



United Nations

**CENTRAL
EMERGENCY
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

RESIDENT / HUMANITARIAN COORDINATOR REPORT 2012 ON THE USE OF CERF FUNDS SOUTH SUDAN

RESIDENT/HUMANITARIAN COORDINATOR

MR. TOBY LANZER

PART 1: COUNTRY OVERVIEW

I. SUMMARY OF FUNDING 2012¹

TABLE 1: COUNTRY SUMMARY OF ALLOCATIONS (US\$)		
Breakdown of total response funding received by source	CERF	40,044,091
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND <i>(if applicable)</i>	118,272,730
	OTHER (Bilateral/Multilateral)	639,058,387
	TOTAL	797,375,208
Breakdown of CERF funds received by window and emergency	Underfunded Emergencies	
	<i>First Round</i>	20,016,635
	<i>Second Round</i>	0
	Rapid Response	
	Conflict and Displacement	20,027,456

II. REPORTING PROCESS AND CONSULTATION SUMMARY

- a. Please confirm that the RC/HC Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.
 YES NO
- b. Was the final version of the RC/HC Report shared for review with in-country stakeholders as recommended in the guidelines (i.e. the CERF recipient agencies, cluster/sector coordinators and members and relevant government counterparts)?
 YES NO

The RC/HC report was shared for comments with the Humanitarian Country Team which includes UN agencies, donors and NGOs. Cluster coordinators and co-coordinators were consulted during the preparation of the report with regard to specific projects' results.

¹ Does not include late 2011 allocation.

**PART 2: CERF EMERGENCY RESPONSE – CONFLICT AND DISPLACEMENT
(UNDERFUNDED ROUND II 2011)**

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
<i>Total amount required for the humanitarian response: US\$ 620 million (South Sudan 2011 CAP)</i>		
Breakdown of total response funding received by source	Source	Amount
	CERF	11,457,364
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND <i>(if applicable)</i>	70,940,100
	OTHER (Bilateral/Multilateral)	250,077,610
	TOTAL	332,475,074

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – Date of Official Submission: 17 August 2011			
Agency	Project Code	Cluster/Sector	Amount
IOM	11-IOM-030	Multi-sector	4,491,389
UNHCR	11-HCR-037	Multi-sector	4,500,001
UNICEF	11-CEF-043	Water and sanitation	2,465,974
Sub-total CERF Allocation			11,457,364
TOTAL			11,457,364

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of Implementation Modality	Amount
Direct UN agencies/IOM implementation	11,073,211
Funds forwarded to NGOs for implementation	254,729
Funds forwarded to government partners	129,424
TOTAL	11,457,364

During the first half of 2011, the humanitarian situation in southern Sudan became precarious as a result of increased political tension with Sudan over the issue of independence and continued violence in areas where non-state armed groups were operating. Despite preparedness measures put in place, the capacities of humanitarian actors became overstretched by high influx of returnees, growing numbers of Internally Displaced Persons (IDPs) and rising operational costs due to widespread shortages of basic commodities in the local markets. Without immediate additional support, partners would have been unable to meet the mounting needs of the many southerners returning home.

As key benchmarks of the Comprehensive Peace Agreement (CPA) remained unresolved, relations between southern Sudan and Sudan deteriorated in the period following the referendum, prompting a wave of southerners to return home in early 2011.

In January 2011, the results of the referendum on the future of southern Sudan were in favour of independence and secession from Sudan. In May 2011, the Government of Sudan declared that all southern Sudanese residing in Sudan without registration papers would have to return home. The south seceded on 9 July 2011 with major aspects of its relationship to the north – including debt management, wealth-sharing, currency, final status of Abyei and border demarcation – undefined and uncertain. While just over 327,000 government-assisted and spontaneous returns had reached the south between October 2010 and July 2011, humanitarian partners estimated that up to 450,000 returnees would arrive by end 2011². Slightly over 360,000 returned between October 2010 and December 2011.

Humanitarian partners anticipated that the second wave of returnees, expected to arrive in the wake of independence, would have required greater assistance than the first wave that had arrived earlier in the year due to the lack of preparation for an organized and spontaneous return movement and the risks of getting stranded during return due to seasonal rains. The humanitarian community noted that the pressure exerted on southerners by the Government of Sudan would have rushed most of them to leave in an unorganized fashion, making it difficult to establish family links among family members or harmonizing with agricultural seasons and school schedules. In addition, security problems restricted return access routes in Southern Kordofan, Abyei and Upper Nile areas, which were destinations for most returnees. More returnees therefore risked becoming stranded due to the seasonal rains, the lack of planning, limited resources, and attempts to bring large quantities of luggage. Possibilities of returnees facing more difficulties in reaching their final destination and the formation of high-concentration settlements in the border areas or in ports along the river became high.

As humanitarian access deteriorated it became increasingly difficult and costly to deliver humanitarian assistance. Humanitarian actors were the primary provider of life-saving assistance as the Government's capacity was constrained at both the central and state level due to shortages of resources. However, providing life-saving assistance was constrained by deteriorating humanitarian access. In early 2011, humanitarian partners recorded 90 incidents in the first half of the year in which state and non-state actors interfered with relief operations or restricted the movement of humanitarian personnel, assets or supplies. Seasonal flooding compounded the logistical challenges as more than 60 per cent of the country was cut off. Additional resources were required to replenish depleted supplies and, scale-up and continue operations amid these mounting challenges.

This CERF proposal focused on the provision of emergency assistance to newly arriving returnees in the newly independent South Sudan. With only the Upper Nile corridor fully open, it was difficult to ensure returnees reached their final destination. Humanitarian partners scaled up in Renk in Upper Nile to ensure humanitarian needs of thousands of people at the transit sites were met, including monitoring vulnerable groups such as unaccompanied minors and people returning to areas contaminated by landmines and unexploded ordinance. By end of December 2011, some additional 33,000 returnees arrived to their final destinations, far less than projected in the CERF application.

II. FOCUS AREAS AND PRIORITIZATION

Most returnees were returning to underdeveloped locations, placing pressure on already inadequate local resources. The majority of returnees were concentrated in Unity, Northern Bahr el Ghazal, Upper Nile and Warrap states. These locations lacked access to adequate water supplies, schools, health care, and livelihoods. Absorbing this influx became a challenge, especially in a context characterized by unclear policies and the slow pace of land allocation for returnees. Consequently in the first half of 2011, population increased in certain locations, placing prolonged pressure on basic services, particularly water and sanitation. With average use of improved sanitation facilities estimated at 14.6 per cent and only 10.7 per cent of households using both improved sources of water and improved sanitation facilities, the risk of preventable waterborne disease outbreaks in locations with high concentration of returnees was high.

Returnees' priority needs included shelter and non-food items, as well as food security, access to land and tools for agriculture and improved income opportunities. Many returnees brought along household assets, but they were not appropriate to start new lives away from Sudan. Basic items such as mosquito nets, blankets and temporary shelter were required, including onward transportation for stranded returnees and land allocation for those in their final destinations. A returnee emergency assessment, conducted in February 2011³, revealed that 77 per cent of returnees were living in temporary shelters or were hosted by someone, whereas 87 per cent of the local community lived in their own home. The sale of assets and the use of savings were found to serve as the primary source of income for returnees. Only one in four returnees had access to agricultural land, compared to four out of five residents, and less than one-third of returnees own the tools necessary to farm.

² IOM estimated 400,000 to 450,000 South Sudanese in Sudan will return between June and December 2011.

³ The Returnee Emergency Food Security Assessment was jointly conducted by the South Sudan Relief and Rehabilitation Commission, the South Sudan Centre for Census, Statistics and Evaluation, the GoSS Ministry of Agriculture and Fisheries, the Food and Agriculture Organization and the World Food Programme.

Protection needs among returnees and IDPs were particularly a priority, as returnees risked being attacked while on transit through insecure areas due to sporadic fighting between SPLA and non-state armed groups (NSAGs). Since early 2011, there were increasing reports of returnees subjected to physical violence, including killing and gender-based violence (GBV), detention and looting as they transit through areas of Southern Kordofan and Abyei. Internal clashes between SPLA and NSAGs, particularly in Jonglei, Unity and Upper Nile states exposed both returnees and local communities to increased insecurity. The extensive re-mining along transport routes in Unity State and in parts of Jonglei state was jeopardizing the safety and security of some 40,000 returnees. Up to 81,000 returnees within the most-affected states were at risk of secondary displacement since their return home.

The humanitarian community lacked adequate resources to cater for the increasing number of returnees and newly displaced people, both of which had exceeded initial projections. Funds received at the start of the year were swallowed up by an emergency operation already under way for the 500,000 returnees and IDPs. Additional resources were required to replenish several core pipelines, support operational implementation and shore up coordination in the hardest-hit areas.

The Humanitarian Country Team developed a multi-cluster integrated strategy to address the emergency needs of the returnees to South Sudan. The goal was to ensure newly arriving returnees in South Sudan received essential, life-saving humanitarian assistance, including provision of onward transport assistance and temporary shelter to returnees in transit, as well as protection, water and sanitation and non-food items and emergency shelter services for returnees. Water, sanitation and hygiene (WASH) interventions, notably provision of latrines and water supply, were conducted in returnee transit sites and in communities receiving particularly high levels of returnees. Through the CERF funding, the delivery of emergency assistance to returnees in transit and provision of reinsertion packages to returnees were able to continue.

III. CERF PROCESS

The CERF funding request was the result of consultations among members of the South Sudan Humanitarian Country Team, which comprised UN agencies, five NGO representatives and five donor representatives, as well as the UN cluster leads and NGO cluster co-leads within the Inter-Sector Working Group (ISWG), under the leadership of the Humanitarian Coordinator. The ISWG, in consultation with OCHA, prioritized needs among the internally displaced caseload. The Emergency Returns Sector and Protection Cluster, in consultation with OCHA, identified the immediate gaps and urgent needs of people returning from Sudan. Given the high number of returnee arrivals and an anticipated next wave of returnees, and given that the protection risks facing returnees and IDPs, activities in the underfunded Emergency Returns Sector (Multi-Cluster) and Protection Cluster were given particular priority for funding mobilization. The activities of the selected projects were in line with the policy guidelines issued by the Government of South Sudan Ministry of Humanitarian Affairs and Disaster Management in relation to returns and displaced persons.

Activities proposed in the CERF funding request were in line with two of the strategic priorities for South Sudan, as outlined in the 2011 South Sudan Consolidated Appeal Process (CAP), launched following the attainment of independence: (1) providing emergency assistance and protection to southerners returning from Sudan and (2) strengthening protection. The six core life-saving pipelines (food, emergency health kits, nutrition, non-food items, seeds and tools, and water and sanitation) served as the back-bone of the humanitarian operation in South Sudan. The response to the high influx of returnees which had started before the attainment of independence and the sharp increase of newly displaced people considerably strained several of the core pipelines, particularly the WASH and non-food item pipelines. These pipelines needed immediate replenishment.

The CERF funding request built on other funding received for core pipelines and other critical elements of the emergency response. In late 2010, a number of donors advanced their contributions in order to ensure humanitarian response to any crisis during the pre- and post- referendum periods. A total of \$16 million was provided through the CHF and ERF⁴ mechanisms for augmentation of response capacity of frontline NGOs, strengthening of emergency logistics capacities, and the supply of five of the core pipelines (emergency health kits, non-food items, nutrition, seeds and tools and water, sanitation and hygiene). Despite this initial support, the South Sudan 2011 CAP, launched in July 2011, following attainment of independence remained underfunded, particularly in the Multi-cluster (emergency returns), Protection and WASH clusters, which were 14, 15 and 26 per cent funded, respectively, at end of July 2011. As a result, partners were not able to fund basic activities, much less absorb the costs associated with the increased emergency needs, which exceed original planning figures. Moreover, the cost of providing assistance to returnees and newly-displaced people increased sharply due to the significant deterioration in access and the blockage of commercial traffic into the south.

