



ANNUAL REPORT OF ON THE USE OF CERF GRANTS IN REPUBLIC OF SUDAN 2011

COUNTRY	SUDAN
RESIDENT/HUMANITARIAN COORDINATOR	Ali Al-Za'tari

I. SUMMARY OF FUNDING IN 2011 – US\$

Funding	1. Total amount required for the humanitarian response	TOTAL: Returns to Southern Sudan: Newly displaced IDPs in North Darfur: Emergency Response to a Measles Outbreak:	31,318,126 18,359,817 8,558,309 4,400,000
	2. Breakdown of total response funding received by source	2.1 CERF	18,321,205
		2.2 COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)	4,812,211
		2.3 OTHER (Bilateral/Multilateral)	Bilateral: 1,073,314 Government of South Sudan: 3,300,000
		2.4 TOTAL	26,875,136
	3. Breakdown of funds received by window	<input checked="" type="checkbox"/> Rapid Response	18,321,205
		1. Direct UN agencies/IOM implementation	8,720,364
		2. Funds forwarded to NGOs for implementation	1,763,666
		3. Funds forwarded to government partners	4,365,400
	4. Please provide the breakdown of CERF funds by type of partner (These amounts should follow the instructions in Annex 2)	4. Funds Forwarded to Commercial Partners	3,471,775
		TOTAL	18,321,205

II. SUMMARY OF BENEFICIARIES PER EMERGENCY

1. EMERGENCY 1 – DISEASE RAPID RESPONSE MARCH 2011

Total number of individuals affected by the crisis	Individuals	2,477,292
Total number of individuals reached with CERF funding	Female	1,090,008
	Male	1,387,284
	Total individuals (Female and male)	2,972,105
	Of total, children <u>under</u> 5	2,477,292

2. EMERGENCY TWO REFUGEES-IDPS RAPID RESPONSE MARCH AND JULY 2011

Total number of individuals affected by the crisis	Individuals	508,271
Total number of individuals reached with CERF funding	Female	261,092
	Male	257,525
	Total individuals (Female and male)	518,617
	Of total, children <u>under</u> 5	244,491

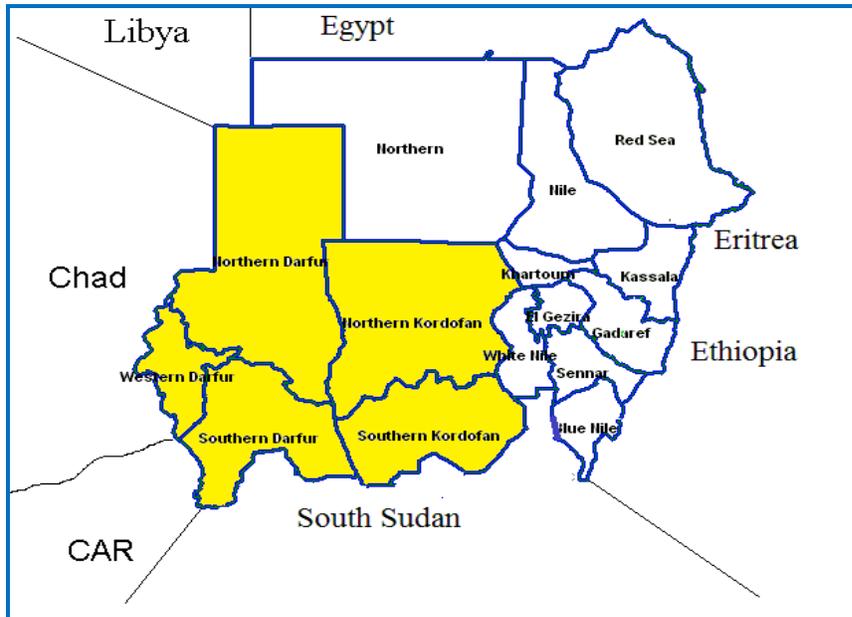
III. GEOGRAPHICAL AREAS OF IMPLEMENTATION

The Sudan CERF-supported projects in 2011 were implemented in wide geographic areas under three main themes, including:

Returns to Southern Sudan (Five projects): CERF projects for the return of South Sudanese were implemented in the departure points and way stations in Khartoum and Kosti, White Nile state.

Newly Displaced IDPs in North Darfur (Nine projects): These projects were implemented in the North Darfur IDP camps of Zam Zam, Seeh Ganah, Tawila, and Sahngil Tobay.

Emergency Response to Measles out Break (Two projects): The measles emergency response projects were implemented in North Kordofan, South Kordofan, North Darfur, South Darfur and West Darfur states (See map).



IV. PROCESS AND CONSULTATION SUMMARY

- i) Was the CERF report discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators?
 YES NO

Remarks: This CERF report will be circulated to the HCT after it is considered final by the CERF secretariat. Each of the CERF requests were discussed during the HCT and in consultation with cluster/sector leads prior to the submission of the requests.

- ii) Was the final CERF report shared for review with in-country stakeholders (i.e. the CERF recipient agencies, cluster/sector coordinators and members and relevant government counterparts)?

YES NO

This report was shared with the HC office for clearance and comments. Recipient agencies will receive the report via the HCT circulation once it is considered final by the CERF secretariat

V. ANALYSIS 1: RETURNS TO SOUTHERN SUDAN

1. The humanitarian context

Following the South Sudan referendum for independence in 2010, the Government of South Sudan organized and assisted large-scale movements of Southerners in the North by October 2010. Over 300,000 Southerners are estimated to have returned to the South. The rate of returns declined sharply from the beginning of 2011, when government-assisted returns came to a halt due to a lack of funds and then, only limited numbers of spontaneous returns and state-coordinated returns continued. As a result, thousands of Southerners wishing to return became stranded, vulnerable and lacking basic services in Khartoum and at the Kosti transit centre in White Nile state.

A joint-needs assessment carried out in March 2011 indicated that 23,000 potential returnees were living in the open without shelter or basic services in various departure points across Khartoum. While some of the returnees had coping mechanisms and lived with relatives or host communities, the majority remained vulnerable and could not afford to travel south without external support. These findings were further confirmed by a follow-up, multi-sector, inter-agency assessment (including UNICEF, IOM, UNHCR, OCHA) that was undertaken in June 2011.

The Governments of Sudan and South Sudan indicated that transportation could be provided only to 5,000 out of the 23,000, leaving the remaining 18,000 stranded in the open without transportation.

PROTECTION

Priority needs of the returnees identified included the need for monitoring and documenting protection concerns, identification and support to people with specific needs, medical services, provision of non-food items, family tracing and re-unification. An organized registration exercise of the returnees was also necessary; assistance in organizing transportation, medical, food, and water assistance during the movement was also eminent.

IOM, UNHCR and UNICEF planned and prioritised health, water and sanitation, protection, nutrition and transportation assistance to this vulnerable group to meet their immediate humanitarian needs. As sector leads, UNICEF was responsible for providing emergency nutritional and WATSAN interventions to the returnees; WHO took the lead on the provision of life- saving support to those who required health care.

IOM received funding from the Sudan Common Humanitarian Fund (CHF) to transport 7,000 returnees from Kosti. However, given the high rate of daily arrivals, there was a need to increase services, such as mobile clinics, and to increase water-trucking, for those staying in the parameters of the way-station.

The Kosti way-station, a transit site in White Nile State, was originally built to accommodate 1,200 persons. However, at the time of the CERF request, there were over 6,000 stranded returnees there awaiting transportation. This overstretched the capacity of NGOs and international agencies providing services at the way-station. Returnee flows continued to arrive at a daily rate of about 100, straining partners even more. The NGO Consortium managing the way station estimates that by the end of that month, based on current numbers of new arrivals each day, there could be 15,000 persons in the way-station. Given the high numbers of returnees and limited space within the way-station, majority of people were camped outside of the way-station with no access to water sources within the way-station. Further, the water and health facilities inside the way-station were not designed to serve large numbers.

CHF funding was meant to 'clear' Kosti as 'transit site' to avoid a humanitarian crisis. CERF funding envisioned that once Kosti was cleared, vulnerable persons stranded in Khartoum open areas could be transported by road to Kosti and would then board a barge to South Sudan.

However, when CERF funding was received, agencies found that large numbers of returnees who were in Khartoum open areas made their way to Kosti in a short period of time. This meant numbers of persons in Kosti increased by about 6,000, meaning the CHF funding for Kosti was not adequate to 'clear it'. Planning figures were therefore split so that 12,000 would be assisted from Khartoum and 6,000 from Kosti, totalling 18,000 as outlined in the original project proposal (the project proposal states 17,000 but this was an error and should read 18,000).

Train transportation from Khartoum to Kosti was considered as a second option to barge transportation of the Khartoum caseload. Road transportation was an impossible alternative due to on-going conflict along the border areas causing insecure corridors. IOM's originally approved CERF proposal had foreseen the possibility of needing to use trains as well as barges.

Therefore, prioritisation of the CERF to transport vulnerable stranded returnees from Khartoum open areas was in hindsight, correct.

2. Provide brief overview of CERF's role in the country

The process was initiated in consultation and close collaboration between members of the Returns sector, the Protection sector, OCHA and the Humanitarian Coordinator in Sudan based on monitoring assessments. CERF proposals were further jointly-developed amongst the above mentioned groups and in consultation with members of the Emergency Returns Sector, OCHA and the Deputy Humanitarian Coordinator in South Sudan. It was further shared and endorsed by the HCT at the 30 June HCT meeting.

CERF funding ensured an integrated, coordinated action and approach by all partners. Hence, it ensured that the most vulnerable population had access to essential basic service packages, including water, health, food, and shelter.

The return operation to South Sudan's CERF grant considered and met the following gaps:

- Registration of the vulnerable returnees in open areas in various departure points in Khartoum and Kosti in order to get an accurate picture of the numbers of vulnerable returnees and their return destinations
- Transportation of these vulnerable and stranded IDPs from Khartoum and Kosti to various return destinations in South Sudan
- Protection monitoring of this population at the IDP departures points and en route
- Targeted assistance for Extremely Vulnerable Individuals (EVI) at the IDP departures points
- Provision of emergency assistance, notably in the WASH, Health and nutrition sectors at the departure points

The CERF proposals considered the gender dimension of assistance provided to ensure that boys, girls, men and women, as well as elderly and handicapped received the appropriate assistance. Activities that were undertaken by UNHCR, WHO, UNICEF and IOM under the CERF submission highlighted the needs of differing groups through daily protection monitoring in Kosti way-station and in the open areas in Khartoum. Persons with special needs were identified and provided with support including access to medical services, NFIs, family tracing and reunification. Assistance was provided by UNHCR, IOM, and UNICEF based on the needs highlighted in the protection monitoring and vulnerability criteria that earlier developed by these agencies. UNICEF emergency nutrition assistance was targeted to children under the age of 5 and pregnant and lactating women, including for those travelling on IOM barges and trains or those remaining in Khartoum open areas or Kosti.

3. What was accomplished with CERF funding

UNHCR

In the face of the complex humanitarian context described above, CERF funds went a long way to ameliorate the compounding situation where tens of thousands of returnees were stranded in open areas along the railway stations in Khartoum departure points and others living in desperate conditions at Kosti way-station. The following activities were implemented through this project:

- Protection monitoring at departure points and at the transit / way-station and along the returns route through South Kordofan State. Protection monitoring teams were deployed in partnership with NMIAD.
- Coordination of the registration exercise at the departure sites and other places in Khartoum.
- Identification of vulnerable populations, with support of the protection cluster and UNHCR, for special consideration for alternative transportation and assistance.

- Provision and delivery of life-saving support to persons awaiting transportation at departure sites, including but not limited to identification of EVIs, referrals cases, special assistance based on needs in coordination with other partners, etc.
- Organizing of flights for returnees registered and identified by UNHCR as extremely "vulnerable" in partnership with IOM.
- Provision of NFIs, in partnership with CVHW, to vulnerable individuals as determined by UNHCR / CVHW.
- Provision of food for the train journey, in partnership with the task force and CVHW, when not provided by the train company.
- Provision of medical escorts and welfare services for train passengers, in partnership with the task force and CVHW - three medical doctors, one medical assistant, three nurses and two midwives.
- Extension and improvement of the way-station in Kosti (including improvement of shelters, fencing, lighting, etc.), in partnership with FAR.

IN KHARTOUM

UNHCR maintained a dedicated protection and return monitoring team comprised of four national staff and one international staff. The team conducted regular monitoring and follow-up visits to 19 returnee departure points and one open area in Khartoum State (in Khartoum town, north Khartoum – Bahari, and Omdurman).

UNHCR return and protection monitoring team conducted regular field monitoring visits to different returnees sites at least seven to 15 times per / week, reaching 150 to 250 returnee-per-visit. Individuals visited included men, women, children, EVIs, community leaders, etc. This enabled the teams to gather updated information on returnee concerns and protection issues that informed the timely response and advocacy decisions and interventions by UNHCR and partners.

Provision of protection services and assistance to vulnerable returnees improved, with nearly 2,500 medical referrals assisted in Khartoum and Kosti, and more than 23,000 stranded returnees / IDPs in Khartoum departure points and Kosti way-station supported with transportation by train through CVHW. Departing returnees were provided with food sufficient for up to four weeks.

UNHCR supported the registration of 110,000 returnees / IDPs in departure points and urban areas of Khartoum and identified the most extremely vulnerable groups requiring special support with alternative air travel arrangements. In partnership with IOM, UNHCR managed to identify more than 1,000 returnees who were extremely vulnerable, of whom 360 EVIs were assisted with alternative mean of transportation to different locations in south Sudan included Juba, Wau, and Aweil in 11 charter flights, (7 flights to Aweil and 4 flights to Wau).

IN KOSTI

The Joint>Returns Task Force – led by the Government of Sudan – provided limited barge transportation for IDPs from Kosti throughout the year. In March and April, IOM complemented the Task Force Operations in an attempt to clear the way-station by moving 7,079 persons. While the numbers substantially decreased at the time, people continued to arrive in Kosti. There was a surge of movement to Kosti in June with number estimated to 20,000 persons at the way-station. Using CHF funds, IOM also transported 6,932 persons between July and September 2011. The average waiting time at the way station is around 108 days.

The government did not allow any construction or improvement of existing shelters at the way-station and sanitation and shelter facilities remained critical. The office provided 2,000 plastic sheets as alternative shelter to around 10,000 individuals. UNHCR provided assistance in water, sanitation and electricity services in Kosti way-station to about 15,000 persons. Maintenance of barges was also ensured.

