

## ANNUAL REPORT ON THE USE OF CERF GRANTS SUDAN

<b>Country</b>	<b>Sudan</b>
<b>Resident/Humanitarian Coordinator</b>	<b>Mr. Georg Charpentier</b>
<b>Reporting Period</b>	<b>1 January 2010 – 31 December 2010</b>

### I. Summary of Funding and Beneficiaries

<b>Funding</b>	Total amount required for the humanitarian response:	US\$ 1,843,386,608	
	Total amount received for the humanitarian response:	US\$ 1,033,056,477	
	Breakdown of total country funding received by source:	CERF:	US\$ 23,856,917
		CHF/HRF COUNTRY LEVEL FUNDS:	US\$ 156,494,443
		OTHER (Bilateral/Multilateral):	US\$ 852,705,117
	Total amount of CERF funding received from the Rapid Response window:	US\$ 23,856,917	
	Total amount of CERF funding received from the Underfunded window:	US\$	
	Please provide the breakdown of CERF funds by type of partner:	a. Direct UN agencies/IOM implementation:	US\$ 20,632,188
		b. Funds forwarded to NGOs for implementation (in Annex, please provide a list of each NGO and amount of CERF funding forwarded):	US\$ 3,224,729
		c. Funds for Government implementation:	US\$
<b>d. TOTAL:</b>		<b>US\$ 23,856,917</b>	
<b>Beneficiaries</b>	Total number of individuals affected by the crisis:	<b>South Sudan Pipeline:</b>	Over 3 million
		<b>Flood Emergency Response:</b>	3 million
		<b>Food Pipeline:</b>	4.1 million
	Total number of individuals reached with CERF funding:	<b>Individuals</b>	
		<b>South Sudan Pipeline:</b>	See results matrix
		<b>Flood Emergency Response:</b>	1,150,000
	<b>Children under 5</b>		
	<b>South Sudan Pipeline:</b>	See results matrix	
	<b>Flood Emergency Response:</b>	516,500	
	<b>Females</b>		
	<b>South Sudan Pipeline:</b>	See results matrix	
	<b>Flood Emergency Response:</b>	1,314,200	
	<b>Food Pipeline:</b>	2,100,000	
	Geographical areas of implementation:	<b>South Sudan Pipeline:</b> All 10 southern Sudan states	
		<b>Flood Emergency Response:</b> White Nile, River Nile, Red Sea, Khartoum, Gezira and Sinnar states	
<b>Food Pipeline:</b> Darfur, Three Areas and Eastern Sudan			

## II. Analysis

In 2010, the CERF Rapid Response window was used to support humanitarian operations in three critical situations: the southern Sudan humanitarian pipeline, northern Sudan food pipeline and flood response.

### **Southern Sudan: Six Pipelines - Seven projects: US\$14,134,166**

In 2010, inter-tribal violence and a massive food gap caused urgent humanitarian needs across all ten states of southern Sudan. The 2009 FAO crop assessment confirmed that less food is being produced in southern Sudan than at any point since 2005. The Annual Needs and Livelihood Assessment (ANLA) 2009/2010, which was released by the Government of southern Sudan in April 2010, confirmed that as many as 4.3 million people — close to half the entire population — would require food assistance in 2010.

Alarming malnutrition rates in accessible areas worsened during the “hunger gap” in May/June. In February 2010, a nutrition survey showed emergency levels of malnutrition with a Global Acute Malnutrition (GAM) rate of 45 per cent and Severe Acute Malnutrition (SAM) rate of 15 percent. A severe shortage of life-saving nutrition supplies due to funding gaps prevented life-saving emergency responses from being launched.

Inter-tribal clashes continued. In 2009, more than 2,500 people were killed and a staggering 391,400 people were displaced, including an estimated 83,000 as a result of attacks carried out by the Lord's Resistance Army (LRA). Violence continued during the first quarter of 2010, resulting in a more severe crisis than what was predicted during the development of the 2010 Humanitarian Work Plan.

Prior to CERF funding, emergency operations were limited by the insufficient availability of essential inputs for the south's six core pipelines: food, emergency health kits, nutrition, non-food items (NFIs), seeds and tools and water and sanitation.

### **Northern Sudan Food Pipeline - One project: US\$8,000,002**

In 2010 WFP provided food assistance to vulnerable populations across northern Sudan, including 4.6 million people in the Darfur region and 1.7 million people in Central and Eastern regions and the Three Areas.

In Darfur in 2010, more than 2 million people – a third of the region's population – were displaced and reliant on aid agencies for their survival; another 1 million of the civilians in Darfur remained in villages but faced continuous threats as the conflict continued. The food security status of the population remained precarious with disrupted livelihoods and limited opportunities.

Approximately 25 per cent of the population in the Central and Eastern regions and the Three Areas was food insecure, while malnutrition rates of 19 percent in Red Sea and Kassala States exceeded the emergency threshold. During 2010, WFP planned to assist more than 1.7 million people in these regions

In Darfur, WFP distributed four months worth of food to alleviate the impact of the poor harvest to some 250,000 of the worst affected residents in the impacted areas across the region. In the central and eastern regions and Three Areas, WFP targeted some 700,000 people affected by the poor harvest with emergency distributions through food-for-work activities in North Kordofan and food-for-recovery and GFD in Kassala, Red Sea, Blue Nile, White Nile and South Kordofan States.