The Logistics cluster, vital to the functioning of all other humanitarian activities, was also underfunded at 14 per cent but, since it had benefitted from second round CHF allocation of \$6 million on 8 August 2011, it was not recommended for CERF allocation. Similarly,

⁴ Southern Sudan ERF was a mechanism within the Sudan CHF. The ERF mechanism ceased after the secession of South Sudan on 9 July 2011.

although Livelihoods were identified as a key priority need for the returnees, they were not prioritized by the Humanitarian Country Team (HCT) to be included in this CERF request because the Food Security and Livelihoods cluster was comparatively well-funded and had other sources of funding. Furthermore, returnees were arriving after the key planting seasons had passed, and without access to land for agricultural use.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
<i>Total number of individuals affected by the crisis: 1.2 million people (South Sudan CAP 2011)</i>				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Multi-sector (IOM)	58,718	57,708	116,426
	Multi-sector (UNHCR)	42,000	38,000	80,000
	Water and sanitation	199,160	183,840	383,000

It was estimated that there was an overlap of 30 per cent in the planned coverage of returnees for intervention on WASH, non-food items and emergency shelter services. The planned beneficiaries for each CERF recipients were scaled down proportionally. It was estimated that 60 per cent of returnees who received non-food items (NFIs) were also provided with shelter support amounting to 84,000 the people who received NFIs and/or emergency shelter. In addition, 75 per cent of these are estimated to have also benefitted from WASH interventions. Overall about 404,000 people benefitted from one or more services involving WASH, NFIs and/or emergency shelter services, accommodation and support in way stations or transit sites, and onward transportation.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
Female	218,447	217,371
Male	187,553	186,629
Total individuals (Female and male)	406,000	404,000
Of total, children under 5	77,140	76,760

The CERF contributed to provision of immediate essential, life-saving humanitarian assistance to returnees arriving in South Sudan in the wake of independence, including provision of onward transport assistance and temporary shelter to returnees in transit, as well as protection, water and sanitation and NFIs and emergency shelter services for returnees. WASH interventions, notably provision of latrines and water supply, were conducted in returnee transit sites and in communities receiving high levels of returnees.

Overall approximately 404,000 returnees and their host communities were provided with a range of assistance including the following:

- 67,200 vulnerable returnees (11,200 households) were supported with shelter kits.
- 42,000 vulnerable returnees benefitted from 7,000 NFI kits.
- 15,539 stranded returnees received onward transport assistance up to their final destination.
- 60,000 returnees were accommodated and transited through eight way stations/transit sites. CERF provided tents, plastic sheeting and other materials to improve conditions in five transit sites in Yambio, Wau, Aweil, Malakal and Juba. Renovation and reconstruction work was done at the three way stations in Bor, Torit and Juba.
- CERF contributed to the tracking of 98,962 returnee individuals in their areas of return within South Sudan.
- Peaceful coexistence among the returnees and the receiving communities was promoted through 30 Quick Impact and Self-reliance Projects (QIPs) and regular peace meetings with both the returnee and host community leadership. QIPs were initiated in nine states directly benefitting 7,174 persons. The projects included construction and rehabilitation of schools, drilling of boreholes, provision of adult literacy courses and materials, distribution of desks and construction of a community hall among other things.
- Emergency response teams provided protection solutions for persons of concern and engaged with both returnees and host communities. The teams were deployed across five key state capitals (Bentiu, Kwajok, Wau, Rumbek and Aweil).

- Over 383,000 people were provided with access to safe water supplies and services.
- 19,960 people were provided with improved sanitation facilities.
- Over 208,080 people were reached with key hygiene promotion messages focused on effective water treatment and storage, hand washing with soap, and regular latrine usage.

Without the funds received through the CERF, the additional work on way stations and provision of onward transportation of returnees would have ceased, leaving hundreds of returnees stranded within South Sudan, far from their final destinations and vulnerable to secondary displacement by internal hostilities. The two core pipelines included in the intervention – NFI and Emergency Shelter and WASH – were underfunded and would have ruptured if additional funding had not been forthcoming.

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

YES PARTIALLY NO

CERF contributed to fast delivery of assistance to returnees in transit sites and at final returnee destinations. Vulnerable host communities were also supported.

IOM: Through funding support received from CERF IOM was able to rapidly carry out proposed activities and contribute to the delivery of life-saving, multi-sectoral support to most vulnerable returnees while en route and at their final destination.

UNHCR Multi-sector: In the aftermath of the independence South Sudan on 9 July 2011, many South Sudanese returned to their country of origin from Sudan. Facilities, such as way stations to cater for those in transit, became essential and the timing of this CERF allocation was instrumental in ensuring that the returnees were assisted in time.

UNICEF WASH: Provision of supplies, which were funded by CERF, allowed UNICEF and partners to provide fast assistance to beneficiaries as emergency situations arose.

b) Did CERF funds help respond to time critical needs⁵?

YES PARTIALLY NO

CERF supported time-critical needs of returnees at transit sites, such as water trucking and renovation works, at way stations and transit camp sites.

IOM MS Multi-sector: IOM were able to immediately carry out activities in support of this under-funded humanitarian situation, upon confirmation of the CERF initiative.

UNHCR Multi-sector: During the latter part of 2011, there was an increase in the number of returnees, particularly following the independence of South Sudan. There was therefore a critical need to prepare the way stations to accommodate the increased numbers, as well as to provide more relief items in a shorter period of time. The funding was instrumental in ensuring that this was done.

UNICEF WASH: The funding supported water trucking in returnee settlements before installation of facilities. It also assisted in hygiene promotion and provision of the initial sanitation facilities for refugees into Maban before formal arrangements were reached for refugee settlements.

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

YES PARTIALLY NO

CERF was instrumental in signalling to other donors the need to fund the South Sudan CAP to address influx of returnees and refugees that was unfolding in late 2011 and early 2012.

IOM Multi-sector: Through CERF funding IOM was able to continue existing programming and later received additional funding from other donors in 2012, enabling IOM to continue to provide multi-sectoral support to most vulnerable returnees while en route and at their final destination.

⁵ Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns; locust control).

UNHCR Multi-sector: It is difficult to establish whether this CERF allocation led to increase in mobilization of funds. It is certain, however, that the CERF funding was instrumental in inciting other donors to scale-up support towards the humanitarian crisis in South Sudan's Upper Nile and Unity States. These funds were received at a time when funding was depleting particularly towards the end of the year which would have affected continuity of the project.

UNICEF WASH: The CERF provided timely funding that allowed UNICEF to procure core humanitarian pipeline items, mainly as part of refugee response. However, it is not clear as to whether receipt of CERF funding led to increased resource mobilization from other sources.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

Through the CERF allocation process, humanitarian partners consulted widely, creating synergies in the response to returnees in Renk transit sites and at their final destination.

IOM Multi-sector: The CERF contribution improved overall coordination of the humanitarian response particularly for the Shelter-NFI cluster. This contribution partially funded cluster coordination costs, ensuring a targeted overall response and reducing the risk of duplication of sector-specific activities.

UNHCR Multi-sector: The CERF was allocated on the basis of well-coordinated project design and implementation plan. Applications were received through a peer review mechanism that determined both usage and impact of the funding based on areas of most urgent need. The mechanism not only helps in effective allocation of resources but in ensuring good project designs and ultimately implementation. This can only benefit the target beneficiaries.

UNICEF WASH: CERF funds were not used directly for coordination efforts. However, in using the funds, NGOs were able to liaise with UNICEF and the WASH Cluster for specific emergency response. Additionally, partners accessing supplies were part of broader coordination efforts by the WASH Cluster during emergency response. In that sense, CERF was a positive factor in facilitating coordination amongst the humanitarian community.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
There have been difficulties for returnees to integrate into their new or former communities. There have also been tensions in some receiving communities. Some returnees also had very high expectations of the government, such as the expectation to receive land on arrival.	Host/receiving community assistance project/QIPs should be continued and where possible expanded.	UNHCR, other UN agencies, CERF secretariat, other donors, other humanitarian actors.
Monitoring of utilization of funds during implementation is important.	Ensure that Cluster Coordinators are informed of CERF funds usage during course of use.	CERF secretariat

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
There have been difficulties for returnees to integrate into their new or former communities. There have also been tensions in some with receiving communities. Some returnees also had very high expectations of the Government, such as the expectation to receive land on arrival.	Managing expectations through sensitization of returnees on what lies ahead is crucial. In 2012, UNHCR set up information desks at the way stations where information on what to expect was provided. However, in addition to this, some counselling could be provided.	UNHCR, Government, other involved humanitarian agencies.
Monitoring of utilization of funds during implementation is important.	Ensure that Cluster Coordinators are informed of CERF funds usage during course of use.	OCHA Country Office

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	IOM	5. CERF Grant Period:	1 September 2011 – 30 June 2012
2. CERF project code:	11-IOM-030	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Multi-sector		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Emergency assistance for stranded returnees in South Sudan		
7. Funding	a. Total project budget		
		SSD-11/S-NF/42287	\$6,969,500
		SSD-11/P-HR-RL/39567	\$2,500,000
		SDN-11/MS/42201	\$13,375,000
		TOTAL	\$22,844,500
	b. Total funding received for the project		
		SSD-11/S-NF/42287	\$7,203,058
		SSD-11/P-HR-RL/39567	\$1,171,220
		SDN-11/MS/42201	\$5,240,373
		TOTAL	\$13,614,651
	c. Amount received from CERF:		
		SSD-11/S-NF/42287	\$600,000
		SSD-11/P-HR-RL/39567	\$350,000
		SDN-11/MS/42201	\$3,541,389
		TOTAL	\$ 4,491,389
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	47,500	58,718	
b. Male	41,500	57,708	
c. Total individuals (female + male):	100,000	116,426	
d. Of total, children <u>under 5</u>	11,000	28,201	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> Life-saving, multi-sectoral emergency relief support interventions to returnees with increased capacity to deliver emergency water sanitation services, mobile medical clinics. Provide transportation assistance to returning populations covering only cases of highly vulnerable stranded populations. Provide emergency way station/transit station infrastructure support. Procurement, handling, transportation and distribution of NFI kits/emergency shelter, ensuring fast and flexible distribution to returnees, in all 10 States of Southern Sudan. Tracking of population movements and protection monitoring. 			
10. Original expected outcomes from approved CERF proposal			

- NFI kits provided to 10,000 Individuals.
- Shelter kits and training to 17,500 individuals.
Depending on the location, different local NFIs partners will be trained and will implement the Shelter component of the project. Two different kinds of shelter training will be organized, targeting counterparts and beneficiaries.
- Assisted transport provided for 10,000 IDPs to support their return. Beneficiaries are targeted caseloads deemed to be of particular humanitarian concern, with either high degree of vulnerabilities, or groups who by dint of their circumstances have become highly vulnerable (e.g. stranded IDPs).
- Way stations provide short-term assistance (shelter, water, food, health, information) as well as physical security and adequate protection to returnees in transit for a maximum of three days.
- Tracking of spontaneous returns conducted for 100,000 returnees. Data gathered on current location (area of return), place of displacement, age, sex and vulnerabilities. Tracking data will cover all 10 states of Southern Sudan, and results will be published monthly in monthly and cumulative data with tracked return map. This will include training on tracking and monitoring and verification for 50 staff.

11. Actual outcomes achieved with CERF funds

- **NFI kits**
2,000 NFI kits were distributed to 2,000 households (approximately 12,000 individuals) vulnerable returnees. The kits were provided either at the beneficiaries' final destination or for use while in transit depending on the needs identified.
- **Shelter kits and training**
A total of 3,500 shelter kits were distributed to vulnerable returnees through this project, benefiting about 21,000 individuals. Similar to the approach utilized when distributing NFI kits, the shelter kits were provided either at the beneficiaries' final destination or for use while in transit, depending on the needs identified. During project implementation, it was identified that training support was not needed in the manner proposed in the initial CERF proposal. Streamlining of methodology related to assessment, beneficiary identification, distribution and reporting was carried out through the Cluster. The costs initially targeted for this activity were realigned to address the growing needs for transport assistance.
- **Transport assistance to returnees**
During the project implementation, a total of 15,539 stranded returnees received onward transport assistance up to their final destination. During the project implementation, 3 barge trips were organized from Upper Nile to Juba. In addition, boats, buses and trucks were mobilized to transport the beneficiaries and their belongings to various locations across South Sudan. It is important to note that this component was carried out with co-funding contributions from other partners and that an approved realignment of CERF funds enabled the project to support a larger beneficiary caseload.
- **Way stations**
CERF provided tents, plastic sheeting and other materials to improve conditions in way stations/transit sites in Yambio, Wau and Aweil, Malakal and Juba. At the end of the project, conditions in five way stations/transit sites were improved, providing better conditions to returnees in these areas. In addition to this, IOM established clinics and provided health support to returnees in transit sites. The nature of the activities makes it difficult to separate total number of beneficiaries by specific contribution. Approximately 15,000 returnees transited through these way stations between September 2011 and June 2012.
- **Tracking of spontaneous returnees**
During the project implementation, CERF contributed to the tracking of 98,962 returnee individuals in their areas of return within South Sudan.

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

A larger number of beneficiaries were provided with transport assistance through this project (15,539 compared to the original target of 10,000); this was made possible through an approved realignment of CERF funds.

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?

YES NO

If 'YES', what is the code (0, 1, 2a, 2b):

SSD-11/S-NF/42287: 1 , **SSD-11/P-HR-RL/39567: 2a** **SDN-11/MS/42201: 1**

If 'NO' (or if GM score is 1 or 0):

SSD-11/S-NF/42287: 1 – gender-based vulnerabilities were taken into consideration when identifying the most vulnerable households to prioritize for NFI support. Gender-specific needs were taken into account when identifying items to be included in the NFI packages.

