



United Nations

**CENTRAL  
EMERGENCY  
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

**RESIDENT / HUMANITARIAN COORDINATOR  
REPORT ON THE USE OF CERF FUNDS  
REPUBLIC OF SUDAN  
RAPID RESPONSE  
FLOODS**

**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.

YES  NO

No specific after action review was undertaken for this report, as by the time input had been secured from all the agencies the report was already over-due. Sudan has also recently hosted a CERF Review undertaken by an external consultant in which several bilateral and group meetings were held to discuss issues highlighted in recent CERF reports.

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

YES  NO

The report was scheduled to be discussed at the HCT, but agencies were late in reporting and the report was not finalized by the time the scheduled HCT took place. It will be discussed post fact at the next HCT.

- 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. The report was also shared with the Inter Sector Coordination Group.

## I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: US \$35,637,337		
Breakdown of total response funding received by source	Source	Amount
	CERF	5,537,051
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)	1,400,000
	OTHER (bilateral/multilateral)	7,866,648
	<b>TOTAL</b>	<b>14,803,699</b>

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 18-Sep-13			
Agency	Project code	Cluster/Sector	Amount
UNICEF	13-RR-CEF-128	Education	432,075
UNHCR	13-RR-HCR-062	Shelter and non-food items	489,072
UNICEF	13-RR-CEF-129	Water and sanitation	2,800,001
WHO	13-RR-WHO-067	Health	472,102
WHO	13-RR-WHO-068	Water and sanitation	1,045,892
IOM	13-RR-IOM-038	Water and sanitation	297,909
<b>TOTAL</b>			<b>5,537,051</b>

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	3,293,195
Funds forwarded to NGOs for implementation	718,115
Funds forwarded to government partners	1,525,741
<b>TOTAL</b>	<b>5,537,051</b>

### HUMANITARIAN NEEDS

Heavy rains and flooding during August 2013 left thousands of people homeless and damaged infrastructure across Sudan's 18 states. According to the figures provided by the Government's Humanitarian Aid Commission (HAC), at the end of August 2013, approximately 340,000 persons were affected by the floods across Sudan (approximately 68,353 families) with an estimated 65,542 houses either destroyed or damaged, including an estimated 28,000 in Khartoum alone. Khartoum state was the worst hit state in the country with more urban areas affected than in the 1988 floods, the most severe in recent history.

The floods also resulted in the death of 93 people and injuries to 85 people. Floods assistance included; the provision of non-food items and emergency shelter; the provision of clean water and the chlorination and disinfection of water sources, the construction of latrines and community sanitation structures; the provision of primary health care, vector control and mosquito nets.; and support to education and child protection services. The floods affected shelter and infrastructure, commodities' prices, potable water and sanitation; this resulted in additional strain on the affected population and rendered them susceptible to health risks and infections, including water borne diseases.

## II. FOCUS AREAS AND PRIORITIZATION

In complementarity with the CERF, US \$500,000 was allocated to the Education Sector to fund more resilience and long term flood response in that sector, which could not be funded by the Sudan Common Humanitarian Fund (CHF). In addition US \$900,000 was allocated to UNICEF WASH sector for preventative measures, which again is not covered by the CERF, in extremely flood prone areas in the White Nile State.

The CERF was then prioritized for activities in line with the CERF lifesaving criteria.

The CERF response focused on the following geographic and thematic areas:

- **Education** | Over 140,000 primary school-aged children across Sudan were estimated to have been affected by the floods. Schools were damaged or destroyed by rainwater, flooding and stagnant water, and high winds. Schools in Khartoum State were particularly affected by the flooding and were on holiday during the time of the flooding, and the break was extended due to the emergency situation until 20 August, 2013. In the last week of August, children started to return to school, to find that classrooms, latrines, and school grounds were damaged or destroyed. Some schools in affected areas of Khartoum remained closed due to damages, and those children were transferred to nearby schools, causing already flood-damaged classrooms to be overcrowded. Many children – particularly girls – were at risk of dropping out or not returning to school due to lack of sanitation facilities and generally unhygienic and unsafe situations in the schools. Available education-in-emergency and recreation materials across the education sector were extremely limited in supply.
- **Health** | The Federal Ministry of Health (FMOH) assessment on 27 August, 2013, revealed that some 341,765 people (68,353 families) including 177,717 females, 164,047 males, and 58,100 children under 5 years old in 18 affected states and 55 localities were in urgent need of health and sanitation services. In addition, the collapse of over 50,000 latrines further posed as a serious public health concern, particularly in urban settings where vulnerability has increased. Lastly, continued rain fall aggravated the situation leading to a high risk of epidemics and outbreaks of communicable diseases specifically acute watery diarrhoea, malaria, measles, Dengue and Rift Valley Fevers, according the World Health Organization (WHO). Cases of diarrhoea and malaria were already reported as early as August 25, 2014 by the Ministry of Health.
- **Emergency Shelter (ES) and non-food items (NFIs)** | Both items were a priority for a total population of 131,320 people (26,264 households) across 18 affected States. To respond the NFI sector borrowed from existing stocks originally meant for conflict affected populations in Darfur and in other areas of Sudan. Therefore, there was an urgent need for replenishment of stocks.
- **Water, Sanitation and Hygiene (WASH)** | WASH Partners' assessments on affected populations were conducted during the first two weeks of August 2013 by government, national non-governmental organizations (Sudanese Red Crescent, ADRA, Plan International Sudan, GOAL, CARE, American Refugee Council, SCS and Sudan Red Crescent Society among others) and International agencies, International Organization for Migration (IOM) and the United Nations High Commissioner for Refugees (UNHCR). All assessments revealed that most people in flooded locations were affected to some degree, with damage to household latrines and water supply services, as well as, environmental degradation resulting from stagnant water and accumulated waste.