In order to support the massive scale up of operations in the south, two months of food stocks typically earmarked for Darfur were diverted to meet emergency needs in southern Sudan. While WFP was able to rapidly scale up its emergency response in the south, it came at the expense of needs in Darfur where WFP is now left with no buffer stocks.

As a result of increased needs and funding shortfalls, the WFP food pipeline was likely to break in August - peak of the hunger season in Sudan - affecting all activities across Sudan.

### **Flood Emergency Response - Two projects: US\$1,613,606**

Heavy rains and floods affected 13 states in northern Sudan. At least 11,226 houses were totally destroyed while 4,715 were partially destroyed. More than 100,000 people are estimated to be directly affected. WHO estimated that at least 300,000 are at direct risk of public health concerns. Hemorrhagic fever including Rift Valley fever was of great concern. Incidences of other communicable diseases such as diarrhoea and malaria began to rise which signalled a sharp rise in breeding sites and mosquito density in the flood-affected states. Therefore epidemic thresholds could have been reached with high morbidity and mortality involving a wider population than those directly impacted by the flood.

The damage to water and sanitation infrastructure due to the floods could have led to contamination of existing water sources and reduced access to safe water and sanitation facilities. Traditional and open wells were inundated with flood water leading to water contamination and silting, hand pumps on wells and motorised water systems were damaged and latrines were washed away.

### **CERF Funding**

With CERF funding, shortfalls of critical life-saving humanitarian supplies for core pipelines and time-critical requirements were averted across Sudan.

In the WASH sector, the timely provision of CERF funding greatly reduced the concerns about an imminent cholera outbreak or water-borne diseases. The key results achieved from the CERF contribution include the following:

- Provision of the WASH emergency supplies to approximately 80,000 people in emergencies including IDPs, returnees and host communities procured and transported to southern Sudan and delivery to NGO partners for distribution in seven high risk states.
- The supplies procured and pre-positioned with the CERF funding, resulted in less funding being required later in the year for the flood response in Aweil town. The flood response was timely since the supplies were already at the hubs.
- In the flood-affected areas, the CERF funds supported: rehabilitation of 300 hand pumps and five motorised water systems, construction of 30 new hand pumps, rehabilitation of 300 household latrines, distribution of latrine slabs to 2,000 households, and rehabilitation and construction of 18 school latrines,

With the internal resources of UNICEF exhausted and further bilateral funding already committed to other WASH humanitarian intervention, the WASH core pipeline was on verge of rupture by May, 2010. But for the timely availability of the CERF funding, the WASH humanitarian programme continuity was ensured which subsequently prevented the break in the pipeline. With the CERF contribution, there was an increased coverage in the prepositioning of WASH emergency supplies at regional hubs.

There was flexibility from the CERF on the start date of the contribution as UNICEF was able to begin the project before receiving the funds via CERF. This is evidenced by the fact that the disbursement was received by UNICEF on 21 July, 2010 but the start date of the fund utilization was given as 1 June 2010. This allowed UNICEF to start procurement early enough using other funds. The funding sources were reversed upon receipt of CERF funds.

The first and largest funder was the Common Humanitarian Fund. The CERF contributed almost 26 per cent of the total pooled funding for UNICEF WASH Programme.

The strategic focus of the Food Security and Livelihoods Cluster in 2010 was to provide emergency agricultural inputs to the most at-risk communities, thereby helping them to quickly re-enter the agricultural production cycle. The requested funding from the CERF was to be used for the procurement and distribution of production inputs to support timely production activities of communities affected by the food gaps and inter-tribal violence that adversely affected the 2009/10 agricultural season.

Timely disbursements of the funds allowed FAO to swiftly engage in the rigid procurement process ensuring the highest possible quality seed suited for the local context was acquired. Agriculture is by its nature a time-sensitive activity, but is even more so in southern Sudan, where it largely rain-fed. Having the inputs ready on the onset of rains is thus critical in any agricultural intervention. Further, the road conditions in the region are such that certain areas become inaccessible soon after the onset of rains. These are unfortunately also the areas that are usually most at need even when accessible. This project was able to assist to preposition the inputs in the "hard to reach areas" thus significantly reducing the otherwise expensive air lifting exercise that would be the only other alternative.

The timeliness of the disbursement of funds allowed for the entire process including procurement, partner identification, input quality control, prepositioning and eventual distribution to beneficiaries; to begin early enough to ensure that project activities were carried out that treated all phases of the process with due diligence.

The Fund was a significant contributor to the entire operation, accounting for about 30 per cent of the total funds eventually received to execute the action. Other funding was received from European Commission Humanitarian Aid Division (ECHO) and other donors through the Common Humanitarian Fund (CHF) mechanism.

Because of the timely funding, 50,000 families benefited from the entire project surpassing the planned target of 42,500 families.

CERF funds allowed IOM and UNICEF to provide NFIs to displaced individuals and returnees who were not initially included into the work plan 2010. Plastic sheeting, mosquito nets, and blankets provided were essential for returnees to protect themselves from the effects of extreme weather. Additional items are still prepositioned in three IOM hubs and five partner's warehouses throughout southern Sudan for emergency needs.

