RESIDENT / HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS REPUBLIC OF SUDAN RAPID RESPONSE MEASLES 2015

RESIDENT/HUMANITARIAN COORDINATOR	**Ms. Marta Ruedas**

REPORTING PROCESS AND CONSULTATION SUMMARY

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

On November 9, 2015, an After-Action Review (AAR) session was conducted with grant recipients (UNICEF and WHO) response to the measles outbreak in Sudan. The aim of the session was to discuss and collectively analyse the results achieved with the CERF RR grant, assess CERF's added value, and to highlight lesson learned by stakeholders during the allocation period.

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 ☒

No specific meeting was scheduled to discuss the results of the CERF funded intervention. However, the report was circulated to members of the HCT and ISCG for review and comments on December 12, 2015.

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 final version of the report was shared with in-country stakeholders (WHO and UNICEF), and their implementing partner, as recommended in the guidelines for comments.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)		
Total amount required for the humanitarian response: US $13,990,635		
Breakdown of total response funding received by source	**Source**	**Amount**
	CERF	1,991,765
	COUNTRY-BASED POOL FUND (CHF second allocation 2015)	4,000,000
	OTHER (bilateral/multilateral)	6,963,116
	TOTAL	**12,954,881**

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$)			
Allocation 1 – date of official submission: 07-Apr-15			
Agency	**Project code**	**Cluster/Sector**	**Amount**
WHO	15-RR-WHO-014	Health	910,494
UNICEF	15-RR-CEF-047	Health	1,081,271
TOTAL			**1,991,765**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Type of implementation modality	**Amount**
Direct UN agencies/IOM implementation	1,173,507
Funds forwarded to NGOs for implementation	
Funds forwarded to government partners	818,258
TOTAL	**1,991,765**

HUMANITARIAN NEEDS

The humanitarian situation in Sudan is fuelled by protracted conflicts which has undermined any development efforts during the past decade, severely effecting immunization due to the continuity of conflict, particularly in regions such as Darfur. Sudan was hit by a large scale outbreak of measles between 2011 and 2013, with the highest number of measles cases (suspected and confirmed) was reported in 2012 with confirmed cases amounted for 8,523. In 2012, the outbreaks affected all age groups; 44.2 per cent of the cases in the age group were less than 5 years, and 71 per cent in the 9 month – 15 years age group. Following a nation-wide campaign in 2013, Sudan achieved a significant reduction in the number of measles cases during the first three quarters of 2014.

Resurgence in the number of measles cases was reported again in November 2014 in 11 localities in Kassala and Gedarif states, and the Sudan Ministry of Health (MoH) declared the outbreak in December 2014 which led to an outbreak response campaign implemented in January 2015 by the MoH with support from the World Health Organisations (WHO) and the United Nations Children's Fund (UNICEF). This campaign reached a total of 1,026,990 children with 508,954 children in Gedarif State (97.2 per cent coverage) and 518,036 children in Kassala state (95 per cent coverage). In spite of the success of the campaign, the outbreak spread by February to 11 localities in these two states, and then gradually to 32 localities in 14 states of Sudan by the beginning of May 2015. The disease continued unabated to other localities and States with more cases reported in February, March, and April from 14 States of Sudan. In response to the spread of the outbreak, through Measles Rubella Initiative (MRI) funding, response vaccination campaigns were conducted in April 2015 in 6 states (28 localities). By the end of April 2015, additional funding was required for time-critical interventions of 22 of the highest-risk localities of the 62 localities identified; this led to the CERF Rapid Response Request (RR).

II. FOCUS AREAS AND PRIORITIZATION

The development of the response strategy and prioritization of activities was finalised following the WHO and UNICEF guidelines and tools for the control of measles outbreaks. Technical guidance was provided to the health partners on the results of the revised risk assessment and prioritization criteria at the federal and state level. Weekly Measles Situation Reports produced at national level are being shared by WHO with the HCT, Inter-Sector Coordinating Group (ISCG), Donor Coordinating Group, and health partners. The request ensured that time-critical urgent interventions are implemented in 22 out of the 62 localities that ranked as first priority. The CERF request enabled the full coverage of the priorities one-high risk localities, complementing the vaccination campaign initiated with MRI funding in the other 28 priority one – high risk localities. The communities targeted by the CERF request were highly vulnerable due to instability, displacement and disruption of health services. In 18 out the prioritised 22 localities, health services, especially in camps, are supported by 8 international and 6 national Non-Governmental Organisations. The following localities across the Darfur states were targeted;