The flood damage to the water and sanitation infrastructure led to the contamination of existing water sources and reduced access to safe water and sanitation facilities. Water sources were inundated with flood water leading to water contamination and silting, and damage to hand pumps and motorized water systems; exposing the population to the risk of drinking contaminated water. Many latrines were also flooded and washed away; leading to contamination of wells risking the health of affected people. Stagnant water further contributed to increases in mosquito density.

### III. CERF PROCESS

All coordination related to the floods was handled by the Sudan Government led Flood Task Force (FTF). The FTF saw the active participation of all Government bodies involved in the flood response along with international partners (United Nations and Non-Governmental Organizations). The Office for the Coordination of Humanitarian Affairs (OCHA) provided support to the overall coordination process. The task force prioritized needs both in terms of sectors and location, and this formed the basis for the CERF response prioritization.

Thus for this particular CERF request, the FTF was used as the main coordination body to identify and prioritize the needs of in identified focus areas, rather than the regular CHF process which is coordinated through the sector coordination system. Still the Humanitarian Financing Section in OCHA, which acts as the CHF Technical Unit, assisted in the drafting of the CERF request and in the quality control of proposals.

#### Within each sector the process was as follows:

**Shelter & NFIs Sector** | initially, the Government stated that 27,000 tents were required. Both OCHA and the ES/NFIs Sector has advised that this is not the best form of assistance within Sudan as tents are expensive, may not be available quickly and will deteriorate quickly in the climate of the Sudan. Thus a strategy of provision of materials to repair damaged housing was implemented as a better option than emergency shelter material. This was coordinated through the ES/NFI Sector.

**Health Sector** | the flood response was discussed in Health Task Force meeting and gaps identified through national NGOs. The priorities were set in consultation with cluster lead agency and health partners in affected localities.

**WASH Sector** | In each affected state, a floods' WASH Task Force was set-up as a consequence of an emergency sector meeting following the floods; in which all partners were invited to take part including the Sudanese Water and Environmental Sanitation program (WES) and MoH governmental entities, WHO, NGO partners, and civil society. At the federal level, key priority for the Task Force was to analyse the needs and prioritize interventions at Khartoum level as it was the most affected area and had limited capacity of WASH implementing partners. Updates on the Task Force analysis, consultation of response capacity, and assessments were regularly shared with partners.

**Education Sector** | Prioritization of needs and gaps were agreed during a briefing session held at the Federal Ministry of Education in Khartoum on 28<sup>th</sup> August 2013 in response to the initial findings of the assessments undertaken by Ministry of Education (MoE), INGOs, NNGOs, and United Nations Children's Fund (UNICEF). Across all five groups; priority for needs included: (1) provision of WASH in schools, including gender-sensitive latrines and hand washing facilities; (2) restoration of access to education through provision of temporary learning spaces and repairs/rehabilitation to flood-affected classrooms; and (3) provision of education in emergency and recreation materials. These priorities came across clearly through all assessment groups. Similarly, across states, initial findings provided by the MoE indicate that these priorities are the same.

### IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis 500,000 <sup>1</sup>				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Education	15,934	14,733	30,667
	Shelter and non-food items	13,750	13,750	27,500
	Water and sanitation	154,153	136,636	290,789
	Health	188,000	153,700	341,700

<sup>1</sup> The total number of individuals affected by the crisis is given as 341,765 individuals according to OCHA initial estimations as stated in the Grant Funding Application submitted to the CERF Secretariat in September 2013. However, an official revised assessment of individuals affected by the crisis was approximately 500,000 or 100,000 household (a proxy of 5 individuals per household is used), according to Sudan's Humanitarian Aid Commission.

## BENEFICIARY ESTIMATION

The estimation of beneficiaries across sectors and agencies were identified differently;

**IOM (WASH)** | The beneficiary numbers in table 4 and 5 were estimated through direct interview of primary stakeholders; HAC, the General Commissioners of the state and the responsible officer of each state locality/territory. In addition, the estimated figures from refugee camps were provided by IOM data base and Camp leaders and commissioners. The challenge was to estimate the number of females, males and children under age 5, but the same percentage or ratio of the planned beneficiaries had been used.

**UNICEF (Education)** | The estimation of the number of direct beneficiaries reached through the CERF grant was done through the compilation and verification of information contained in reports received from UNICEFs Implementing partners (IP). The reports gave detailed information about the number of people disaggregated by gender that have benefitted from the CERF grant. Moreover, the reports also listed the number of people who benefited from specific interventions and the geographic areas concerned. Beneficiary numbers for reached children for the Education project are based on the number of children who received education supplies and those benefitting from provision of learning spaces as per reports prepared and shared by the Ministry of Education, in consultation with UNICEF field office staff members.