Of the total NFI budget received by the IOM, 40 per cent came from the CHF (including the emergency reserve), 31 per cent came from USAID and the rest was provided by CERF.

The CERF funding enabled the health cluster to meet the health needs of vulnerable groups in high risk state and improve on the implementation of the emergency response activities in the states. Accessibility and availability of primary and secondary health services were drastically improved especially surgical capacity in all state referral hospitals. Another critical intervention supported by the CERF was to provide emergency trauma kits to referral hospitals to ensure that wounded patients and high risk mothers received timely care at referral hospitals. Since the increase of inter-tribal fighting in high risk states and counties, many displaced people or vulnerable groups were not able to access basic and secondary health care services. WHO procured medical emergency supplies through CERF and distributed to key health facilities and thus ensured that health services were readily available while utilization of health services increased and many lives saved. The improved disease surveillance enabled the health cluster partners to contain potential outbreak and stabilize all the reported outbreak rumours in the states. Inter-agency collaboration through the cluster approach has facilitated the improved coordination and sharing information on timely manner.

CERF was flexible enough to accomplish the planned activities and fill the existing gaps on health needs, while saving thousands of lives. The availability of the CERF enabled WHO to manage with prompt health responses by having the required critical health emergency kits available in the key referral hospitals and other facilities in high risk states. Although WHO received other emergency funds from CHF and ECHO, 32 per cent of funding to support the implementation of Epidemic and Health Emergency Preparedness

and Response in southern Sudan came from the CERF. However, the CERF funds availability was timely for the intervention in a few of the operational areas.

### **CERF and humanitarian coordination**

The CERF applications included an interagency project of seven projects representing a multi-cluster response in the south, a dual agency response to flooding and a stand-alone request from WFP for food support. Regardless of the make-up, CERF funding continued to strengthen coordination within sectors and across the UN system by drawing humanitarian actors together - in specific field-level geographic regions and at among cluster lines - for joint assessments and response under the leadership of the Humanitarian Coordinator.

In Sudan, the CERF requests are typically generated at the field level with support from capital-level Cluster/Sector Leads. Requests then become an item on the agenda of the Humanitarian Country Team (HCT) as a means to support an open, transparent and needs-based approach. The CERF supports the overall leadership of the Humanitarian Coordinator and his support from OCHA by placing him at the forefront of critical humanitarian response.

### III. Results

Sector/ Cluster	CERF project number and title (If applicable, please provide CAP/Flash Project Code)	Amount disbursed from CERF (US\$)	Total Project Budget (US\$)	Number of Beneficiaries targeted with CERF funding	Expected Results/ Outcomes	Results and improvements for the target beneficiaries	CERF's added value to the project	Monitoring and Evaluation Mechanisms	Gender Equity
NFI	10-CEF-030-B  UNICEF NFI Procurement, Pre-positioning and Distribution	834,199	7,031,310	5,500 families affected by emergencies	<ul style="list-style-type: none"> <li>5,500 NFI kits will be used in providing essential, life-saving emergency response to communities affected by displacement or armed conflict. As a result, 5,500 households, including vulnerable children without primary caregivers, will benefit from these NFI kits. <i>(Distribution activities are not funded under the CERF request.)</i></li> </ul>	<ul style="list-style-type: none"> <li>5,500 households (33,000 beneficiaries) received NFI support. Most were IDPs in Warrap, Lakes State and Western Bhar El Gazal. Inter-tribal conflict in these areas have left people without shelter and access to basic services. There were also displacements in Pala in Warrap, Akot and Cueibet in Lakes State that occurred as a result of armed conflict against civilians.</li> </ul>	CERF funding has protected the most vulnerable households against illnesses such as malaria, exposure to the elements, and other risks as a result of their displacement. Over 5,500 of the beneficiaries were children under 5. Having been provided NFI kits and supplies, dignity was restored.	<ul style="list-style-type: none"> <li>The distributions were conducted after an interagency assessment, and in collaboration with NGO's and government partners.</li> </ul>	<ul style="list-style-type: none"> <li>Beneficiaries were identified based upon a vulnerability criteria. Most were households headed by females. Other beneficiaries included children associated with armed conflict that had been demobilized and reintegrated into communities, and families that were found with high vulnerabilities such as disabilities.</li> </ul>