SDN-11/MS/42201: 1- gender-based needs were taken into consideration throughout the process of providing transport assistance. Way stations were set up with separate areas and sanitation facilities for men and women. Pre-departure health screenings also took into consideration gender-specific needs.

14. M&E: Has this project been evaluated?

YES NO

- **Displacement tracking and monitoring**

From 11 to 12 December 2012, Tracking and Monitoring Programme held an annual review workshop, which was attended by 27 senior officials of the Relief and Rehabilitation Commission (RRC). Its objectives were to review and evaluate the achievements made in 2012, review standard operating procedures, and share challenges and lessons learned.

- **NFI and shelter**

From 12 to 14 December 2012, Emergency Shelter and NFI Cluster, led by IOM, held an annual review workshop, attended by 65 participants including RRC representatives and cluster partners. Topics covered included assessment, targeting, registration, verification, and distribution.

- **Transport assistance**

In 2012, IOM reviewed the standard operation procedures of the returnee onward transport assistance programme, and documented the procedures.

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	UNHCR	5. CERF Grant Period:	6 September 2011 – 30 June 2012
2. CERF project code:	11-HCR-037	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Protection, NFI and Emergency Shelter		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Return and early reintegration of IDPS and support to host Communities in South Sudan		
7. Funding	a. Total project budget:	US\$ 14,343,031	
	b. Total funding received for the project:	US\$ 6,100,000	
	c. Amount received from CERF:	US\$ 4,500,001	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	42,000	42,000	
b. Male	38,000	38,000	
c. Total individuals (female + male):	80,000	80,000	
d. Of total, children <u>under 5</u>	8,800	8,800	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> Protection of Populations of Concern strengthened through the deployment of Emergency Protection Teams to areas of high return. Provision of immediate shelter support to vulnerable persons. Provision of basic relief items to vulnerable persons. Rehabilitation/expansion of existing and establishment of new way stations to provide transit services. Implementation of Quick Impact Projects, such as drilling of bore holes, construction of additional classrooms, rehabilitation of health facilities, and renovation of sanitary facilities with hygiene promotion so as to not only to support immediate access to basic services in high-return areas where such access is already limited, but also to diffuse tension and promote peaceful co-existence among and between the returnee and host communities. 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> Rapid shelter support is provided for up to 10,000 of the most vulnerable households who do not have the strength to set up their own shelters and to maintain them regularly. Shelters are made to resist to climatic conditions from 6 months to 2-3 years and enhance physical protection. Emergency relief kits are distributed to 5,000 households at the final destinations. Returnees are accommodated at 3 additional way stations and transit safely to their final destinations. The maximum capacity of each way station is 1,500 thousand people at any given time. Returnees stay a maximum of 10 days in transit. Up to 5,000 households (20,000 people) consisting of returnees and their surrounding communities benefit from improved access to basic services and their physical security is enhanced through promotion of peaceful co-existence among and between the various ethnic and social groups. 			
11. Actual outcomes achieved with CERF funds			
<p>Shelter support was provided to 7,700 vulnerable returnees households in 2011 as follows:</p> <ul style="list-style-type: none"> 500 shelters in Western Bahr el Ghazal State (Wau and Jur River Counties) 2,000 shelters in Northern Bahr el Ghazal State (in the following counties: Aweil East, Gok – Machar, Nyamlell, Marial – Baai, Ariath, Manyeill, Aweil Centre – 480, AweilSouth – 20) 1,500 shelters in Warrap State (Kwajok County) 1,050 in Unity State (in the following Counties: Bentiu/Rubkoana, Guit, Leer, Mayom, Mayendit, Pariang). 			

- 300 shelters in Upper Nile State (Malakal County)
- 600 shelters in Jonglei State (Bor and Twic East Counties)
- 200 shelters in Lakes State (Rumbek East and Yorol East Counties)
- 1300 shelters in Central Equatoria State (Juba, Terekeka, Morobo, Liyna, Yei and Juba Counties)
- 120 shelters in Eastern Equatoria State (Torit and Budi Counties)
- 200 shelters in Western Equatoria State (Yambio, Ezo and Tambura Counties)

Provision of Emergency Relief Kits to 5,000 households.

Accommodation of returnees at way stations

- A total of 45,147 returnees were accommodated at the three ways stations in Bor, Torit and the Juba Way Station. The bulk of these returnees (29,113 returnees) were accommodated at the Juba Way Station. Renovation and reconstruction work was done at the three way stations. It included refurbishing of accommodation, increasing the number of boreholes (one additional borehole per way station), expanding the health facilities, and construction of fifteen new latrines and construction of a kitchen and dining hall at the Juba way Station. The Juba Way Station in particular was also expanded to increase its accommodation space to 2,000 persons at a time. While on the whole the returnees spent between 3–7 days at the way stations, many of them, particularly those at the Juba Way Station spent up to three months either awaiting their luggage, or their kinsmen to come for them.

Peaceful coexistence

- Some 30 QIPs were initiated in nine states (Western Bahr el Ghazal, Northern Bahr el Ghazal, Warrap, Unity, Jonglei, Lakes, Central Equatoria, Eastern Equatoria and Western Equatoria), directly benefitting 7,174 persons and indirectly benefitting about 30,000 persons. The projects included construction and rehabilitation of schools in Juba, drilling of boreholes in Lakes, provision of adult literacy courses and materials in Northern Bahr el Ghazal, distribution of desks in Central Equatoria State, and construction of a community hall in Warrap State among other things. The QIPs helped in achieving peaceful coexistence among the returnees and the receiving communities.
- Peaceful Coexistence was also promoted through regular peace meetings with both the returnee and host community leadership.

Emergency response teams were deployed in Bentiu (Unity State), Kwajok (Warrap), Wau (Western Bahr el Ghazal), Rumbek (Lakes) and Aweil (Northern Bahr el Ghazal). The teams identified protection challenges and profiling of persons of concern, including persons with special needs. The teams, composed of 17 staff members, provided protection solutions for persons of concern and engaged with both returnees and host communities.

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

Although UNHCR was supposed to construct 10,000 shelters, only 7,700 shelters were constructed mainly because of logistical difficulties in delivering materials to some of the flood-prone areas. The CERF contribution of \$2,000,000 was only a part contribution to the UNHCR shelter project, which cost \$9,240,000 (\$1,200 per Tukul, the traditional shelter made of mud with thatched roof).

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code? YES NO

If 'YES', what is the code (0, 1, 2a, 2b): 2a

14. M&E: Has this project been evaluated? YES NO

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	UNICEF	5. CERF Grant Period:	12 September 2011 – 20 June 2012
2. CERF project code:	11-CEF-043	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	WASH		
4. Project Title:	Strengthening Cluster-wide emergency preparedness and capacity to respond to humanitarian situations and ensuring predictable leadership within the WASH sector		
7. Funding	a. Total project budget:	US\$ 8,314,000	
	b. Total funding received for the project:	US\$ 8,014,763	
	c. Amount received from CERF:	US\$ 2,465,974	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	216,000	199,160	The number of people reached through implementation of water supply and sanitation facilities was reduced, but services were sustained to returnees at Renk. Bigger quantities of a small range of critical core pipeline supplies were procured to improve on safe storage of water.
b. Male	184,000	183,840	
c. Total individuals (female + male):	400,000	383,000	
d. Of total, children <u>under 5</u>	60,000	59,540	
9. Original project objective from approved CERF proposal			
To fill in the existing gaps in emergency WASH interventions in order to meet the humanitarian needs of 400,000 people including returnees at points of transit and to relieve stresses at water points at final destinations and strengthening of response coordination mechanisms.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> 400,000 people provided with sustainable access to safe water supplies. Improved sanitation facilities provided for 300,000 men, women, and children. 300,000 men, women, and children reached with key hygiene promotion messages focused on effective water treatment and storage, hand washing with soap, and regular latrine usage. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> Over 383,000 people were provided with access to safe water supplies and services. 20 new boreholes were drilled and 15 rehabilitated to serve the 18,500 IDPs from Abyei in Warrap state. A total of 56,500 IDPs and vulnerable people in Unity, Jonglei, Lakes and Central Equatoria States were served through construction of 17 new water points and rehabilitation of 96 broken down ones. Then 208,000 vulnerable people were provided with household water treatment inputs through the WASH core pipeline. In addition up to 13,500 returnees in Upper Nile (Renk) were served through water trucking. 19,960 people were provided with improved sanitation facilities. 30 emergency latrines were provided in Agok area for IDPs from Abyei and 50 for returnees and refugees in Upper Nile (Maban), for about 4,000 people. A total of 414 households constructed latrines through promotional efforts, benefiting 2,484 			

<p>people. In addition, school latrines were built in Warrap (2), Lakes (6), and Central Equatoria (6), serving 3,500 children in returnee host communities.</p> <ul style="list-style-type: none"> Over 208,080 people were reached with key hygiene promotion messages focused on effective water treatment and storage, hand washing with soap, and regular latrine usage, including 5,000 children during the Global Handwashing Day. 	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<ul style="list-style-type: none"> Less people (74% of target) were reached with water access interventions than planned, mainly due to the fact that the original target was unrealistically high. A significantly smaller number of people (3%) were reached directly with sanitation facilities than planned. This was partly due to the lower number of new returnees from Sudan that moved into camps than anticipated; and partly due to an unrealistically high target in the plan. New facilities were only developed for IDPs from Abyei and the initial refugees in Maban, before substantive funding for refugee response was secured. 	
<p>13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?</p>	<p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>
<p>If 'YES', what is the code (0, 1, 2a, 2b): 2a</p>	
<p>14. M&E: Has this project been evaluated?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>

**PART 2: CERF EMERGENCY RESPONSE – CONFLICT AND DISPLACEMENT
(UNDERFUNDED ROUND I 2012)**

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
<i>Total amount required for the humanitarian response: US\$1.18 billion (South Sudan CAP 2012)</i>		
Breakdown of total response funding received by source	Source	Amount
	CERF	20,016,635
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND <i>(if applicable)</i>	118,272,730
	OTHER (Bilateral/Multilateral)	639,058,387
	TOTAL	777,347,752

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – Date of Official Submission: 17 February 2012			
Agency	Project Code	Cluster/Sector	Amount
FAO	12-FAO-002	Agriculture	3,003,480
IOM	12-IOM-001	Shelter and non-food items	2,599,030
UNHCR	12-HCR-003	Multi-sector	3,010,721
UNICEF	12-CEF-004-A	Health	1,000,025
UNICEF	12-CEF-004-B	Health-Nutrition	4,200,007
UNICEF	12-CEF-004-C	Protection/Human Rights/Rule of Law	1,016,894
UNICEF	12-CEF-004-D	Water and sanitation	2,986,487
WHO	12-WHO-005	Health	2,199,991
Sub-total CERF Allocation			20,016,635
TOTAL			20,016,635

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of Implementation Modality	Amount
Direct UN agencies/IOM implementation	15,683,127
Funds forwarded to NGOs for implementation	3,615,878
Funds forwarded to government partners	717,630
TOTAL	20,016,635

The humanitarian situation in South Sudan, at the time of submitting the UFE CERF application in mid-February 2012, was deteriorating sharply due to a combination of political-economic shocks, increased violence and displacement and worsening food insecurity. These factors aggravated existing vulnerabilities for millions of South Sudanese. Insecurity along the northern border with Sudan continued to generate high influxes of refugees while inter-communal violence along tribal and political lines was the main driver of displacement and destruction of property. The suspension of oil production and ensuing austerity measures by the Government to contain public spending was feared to generate additional humanitarian needs as a result of the decreased provision of basic services to already-vulnerable people. Despite preparations, the number of people in need grew faster than partners were able to respond. Immediate support was sought from the CERF to enable humanitarian organizations to address growing needs of IDPs, refugees and returnees ahead of the onset of the rainy season.

Refugee influx and displacement persisted as a result of the political stalemate with Sudan on outstanding CPA benchmarks and inter communal violence along tribal and political lines. Political tension with Sudan heightened as border demarcation, agreement on oil transit fees and agreement on the status of Abyei remained unresolved. Approximately 110,000 people were displaced from the Abyei area following the clashes with Sudan in May 2011. More than 100,000 refugees from South Kordofan and Blue Nile states in Sudan fled across the border into South Sudan's Unity and Upper Nile States and more were expected due to continued military activities and restrictions placed on aid operations in Sudan. By the end of January, the number of Sudanese refugees had outnumbered the anticipated numbers in the CAP for the whole year.

Inter-communal hostilities in Jonglei, Unity, Warrap and Lakes States, and along the border between Lakes and Western Equatoria and in parts of Eastern Equatoria, caused internal displacement, destruction of property and loss of livelihoods. Over 160,000 people, more than 50 per cent of the projected annual figures, were affected by inter-communal violence within the first six weeks of 2012. Violence caused by non-state armed groups also continued, particularly in northern Jonglei, Upper Nile and Unity states, with spill over into Warrap, Western Equatoria and Western Bahr el Ghazal States.