**UNICEF (WASH)** | The estimation of the number of direct beneficiaries reached through the CERF grant was done through the compilation and verification of information contained in reports received from UNICEFs Implementing partners (IP). The reports gave detailed information about the number of people disaggregated by gender that have benefitted from the CERF grant. Moreover, the reports also listed the number of people who benefited from specific interventions and the geographic areas concerned. A detailed Excel matrix was developed by UNICEF WASH Section to aggregate data received from Implementing Partners (IPs) and come up with a reasonable estimation of beneficiaries. In order to avoid double counting of recipients when aggregating numbers across programs, UNICEF tried to systematically identify or estimate the number of people who benefited for more than one WASH intervention. The elimination of double counts was then achieved by subtracting the estimated number of people who have benefited from more than one intervention from the total beneficiary count. Implementing Partners were systematically contacted whenever any clarifications related to the beneficiary counts were required. This exercise resulted in the figures listed in Tables 4 and 5. The challenges met during beneficiary estimation were mostly related to the provision of incomplete or vague information on direct beneficiaries from implementing partners. These challenges were addressed by UNICEF through active communication (clarification requests) with the concerned parties.

**UNHCR (ES & NFIs)** | UNHCR<sup>2</sup> estimation was based on the number of households they planned to reach, which was 5,500 households - approximately 27,000 beneficiaries (5 individuals per household). The estimations were compiled from data provided by key partners; the Sudanese Red Crescent Society and the Humanitarian Aid Commission.

**WHO (Health)** | The project targeted most vulnerable affected households in five areas in Khartoum state to meet the immediate needs. These needs were identified according to data collected by the Sudanese Red Crescent Society volunteers during their assessment, as well as information provided by HAC. Note, that there was a discrepancy in the projects planned beneficiaries number, the total number of beneficiaries planned was stated as 341,700 but the correct calculation is, 419,969. Due to this miscalculation, the planned number of beneficiaries was not met.

**WHO (WASH)** | WHO estimation was provided by data collected by the Sudanese Red Crescent Society volunteers during their assessment, as well as information provided by HAC. The numbers of reached beneficiaries were provided by WHO implementing partners in the field.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
Female	413,542	371,837
Male	351,594	318,819
Total individuals (Female and male)	765,136	690,657
Of total, children under age 5	83,998	84,832

<sup>2</sup> UNHCR estimates beneficiaries by household, with a mean of five individuals per household. Therefore exact figures of female, male and children under 5 are difficult to disintegrate. The UNHCR uses the following proxy as a rough estimation; 75 per cent female, 25 per cent male, of the total, 5 per cent are estimated to be children under 5.

## **CERF RESULTS**

Overall agencies reached the total number of flood-affected individuals, approximately 500,000, across Sudan's 18 states. In addition, agencies in the joint WASH project were also able to serve host communities, an additional 190,657 individuals, through the different project activities. Therefore the total number of estimated reach individuals is 690,657.

The number of total beneficiaries reached is lower than initial total planned beneficiaries, as there was a miscalculation in the Health Project proposal submitted by WHO. Furthermore, in hygiene promotion, UNICEF was only able to reach about 33 per cent (95,715) of the planned population's figures as laid out in the CERF application this deviation is due to a heavy focus on the implementation of capacity building activities and waste disposal campaign, in addition, a conservative approach was used to estimate beneficiaries of hygiene promotion campaigns. Education project activities conducted by UNICEF reached 30,000 beneficiaries across seven flood-affected states in Sudan; the CERF funds contributed to the achievement of the sector wide goal to prevent the outbreak of WASH related disease in Sudan during and after floods, such as flood induced Acute Watery Diarrhea (AWD) in Sudan during the 2013 rainy Season.

### **Key results by sector include;**

#### **Education Sector |**

- The project reached 30,000 children who were able to access temporary learning spaces through tents or provision of plastic tarpaulin and plastic mats in South Kordofan, South Darfur, White Nile, and Khartoum states.
- In cooperation with the Department of Water and Environmental Sanitation (WES), 13,500 flood-affected children (from the total number of beneficiaries reached) in 30 schools were provided with essential hygiene information through hygiene promotion campaigns in schools.

#### **Health Sector |**

- The project reached 341,700 individuals, in a timely manner.
- 31 mobile clinics were operationalized by agreed partners. Kitra worked through 6 clinics, SRC covered 5 clinics and American Refugee Council (ARC) one clinic while Ministry of Health has managed 19 clinics. The mobile clinics provided the health services package included; Primary health care, both Antenatal & Postnatal care and health education. No epidemic diseases were recorded in all clinics (i.e. measles, cholera, meningitis and haemorrhagic fevers).

#### **Shelter & NFIs sector |**

- The Project provided timely life-saving ES & NFI's to 27,500 individuals (5,500 families) affected by the floods.
- Health threats mitigated for 27,500 (5,500 families) flood affected people through the distribution of items such as plastic sheets that provide shelter from rains and 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. In addition, the risk of exploitation, including sexual exploitation, of women, girls and boys is reduced with the timely distribution of non-food item.