HEALTH	<p>10-CEF-030-C</p> <p>UNICEF Support to the Health Pipeline for Accelerated emergency Immunization services in southern Sudan</p>	1,327,666	7,031,310	<p>Ten State Ministries of Health partners</p> <p>232,800 children below one year are protected against Diphtheria, Tetanus and Pertusis (DPT)</p> <p>220,100 infants protected against wild polio through provision of Tri-valent Oral Polio Vaccine (t-OPV) vaccines.</p> <p>Over 327,600 children aged 6-59 months are protected against measles</p> <p>441,000 women of child bearing age immunized against tetanus</p>	<ul style="list-style-type: none"> <li>■ 232,800 children below one year protected against Diphtheria, Tetanus and Pertusis through provision of DTP vaccines.*</li> <li>■ 220,000 infants protected against wild polio through provision of t-OPV vaccines.*</li> <li>■ Over 327,600 children aged 6-59 months protected against measles and 441,000 women of child bearing age immunized against TT through provision of additional injection materials.*</li> <li>■ Establishment and fortification of state vaccine stores in high-risk states and counties, through the strengthening of cold chain system in five states of Unity, Jonglei, Northern Bahr El Ghazal, Central Equatorial and Warrap.</li> </ul> <p><i>* The implementation of the above activities (e.g. the actual vaccination of children) is not included for funding under the CERF request, and is listed here as an indication of the expected greater impact of the CERF funding.</i></p>	<ul style="list-style-type: none"> <li>■ 297,890 children received DPT1 and 216,046 children under one received DPT3.</li> <li>■ Procurement of 2,400,000 doses of DPT vaccines</li> <li>■ In 2010, a total of 288,504 children received t-OPV and 218,042 received t-OPV3 through routine immunization.</li> <li>■ Procured 1,200,000 doses of tOPV.</li> <li>■ 259,549 children ages 6-59 months and 454,673 women of child bearing age were immunized against measles and maternal/neonatal tetanus respectively.</li> <li>■ 30 counties were supported to carry out measles and TT campaigns compared with 16 in 2009.</li> <li>■ Procurement of injection materials: 1,900,000 -0.5 mls syringes, 100,000- 2mls syringes and 150,000 safety boxes.</li> <li>■ The number of health facilities with functional cold chain systems increased from 178 in 2009 to 233 in 2010.</li> <li>■ Eight Counties established the cold chain system increasing the number of counties with functional cold chain from 35 in 2009 to 43 in 2010.</li> <li>■ Five state cold chain stores were supported to strengthen vaccine storage capacity</li> <li>■ Procurement of additional cold chain equipment: 28 solar fridges and 14 generators which were distributed and installed in health facilities, counties and state vaccine stores.</li> </ul>	<p>CERF funding contributed to an increase in overall DPT3 coverage from 43 per cent in 2009 to nearly 70 per cent in 2010. In addition, there were no stock-outs of DPT vaccine in 2010.</p> <p>No wild polio virus cases have been reported in 2010. The last case was in June 2009.</p> <p>The number of children and women in southern Sudan who are protected against measles and tetanus increased. The overall coverage for measles and tetanus in 2010 increased to above 95 per cent for measles and 82 per cent for tetanus.</p> <p>Improved access of immunization services in 30 hard to reach areas in the 5 states.</p>	<ul style="list-style-type: none"> <li>■ The monitoring of immunization activities were in line with the Ministry of Health (MOH)/GOSS M&amp;E mechanisms. Implementation was carried out under the guidance of the MOH and SMOHs in all 10 states. Planning, monitoring and evaluation of activities were carried jointly between UNICEF, WHO, MOH/GOSS, SMOH and County Health Departments.</li> </ul>	<ul style="list-style-type: none"> <li>■ Immunization services aim to reach every boy and girl in the whole of southern Sudan, therefore there were no gender discrepancies noted during the implementation of the project. One of the major challenges encountered is the fact that data collection tools (tally sheets and summary forms) do not disaggregate data based on gender.</li> </ul>
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WASH	<p>10-CEF-030-D</p> <p>UNICEF Improvement of health of vulnerable and emergency affected communities through sustained and expanded access to safe water supply, improved sanitation and hygiene practices</p>	1,597,960	7,031,310	200,000 people in southern Sudan	<ul style="list-style-type: none"> <li>■ Sufficient emergency WASH supplies are made available to WASH sector partners to provide safe water and sanitation facilities without a delay.</li> <li>■ Along with the current WASH supply stock and those in pipeline, this will meet the needs of 200,000 people affected by inter-tribal violence and food shortage, including IDPs, returnees and host communities.</li> </ul>	<ul style="list-style-type: none"> <li>■ Support provided for the trucking of water to transit locations.</li> <li>■ Rehabilitated 60 broken boreholes and 8 water yards.</li> <li>■ Distributed water purification chemicals and storage containers for household water treatment and safe storage.</li> <li>■ Constructed 50 emergency latrines and requisite hygiene promotion activities supported.</li> <li>■ Overall, 120,000 people provided with improved quantity and quality of water supply. The dignity of affected population was ensured through construction of emergency latrines.