Protection and Assistance activities continue at the way-station. UNHCR is coordinating these activities, ranging from support to the health clinic, registration of new arrivals, identification of returnees with specific needs, to distribution of food and NFIs. UNHCR partnered with its implementing partner, FAR, to provide primary health services to an estimated 20,000 returnees who passed through the way-station during the project period. FAR, with UNHCR, provided medical support and referred 588 chronic disease cases to the Kosti Government Hospital. Additional assistance to patients in form of temporary solutions to care givers and families was provided through the provision of meals. The impact of the food assistance is reflected in the reduction of acute malnutrition from 4 to 2.3 at Kosti Way station, as captured in the nutritional survey.

IN SOUTH KORDOFAN

UNHCR, in partnerships with NMIAD, monitored returnee passengers, including the spontaneous returnees crossing through South Kordofan State. In October 2011, NMIAD with support from UNHCR provided at least 1,920 returnee passengers stranded in Babanosa and Muglad for almost two weeks with food and water. UNHCR purchased 1,252 shelter kits for emergency preparedness in southern Kordofan.

IOM

Out of the 18,000 South Sudanese registered by UNHCR as living in the open areas in July 2011, there were an estimated 6,000 – 7,000 who had made their way to the Kosti way-station by the time that IOM began its transportation project. Therefore, it was estimated that there were about 12,000 remaining in the open areas—although there has not been a recent verification of numbers and it is not confirmed whether these are the people who have been there since last year (target CERF beneficiaries) or if they are people who have more recently moved out to the open. As a result of continuing delays by the Government of Sudan and the railway transportation (further explained under “Obstacles” below) to provide timely trains and extra carriages for the returns process, IOM has been unable to transport all those targeted. The amount of luggage returnees took with them also reduced the number of people that could be assisted with transportation and increased the time taken to load luggage, hence delaying the operation.

Due to transportation delays from Khartoum open areas, some of those originally targeted in the proposal who were in the open areas returned to their homes in the winter months or made their way to the Kosti way-station. The estimated 12,000 that continued to remain in the open areas were still in need of humanitarian assistance and basic services including NFIs, water and sanitation, healthcare, nutritional support and transportation. Some people in open areas had been there for over 18 months. As the end of the transition period nears (8 April), South Sudanese may become even more vulnerable to harassment and continue to lack access to services. From 9 April 2012, they will be vulnerable to statelessness and the loss of their citizenship rights.

Due to the 6,000 – 7,000 who had made their way to the Kosti way-station from the Khartoum open areas, IOM transported 6,050 people from Kosti way station with CERF funding in addition to 7,000 people transported with CHF funding. However there continued to be about 11,000 returnees stranded in Kosti way-station by the end of December 2011 as more people continued to arrive on a daily basis joining those who had been there since July/August 2011. They still require basic services and humanitarian assistance in the form of water and sanitation, food, nutrition assistance, healthcare and protection. These are provided by NGOs and international agencies at the way-station.

In February 2012, the Government of Sudan informed IOM that barge transportation from Kosti way-station would no longer be allowed given suspicions that barges were being used to carry military personnel and equipment on the return trip from Juba to Kosti. This has serious implications for delays, with many people remaining stuck in Kosti for longer than anticipated. Since August 2011, returnees began to arrive in the Kosti railway station in the hope of train transport as Khartoum trains pass through Kosti railway station on the way to South Sudan). By end of December 2011, there were an estimated 900–1,000 stranded returnees waiting at the Kosti railway station.

KEY OUTCOMES

Despite these challenges, IOM transported 8,750 people, including 6,050 people transported by barge from Kosti and 2,700 people transported by train from the Khartoum open areas with CERF funding. Breakdown of returns operations as follows:

- Number of people assisted by barge transportation with CERF: 6050 pax = 2825 Female and 3,225 Male, out of which 2,335 children (under age of 12) and 187 vulnerable persons.
- Number of people assisted by train transportation with CERF: 2700 pax = 1296 Female and 1,404 Male, out of which 231 infants (121 F, 110 M), 876 children (470 F, 406 M), 216 youth (70 F, 146 M), and 1,337 adults (704 M, 673 F).
- Total transported from up until end December 2011: 8,750

IOM has received a No-Cost-Extension until March 31 to complete activities given ongoing delays, including railway contract complications since not all planned train transportation can be completed before that date.

CHALLENGES

- Given the complexities of this endeavour, including unforeseen delays, the completion of this project will require an extension of three months. At the time of submission, there were over 6,000 people at the Kosti way-station, and IOM had already secured funding from the CHF to move 7,000 people from Kosti on barges to South Sudan. As the way-station was originally designed to accommodate 1,600 persons, the intent was that CHF funding would be used to 'clear' Kosti thereby avoiding a humanitarian crisis, and establishing it as the 'transit site' for returnees. CERF funding envisioned that once Kosti was cleared using CHF funding, vulnerable persons stranded in Khartoum would be transported to Kosti who would then board a barge to South Sudan. However, in the run up to the returnees' barge transport from Kosti, new arrivals streamed into the way-station on a continual basis which meant available CHF funds were not adequate to 'clear' Kosti to the extent that could be used as a transit centre for direct barge departure.
- Since submission of the CERF request, an announcement in the run up to independence by the Minister for Humanitarian Affairs advised that returnees should go to Kosti if they wanted transportation assistance. As a result, many of the targeted Khartoum returnees made their way to Kosti on their own even though the way-station was not 'cleared'. This meant the number of people in Kosti increased by about 6,000 in a matter of weeks rather than in the manner originally foreseen in the CERF project proposal. Hence, planning figures were split so that 12,000 would be assisted from Khartoum and 6,000 from Kosti keeping the overall total of beneficiaries the same at 18,000 as per the original project proposal.
- Since IOM could no longer use barge transport for the Khartoum caseload via Kosti and road transportation was not possible to conflict and insecure road corridors, the best option available was train transportation directly from Khartoum. Since the approved CERF proposal foresaw the possibility of needing to use trains instead of barges, the IOM implementation has some flexibility in using alternative means of transportation.
- There were difficulties reaching an agreement with the railway company which insisted in an upfront payment of \$2.5m which delayed the project greatly. This particular railway company is the only provider of such transport in Sudan. After a long and protracted negotiation, an agreement was finally reached on 13 October 2011 when a government entity (the chair of the Returns Task Force) intervened on our behalf with the company.
- There were also delays as a result of the registration exercise that had taken place. At the time of the proposal, there were an estimated number of people in the open areas but it was agreed that the registration that would be undertaken would form the basis of those who would be prioritised for transportation. However, the registration became outdated quickly due to population movements to and from the open areas and it became difficult to prioritise those who would be eligible for transportation. The registration also indicated that the average family composition was 5.7 people per household, However when IOM began the movements, it quickly became evident that families had split as the average family composition fell to 3.2. Given that each family was allowed to take 5 cubic meters worth of luggage, this meant that the luggage to number of people ratio changed.
- IOM finally moved some trains at the beginning of November with returnees arriving safely in the second week of November but the process was slow, not least because of the large amount of luggage passengers wished to take with them and refused to leave behind. After the first train movement, IOM introduced a luggage limitation policy.
- Additionally there is only a single track from Khartoum to South Sudan and at least a 10-day timeframe for a one-way journey. This meant IOM was only able to transport a limited number of people every two months – given the time taken for loading of the trains (2 weeks to a month), the time taken for the journey to Aweil and Wau (10 – 14 days) and the time taken for the trains to return to Khartoum (10 – 14 day). On top of this the trains were subject to delays when the rail lines were faulty.

WHO

This proposal was developed to address the needs of South Sudan returnees who were awaiting transportation in 14 way stations in Khartoum. Delays in transportation to South Sudan resulted in a humanitarian situation with people living with no access to basic services. Health activities commenced on 27 July 2011 and continued up to 31 December 2011.

The original plan was to support the delivery of basic services in ten clinics that serve returnees from South Sudanese. However, due to low number of returnees in some areas, services were merged and only eight clinics (refer to Table 1 below for the locations of these clinics) were operational during implementation period. The clinics were providing the following services:

- o Medical check-ups.
- o Laboratory investigation
- o Pharmaceutical services
- o Immunization services
- o Nutrition screening
- o Antenatal care
- o Health education services

Each clinic had a car that was used to transport staff and patients to nearest hospitals (ambulatory care). Two NGOs supported the MOH in the implementation of this project;

- o Sudanese Red Crescent
- o Um elmominin; which was stopped in September due to unsatisfactory performance and replaced by staff from locality's health team.

Table 1: Total number of IDPs (Returnees) who attended these clinics

SN	Clinic	Number of returnees	Number of beneficiaries	Male	Female	Children U5	Pregnant
1	Al Sharja	2500	1205	428	534	227	16
2	Jabal Alawliaa	1200	1150	395	433	250	72
3	Jabal Alawliaa	160	967	304	515	108	40
4	Omdurman	1100	788	187	465	110	26
5	Ombdh-jabrona	4300	1601	560	592	327	122
6	Khartoum North	3500	563	216	199	121	27
7	East Nile	1000	429	74	122	217	16
8	East Nile	1000	627	111	186	27	63
	Total	14760	7330	2275	3046	1387	382

- o WHO conducted 13 health awareness campaigns (one in each camp) and distribution of IEC material (Attached IEC material distributed) in the target six localities (Khartoum, Jabal Awleea, Omdurman, Ombdh, Khartoum North, and Eastern Nile).



- Provision of referral services to nearest hospital. During the reporting period 141 cases have been referred to the following hospitals 1- Ibrahim Malek, 2- Albashaer, 3- Alban Jadid, 4- Alnaw, 5- Ali Abdulfatah, and 6- Mbada. Main ailments reported were Pul TB, ARI, Abdominal mass, fractures, head trauma, High BP, Chest pain, otitis media, AJS, allergic dermatitis, Vaginal bleeding, dental problems

UNICEF

CERF funding allowed UNICEF, with the assistance of partners, to respond to returnee needs in Khartoum and the Kosti way-station. The intervention in Kosti way-station started prior to the CERF funding utilizing resources from the current UNICEF programme however, the Khartoum response was made possible with CERF funding as there was no NGO partner that had funding for nutrition services for the returnees..

KOSTI

FAR supported and managed one Out Patient Programme (OTP) in Kosti prior to the CERF funding. CERF funding was meant for the continuation of activities that were expanded to cover preventative aspects of the programme. Consequently one hundred and eleven (111) children were identified and treated for severe acute malnutrition out of the 2,133 children who were initially screened upon arrival in the way station. With regards to the preventative activities seven (7) staff members were trained on breast-feeding counselling by SABA and over one hundred and fifty (150) mothers received training on breast-feeding as it was considered as one of the major problems in the camp. Stress was cited as the main reason hindering breast-feeding.

KHARTOUM

Two mobile OTP's clinics were operational by Al Manar and SMOH following some delays in programme implementation, which resulted from delays in getting work permits and a lack of SMOH capacity. A total of 719 children were screened of whom 77 severely malnourished children were treated.

UNICEF also provided train and barge-travelling passengers, including pregnant, lactating women, and children with emergency food rations for the journey to South Sudan. Over 4,000 women and children received emergency food rations.

The planned figure for the treatment of malnutrition was not reached as malnutrition levels were not as high as expected. The emergency food distribution figure was lower than expected due to cessation of barge and train movements. Supplies are still available and will be used if future movements occur.

CERF funds for UNICEF's WASH activities were used to meet the immediate water, sanitation and hygiene needs of returnees at departure points in Khartoum state, mainly at El Shagara railway station and Kosti way station. The WASH situation at major departure points in Khartoum and Kosti was dire based on earlier assessments and frequent reports on water and sanitation related diseases among returnees. CERF funds helped in improving the WASH situation and prevented outbreaks of WASH related diseases such as AWD/cholera and diarrhoea, which are considered deadly especially to children in such environments. In short, CERF funds timely provided life-saving WASH services for the returnees at departure points in Khartoum and Kosti.

4. An analysis of the added value of CERF to the humanitarian response

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

YES NO

CERF funds contributed to the fast delivery of assistance to returnees at departure points of Khartoum State and Kosti way-station. It responded to the emerging needs of returnee passengers along the way to South Sudan and contributed to the delivery of basic services packages.

Without CERF assistance to transport-stranded returnees at the Kosti way-station and open areas in Khartoum, the strain on the humanitarian actors at Kosti way-station would have been greater if the 6,050 were not transported between November – December 2011. There are currently (6 March 2012) over 11,000 returnees at Kosti way-station, if transportation was not provided for the 6,050 the figure would have been much higher (about 17,000). This could have resulted in a major humanitarian crisis. CERF has assisted in the transportation of 2,700 from open areas up to December 2011.

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

YES NO

CERF funds responded to the immediate needs of returnees. It supported the provision of medical interventions, food, nutrition and water. It further responded to the adhoc emergencies e.g. provision of shelters to demolished returnees houses, etc. It also timely responded to critical emerging needs of the effected population in returnees' departure points and open areas in Khartoum State, Kosti way-station, and along the return routes (railway, barge, and land roads).

EVIDENCE OF SUCCESS OF CERF FUNDS TO TIMELY RESPONSE TO CRITICAL NEEDS

The Humanitarian Financing Section of OCHA Sudan undertook a monitoring visit to the Soba Railway Station (Khartoum South on 1 March 2012. The visit aimed to assess usage of \$11.3 million CERF and CHF funding, provided to IOM and UNHCR in mid-2011, in the frame of the newly defined Returns and Early Reintegration (RER) Sector, to assist vulnerable Southern Sudanese returnees stranded in Khartoum or at the Kosti way-station. UNICEF contributes to the operation by providing protection to minors and by coordinating the provision of drinking water.

Following medical screening of travellers, as well as provision of water, food and non-food items for the trip, two trains left Soba at dusk, carrying 1,014 returnees and all their belongings. The trains would then stop in Kosti, White Nile State, to allow boarding of additional 465 persons and their luggage, before continuing towards its final destination, Wau, in the southern state of Bahr al Ghazal. The trip is estimated to take approximately two weeks. These were the seventh and eighth trains to leave Khartoum since September 2011.