High numbers of South Sudanese were expected to return by April 2012. At the time of the CERF application, some 110,000 South Sudanese in Khartoum were already registered to return immediately and 10,000 were in Kosti awaiting onward transportation. According to IOM's Emergency Return Sector (ERS) Weekly Statistical Report as of 14 February 2013, some 155,600 returnees arrived in South Sudan in 2012 which was less than the CAP 2012 estimate of 250,000 returnees.

During the height of South Sudanese returning from Sudan and increased numbers of people displaced by hostilities, the Government's ability to provide basic services was strained while the capacity of humanitarian organizations was also overstretched. Humanitarian partners were concerned about possible unrest resulting from austerity measures following the Government's decision to shut down of oil production which accounted for 98 per cent of the overall state budget. The loss of internal revenues was expected to have a significant impact on the economy, deepening poverty and fuelling insecurity and pushing vulnerable hundreds of thousands of households past their coping points.

II. FOCUS AREAS AND PRIORITIZATION

The strategy of the humanitarian community was to provide relief to recent and new returnees, refugees, IDPs and people affected by hostilities and food insecurity through a multi-cluster integrated approach anchored on synchronized delivery of the core pipelines in the sectors of Health, Nutrition, Food Security and Livelihoods, WASH, NFIs and Emergency Shelters. Synchronized delivery of the core pipelines involves coordinated procurement and warehousing, joint transport, and simultaneous delivery of life-saving supplies to communities in crisis. This approach remains vital in South Sudan in ensuring that basic life-saving supplies are provided in an integrated manner.

South Sudanese returnees and refugees strained the limited resources of communities at a time of widespread food insecurity. Returnees were located in areas with virtually no social services against a backdrop of rising vulnerability. Main areas of return were Unity, Upper Nile, Western and Northern Bahr el Ghazal as well as Equatoria. The number of people requiring food assistance rose sharply. Nearly five million people were faced with food shortages in 2012, including at least one million severely food insecure, according to a Crop and Food Security Assessment Mission (CFSAM) of February 2012. In addition, the CFSAM report estimated that a further 3.7 million were on the borderline and would need help to avoid sliding into the 'severe food insecurity' category. This was an

increase of 1.5 million compared to 2011. A cereal deficit of more than 470,000 tonnes in 2012, almost half the country's cereal requirement for the year was forecasted. In Jonglei, Unity, Upper Nile and Northern Bahr el Ghazal states, the cereal deficit was estimated at 70 per cent. The reduced inflow of cereals and other trade commodities from Sudan into South Sudan due to border closure, pushed food prices beyond the means of many, especially women and children. This would lead to early onset of and longer hunger gap period in 2012.

More than two million South Sudanese returned since the signing of the CPA, including more than 364,000 people between October 2010 and February 2012. At the time of submitting the CERF application, some 110,000 South Sudanese had registered to return immediately and 10,000 were in Kosti awaiting onward transportation.

Stocks were fast depleting as the worst scenario of the 2012 CAP began unfolding. Humanitarian organizations were working against the planning figures of 2012 CAP. However within the first six weeks of 2012, the worst case scenario outlined in the CAP was looking increasingly likely.

Additional resources were needed to replenish core pipelines to cover the priority needs of returnees, displaced and refugee population before rains cut off access to the majority of the country. Access to water and sanitation, emergency health services, livelihood support, NFIs and protection were identified as priorities as thousands of returnees and displaced people were living in camps and transit sites that lacked access to adequate essential services, thus leading to high risk of water borne disease and other infectious diseases. Preventing the likely outbreak and spread of communicable diseases was a key priority as they are the leading cause of mortality and morbidity among the population. Protection needs among refugees were particularly acute as the refugee influx was taking place near conflict areas at the border with Sudan.

Through the CERF funding, UN agencies were facilitated to procure and distribute relief supplies to returnees, refugees, IDPs and host communities affected by hostilities and food insecurity. The IOM project was prioritized to provide NFIs and temporary shelter materials for violence-affected IDPs, returnees and other vulnerable groups. WASH interventions were also prioritized in transit sites and in communities receiving particularly high levels of returnees. In the health sector, priority was given to procurement of vaccines, essential drugs and medical supplies to health facilities, such as emergency health kits and trauma kits, and support to immunization campaigns as an emergency measure of disease control and prevention. Supplies to provide agricultural inputs and conduct emergency animal vaccination were also prioritized. UNHCR was tasked to provide NFIs and support humanitarian operations in refugee camps in Unity and Upper Nile States.

III. CERF PROCESS

The decision-making on CERF allocations was guided by a prioritization strategy paper. The prioritization strategy paper was developed by the ISWG, comprising cluster coordinators drawn from cluster lead agencies and cluster co-coordinators drawn from NGOs. It was endorsed by the HCT to whom the ISWG reports. The paper prioritized two elements drawn from the CAP 2012 strategy for CERF allocations. First priority was given to procurement and distribution of emergency supplies (i.e. core pipelines) and to ensuring that essential common services and logistics support are operational in "hot spot" areas, particularly in Jonglei, Unity, and Upper Nile states. The second priority was given to projects from the health, nutrition, protection, food security, and WASH clusters that provide life-saving services in areas at high-risk and with high number of returnees, IDPs and refugees.

Three main coordination structures (namely HCT, ISWG, and core pipeline managers) were involved in the CERF allocation process. At the technical level, the ISWG liaising with pipeline managers was involved in the development of the prioritization strategy and the development of individual agency project proposals. At the strategic level, the HCT was involved in the review and endorsement of the prioritization strategy and the final endorsement of the CERF submission. OCHA facilitated consultations with these coordination structures.

Cluster groups led by their respective cluster coordinators and co-coordinators were involved in prioritizing activities and locations for CERF funding. They were also responsible for facilitating inclusion of NGO projects into the agency proposals. Cluster coordinators provided their respective priority activities and relevant pipeline requirements to the pipeline managers. The pipeline managers and

agency project managers were responsible for drafting their respective proposals. Throughout the process OCHA facilitated the meeting with pipeline managers and follow-up consultations to ensure a shared understanding of priorities.

The review of CERF proposals involved three levels. The first level involved using a “participatory model” in which cluster coordinators discussed and reviewed each funding proposal with the respective applicants. Cluster coordinators screened NGO proposals for inclusion in the CERF allocation as UN agencies’ implementing partners. These were referred to as Category B proposals in the Prioritization Strategy paper. The main focus of the Category B proposals was to ensure that pipeline supplies are distributed in locations prioritized by the cluster. The main target areas were those experiencing inter-communal hostilities and related displacements and areas that received and/or were receiving high number of returnees and refugees. Agency pipeline and/or project managers then included these projects into their agency proposals, taking into account their specific rules and regulations regarding contracting of NGO implementing partners.

The second level review facilitated by OCHA, ensured adherence to CERF life-saving criteria and other CERF requirements. Agency pipeline and/or project managers submitted their draft proposals to OCHA for technical screening against the CERF requirements and compilation of total CERF request. Following a first round of submissions, it became evident that the total initial CERF request exceeded the amount allocated by CERF to South Sudan. OCHA worked with cluster coordinators, co-coordinators and pipeline/project managers to review budget proposals downwards. The total budget of revised draft proposals was twice the amount of the available CERF. OCHA compiled a summary of the requests and presented to the HC for the third level review.

Third level review aimed at making allocation recommendation to each project. In line with the “CHF allocation model” for the core pipelines, the HC, head of OCHA and heads of appealing agencies met to jointly review the draft CERF proposals, including the budgets, and agree on amounts to be allocated to each project to fit the CERF criteria. Decisions were made in accordance with South Sudan’s CERF prioritization strategy. Pipelines already depleted were given first priority and then those that faced the highest risk of breaking were given second priority. For pipelines whose requests were cut, managers were asked to de-prioritize inland transportation as the common transport/cargo service provided by logistics cluster would meet most of this need. Special consideration was given to support of refugees who were in the most remote locations of South Sudan and in need of urgent re-location to safer locations.

CHF allocation of \$44 million was used to complement the CERF allocation in a process that started in March 2012. The CHF funded the common transport/cargo service, provided by Logistics cluster, to provide inland transportation of core pipeline supplies procured through the CERF. Projects of frontline organizations were funded through the CHF to deliver life-saving services in areas at high-risk and with high number of displaced, refugees and returnees using core pipelines supplies whenever needed.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
<i>Total number of individuals affected by the crisis: Approximately 2.4 million individuals, including over 350,000 internally displaced persons, 155,600 returnees and 175,000 refugees.</i>				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Agriculture	259,922	120,638	380,560
	Health – OPD consultations	85,636	89,134	174,771
	Health –Measles Vaccination	171,032	185,285	356,317
	Health-Nutrition	38,265	25,235	63,500
	Multi-sector	87,241	83,713	170,954
	Protection/Human Rights/Rule of Law	38,641	43,042	81,683
	Shelter and non-food items	85,173	66,921	152,094
Water and sanitation	202,439	186,866	389,305	

To estimate the total number of beneficiaries reached, mutually exclusive groups of beneficiaries were identified as refugees and children under age 5 who received measles vaccination. It was estimated that a large portion (80 per cent) of beneficiaries in the agriculture, shelter and NFIs, protection, health (Outpatient Department, or OPD) and nutrition for children under age 5) clusters also received other assistance packages, particularly WASH services. Only 20 per cent of reported beneficiaries were considered to have received assistance exclusively in those clusters. The matrix below shows a summary of estimated direct beneficiaries reached **exclusively** by each cluster.

Matrix 1: Estimation of direct beneficiaries

The estimated total number of individuals directly supported through CERF funding exclusively by each cluster/sector	Cluster	% considered exclusive	Female	Male	Reached
	Agriculture	20%	51,984	24,128	76,112
	Health – OPD consultations	20%	17,127	17,827	34,954
	Health -Vaccination (U5s)	100%	171,032	185,285	356,317
	Health-Nutrition (U5s)	20%	7,653	5,047	12,700
	Multi-sector	100%	87,241	83,713	170,954
	Protection/Human Rights/Rule of Law	20%	7,728	8,608	16,337
	Shelter and non-food items	20%	17,035	13,384	30,419
	Water and sanitation	80%	161,951	149,493	311,444
	Total		521,752	487,485	1,009,237

A similar approach was used to scale number of planned beneficiaries.

Specifically, please note the following beneficiary estimations for the nutrition and NFI sectors:

Nutrition: The estimation of beneficiary numbers was based on analysis of 2011 pre- and post- harvest SMART surveys, food security monitoring; and trends of increased admissions in the programmes, particularly in the border areas and worst-affected states as well increase nutritional vulnerability due to potential impact of the government austerity measures. The anticipated case load of the refugees and returnees could not be accurately determined; this is one of the challenges faced during estimation of beneficiary numbers.

NFI: NFI and emergency shelter material are distributed at the household level (kits are designed to cover the needs of a composed of six individuals). Where possible, data at the individual level is gathered by the cluster and its partners. When not available, estimations on breakdown by individual are used based on ratios identified by the cluster.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING

	Planned	Estimated Reached
Female	549,291	521,752
Male	468,739	487,485
Total individuals (Female and male)	1,018,030	1,009,237
Of total, children <u>under</u> 5	507,580	369,017

The CERF allocation was instrumental in providing relief assistance to returnees, refugees, IDPs and people affected by violence and food insecurity by facilitating procurement and the synchronized delivery of relief items. Approximately 1 million people (with 37 per cent being children under age 5) were reached with a range of assistance packages:

- **Food Security and Livelihoods:** A total of 46,600 households of returnees, IDPs and vulnerable host households (approximately 276,600 individuals) were provided with 722MT of assorted field crop seeds and 128,000 pieces of assorted hand tools to enable them re-enter the production cycle in 2012 agricultural season.
- **NFIs and ES:** A total of 25,349 households (approximately 152,094 individuals) were provided with life-saving non-food items while 6,770 households (40,620 individuals) received temporary shelter assistance.

- **Multi-sector:** Seven refugee sites were established with 21 health facilities across Yida and Maban in Unity and Upper Nile States, respectively, hosting a population of 170,954 refugees. Some 37,000 refugees were relocated from border locations and provided with food rations and life-saving non-food items.
- **Health:** A total of 356,317 children ages 0 to 59 months were immunized against measles and polio and, as a result, there was no reported outbreak of wild polio and also according to surveillance report the number of measles cases declined.
- **Health:** A total of 174,771 individuals benefited from OPD consultations and were treated for common illnesses, gunshot injuries and received emergency vaccinations, thanks to emergency health inter-agency, trauma and diarrhoea I kits and other medical supplies that were procured and distributed to Upper Nile, Unity, Jonglei and Warrap states.
- **Nutrition:** A total of 51,500 children with Severe Acute Malnutrition (SAM) received therapeutic spread as part of treatment, while 12,000 Pregnant and Lactating Women (PLW) were provided with micronutrient supplements.
- **Protection:** Some 1,306 separated/abducted and/missing children were identified and registered across four counties in Jonglei. Of these, 715 of the children were rapidly reunified with their families. Jonglei State witnessed the deadliest hostilities and the highest number of people displaced by violence -people in 2012.
- **WASH:** A total of 101,524 people were provided with access to safe water through drilling boreholes and rehabilitation of water points.