</li> <li>■ Discrepancies: The number of water points rehabilitated exceeded the plan target by 40 with additional 8 yards. There were more boreholes to be rehabilitated than planned</li> <li>■ OXFAM-GB was approached for the rehabilitation of the boreholes but later decided not to deploy staff because of insecurity. So we engaged CBOs</li> </ul>	<p>The CERF contribution to this project boosted the capacity of the cluster to meet the core humanitarian needs, mitigate or avert a rupture of the WASH core pipeline. This promoted early action and response to reduce loss of life during the first wave of returnee influx from the north</p>	<ul style="list-style-type: none"> <li>■ WASH cluster partners assess the number of affected people in the transit sites. Periodic meetings with cluster partners were held at National and regional (state) levels to assess the project's progress. Joint field monitoring visits conducted by Cluster Lead and Co-Lead agencies (UNICEF and MEDAIR) with partners to assess technical constraints, work progress and to identify additional needs.</li> </ul>	<ul style="list-style-type: none"> <li>■ The beneficiaries of this project were mainly women, boys and girls and the most vulnerable of the affected population including IDPs, returnees, and the host communities. Special attention was paid to the safe excreta disposal needs of the affected population. Separate blocks of latrines were constructed for women and men. The cluster is initiating a dialogue with the Protection cluster to raise awareness of gender specific protection issues in WASH.</li> </ul>
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<p style="text-align: center;"><b>Food Security and Livelihoods</b></p>	<p style="text-align: center;"><b>10-FAO-026</b></p> <p>FAO Support to the most at-risk populations including drought affected, IDPs and returnee households to improve food and livelihood security in Eastern Equatoria, Jonglei and Northern Bahr el Ghazal states of southern Sudan.</p>	<p style="text-align: center;">3,326,795</p>	<p style="text-align: center;">11,059,840</p>	<p>255,000 displaced, returnees and drought affected person (about 42,500 households) comprising of 153,000 women and 102,000 men</p>	<ul style="list-style-type: none"> <li>■ At least 33,200 drought affected vulnerable households were provided with agriculture kits comprising of seeds and hand tools.</li> <li>■ At least 2,500 fisher folk's households were provided with fishing kits (hooks and twines).</li> <li>■ At least 2,500 households provided with assorted vegetable production inputs.</li> <li>■ More participation of sector partners' in coordination meetings, inter-agency assessments.</li> <li>■ FSL stakeholders' mapping developed and disseminated.</li> <li>■ Livelihood assets of 11 800 livestock owning households were protected.</li> </ul>	<ul style="list-style-type: none"> <li>■ The provision of 515 metric tonnes of short term crop and 630 kilograms of vegetable seeds as well as 66 000 assorted hand tools; enabled beneficiaries to cultivate and produce their own food and helped them meet households' immediate food needs.</li> <li>■ Target beneficiaries accessed fishing gears (1 box of 100 hooks and four spools of twin each) allowing them to take advantage of the vast fisheries resources during the 2010 fishing season thus diversifying household diets and providing enough nutritious animal protein to meet immediate households' food requirements.</li> <li>■ Partners' participation in FSL cluster coordination mechanism and food security assessments increased by 28 per cent (from 35 to 45 partners).</li> <li>■ Through vaccination of 202,000 animals, the safety and productive capacities of the animals was guaranteed. In particular the response to East Coast Fever disease situation in Jonglei reduced spread of the disease to new territories.</li> </ul>	<p>The CERF funds enabled critical gaps in agricultural and fisheries inputs to be addressed for drought affected and returnees' population; it also supported in procurement of livestock vaccines and drugs for critical response to livestock disease outbreaks in Warrap and Jonglei states</p>	<ul style="list-style-type: none"> <li>■ FAO and partners undertook assessment missions on use of seeds and tools and crop performance. Continuous surveillance of livestock disease and effectiveness of vaccination campaigns.</li> </ul>	<ul style="list-style-type: none"> <li>■ Women headed households were particularly targeted and supported to work in groups in vegetable production. Returnees' men and women were equally targeted with agriculture and fisheries inputs. In terms of access to animal health services, the household was the primary target where women, children and men all benefited from the action.</li> </ul>
<p style="text-align: center;"><b>NFIs and Emergency Shelter</b></p>	<p style="text-align: center;"><b>10-IOM-018</b></p> <p>IOM Emergency Provision of NFIs and Shelters. SDN-10/S-NF/29653</p>	<p style="text-align: center;">2,684,630</p>	<p style="text-align: center;">9,571,628</p>	<p>125,000 assisted, 40,000 to be assisted, 85,000 to be assisted</p>	<ul style="list-style-type: none"> <li>■ 25,000 NFI kits procured and stored with IOM and partner's warehouse.</li> <li>■ IDP assessment conducted.</li> </ul>	<ul style="list-style-type: none"> <li>■ To date, 40,000 returnees in Warrap and NBeG received NFIs.</li> <li>■ 17,000 NFI kits are prepositioned in NBeG, Upper Nile, Jonglei, and Warrab.</li> <li>■ IDP assessment conducted in CES.</li> </ul>	<p>CERF procured items were used to respond to returnees (it filled in NFI gaps caused by underestimation of returnees in HWP).</p>	<ul style="list-style-type: none"> <li>■ Monthly meeting to address NFI gaps and policies.</li> <li>■ NFIs prepositioned with partners.</li> <li>■ PDMs conducted by our partners.</li> </ul>	<ul style="list-style-type: none"> <li>■ Approximately 60 per cent of beneficiaries are female headed households.</li> </ul>

