



United Nations

**CENTRAL  
EMERGENCY  
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

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

**RESIDENT/HUMANITARIAN COORDINATOR**

**Mr. Toby Lanzer**

## REPORTING PROCESS AND CONSULTATION SUMMARY

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

Lessons learned were expressed and refined during the iterative process of drafting and finalizing this report during June 2014, through correspondence with the fund recipient agencies and respective Cluster Coordinators. A specific review meeting was not conducted due to competing commitments in the context of the ongoing L3 response to the new crisis which has engulfed South Sudan from the end of 2013.

- 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

This has been partially completed. As noted above, Cluster Coordinators were consulted within the process of drafting and finalizing the report, for comments and inputs as appropriate. The report has not been specifically discussed in the HCT due to competing commitments in the context of the ongoing L3 response to the new crisis which has engulfed South Sudan from the end of 2013.

- 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

Following submission of the final report it will be re-circulated to CERF recipient agencies, Cluster Coordinators and partners. As noted above, these stakeholders were involved in the process to date to draft and finalise the report. Consideration of appropriate ways to share the report with government counterparts will be made and in view of the current operating context.

## I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: 72,500,000		
Breakdown of total response funding received by source	Source	Amount
	CERF	11,586,879
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)	5,473,227 <sup>1</sup>
	OTHER (bilateral/multilateral)	32,338,718
	<b>TOTAL</b>	<b>49,398,824</b>

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 14-May-13			
Agency	Project code	Cluster/Sector	Amount
WFP	13-WFP-032	Coordination and Support Services - UNHAS	3,766,678
WHO	13-WHO-034	Health	1,766,640
Sub-total CERF Allocation			<b>5,533,318</b>
Allocation 2 – date of official submission: 29-Jul-13			
UNICEF	13-CEF-077	Water and sanitation	490,201
UNICEF	13-CEF-078	Health-Nutrition	176,550
WFP	13-WFP-034	Food	5,386,810
Sub-total CERF allocation			<b>6,053,561</b>
<b>TOTAL</b>			<b>11,586,879</b>

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies / IOM implementation	11,273,171
Funds forwarded to NGOs for implementation	313,708
Funds forwarded to government partners	0
<b>TOTAL</b>	<b>11,586,879</b>

<sup>1</sup> CHF 2013 allocations covering Akobo, Bor, Pochalla, Pibor, and Uror

## I. HUMANITARIAN NEEDS

"Yesterday in Jonglei I was pleased to see how improved access has enabled the aid community to scale up its response to women, children and men in need. This new CERF funding will allow us to boost our response and with continued funding we hope to reach 60,000 people who have been severely affected by violence in Jonglei during recent months" said Toby Lanzer, the UN Humanitarian Coordinator in South Sudan.<sup>2</sup>

**Inter communal violence escalated in Jonglei State between February and April 2013 causing widespread displacement.** While such tensions were not new, the intensity of violence increased both in terms of the numbers of attackers and victims, and in terms of targeting of civilians. Following the cycle of inter communal violence which started in 2011<sup>3</sup>, the Government of South Sudan launched a civil disarmament campaign in March 2012. Though generally voluntary and peacefully implemented in most of the state the disarmament process in Pibor County, home mainly to the Murle community, was marked with serious human rights abuses as documented by OHCHR/UNMISS<sup>4</sup>. This caused widespread resentment against the authorities, particularly the Sudan People's Liberation Army (SPLA), and provided a fertile recruitment ground for the re-emergence of non-state armed actors.

**The humanitarian situation deteriorated further following the outbreak of military confrontations** between the SPLA and non-state armed actors (NSAA), primarily that of David Yau Yau (DYY) and affiliates. DYY had been conducting attacks against SPLA in Pibor County since August 2012, inflicting significant losses to the SPLA with more than 100 soldiers killed by April 2013. Active hostilities had a major impact on civilians living in Pibor County, with many displaced on multiple occasions. By the end of April 2013, over 227,000 people across five counties of Jonglei State were affected by inter communal violence and/or military confrontations between the SPLA and NSAA. Over 11,000 were displaced as a result of communal violence. Many more were displaced by military confrontations in Pibor County but were not documented due to lack of access to the county by humanitarian actors.

Given the deteriorating situation in Jonglei with SPLA/NSAA clashes and attacks by NSAA on Boma and Pibor towns, in May 2013 the South Sudan Humanitarian Country Team (HCT) requested support from the CERF to:

- 1) Increase medical capacity, including surgical capacity, through the provision of medical supplies and support to health staff in areas receiving civilian casualties; and
- 2) Increase medical evacuation capacity through the deployment of two helicopters, also used for assessment and response in Jonglei and beyond where access was not possible with fixed wing aircraft or by road.

**Following negotiations by OCHA with all parties involved in hostilities in Pibor County, access improved and allowed for a better understanding of the needs of the affected populations.** In July 2013, the humanitarian community gained access to areas without government presence where vulnerable and displaced populations were identified. Initial Interagency Rapid Needs Assessments (IRNAs) conducted in two locations, Dorein and Labrab, estimated that up to 10,000-15,000 and 10,000 people respectively were displaced. The situation demanded scaling up the humanitarian response. The South Sudan HCT requested further CERF support to:

- 1) Increase food supplies to provide emergency food assistance for up to 60,000 vulnerable and displaced people in Jonglei for a period of five months to bridge the gap until the next planting season in December 2013;
- 2) Ensure efficient and uninterrupted provision of emergency nutrition pipeline supplies in selected counties of Jonglei to meet the needs of 1,190 children with Severe Acute Malnutrition (SAM), equivalent to 85 % of the total projected caseload of 1,400 children; and
- 3) Strengthen Water, Sanitation and Hygiene (WASH) preparedness and response to critical emergencies for up to 40,000 people in Jonglei.