Without the CERF allocation, both pipeline and frontline operations would have been jeopardized. As a result, the humanitarian operation in South Sudan would have been fragmented and disorganized, with insufficient supply and transport of life-saving items, and not enough skilled staff in the field to identify beneficiaries and deliver relief items quickly. People with urgent humanitarian needs would have borne the brunt of this, receiving incomplete or slow assistance packages at best, and no assistance at all at worst. CERF ensured supply and logistic support to the core pipelines. As a result of this, partners across the clusters were able to use other resource contributions to ensure frontline capacity response across the country.

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

YES PARTIALLY NO

Through the CERF, emergency supplies were procured and delivered to beneficiaries in a timely manner.

Food Security and Livelihoods: At the time of CERF disbursement in February 2012, the core pipeline was only 6 per cent funded while there were four months to finalize procurement and distribution of agricultural inputs to beneficiaries before the rains and agricultural planting season start. CERF funding was timely and critical because it contributed to 20 per cent of funding needs for the core pipeline, thereby allowing cluster partners to meet critical needs of beneficiaries before start of the rains.

IOM NFI: Procurement and logistics are key elements of the pipeline, essential for timely prepositioning of life-saving humanitarian supplies. Without this, fast delivery of assistance to beneficiaries in times of need is impossible. The Logistics Officer and assistants who were supported by the CERF project, the procurement of NFI pipeline stock and the transportation costs, which were funded by the CERF, enabled IOM to procure and transport and distribute 25,000 NFI kits and 7,500 emergency shelter kits in deep field locations throughout South Sudan in a timely manner in 2012.

UNHCR Multi-sector: This particular CERF allocation came at the beginning of March 2012, a few weeks before the verification exercise in Upper Nile State (which reduced the refugee population by 20,000 persons) and just before the influx of refugees that saw 65,000 new arrivals in Upper Nile (35,000) and Unity State (30,000). It also came at a time when there was very little new funding from donors and UNHCR needed the funding. The allocation therefore proved a timely resource injection into the operation in the face of mounting challenges such as the new influx, the need to relocate refugees to relatively safer sites away from the border, the need to provide lifesaving services to the new arrivals that were in most cases suffering from malnutrition or diseases.

Some 35,000 refugees were relocated from El Foj and Guffa border points in Upper Nile to Jammam, Doro, Yusuf Batil and later Gendrassa refugee camps. The funding given to implementing partners for camp management helped in bolstering the coordination of humanitarian assistance at camp level, particularly in light of the rising numbers in the new camps, and also in the expeditious and systematic delivery of life-saving services.

UNICEF Nutrition: The implementation of emergency nutrition intervention/ management of severe acute malnutrition prevented death among the high risk population this was due to the support provided through the CERF.

WASH: Provision of supplies, which were funded by CERF, allowed UNICEF and WASH partners to provide fast assistance to beneficiaries as refugee numbers increased.

UNICEF- Child Protection: CERF funding allowed for critical and timely child protection services, such as psychosocial support and family tracing and reunification, to be provided for emergency-affected children including refugees.

UNICEF- Health: CERF funding was critical in providing immunization for measles and polio as well as allowing for timely provision of supplies to treat diarrhoea, pneumonia and malaria.

WHO: The CERF fund was able to strengthen the emergency response capacity at state level by procuring emergency supplies that were accessible in a timely manner. Health actors and the Ministry of Health (MOH) easily accessed the core pipeline supplies and swiftly responded and, as such, supported WHO's effort to improve accessibility of basic life-saving services among vulnerable groups that were affected by hostilities and the areas of high returns by restoring basic life services and initiating mobile clinics in areas of need at a very short notice.

b) Did CERF funds help respond to time critical needs⁶?

YES PARTIALLY NO

The CERF supported procurement transport and distribution of emergency supplies to partners in deep field locations before the rainy season would make more than half of the country inaccessible by road. This made it possible to distribute the supplies in most locations even during the rainy season.

Food Security and Livelihoods: Both the agricultural inputs and veterinary supplies, funded by CERF, were time-sensitive because of the agricultural calendar. The window for response, procuring, transporting and distributing South Sudan experience inputs to partners were only four months before most roads would get cut off due to bad road conditions and the interventions would become redundant after start of the rainy season. CERF funding was critical in allowing partners to respond to needs timely.

IOM NFI: As a result of activities completed under the CERF, the NFI and ES cluster was able to quickly reach violence- and disaster- affected households in need, assisting people affected by violence in Jongley in early 2012; supporting the returnees from Kosti that were airlifted to South Sudan in May/June; the displaced people in Abyei area in July 2012, stranded returnees in Renk, Upper Nile in September; and flood-affected people in Bor in October 2012.

UNHCR Multisector: The funding helped in quick registration and profiling of refugees ,which was an important prerequisite for the refugees to get food rations and NFIs. These NFIs, such as blankets, sleeping mats, mosquito nets, etc. were instrumental in curbing dangerous diseases, such as respiratory tract diseases, malnutrition, malaria and diarrhoea , which were at the time the leading causes of death. There was at the time, an urgent need for blankets and sleeping mats to curb respiratory tract diseases (RTDs), and mosquito nets to prevent malaria. Registering and profiling the refugees made the provision of these items all the more quicker. In addition, most of the refugees arrived in a poor state of health and suffering from malnutrition, making the quick provision of food items vital. However this was also predicated upon their registering.

UNICEF-Nutrition: Therapeutic spread/ nutrition supplies for emergency nutrition intervention/management of severe acute malnutrition were made available on time and allowed for a continuous supply of pipeline items to partners at health facility and community catchment outreach areas.

UNICEF WASH: CERF enabled the procurement of critical core pipeline supply items that had been in short supply, to complete the assistance package.

UNICEF Child Protection: CERF funding enabled critical and timely child protections services, including family tracing and reunification as well as psychosocial support, to be provided to the influx of refugees and other emergency affected children.

UNICEF Health: CERF helped prevent measles outbreaks by supporting immunization as well as the provision of timely supplies to combat childhood illnesses, such as diarrhoea, pneumonia and malaria.

WHO: Funds enabled health actors prevent measles outbreaks by initiating and supporting emergency vaccinations in population of humanitarian concern. The funds improved the availability of essential medical drugs and other emergency supplies in six referral hospitals and the primary health care facilities in the states. The CERF funds were used to procure essential drugs, health facility kits and distributed to target health facilities serving IDPs, returnees and host communities. It also enabled timely deployment of health workers in the states of Unity, Upper Nile, Warrap, and Northern Bahr el Ghazal.

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

YES PARTIALLY NO

The CERF allocation partially contributed in improving resource mobilization from other sources.

Food Security and Livelihoods: CERF funding mostly filled the critical gap that existed. As indicated, at the time of CERF disbursement in February 2012, the core pipeline was only 6 per cent funded while there were four months to finalize procurement

⁶ Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns; locust control).

and distribution of agricultural inputs to beneficiaries before the rains and agricultural planting season starting. CERF funding ensured the critical gap is filled; otherwise the whole operation was not feasible.

IOM NFI: Yes, partially. CERF contributions strengthened and expanded IOM's capacity to implement this programme. This support enabled IOM to effectively carry out proposed activities and achieve planned outcomes in relation to its CAP project. The achievements made possible through CERF funds were recognized by other donors leading to additional funding contributions for this programme.

UNHCR Multi-sector: While it is difficult to say whether CERF funding necessarily led to increase in funds mobilization, it is clear that the funding was instrumental in indicating to other donors the sympathy and support towards the humanitarian predicament in Upper Nile and Unity States of South Sudan. Moreover, this particular funding arrived at a time when there were very few alternative sources of funding for the emergency in Unity and Upper Nile State.

The CERF mechanism also convinced donors, such the ECHO, of the UN and indeed humanitarian community's commitment towards ensuring economies of scale, synergies and non-duplication.

UNICEF Nutrition: To some extent having mobilized CERF grant attracted other donors to channel resources through UNICEF to support emergency nutrition interventions. Some of the lessons learned and best practices were utilized to convince donors to provide additional resources.

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

YES PARTIALLY NO

The CERF allocation contributed to improving coordination amongst the humanitarian community during the allocation process and implementation of activities. The peer review of projects during the allocation helped improve confidence of partners in the humanitarian coordination structures. Before accessing the pipelines supplies for distribution, cluster partners participate in assessing needs and planning the distributions, further strengthening coordination within clusters.

Food Security and Livelihoods: CERF funding supported staff and operational costs for FSL cluster team through its support to NGO partners that act as co-coordinators at the state and field levels. FSL cluster ensured coordinated planning and response by actors in the agriculture and food security sector throughout the response period. Monthly coordination meetings both at national and state levels in targeted areas were conducted involving government, UN, national and international NGOs. A post-distribution monitoring exercise was conducted. Report writing is underway.

IOM NFI: The core pipeline, which the CERF supported in 2012, forms one of the bases for coordination in the sector in South Sudan. The contents of the standard kit procured for the pipeline is agreed by the cluster; 16 partner organizations draw from the pipeline for operational response purposes, and more partners draw when response is necessary. By enabling the smooth functioning of the pipeline, the CERF directly supported effective coordination and continued commitment to a common NFI pipeline among humanitarian partners in South Sudan. Most of distributions conducted by IOM were done jointly with other partners (e.g. NFI/ES distribution with Caritas in Abyei; NFI response in Renk with Medair; NFI/Shelter response in Juba transit site with Medair, SSRC and Caritas; and NFI response for flood-affected populations with INTERSOS, SSRC and Save the Children). Throughout these distributions, cluster coordination has been enhanced and strengthened.

UNHCR Multi-sector: The CERF allocation was given on the basis of well-coordinated project design and implementation plan. Applications were received through a peer review mechanism that determined both usage and impact of the funding based on areas of most urgent need. Given the growing needs of the refugees in Unity and Upper Nile States, the peer review team decided to allocate this funding towards the humanitarian response. There has been growing confidence among humanitarian partners in the peer review mechanism and close cooperation in ensuring that such funding is ultimately put to efficient and cost-effective use. To that extent therefore, coordination among humanitarian actors has improved. The peer review mechanism not only helps in effective allocation of resources but in ensuring good project designs, and ultimately, implementation. This can only benefit the target beneficiaries.

UNICEF Nutrition and Health: Regular interaction with the implementing partners was made possible due to the fact that there was a need for improved coordination to monitor the essential supplies. This was particularly true for UNICEF, as a core pipeline manager for Nutrition, as the interaction between the NGOs, Government and UN agencies was improved.

WASH: CERF funds were not used directly for coordination efforts. However, in using the funds, NGOs were able to liaise with UNICEF and the WASH Cluster for specific emergency response. Additionally, partners accessing supplies were part of broader coordination efforts by the WASH Cluster during emergency response. In that sense, CERF was a positive factor in facilitating coordination amongst the humanitarian community.