Health	<p>10-WHO-033</p> <p>WHO Strengthen epidemic and emergency preparedness and response capacity at all levels SDN-10/H/30427</p>	1,200,574	3,750,000	<p>700,000 women 950,000 children 150,000 IDPs</p>	<ul style="list-style-type: none"> <li>■ Procurement of 12 interagency emergency kits.</li> <li>■ Procurement of 12 trauma kits.</li> <li>■ Procurement of 13 diarrhoeal kits.</li> <li>■ Procurement of assorted medical supplies for referral hospitals.</li> <li>■ Capacity building for the health workers across the ten states of southern Sudan on case management of common illnesses, surveillance and emergency response.</li> <li>■ Disseminated IEC materials widely regarding emergency management and communicable disease control in emergencies.</li> </ul>	<ul style="list-style-type: none"> <li>■ Improved the availability of essential medical drugs and other emergency supplies in 10 referral hospitals and 100 primary health care facilities in all states.</li> <li>■ Access to primary and secondary health care services among refugees, displaced people, women, children and other vulnerable groups were improved through strengthening existing health services and outreach services.</li> <li>■ Health interventions by state health teams in the target states reduced morbidity and mortality of common illnesses among the vulnerable groups.</li> <li>■ Strengthened health coordination mechanism at central and state level to coordinate the health emergency response.</li> <li>■ Increased surgical capacity in ten state hospitals through provision of trauma kits and deployment of qualify medical officers.</li> <li>■ Emergency access to life saving interventions was achieved through provision and supporting mobile health teams in the states.</li> <li>■ Strengthened communicable disease surveillance through effective implementation of integrated disease surveillance and response strategy.</li> <li>■ Improved knowledge and skills among 400 health personnel workers in referral hospitals and 100 primary health care facilities in key states that faced humanitarian emergencies.</li> </ul>	<p>The CERF contribution enabled WHO and the health partners to improve the emergency management and communicable disease control/surveillance in high risk areas.</p> <p>The CERF funds were able to strengthen the emergency preparedness and response capacity at state level by prepositioning emergency supplies that were accessible on a timely manner.</p> <p>The CERF contribution supported WHO's effort to improve accessibility of basic life saving services among vulnerable groups that were affected by conflicts and the areas of high returns.</p> <p>The CERF contribution was very instrumental in facilitating the capacity of health authorities to swiftly respond to the humanitarian health emergency during the influx of high number of returnees, especially in the key border states of southern Sudan.</p> <p>The CERF funds were used to procure essential drugs, health facility kits and distribute them to target health facilities serving IDPs, returnees and host communities.</p>	<ul style="list-style-type: none"> <li>■ Review of utilisation data of the emergence kits supplied to the states.</li> <li>■ Support supervision to the states where the humanitarian conflict was highly focused.</li> <li>■ Periodic review meetings to discuss the implementation of the emergency response.</li> <li>■ Weekly surveillance and HMIS data from the states to the central level to guide us on further implementation.</li> </ul>	<ul style="list-style-type: none"> <li>■ All vulnerable groups were targeted by the health interventions supported through CERF, although special emphasis was given to women and children.</li> <li>■ Access to primary and secondary health care services among women, children, displaced people and others were improved.</li> </ul>
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Nutrition	<p>10-CEF-030-A</p> <p>UNICEF Support to the Nutrition Pipeline for Emergency Therapeutic Responses in southern Sudan</p> <p>SDN-10/H/30445</p>	3,271,485	6,778,800	<p>13 NGOs and 6 State Ministry of Health partners provided therapeutic supplies</p> <p>An additional 26,000 children with severe acute malnutrition.</p>	<ul style="list-style-type: none"> <li>26,762 cartons of Ready-to-Eat Therapeutic Food (Plumpy Nuts) and 6,500 kg of therapeutic milk are procured, transported to southern Sudan and provided to 13 NGO partners and six state MOHs within four months of receiving funding. As a result, 26,000 severely malnourished children from IDP, returnee and host communities affected by nutrition emergencies in seven high risk states (Jonglei, Eastern Equatoria, Lakes, Warrap, Upper Nile, Northern Bahr el Ghazal, and Unity) will be able to access life-saving emergency nutrition treatment.</li> </ul>	<ul style="list-style-type: none"> <li>46,954 cartons of Ready-to-Eat Therapeutic Food (Plumpy nuts) and 8,336 kg of therapeutic milk were procured and transported to southern Sudan and provided to 8 nutrition partners and 8 state MOHs to implement nutrition programmes in 8 states of southern Sudan. As a result, 24,000 severely malnourished children from IDP, returnee and host communities in (CES, Warrap, NBEG, Lakes, Upper Nile, Jonglei, Unity and EES) have been treated through life-saving emergency nutrition treatment.</li> </ul>	<p>With the CERF funds, supplies procured bridge the gap in the break in pipeline experienced in July 2010.</p>	<ul style="list-style-type: none"> <li>Project implementation monitored closely by UNICEF Nutritionist from the zonal offices, through field visits, and monthly reports from partners</li> </ul>	<ul style="list-style-type: none"> <li>Children with SAM both boys and girls benefited from this project</li> <li>Women were especially targeted for this project because of the nature in South Sudan women are the caretakers in the family, and children are the responsibility of women.</li> </ul>