#### **WASH Sector |**

- The project reached a higher number of people than expected, the reason for this is that the campaign served both the displaced populations and the host communities and hence affected a higher population.
- Prevented epidemic diseases related to water and sanitation during the reporting period, as well as providing;
  - Approximately 42,778 heavy rain and flash flood affected population received access to sanitation services through communal latrine construction and support to rehabilitation of latrines.
  - Approximately 187,439 heavy rain and flash flood affected population received access to improved drinking water.
  - Approximately 740,000 heavy rain and flash flood affected population were reached with personal and environmental hygiene interventions (cleaning campaigns and health promotion and education) and approximately 31,709 households were accessed by hygiene promotion campaigns (house to house visits).
  - Approximately 2000 IDPS households affected by heavy rain and flash flood in South Darfur camps were supported with hygiene kits.
  - Approximately 287,000 people benefited directly from the 397 vector control campaigns WHO have supported through the Federal Ministry of Health. Through these campaigns 1,564,431 mosquito breeding sites were treated and covered 85% from the affected area and approximately 500,000 houses had been sprayed using fogging machines and this covered 95% of the affected area.

## **CERF's ADDED VALUE**

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

YES  PARTIALLY  NO

All partners felt that CERF funds led to fast delivery, with the exception of IOM, which noted delays due to coordination with Government authorities.

**IOM (WASH): (Partially)** The project implementation started in October based on when funding was agreed to, by this time many of the affected areas had started to improve. There were further delays whilst trying to coordinate with authorities but assessments started near the start of the project and activities were underway in December.

**UNICEF (Education): (Yes)** Thanks to timely received CERF funding, supplies and other essential support including hygiene promotion in affected schools, was able to be quickly delivered to emergency-affected children, particularly in areas affected by floods.

**UNICEF (WASH): (Yes)** The CERF fund led to the fast delivery of assistance to more than 291,190 flood-affected people affected and, in the most vulnerable areas in 7 states across Sudan (Khartoum, South Kordofan, White Nile, Gezeira, River Nile, Northern States and Sennar).

**UNHCR (Emergency shelter and non-food Items): (Yes)** The CERF Fund replenished UNHCR's NFI Common pipeline that was incredibly depleted due the unexpected large displacements due to conflict earlier in the year, and the huge caseload of flood-affected households.

**WHO (Health): (Yes)** through the funds received from CERF, 31 mobile clinics conducted to serve the affect population and to reduce the morbidity and mortality related to flood.

**WHO (WASH): (Yes)** through the fund received from CERF, 397 Vector control campaigns conducted to serve the affect population and to reduce the morbidity and mortality related to vector born disease during the rainy season.

### **b) Did CERF funds help respond to time critical needs<sup>3</sup>?**

YES  PARTIALLY  NO

With the exception of IOM, partners agree that CERF funding helped them respond to flood affected individuals with critical needs.

**IOM (WASH): (Yes)** IOM utilized CERF funds to conduct waste management campaigns as a preventative measure, because the continuous accumulation of waste during the rainy season led to public health risks for the affected population. Waste accumulation could also have had a negative impact on the environment, leading to risks which could arise from the breeding of flies and rodents that thrive on solid waste.

**UNICEF (Education): (Yes)** CERF funding was received just after schools were being reopened --- following severe flooding, especially in Khartoum State. Therefore, essential support was provided to school-aged children affected through provision of essential supplies such as tents, plastic tarpaulin, and plastic mats, and other materials, schools were able to reopen in a timely manner following the severe flooding. This minimized the loss of access to educational activities for targeted communities and ensured that flood-affected children gained access to safe, protective environments and thereby avoided protection risks by being out of school, and helped children and their families regain a sense of normalcy in the emergency setting.

**UNICEF (WASH): (Yes)** The CERF funds significantly contributed to respond to critical needs in the area of water, sanitation and hygiene promotion. Approximately 187,439 heavy rain and flash flood affected population have access to improved drinking water after the CERF funded intervention. Moreover, 42,778 heavy rain and flash flood affected population have access to sanitation services through communal latrine construction and support to rehabilitation of latrines. Finally, 95,715 heavy rain and flash flood affected population were reached with personal and environmental hygiene interventions. As a result of CERF –funded UNICEF activities, there were no reports of acute watery diarrhea outbreaks in the intervention areas. Additionally, WASH facilities were restored and/or rehabilitated at schools that were hosting families displaced by the flooding.

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<sup>3</sup> Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).



**UNHCR(Emergency Shelter and Non Food Items): (Yes)** The availability of CERF funds ensured that UNHCR ESNFI Project was able to contribute from the NFI common Pipeline, life-saving NFIs for the large caseload of flood-affected populations in various parts of Sudan as part of the national flood task force.

**WHO (Health): (Yes)** CERF funded the initial response to control public health risk or potential outbreak. Funding was rapidly approved and deployed, addressing the funding gap for partners.

**WHO (WASH): (Yes)** The need of implementing urgent vector control activities has been identified as crucial activity to avoid the already recorded increased of vectors and associated illnesses in flooded affected areas. Through CERF fund WHO in collaboration with other partners managed to control the possibilities of an outbreak of haemorrhagic fevers caused by larvae breeding and vector growth, especially for children.

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

YES  PARTIALLY  NO

IOM and UNHCR utilized CERF Funds to improve resource mobilization and coordination with donors. The remaining partners felt that CERF funds complimented other funds they received for their respective project.