County	Population <sup>5</sup>	People Affected	Insecurity incidents in Jonglei between January and April 2013 <sup>6</sup>			
			Insecurity Incidents	Fatalities	People Displaced	People Assisted
Akobo	136,210	50,000	2	85	3,945	17,162
Bor	221,106	5,000	8	8	2,480	1,295
Duk	65,588	0	7	2	0	0
Fangak	110,130	0	1	1	0	0
Nyirrol	108,674	0	4	1	0	0
Pibor	148,475	111,000	23	31	0	4,300
Pochalla	66,201	26,000	3	0	0	0
Twic East	85,349	0	2	4	4,728	0
Uror	178,519	35,000	14	10	0	0
Ayod	139,282	0	0	0	0	0
Canal	99,068	0	0	0	0	0
<b>Total</b>	<b>1,358,602</b>	<b>227,000</b>	<b>64</b>	<b>142</b>	<b>11,153</b>	<b>22,757</b>

<sup>2</sup> Source: OCHA press release 14 August 2013. UN's Emergency Fund Releases Additional US\$6 Million for Jonglei.

<sup>3</sup> For example, the UNMISS Human Rights report 2012 documented that during inter-communal fighting in December 2011/January 2012 up to 8,000 armed Lou Nuer youth attacked Murle areas and killed more than 600 people in Pibor County.

<sup>4</sup> UNMISS Human Rights report 2012.

<sup>5</sup> 2008 Sudan Census.

<sup>6</sup> OCHA incidents database.

## II. FOCUS AREAS AND PRIORITIZATION

**The priority for aid agencies was to mobilize assistance where it was known that people were in need and access was possible.** An assessment report in February 2013<sup>7</sup> confirmed that over 3,740 displaced people were in need of urgent assistance in Akobo, where another 13,000 affected people arrived from March 2013<sup>8</sup>. Aid agencies mobilized food, household items and hygiene kits. An intra-clan conflict on 13 March 2013 in Bor County (Gok Boma, Kolnyang Payam) led to the displacement of 344 households<sup>9</sup> (2,480 individuals). Reports also confirmed arrivals of Internally Displaced Persons (IDPs) in Kapoeta, Bor and Juba as well as others seeking refuge in Ethiopia and Kenya (Kakuma). These reports identified immediate priorities for response as mobile health and nutrition services (particularly where health facilities were destroyed), protection monitoring, food assistance, and the provision of Non-Food Items (NFIs) and Emergency Shelter.

**The vulnerability of civilians was heightened since access to medical services was affected.** Partners providing front line medical services had withdrawn their staff from Pibor, Pochalla and Akobo Counties due to the hostilities. An increased number of civilians with conflict injuries, including gunshot and spear wounds as well as landmine-related injuries, started arriving in Pibor town in April 2013 seeking emergency medical care. These civilians, having spent weeks hiding in the bush for fear of further attacks, presented badly infected wounds requiring urgent treatment and referral. The only medical facility with surgical capacity for Pibor County run by Médecins Sans Frontières (MSF) was destroyed on 12 May 2013 with supplies and equipment looted. The nearest alternative was located more than 150km away.

**Needs assessments conducted in Pibor County (Dorein and Labrab) confirmed that the affected community identified food as the most significant and urgent humanitarian need.** Wild fruits, leaves and fish from the river were cited as the only food sources available to the population. Planting was disrupted by displacement, reduced rainfall affected crops, and after extensive cattle raiding there could be little reliance on livestock. An Emergency Food Security Assessment (EFSA) conducted by the World Food Program (WFP) Vulnerability Assessment and Mapping (VAM) team with support from different agencies and organizations including Oxfam Great Britain, Plan International and MSF showed that 30 percent of households in Pibor county were severely food insecure and another 54 percent moderately food insecure.

**Humanitarian presence in key field locations (such as Akobo, Boma, Pibor, Pochalla, Waat and Walgak) could not be adequately serviced by UN Humanitarian Air Service (UNHAS) fixed-wing aircraft due to the start of rains in April.** Landing in these locations for emergency medical evacuations, humanitarian assessments and response, or security-related relocation of humanitarian staff became dependent on helicopters. The rainy season makes the majority of Jonglei State inaccessible by road between April and October.

**The two CERF grants focused on the provision of emergency assistance to people wounded, displaced or affected by inter-communal conflict and military confrontations in Jonglei State** particularly in Pibor, Pochalla and Akobo counties. The first grant was used to ensure that affected people were provided with emergency *health services*, while the second grant was used to provide life-saving *food, nutrition* and *WASH* assistance. CERF funds were used in a complementary way alongside resources provided by the Common Humanitarian Fund (CHF) in support of overall priorities. CHF funds were channeled to NGOs unable to directly access CERF funds, particularly for health, non-food items, and protection including mine action.

## III. CERF PROCESS

Consultations on response requirements, identification of key gaps and required actions to address the situation that was evolving in Jonglei began in February 2013. These were held in different forums including regular meetings of the Emergency Preparedness and Response (EP&R) task force, the Inter-Cluster Working Group (ICWG), and the HCT. Bilateral discussions were held between the Office for the Coordination of Humanitarian Affairs (OCHA) and individual clusters as needed. The urgency of identifying helicopters for Jonglei and other remote areas of South Sudan during the rainy season was highlighted during meetings of Logistics Cluster partners in April 2013. OCHA was approached about a possible allocation from the CHF reserve; however funds available were insufficient. The Health Cluster and OCHA met with partners operational in Jonglei to identify how emergency medical services (including surgery) could be provided given the unfolding situation.

The Humanitarian Coordinator (HC) highlighted the urgency of the situation in Pibor at the HCT meeting on 9 May 2013 and the option of submitting a proposal to the CERF under the Rapid Response window was agreed upon. OCHA facilitated a meeting of the Logistics and

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<sup>7</sup> Inter-agency assessment carried out on 14-15 February 2013 in Akobo East following cattle raiding attack.