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Health	10-CEF-060-A UNICEF Floods Emergency Response	513,605	5,630,817	Female: 120,000 Male: 120,000 Children under 5: 60,000 Total individuals: 300,000	<ul style="list-style-type: none"> <li>■ 60,000 children under-five years of age are protected with seven antigens against childhood diseases.</li> <li>■ At least 80 per cent of the displaced populations and surrounding host communities have access to life-saving preventive and curative health services.</li> <li>■ At least 150 health personnel performance improved as a result of enhanced refresher training on primary health care package, disease case management and emergency preparedness and response.</li> <li>■ Infectious and epidemic diseases, including acute watery diarrhoea outbreaks are timely and responded to promptly and disease attack rates and related case fatality ratios are kept at the permissible and desired levels.</li> <li>■ Health project activities are timely monitored and supervised.</li> </ul>	<ul style="list-style-type: none"> <li>■ The contribution enabled UNICEF to provide access to life-saving preventive and curative health services and thus the reduction of diseases and deaths among beneficiaries estimated at 850,000 comprising the population displaced as a result of the floods and the surrounding host populations. These results were possible through the provision of essential drugs and related supplies (102 Primary Health Care drug kits, 50 Integrated Management of Childhood Illnesses drug kits, 64,500 Long Lasting Mosquito Treated Bed nets; the training of 60 key health personnel on outbreak investigation and containment as well as the provision of immunization plus services to children under-five years.</li> </ul>	<p>CERF funds enabled UNICEF to ensure immediate access of beneficiaries to life-saving health interventions. This was possible through the procurement and provision of critical supplies, training of health care personnel on emergency preparedness and response activities and the vaccination of children under-five years children in the affected population and its surroundings.</p>	<ul style="list-style-type: none"> <li>■ The project was monitored closely by UNICEF, the epidemiology department of the Ministry of Health which was the actual implementing partner as well and WHO.</li> </ul>	<ul style="list-style-type: none"> <li>■ The project disaggregated data by age and sex to ensure equity among girls, boys, women and men.</li> </ul>
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Water and Sanitation	10-CEF-060-B UNICEF Floods Emergency Response	1,100,001	5,630,817	Female: 396,500 Male: 283,500 Children under 5: 170,000 Total individuals: 850,000	<ul style="list-style-type: none"> <li>■ About 127,500 people will have received safe water supply through quick repair and maintenance of damaged water sources like traditional and open hand dug wells and water systems (hand pumps and motorized water systems)</li> <li>■ About 850,000 people will have received chlorinated water supply for three months</li> <li>■ About 450,000 people will have received critical hygiene messages</li> <li>■ About 37,200 people will have access to acceptable means of excreta disposal in schools and at households with damaged latrines</li> <li>■ Increased capacity for states to respond to futures emergencies and to monitor the quality of water</li> </ul>	<ul style="list-style-type: none"> <li>■ CERF funds enabled UNICEF to provide access to life-saving WASH services and therefore contribute to the reduction of WASH related diseases and deaths among 850,000 flood affected beneficiaries .These results have been possible through:</li> <li>■ Provision of chlorine for chlorination of water supply at source and household levels in affected states of White Nile, Sinnar, Red Sea and River Nile states.</li> <li>■ Rehabilitation of 300 hand pumps.</li> <li>■ Rehabilitation of five motorised water systems in River Nile and Red sea states.</li> <li>■ Construction of 30 new hand pumps.</li> <li>■ Rehabilitation of 300 household latrines.</li> <li>■ Distribution of latrine slabs to 2,000 households.</li> <li>■ Rehabilitation and construction of 18 school latrines.</li> <li>■ Training of 450 individuals composed of hand pump mechanics, pump operators, hygiene promoters, chlorinators and women groups through dissemination of critical messages and general hygiene promotion for 450,000 people.</li> </ul>	<p>CERF funds helped UNICEF to provide immediate life-saving WASH response to flood affected most vulnerable people by providing chlorinated water supply at source and household levels, including through tankers, where there were no options, as well as promote hygiene and sanitation to control disease outbreaks. After flood water receded, the affected population was supported to rehabilitate their water supply and sanitation facilities, as well as few new facilities were provided to permanent solution.</p>	<ul style="list-style-type: none"> <li>■ UNICEF's WASH section recruited a dedicated consultant who has worked with WES and SWC in the four states where the flood response has been implemented and he has regularly visited all project areas and monitored implementation. In addition, the project was closely monitored by UNICEF and PWC, the Department of the Ministry of Irrigation and Water resources, which is the actual implementing partner through the WES project.</li> </ul>	<ul style="list-style-type: none"> <li>■ The project identified people affected by floods and disaggregated data by age and sex to ensure equity among girls, boys, women and men. The WASH response reviewed designs for latrines to make them appropriate for usage by both men and women. The community trainings carried out also ensured equitable representation by both men and women.</li> </ul>
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<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Food Security and Livelihoods</p>	<p>10-WFP-035</p> <p>WFPEMOP 200027: Food Assistance to Populations Affected by Conflict in Sudan SDN-10/F</p>	<p>8,000,002</p>	<p>863,000,000</p>	<p>4.1 million</p>	<ul style="list-style-type: none"> <li>■ 4,603 metric tonnes (mt) of vegetable oil and sugar will be purchased for distribution, helping meet one month's requirement for 3.8 million vulnerable people in Darfur, and 2,094 mt of wheat will be purchased for distribution, helping towards meeting one month's requirement for 350,000 beneficiaries in the Three Areas and Kassala state.</li> </ul>	<ul style="list-style-type: none"> <li>■ Food assistance was provided to vulnerable populations across northern Sudan (including 4.6 million in the Darfur region and 1.7 million in the central and eastern regions as well as Three Areas.</li> <li>■ Four months worth of food helped alleviate the impact of the poor harvest to some 250,000 people. In the central and eastern regions and the Three Areas, 700,000 people received emergency distribution through food-for work activities.</li> </ul>	<p>CERF funds supported communities affected by violence and food insecurity.</p> <p>The funds were able to maximize the impact of humanitarian assistance and ensure lives are not further jeopardized by incomplete or, partial humanitarian interventions.</p>		
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## Annex 1: NGOS and CERF Funds Forwarded to Each Implementing NGO Partner