- **Central Darfur state:** Bondes, Mukjar, Nertiti, Rokero, Um Dukhun, Zalingei, Wadi Salih, and Azoom localities;
- **East Darfur state**: Abu Jabra, Abu Karinka, Adela, Assalay, Shiaria, Yaseen and El Deain localities;
- **North Darfur state**: El Fasher locality;
- **South Darfur state**: Edul Fursan, Bilel, Elsalam, Bilel, Rehad Elbordy, and Nyala localities.

This large scale outbreak was an unexpected acute emergency with no contingency plan included in the 2015 Sudan Strategic Response Plan (SRP). However, the proposed activities support the Strategic Objective 1: Save lives of vulnerable population affected by conflict and disaster), and Health Sector Strategic Objective 3 to Contribute to reduction of maternal and child morbidity and mortality.

The CERF funded intervention was based on the overall plan, the approach was as follows:

a) **Coverage of all communities identified at high risk**: to ensure the containment of the outbreak (interruption of the virus dissemination) the intervention should cover not only the affected localities, but also all areas and communities identified at high risk of outbreak spread (WHO guidelines).

b) **Phased approach**: the implementation of all response' components, including vaccination campaign in all risk localities was the most appropriate, and was in line with WHO's guidelines This was not feasible due to the following reasons: the shortage of measles vaccine at global level and very small country reserve of vaccines, as well as challenges on mobilizing all necessary financial resources in time.

c) Immediate implementation of life-saving interventions: Increased surveillance, timely case management, community awareness and social mobilization are life-saving interventions that should be immediately implemented in all affected and risk localities, using the available resources and capacities of all health partners, while continuing mobilizing additional inputs.

d) Quality implementation of vaccination campaign: to ensure more than 95 per cent coverage at all administrative levels (sub-locality/village).

III. CERF PROCESS

On March 23, 2015, WHO and UNICEF presented the situation of the measles outbreak to the Humanitarian Country Team (HCT), the overall SRP, and the challenges with regards to vaccines availability as well as funding status. The Humanitarian Coordinator (HC) a.i., along with the HCT recommended that a CERF Rapid Response proposal is developed so the most urgent needs would be covered complementing the ongoing response interventions. This recommendation was given in light the depletion of the Common Humanitarian Fund reserve fund, the HC committed to facilitate the advocacy with in-country donor representatives for further resource mobilization. The CERF strategy was coordinated by WHO in close collaboration with UNICEF and MoH, and was based on the outbreak response strategy formulated by the High-level Measles Task Force Committee (and its technical sub-committees) with inputs from the state level task forces for outbreak response that included all the NGOs present in the field.

Consultation meetings with the community representatives (*umdas* and *sheikhs*) were held in March 2015 by the MoH in 16 states of Sudan to discuss the health situation related to the measles outbreak. The participants agreed on planned response activities and committed to fully cooperating in mobilizing their communities before and during the vaccination campaign, and for the safety of vaccination teams. The representatives of IDPs were also consulted through formal channels by the MoH and WHO across the Darfur states, in addition to collaborating of NGOs through health cluster meetings at the state level and weekly meeting of the response task force.

At the time of the CERF proposal, all 22 localities targeted by the CERF request were accessible by the MoH, 14 NGOs present in the field, UNICEF, and WHO, especially through national staff recruited from within local communities. Sensitization sessions were initiated with community leaders as they can play an important role in ensuring and negotiating access. The Government of Sudan at all levels was fully committed to the implementation of the vaccination campaign. The vaccination plans were shared in advance with all concerned parties, and field partners that were involved in the micro-planning at the locality level.

Agreements with all health partners was reached on the response strategy, prioritization of geographical areas and vital activities that should be immediately implemented as direct life-saving; vaccination aiming to interrupt the chain of measles transmission and reduction of the number of cases, and case management of measles cases to reduce severe morbidity and death. The proposed intervention is cost effective; the cost per direct beneficiary was identified to be US$1.10, including the costs of vaccines, operational costs of the vaccination campaign, social mobilisation, treatment of adverse reactions and treatment of measles cases, supervision monitoring, and evaluation of coverage.