The Government of Sudan directly managed one of the first trains and supported the continuing exercise by facilitating the procurement of bus transportation from camps in and around Khartoum to the railway station; the provision of on-board medical assistance through a Khartoum State CVHW-sponsored traveling medical team; and military escort to follow the train from the town of Babanusa to the border.

As mentioned above, the approved CERF and CHF proposals included three transportation options: airlifting for particularly vulnerable cases and accompanying family members; barge transportation for returnees stranded in Kosti, and train transportation as a back-up, especially from Khartoum.

Over 1,200 returnees have been airlifted since November, among which over 400 extremely vulnerable cases, the rest being the selected accompanying family members. Additional flights are scheduled in March.

On the ground, due to the current restriction on fluvial transportation imposed by the Sudanese government, fearing misuse of barges for logistical support to the rebel SPLM/A North movement, the railway option has gained prominence.

It would clearly be impossible to move the tens of thousands of returnees currently stranded in Khartoum and Kosti, or the hundreds of thousands of potential returnees in Khartoum, with the two trains and one-way railway line available. Although the April deadline set by the Sudanese Government for departure or regularization is fast approaching, the operation gives these people an important signal that not all hope is lost, something is moving, someone is leaving.

c) Did CERF funds result in other funds being mobilized?

YES NO

In the case of IOM; further funding has been mobilized from the CHF Emergency Reserve in February and June 2011 to support the onward transportation of South Sudanese stranded at Kosti way station. In 2012, the CHF allocated additional funds to assist another 7,000 returnees stranded at Kosti way-station as there continues to be over 11,000 returnees at Kosti way-station. In addition CHF 2012 funding has been allocated to UNICEF to assist returnees who continue to remain in Khartoum open areas and Kosti way-station. In the case of WHO funds were not successfully mobilised.

d) Did CERF improve coordination amongst the humanitarian community?

YES NO

The availability of CERF funding improved and ensured integration of activities and coordination among different sectors, partners and agencies including IOM, UNHCR, WHO and UNICEF that serve the same population/beneficiaries in Khartoum and Kosti-way stations.

VI. LESSONS LEARNED

LESSONS LEARNED	SUGGESTION FOR FOLLOW-UP/IMPROVEMENT	RESPONSIBLE ENTITY
The amount of luggage taken on the train by the returnees is out of proportion. Therefore IOM introduced a luggage limitation policy for both trains (5 m3 per family) and barges (the equivalent of one small truck per family).	<p>Even with the luggage limitation policy, the returnees always bring more than the allowed amount of luggage, resulting in long discussions holding up the whole boarding process.</p> <p>The returnees continue to bring luggage in bulk packing which doesn't allow good stacking in the luggage wagons.</p> <p>The luggage limitation policy introduced by IOM helps to somewhat mitigate this problem. Additionally, after all luggage carriages and barges are filled, IOM prioritises those without luggage.</p> <p>IOM will need to continue to liaise with the chiefs, sheiks and the returnees to ensure they understand the difficulties in taking large quantities of luggage. Continued sensitization of the community of the luggage limitation policy.</p>	<p>IOM</p> <p>Return Task Force</p> <p>Chiefs/Sheiks</p>
The registration on which the selection of beneficiaries was based was quickly outdated.	It was agreed together with the Government counterparts CVHW and the IDP Centre- plus UNHCR to open up the vulnerability criteria. IOM now uses the lists of the registration done in June and for the no-shows IOM will use lists prepared by SSRRC with South Sudanese that need assistance to return home.	<p>IOM</p> <p>CVHW</p> <p>IDP Centre</p> <p>SSRRC</p>
IOM to continue close coordination with government affiliated entities on the transport-related issues to resolve operations constraints.	IOM was able to come to an agreement with the IDP Centre, which is a government entity, to negotiate the contract with the railway company on IOM's behalf. Also, IOM was able to agree on advance payments only for the upcoming planned train movements.	<p>IOM</p> <p>IDP Centre</p>
Whilst in the submission IOM suggested to use barge movements for both Kosti and Khartoum caseloads, during the implementation period it turned out that many of the returnees in Khartoum had actually made their own way to Kosti.	IOM split the caseload into 12,000 from Khartoum by trains and 6,000 from Kosti by barges as the size of Kosti was already so big that it wouldn't have made sense to add the Khartoum caseload to it but rather to send trains through to South Sudan.	IOM
Low transportation capacities of the Government of Sudan and respective companies. There are limited number of trains, limited number of reliable flights, and limited number of barges.	Influence the two governments to cooperate and set-up clear mechanisms to support the return process	Return Task Force
Need for proper systems to	Organize and speed up registration of all IDPs willing to	UNHCR, IDP Centre, and

register returnees. At least 110,000 vulnerable southern returnees have been registered in Khartoum State with many more unregistered in Khartoum and other states with majority in east Sudan (Gadrarif, Kasala, and Port Sudan), northern States, and in Darfur who are willing to return to the South.	voluntarily return to South Sudan.	CVHW
There are big numbers of EVIs registered and waiting for alternative means of transportation mainly flights.	Finalize identification and screening of all EVIs Southern returnees in Sudan	UNHCR, IDP Centre, and IOM
Poor livelihood capabilities of IDPs / returnees stranded in the departure points and open areas in Khartoum and Kosti way-station, encountering difficulties due to increasing prices of food commodities and rental fees. These factors are pushing returnees out of these areas since they cannot meet their daily needs. Returnees are becoming more and more vulnerable without humanitarian assistance in the departure points.	Provision of emergency livelihood support intervention to cross-cutting issues of gender, environment etc. and should be mainstreamed through the planning process for assistance to stranded returnees in Khartoum departure points.	UNHCR/ FAO, IOM, GBV Cluster, UNEP, Local authorities/
Restriction of humanitarian assistance to returnees in departure points by authorities.	Removing these restrictions to allow for provision of basic humanitarian needs for returnees in the departure points.	CVHW and IDPs Centre
Lack of information to returnees on the situation in their areas of return in south Sudan.	Avail reliable and accurate information on areas of return in south Sudan, and disseminate this information to returnees through various means.	SSRRC, UNHCR and IOM
Coordination of activities among different sectors is important	In future endeavours integrated inter sectorial approach towards fund raising to be adopted	Sectors working with South Sudanese populations
Lack of implementing partners in Khartoum hindered the process of implementing this project	Invest more in building the capacity of national NGOs	UN agencies
SMOH capacity is weak in terms of implementation and follow up	Invest more in building the capacity of SMOH	WHO

ANNEX I. RETURNS TO SOUTHERN SUDAN

UNHCR – MULTI-SECTOR																								
CERF PROJECT NUMBER	11-HCR-028	Total Project Budget	\$ 22,130,418	<table border="1"> <thead> <tr> <th>Beneficiaries</th> <th>Targeted</th> <th>Reached</th> </tr> </thead> <tbody> <tr> <td>Female</td> <td>16,000</td> <td>12,605</td> </tr> <tr> <td>Male</td> <td>7,000</td> <td>8402</td> </tr> <tr> <td>Total individuals (Female and male)</td> <td>23,000</td> <td>21,007</td> </tr> <tr> <td>Of total, children under 5</td> <td>6,900</td> <td>6,002</td> </tr> <tr> <td>TOTAL</td> <td>23,000</td> <td>21,007</td> </tr> </tbody> </table>		Beneficiaries	Targeted	Reached	Female	16,000	12,605	Male	7,000	8402	Total individuals (Female and male)	23,000	21,007	Of total, children under 5	6,900	6,002	TOTAL	23,000	21,007	Gender Equity The project assisted families who were willing to return to the south and provided assistance to returnees in return centres. Men, women, boys and girls benefited from the project. Special attention was paid to vulnerable persons, women, boys and girls.
Beneficiaries	Targeted	Reached																						
Female	16,000	12,605																						
Male	7,000	8402																						
Total individuals (Female and male)	23,000	21,007																						
Of total, children under 5	6,900	6,002																						
TOTAL	23,000	21,007																						
PROJECT TITLE	Returns of highly vulnerable IDPs stranded in Khartoum: Protection monitoring, registration and assistance	Total Funding Received for Project	\$ 1,875,170																					
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 1,875,170																					
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES			MONITORING AND EVALUATION MECHANISMS																			
Support the Joint Returns Task Force to assist, protect and provide assistance to highly vulnerable and stranded returnee populations from Khartoum during their transportation/movements organized by IOM.		<ul style="list-style-type: none"> General outcome of the inter-agency project : safe and dignified return of 21,000 stranded and vulnerable returnees from departure points around Khartoum to various main ports and/or towns in South Sudan by September 2011 Specific outcome of UNHCR project: protection monitoring ensured throughout the movement process (from departure points to arrival destinations), identification of vulnerable persons organized and special assistance provided, provision of life-saving services coordinated among partners, all returnees received a standard assistance during their travel - food and water and medical services. 			UNHCR's internal monitoring and evaluation mechanisms were employed. The operation used weekly reports that captured data on protection monitoring and assistance provided to returnees. Data collection involved community leaders, partners and assistance providers. UNHCR dedicated a number of staff with varied expertise and capacities to handle the various interventions and ensure quality of assistance provided to returnees. Activities were coordinated by the Return Task Force																			

IOM – MULTI-SECTOR

CERF PROJECT NUMBER	11-IOM-022	Total Project Budget	\$ 13,375,000	Beneficiaries			Gender Equity
				Targeted	Reached		
PROJECT TITLE	Returns of highly vulnerable and stranded IDPs from Khartoum to South Sudan: Support for their transportation	Total Funding Received for Project	\$ 6,491,958	Individuals	18,000	8,750	In IOM's return operations women, men and children are an integral part of the programme as families are normally the target group of IOM's assistance –if not specified otherwise. IOM's gender policy has been mainstreamed throughout IOM activities and gender awareness is promoted in all programmes.
				Female	12,600	4,121	
				Male	5,400	4,629	
				Total individuals (Female and male)	18,000	8,750	
				Of total, children under 5	5,000	3,442	
STATUS OF CERF GRANT	On-going (NCE provided up until 31 March 2012 from 14 January 2012)	Amount disbursed from CERF	\$ 6,491,958	TOTAL	18,000	8,750	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES ²				MONITORING AND EVALUATION MECHANISMS	
<p>Support the Joint Returns Task Force to provide transportation assistance to highly vulnerable and stranded returnee populations from Khartoum.</p> <p>The Task Force will provide transportation of 5,000 persons</p> <p>IOM will provide transportation of 18,000 persons.</p>		<ul style="list-style-type: none"> ■ Support to Joint Returns Task Force to provide transportation assistance: <ul style="list-style-type: none"> ○ Assistance provided to Task Force on operations planning. ○ transportation provided to 8,750 stranded returnees from Khartoum open areas and Khartoum ○ chairing and organising of Task Force meeting to ensure coordination ○ sharing of information with regular returns updates ■ Provision of transport to 5,000 persons by Task Force <ul style="list-style-type: none"> ○ The Returns Task Force has assisted total of 4,650 persons by end of December 2011 (including barges and trains) ○ Provision of transport to 18,000 persons by IOM ○ IOM has assisted a total of 8,750 through to end of December 2011: ○ IOM has provided transportation by barge to 6,050 persons ○ IOM has provided transportation by train to 2,700 persons ■ This included contracting and paying of service providers (barges and trains) for the organized transport assistance to returnees; ■ Manifesting of passengers using an IOM database and provision of medical screening to determine fitness-to-travel. Returnees with simple ailments provided and information sharing with the Task Force Members. 				<p>Final manifests of the barge and train movements.</p> <p>Interviews with government partner and local counterparts</p> <p>Project records</p> <p>Contracts with the barge company and the trains company</p> <p>Registration numbers</p>	

¹ The target beneficiary numbers in the proposal were 23,000. IOM's project was only going to assist 18,000 (as opposed to 17,000 in the project proposal). UNHCR, UNICEF and others would support the government-assisted move, which would handle an additional 5,000, thereby raising the total number of beneficiaries to 23,000. IOM transported 18,000. UNHCR and UNICEF needed to have 23,000 on their sheets

² Please mention expected outcomes and indicators using SMART² indicators. The safe, dignified transportation of 23,000 stranded and vulnerable returnees from departure points around Khartoum to various main ports and/or towns in South Sudan by September 2011.