<sup>8</sup> According to an inter-agency humanitarian assessment carried out on 26 April 2013.

<sup>9</sup> Inter-agency assessment carried out on 21 March 2013 in Akobo West following cattle raiding attack.

Health Clusters to identify key components of the response and prepare the CERF application. UNHAS was supported with CHF funds to cover one month of country-wide air services, including for Jonglei, with an existing fixed wing aircraft (Cesna Caravan 208 with 7 seat capacity) regularly scheduled to Bor, Pibor, Pochalla, Boma, Akobo and Waat. Additional UNHAS helicopter capacity was prioritized for the CERF proposal.

In July 2013, the urgency of securing additional resources for the Jonglei response was discussed by humanitarian partners in different fora, notably the HCT, ICWG and donor meetings, resulting in the decision to apply to the CERF for a second grant. Discussions were informed by the cluster coordination mechanism both at Juba and state levels. Clusters strengthened their staffing capacities in Jonglei to further support needs assessments and response planning. An emergency task force was established in Bor, including all clusters, the government Relief and Rehabilitation Commission (RRC), United Nations Department of Safety and Security (UNDSS), and OCHA to design the response. In Juba, agencies with cluster responsibilities were approached to ensure that the CERF proposal reflected an inter-sectoral approach, based on the capacity and feasibility of UN agencies and partners to implement activities within the required time-frame. This resulted in submissions by WFP and the United Nations Children's Fund (UNICEF) to (i) increase food supplies to provide emergency food assistance; (ii) provide nutrition supplies to meet the emergency needs of people suffering from severe acute malnutrition; and (iii) strengthen WASH preparedness and response.

CERF related processes were built upon existing coordination structures and mechanisms, including those used for CHF processes. Consultations to determine priorities for both funding instruments involved the HCT and the ICWG, with clusters and the CHF Technical Secretariat involved in the preparation and review of proposals. During implementation of the CERF funded projects UNICEF, WFP/UNHAS and the World Health Organization (WHO) provided regular updates on progress and challenges to the ICWG and the Emergency Preparedness and Response (EP&R) working group.

Gender equality was mainstreamed in various ways. WFP collected sex disaggregated data at registration and in subsequent monitoring and analysis, in order to identify gender-specific vulnerabilities or issues. Whenever appropriate food ration cards were issued to women, giving them entitlement to rations and ensuring best management of the food. A balanced representation of men and women on local food management committees was encouraged. The specific needs of pregnant and lactating women and children under-five years of age were addressed. WFP staff and staff of partners engaging in the emergency response were made aware of WFP's gender policy and principles. Protection of beneficiaries from conflict and gender-based violence was a major focus during distributions, particularly women who were generally non-combatants. Special consideration was taken to ensure distributions ended well before sunset, to allow beneficiaries enough time to return to their locations of refuge.

#### IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis: 227,000				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Coordination and Support Services - UNHAS	N/A	N/A	3,038 <sup>10</sup>
	Health	29,416	27,154	56,570
	Water and sanitation	20,350	16,650	37,000
	Health-Nutrition	115	106	221
	Food	45,581	49,380	94,961

#### BENEFICIARY ESTIMATION

The number of beneficiaries reached in Pibor, Akobo, Bor, Juba and in Unity State was estimated for each project in each location. In each location the highest number reached by any one project was used to compute the total number of beneficiaries. Accordingly, 94,691 people were reached in Pibor; 5,660 in Akobo; 11,319 in Bor; 27,000 in Juba and 2,830 in Unity State. WFP's ratios of female (48%) and male (52%) beneficiaries were used to estimate the overall breakdown of female and male beneficiaries, given that of all projects the WFP food assistance project reached the highest number of beneficiaries.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
Female	57,845	67,920
Male	56,415	73,580
Total individuals (female and male)	114,260	141,500
Of total, children <u>under</u> age 5	23,510	26,885

#### CERF RESULTS

With the two CERF grants recipient organizations assisted an estimated 141,500 people with food, clean water, sanitation, and live-saving health and nutrition services. The number of people assisted exceeded the number planned by 27,240 (24 per cent), mainly due to WFP reaching more people with food distributions. WFP purchased 4,051 mt of food stuffs (3,459 mt sorghum, 346 mt yellow split peas, 208 mt vegetable oil and 38 mt salt), which was 32 per cent more food than originally planned.

WHO procured and distributed medical and trauma kits, assorted theatre equipment and medical supplies to hospitals in Jonglei, Unity and Upper Nile states and to Juba Teaching Hospital. A total of 174,771 outpatient department (OPD)<sup>11</sup> consultations were conducted during which patients were treated for common illnesses and gunshot injuries and others received emergency vaccinations. Five hospitals, Malakal, Bor, Bentiu, Walgak/Akobo and Juba Teaching Hospitals received trauma kits as part of the strategy to strengthen the emergency health response for the management of the gunshot wounds. Surgical expertise was provided for Bor Hospital through

<sup>10</sup> This number refers to passengers rather than direct beneficiaries, and is excluded from the estimation of the total number of direct beneficiaries reached.

<sup>11</sup> In extreme emergencies, one patient on attends 3 - 4 OPD consultations per year on average.

deployment of a surgeon and an anesthesiologist for four months, providing 794 patients with life-saving surgery. Four mobile clinics in Pibor and Bor South counties were supported to provide health services to displaced populations. CERF support to UNHAS was instrumental in enabling mobilisation of WHO's medical emergency operations, providing essential logistical capacity and the ability to access otherwise inaccessible, remote locations.

UNICEF procured a range of WASH emergency supplies including water treatment containers, water storage containers, soap, and latrine slabs. WASH partners used the supplies to assist over 37,000 IDPs in Jonglei (10,000) and Juba (27,000). IDPs in Topping Protection of Civilians (PoC) site in Juba were provided with sanitation facilities and exposed to hygiene promotion messages. These focused on effective water treatment and storage, hand washing with soap, and regular latrine usage to prevent spread of water-borne diseases.