The development of the response strategy and prioritization of activities was based on WHO and UNICEF guidelines and tools for the control of measles outbreaks. Technical guidance was provided to the health partners on the results of the revised risk assessment and prioritization criteria at the federal and state level. Weekly Measles Situation Reports produced at national level were shared by WHO with the HCT, ISCG, in country donor group, and health partners.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR[1]									
Total number of individuals affected by the crisis: 1,849,656									
Cluster/Sector	**Female**			**Male**			**Total**		
	Girls (below 18)	**Women** (above 18)	**Total**	**Boys** (below 18)	**Men** (above 18)	**Total**	**Children** (below 18)	**Adults** (above 18)	**Total**
Health	875,384	1,166	**876,550**	948,333	1,263	**949,596**	1,823,717	2,429	**1,826,146**

[1] *Best estimate of the number of individuals (girls, women, boys, and men) directly supported through CERF funding by cluster/sector*

BENEFICIARY ESTIMATION

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING[2]			
	Children (below 15)	**Adults** (above 15)	**Total**
Female	875,384	1,166	876,550
Male	948,333	1,263	949,596
Total individuals (Female and male)	**1,823,717**	**2,429**	**1,826,146**

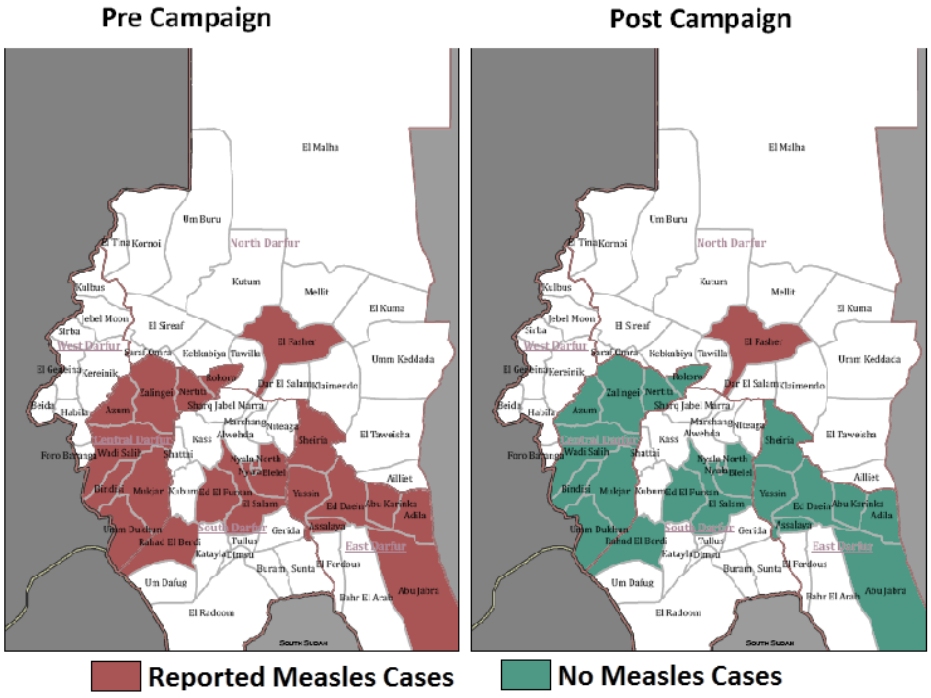
[2] *Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding this should, as best possible, exclude significant overlaps and double counting between the sectors.*

The beneficiaries reached through the CERF funded intervention are the number of children who received immunization against measles; the data has been collected from the vaccination teams, verified by the supervisors from the daily registration forms and centralised at the state level. All the information revised at the federal level by the Operation Room (that has daily meetings during the campaign) together with WHO and UNICEF.

CERF RESULTS

CERF funding supported the measles outbreak response campaign in 22 high priority localities in the Darfur region through fixed and mobile vaccination sites from 21 to 30 June 2015. The campaign targeted 1,849,656, children within the age group of 6 months to 15 years of age who were the most affected age groups. According to measles surveillance data, 99 per cent of the targeted children have been reached, with 48 per cent female and 52 per cent were male. Furthermore, some 2,429 adults received vaccination in ZamZam IDP Camp in North Darfur which was not initially planned in CERF funded intervention.