**IOM (WASH): (Partially)** IOM did not mobilize funds from other sources, but received technical support from hygiene promotion facilitators from Terre Des Hommes TDH and logistical support, in addition to some cleaning tools, from the World Food Program in West Darfur. However, CERF funding enhanced and facilitated coordination between local committees and by local municipalities, which resulted in the establishment of more formal committees declared by their respected municipalities. CERF improved coordination in the WASH sector, with Federal Ministry of Health, UNICEF and WHO responding to crises with a complementary approach.

**UNICEF (Education): (Partially)** The CERF funding was complimented by Common Humanitarian Fund Emergency Reserve funding (\$550,000) which was attained to ensure that schools were equipped with gender-sensitive latrines and hand washing facilities as well as emergency repair to classrooms during the flood response.

**UNICEF (WASH): (Partially)** The CERF funds did not improve UNICEF's resource mobilization from other sources. However, it should be noted that UNICEF's CERF funded grant to the INGO Catholic Agency for Overseas Development (CAFOD) enabled them to leverage additional funds from another donor.

**UNHCR (Emergency Shelter and Non Food Items): (Yes)** The CERF funds were received timely 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 the CERF funds mobilised ECHO to provide additional funding (US \$275,482) in order to reduce the funding gap leading to a more effective response to the flood affected population.

**WHO (Health): (No)** CERF funds played a major and crucial role in fast response to flood affected areas to meet immediate needs of affected populations. This assisted WHO to advocate for the addition of flood crisis is prone areas in the WHO plan, moreover, mobilizing resources with potential donors.

**WHO (WASH): (No)** The CERF funds received by WHO did not contribute to mobilizing other funds for this project. However, CERF funds received highlighted WHO mandate in WASH sector which led to resource mobilization from other fund windows.

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

YES  PARTIALLY  NO

All partners agreed CERF funding improved coordination.

**IOM (WASH): (Yes)** all of the agencies in collaboration with the Ministry of Health were working toward the same aim. Collectively, agency's aimed to increase and maintain access to improved water supply, adequate sanitation facilities, and hygiene promotion activities (personal and environmental) for the populations affected by floods. The CERF fund provided a good tool to involve the people affected by floods and helped them to unify their efforts in order to avoid further health diseases.

**UNICEF (Education): (Yes)** Provision of CERF funding to support education also included a WASH hygiene promotion component. This ensured coordination amongst the sectors, specifically WASH and Education, and different line ministries, in particular the Ministry of Education and the Ministry of Health – Water and Environmental Sanitation Department for timely implementation and cross-sectoral support to children in flood-affected areas. Assessments conducted prior to receiving CERF funds involved a great number of education sector partners and implementation of activities was undertaken in coordination and consultation with other actors including local and

international NGO partners and State Ministries of Education/local education authorities on the ground to ensure that schools in flood-affected localities were targeted in a coordinated manner without overlap and were better able to benefit from education-in-emergency assistance supported education and emergency WASH in schools activities.

**UNICEF (WASH): (Yes)** The CERF funds contributed to the establishment of a good coordination mechanism with partners and government authorities (e.g. Taskforce, HAC, etc.) under the leadership of the WASH cluster. UNICEF and its partners effectively discussed coordination and the geographic areas to be prioritized for life-saving interventions related to the damage caused by flooding.

**UNHCR(Emergency Shelter and Non Food Items): (Yes)** With a good level of stocks and control of the NFI Common Pipeline , the Sector was able to coordinate the response to some extent within the Flood task force, towards identifying gaps and avoiding overlaps in the delivery of assistance. Unfortunately, a lot of bilateral NFI aid received directly by the authorities, was not very well coordinated.

**WHO (Health): (Yes)** The availability of CERF encouraged further coordination with other partners such as the Ministry of Health, UN agency and NGOs. All agreed on the objectives of the project, divided the task and responsibilities in accordance to their mandate and their capacities. CERF project contributed to improving coordination between UN agencies and the Ministry of Health, in addition to, service providers. The CERF fund helped establish a strong rapport between different institutions and organizations that helped provide a holistic care to the affected population.

**WHO (WASH): (Yes)** The availability of CERF encouraged further coordination with other partners such as UNICEF, IOM and the Ministry of Health, in addition to, implementing partners. Through regular meetings, the concerned partners managed to develop a complementary proposal, ensuring that partners covered the needs of the affected population as their mandate. This effort helped to identify clear roles and responsibilities for relevant partners.

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
The three month period allocated for rapid response was not sufficient to fully monitor activities. In addition, it exhausted the current project staff.	Early disbursement of CERF funds coupled with a longer implementing window.	CERF SECRETARIAT
Tents used as learning space, proved to be expensive and indurable in the long run.	To sanction the possibilities of constructing sustainable learning spaces in flood prone areas that are durable and inexpensive as part of CERF guidelines.	CERF SECRETARIAT
ES & NFI needed during rapid response are often taken from core pipelines as international procurement procedures are time consuming. Therefore, CERF Funds are often used to replenish depleted stocks.	To sanction the use of ES & NFI core pipelines to respond to conflict or disaster in Sudan and to utilize CERF funds to replenish depleted stocks, as part of CERF guidelines.	CERF SECRETARIAT

**TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS**

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
In case of response to conflict or disaster, a joint/ multi-sectoral assessments and service delivery results in a greater impact.	To establish a joint/multi-sectoral assessment committee for Flood disaster to ensure rapid resoponse of services in conflict/disaster affected areas.	OCHA/Partners
Security and Movement restrictions continue affected the selection and identification of the villages' and beneficiaries in flood affect areas.	High level advocacy with the Humanitarian Aid Commission and relevent local authourities is crucial for the delivery of a swift response commodities in unsecured and poorly accessible areas.	WASH Cluster Management
The CERF funded project was successful due to community and local government involvement.	Implementing partners should continously seek and work hard to ensure community and local governments' involvement in rapid response efforts.	UNICEF Implementing Partners
Field monitoring in disaster affected popouation highlighted growing needs and further funds.	Further funds should be allocated for rapid assesmment to update population needs and targeted beneficiaries.	Health/ WASH Sector

## VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
<b>CERF project information</b>			
1. Agency:	WHO UNICEF IOM	5. CERF grant period:	16.10.2013 – 15.04.2014 01.11.2013 – 30.04.2014 01.11.2014 – 30.04.2014
2. CERF project code:	13-RR-WHO-068 13-RR-CEF-129 13-RR-IOM-038	6. Status of CERF grant:	<input type="checkbox"/> Ongoing  <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Water and sanitation		
4. Project title:	Provide and maintain basic WASH lifesaving services for displaced populations affected by the recent heavy rain and flash flood, in the 14 most vulnerable states across Sudan		
7. Funding	a. Total project budget:	US \$4,212,409	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US \$6,045,127	▪ <i>NGO partners and Red Cross/Crescent:</i> US \$553,998
	c. Amount received from CERF:	US \$4,143,802	▪ <i>Government Partners:</i> US \$1,448,541
<b>Results</b>			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	146,000	154,153	The vector controlled activities targeted all populations in the affected localities, in addition to flood affected people.
b. Male	141,000	136,636	
c. Total individuals (female + male):	287,000	290,789	
d. Of total, children <u>under</u> age 5	63,000	63,832	
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 newly 350,000 affected and displaced people due to heavy rain and flash floods, in the most vulnerable areas in 14 states across Sudan.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>• Approximately 287,000 heavy rain and flash flood affected population have access to improved drinking water.</li> <li>• Approximately 20,000 heavy rain and flash flood affected population have access to sanitation services through communal latrine construction and support to rehabilitation of latrines.</li> <li>• Approximately 287,000 heavy rain and flash flood affected population are reached with personal and environmental hygiene interventions.</li> <li>• Approximately 287,000 heavy rains and flash flood affected population benefit from an environment conducive to the reduction in prevalence of vector borne diseases due to vector control.</li> </ul>			

11. Actual outcomes achieved with CERF funds	
<ul style="list-style-type: none"> <li>• Approximately 187,439 heavy rain and flash flood affected population received access to improved drinking water.</li> <li>• Approximately 740,000 heavy rain and flash flood affected population were reached with personal and environmental hygiene interventions (cleaning campaigns and health promotion and education) and approximately 31,709 households were accessed by hygiene promotion campaigns (house to house visits).</li> <li>• Approximately 7,158,292 tons of garbage was transferred to landfills and final treatment areas from the heavy rain and flash flood affected areas.</li> <li>• Approximately 2000 IDPS households affected by heavy rain and flash flood in South Darfur camps were supported with hygiene kits.</li> <li>• Approximately 287,000 people benefited directly from the 397 vector control campaigns WHO have supported through the Federal Ministry of Health. Through these campaigns 1,564,431 mosquito breeding sites were treated and covered 85 per cent from the affected area and approximately 500,000 houses had been sprayed using fogging machines and this covered 95 per cent of the affected area.</li> <li>• Approximately 42,778 heavy rain and flash flood affected population received access to sanitation services through communal latrine construction and support to rehabilitation of latrines.</li> </ul>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>The project was able to reach a higher number of people than expected, as the campaign served both the displaced populations and the host communities, and hence affected a higher population.</p> <p>With respect to water supply provision, the project was able to reach about 65 per cent (187,439) of the planned population's figures, as laid out in the CERF application. This deviation from the original target can be explained by the following strategic and structural issues:</p> <ul style="list-style-type: none"> <li>• The realization that the rehabilitation of the damaged water supply infrastructure was preferable and more desirable than expensive water trucking operations justified a shift in from the initial plan and the reallocation of funds from water trucking operations to infrastructure rehabilitation. Hence, the decrease in the total number of beneficiaries.</li> <li>• The threat of water source contamination and the possible outbreak of water borne diseases justified a reallocation of funds from water supply to the support latrine construction efforts.</li> <li>• Water supply projects were completed by Oxfam in El Rief and El Shargei, South Kordofan, where four water stations were established and six boreholes drilled.</li> </ul>	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>If 'YES', what is the code (0, 1, 2a or 2b):</b> 2a The differentiated needs of women were systematically identified and taken into consideration.	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	01.11.13 – 30.04.14
2. CERF project code:	13-RR-CEF-128	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 flood affected children in Sudan		
7. Funding	a. Total project budget:	US \$8,314,500	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US \$1,384,575	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$0
	c. Amount received from CERF:	US \$432,075	▪ <i>Government Partners:</i> US \$19,600
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	15,934	15,934	
b. Male	14,733	14,733	
c. Total individuals (female + male):	30,667	30,667	
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 safe learning spaces and ensure hygiene promotion is undertaken.			
10. Original expected outcomes from approved CERF proposal			
At least 30,000 flood-affected primary school aged children in eight affected states of Sudan have access to quality teaching and learning materials and recreation kits, and at least 13,000 of these children are accommodated through provision of learning spaces and hygiene promotion activities in existing schools by the end of February 2014.			
11. Actual outcomes achieved with CERF funds			
In coordination with the Ministry of Education, 30,000 children and 667 teachers were reached with education in emergency supplies and were able to access temporary learning spaces through tents or provision of plastic tarpaulin and plastic mats in South Kordofan, South Darfur, White Nile, and Khartoum states. In cooperation with the Department of Water and Environmental Sanitation (WES), 13, 000 flood-affected children (from the total number of beneficiaries reached) in 30 schools were provided with essential hygiene information through hygiene promotion campaigns in schools.			
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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If 'YES', what is the code (0, 1, 2a or 2b): 2a			