UNICEF and nutrition cluster partners supported the management of severe acute malnutrition in Pibor and other counties within Jonglei. Some 221 children under five (representing 18.6% of those targeted) were treated achieving a cure rate of 50.2 per cent. The crisis that broke out in Juba in December 2013 and that spread quickly to other parts of the country affected implementation of activities in Jonglei. For instance, some 2,000 cartons of Ready-to-use Therapeutic Food (RUTF) prepositioned in Bor for use in Jonglei were looted.

## **CERF's ADDED VALUE**

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

YES  PARTIALLY  NO

CERF funding to UNHAS enabled rapid delivery of emergency medical assistance to affected people by WHO and its partners by conducting emergency immunization to prevent outbreaks of disease among the high risk population, delivering emergency and trauma kits to referral hospitals for life-saving surgery, and improving access to basic life-saving services for people affected by the conflict through quickly deploying mobile clinics. CERF funds enabled UNICEF and its partners to continue and expand lifesaving activities in the areas of nutrition and WASH. As soon as security permitted some level of access to the displaced community, CERF funds enabled WFP to respond using prepositioned food stocks in Pibor County, available in a timely manner and being the only source of funding for the food response. The contribution allowed for the rapid expansion of assistance to affected people in hard to reach locations, although insecurity and insufficient logistics assets slowed delivery.

### **b) Did CERF funds help respond to time critical needs<sup>12</sup>?**

YES  PARTIALLY  NO

CERF funding to UNHAS to complement funding provided to WHO enabled timely response to time-critical emergency health situations, saving lives. Health partners carried out emergency vaccination campaigns to prevent measles outbreaks, while mortality was reduced by attending promptly to the critically injured at local health facilities rather than being evacuated to Juba from Bor County. CERF funds also improved the availability of essential medical drugs and other emergency supplies in six referral hospitals and other primary health care facilities across Jonglei State, and supported the timely deployment of health workers. CERF funding enabled UNICEF to respond to critical gaps in the nutrition response in Jonglei, and to replenish inventories for the WASH pipeline particularly in Pibor and Pochalla Counties. The WFP Pibor County response began in July 2013 and CERF funds were disbursed by the end of August. By that time WFP had already begun its response using prepositioned stocks, but the contribution allowed for rapid expansion of assistance in hard to reach locations.

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

YES  PARTIALLY  NO

The CERF funding contributed to some extent to increased resource mobilisation from other sources by recipient organizations. Total funding secured for the crisis was \$49.5 million, of which the CERF funding contributed 23 per cent. The CHF contributed about 11 per cent (\$5.5 million), and other donors 65 per cent (\$32.3 million)<sup>13</sup>.

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

YES  PARTIALLY  NO

The CERF funding helped to strengthen coordination between humanitarian partners in Juba and at state level, through various coordination forums and mechanisms. Jonglei Coordination Meetings were held daily in Bor. Participants shared important information from colleagues in the field and in Juba and were able to disseminate information back out to different stakeholders.

<sup>12</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.).

<sup>13</sup> Other donors included Australia, Austria, Canada, Denmark, Estonia, European Commission Humanitarian Aid Office, Finland, France, Germany, Ireland, Italy, Japan, Luxembourg, Netherlands, Norway, Private donors, Spain, Stromme Foundation, Sweden, Switzerland, United Kingdom, United States of America, World Bank.



This was an important forum for ensuring efforts in Pibor County were coordinated and comprehensive. CERF support to core pipelines enhanced effective coordination in relation to the availability and deployment of supplies, enabling critical gaps in the response to be addressed.

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

For nutrition and WASH, the CERF funding helped ensure continuity in the availability of supplies through core pipelines, with rapid and timely despatch to emergency locations. The contribution enabled the Health Cluster to have greater operational presence in field sites, resulting in a more strategic and focused response and enhancing overall effectiveness.

**V. LESSONS LEARNED**

<b>TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u></b>		
<b>Lessons learned</b>	<b>Suggestion for follow-up/improvement</b>	<b>Responsible entity</b>
To ensure an efficient and timely process for formulation and approval of project proposals it is important that staff at the CERF Secretariat and in country have a common understanding of technical matters, operational context, and overarching CERF frameworks.	<p>It could be advantageous if the CERF Secretariat had reviewers with in depth technical expertise to minimize delays in reaching a common understanding about the technical content and rigor of proposals.</p> <p>Similarly, a better understanding of the fluid country context and the challenges faced in responding on the ground could result in more flexibility with proposals and minimize delays in approval and project start up.</p> <p>It is important to find ways to further reinforce general understanding at country level of overarching CERF frameworks and approaches, building on the range of guidance materials available (for example through training or other interactive media).</p>	CERF Secretariat

<b>TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u></b>		
<b>Lessons learned</b>	<b>Suggestion for follow-up/improvement</b>	<b>Responsible entity</b>
Protection should be a priority for response in conflict emergencies, starting at the planning stages.	Staff involved in the formulation of proposals should be supported with appropriate technical expertise to properly consider protection issues in the design. For the response in Jonglei, the early deployment of Protection Officers on the ground should have been given greater priority.	Protection Cluster
Clear communication is needed regarding the planned and actual location and movement of humanitarian staff and goods.	Robust logistical arrangements, clearly communicated, are important to delivering results on time. Where the operating context demands the use of air assets detailed planning, including for the significant costs involved, is important.	WFP, UNHAS and Logistics Cluster