UNICEF – WATER AND SANITATION																								
CERF PROJECT NUMBER	11-CEF-031-B	Total Project Budget	\$ 1,109,647	<table border="1"> <thead> <tr> <th>Beneficiaries</th> <th>Targeted</th> <th>Reached</th> </tr> </thead> <tbody> <tr> <td>Female</td> <td>24,600</td> <td>34,870</td> </tr> <tr> <td>Male</td> <td>4,100</td> <td>6,030</td> </tr> <tr> <td>Total individuals (Female and male)</td> <td>28,700</td> <td>40,900</td> </tr> <tr> <td>Of total, children under 5</td> <td>9,300</td> <td>15,000</td> </tr> <tr> <td>TOTAL</td> <td>38,000</td> <td>55,900</td> </tr> </tbody> </table>		Beneficiaries	Targeted	Reached	Female	24,600	34,870	Male	4,100	6,030	Total individuals (Female and male)	28,700	40,900	Of total, children under 5	9,300	15,000	TOTAL	38,000	55,900	Gender Equity All girls, boys, women and men benefited from the project. Children and women benefited most as they made the biggest proportion of the beneficiaries. Special attention was paid to the hygiene needs of women and children to ensure dignity and reduce vulnerability of women and children to communicable diseases. -Separate latrines were built for men and women for privacy and to address gender and protection issues.
Beneficiaries	Targeted	Reached																						
Female	24,600	34,870																						
Male	4,100	6,030																						
Total individuals (Female and male)	28,700	40,900																						
Of total, children under 5	9,300	15,000																						
TOTAL	38,000	55,900																						
PROJECT TITLE	Emergency Interventions for Southern Sudan returnees	Total Funding Received for Project	\$ 756,687																					
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 809,637																					
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES			MONITORING AND EVALUATION MECHANISMS																			
<p>Life-saving WASH services are provided for South Sudan returnees at departure points in Khartoum and Kosti way-station.</p> <p>About 38,000 returnees will receive safe water supply during their return journey at departure points and Kosti way station; number of truck loads delivered per day, number of water systems established or operated and maintained.</p> <p>38,000 people will receive critical hygiene messages on safe water use, latrine use, hand washing, personal hygiene and environmental cleanliness during the 3 months period;</p> <p>About 8,000 returnees will have access to acceptable means of excreta disposal sanitation facilities at household or community level as many will continue to use the existing resident population's facilities.</p> <p>38,000 people will live in a cleaner environment free of garbage and vectors/insects.</p>		<ul style="list-style-type: none"> ■ Provision of WASH services for South Sudanese returnees at Khartoum departure/transit points. WASH services for returnees ensured and improved water provision was increased from 6 to 15 litres per person per day: <ul style="list-style-type: none"> ○ 50m3 of water tank owned by the railway station was repaired, modified and installed then connected with 150 metre pipeline to the Khartoum water supply network. ○ Three water distribution points were connected with 30 taps. ○ Procured, installed and operated booster pump to pump water to the 50m3 elevated tank. ○ Trucked water to other departure/transit point in Khartoum state and filled water in Jeri cans for departing returnees that used trains to return to South Sudan. ○ Procured about 6,000 Jerry cans (water containers) and gave them to CHVW (HAC) to distribute to 12,000 returnees in Khartoum i.e. two Jerry cans were distributed to each household ○ Six blocks of temporary emergency latrines consisting of six drop holes (36 in total) were constructed at Shagara railway station, which serve returnees sheltered and travelling through the station. ○ All toilets, shower rooms and septic tank at the railway station were cleaned and de-sludged to provide services to returnees and host communities in the area. ■ Provision, operation and maintenance of WASH services for South Sudan returnees at Kosti Way station. WASH services were improved and maintained for over 20,000 South Sudanese returnees at the way station. Improved water provision was increased to about 15 litres per person per day: <ul style="list-style-type: none"> ○ Procured and facilitated WES to install and operate a second water treatment plant serving about 100 m3 of safe water per day. Chlorinated water was pumped through a distribution system with 6 distribution points. Each point was equipped with an elevated tank and six push taps. The system served about 5,000 – 7,000 people. ○ Procured and supported installation of five elevated bladders connected to tap stands in an extended camp at the way station. FAR (partners) contracted four water tankers to deliver about 120 m3 of chlorinated water on daily basis to fill the bladders. About 15,000 people were served by tankering. ○ Supported FAR (partner) to maintain and clean 52 low flush toilets in the fenced camp and also about 20 			<p>UNICEF partners carried out weekly assessments of returnees in Khartoum departure points and Kosti way station. Weekly WASH Sector coordination meetings with all sector partners were conducted at which project progress was assessed, regarding WASH services discussed and solutions agreed on and implemented.</p> <p>Site visits were carried out by Khartoum based staff and monthly progress reports were written and shared with all partners involved on the project.</p>																			

	<p>showers. The toilets and showers were connected to a septic tank, which was de-sludged every two weeks. About 5,000 people used these facilities during peak time.</p> <ul style="list-style-type: none"> ▪ UNICEF supported FAR to manage solid waste at the way station, which included: installation of 47 empty drums at strategic sites in the camp where garbage could be disposed, installation of four garbage collection containers in the extended camp and erection of a central garbage collection container at the outskirts of the camp, and disposal of garbage at an appropriate site. Collection of the garbage was done on a daily basis with donkey carts and disposed in the central container. This system served up to 20,000 people. ▪ UNICEF assisted FAR (partner) to conduct hygiene promotion activities at the way-station and on the barges. The activities reached approximately a total of 30,000 people. UNICEF also assisted in the training of hygiene promoters, who accompanied the returnees on barges. The promoters were equipped with hygiene packages containing chlorine tablets, soap, water straws and hygiene promotion materials. 	
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WHO - HEALTH

CERF PROJECT NUMBER	11-WHO-037	Total Project Budget	\$ 2,000,000	Beneficiaries			Gender Equity
				Targeted	Reached		
PROJECT TITLE	Returns of highly vulnerable and stranded IDPs from Khartoum to South Sudan : Providing emergency health services to Southerners IDP in Khartoum	Total Funding Received for Project	\$ 683,674	Female	11,826	10,557	Total number of beneficiaries 15,300 out of which 7,330 cases were treated. The 7330 cases are distributed as follows: Female 3046 Male 2275 Children U5 1627 Pregnant 382
				Male	5,174	4,743	
				Total individuals (Female and male)	17,000	15,300	
				Of total, children under 5	5,100	4,590	
				TOTAL	17,000	15,300	
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 683,674				
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
Reduction of excess mortality and morbidity in the 15 departure points by ensuring availability of life-saving health services for the most vulnerable population.		<ul style="list-style-type: none"> ▪ Eight Clinics were organized during implementation period. The total number of beneficiaries supported by this clinic was 15,300 out of which 7,330 cases were treated in these clinics. The main ailments were ARI, Diarrhoea, Malaria, UTI, and dermatological conditions. The original proposal was for ten clinics however, only eight clinics were operational due to low number of returnees. ▪ During implementation period, 13 Health awareness campaigns were conducted ▪ During implementation period, 141 cases were referred to nearby hospitals 				Monitoring and follow up of implementation was done by State Ministry of health in Khartoum state through:: 1-Daily supervision by the locality and health area team, 2-weekly supervision reports by Primary Health care Department-MOH and 3-weekly reports by locality	

UNICEF – HEALTH/NUTRITION

CERF PROJECT NUMBER	11-CEF-031-A	Total Project Budget	\$12,809,267	Beneficiaries		Reached	Gender Equity
				Targeted	Reached		
PROJECT TITLE	Returns of highly vulnerable and stranded IDPs from to South Sudan: nutritional emergency interventions for returnee populations	Total Funding Received for Project	\$ 590,288	Female	1,150 ³	150	All female and male children benefitted from the project. Children benefitted most as they made the biggest proportion of the beneficiaries. Results are not segregated by sex as no differences have been seen in malnutrition and sex distribution in the past. Pregnant and lactating women were targeted with this intervention as well.
				Male	0	0	
				Total individuals (Female and male)	6,900	4,363	
				Of total, children under 5	8,050	0	
				TOTAL	8,050	4,513 ⁴	
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 631,594				
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
<p>Early identification and treatment of all severely malnourished returnee children at departure points in Khartoum and Kosti, and on onward transport to the South.</p>		<ul style="list-style-type: none"> ▪ Treatment of approximately 350 children for severe acute malnutrition <ul style="list-style-type: none"> ○ 111 children severe acute malnutrition were reached in Kost (July 2011 to March 2012) ○ 77 children severe acute malnutrition were reached in Khartoum (July 2011 to March 2012) ▪ Approximately 6,900 children under five years of age screened for malnutrition and referred for appropriate services from departure points in Khartoum and Kosli way-station <ul style="list-style-type: none"> ○ Over 2,133 children under five years of age screened for malnutrition in Kosti (July 2011 to March 2012) ○ 719 children under five were screened in Khartoum for malnutrition (July 2011 to March 2012) ▪ Functioning of 2 mobile outpatient therapeutic programmes to Khartoum departure points and one fixed OTP at Kosti way-station <ul style="list-style-type: none"> ○ Two mobile outpatient clinics operated in Kosti from November 2011 to March 2012 ○ One fixed OTP operated from July 2011 to March 2012 ▪ Approximately 6,900 under five children received a protective age appropriate emergency food ration (BP5) for their journey to South Sudan <ul style="list-style-type: none"> ○ Training of 24 staff on nutrition screening, the use of BP5 and on important IYCF messages. Over 150 mothers who are to travel on the barges have received further training. ○ 3,863 children benefited from BP5 distribution at Kosti way station and for children on the barges ▪ Approximately 500 children and pregnant and lactating women reached by train 				<p>UNICEF, as the nutrition cluster lead provided technical support, training and therapeuticfeeding supplies (Plumpy nuts, BP5 and routine medicines).</p> <p>Site visits were carried out by Khartoum based staff and monthly progress reports were written and shared by all partners involved on the project. Final reports were also received.</p> <p>Monthly reports were received and analysed according to the CMAM standards and discussed with the implementing partners.</p>	

³ Estimated at 5 per cent of total population (=23,000) as pregnant and lactating.

⁴ The target number of children was no reached for treatment of malnutrition as the levels were not as high as expected. The numbers for the emergency food distributed for the children is lower than expected due to the cessation of the barge and train movements. The supplies are still available and will be used if future movements require them.

VII. ANALYSIS 2 – NEWLY DISPLACED IDPs IN NORTH DARFUR

1. The humanitarian context

Following the withdrawal in December 2010 of the Sudan Liberation Army - Minni Minnawi Faction (SLA-MM) from the peace agreement with the Government, Darfur witnessed a new upsurge in violence in early 2011. Clashes between government forces and armed movements, including the SLA-MM, resulted in large-scale movement and civilian displacement. Over 70,000 people have been displaced to about ten existing IDP camps and settlements. In April 2011, a massive influx of new IDPs from South El Fasher arrived at Zamzam IDP camp and placed a considerable strain on existing basic services and available resources in the camps.

To respond to the needs of the newly displaced in Zamzam, Abu Zerega, Tawila, Shangil Tobaya and other parts of Darfur, a multi-sectorial inter-agency proposal amounting to \$7.2 million was put together. Humanitarian partners were immediately mobilized to address the immediate humanitarian needs in health, nutrition, wash, education and child protection.

NGOs running health centres in the camp, including Humanitarian Aid and Development (HAD), Mercy Malaysia, Relief International (RI), and Partner Aid International (PAI) provided mobile clinics and other support. WHO, UNICEF and UNFPA provided emergency healthcare assistance. UNFPA interventions were based on an assessment of the Minimum Initial Service Package (MISP) of reproductive health services that was conducted among IDPs. UNICEF and the national Water, Environment and Sanitation (WES) authorities stepped up their efforts to improve water, sanitation and hygiene services in the camp. A mass measles vaccination of children was also conducted as part of a state-wide campaign.

2. Provide brief overview of CERF's role in the country

HCT in collaboration with operational agencies in Sudan developed a multi-sector, multi-agency response plan to respond to the urgent humanitarian needs that exceeded the planned level in the Sudan Humanitarian Work Plan (Consolidated Appeal). The response plan was funded by the CHF Emergency Reserve and CERF. CHF funding was prioritized for NGOs, while CERF funded mostly UN agencies.

3. What was accomplished with CERF funding

CERF funding assisted in responding rapidly to new displacement needs and stabilizing the situation. UNFPA managed to utilize the CERF funding for reproductive health activities through:

- Provision of the MISP Services package, activities and supplies for RH during emergencies” to the affected population; (could be put as 90 per cent covered by the minimum Initial Service package and at least 50 per cent of old IDPs.
- Contribution to the reduction of maternal and neonatal mortality; case fatality and enhancing successful end results of pregnancies and child births in the affected population
- Creation of awareness among the communities on RH services and risk reduction activities (90 per cent of targeted groups were aware of availability and utilize! RH services

UNFPA further utilised CERF funding to support GBV activities that included the following:

- Construction of six Temporary women centres in order to provide a safe place for women to seek information and assistance
- 750 community members and mostly women reached through the awareness-raising campaigns in the women centres within three months
- Six women union committees formed providing psychosocial support, referral linkages, information and advocacy for women issues in camp meetings, assessments and other forums.
- Material support in the form of books, pens, bags provided for women Union members
- A total of three (four-day trainings) conducted for the women union members in leadership, assessments, advocacy.
- Weekly GBV/Health Education sessions carried out in the Women centres.
- A total of 314 community members trained in Emotional support provision.

- A total of 170 IDP women attended literacy classes.
- 7000 of PKKs were distributed to women in ZamZam and Shangile Tobia.
- A total of 34 community leaders and youth were trained on GBV.
- 4,450 Personal Hygiene kits assembled in women centres and distributed to beneficiaries

WHO's CERF-funded project supported displacement in Zam Zam and surrounding areas with health services through Relief International (RI), Mercy, Partner Aid International (PAI), Humanitarian Aid and Development Organisation (HAD) and the State Ministry of Health. These partners further provided the following:

- Referral services: 89 complicated delivery cases being referred to El Fasher Secondary Hospital, and managed.
- Improved communicable disease cases detection and management.
- Rapid response teams trained and deployed to respond to outbreaks.
- Provision of safe drinking and improved water quality: WHO supported WASH working partners in water quality activities as three water labs were capacitated and used as references labs. Moreover, WHO supported health and WASH partners' water quality monitoring teams and succeeded in the monitoring of twenty-one (21) newly drilled water sources, eleven (11) old hand pumps and mini-water yards/ water sources in the camp, including new arrivals.
- Reduction of incidence of vector-borne disease achieved through different and well-planned activities..

Entomological surveys in Zam Zam IDPs camps which contributed to the reduction and interruption of transmission of most prevalent diseases such as Malaria , Leishmaniasis and Diarrheal cases through effective vector control measures, while reducing environmental impact. The survey covered 75,829 newly arrived and 120,000 host IDPs communities, which surpassed the actual targets, The humanitarian situation is currently stable following successful implementation of the CERF project but challenges are there concerning sustainability of established activities. For example, the six midwives form HAD supported by CERF are no longer working because HAD does not have funds to keep them while managing the running cost and sustainability of activities in the women centres. In general it could be said that the health situation is considerably improved as reflected in field reports.

UNICEF was able to intervene in health, nutrition, WASH, education and child protection. UNICEF utilized CERF funding to meet immediate NFI/ES ⁵needs of the newly- displaced population through the procurement and provision of the following:

- 15,162 cooking sets
- 30,812 pieces of plastic sheets –
- 31,000 pieces of blankets –
- 37,000 pieces of sleeping mats –

However, the following NFIs were distributed through NFI Common Pipeline and implementing partners to newly displaced people in North Darfur:

- 17,689 sets cooking sets –
- 17,689 pieces plastic sheets –
- 35,378 pieces of blankets –
- 35,378 pieces sleeping mats –

Additionally, for health-related interventions, CERF funds enabled UNICEF to provide more than 90 per cent of the target population with access to life-saving interventions. This was possible through the provision of essential drugs and related supplies (52 Primary health care drug kits, 50 Integrated Management of childhood illnesses drug kits, 200,000 oral rehydration salt, 27,500 malaria treatment doses, 3,000 IV bags of Sodium lactate). In addition, with CERF support, 80 health workers and 320 community health workers were trained on emergency preparedness and response, Malaria prevention, diarrhoeal disease control, EPI and hygiene promotion. Overall, with CERF funds, access of the population to primary health care services was improved considerably and contributed to the fact that the overall crude mortality rate and under-5 mortality rate were kept below 1/10000 and 2/10000 respectively.