UNICEF procured 2,219,590 doses of bundled measles vaccine for the implementation of the immunization campaign which was distributed through MoH supply system to the target states one week prior to the start date. The WHO technical team from Khartoum together with 28 Centre for Disease Control (CDC) and polio officers in the field led the process of micro-planning the campaign, facilitated the trainings at central and targeted states level, and took part in the state and locality monitoring teams. In addition, UNICEF deployed 20 staff from Khartoum and field offices to monitor the preparation and implementation of the campaign. According to the measles surveillance data, this outbreak response campaign achieved its goal in reducing childhood morbidity and mortality as can be seen in the map below – comparing measles reporting before the campaign and 1 month (2 incubation periods) after the campaign. Some 21 localities have stopped reporting measles cases, with the exception of El-Fasher, which continued to report some cases in ZamZam IDP camp. The technical assessment mission of WHO and MoH identified that the cases reported after the campaign were from amongst new arrivals in the camp and people above 15 years of age (adults). A mop-up campaign to cover the new arrival led to the control of situation with no more cases reported at present from this camp conducted by the MoH.



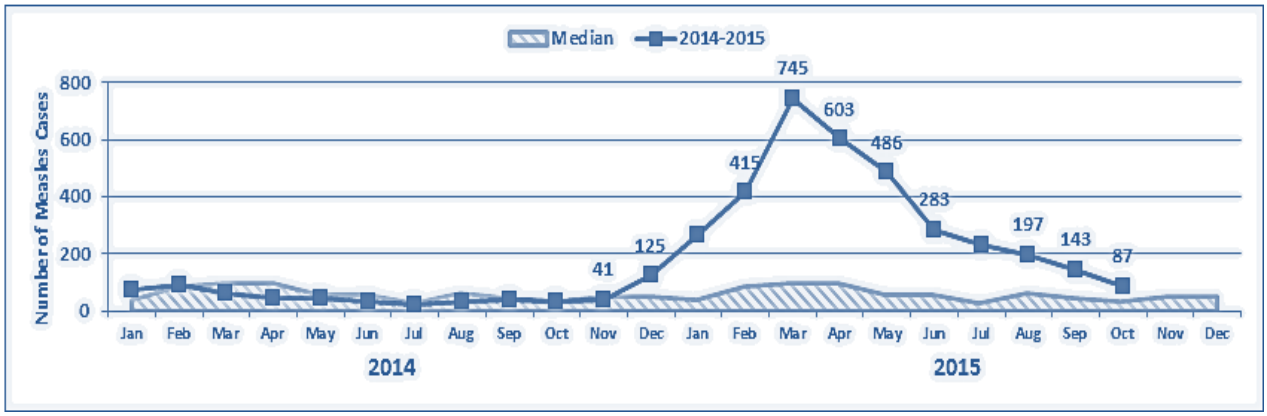
Map 1 Reporting of confirmed measles cases before and after the outbreak response campaign in the 22 localities

Communication and awareness raising activities on measles reached 787,190 households, activities included a TV national level spot that was aired on two channels (Blue Nile and National Channel), radio spots broadcasted on four channels (National, FM100, Darfur, Al Salam) and communication materials developed for the campaign (posters, mini posters and flyers). Specifically, 7,969 community leaders were sensitised in South, Central and East Darfur, including also 291 religious leaders.

Also, 736 health promoters, mobilizers and volunteers benefited of one-day training workshops. Overall 30,600 people were reached through town announcements and house to house visits at locality level in the targeted States.

The implementation of the campaign had a significant impact towards the containment of the outbreak. In May, one month before the implementation of CERF funded intervention (June 21), the number of measles reported cases across Sudan was 745; immediately after the campaign the reported number of cases/month gradually decreased, with only 87 cases reported across the country in October (the graph below). The surveillance data shows at present there are no new cases reported from Darfur states where the vaccination campaign was fully implemented with CERF funds (22 localities), and complemented with Government of Sudan contribution that targeted 30 localities. The community transmission of measles virus has been interrupted in the states and localities targeted by the present project.