WHO: The availability of the core pipeline supplies enhanced the effective coordination in terms of filling in critical gaps in the response of the health needs in the affected populations. Consultations on delivery of core health pipeline facilitated coordination at central and state levels.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible
<p>There was an influx between April 2012 and June 2012 of 65,000 refugees. While the refugees were fleeing, fighting in Blue Nile State and South Kordofan State (Sudan), they were forced to leave because of the oncoming rains. This created an increase for relief supplies and emergency response, which coincided with the commencement of the rainy season. The rains led to flooding, made movement of persons and goods difficult and effectively increased the cost of the humanitarian response.</p>	<p>The dry season between November and June offers an important window to implement activities cost effectively and to preposition NFIs. This is also the period when refugees and asylum seekers are able to move to safety because, by this time, the seasonal rivers are dry and movement a lot easier.</p> <p>Availability of funding in and around the period January to April is therefore crucial to enable humanitarian actors respond emergency.</p>	<p>UNHCR, Other Humanitarian Actors and Donors including the CERF Secretariat</p>
<p>Coordination is very critical to ensure smooth implementation of the CERF activities; however, CERF never funds the related coordination activities.</p>	<p>CERF should include health coordination as a fundable activity as without coordination the life-saving criteria will not be met.</p>	<p>OCHA</p>
<p>There was limited time for proper scrutiny of NGO proposals, hence some were not fully aligned to the main UNICEF proposal.</p>	<p>The Cluster Coordinator and UN agency need more time and opportunity to scrutinize and harmonize NGO proposals before inclusion in the submission. Review by cluster coordinators of proposal submitted should be factored in the timeline in countries where the cluster approach apply.</p>	<p>CERF Secretariat Cluster Coordinator and UN agency</p>
<p>In South Sudan context, financial support to pipelines at the end of the year ensures effective procurement, distribution to deep field hubs for the first quarter of the following year.</p>	<p>Given that most funding mechanisms approve and disburse funds towards the end of the first quarter of each year, it is important to have a release of funds at the end of the previous year to ensure sufficient prepositioning for the first quarter of the year prior to the onset of the rainy season.</p> <p>For example, in 2012, majority of funding support the NFI core pipeline was received between March and April 2012, presenting some challenges in prepositioning. For instance, minimal prepositioning activities were carried out between January to March 2012 due to limited resources and, after March 2012, some delays were still encountered as a result of challenges related to procurement and receiving items in country.</p> <p>A suggested improvement to this situation would be to make funding support available in line with the seasonality cycle or rains to take advantage of the dry season for the procurement and distribution of supplies to deep field hubs.</p>	<p>Humanitarian Actors and Donors including the CERF Secretariat</p>

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
<p>The refugee influx between end of April 2012 and June 2012 was not anticipated, as aid actors projected a slower movements. This resulted in increased need for relief supplies and emergency response, which coincided with the commencement of the rainy season. The rains led to flooding, made movement difficult and effectively increased the cost of the humanitarian response.</p>	<p>The dry season between November and June provides an important window to implement activities cost effectively and to preposition NFIs. This is also the period when refugees and asylum seekers are able to move to safety as seasonal rivers are dry and movement a lot easier.</p> <p>The HCT should put in place a contingency plan including how to source funding for the contingency plan is crucial to the success of the response strategy.</p>	<p>Humanitarian Country Team</p>
<p>The key role played by the HC in promoting an agreement on priorities to be funded through the CER.F</p>	<p>The HC's leadership is key in promoting an understanding of priorities and best use of pooled funding to address such priorities. Best practices and lessons learned on the use of CERF should be part of HC training during HC retreat in Montreaux.</p>	<p>OCHA</p>
<p>Involvement of the lead government authorities in the health sector is critical for the implementation of CERF funded activities.</p>	<p>Flexibility regarding some resources to be given to the MOH teams to carry out some activities.</p>	<p>WHO</p>

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	FAO	5. CERF Grant Period:	12 March – 31 December 2012
2. CERF project code:	12-FAO-002	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Food Security and Livelihoods		
4. Project Title:	Enhancing Food Security of Returnees, IDPs and vulnerable host communities through provision of appropriate production inputs, technologies and services		
7. Funding	a. Total project budget:	US\$ 15,542,000	
	b. Total funding received for the project:	US\$ 8,616,289	
	c. Amount received from CERF:	US\$ 3,003,480	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	149,740	259,922	During project implementation, the situation in targeted locations, particularly Northern Bahr El Ghazal and Jonglei, had deteriorated and more people were affected by the then on-going violence and in need of support. As such, more people were reached.
b. Male	130,260	120,638	
c. Total individuals (female + male):	280,000	380,560	
d. Of total, children <u>under 5</u>	36,521	49,648	Additional inputs were solicited from other projects to reach the extra beneficiaries. CERF funding was used for the distribution of the additional inputs.
9. Original project objective from approved CERF proposal			
Ensure improved food security and protect livelihood of at-risk population through provision of agriculture inputs, delivery of veterinary services and provision of fishing equipment to 280,000 people in target locations.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> Increased/restored food production of 40,000 targeted beneficiary households. 5,000 households access veterinary services by in Jonglei (Pibor and Bor counties) and Unity (Mayom County). Targeting criteria: disease outbreaks areas with high morbidity and mortality, protection against disease outbreaks for animal herds in violence affected areas, incidence of emergent disease, e.g. East Cost Fever (ECF). 5,000 households access fishing equipment in Jonglei (Pibor, Bor and Akobo counties), Upper Nile (Panyingkango County) and Unity State (Rubkhona County). Targeting criteria: returnees and violence affected households with access to fishing grounds. Improved access to information by FSL partners and increased participation in joint assessments. 			
11. Actual outcomes achieved with CERF funds			
Increased food production capacity of targeted households:			
<ul style="list-style-type: none"> A total of 46,600 households (HHs) of returnees, IDPs and vulnerable host households were provided with 722MT of assorted 			

field crop seeds and 128,000 pieces of assorted hand tools to enable the beneficiaries re-enter the production cycle in 2012 agricultural season. A total of 645MT of assorted cereal seeds was directly procured through CERF funding while the additional 77MT was procured using other project funds but distributed using CERF funding. The states targeted through this intervention included Jonglei, Northern Bahr el Ghazal, Unity and Abyei area.

Increased access to veterinary services by beneficiaries in Jonglei and Unity States by 5,000 households:

Access to veterinary services was increased through vaccination campaigns, treatments and maintenance of cold chain equipment. 11,900 vials of assorted vaccines and drugs and 31,200 litres of kerosene were procured to support the vaccination and treatment, and running of cold chain facilities.

- 5,300 livestock dependent households had access to vaccination and treatment series.
- A total of 196,000 heads of livestock were vaccinated and treated.
- 90 Community Animal Health Workers trained.

Increased access to fishing equipment by 5,000 households in Jonglei, Upper Nile, and Unity State:

- 4,900 vulnerable households of fisher folks were supported with 19,600 spools of fishing twines and 4,900 boxes of hooks to enable them improve on the fishing capacity in the four states targeted as follows; 1,700 HHs in Jonglei, 1,200 HHs in NBEG, 1,200 HHs in Upper Nile and 800 HHs in Unity State. This in turn contributed to HH income and food security.

Improved access to information by FSL partners and increased participation in joint assessments:

FSL cluster ensured coordinated planning and response by actors in the agriculture and food security sector throughout the response period. Monthly coordination meetings, both at national and state levels, in targeted were conducted involving government, UN, national and international non-governmental organizations. A post-distribution monitoring exercise was conducted. Report writing is underway.

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

During project implementation, the situation in targeted locations, particularly Northern Bahr el Ghazal and Jonglei, deteriorated and more people were affected by the then on-going violence and were in need of support. As such, more people were reached.

- Additional inputs were solicited from other projects funding to reach the extra beneficiaries. CERF funding was used for the distribution of the additional inputs.
- Implementation of this project component was challenged by deterioration of South Sudan economy. This significantly increased agricultural input prices and transportation cost; hence a reduction in planned inputs procured by CERF funding. As a result of the increase in input prices and transportation costs and the increase in affected households, the composition of the input package per household was reduced to 5 kg of G/Nuts; 4 kg of sorghum; 4 kg of maize; 2.5 kg of cowpeas; 2 Maloda; and 1 sickle.
- Originally, the project had planned to support conflict-affected households in Upper Nile in addition to Jonglei, Northern Bahr el Ghazal, and Unity states. However, due to significant increase in transportation costs and political tension between South Sudan and Sudan at that time, transporters and suppliers withdrew causing delays in input supply chain. As a result, agricultural inputs meant for Upper Nile were used to support returnees in Abyei that came from Warrap and Northern Bahr el Ghazal.

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code? YES NO

If 'YES', what is the code (0, 1, 2a, 2b): **2a**

14. M&E: Has this project been evaluated? YES NO

A post-distribution monitoring exercise was conducted. Data was collected using a structured questionnaire administered among beneficiaries. Data analysis and report writing is underway.

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	IOM	5. CERF Grant Period:	2 March– 31 December 2012
2. CERF project code:	12-IOM-001	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Shelter/ NFI Cluster		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Provision of Emergency NFIs and ES materials to IDPs, returnees, and Host community members		
7. Funding	a. Total project budget:	US\$ 6,075,000	
	b. Total funding received for the project:	US\$ 7,845,380	
	c. Amount received from CERF:	US\$ 2,599,030	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	90,000	85,173	
b. Male	60,000	66,921	
c. Total individuals (female + male):	150,000	152,094	
d. Of total, children <u>under 5</u>	30,000	Not available	
9. Original project objective from approved CERF proposal			
To provide life-saving non-food and emergency shelter items to people affected by conflict and disaster, returnees and other vulnerable groups.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> Shelter materials and NFIs procured, transported, prepositioned and stored in South Sudan and available for distribution to vulnerable communities. 7,500 returnees/IDP/host community households (vulnerable households) or 45,000 individuals receive temporary shelter assistance. 25,000 household or 150,000 individuals affected by man-made and natural disasters are provided with immediate relief and life-saving non-food items. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> 25,000 NFI kits and 7,500 shelter kits were procured to replenish the pipeline, transported, and availed for distribution to vulnerable communities. 6,770 returnees/IDP/host community households received temporary shelter assistance. 25,349 households were provided with life-saving non-food items. 			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
There was a slight difference of 10% in targets reached for the provision of temporary shelter assistance at the end of the project (of the 7,500 procured, 6,770 were distributed, with 730 remaining at the end of the project timeframe); the remaining 730 kits were distributed in the first quarter of 2013. Shelter delivery has been marginally slower than anticipated, primarily due to the scale of the logistics challenges associated with moving bulky shelter items, compounded over the course of the year by the rising cost of fuel and reduced availability of transport assets (in particular barges, key for river movement of bulky items). Overall however, actual outcomes matched well with those planned for CERF.			

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<p>If 'YES', what is the code (0, 1, 2a, 2b): 2a.</p> <p>Moreover, IOM worked with partners and other clusters to ensure gender awareness at all stages of the NFI and emergency shelter response, including disaggregation of data by gender and targeting of female-headed households, incorporating gender dynamics and the specific needs of different gender groups in needs assessments and response recommendations, and ensuring that NFI kit content is gender-sensitive.</p>	
14. M&E: Has this project been evaluated?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
<p>Several post-distribution monitoring (PDM) exercises have been conducted on specific distributions (5 over the project period). These PDMs look at the effectiveness, appropriateness and coverage of distributions.</p>	

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	UNHCR	5. CERF Grant Period:	8 March 2012–31 December 2012
2. CERF project code:	12-HCR-003	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Multi-sector		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Protection of Refugees and Asylum Seekers in South Sudan		
7. Funding	a. Total project budget:	US\$ 186,177,362	
	b. Total funding received for the project:	US\$ 69,384,803	
	c. Amount received from CERF:	US\$ 3,010,721	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	41,250	90,107	The fighting in Blue Nile and South Kordofan States continued, and between March and June 2012, UNHCR received 65,000 new arrivals in Upper Nile and Unity State (in addition to the already existing 75,000 refugees). Between September and the end of the year, there have been about 30,000 new arrivals, most of whom arrived in November and December 2012.
b. Male	33,750	80,847	
c. Total individuals (female + male):	75,000	170,954	
d. Of total, children <u>under 5</u>	16,500	36,039	CERF funding was used for camp management which served all refugees which ended up being in the camp. A total of 21 health facilities assisted all refugees not only original caseload.
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> Basic relief items and lifesaving services provided in Unity and Upper Nile for at least 75,000 refugees. 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> Site Preparation completed. Refugee Registration and Profiling completed. Assessments and coordination mechanism well-established. 			

- At least 8,000 relocated refugees receive Food and Non Food Items within three days of arrival.
- Delivery of essential life-saving items and services provided to the refugee population.
- Seven camps for a population of 135,000 refugees established and well-managed.

11. Actual outcomes achieved with CERF funds

- **Site preparation** was done for two camps in Upper Nile State (Gendrassa and Yusuf Batil camps). Assessment was done by UNHCR's site planners in conjunction with the Government of South Sudan. After the sites were approved by Government, site demarcation and layout were done. The refugees started to occupy the two sites in April and July, respectively. Presently there are 36,754 refugees residing in Yusuf Batil refugee camp and 14,758 refugees in Gendrassa refugee camp.
- **Refugee registration and profiling** was done for all 170,954 refugees in Upper Nile and Unity States including 95,604 who arrived in 2012. UNHCR also conducted a verification exercise in both Upper Nile State (March–April, 2012) and Unity State (October–December 2012), which helped in reducing the refugee statistics by about 20,000 refugees in Upper Nile and about 14,000 refugees in Unity State. Registration helped the refugees to access food rations and other relief items. Some have also been provided with slip cards which are a form of identification. Profiling also helped UNHCR to identify refugees with specific needs which in turn opened the way to the provision of assistance for them.
- **A number of assessments were conducted** throughout the year including health and nutrition assessments (4), site assessments (6), and water assessments, particularly in Jammam refugee camp. The health and nutrition assessments conducted during the year revealed high levels of nutrition, and high Crude Mortality Rates which in turn led to a number of specific initiatives aimed at reversing these trends. Water assessments in Jammam in particular revealed the lack of sufficient ground water sources which resulted in a decision to relocate refugees to Gendrassa camp.
- **Some 37,000 refugees were relocated from border locations** (about 35,000 from El Fuj and Guffa border points) initially to transit sites at Hofra and K-18 some 18 kilometres from the border and then on towards Doro, Jammam and Yusuf Batil. With Doro and Yusuf Batil almost at full capacity and Jammam having water shortages, a new site was opened in Gendrassa and some 15,000 refugees relocated there from Jammam refugee site.
- **All the relocated refugees received Food rations within two weeks of arrival and Non Food Items (NFIs)** which included kitchen sets, plastic sheeting (4 x 5 metres), water storage containers, blankets and mosquito nets on average within two weeks of arrival.
- **A total of 21 health facilities were established in the refugee camp sites.** In Upper Nile, some 15 health facilities were established including four hospitals (one per camp) and 11 health centres/posts (Jammam – 2, Yusuf Batil – 5, Gendrassa – 1 and Doro – 3) to cater for the health needs of the refugees. In Unity, 6 health facilities, including 1 hospital and 1 health centre in Yida, and 2 health centres in Pariang and Nyeel, were established.
- **Seven refugee sites were established for a population of 170,954 refugees.** The sites are:
 - Unity States**
 - Yida 57,309 refugees
 - Nyeel – 827 refugees
 - Pariang 763 refugees
 - Upper Nile State**
 - Doro – 44,714 refugees
 - Yusuf Batil – 36,754 refugees
 - Jammam – 15,829 refugees
 - Gendrassa – 14,758 refugees

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

During 2012, an additional 95,604 refugees arrived, bringing the refugee population to 170,954 persons. Earlier projections had estimated that the refugee population would be 135,000 persons by the end of the year, but this figure was surpassed by some 35,954 persons by the end of 2012. This invariably led to reprioritization, with relocation of refugees from the unsafe border regions gaining greatest importance.