⁵ UNICEF's role in NFI/ES Common Pipeline is the procurement of supplies. The supplies are handed over to WFP/Logistics Coordination Unit, coordinator of the Common Pipeline, and distributed through NGO implementing partners. Distribution activities are not covered in this proposal or under UNICEF activities. Distribution figures are provided to give an overview of interventions.

In the area of protection, support was provided to implementing partners who aimed to ensure protective environment to newly displaced children and women in the following areas; Tawilla IDP camps (mainly in Dali and Argo IDP camps) where Save the Children Sweden was the implementing actor; Zamzam IDP camp close to EI Fasher where Plan Sudan International was the implementing actor; and to Nifasha, Shaddad and Umderseye IDP camps in Shangil Tobaye locality, where FPDO was the implementing partner; UNICEF managed to utilize Child Protection funds in:

- Identification of separated and unaccompanied children among IDPs and managed to reunify them with their families.
- Provision of psychosocial support services to children affected by conflict through centre based and community based recreation activities provided in the established Child Friendly Spaces.
- Establishment of 20 Community Based Child Protection Committees in the new IDP areas to enhance protection monitoring and reporting, awareness and link with protection networks in the camp.

For WASH interventions, the funds from CERF allowed the accomplishment of the following activities:

- Trainings: - 150 members from women groups and 60 community elders were trained on hygiene promotion issues with particular emphasis on hand washing during the required times. ODF environment issues were also part of the trainings.
- Construction of latrines (communal and household): - 134 communal and household latrines were constructed to benefit 2,680 persons at the new arrivals areas. Similarly, 1,500 bathing facilities for women and children were constructed as part of personal hygiene promotion activities
- Water trucking: As boreholes were drilled and fitted with hand pumps in the newly arrival areas due to the nature of ground, it became indispensable for UNICEF and other partners to provide water to affected displaced with clean chlorinated drinking water by trucks on temporary basis. This operation continued from March 2011 to August 2011 serving an estimated population of 40,000 with 10-15 litres/capita/day. This operation stopped when UNICEF and WES established motorized boreholes producing adequate quantities of water for large number of population.
- Drilling of boreholes: - UNICEF supported drilling of 27 boreholes fitted with hand pumps in Zam Zam to benefit 13,500 persons. About a quarter of the boreholes were drilled and fitted with hand pumps within the first four weeks.
- UNICEF supported WES to establish and complete two (2) water yards with all the necessary related infrastructures (6 km long extension pipelines, 2 genset/watchmen rooms, 2 elevated water tanks with 45m³ capacity each, ten distribution points and eight bladder tanks with various sizes and capacities) , which provided 10,000 persons with close to 15 litres/capita/d

With a focus on increasing gross enrolment rates among IDPs, returnees, nomadic children and girls, the CERF education grant was used to rehabilitate 491 classrooms and construct 734 classrooms. At least 51 teacher offices, 55 stores and 52 teacher accommodation rooms were also constructed and more than 40,000 school uniforms provided to girls and 11,000 caregivers trained. These combined efforts resulted in the enrolment in grade one of 340,500 children half of whom are girls while covering 163,400 children accessed pre-school classes. Furthermore, 568,100 children living in conflict and hard-to-reach locations with limited access to basic education benefitted from Food for Education packages in collaboration with WFP. A total of 6,500 nomadic children transited from primary to secondary school in seven states.

To improve the quality of basic education, 3,700 regular and 1,360 unqualified teachers were trained on Life skills including peace culture and core subjects while 2,260 Parent's Teachers Association (PTA) members were trained on school co-management. In order to enhance child participation in schools and advocate for peace, child clubs were set up in 339 schools and 280 mentors trained, thereby contributing to the transformation of schools to child-friendly schools (CFS).

For children and youth out of school, the Accelerated Learning Programme (ALP) literacy and Life skills curriculum, master trainers' manual and teaching/learning materials was developed, endorsed and is currently under printing. In addition, 1,122 trainers, facilitators and managers were trained on the revised Life skills-based ALP curriculum and methodology. A total of 48,430 children and youth out of school enrolled. The ALP programme did not achieve the planned targets because the focus was on curriculum development and planning.

Achievements were realised in sector policy and planning as more than 20,500 education workers including school heads, locality staff and statistics officers were trained on data collection and information management as part of the Educational Management Information System (EMIS) roll-out plan to support planning, monitoring and resource management. Similarly, capacity building efforts on sector policy analysis and strategic planning benefitted over 55 planners and fed into the development of state strategic plans.

New displacement continues in Zam Zam, North Darfur in 2012 and requires additional interventions.

4. An analysis of the added value of CERF to the humanitarian response

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

YES NO

Confirmation of CERF funding allowed mobilization of existing resources, especially supplies, immediately following the onset of emergencies, enabling immediate response. Following approval of the UNFPA CERF, a Reproductive Health Coordinator/focal person for the RH/GBV activities was assigned. The recruitment of this coordinator strengthened coordination on RH/GBV activities among different partners working on the ground along with the mapping of partners. This assisted UNFPA in playing a leading role in RH/GBV activities as sub-cluster lead. This led to effective utilization of resources and prevented duplication of efforts. The coordinator further assisted in the establishment of a reproductive health task force that facilitated the mainstreaming of RH/GBV response in the camp. The task force also supported the establishment of a GBV working group that in turn helped in formulating community based RH/GBV net-works. UNFPA, through the camp-based health committees, identified common RH issues within the IDP community and assisted in creating a link between the community health workers, traditional birth attendants, and health facilities. This assisted in the strengthening of the Health Information System and improved the response to GBV survivors through referral path-ways and psychosocial support. UNFPA through its support to four (4) women centres also assisted in the empowerment of IDP women and building their capacity to run the GBV networks.

The disbursement of WHO's CERF fund allowed the agency to support new IDPs with health services and relieved the burden on existing health facilities in the camp. The implementation of mobile clinics was helpful in absorbing the additional caseload.

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

YES NO

The UNFPA CERF funds assisted in the establishment of RH/GBV net-works that helped in strengthening coordination among IDP community through camp based established committees. It also assisted in increasing awareness of communities on the available RH services and benefits of RH in crisis situation through the distribution of IEC and advocacy material, and conduct of awareness sessions. A total of 37,799 community members benefited from these sessions. The CERF funds also supported the distribution of clean delivery and personal hygiene kits for women at reproductive age. In a nut-shell the CERF funding resulted in a timely response to beneficiaries' needs.

WHO conducted initial rapid assessments in Zam Zam in March which were instrumental in determining the critical needs of the newly arrived displaced. The assessments' findings clearly outlined IDPs key needs such as measles vaccination and public health screening. These findings were timely responded to and given priority in the CERF implementation plan. Moreover, CERF allocation was instrumental in the early detection and containment of reported cases of outbreaks.

The Humanitarian Financing section in the first week of March fielded a mission to Zam Zam IDP camp in North Darfur to stand on the use of CERF and CHF funds. It was clearly evident that the CERF funding contributed to the construction of 15 child friendly spaces in Zam Zam by UNICEF through Plan Sudan to

ensure protective environment to the IDP children. The CHF ensured complimentary to this fund by supporting operational costs of these child friendly spaces.

c) Did CERF funds result in other funds being mobilized?

YES NO

The CHF and CERF funds were mobilized simultaneously for this emergency.

d) Did CERF improve coordination amongst the humanitarian community?

YES NO

CERF enhanced coordination and ensured joint action of all agencies involved in the IDP crisis response.

WHO; as lead agency on health issues took the lead in developing joint-health plans and monitoring tools with partners. It maintained regular contacts with partners through weekly camp coordination meetings and discussed progress on implementation and other technical issues, INGO recipient of CERF and other sectors including WASH, Nutrition, and food security were fully engaged in the planning of assessments and reporting.

UNFPA's CERF funds assisted in boosting UNFPA's role as lead sub-sector/cluster on RH and GVB issues in Darfur. UNFPA coordination role assisted in orchestrating the response and maximizing the use of resources. This led to effective response through harmonious projects and integrated approaches as the agency worked closely with other UN sister agencies, NGOs and sector/cluster leads.

VIII. LESSONS LEARNED

LESSONS LEARNED	SUGGESTION FOR FOLLOW-UP/IMPROVEMENT	RESPONSIBLE ENTITY
The higher number of agencies/ sectors involved, the longer it takes to coordinate especially at the country level.	In case of the Zamzam response, UNICEF took the lead in coordinating the CERF proposal, as it had the largest number of sectors involved. This helped to move things quickly within the constraints. Pragmatic coordination need to be applied on case-by-case basis.	OCHA
Delayed decision of funding sources (ex. CERF vs. CHF) is burden for NGOs, delaying their funding.	While it was advocated (ex. UNICEF) to prioritize CHF funding for NGOs, who do not have direct access to CERF (which is causes delays and also costly as it needs to be channelled through UN Agencies), the decision was made late. All agencies were asked to fill CERF, and later several NGOs were asked to fill CHF applications, resulting in double work for NGOs as well as delays in funding for them.	OCHA
Good coordination and the team work were crucial for the success of the project.	Identification of the RH/GBV focal person for coordination of the activities as well as the sector-lead enhanced better service delivery and maximum rational utilization of the available resources keeping such focal coordination person is important for sustainability of the activities.	UNFPA
Community participation by forming health committees helped in creating a link between the health centres, community midwives and TBAs for referral of difficult cases of deliveries and reporting deliveries.	<p>This improved the community awareness and community participation in the improvement of the referral system in order to improve maternal, neonatal mortality and morbidity.</p> <p>The camp coordinator is to communicate with this health committee to facilitate addressing various RH/GBV and other health issues as well as reporting and referral from the community to the health facilities.</p>	UNFPA, RH/GBV and Health partners
Partners coordinated and cooperated on handling activities, divided roles and responsibilities to avoid overlapping.	This has been done through assigning a sector lead and coordination of the activities through sectorial and intera-sectorial meetings.	UNFPA and RH/GBV partners
UNFPA partners formulated national GBV working group meeting bi-weekly.	This was initiated by UNFPA as sector lead. The continuation of such national GBV network and regular meetings enhanced addressing GBV issues.	UNFPA
IPs' use of community participation approach for sustainability.	This is crucial for the sustainability of established services, although not all activities can be run by the community alone. Formation of steering committees for RH and GBV in the camp involving Government, partners and major UN agencies as well as community members in order to come up with a clear approach on suitability of activities.	UNFPA, GOS, NGOS and community
In certain instances the	OCHA to lead the process of compiling inter-agency	OCHA under the

finalization of CERF has been delayed at Sudan level, whereas inter-agency proposals waited from some agencies inputs to be submitted.	inputs with a strict cut-off date.	guidance of the Humanitarian Coordinator and agencies' focal points
Invest in community based activities especially in areas with low access.	Empowerment of local communities both technically and logistically to take lead in services delivery.	WHO/SMOH
Availability of state contingency preparedness plan made possible a swift and coordinated response, warding off imminent danger on the health of the population.	Continuous planning is a cornerstone in proper response for health emergencies.	WHO/SMOH and partners

ANNEX 1. NEWLY DISPLACED IDPs IN NORTH DARFUR

WHO - HEALTH																								
CERF PROJECT NUMBER	11-WHO-028	Total Project Budget	\$ 1,296,727	<table border="1"> <thead> <tr> <th>Beneficiaries</th> <th>Targeted</th> <th>Reached</th> </tr> </thead> <tbody> <tr> <td>Female</td> <td>33,365</td> <td>46,500</td> </tr> <tr> <td>Male</td> <td>42,464</td> <td>31,000</td> </tr> <tr> <td>Total individuals (Female and male)</td> <td>75,829</td> <td>77,500</td> </tr> <tr> <td>Of total, children under 5</td> <td>10,400</td> <td>19,750⁶</td> </tr> <tr> <td>TOTAL</td> <td>86,229</td> <td>97,250</td> </tr> </tbody> </table>		Beneficiaries	Targeted	Reached	Female	33,365	46,500	Male	42,464	31,000	Total individuals (Female and male)	75,829	77,500	Of total, children under 5	10,400	19,750⁶	TOTAL	86,229	97,250	Gender Equity
Beneficiaries	Targeted	Reached																						
Female	33,365	46,500																						
Male	42,464	31,000																						
Total individuals (Female and male)	75,829	77,500																						
Of total, children under 5	10,400	19,750⁶																						
TOTAL	86,229	97,250																						
PROJECT TITLE	Emergency health interventions for displaced population to Zam Zam IDP Camp and armed conflict surrounding areas (North Darfur)	Total Funding Received for Project	\$ 316,009	<p><i>TO NOTE: Number targeted was 75,829 in the proposal without children. With children total targeted is 86,229.</i></p>		As the project of WHO was providing emergency health services through fixed and mobile clinics including community based interventions, the analysis of consultation reports of the clinics were show more benefit of mothers and children was higher than men as it was observed that mothers and children are mostly affected than men in ZamZam camp.																		
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 401,372																					
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES			MONITORING AND EVALUATION MECHANISMS																			
<p>To provide life-saving emergency health interventions to 75,829 displaced people in Zam Zam IDP Camp and individuals living in armed conflict sites in North Darfur with provision of medical supplies, capacity building and focus on PHC, IMCI, routine immunization, ANC, PNC and community based hygiene promotion.</p>		<ul style="list-style-type: none"> ▪ Around 164.000 had access to full package of PHC services, number of health facility increased by 25 per cent with five new established mobile clinics maintained to fill the gap inside the camp and other surrounding villages namely Tukomari, Dar salm and Abu Zeraiga. ▪ Health Services are provided by four NGOs (RI, PAI, Mercy, HAD) and SMOH in Zam Zam and surrounding areas. Through CERF, WHO supported three out of these NGOs ▪ Five mobiles clinics are active in providing services namely one each by HAD MERCY Malaysia and PAI and two by RI ▪ Referral services maintained with 89 delivery complicated cases being referred to Al Fasher teaching hospital and managed. ▪ Improved communicable disease cases detection and managements ▪ Rapid response teams trained and deployed to respond ▪ Safe drinking water was ensured by improvement in water quality. WHO supported WASH working partners in terms of logistical and technical supporting of water quality activities (three water labs were capacitated which were used as references labs) moreover WHO supported health and WASH partner's water quality monitoring team and succeed in monitoring of 21 newly drilled water sources and 11 old hold hand pumps and mini-water yards water sources in Zamzam IDPs Camps including new arrival areas. 			<p>WHO has assigned from the beginning of the project a medical coordinator earmarked with coordination vehicle to undertake close monitoring and supervision, the medical coordinator is based in ZamZam camp 24/7 having different meeting including community leaders and partners exist in the camp and surrounding villages, daily reporting to SMOH/WHO was followed, five mobile clinics were reporting under the established weekly EWARS for communicable diseases, weekly interagency meeting at camp level and EIFasher is maintained where agenda of health derived from the findings of the medical supervisor.</p>																			

⁶ This figure can not be correct.