## VI. PROJECT RESULTS

**TABLE 8: PROJECT RESULTS**

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CERF project information			
1. Agency:	WFP	5. CERF grant period:	19 Jun. 2013 – 18 Dec. 2013
2. CERF project code:	13-WFP-032	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Coordination and Support Services-UNHAS		<input checked="" type="checkbox"/> Concluded
4. Project title:	Provision of Humanitarian air services in response to humanitarian crisis in Jonglei, South Sudan		
7. Funding	a. Total project budget:	US\$ 34,187,210 <sup>14</sup>	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 38,485,811	▪ NGO partners and Red Cross/Crescent: US\$ 0
	c. Amount received from CERF:	US\$ 3,766,678	▪ 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	N/A	N/A	During the project period UNHAS operated two MI8-T helicopters based in Bor to transport humanitarian personnel and cargo to 10 remote locations in Jonglei state. UNHAS initially planned for the transportation of 1,500 passengers and 20 MT cargo per month with CERF funded helicopters. However, Bor and some other locations were to some extent accessible with fixed wing aircraft for passengers, allowing the helicopters to move cargo of approximately 64 MT per month.
b. Male	N/A	N/A	
c. Total individuals (female + male):	9,000	3,038	
d. Of total, children <u>under</u> age 5	N/A	N/A	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> <li>To provide of medical evacuations for the civilian population affected by hostilities as well as humanitarian personnel.</li> <li>To provide timely response to humanitarian crisis in Jonglei and where surface transport is impossible due to heavy rains and insecurity.</li> <li>To provide air transport for urgent medical and non-food items in Jonglei.</li> </ul>			
10. Original expected outcomes from approved CERF proposal			
<p>Assistance will be delivered in remote locations to people in need. The helicopters will facilitate access to the locations cut off by insecurity and rains.</p> <p>The operation will be monitored in line with the following key performance indicators:</p> <ul style="list-style-type: none"> <li>100 per cent response to medical and security evacuations;</li> <li>Number of passengers transported against planned (target: 1,500 passengers per month);</li> <li>Relief items transported against requested or planned quantities (target: 20 MT per month);</li> <li>100 per cent utilization of contracted hours;</li> </ul>			

<sup>14</sup> The UNHAS budget was revised on 22 August due to a reduction in operational costs as a result of a decrease in the size of the aircraft fleet. In addition, the revision catered for the inclusion of helicopter operations in Jonglei region.

<ul style="list-style-type: none"> <li>• Number of United Nations agencies and other humanitarian organizations utilizing the service (target 25); and</li> <li>• Number of locations served (target: 10 locations).</li> </ul>	
11. Actual outcomes achieved with CERF funds	
<ul style="list-style-type: none"> <li>• UNHAS performed 13 flights for medical evacuations from Manyabor, Labrab, Maar 2, Lui, Paliu and Kongor to Bor and Juba. Out of 117 passengers transported 75 were patients, while 42 were members of medical teams including doctors and caretakers. 319 passengers were relocated from Bor, Gumruk, Pibor and Pochalla to Juba in December 2013 due to insecurity. This represents 100 per cent response to required medical and security evacuations, all requests being met.</li> <li>• Monthly average of 434 passengers transported (29 per cent of planned).</li> <li>• Monthly average of 64MT cargo transported (320 per cent of planned).</li> <li>• 100 per cent utilization of contracted hours.</li> <li>• 30 United Nations agencies and other humanitarian organizations utilized the service.</li> <li>• 10 locations served.</li> </ul>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>UNHAS initially planned for transportation of 1,500 passengers and 20 MT cargo per month by the CERF funded helicopters. However, Bor and some other locations were accessed by fixed wing aircraft to move passengers, allowing the helicopters to move humanitarian relief cargo of approximately 64 MT monthly.</p>	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 2b): 4-Not applicable (only used for very small number of projects, such as "support services")          If 'NO' (or if GM score is 1 or 0):</p>	
14. M&E: Has this project been evaluated?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>In accordance with corporate controls both internal and external reviews of UNHAS South Sudan operations were carried out in 2013. The findings and recommendations have been taken into consideration for 2014, aimed at improving transparency, enhancing customer satisfaction, and increasing donor confidence. Through regular meetings with the Steering Committee and User Group, humanitarian organizations using UNHAS have expressed a strong demand for the continuation of the service in 2014.</p> <p>The following are attached for reference:</p> <ul style="list-style-type: none"> <li>- Final report – Review of UNHAS in South Sudan (September 2013)</li> <li>- Data Analysis of the Passenger Transport Cost of UNHAS South Sudan June 2012-May 2013 (December 2013)</li> </ul>	

**TABLE 8: PROJECT RESULTS**

CERF project information			
1. Agency:	WHO	5. CERF grant period:	19 Jun. 2013 – 18 Dec. 2013
2. CERF project code:	13-WHO-034	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project title:	Responding to health related emergencies in populations of humanitarian concern in the Republic of South Sudan: Strengthening surgical capacity and referral system Jonglei State and surrounding areas		
7. Funding	a. Total project budget:	US\$ 10,604,040	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 3,477,000	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 0
	c. Amount received from CERF:	US\$1,766,645	▪ <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	28,215	29,416	Following improved access to some areas, more beneficiaries than originally planned were reached. More partners than anticipated were supported and more reports for service delivery submitted. A measles vaccination campaign was conducted in Unity state, increasing the number of children reached as compared to the original target.
b. Male	26,044	27,154	
c. Total individuals (female + male):	54,259	56,570	
d. Of total, children <u>under</u> age 5	11,395	11,880	
9. Original project objective from approved CERF proposal			
To reduce avoidable morbidity and mortality among displaced and other conflict affected civilians in Jonglei and nearby communities by providing effective surgical and other health services through mobile surgical teams and appropriate referral systems.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>Reduce excess mortality due to conflict related injuries through appropriate health and surgical services</li> <li>2,500 conflict related injuries receive surgical services in the referral hospitals</li> <li>1,000 severely wounded patients referred to referral hospitals and transported by UNHAS or UNMISS</li> <li>22,000 conflict/violence displaced civilians will receive treatment for illnesses through mobile clinics or existing facilities.</li> <li>200 health workers (doctors, clinical officers, nurse and lab technicians) have improved skills on trauma management and case management for common illnesses</li> <li>28,560 children are vaccinated for measles as a measure of outbreak control</li> <li>Four referral hospitals equipped with appropriate and essential surgical equipment</li> </ul>			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> <li>Five interagency kits, 20 trauma kits, 120 surgical kits, 310 basic units of Inter Agency Emergency Health Kits, 100 anaesthetic kits, 200 field collection kits and assorted theatre equipment and medical supplies procured and distributed to the states of Upper Nile, Unity, Jonglei and Juba Teaching Hospital. 174,771 individuals benefited from Out Patient Department consultations and were treated for common illnesses and gunshot injuries, or received emergency vaccinations.</li> <li>Five hospitals received trauma kits as part of the strategy to strengthen emergency health response capacity for management of the gunshot wounds. These were Malakal Hospital, Bor Hospital, Bentiu Hospital, Walgak/Akobo Hospital and Juba</li> </ul>			