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?

YES NO

If 'YES', what is the code (0, 1, 2a, 2b): 2a

14. M&E: Has this project been evaluated?

YES NO

In June 2012, UNHCR conducted a mid-term review of the 2012 implementation. Recommendations from the review were implemented.

In December 2012, UNHCR conducted a real-time evaluation of the South Sudan emergency. The evaluation covered the period from the beginning of the emergency in June 2011 to December 2012. The evaluation focused on the following key areas:

- The operational environment
- Contingency planning and preparedness
- Protection and solutions
- Supply chain management and assistance
- Human resource management
- Operations and information management
- Partnerships, inter-agency coordination and external relations

The evaluation team visited Juba as well as Maban and Pariang counties, where they interviewed various stakeholders including Government officials, refugees, the donor community, UN agencies, NGOs and other humanitarian actors. The evaluation team will produce a report, which will be availed to all stakeholders. The evaluation report is yet to be published.

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	UNICEF	5. CERF Grant Period:	2 March 2013–31 March 2013 ⁷
2. CERF project code:	12-CEF-004-A	6. Status of CERF grant:	<input checked="" type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input type="checkbox"/> Concluded
4. Project Title:	Vaccine Preventable Disease Control through Routine and Supplementary Immunization Interventions		
7. Funding	a. Total project budget:	US\$ 12,964,841 ⁸	
	b. Total funding received for the project:	US\$ 6,462,285	
	c. Amount received from CERF:	US\$ 1,000,025	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	255,672	171,032	According to the surveillance reports, there has been a decrease in the number of measles cases reported including in the refugee camps.
b. Male	226,728	185,285	
c. Total individuals (female + male):	482,400	356,317	
d. Of total, children <u>under 5</u>	482,400	356,317	
9. Original project objective from approved CERF proposal			
To vaccinate 482,400 children against polio and measles. This will contribute in the overall reduction in morbidity and mortality resulting from vaccine preventable diseases.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • 482,400 children aged 0-59 months are immunized against measles and polio (of these, 57,000 are the newly-returning children aged 0-59 months who will be promptly vaccinated upon arrival at various entry points). • A total of 150 health workers (cold chain Technicians/Assistants/Mobilizers) have improved skills on cold chain management and social mobilization of caregivers. • The 3 vaccine stores in Unity, Jonglei and Upper Nile states have increased vaccine storage capacity and fully functional. 			

⁷ No cost extension until 31 March 2013 was approved by the ERC.

⁸ The increase from the original proposal reflects the upward adjustment done in the mid-year review of the CAP 2012.

11. Actual outcomes achieved with CERF funds	
<ul style="list-style-type: none"> 356,317 children 0-59 months were immunized against measles and polio; as a result, there was no reported outbreak of wild polio, and also according to surveillance report the number of measles cases declined. A total of 360,000 doses of measles and 1.4 million doses of oral vaccine were procured through CERF support. <i>Note: For polio, the number of reported children were vaccinated 4 times in a year as per the national recommendation schedule in South Sudan,</i> 123 health workers trained on cold chain management and social mobilization of caregivers in Upper Nile, Jonglei and Unity and Lakes. Two vaccine stores in Jonglei and Upper Nile states have increased vaccine storage capacity and fully functional. The process started in Unity and would mainly be supported through other sources of funds. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
Delay in vaccine store construction in Unity was due to the increasing of cost of construction materials.	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If 'YES', what is the code (0, 1, 2a, 2b): 2a	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	UNICEF	5. CERF Grant Period:	2 March 2012–31 March 2013 ⁹
2. CERF project code:	12-CEF-004-B	6. Status of CERF grant:	<input checked="" type="checkbox"/> Ongoing
3. Cluster/Sector:	Health-Nutrition		<input type="checkbox"/> Concluded
4. Project Title:	Support to Nutrition Pipeline for emergency therapeutic responses in South Sudan		
7. Funding	a. Total project budget:	US\$ 17,090,040 ¹⁰	
	b. Total funding received for the project:	US\$ 10,139,116	
	c. Amount received from CERF:	US\$ 4,200,007	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	22,568 + 12,000 (PLW)	26,265 +12,000	According to the monthly coverage reports, there has been increase of admission of severe acute malnutrition. Note : The eight validated post-harvest -standardized monitoring and assessment of relief and transition'(SMART) surveys, from October to November 2011 in four states, indicated high level of malnutrition in six states. Hence the CAP planning figure was also reviewed and increased during Mid-year CAP review.
b. Male	20,832	25,235	
c. Total individuals (female + male):	55,400	63,500	
d. Of total, children <u>under 5</u>	43,400	51,500	
9. Original project objective from approved CERF proposal			
To ensure that there are sufficient nutritional commodities in country and delivered to partners in the 'hot spot' states (NBeG,			

⁹ No-cost extension until 31 March 2013 was approved by the ERC.

¹⁰ The increase from the original proposal reflects the upward adjustment done in the mid-year review of the CAP 2012.

<p>Jonglei, Unity, Upper Nile and Warrap) to meet the emergency needs of 52% of the projected caseload of 83,000 children under 5 with SAM and 12,000 pregnant and lactating women for 2012 (based on the “most likely scenario”). (Note: The projected caseload was revised to 114,000 at mid-year review of CAP 2012.)</p>	
<p>10. Original expected outcomes from approved CERF proposal</p>	
<ul style="list-style-type: none"> • Nutritional supplies arrive in country between April and May to meet emergency needs as specified in nutrition cluster response plan in the 2012 CAP. <ul style="list-style-type: none"> ○ A total of 43,400 cartons of therapeutic spread and 1,127 packages of micronutrient tablets are procured by UNICEF. • Supply chain of nutritional supplies is done in May-June. <ul style="list-style-type: none"> ○ A total of 43,400 cartons of therapeutic spread and 1,127 packages of micronutrient tablets are distributed to the partners working in the hot spots state for treatment of SAM. • Treatment is undertaken using procured and distributed supplies received contributing to a reduction in the maternal and child mortality. <ul style="list-style-type: none"> ○ 43,400 children with SAM receive treatment ○ 12,000 PLW supplemented with micronutrients 	
<p>11. Actual outcomes achieved with CERF funds</p>	
<ul style="list-style-type: none"> • Nutritional supplies arrive in country between April and May to meet emergency needs as specified in nutrition cluster response plan in the 2012 CAP. <ul style="list-style-type: none"> ○ A total of 51,500 cartons of ready-to-use therapeutic spread (RUTF) and, 127 packages of micronutrient tablets were procured by UNICEF. • Supply chain of nutritional supplies is done in May-June. <ul style="list-style-type: none"> ○ A total of 51,500 cartons of therapeutic spread, 384 F75, 448 F100 and 1,127 packages of micronutrient tablets were distributed to the partners working in the hot spots state for treatment of SAM. • Treatment is undertaken using procured and distributed supplies received contributing to a reduction in the maternal and child mortality. <ul style="list-style-type: none"> ○ 51,500 children with SAM received therapeutic spread as part of treatment. ○ 12,000 PLW supplemented with micronutrients. 	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>The number of beneficiaries reached was higher than expected due to a lower than planned unit cost of therapeutic spread enabling the purchasing of additional supplies which reached more children.</p>	
<p>13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?</p>	<p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>
<p>If 'YES', what is the code (0, 1, 2a, 2b): 1</p> <p>If 'NO' (or if GM score is 1 or 0): UNICEF worked with partners to ensure gender awareness in nutrition response, including disaggregation of data by gender in management of severe acute malnutrition in other nutrition interventions.</p>	
<p>14. M&E: Has this project been evaluated?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	UNICEF	5. CERF Grant Period:	2 March 2012-31 March 2013 ¹¹
2. CERF project code:	12-CEF-004-C	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Protection cluster		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Protecting boys and girls affected by conflict and other emergencies in Jonglei State		
7. Funding	a. Total project budget:	US\$ 5,269,735 ¹²	
	b. Total funding received for the project:	US\$ 7,571,604	
	c. Amount received from CERF:	US\$ 1,016,894	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	14,560	38,641	The actual outcomes in terms of the number of beneficiaries reached exceed the planned figure due to the high number of children reached through the emergency supplies (school-in-the box, recreation kits and mats) and the presence of the partners through which the project was implemented.
b. Male	13,440	43,042	
c. Total individuals (female + male):	28,000	81,683	
d. Of total, children <u>under 5</u>	5,880	4,000 ¹³	
9. Original project objective from approved CERF proposal			
The original objective of the project was to reach the emergency learning and protection needs of 28,000 children affected by violence, separation, displacement and those in need of psychosocial assistance in Jonglei and other emergency affected areas.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> 354 separated, unaccompanied and missing boys and girls identified during the emergency are registered, reunified with their families when possible or placed with foster families or within temporary care centres. 15 Child-Friendly Spaces (reaching 7,500 boys and girls) for educational, recreational, protection and psychosocial support services established and supported for the well-being of boys and girls affected by emergency situations. The CFSs are established in selected locations after assessments have been carried out. 15 Communities provided PSS support through direct support the existing community based structures and networks to support children. The PSS support includes recreational activities, awareness-raising for communities on children's psychosocial needs after a conflict, community-based networks to have focus groups with children, monitoring Child Protection concerns and making referrals. 			
11. Actual outcomes achieved with CERF funds			

¹¹ No cost extension until 31 March 2013 was approved by the ERC.

¹² The increase from the original proposal reflects the upward adjustment done in the mid-year review of the CAP 2012.

¹³ The number of children under 5 is estimated to be about 5 per cent of the total beneficiaries who benefitted mainly through the Child-Friendly Spaces (CFS) and Child-Friendly Schools.

- **Separated and Unaccompanied Children**

- Through CERF, UNICEF supported two international NGOs (INTERSOS and SCiSS) and the Ministry of Social Development (MOSD) in Jonglei State to establish systems to respond to children separated as a result of displacement and those abducted during the tribal violence which resulted into the displacement. Through these systems, a total of **1,306 separated/abducted and/missing children (690 boys and 616 girls), including 27 women**, were identified and registered in four counties of Jonglei: Uror, Nyirol, Pibor and Akobo. Of this number, the families of **715 children (315 boys and 400 girls)** were rapidly reunified with their families as people returned from their hiding places following displacement particularly in Pibor.
- UNICEF supported the MOSD to run a transit centre in Bor town for abducted children who are recovered from the abductors, but requires Psychosocial Support and family tracing activities. The support to the centre includes the purchase of provisions (food, clothes, basic household items, medical care, etc.) for the centre and other support to MOSD Social Workers to carry out family tracing in communities. During this reporting period, a total of **110 children (58 boys and 52 girls), including 5 women**, were provided with transit care at this centre prior to reunification. These children formed part of the total number of children identified and registered as detailed above. Efforts at establishing a second transit centre in Pibor was initiated and an assessment was completed, but could not be established due to flooding in Pibor town.