	<ul style="list-style-type: none"> ■ Reduction of incidence of vector borne disease achieved through well planned activities. ■ Entomological surveys in Zamzam IDPs camps (covered 75,829 new arrivals and host IDPs communities more than actual targets) which contributed in reduction and interruption of transmission of most prevalence disease (Malaria , Leishmaniasis and other Diarrheal cases) by effective vector control measures while reducing adverse environmental impact of insecticides which includes methods based on knowledge of factors influencing the local vector biology, disease transmission and morbidity . Under IVM (integrated vector management) a range of interventions in combination and synergistically were used through collaboration with the health sector, engage local communities and other stakeholder and take into consideration public health. For strengthen the vector control activities through entomological surveys most common public health related vectors were identified (houses hold flies , cockroaches , Mosquito and Sand flies) where house hold flies represent the 56 per cent vectors. For decreasing density of public related vector WHO supported for training 80 person from health , WASH partners and new IPDs, more over it was advocated in implementation of two spraying campaigns in Zamzam camps with integrated vector control however post campagin entomology survey showed dramatically decreasing of vector density which contribution in vector related diseases . 	
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UNICEF – HEALTH						
CERF PROJECT NUMBER	11-CEF-022-F	Total Project Budget	\$ 260, 420	Beneficiaries		Gender Equity
				Targeted	Reached	
PROJECT TITLE	Emergency Health Interventions for displaced population to Zamzam IDP Camp and armed Conflict surrounding areas (North Darfur)	Total Funding Received for Project	\$ 259,557	Female	33,365	72,600
				Male	42,464	92,400
				Total individuals (Female and male)	75,829	165,000
				Of total, children under 5	10,400	23,100
				TOTAL	75,829	165,000
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 280,100			The project disaggregated data by age and sex to ensure equity among girls, boys, women and men.
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES			MONITORING AND EVALUATION MECHANISMS	
<p>Overall crude mortality among the IDPs is kept below 1 per 10,000.</p> <p>Mortality of under 5 is kept below 2 per 100,000.</p> <p>80 health workers are trained on PHC package including EPI, IMCI, malaria treatment and ANC.</p> <p>90 per cent of under five children are vaccinated against measles and are administered with vitamin A supplementation</p> <p>90 per cent of the population has access to essential life-saving measures and primary health care services including treatment of common illnesses particularly those four communicable diseases that are usually responsible for the majority of deaths in the context of Internally Displaced Persons. These four diseases are Malaria, Pneumonia, Diarrhoea and Measles.</p> <p>Personal and environmental hygiene knowledge and practice improved.</p>		<ul style="list-style-type: none"> The overall crude mortality rate and the under-5 mortality rate were kept below 1/10000 and 2/10000 respectively. These results were possible through the provision of essential drugs and other related supplies (52 Primary health care drug kits, 50 Integrated Management of childhood illnesses drug kits, 200,000 oral rehydration salt, 27,500 malaria treatment doses, 3000 IV bags of Sodium lactate), 80 health workers, in addition to 320 community health workers, have been trained on emergency preparedness and response, Malaria prevention, diarrhoeal disease control, EPI and hygiene promotion. CERF fund has been used to ensure immediate access of more than 90 per cent of the population to primary health care services through the above mentioned interventions. In addition, about 23,000 under-five children have had access to life saving interventions and it is estimated that about 4,500 under-five cases have received treatment of pneumonia, diarrhoea and malaria according to national protocols and guidelines Personal and environmental hygiene knowledge and practice has improved as a result of provision of ten Training sessions for the community health worker in Zamzam camp 			<p>The project was monitored closely by UNICEF, The epidemiology department of the Ministry of Health, which was the actual implementing partner of the project as well as WHO.</p> <p>Both UNICEF Elfasher and State Ministry of Health have been involved in the evaluation of the project before sending the final report to UNICEF Country office.</p>	

UNFPA - HEALTH																											
CERF PROJECT NUMBER	11-FPA-020	Total Project Budget	\$ 1,496,492	<table border="1"> <thead> <tr> <th>Beneficiaries</th> <th>Targeted</th> <th>Reached</th> </tr> </thead> <tbody> <tr> <td>Individuals</td> <td>75,829</td> <td>75,829</td> </tr> <tr> <td>Female</td> <td>33,365</td> <td>33,365</td> </tr> <tr> <td>Male</td> <td>42,464</td> <td>42,464</td> </tr> <tr> <td>Total individuals (Female and male)</td> <td>75,829</td> <td>75,829</td> </tr> <tr> <td>Of total, children under 5</td> <td>10,400</td> <td>10,400</td> </tr> <tr> <td>TOTAL</td> <td>75,829</td> <td>75,829</td> </tr> </tbody> </table>		Beneficiaries	Targeted	Reached	Individuals	75,829	75,829	Female	33,365	33,365	Male	42,464	42,464	Total individuals (Female and male)	75,829	75,829	Of total, children under 5	10,400	10,400	TOTAL	75,829	75,829	Gender Equity Gender equity was maintained in all relevant activities. Women, men, boys and girls all benefited from this project which included curative and preventive RH services in four fixed RH clinics(RI 2 clinics, PAI, Mercy, HAD) as well as 4 mobile clinics in Zamzam camp and health centres in Abuzraiga (HAD) and Shangltubayai (MSF-E) as well as Alfashir maternity hospital. Support of HAD with incentives for 6 midwives in Abu-zraga and Zamzam camp. Health education on RH/GBV and HIV/AIDS including women, men, girls and boys.
Beneficiaries	Targeted	Reached																									
Individuals	75,829	75,829																									
Female	33,365	33,365																									
Male	42,464	42,464																									
Total individuals (Female and male)	75,829	75,829																									
Of total, children under 5	10,400	10,400																									
TOTAL	75,829	75,829																									
PROJECT TITLE	Emergency health interventions for displaced population to Zam Zam IDP Camp and armed conflict surrounding areas (North Darfur).	Total Funding Received for Project	\$ 211,470																								
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 211,470																								
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES			MONITORING AND EVALUATION MECHANISMS																						
<p>To provide life-saving emergency health interventions to 75,829 displaced people in Zamzam IDP Camp and individuals living in armed conflict sites in North Darfur with provision of medical supplies, capacity building and focus on PHC, IMCI, routine immunization, ANC, PNC and community based hygiene promotion.</p>		<ul style="list-style-type: none"> ■ This project provided the MISP Services package, activities and supplies for RH during emergencies" to the affected population; (could be put as 90 per cent covered by the minimum Initial Service package). <ul style="list-style-type: none"> ⦿ More than 90 per cent of beneficiaries covered by MISP. ⦿ In order to implement MISP the following Number of RH kits distributed to the PHC clinics in Zamzam camp, Abuzraiga PHC (HAD) and Alfashir maternity hospital: kit1A (51840 pcs), Kit 2A 19, kit 2B 5, kit3 3, kit4 (coc 4320 cycles, pops 3300 cycles, injectable 500 vials , Kit5 5, kit6 3, kit8 2, kit9 4, kit10 2, kit11A 1, kit11B 1 and kit12 2 in addition to different dugs, medical supplies, medical equipment and furniture. ■ The project contributed to achieving reduction in maternal and neonatal mortality; case fatality and enhancing successful end results of pregnancies and child births in the affected population. <ul style="list-style-type: none"> ⦿ 434 deliveries assisted by trained health personnel, 52 cases complicated cases received referral support to Alfashir maternity hospital. ⦿ 160 health providers trained on various RH component (IP, CMR,STIs, HIMS ,SOC,PAC, EmOC , and MISP). ■ The project created awareness among the communities on RH services and risk reduction activities (90 per cent of targeted groups are aware of availability and utilize RH services). <ul style="list-style-type: none"> ⦿ 86 sessions on RH health education sessions were conducted by PAI beneficiaries were 3698 women, men, girls and boys. ⦿ 52 awareness raising sessions on RH/GBV and HIV/AIDS conducted for 9018 women, men, girls and boys. ⦿ One day on RH/GBV and HIV/AIDS awareness raising campaign conducted, for 123,200 beneficiaries, including new and old IDPs in Zamzam camp. 			<p>Monitoring and supervision and project evaluation missions were conducted at all stages of the project, some of supervision and monitoring and evaluation missions conducted with implementing partners and line ministries.</p> <p>the facilitators of the activities were selected according to specific criteria in coordination with line ministries and implementing partners</p> <p>Monitoring visit also conducted from Khartoum HRU to facilitate, supervise and monitor the implementation.</p>																						

UNICEF – HEALTH/NUTRITION

CERF PROJECT NUMBER	11-CEF-022-B	Total Project Budget	\$ 12,809,267	Beneficiaries		Reached	Gender Equity
				Targeted	Reached		
PROJECT TITLE	Emergency interventions for newly displaced	Total Funding Received for Project	\$ 364,442	Female	0	0	All beneficiaries were children under five but results were not segregated by sex.
				Male	0	0	
				Total individuals (Female and male)	0	0	
				Of total, children under 5	13,600	33,690	
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 389,944	TOTAL	13,600	33,690	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				Monitoring and Evaluation Mechanisms	
Prevent malnutrition, identify and treat all severely malnourished newly displaced children and children affected by the current conflict.		<ul style="list-style-type: none"> ■ Treatment of 500 children for severe acute malnutrition <ul style="list-style-type: none"> ⦿ 679 new cases of severe acute malnutrition were treated in ZamZam during the project period (April – June) ⦿ Therapeutic foods procured (500 cartons of Plumpy Nut, 50 cartons F75 and 50 cartons F100) ■ Provide nutritional screening and referral of 13,600 children under five years of age <ul style="list-style-type: none"> ⦿ One mass screening of U5 children was conducted by SMOH/RI in ZamZam IDP camps and 6,364 children were screened of which 4,545 were normal, 1,286 Moderate and 533 severe cases. Those with MAM and SAM were referred for treatment ⦿ Routine screening of U5 children conducted by RI had a total of 9,379 children screened of which 536 were SAM cases, 1,301 MAM cases and rest were normal. ⦿ One nutrition survey was conducted in new arrival ZamZam camp in May-June 2011. ■ Functioning of three outpatient therapeutic programmes and one stabilisation centre <ul style="list-style-type: none"> ⦿ Three OTP mobile clinics were established to cater for the treatment of children with SAM in the new arrival areas of ZamZam IDP camps. ⦿ Eleven health staffs (five Medical Assistants, five nurses, and one supervisor in nutrition) and 35 community health and nutrition workers were trained on CMAM. ■ 13,600 under five children received a protective age appropriate emergency food ration (BP5) <ul style="list-style-type: none"> ⦿ 2,000 cartons BP5 (Emergency food ration) procured ⦿ Total of 17,268 U5 children received two weeks ration of BP5 biscuit, 1,852 carton of BP5 was distributed as emergency blanket for under-five children of ZamZam IDP camp. The distribution was done by Relief International with UNICEF support. 				Monitoring and evaluation was carried out through field visits by UNICEF staff based in El Fasher. Feeding centre data was collected on a monthly basis by partners and a monthly report submitted to UNICEF (detailing number of children treated, and proportions cured, died, defaulted and non-response). Numbers of children screened and referred was also collected from partners by UNICEF office monthly.	

UNICEF – PROTECTION/HUMAN RIGHTS/RULE OF LAW						
CERF PROJECT NUMBER	11-CEF-022-C	Total Project Budget	\$ 864,175	Beneficiaries		Gender Equity
PROJECT TITLE	Emergency interventions for newly displaced IDPs	Total Funding Received for Project	\$ 346,643	Female	15,620	8,041
				Male	6,980	5,961
				Total individuals (Female and male)	57,000	14,002
				Of total, children under 5	34,400	4,116
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 390,550	TOTAL	57,000	14,002
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS
<p>To ensure identification of separated and unaccompanied children and related family tracing and reunification is conducted for all new IDPs and systems are in place.</p> <p>To ensure all traumatized children participate and have access to the psychosocial support activities organized through the well-established and equipped child friendly spaces and have access to other community services.</p> <p>To establish 9 Community Based Child Protection Committees for new IDPs and to enhance protection monitoring and reporting, child rights awareness and participation and link them to the current child protection networks active in camps.</p>		<ul style="list-style-type: none"> 15 Child-Friendly Spaces were established, equipped and continue to provide psychosocial support services to 9,101 children and youths, including 4,116 under five. 52 Child-Friendly Spaces (26 CFSs in Zamzam and 26 CFSs in Tawilla) were equipped with recreation materials benefiting newly displaced children from Dar-Alsalam locality (Shangil Tobaya, Dar-Alsalam and surrounding villages). The capacities of 173 community animators/social workers (123 in Zamzam and 50 in Tawilla) was enhanced through training on psychosocial support, child rights and child protection issues and are currently participating in organizing psychosocial activities in 52 CFSs in Zamzam and Tawilla. All 20 established CPC were linked to the existing five Child Protection Networks in the camps with 2,450 (650M/1,000F/800children) community members received awareness raising sessions on FTR. 238 community leaders (73 male/165 female) trained in basic monitoring and reporting on child rights issues. 120 separated children were identified through the established FTR mechanism and reunified with their families. 11,000 community members (4,650 males, 6,350 females) reached by key FTR messages and procedures. 				<p>Project activities were monitored, supervised and reported through monthly narrative and statistical reports collected from the field by implementing actors in Shangil Tobaya, in Tawilla and in Zamzam. Data were collected from Community Animators, Parent Teacher Association Committees PTAs, Youth Clubs, and Child protection committees/network.</p> <p>The evaluation of the project was done through discussion in Child Protection WG meeting, FTR coordination meeting and through discussion with community groups and with children in CFSs during field visits to ascertain the degree of achievement in regard to aim and objective of the project.</p>