Overall across the country there is a decline in the measles incidence observed, out of 72 total localities reporting cases before the vaccination campaign, 54 localities continued to report cases (country-wide). The transmission of the wild measles virus has been interrupted in 18 localities (they didn't report cases for at least 4 weeks). There is a positive correlation between this downward trend in measles cases and the implementation of the immunization campaigns in Darfur localities that are now free of



measles.

No evaluation was conducted post the implementation of the CERF funded intervention. However, a post campaign coverage survey was conducted by an independent institution (Blue Nile Institution for Health Research) to verify the overall reported coverage of 99 per cent based on administrative reports compiled during the campaign by MoH. This survey was contracted with other funding, and also covered localities outside of this CERF grant. In the following localities covered with CERF funds the coverage was less than 90 per cent and mop-up activities have been conducted by the MoH.

State	Locality	Campaign coverage as assessed by the survey
Central Darfur	Nertiti	89.05%
	Bondes	68.57%
East Darfur	Eldein	87.62%
	Yassin	87.14%
	Assalia	69.05%

CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?
YES ☒ PARTIALLY ☐ NO ☐

Despite the delay in the final approval of the proposal, the funds were received in a timely manner. This enabled the humanitarian partners to promptly respond to the outbreak in the 22 high risk localities identified. According to measles surveillance data, the campaign managed to stop the outbreak in most of the localities preventing further morbidity and mortality caused by the measles disease.

b) Did CERF funds help respond to time critical needs[1]?
YES ☒ PARTIALLY ☐ NO ☐

The measles campaign supported by CERF in 22 localities in Darfur states (North Darfur, South Darfur, East Darfur and Central Darfur) resulted in the observed interruption of transmission of measles virus in all of the localities that implemented the immunization campaign except in El Fasher locality in North Darfur.

c) Did CERF funds help improve resource mobilization from other sources?
YES ☒ PARTIALLY ☐ NO ☐

CERF funds complemented the previous interventions, and also motivated the government (Ministry of Finance and MoH) to add funds (around $ 1.2 million) to cover the remaining 30 localities in Darfur States not covered by CERF. In addition, as the vaccination in Darfur proved effective in controlling the diseases, measles campaign was able to receive further funding from the in-country Common Humanitarian Fund (second round allocation) for the amount of $4 million to cover high risk localities still reporting cases outside Darfur area.

d) Did CERF improve coordination amongst the humanitarian community?
YES ☒ PARTIALLY ☐ NO ☐

The joint measles outbreak committees at central and states level were activated and functioned during the outbreak and the implementation of the response campaign. They ensured effective coordination and follow up, identification of challenges and solutions. All NGOs active in targeted localities participated in the implementation with vaccinators, community health workers, supervisors and also conducted monitoring. Furthermore, UNICEF and WHO were able to coordinate successfully which enabled the smooth and efficient implementation of the intervention reached a maximus number of children, and to ensured quality communication campaigns.

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

[1] 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.).

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
CERF limited areas of intervention to those with active measles cases; which is not in line with the WHO guidance for this type of emergency response, thus entails the risk that the impact of the response is weak and that the outbreak/epidemic continues.	It is recommended to take into account and/or utilize agency guidelines in responding to different types of outbreaks. CERF could explicitly condition grants on the participation of other actors in the response (e.g. MoH) in order to make sure that the response has the desired impact and facilitate resource mobilization from other actors.	CERF
Vaccination importations were delayed at the start of the project implementation.	Early disbursements of funds can allow agencies to procure vaccines needed in response to an outbreak 6-8 weeks prior to the start of some activities.	CERF/Sector/Sector-Lead Agency

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
The need to manage [funding] expectation in order to improve the overall grant application process.	To better liase with the CERF Secreteriate and agencies by improving communication, to ensure a smooth application process with clear expecations of funding availablity.	Agencies/OCHA

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	WHO UNICEF	**5. CERF grant period:**	01.05.15 – 31.10.15
2. CERF project code:	15-RR-WHO-014 15-RR-CEF-047	**6. Status of CERF grant:**	☐ Ongoing ☒ Concluded
3. Cluster/Sector:	Health		
4. Project title:	Measles outbreak response vaccination campaign and proper case management to reduce avoidable child morbidity and mortality in 22 high risk localities of Central, West, East and North Darfur		