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
There is no evaluation planned for this project. However, regular monitoring on the ground has been undertaken, where the majority of the implementation of activities has occurred. Overall findings indicated that children in nearly 60 flood affected schools benefitted greatly from the provision of temporary classrooms through provision of tents or plastic sheeting, as well as dissemination of education and recreation materials. Provision of these Educations in Emergency activities not only led to rapid and timely resumption of education in affected schools, but also helped contribute to a greater sense of normalcy for children affected by emergencies (flooding). In addition, the hygiene promotion activities carried out in 30 schools also were well received by children and headmasters – Ministry of Health officials have indicated that the hygiene promotion activities and messages had a positive impact on flood affected-communities as schools in areas targeted by the promotional activities reported fewer cases of communicable diseases. Overall it was noted that there is a greater need for Ministry of Education officials and headmasters to be trained on Education in Emergencies (EiE), to improve response time of implementation essential EiE activities. Also, risk reduction strategies should be incorporated at locality and state level, as well as included in school improvement plans to mitigate and reduce future impact of potential flooding or other emergency scenarios.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information			
1. Agency:	UNHCR	5. CERF grant period:	[09.10.2013 – 08.04.2014]
2. CERF project code:	13-RR-HCR-062	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 for Emergency Shelter and Non Food Items		
7. Funding	a. Total project budget:	US \$6,816,000 <sup>4</sup>	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US \$6,709,507	▪ NGO partners and Red Cross/Crescent: US\$ 0
	c. Amount received from CERF:	US \$489,072	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	20,625	13,750	
b. Male	6,875	13,750	
c. Total individuals (female + male) <sup>5</sup> :	27,500	27,500	
d. Of total, children <u>under</u> age 5	N/A	NA	
9. Original project objective from approved CERF proposal			
The overall objective of this project is to ensure that some 27,500 flood affected people (5,500 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"> <li>• Approximately 27,500 individuals (5,500) receive lifesaving non-food items in a timely manner</li> <li>• 27,500 beneficiaries (5,500) are protected from the elements and minimal human dignity is restored through the distribution of emergency shelter material.</li> <li>• Threats to health are mitigated for 27,500 (5,500) flood affected 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.</li> <li>• The risk of exploitation, including sexual exploitation, of women, girls and boys is reduced with the timely distribution of non-food items.</li> </ul>			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> <li>• 27,500 individuals (5,500) received lifesaving non-food items in a timely manner.</li> <li>• 27,500 flood affected people (5,500 families) received emergency shelter to replace their homes destroyed by strong winds and floods.</li> <li>• Health threats mitigated for 27,500 (5,500) flood affected people through the distribution of items such as plastic sheets that provide shelter from rains and 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.</li> <li>• The risk of exploitation, including sexual exploitation, of women, girls and boys is reduced with the timely distribution of non-</li> </ul>			

<sup>4</sup> The figure provided is the correct Project budget based on the Sudan Strategic Response Plan. The figure provided in the initial proposal, US \$ 15,400,00 is the total budget for all ES & NFI projects.

<sup>5</sup> The total number of female and male children under 5, planned and reached, are estimated to be 6,875.