Teaching Hospital	
<ul style="list-style-type: none"> <li>As reported by UNHAS, 13 flights for medical evacuations were conducted from Manybor, Labrab, Maar 2, Lui, Paliu and Kongor to Bor and Juba, transporting 75 patients and 42 members of medical teams including doctors and caretakers.</li> <li>Surgical expertise was provided for Bor Hospital - a surgeon and an anaesthesiologist were deployed there for four months and supported the treatment of 794 patients with life-saving surgery.</li> <li>70 health workers were identified from within Bor County health facilities and trained in case management for common illness and basic life support/triage, of which 6 medical officers received on-the-job surgical training while 34 health workers were trained in essentials of surgical care in Bor Hospital. To strengthen the response at Juba hospital as a fall-back option, an additional 30 health workers were trained on emergency surgical management in Juba Teaching Hospital.</li> <li>Four mobile clinics (Bor and Pibor/Boma) and outreach activities (Boma, Pochala and Akobo) were supported to enable displaced populations to access health services. The mobile clinics operated in Pibor and Bor South counties. The mobile clinics in Bor South County also supported the MOH during the flood response and as such a total of 32,217 consultations were registered.</li> <li>Response to, and containment of, outbreaks was prompt as the funding was used to quickly ensure the availability of trained health workers with appropriate tools, providing surveillance case definitions, consumables for use in outbreak response, and collection and analysis of data for action. As such 80 per cent of the outbreak alerts were investigated and verified within 72 hours.</li> <li>40,395 children were vaccinated in acute emergency areas to prevent measles outbreak.</li> </ul>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>The vaccination campaign in Unity State accounts for the higher number of the children vaccinated as compared with the planned target. The deployment of a surgeon and health workers in Jonglei reduced the numbers of medical evacuations to Juba. Due to the security threats and displacement, intended training participants were not always available in the respective health facilities and as such the planned target for the number of health workers to be trained was not reached. Due to the flooding in Bor county more IDP patients sought medical treatment than originally expected, resulting in the actual number of consultations exceeding the planned target.</p>	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>If 'YES', what is the code (0, 1, 2a or 2b): 2a</b> <b>If 'NO' (or if GM score is 1 or 0):</b>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Due to the limited implementation period of the CERF funded activities, an impact evaluation was not feasible.	

**TABLE 8: PROJECT RESULTS**

CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	23 Aug. 2013 – 22 Feb. 2014
2. CERF project code:	13-CEF-077	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Water and sanitation		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency WASH Response through the supplies through the core pipeline (Strengthening Life Saving WASH Activities for Vulnerable Population in Jonglei)		
7. Funding	a. Total project budget:	US\$ 14,034,553	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 7,714,392	▪ NGO partners and Red Cross/Crescent: US\$ 125,271
	c. Amount received from CERF:	US\$ 490,201	▪ 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	22,000	20,350	Core pipeline supplies for WASH procured through this CERF grant reached a lower number of beneficiaries than planned, as part of the budget originally intended for supplies was used to provide hygiene and sanitation services for IDPs affected by the onset of the new crisis that engulfed South Sudan in December 2013.
b. Male	18,000	16,650	
c. Total individuals (female + male):	40,000	37,000	
d. Of total, children <u>under</u> age 5	8,000	7,400	
9. Original project objective from approved CERF proposal			
The overall project objective is to replenish WASH stocks used and strengthen response for up to 40,000 emergency affected people in Jonglei State (Pibor and Pochalla counties)			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>WASH core pipeline supplies for 40,000 people procured and distributed in strategic locations to the affected population.</li> <li>40,000 IDPs and other emergency affected populations provided with WASH humanitarian supplies.</li> </ul>			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> <li>A range of WASH emergency core pipeline supplies including water treatment containers, water storage containers, soap, and latrine slabs was procured and utilized to the benefit of over 37,000 people in Jonglei (10,000 IDPS) and Juba (27,000 IDPs).</li> <li>Over 27,000 people in Tomping PoC site in Juba were provided with access to sanitation facilities and exposed to various hygiene promotion messages focused on effective water treatment and storage, hand washing with soap, and regular latrine usage to ensure good hygiene practices and prevent the spread of water-borne diseases.</li> </ul>			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
The project was mainly aimed at providing WASH core pipeline supplies for conflict affected locations in Jonglei. As per the project objectives the plan was to use the CERF funds to replenish the stock of the existing WASH supplies used for the Jonglei response. Due to the ongoing conflict in Pibor and the onset of the crisis in December 2013, access to Jonglei was severely constrained. Some supplies and part of the budget were therefore redirected to respond to urgent humanitarian needs of the newly displaced population in Jonglei as well as in Juba. Juba IDPs were new beneficiaries not targeted by the project as originally designed. After the onset of the crisis in December 2013, the IDP situation in Juba and other locations was extremely critical with tens of thousands displaced within days and rushing to UNMISS bases for protection. There was an urgent and critical need to respond to the			

lifesaving WASH needs of the displaced population, given that many actors were not prepared for the extent and speed of displacement in the first few days. Additionally, UNICEF opted to sub-grant part of the budget to NGO partners, since direct implementation as originally planned was difficult. These modifications to the use of CERF funds were vital, given the unavailability of other resources to respond with critical life-saving interventions. Unfortunately, the reprogramming was not requested in a timely manner due to the urgency and fast changing nature of the situation.