### Support to the Nutrition Pipeline for Emergency Therapeutic Responses in southern Sudan (10-CEF-030-A)

NGO Partner	Sector	Project Number	Amount Forwarded US\$	Date Funds Forwarded
ACF	Nutrition	PCA/2010/JA/019/SH/601	581,720.59	No funds allocated to partners since the funds was solely for pipeline
Medair	Nutrition	PCA/2010/JA/019/SH/601	303,336.13	
World Vision International	Nutrition	PCA/2010/WZO/040/SH/601	139,852.61	
Concern World Wide	Nutrition	PCA/2010/WZO/017/SH/601	100,056.96	
Save the Children	Nutrition	PCA/2010/MZO/012/SH/601	307,814.27	
Tearfund	Nutrition	PCA/2011/JA/005/SH/601	237,437.81	
GOAL	Nutrition	PCA/2010/MZO/002/SH/601	45,989.46	
IMC	Nutrition	PCA/2010/JAO/019/SH/601	71,336.24	
Malaria Consortium	Nutrition	PCA/2010/WZO/020/SH/601	263,631.00	
Samaritan's Purse	Nutrition	PCA/2010/JAO/040SH/601	170,732.82	
MSF- Belgium	Nutrition	PCA/2010/MZO/003SH/601	227,539.20	
MSF- France	Nutrition	PCA/2010/WZO/013/SH/601	64,837.13	
State Ministries of Health – Jonglei, Eastern Equatoria, Lakes, Warrap, Upper Nile, Northern Bahr el Ghazal, and Unity	Nutrition	2010 AWP	Not yet any inputs received from Zonal colleagues	

### Support to the Health Pipeline for Accelerated Emergency Immunization Services in southern Sudan (10-CEF-030-C)

Partner	Sector	Project Number	Amount Forwarded US\$	Date Funds Forwarded
State Ministries of Health	Health	As per UNICEF – GOSS 2010 Annual Work Plan	No – cash – in kind support through provision of essential supplies for immunization services.	Supplies were distributed between July 2010 and December 2010

### Improvement of health of vulnerable and emergency affected communities through sustained and expanded access to safe water supply, improved sanitation and hygiene practices” (10-CEF-030 D)

NGO Partner	Sector	Project Number	Amount Forwarded US\$	Date Funds Forwarded
UNIDO	WASH		19,998	19 August 2010
PAPAD	WASH		19,912	19 August 2010
SMoPI,	WASH		20,170	20 August 2010
LCDA	WASH		19,952	20 August 2010

**Support to the most at-risk populations including drought affected, IDPs and returnee households to improve food and livelihood security in Eastern Equatoria, Jonglei and Northern Bahr el Ghazal states of southern Sudan (10-FAO-026)**

NGO Partner	Sector	Project Number	Amount Forwarded	Date Funds Forwarded
Nature in Not Extravagant Farmers Group (NEFG)	FSL	J-074/10-011/CHA	60,304.00	
Mugwo Community Development Forum (MCDF),	FSL	J-075/10-011/CHA	52,360.00	
Christian Agenda for Development (CAD)	FSL	J-077/10-011/CHA	31,853.45	
Sudan Self Reliance Development Association (SSRDA)	FSL	J-078/10-011/CHA	36,950.00	
Centre for Innovative Programme (CIP)	FSL	J-079/10-011/CHA	76,088.00	
Magwi Action for Self Reliance Association (MASRA)	FSL	J-080/10-011/CHA	50,959.00	
Child Support Initiative Sudan (CSI)	FSL	J-081/10-011/CHA	64,200.00	
African Organization for Relief and Development (AORD)	FSL	J-082/10-011/CHA	38,000.00	
Mirodu Grass-Root Farmers Association (MGFA)	FSL	J-083/10-011/CHA	39,000.00	
Aweil Project for Agriculture Development (APAD)	FSL	J-084/10-011/CHA	23,873.60	
Tearfund Omdurman,	FSL	J-085/10-011/CHA	32,225.00	
Beacon of Hope Farmers Association	FSL	J-086/10-011/CHA	33,400.00	
Adventist Development & Relief Agency (ADRA)	FSL	J-087/10-011/CHA	54,800.00	



## **Annex 2: Acronyms and Abbreviations**

ACF	Action Contra la Faim
AWP	Annual Work Plan
DPT	Diphtheria-Pertusis-Tetanus vaccine
IMC	International Medical Corps
INGO	International Non- Governmental Organisation
JA	Juba Area Office
LCDA	Liech Community Development Association
MZO	Malakal Zonal Office
PAPAD	People Action for Peace and Development
PCA	Program Co-operation Agreement
SH	Section Health
SMoPI	State Ministry of Physical Infrastructure
tOPV	Tri-valent Oral Polio Vaccine
UNIDO	Upper Nile Initiative and Development Organization
WZO	Wau Zonal Office