food items.	
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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If 'YES', what is the code (0, 1, 2a or 2b): 2a	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
Post distribution monitoring was not conducted by partners and UNHCR ESNFI project staff. However, partners that conducted the distributions submitted reports.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information			
1. Agency:	WHO	5. CERF grant period:	16.10.2013 – 30.04.2014
2. CERF project code:	13-RR-WHO-067	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project title:	Health emergency support to pop affected by floods		
7. Funding	a. Total project budget:	US \$5,066,500	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US \$664,490	▪ <i>NGO partners and Red Cross/Crescent:</i> US \$164,117
	c. Amount received from CERF:	US \$472,102	▪ <i>Government Partners:</i> US \$57,600
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> <sup>6</sup>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
<i>a. Female</i>	230,983	188,000	
<i>b. Male</i>	188,986	153,700	
<i>c. Total individuals (female + male):</i>	419,969	341,700	
<i>d. Of total, children <u>under</u> age 5</i>	20,998	21,000	
9. Original project objective from approved CERF proposal			
Decrease flood related morbidity and mortality through control of public health risks.			
10. Original expected outcomes from approved CERF proposal			
Outcome:			
<ul style="list-style-type: none"> <li>31 mobile clinics operationalized by KITRA, Sudanese Red Crescent (SRC), Ministry Of Health (MoH), American Refugee Council (ARC)</li> <li>Supplies and medicines procured.</li> </ul>			
Expected results			
<ul style="list-style-type: none"> <li>Reduction of flood (health related) related mortality and morbidity.</li> </ul>			
11. Actual outcomes achieved with CERF funds			
Actual outcome:			
<ul style="list-style-type: none"> <li>31 mobile clinics were operationalized by agreed partners. Kitra worked through 6 clinics, SRC covered 5 clinics and ARC one clinic, while MoH managed 19 clinics. <ul style="list-style-type: none"> <li>The mobile clinics provided the health services package included; primary health care: Medical Examination, lab services, free drugs, pregnant care (Antenatal &amp; Postnatal care), health education, through health visitors/midwife, and referral to the near health facilities for secondary health including emergency cases referral, manage. In addition, several health promotion sessions were conducted through health volunteers.</li> </ul> </li> </ul>			

<sup>6</sup> The sum of the total number of individuals was miscalculated in the initial proposal as, 341,700. The correct sum is 419,969 individuals. This has caused a discrepancy in the number of beneficiaries reached, WHO reached less beneficiaries due to this miscalculation.

- Morbidity statistics : According to the medical records common diseases reported; are Diarrhea, Acute Respiratory and Skin infections mainly caused by the poor water sanitation and shelter conditions in which the majority of the population lives , other health problems related to the poor hygiene practices and knowledge . No epidemic diseases were recorded in all clinics (i.e. measles, cholera, meningitis and haemorrhagic fevers).
- All supplies and medicines are procured and Zero stock out of medicine and medical supplies in the clinics during the project.

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

Instead of 24 mobile clinics as agreed on the proposal, 31 mobile clinics were conducted. The MoH managed to provide 19 clinics instead of 12, by using more health volunteers in order to expand the services.

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. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

## 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-129	Water, Sanitation and Hygiene	UNICEF	CAFOD	No	INGO	\$96,870	11-Feb-14	1-Mar-14	
13-RR-CEF-129	Water, Sanitation and Hygiene	UNICEF	OXFAM	Yes	INGO	\$103,297	9-Feb-14	1-Mar-14	
13-RR-CEF-129	Water, Sanitation and Hygiene	UNICEF	SRCS	No	RedC	\$227,658	3-Mar-14	2-Apr-14	
13-RR-CEF-129	Water, Sanitation and Hygiene	UNICEF	WES	Yes	GOV	\$575,302	16-Feb-14	1-Mar-14	The majority of the funds were transferred to WES as they had better access to flood-affect areas.
13-RR-CEF-129	Water, Sanitation and Hygiene	UNICEF	Plan International	Yes	INGO	\$126,173	19-Feb-14	1-Mar-14	
13-RR-CEF-128	Education	UNICEF	WES	Yes	GOV	\$19,600	27-Feb-14	1-Mar-14	
13-RR-WHO-067	Health	WHO	Ministry of Health	Yes	GOV	\$57,600	9-Jan-13	1-Nov-13	The delay in transferring the first installment was due to the end of biennium and financial closure for the year. The IP was reimbursed.
13-RR-WHO-067	Health	WHO	KITRA	Yes	NNGO	\$48,580	10-Dec-13	1-Nov-13	The delay in transferring the first installment was due to the end of biennium and financial closure for the year. The IP was reimbursed.

13-RR-WHO-067	Health	WHO	Sudanese Red Crescent	Yes	RedC	\$70,650	17-Dec-13	15-Dec-13	The delay in transferring the first installment was due to the end of biennium and financial closure for the year. The IP was reimbursed.
13-RR-WHO-067	Health	WHO	American Refugee Committee	Yes	INGO	\$44,887	13-Dec-13	25-Nov-13	The delay in transferring the first installment was due to the end of biennium and financial closure for the year. The IP was reimbursed.
13-RR-WHO-068	Water, Sanitation and Hygiene	WHO	Ministry of Health	Yes	GOV	\$868,239	2-Dec-13	1-Nov-13	
13-RR-IOM-038	Water, Sanitation and Hygiene	IOM	Federal Ministry of Health	Yes	GOV	\$5,000	11-May-14	5-Nov-13	The delay in transferring the installment (lump-sum) was due to the IP bureaucratic procedures and an internal error within the Agency. The IP was reimbursed.

## ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ARC	American Refugee Council
CHF	Common Humanitarian Fund
CHT	Community Health Team
FTF	Flood Task Force
HAC	Humanitarian Aid Commission
HTC	Humanitarian Country Team
HWP	Humanitarian Work Plan
INGO	International non-Governmental Organization
IOM	International Organization for Migration
MoE	Ministry of Education
MoH	Ministry of Health
Shelter & NFI's	Shelter and Non-food Items
FMoH	Federal Ministry of Health
UNICEF	United Nations Children's Fund
UNHCR	United Nations High commissioner for Refugees
WES	Water Environment and Sanitation Agency
WHO	World Health Organization
WFP	World Food Program