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

No specific evaluation of the project has been undertaken although UNICEF undertakes evaluations of its programs on a regular basis as part of its general operating practices.

**TABLE 8: PROJECT RESULTS**

CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	23 Aug. 2013- 22 Feb 2014
2. CERF project code:	13-CEF-078	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health-Nutrition		<input checked="" type="checkbox"/> Concluded
4. Project title:	Support to the Nutrition Pipeline for Emergency Therapeutic Responses in South Sudan		
7. Funding	a. Total project budget:	US\$ 18,765,021	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 6,814,994	▪ NGO partners and Red Cross/Crescent: US\$ 0
	c. Amount received from CERF:	US\$ 176,550	▪ 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	620	115	During the implementation period only 221 children with severe acute malnutrition were reached (18.6 per cent of the planned target). Treatment sites were inaccessible due to insecurity. The slight delay in disbursement of CERF funds, which were not received until the end of August 2013, also affected actual coverage.
b. Male	570	106	
c. Total individuals (female + male):	1,190	221	
d. Of total, children <u>under</u> age 5	1,190	221	
9. Original project objective from approved CERF proposal			
To replenish stocks of therapeutic supplies and strengthen response for up to 85 per cent (1,190) of the projected caseload of 1,400 children with severe acute malnutrition in selected counties of Jonglei.			
10. Original expected outcomes from approved CERF proposal			
1,190 SAM cases received required nutritional support.			
<u>Indicators:</u>			
<ul style="list-style-type: none"> <li>Number of SAM cases admitted to outpatient therapeutic (OTP) sites.</li> <li>Percentage of children recovered from severe acute malnutrition.</li> </ul>			
11. Actual outcomes achieved with CERF funds			
a) Management of severe acute malnutrition			
<p>UNICEF and partners continued to support management of severe acute malnutrition in Pibor and other counties within Jonglei. The main partnerships were with Merlin, MSF Belgium, Kissito Health Care, Save the Children International, International Medical Corps, Hold the Child, Nile Hope, Joint Aid Management, and MSF Holland. 221 severely acutely malnourished children under five years of age (18.6 per cent of the target) accessed treatment between August 2013 and February 2014 with a cure rate of 50.2 per cent and an average length of stay of 58 days. Of these, 59 were severely malnourished children with complications and 162 were severely malnourished children with no complications. The number of children reached was lower than the target, due to a combination of limited access to treatment sites due to insecurity in Jonglei, the delayed receipt of CERF funds, and further constraints to operations following the onset of the new crisis affecting much of the country in December 2013.</p>			
b) Provision of Supplies			
<p>UNICEF ensured that essential supplies for management of severe acute malnutrition were in place within Jonglei state. Therapeutic supplies worth US\$ 134, 586 were procured and the balance of the funds used for logistics related costs. Monitoring of</p>			



<p>supplies utilization was done through implementing partners. UNICEF's overall programme lost some supplies due to fighting in December 2013 - 2,000 cartons of RUTF prepositioned in Bor for use in Jonglei were looted. Currently, the partners still have some supplies in hand which will be used to support management of acute malnutrition in the next two months.</p>	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>Discrepancy due to the slight delay in receipt of CERF funds, limited access due to the Jonglei conflict, and theft of supplies. In addition, fighting that started in Juba in December 2013 and spread to other states including Jonglei disrupted the project activities.</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 If 'NO' (or if GM score is 1 or 0):</p>	
<p>14. M&amp;E: Has this project been evaluated?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>This is an ongoing program geared towards supporting nutrition in emergencies. CERF funding was used to fill in the supplies gap at the county level, to support the current emergency response at the county level. The CERF funding, was used to fill in the supplies gaps. However through the current UNICEF partnerships, monitoring of the activities is ongoing to the extent possible given the current crisis. In general UNICEF undertakes evaluations of its programs on an ongoing basis as part of its general operating practices.</p>	

**TABLE 8: PROJECT RESULTS**

CERF project information			
1. Agency:	WFP	5. CERF grant period:	23 Jul. 2013 – 22 Jan. 2014
2. CERF project code:	13-WFP-034	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Food		<input checked="" type="checkbox"/> Concluded
4. Project title:	EMOP 200338 “Food Assistance for Food Insecure and Violence Affected Populations in South Sudan”		
7. Funding	a. Total project budget:	US\$ 19,853,649	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 5,386,810	▪ NGO partners and Red Cross/Crescent: US\$188,437
	c. Amount received from CERF:	US\$ 5,386,810	▪ 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	28,800	45,581	WFP’s appeal for the Pibor county response focused mainly on food needs and air assets. Because of ongoing conflict since mid-December 2013, delivery by road was impossible and it was necessary to supply the area with airlifts. However, funding for air assets was insufficient, to the point that, besides the first round, WFP had to distribute half-rations.
b. Male	31,200	49,380	
c. Total individuals (female + male):	60,000	94,961	
d. Of total, children <u>under</u> age 5	11,400	18,043	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> <li>To save lives of an estimated 60,000 food-insecure, vulnerable and violence-affected beneficiaries in Pibor County/Jonglei State.</li> <li>To contribute to the emergency response in Pibor County/Jonglei State by providing food assistance to the vulnerable and violence-affected populations until the hostilities abate and people are able to re-establish their livelihoods.</li> <li>To procure, transport and distribute 3,663 mt of assorted food commodities among the vulnerable and violence-affected populations in Pibor County/Jonglei State.</li> </ul>			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>Improved food consumption over assistance period for targeted households. <ul style="list-style-type: none"> <li>Over 75 per cent of the targeted beneficiaries will have Food Consumption Score (FCS) at or above 35 (acceptable) during the period of assistance.</li> <li>Over 95 per cent of the targeted beneficiaries will have Coping Strategies Index (CSI) at low level (CSI&lt;51) during the period of assistance.</li> </ul> </li> <li>Food items distributed in sufficient quantity and quality to target groups of women, men, girls and boys under secure conditions. <ul style="list-style-type: none"> <li>More than 80 per the planned 60,000 women, men, girls and boys will have received food.</li> <li>More than 80 per the 3,066 mt of food commodities distributed.</li> </ul> </li> </ul>			
11. Actual outcomes achieved with CERF funds			