7.Funding		
a. Total project budget:	US $13,990,635	d. CERF funds forwarded to implementing partners:
b. Total funding received for the project:	US $12,954,881[2]	▪ *NGO partners and Red Cross/Crescent:*
c. Amount received from CERF:	US $1,991,765	▪ *Government Partners:* US $818,258

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (below 18)	887,835	961,821	1,849,656	875,384	948,333	1,823,717
Adults (above 18)				1,166	1,263	2,429
Total	**887,835**	**961,821**	**1,849,656**	**876,550**	**949,596**	**1,826,146**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees	5,120	5,048
IDPs	310,045	305,697
Host population	1,534,491	1,515,401
Other affected people		
Total (same as in 8a)	**1,849,656**	**1,826,146**

[2] A total of $6,963,116 was contributed to the response ; $4,945,586 from MRI Response,. $120,000 from WHO, $1.2000,000 from the Ministry of Finance/Ministry of Health, $697,520 Ministry of Health.

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	After the implementation of the initial campaign in Darfur, there was a significant reduction in the number of measles cases (requiring treatment) from Darfur, this influenced the overall decline in number of cases that required treatment. Furthermore, 2,429 adults received vaccination in ZamZam IDP Camp in North Darfur that were not initially planned.

CERF Result Framework			
9. Project objective	To reduce the avoidable mortality, morbidity and disabilities due to the measles outbreak in 22 first-priority high risk localities through the vaccination of 1,849,656 children, and improved access to timely and proper case management.		
10. Outcome statement	1,849,656 children between 6 month and 15 years of age in displaced and host population of 22 high risk targeted localities are vaccinated and protected against measles.		
11. Outputs			
Output 1	At least 95% children between 9 months and 15 years of age vaccinated against measles and receive Vitamin A supplementation during the outbreak response campaign in targeted 22 targeted high risk localities		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Coverage of measles outbreak vaccination campaign and Vitamin A supplementation	At least 95% target population	99%
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Development of 22 detailed micro-plans, one per each targeted locality.	SMoH/FMoH/WHO	22 micro plans developed
Activity 1.2	Orientation/training of vaccinators (1,575), supervisors (174 state, and locality/sub-locality level)), log/supply officers (136), monitors (590), and injection safety (136).	SMoH/FMoH/WHO	1,582 vaccinators, 180 supervisors (state, and locality/sub-locality level)), 136 log/supply officers, 590 monitors and 138 injection safety officers were oriented/ trained
Activity 1.3	Procurement and distribution of 2,219, 590 doses of bundled measles vaccine	SMoH/FMoH/UNICEF	UNICEF procured 2,219,590 doses of bundled measles vaccine for the implementation of the immunization campaign. Vaccines were distributed through FMoH supply system to the target states one week prior to the start date.
Activity 1.4	Vaccinate 1,849,656 children and provide Vitamin A to children less than 5 years	SMOH/ and 14 NGO partners	99% of the targeted children were reached by the campaign (1,823,717 children). 48% of the reached children were females while the 52% were males.
Activity 1.5	Field monitoring and supervision of campaign	SMoH/FMoH/WHO/UNICEF/NGOs	UNICEF deployed 20 staff members from Khartoum and field offices to

	implementation		monitor and supervise the preparation and implementation of the immunization campaign.
Activity 1.6	Independent monitoring of the campaign	Independent Monitors	Supervisors and independent monitors conducted daily monitoring of 5 to 6 vaccination team work. Monitoring reports were also factored in the verification of coverage and identification of low coverage areas.
Activity 1.7	Conduct mop-up campaigns based on the coverage analysis	SMoH/FMoH/WHO/UNICEF/NGOs	WHO supported the MoH to conduct the identification of underperforming localities including the information collected from independent monitors; Assalia (89%). Shiaria (88%) and Ed Daein (89%) were identified. In addition, several cases of measles were reported among adult and children in ZamZam IDP Camp after the implementation of the campaign. The results of the technical mission (WHO and MoH) mission showed the cases were from amongst new IDPs from Jabal Mara and children that were not in the camp during vaccination (families moving in and out of camps for food rations). Mop up campaigns were conducted during the regular catch up campaigns in these pockets of low coverage and 20,158 children vaccinated. The coverage analysis was conducted as planned, and one locality (El Fasher) continued to report measles cases. For this reason, mop up activities were implemented by the SMoH.
Output 2	At least 90 % of all measles cases in 22 targeted localities have access to timely and proper case management		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Number of measles cases received proper case management	4,200	669 measles cases were treated (with a steady decline in the number of cases after the vaccination campaign)[3]
Indicator 2.2	# of health care provider who received orientation on management of adverse reactions to immunization and	380	362 health care providers trained case management and adverse reaction following measles vaccination