UNFPA - PROTECTION/HUMAN RIGHTS/RULE OF LAW

CERF PROJECT NUMBER	11-FPA-021	Total Project Budget	\$ 2,974,654	Beneficiaries		Reached	Gender Equity	
				Targeted				
PROJECT TITLE	GBV Life-saving Response for Newly Displaced	Total Funding Received for Project	\$ 240,571	Individuals	30,000	35,851	Women, men, girls and boys were all benefited from this project through different trainings, services, and awareness raising sessions.	
				Female	28,500	32,206		
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 241,606	Male	1,500	3,645		
				Total individuals (Female and male)	30,000	35,851		
				Of total, children under 5	0	0		
				TOTAL	30,000	35,851		
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS		
<p>To ensure that all reported cases of GBV receive Referral support and access the needed services to address their needs.</p> <p>To form, train and support Women union committees who will act as women and girls psychosocial support and women issues advocate at camp decision making forums</p> <p>To provide 'Dignity kits' or personal hygiene kits and sanitary supplies to women who have been displaced and in need.</p> <p>To provide life-saving emergency GBV interventions to 35,000 displaced people in Zam Zam IDP Camp and 4,000 individuals living in armed conflict sites in North Darfur in Shangil Tobay through GBV/HIV/RH Community Education water for Sudanese refugees increased or maintained.</p>		<ul style="list-style-type: none"> ■ Six temporary women centres constructed to provide a safe place for women to seek information and assistance ■ 750 community members and mostly women reached through the awareness raising campaigns in the women centres within the three months ■ Six women union committees formed providing psychosocial support, referral linkages, information and advocating for women issues in camp meetings, assessments and other forums. ■ Material support in form of books, pens, bags provided for women Union members ■ A total of three (four-days training) conducted for the women union members in leadership, assessments, advocacy ■ Weekly GBV/Health Education sessions carried out in the women centres ■ A total of 314 community members trained in emotional support provision ■ A total of 170 IDP women attended literacy classes ■ 7000 of PKKs were distributed to women in ZamZam and Shangile Tobia ■ A total of 34 community leader and youth were trained on GBV topics ■ 4450 Personal Hygiene kits assembled in women centres and distributed to beneficiaries <p>(5,840 women and 3,645 male and 4,323 children) A total of 13,808 had knowledge of GBV prevention and response and knew where to obtain support through the Open Days with cultural activities and support from women centres.</p>				<p>Monitoring & supervision and project evaluation missions were conducted at all stages of the project, some of supervision & monitoring and evaluation missions conducted with implementing partners and line ministries.</p> <p>the facilitators of the activities were selected according to specific criteria in coordination with line ministries and implementing partners</p> <p>Monitoring visit also conducted from Khartoum HRU to facilitate, supervise and monitor the implementation.</p>		

UNICEF - EDUCATION

CERF PROJECT NUMBER	11 – CEF – 022 - E	Total Project Budget	\$ 864,472	<table border="1"> <thead> <tr> <th>Beneficiaries</th> <th>Targeted</th> <th>Reached</th> </tr> </thead> <tbody> <tr> <td>Female</td> <td>3,000</td> <td>3,760</td> </tr> <tr> <td>Male</td> <td>3,000</td> <td>3,530</td> </tr> <tr> <td>Total individuals (Female and male)</td> <td>6,000</td> <td>7,290</td> </tr> <tr> <td>Of total, children under 5</td> <td></td> <td></td> </tr> <tr> <td>TOTAL</td> <td>6,000</td> <td>7,290</td> </tr> </tbody> </table>			Beneficiaries	Targeted	Reached	Female	3,000	3,760	Male	3,000	3,530	Total individuals (Female and male)	6,000	7,290	Of total, children under 5			TOTAL	6,000	7,290	<p align="center">Gender Equity</p> <p>A total of 7,290 school aged newly displaced children (3,760 boys and 3,530 girls) to the ZamZam IDP camp and in surrounding areas have been benefitted from this project with lifesaving emergency education in a conducive environment with the provision of temporary classrooms, seating mats and teaching-learning materials, trained teachers and sanitation facilities.</p>
Beneficiaries	Targeted	Reached																							
Female	3,000	3,760																							
Male	3,000	3,530																							
Total individuals (Female and male)	6,000	7,290																							
Of total, children under 5																									
TOTAL	6,000	7,290																							
PROJECT TITLE	Emergency education response for the newly displaced children in ZamZam IDP camp and surrounding areas in North Darfur	Total Funding Received for Project	\$ 255,806																						
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 273,706																						

OBJECTIVES AS STATED IN FINAL CERF PROPOSAL	ACTUAL OUTCOMES	MONITORING AND EVALUATION MECHANISMS
<p>To provide life- saving emergency education to 6,000 school-aged displaced children and the children affected by the current conflict in ZamZam IDP camps and surrounding areas through;</p> <p>Construction of temporary classrooms, teachers office and store rooms with metal pole's frame and local materials for fencing and roofing</p> <p>Procurement and distribution of seating mat and black boards for the classrooms</p> <p>Procurement of furniture (plastic chair & table) for the teachers offices</p> <p>Procurement and distribution of educational materials (pupil kits, teachers kits, recreational kits)</p> <p>Training of teachers on teaching learning technique and management</p> <p>Training of PTA members/ community leaders on school management</p>	<ul style="list-style-type: none"> ■ Construction: <ul style="list-style-type: none"> ⊗ 90 temporary classrooms (9 m x 5m), 13 teacher's office (7m x 5m) and 7 stores (7m x 5m) have been constructed with metal pole's frame and local materials for fencing & roofing in the newly established ZamZam IDP camp ⊗ Two units of latrine for boys and two for girls have been constructed in 08 newly established schools ■ Supplies: <ul style="list-style-type: none"> ⊗ 1,200 pcs of plastic seating mats (3 m x 1.5 m) procured and distributed for the children in the classrooms ⊗ 90 plastic chairs and 45 plastic table procured and distributed for the teacher's office ⊗ 150 black boards procured and distributed to the classrooms in the new and old IDP camp schools ⊗ 500 pupils kit for grade 1-4 and 5 – 8 procured and distributed ⊗ 100 teachers/classroom kits procured and distributed ⊗ 550 tarpaulin procured and distributed to the IDP schools ⊗ 100 student recreational kits procured and distributed to the IDP schools ■ Training: <ul style="list-style-type: none"> ⊗ House to house assessment conducted and registered all school aged displaced children ⊗ 100 volunteer teachers trained on teaching-learning techniques and classroom management ⊗ 100 PTA & community leaders trained on school management and resource mobilization ■ Access to Basic Education: <ul style="list-style-type: none"> ⊗ A total of 7,290 displaced children were provided with access to quality basic education at the beginning of the 2011-2012 academic year, which is 1,290 above the targeted number. ⊗ Target beneficiaries as in proposal was 9,000. Please check and reflect accordingly. 	<p>The project has been implemented in support with the State Ministry of Education (SMoE) with active community participation.</p> <p>Construction of temporary classrooms, teacher's office and store rooms has been done by Parent Teachers Associations (PTA) with technical support and guidance from SMoE engineering unit. SMoE engineering unit monitored the quality of construction work.</p> <p>Teachers and PTA training was conducted by the SMoE's trained personnel with support from UNICEF</p> <p>Construction of school latrines have been done through WES authority with the support from UNICEF WASH team. Both UNICEF WASH team and Education team monitored the latrine construction</p> <p>Procurement of all education supplies done by UNICEF and distributed to the IDP children through SMoE</p> <p>UNICEF education and SMoE jointly monitored and evaluated the project that has been completed successfully</p>

UNICEF – SHELTER AND NON-FOOD ITEMS

CERF PROJECT NUMBER	11-CEF-022-D	Total Project Budget	\$ 2,029,284 ⁷	Beneficiaries			Gender Equity
				Targeted	Reached		
PROJECT TITLE	Procurement of NFI/EF for NFI common pipeline for newly displaced population in North Darfur	Total Funding Received for Project	\$ 2,029,284	Female	41,240	53,067	The NFIs are distributed focusing on vulnerable households. The intervention thus benefitted women, girls, boys and men in the same way.
				Male	5,458	53,067	
				Total individuals (Female and male)	60,648	106,134	
				Of total, children under 5	14,556	56,251	
				TOTAL	60,648	106,134	
				<i>** Reached number with all available funds.</i>			
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 1,159,613				
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
<p>Objective(s) The overall objective of this project is to ensure that 60,648 newly-displaced people by the conflict receive lifesaving NFI and shelter items.</p> <p>Activities Procurement of full basket of NFI/Shelter Items (one plastic sheet, one cooking set, two jerry cans, two blankets, two sleeping mats) for 60,648 displaced people.</p> <p>Delivery of the procured items to NFI Common Pipeline hubs in El Obeid and Nyala.</p> <p>Expected Outcomes and Indicators 15,162 NFI sets are procured and delivered to NFI Common Pipeline hubs for distribution through NFI Common Pipeline mechanism.</p>		<ul style="list-style-type: none"> ▪ Following NFIs have been procured and delivered to NFI/ES Common Pipeline: <ul style="list-style-type: none"> ☉ Cooking sets – 15,162 sets ☉ Plastic Sheets – 30,812 pieces ☉ Blankets – 31,000 pieces ☉ Sleeping Mats – 37,000 pieces ▪ Following NFIs were distributed through NFI Common Pipeline and implementing partners to newly displaced people in North Darfur <ul style="list-style-type: none"> ☉ Cooking sets –17,689 sets ☉ Plastic Sheets –17,689 pieces ☉ Blankets –35,378 pieces ☉ Sleeping Mats – 35,378 pieces <p>NOTE: UNICEF role in NFI/ES Common Pipeline is procurement of supplies. The supplies are handed over to WFP/Logistics Coordination Unit, coordinator of the Common Pipeline, and distributed through NGO implementing partners. Distribution activities are not covered in this proposal or under UNICEF activities. Distribution figures are provided to give an overview of interventions.</p>				<p>Verification is conducted through NFI/ES Common Pipeline mechanism, with OCHA. On the site monitoring is conducted by implementing NGOs.</p>	

⁷ UNICEF did not revert back on this

UNICEF – WATER AND SANITATION							
CERF PROJECT NUMBER	11-CEF-022-A	Total Project Budget	\$ 2,580,118	Beneficiaries		Reached	Gender Equity
				Individuals	60,000		
PROJECT TITLE	Emergency interventions for newly displaced IDPs	Total Funding Received for Project	\$ 1,707,237	Female	39,000	37,500	
				Male	6,300	23,750	
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 1,826,704	Total individuals (Female and male)	45,300	61,250	
				Of total, children under 5	14,700	13,750	
				TOTAL	60,000	75,000	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
<p>Objective(s) The overall objective of this project is to ensure that 60,000 newly-displaced people in Zamzam camp are provided with lifesaving emergency WASH services in a timely manner within three months.</p> <p>Activities Water trucking for four weeks, 280 truckloads to serve about 40,000 people. Trucking will be done while water facilities are established. It will not be necessary to truck water to all 60,000 people besides the enormous logistics and expenses required. In terms of water provision, CERF funds will be used to provide improved water for about 47,000 new IDPs and funds from other sources will provide for 13,000 new IDPs. Construction and operation of four motorized water systems (water yards) to serve 20,000 people Operation and maintenance of four water yards to serve 20,000 people Drilling, construction and installation of 52 new hand pumps to serve 27,000 people. Four new motorised systems and 52 new hand pumps to serve a total of 47,000 people</p>		<p>Provision of WASH services for new influx of IDPs in Zamzam camp and other locations in North Darfur state. WASH services for new IDPs ensured:</p> <ul style="list-style-type: none"> Procured three 10m3 and three 5m3 bladder tanks and supported WES North Darfur to install the bladders, which were connected to tap stands. About 90m3 of chlorinated water was trucked on daily basis using 3 trucks, over a period of 3 months. Trucked water served about 10,000 new IDPs. UNICEF Supported WES to construct/establish, operate and maintain 2 water yards (motorised water systems)connected to 2 elevated water tanks and laid a 7 km pipeline network , which were connected to 5 water distribution points in Zamzam camp. The water was chlorinated on daily basis and the system served over 20,000 people and also improved water provision from 5 to 15 litres per person per day. With UNICEF support, WES established, operated and maintained five new water yards , with elevated tanks and pipeline networks and water taps in Katoul, Kebkebiya, Tawilla, El Sereif and Abu Zereiga locations (one water system in each of the locations), which benefitted a total of about 25,000 newly displaced people. WES drilled 38 new boreholes fitted with hand pumps and rehabilitated another 15 existing hand pumps in Tabit, Abu Zereiga, El Tina, Kornoi and Saraf Omra, which benefitted 15,200 IDPs with improved drinking water. UNICEF provided supplies and financial resources to WES to construct 3,682 household and communal latrines in Zamzam, Abbu Zereiga, Tawilla, Shangli Tobaya and El Seref locations. The latrines benefitted about 73,640 IDPs WES was supported to carry-out hygiene promotion activities and raising awareness on hygiene among the newly displaced people in all the locations/camps mentioned above. Activities carried out included: environmental cleanliness campaigns, home visits, hygiene campaigns and hygiene sessions with communities, which stressed hand washing and proper use of latrines. Soap was also distributed regularly to promote hand washing personal hygiene. Hygiene promotion activities and awareness rising reached about 75,000 new IDPs and the campaigns helped to 				<p>UNICEF deployed dedicated WASH staffs that monitored WASH service delivery on daily basis. IDP communities were also brought aboard to monitor water trucking activities using templates w, which were designed and agreed on with implementing partners involved. Senior UNICEF staffs at both zonal and Khartoum levels in conjunction with WES –Darfur Area coordination Unit and PWC at Khartoum level supervised implementation of the project, regularly conducted field monitoring visits, shared and discussed concerns and addressed such concerns immediately. Biweekly and monthly WASH Sector coordination meetings with all sector partners were conducted at state and Khartoum levels and project implementation progress was discussed at the meetings.</p> <p>Monthly progress reports were shared in WASH sector coordination meetings and with relevant stakeholders at both</p>	