<p>With CERF funding, WFP was able to purchase 3,459 MT of sorghum, nearly 346 MT of yellow split peas and 208 MT of vegetable oil from WFP's Forward Purchasing Facility in Mombasa. 38 MT of salt was purchased regionally.</p> <ul style="list-style-type: none"> <li>• Improved food consumption over assistance period for targeted households. <ul style="list-style-type: none"> <li>○ Over 75 per cent of the targeted beneficiaries will have Food Consumption Score (FCS) at or above 35 (acceptable) during the period of assistance. Baseline FCS (taken in Autumn 2013) was 38% acceptable, which moderately increased to 49 per cent by February 2014.</li> <li>○ Over 95 per cent of the targeted beneficiaries will have Coping Strategies Index (CSI) at low level (CSI&lt;51) during the period of assistance. Baseline CSI (taken in Autumn 2013) was 65 per cent low, which moderately increased to 75 per cent by February 2014.</li> </ul> </li> <li>• Food items distributed in sufficient quantity and quality to target groups of women, men, girls and boys under secure conditions. <ul style="list-style-type: none"> <li>○ More than 80 per cent of the planned 60,000 women, men, girls and boys will have received food. 94,961 women, men, girls and boys received food (planned target was exceeded).</li> <li>○ More than 80 per cent of the 3,066 mt of food commodities distributed. 3,406 mt were distributed (planned target was exceeded).</li> </ul> </li> </ul>	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>Because of ongoing conflict, catchment areas were limited, meaning a significant amount of the population was unable or, because of fear, unwilling to be present at distribution sites. The programme did not meet its FCS and CSI targets, primarily due to a renewed round of crisis in South Sudan that disrupted accessibility to targeted beneficiaries for about two months. Furthermore most targeted beneficiaries did not have additional resources to supplement their diets with food variety, and in some cases resorted to selling part of their food rations in order to meet basic non-food requirements, a practice that dilutes the impact of the support. Air assets were limited, hindering WFP's ability to move food to distribution areas.</p>	
<p>13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?</p>	<p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>
<p><b>If 'YES', what is the code (0, 1, 2a or 2b): 1</b>  <b>If 'NO' (or if GM score is 1 or 0):</b> Gender equality is mainstreamed through various channels. WFP collects sex disaggregated data at registration and conducts subsequent monitoring and analysis, in order to identify gender-specific vulnerabilities or issues. When appropriate, food ration cards are issued in the names of the women to make them ration entitlement holders, increasing their access to food and ensuring the food is better managed. Where established, a balanced representation of men and women on local food management committees is encouraged, charged with managing the food assistance that is provided. WFP ensures that the specific individual assessed needs of pregnant and lactating women and children under-five years are met with appropriate food assistance. All WFP staff as well as staff of cooperating partners engaging in an emergency response are made aware of, or have been trained in, WFP's Gender Policy and Principles.</p>	
<p>14. M&amp;E: Has this project been evaluated?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>Due to the limited implementation period of the CERF funded activities, an impact evaluation was not feasible</p>	

## 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-CEF-077	Water, Sanitation and Hygiene	UNICEF	Nile Hope	Yes	NNGO	\$125,271	7-Jan-14	21-Dec-13	Hygiene and sanitation services for the displaced population. Even though the funds were transferred in Jan, the partner was able to start the activities in Dec
13-WFP-034	Food Assistance	WFP	Plan International	Yes	INGO	\$36,000	1-Sep-13	1-Jun-13	CP was based in Pibor and was available to respond as soon as the crisis began
13-WFP-034	Food Assistance	WFP	Joint Aid Management	Yes	INGO	\$152,437	1-Sep-13	1-Sep-13	CP coverage was expanded to locations of emergency response, as the crisis spread to new locations

## ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

CSI	Coping strategies index
CHF	Common Humanitarian Fund
CERF	Central Emergency Response Fund
DYY	David Yau Yau
EFSA	Emergency Food Security Assessment
EP&R	Emergency Preparedness and Response
FCS	Food consumption score
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
IASC	Inter Agency Standing Committee
ICWG	Inter-Cluster Working Group
IDP	Internally Displaced Person
IRNA	Interagency Rapid Needs Assessment
IEHK	Inter Agency Emergency Health Kit
MOH	Ministry of Health
MSF	Médecins Sans Frontières
MT	Metric Tonnes
NGO	Non-governmental organization
NFI	Non-food Item
NSAA	Non- State Armed Actors
OCHA	Office for the Coordination of Humanitarian Affairs
OHCHR	Office of the High Commissioner for Human Rights
OPD	Out Patients Department
PoC	Protection of Civilians
RC	Resident Coordinator
RRC	Relief and Rehabilitation Commission
RUTF	Ready-to-use Therapeutic Food
SAM	Severe Acute Malnutrition
SPLA	Sudan People's Liberation Army
UNDSS	United Nations Department of Safety and Security
UNHAS	United Nations Humanitarian Air Service
UNICEF	United Nations Children's Fund
UNMISS	United Nations Mission in South Sudan
VAM	Vulnerability Assessment and Mapping
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WFP	World Food Program