNGO	\$5,928	15-Sep-13	1-Oct-13	Voucher implementation
13-RR-WFP-037	Food Assistance	WFP	World Vision International (South Darfur)	Yes	INGO	\$37,100	15-Sep-13	1-Oct-13	Voucher implementation
13-RR-WFP-037	Food Assistance	WFP	AFAG	Yes	NNGO	\$22,899	21-Apr-14	1-Apr-14	In-kind implementation service

									cost
13-RR-WFP-037	Food Assistance	WFP	SPCR (GFD)	Yes	NNGO	\$3,412	21-Apr-14	1-Apr-14	In-kind implementation service cost
13-RR-WFP-037	Food Assistance	WFP	Pioneers of Peace and Development Organisation	Yes	NNGO	\$1,035	5-Jun-14	1-Jun-14	In-kind implementation service cost
13-RR-WFP-037	Food Assistance	WFP	VNRHD	Yes	NNGO	\$2,927	30-Jun-14	1-Jun-14	In-kind implementation service cost
13-RR-WFP-037	Food Assistance	WFP	World Vision International	Yes	INGO	\$36,802	23-Apr-14	1-Apr-14	In-kind implementation service cost
13-RR-WFP-037	Food Assistance	WFP	Sudanese Red Crescent	Yes	NNGO	\$7,711	6-May-14	1-May-14	In-kind implementation service cost
13-RR-WFP-037	Food Assistance	WFP	Sudanese Red Crescent	Yes	NNGO	\$28,164	7-Apr-14	1-Apr-14	In-kind implementation service cost
13-RR-WFP-037	Food Assistance	WFP	Sudanese Red Crescent	Yes	NNGO	\$10,777	16-Mar-14	1-Mar-14	In-kind implementation service cost

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ARC	American Refugee Council
CHF	Common Humanitarian Fund
CHT	Community Health Team
CMAM	Community-based Management of Acute Malnutrition
CIS	Care International Switzerland
ECHO	Humanitarian Aid and Civil Protection department of the European Commission
ER	Emergency Reserve
FAO	Food and Agriculture Office
GFD	General Food Distribution
HAD	Humanitarian Aid and Development Organization
HTC	Humanitarian Country Team
HWP	Humanitarian Work Plan
IME	International Mercy Corps
INGO	International non-Governmental Organization
KPHF	Merlin and Kuwaiti Patient's Helping Fund
MRE	Mine Risk Education
MoE	Ministry of Education
MoH	Ministry of Health
MoSW	Ministry of Social Welfare
OTP	Outpatient Therapeutic Centre
SAF	Sudanese Armed Forces
SCS	Surge Capacity Section
SMoH	State Ministry of Health
UNFPA	United Nations Population Fund
UNHCR	United Nations High commissioner for Refugees
UXO	Unexploded Ordinance
WES	Water Environment and Sanitation Agency
WFP	World Food Program
WHO	World Health Organization