<p>Chlorination and monitoring of water quality Community training for 300 people (hand pump mechanics, pump operators, community hygiene promoters) Household and communal latrine rehabilitation and construction (3,000 latrines) to serve 60,000 people Hygiene promotion, sanitation and hygiene campaigns (disseminate critical hygiene promotions messages on e.g. hand washing, use of safe water, use of latrines, proper disposal of solid waste) for 60,000 people Distribution of soap to promote hygiene for 30,000 people Regular monitoring and supervision of sector partners and community leaders</p> <p>Expected Outcomes and Indicators About 40,000 newly-displaced people will receive sustained safe water supply by water tankers in the first four weeks Through drilling and construction of motorised water systems (water yards) and installation of hand pumps, as well as operation and maintenance of motorized systems (water yards) 47,000 new IDPs will be provided with improved water supply Over 60,000 people will receive critical hygiene messages on safe water use, latrine use, hand washing, personal hygiene and environmental cleanliness and desired hygiene behaviour practices over a period of three months About 60,000 newly-displaced people will have access to acceptable means of excreta disposal sanitation facilities at household or community level Increased empowerment and capacity for communities and local authorities to manage maintain and sustain their WASH facilities.</p>	<p>reduce the risk of outbreak of communicable diseases such as diarrhoea or AWD especially among children who are most vulnerable. No case of AWD was reported in all the locations where WASH services were delivered with CERF funds during the period of implementation.</p> <ul style="list-style-type: none"> 1,425 community members were trained in different WASH disciplines (60 hand pump mechanics, 30 masons, 60 community leaders, 1,275 community members on hygiene promotion and awareness activities). The trained community members supported sustaining WASH service delivery in all the locations mentioned above. 	<p>state and federal levels. At the end of implementation of the CERF funded project, joint-assessments/evaluations with other sector partners were carried out in respect to the status of the WASH situation among the new IDPs and this information was discussed in WASH sector coordination meeting and the database was also updated. Uncovered gaps formed the basis for 2012 interventions.</p>
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IX. ANALYSIS 3 – EMERGENCY RESPONSE TO A MEASLES OUTBREAK

1. The humanitarian context

In 2010, measles outbreaks started to appear and continued into 2011. A total of 1,725 suspected measles cases were reported in 2010 with 670 confirmed as positive. 326 suspected cases were reported in 2011 with 154 cases confirmed positive for measles testing and some blood samples taken from suspected cases are still pending laboratory confirmation. CERF funding has been used to vaccinate under-five children (2,477,292 males and females) in the Kordofan and Darfur Regions. The main objective was to vaccinate all susceptible children and stop transmission by creating herd immunity to protect other age groups from measles transmission. This activity was addressing all children. Without this intervention, the number of measles cases and related deaths might have been in thousands and could have created a humanitarian disaster in Kordofan and Darfur regions.

2. Provide brief overview of CERF's role in the country

Given the nature of the Kordofan and Darfur regions with inaccessibility to health services, low routine immunization coverage, presence of nomadic groups, poor nutritional status and constant population movements across geographical borders, the measles outbreaks that erupted in the two regions were expected to spread rapidly resulting in a large case load with high morbidity and mortality which further strained the limited health services. Although the gap in immunity coverage for child under five years is around 30 per cent, but due to difficulty in identifying these children there was a need to undertake a mass campaign for all under 5 children.

Funds were required to procure measles vaccine and its bundled injection supplies in addition to the operational cost of implementing mass campaigns to cover all under-five children with measles vaccination.

Since 2004, the National Expanded Programme on Immunization (EPI) with the support of WHO and UNICEF (funded by the measles partnership initiative) has been conducting campaigns covering all under-five children. However, in 2010 and due to lack of funds these campaigns were not implemented in time and outbreaks of measles started to appear in several states like Khartoum, Gezira and River Nile. Only 9 -of-15 states in North Sudan were covered by these campaigns.

Decision-making was based on the number of confirmed cases in designated states recorded by the surveillance system in Kordofan and Abyie and EWARS in Darfur. This data was further analysed using historical and future extrapolations and the decision was made by the State Ministry of Health in close coordination with the health cluster members that actions need to be immediately taken.

The gravity of the situation was also confirmed by the MOH. A lack of adequate funding at state and federal levels and the need to act promptly were the main factors for applying to CERF. Funding would help avoid a humanitarian situation in targeted areas, which could also have spread to neighbouring countries. These projects addressed the needs of both females and males. Funds received from CERF were also complemented by funds received previously from CHF to ensure proper control measures are in place.

3. What was accomplished with CERF funding

Due to CERF funding, the measles situation in 2012 can be considered under control following the implementation of the vaccination campaign. The high coverage of the campaign created a good level of immunity that made the intense of measles virus transmission became low.

The support from CERF ensured vaccination of 2,477,292 children (males and females) without discrimination from the deadly disease. The funds from CERF were used to:

- Operationalize micro-plans in five states, including the three Darfur States, and the two Kordofan States and their localities, to administer the vaccine to under-five children.
- Train the service providers (vaccinators, team leaders, supervisors, communication personnel, cold chain Assistants, independent monitors, etc.).
- Provide transportation for the working teams and supervisors.

- Provide cold chain supplies such as ice blocks and icepacks for the storage of vaccine.
- Provide incentives for all service providers involved in the campaign.

During the implementation period there were no major impediments to report.

4. An analysis of the added value of CERF to the humanitarian response

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

YES NO

As soon⁸ as the CERF funding confirmation was received, vaccination campaign was implemented in a timely manner.

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

YES NO

The confirmation of the availability of CERF fund enabled agencies to lend equivalent funds from other programmes to start the immunization campaign.⁹

c) Did CERF funds result in other funds being mobilized?

YES NO

The CERF funding complemented other sources funds.

d) Did CERF improve coordination amongst the humanitarian community?

YES NO

The project improved coordination as it was implemented in collaboration with WHO and other partners mainly MOH, UNICEF and NGOs.

X. LESSONS LEARNED

LESSONS LEARNED	SUGGESTION FOR FOLLOW-UP/IMPROVEMENT	RESPONSIBLE ENTITY
Timely implementation of measles vaccination campaign before the accumulation of susceptible children.	Follow up vaccination campaigns in Kordofan and Darfur Regions have to be implemented in mid-2013.	MOH in coordination with partners (national and international)
The initiative “Health as a bridge for peace” was used to negotiate access with armed groups in the targeted area, which proved to be very beneficial	The time of negotiation with armed groups has to start at an earlier time.	UN and international NGOs
Use of independent monitors to check vaccinated children in-house.	Proper selection of independent monitors, proper training and provision of logistical support.	Partners and MOH
Use of UNAMID logistic facilities helped to transport the vaccines, syringes and personnel.	Continue the coordination with UNAMID to ensure the peaceful transportation of logistics and personnel.	Partners and UNAMID

⁸ WHO did not provide more detail on this response.

⁹ WHO did not provide more detail on this response.

RESPONSE TO A MEASLES OUTBREAK

WHO - HEALTH																											
Total Project Budget	\$ 2,900,000	Beneficiaries			Targeted	Reached	Gender Equity The target was children under 5 years of age from both female and male children without discrimination.																				
Total Funding Received for Project	\$ 1,352,386	Individuals			2,397,408	2,477,292																					
Amount disbursed from CERF	\$ 1,352,386	Female			1,054,860	,090,008																					
		Male			1,342,548	1,387,284																					
		Total individuals (Female and male)			2,397,408	2,477,292																					
		Of total, children under 5			2,397,408	2,477,292																					
TOTAL				2,397,408	2,477,292																						
ACTUAL OUTCOMES		MONITORING AND EVALUATION MECHANISMS																									
<p>The reduction in measles morbidity is seen in the following table:</p> <table border="1"> <thead> <tr> <th>State</th> <th>North Darfur</th> <th>North Kordofan</th> <th>South Darfur</th> <th>South Kordofan</th> <th>West Darfur</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td># of measles cases before the campaign</td> <td>149</td> <td>1789</td> <td>128</td> <td>30</td> <td>204</td> <td>2300</td> </tr> <tr> <td># of measles cases after the campaign</td> <td>94</td> <td>235</td> <td>12</td> <td>11</td> <td>127</td> <td>479</td> </tr> </tbody> </table> <p>The project succeeded to vaccinate 2,477,292 children under 5 years of age, which are more than the target because of the increased access to areas were closed in the past.</p>							State	North Darfur	North Kordofan	South Darfur	South Kordofan	West Darfur	Total	# of measles cases before the campaign	149	1789	128	30	204	2300	# of measles cases after the campaign	94	235	12	11	127	479
State	North Darfur	North Kordofan	South Darfur	South Kordofan	West Darfur	Total																					
# of measles cases before the campaign	149	1789	128	30	204	2300																					
# of measles cases after the campaign	94	235	12	11	127	479																					
<p>The data was collected daily using special forms.</p> <p>The monitoring was done during the campaign by the supervisors from different levels (administrative units, localities, state and Federal levels)</p> <p>Post campaign evaluation was done in each state with the participation of various level of supervisors.</p>																											

UNICEF – HEALTH								
CERF PROJECT NUMBER	11-CEF-021	Total Project Budget	\$ 1,500,000	Beneficiaries		Reached	Gender Equity	
				Targeted				
PROJECT TITLE	Measles outbreak emergency response in the Darfur and Kordofan regions	Total Funding Received for Project	\$ 1,216,588	Individuals	2,276,866	2,477,292		The project targeted call under-five children. However, coverage was not reported by sex.
				Female	1,001,821	1,090,008		
				Male	1,275,045	1,387,284		
STATUS OF CERF GRANT		Amount disbursed from CERF	\$ 1,301,721	Total individuals (Female and male)	2,276,866	2,477,292		
				Of total, children under 5	2,276,866	2,477,292		
TOTAL				2,276,866	2,477,292			
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS		
<p>Objective(s) Main Objective: To interrupt the spread of the measles outbreak and reduce morbidity and mortality caused by measles disease in the Darfur and Kordofan regions.</p> <p>Specific Objectives: To vaccinate 2,276,867 under-five year old children in Darfur and Kordofan Regions against measles in a mass campaign within a period of six days.</p>		<ul style="list-style-type: none"> The measles campaign was conducted on 26-31 March 2011 in Kordofan zone and on 14-19 May 2011 in Darfur zone. 1,020,921 under-five children were vaccinated against measles out of a target of 969,807 in North and South Kordofan states. Coverage was 105 per cent. 1,456,371 under-five children were vaccinated against measles out of a target of 1,467,982 in North, South and West Darfur states. Coverage was 99 per cent. Immunization of the under-five children in Kordofan and Darfur increased the herd immunity of the total population and accordingly measles incidence per 1 million population started to decrease. 				<p>The campaign was monitored by trained staff from the Ministry of Health at each administrative level. WHO and UNICEF also supervised the implementation while independent monitors assessed coverage immediately after the campaign.</p>		

ANNEX 2. CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS – NATIONAL AND INTERNATIONAL NGOS AND GOVERNMENT PARTNERS

CERF PROJECT CODE	CLUSTER/ SECTOR	AGENCY	IMPLEMENTING PARTNER NAME	PARTNER TYPE	TOTAL CERF FUNDS TRANSFERRED TO PARTNER US\$	DATE FIRST INSTALLMENT TRANSFERRED	START DATE OF CERF FUNDED ACTIVITIES BY PARTNER	Comments/ Remarks
11-HCR-028	Multi-sector	UNHCR	FAR	INGO	150,000	20/09/2011	30/07/2011	IP sub-agreement for Far and NMIAD (Jan – Dec) and CVHW (May-Dec) could only be revised in September 2011, however activities continued through the sub-agreement period with internal re-allocations.
			NMIAD	NNGO	101,880	20/09/2011	30/07/2011	
			CVHW	Government	522,526	26/07/2011	26/07/2011	
11-CEF-031-B	Water and Sanitation	UNICEF	WES	Government	215,199.82	15/08/2011	15/07/2011	UNICEF requested the partners to start providing WASH services using their own resources as disbursement of funds was processed.
			FAR	INGO	240,167.71	07/09/2011	01/08/2011	
11-WHO-037	Health	WHO	SMOH	Government	456,440	10/09/2011	27/07/2011	
11-CEF-021	Health	UNICEF	NA	NA	NA	NA	NA	
11-WHO-027	Health	WHO	MOH	Gov	2,654,107	15/04/2011	15/04/2011	MOH
11-IOM-022	Multi-sector	IOM	IDP Centre	Government Partners	461,805	09/10/2011	October 2011	
			Sudanese Logistics Company	Commercial Barge Company	2,677,000	25/01/2012	October 2011	
			FAR	INGO	240,167.71	07/09/2011	01/08/2011	

ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AJS	Acute Jaundice Syndrome
ARI	Acute Respiratory Infection
BP	Blood Pressure
CHF ER	Common Humanitarian Fund Emergency Reserve
CHVW	Commission of Humanitarian Volunteer Work
DOVA	Department of voluntary agencies at MOH
EVI	Extremely Vulnerable Individuals
FAR	Fellowship for African Relief
HAC	Humanitarian Aid Commission
HIV	Human Immunodeficiency Virus
IEC	Information/education/communication material
IOM	International Organization for Migration
MOH	Ministry of Health
NMIAD	Nuba Mountains International Agency for Development
Pul TB	Pulmonary Tuberculosis
SSRRC	South Sudan Relief and Rehabilitation Commission
UTI	Urinary Tract Infection
WES	Water and Environmental Sanitation Project
EPI	Expanded Programme on Immunization
EWARS	Early warning and Response System
MOH	Ministry of Health
NGOs	Non Governmental Organizations
UN	United Nations
UNAMID	African Union/United Nations Hybrid operation in Darfur
UNICEF	United Nations Children Fund
WHO	World Health Organization
AJS	Acute Jaundice Syndrome
ARI	Acute respiratory infection
BP	Blood Pressure
CHF ER	Common Humanitarian Fund Emergency Reserve
CHVW	Commission of Humanitarian Volunteer Work
Dermatitis	Skin Infection
DOVA	Department of voluntary agencies at MOH
EVI	Extremely Vulnerable Individuals
FAR	Fellowship for African Relief
HAC	Humanitarian Aid Commission
HIV	Human Immunodeficiency Virus
IEC	Information/education/communication material
IOM	International Organization for Migration
MOH	Ministry of Health
NMIAD	Nuba Mountains International Agency for Development
Pul TB	Pulmonary Tuberculosis
SSRRC	South Sudan Relief and Rehabilitation Commission
UTI	Urinary Tract Infection
WES	Water and Environmental Sanitation project