[3] Before the implementation of the vaccination camapign, the vast majority of measles cases where reported from Darfur states. After the implementation of the campaign in Darfur, there has been a significant reduction in the number of measles cases (who needed treatment) from Darfur that influenced the overall number of cases who required treatment.

	measles case treatment		
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Procurement and distribution Amoxicillin oral suspension 125mg/ml, Amoxicillin tabs and syrup, tetracycline eye ointment, and gentian violet to 60 Health facilities	WHO	The procurement was completed by the MoH from the Central Medical Stores (certified supplier) to avoid delays of international procurement
Activity 2.2	Orientation sessions for health care providers on management of adverse reactions to immunization and measles case treatment	WHO and MOH	362 health care providers trained case management and adverse reaction following measles vaccination.
Output 3	Families, communities and the public knowledge about the signs, symptoms, treatment, transmission, notification and prevention of measles and getting vaccination is ensured; 600,000 households		
Output 3 Indicators	**Description**	**Target**	**Reached**
Indicator 3.1	# of health promoters with capacity to engage with families, communities and the public on measles vaccination	350	736 health promoters and volunteers were sensitised on measles communication in three states (South Darfur, East Darfur, North Darfur and Central Darfur)
Indicator 3.2	#of families with comprehensive knowledge on measles and its prevention	600 ,000 households	About 787,190 households were reached through direct communicationml1234un activities on measles.
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	Sensitization of 1,200 community leaders at locality level	MoH-HPD/UNICEF	7,969 community leaders were sensitised in South, Central and East Darfur. This includes also 291 religious leaders.
Activity 3.2	Training of health promoters and community mobilisers including town/locality announcers	MoH-HPD/UNICEF	848 health promoters, mobilizers and volunteers benefited of one-day training workshops. This includes 42 announcers and 60 media personnel
Activity 3.3	Mass Media campaign for radio discussions, public service announcements, radio spots, IEC materials etc.	UNICEF/SMOH-HPD	At the national level, a TV spot was aired on two channels (Blue Nile and National Channel) twice a day for 12 days. Radio spots were broadcasted on four channels (National, FM100, Darfur, AL Salam) 5times/day for 12 days. Communication materials developed for the campaign included posters, mini posters and flyers.

			At the state level mass media was used such as radio discussions, drama and broadcasted radio spots on state and community radio to communicate messages on measles before and during the campaign.
Activity 3.4	Community engagement and social mobilisation through community event house to house visits, town and locality announcements	UNICEF /SMOH	30,600 people were reached through town announcements and house to house visits at locality level in the targeted States.

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

In order to ensure that affected populations were aware of the risks and would actively participate in the campaign, communication and awareness raising initiatives were key factors. From the planning stage, throughout the implementation and the monitoring of the project it was ensured that affected populations were fully aware of the ongoing outbreaks, and of the preventive measures undertaken.

At a district level, the local community leaders have been part of the locality management team. They participated in in daily meeting when the locality supervisors and monitors presented the daily achievements and constraints. The community leaders reflect the communities' perspective on the implementation, and were consulted to find solutions for ensuring communities acceptability, knowledge and access to vaccination.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
No evaluation planned. However, a post campaign coverage survey was conducted by an independent institution (Blue Nile Institution for Health Research). The results of this survey were used to implement corrective actions in the localities with coverage below 95 per cent – including localities targeted with CERF funding.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US$
15-RR-CEF-047	Health	UNICEF	GOV	$71,279
15-RR-WHO-014	Health	WHO	GOV	$746,979

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAR	After Action Review
CDC	Center for Disease Control
FMoH	Federal Minstry of Health
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
IACG	Inter-Agency Coordination Group
MoH	Minstry of Health
MRI	Measles Rubella Initiative
NGO's	Non-Governmental Organisations
RR	Rapid Response
SRP	Strategic Response Plan
UNICEF	Untied Nations Children's Fund
WHO	World Health Organisation