- **Child-Friendly and Emergency Learning Spaces:**

The funds were utilized for procurement and distribution of materials (school-in-a-box, recreation kits and mats) through the Jonglei State Education Cluster and Child Protection Sub-cluster partners – namely, INTERSOS, NHDF, SCiSS, MOSD and Hold the Child – which benefitted a total of **79,850 children (42,110 boys and 37,740 girls)** as follows:

- **Community Based child protection structures for psychosocial support**

- As a way of strengthening the protection of children through monitoring of violations in communities. The CERF, through support to Save the Children in South Sudan (SCiSS) and INTERSOS, trained **68 persons (51 men and 17 women)**, mainly comprising of school teachers, community leaders, women leaders and CBOs staffs on human rights and Child Protection in Emergencies (CPIE) to serve as monitors and members of the community-based child protection networks. As a result of this training, over 5,000 people in Pibor town received messages on prevention of recruitment and eventually boost the reunification of children as families emerged from the bushes.
- **80 youths (40 male and 40 females)** were selected from Uroro, Nyirol, Pibor and Akobo and provided appropriate materials and training to serve as Peace ambassadors within their respective communities by organizing youth groups to promote sports and awareness-raising campaign on child protection. In addition to the youths trained, **40 (25 males and 15 females)** were trained on family mediation and counselling in Uror, Akobo and Nyirol.
- UNICEF also supported the deployment of an Emergency Child protection Officer from Nonviolent Peace Force (NP), an NGO partner in Pibor, to lead emergency assessment and monitor child protection issues. Through this arrangement, information on child rights violation arising from the on-going emergencies in Jonglei State, particularly Pibor, continues to be monitored and the outcome shared.

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

The actual outcomes in terms of the number of beneficiaries reached exceeded the planned figure due to the high number of children reached through the emergency supplies (school-in-a-box, recreation kits and mats) and the presence of the partners through which the project was implemented.

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?

YES NO

If 'YES', what is the code (0, 1, 2a, 2b): **2a**

14. M&E: Has this project been evaluated?

YES NO

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	UNICEF	5. CERF Grant Period:	2 March 2012–31 March 2013 ¹⁴
2. CERF project code:	12-CEF-004-D	6. Status of CERF grant:	<input checked="" type="checkbox"/> Ongoing
3. Cluster/Sector:	WASH		<input type="checkbox"/> Concluded
4. Project Title:	Emergency WASH Preparedness, Response and Coordination in South Sudan		
7. Funding	a. Total project budget:	US\$ 21,929,200 ¹⁵	
	b. Total funding received for the project:	US\$ 18,193,996	
	c. Amount received from CERF:	US\$ 2,986,487	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	220,000	202,439	
b. Male	180,000	186,866	
c. Total individuals (female + male):	400,000	389,303	
d. Of total, children <u>under 5</u>	72,000	73,967	
9. Original project objective from approved CERF proposal			
Strengthened and better coordinated WASH response to emergencies in South Sudan.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> WASH emergency core pipeline supplies readily available and utilized as part of humanitarian response for 400,000 people 50,000 people provided with access to safe water supplies. Improved sanitation facilities provided for 50,000 men, women, and children. 150,000 men, women, and children reached with key hygiene promotion messages focused on effective water treatment and storage, hand washing with soap, and regular latrine usage. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> A range of WASH emergency core pipeline supplies were procured and distributed to benefit 389,305 people. The entire CAP programme targeted to serve 900,000 people with WASH core pipeline supplies. The CERF was used to procure a range of WASH supplies to fill gaps in the core pipeline. Seven pipeline items out of the 16 planned were procured¹⁶ in larger quantities. 101,524 people were provided with access to safe water. Nine new boreholes were drilled in Jonglei (6) and Lakes (3) states, and 127 rehabilitated in 6 states, and 4 water yards rehabilitated in Upper Nile, all serving 75,500 returnees, refugees and hosts. In addition over 21,800 returnees in transit in Renk (Upper Nile) were served through water trucking, and 4,176 benefited from household water treatment interventions. Some 13,694 people accessed improved sanitation facilities. 			

¹⁴ No-cost extension until 31 March 2013 was approved by the ERC.

¹⁵ The increase from the original proposal reflects the upward adjustment done in the mid-year review of the CAP 2012.

¹⁶ Items procured from the CERF funding were water treatment units, water floc and disinfectant, collapsible water tank, bucket, collapsible jerrycans, chlorine tablets, soap and storage rubb halls. Those procured from other funding sources were handpump spares, handpump tools, aluminium sulphate, calcium hypochlorite, tarpaulins, latrine slabs, latrine digging kits, hygiene kits and filter cloth.

<p>Ninety emergency latrines were provided in Upper Nile (Renk and Maban), serving about 4,500 returnees and refugees, and 115 in Northern Bahr el Ghazal (NBeG) for 5,750 returnees and IDPs. In addition, 3 school latrine blocks (four-stance each) were built, 1 in Jonglei and 2 in NBeG, serving 1,200 vulnerable children.</p> <ul style="list-style-type: none"> • 236,940 people (including over 23,850 school children, and 178,800 through radio) were reached with key hygiene messages on effective water treatment and storage, hand washing with soap, and regular latrine usage. 	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p> <ul style="list-style-type: none"> • While it was planned to provide WASH emergency core pipeline supplies for 400,000 people, fewer returnees arrived than was anticipated and needing WASH supplies. Six pipeline items out of the 14 planned were procured from the CERF funding. Complementing items were procured earlier from other funding sources. • More people were provided with improved water access than originally planned. This is because substantially more broken down facilities were rehabilitated than anticipated in IDPs, returnees and refugees locations. This was a cheaper intervention than construction of new water points, and so more people were reached within the same funding. • The need for emergency latrines reduced significantly because fewer returnees came in through the River Nile route than anticipated. Instead more resources were used to maintain services for returnees who remained in the transit settlements for longer than anticipated. Moreover, host communities were encouraged to provide household latrines at their homes. 	
<p>13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?</p>	<p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>
<p>If 'YES', what is the code (0, 1, 2a, 2b): 2a</p>	
<p>14. M&E: Has this project been evaluated?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	WHO	5. CERF Grant Period:	8 March-31 December 2012
2. CERF project code:	12-WHO-005	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health Cluster		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Strengthen epidemic response capacity in high risk areas in South Sudan		
7. Funding	a. Total project budget:	US\$ 11,594,627	
	b. Total funding received for the project:	US\$ 9,143,495	
	c. Amount received from CERF:	US\$2,199,991	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	92,977	85,636	Submitted health management information system (HMIS) reports from the field indicated less consultation levels. Due to accessibility constraints, less HMIS reports were submitted that may not reflect the actual reality on the ground. This figure does not reflect the planned figures that were anticipated to benefit from vaccination for meningitis.
b. Male	96,773	89,134	
c. Total individuals (female + male):	189,751	174,771	
d. Of total, children <u>under 5</u>	39,847	36,701	
9. Original project objective from approved CERF proposal			
To reduce avoidable morbidity and mortality among displaced people, returnees, refugees and host communities, and respond to the rapidly deteriorating health situation in high risk and hotspot areas.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> ○ Life-saving health sector response based on identified needs and gaps leading to reduced morbidity and mortality among the affected population. ○ Reduce excess mortality and morbidity in the affected population through the emergency response to contain potential communicable diseases outbreaks. ○ Evidence-based health cluster response. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> ● Life-saving health sector response based on identified needs and gaps leading to reduced morbidity and mortality among the affected population. Under this expected outcome, the following were achieved: <ul style="list-style-type: none"> ○ Seven interagency kits, five trauma kits, nine diarrhoea I kits and other medical supplies were procured and distributed to the states of Upper Nile, Unity, Jonglei and Warrap State, and as such a total of 174,771 individuals benefited as OPD consultations and were treated for common illnesses, treated for gunshot injuries and received emergency vaccinations. ○ A total of 5 hospitals received trauma kits as part of the strategy to strengthen the emergency health response capacity towards the management of the gunshot wounds. ○ Surgical expertise was provided for Bentiu Hospital and a surgeon deployed there for three months. In Bor, an anesthesiologist was deployed there for four months, and as such a total of 405 patients received life-saving surgery and lives were saved. On-the-job surgical training was done for 12 medical officers in Unity state and 6 expert nurses were deployed in Bentiu hospital to support surgical management of patients on the surgical ward. ○ Four mobile clinics were supported to enable displaced populations access health services. The areas where the mobile clinic were initiated were Pibor County, Adapa refugee camp in Awiel, Twic county for the returnee response, returnees in the National Teacher Training Institute (NTTI) transit camp, Juba and Nyirol County during the flood response. 			

<ul style="list-style-type: none"> ● Reduce excess mortality and morbidity in the affected population through the emergency response to contain potential communicable diseases outbreaks. <ul style="list-style-type: none"> ○ The early warning surveillance systems were enhanced by identifying critical health workers that were trained on epidemic prone disease, providing surveillance case definitions, providing consumables for use in outbreak response, collecting and analyzing data for action, and as such 80% of the outbreak alerts were investigated and verified within 72 hours. ○ A total of 5,015 Kalazar cases were identified and treated in the states of Jonglei, Unity and Upper Nile states ○ 124 health workers were trained in life saving interventions, surgical care and case management of epidemic prone diseases and deployed in seven counties in the states of Upper Nile, Unity and Jonglei. ○ 356,317 children were vaccinated against measles in areas that reported acute emergencies as a primary measure to prevent the measles outbreak (in collaboration with UNICEF and use of the Vaccines Pipeline). ● Evidence-based health cluster response <ul style="list-style-type: none"> ○ 22 rapid health assessments were conducted and health needs documented and specific interventions were developed. ○ 36 health cluster meetings were held at both central and state level in Juba, Malakal, Rubkona and Bor state capitals and in Maban and Pibor to discuss the emergency responses to humanitarian health emergencies, and as such ensured focused responses with no duplication of conducted activities. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>A total of 90 health workers were targeted to be trained in three states and overall 124 health workers were trained. This is because there was an increased need to have trained health workers to be deployed as previously anticipated and, this was due to the development of new emergencies in some areas of concern like the Maban and Pibor crisis. The trained health workers were deployed in the facilities in the frontline counties of Maban, Bor, Pibor, Rebkona, Bentiu, Koch and Malakal.</p> <p>The Kalazar cases recorded were above the targets due to the fact that during the transmission season, more cases were attended to as compared to the number expected; likewise more treatment centres were established in the state of Jonglei. In addition, the reporting rate greatly improved and more integrated disease surveillance reports were submitted in the Kalazar areas.</p> <p>Environmental factors, like heavy rains/flooding and intermittent insecurity in the states, prevented some community members from accessing health services, resulting in a decrease in the number of out-patient consultations in some facilities.</p>	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If 'YES', what is the code (0, 1, 2a, 2b): 2a	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

**PART 2: CERF EMERGENCY RESPONSE – CONFLICT AND DISPLACEMENT
(RAPID RESPONSE 2012)**

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
<i>Total amount required for the humanitarian response: US\$1.18 billion (South Sudan CAP 2012)</i>		
Breakdown of total response funding received by source	Source	Amount
	CERF	20,027,456
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND <i>(if applicable)</i>	118,272,730
	OTHER (Bilateral/Multilateral)	639,058,387
	TOTAL	777,358,573

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – Date of Official Submission: 5 July 2012			
Agency	Project Code	Cluster/Sector	Amount
IOM	12-IOM-019	Water and sanitation	1,067,774
IOM	12-IOM-020	Coordination and Support Services Logistics	969,420
UNFPA	12-FPA-032	Health	227,929
UNHCR	12-HCR-036	Multi-sector	10,031,250
UNICEF	12-CEF-077	Water and sanitation	1,080,058
UNICEF	12-CEF-078	Health-Nutrition	467,073
UNICEF	12-CEF-079	Health	574,647
UNICEF	12-CEF-080	Education	612,441
UNICEF	12-CEF-081	Protection/Human Rights/Rule of Law	598,898
WFP	12-WFP-050	Food	4,397,966
Sub-total CERF Allocation			20,027,456
TOTAL			20,027,456

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of Implementation Modality	Amount
Direct UN agencies/IOM implementation	15,892,228
Funds forwarded to NGOs for implementation	4,027,255
Funds forwarded to government partners	107,973
TOTAL	20,027,456

During the course of 2012, significant number of people fled armed fighting from Sudan's Southern Kordofan and Blue Nile States into South Sudan. By mid-year, the South Sudan's Unity and Upper Nile were hosting 168,000 refugees, more than double the number projected in 2012 CAP. This presented pressing challenge to humanitarian actors whose capacity to respond was over-stretched. The provision of immediate additional support to address the humanitarian needs of 65,000 new refugees became urgent to prevent a slide in the standard of service being provided to refugees and secure adequate assistance in the various sites.

An unprecedented influx of refugees stretched the capacity of humanitarian actors. In June and September 2011, respectively, fighting broke out in Southern Kordofan and Blue Nile States. Over 65,000 refugees arrived in Upper Nile and Unity states between April and June 2012. An estimated 55,000 refugees were expected by the end of 2012 in light of the protracted conflict in Sudan, and the high rates of daily arrivals (2,000 persons per day). Humanitarian actors were already providing assistance to refugees in Unity and Upper Nile States. However, the pace of arrivals was unprecedented. The high refugee numbers had not been envisaged in the 2012 planning; the CAP most-likely scenario had estimated that 80,000 Sudanese refugees would arrive in South Sudan over the whole year. The high refugee numbers stretched aid agencies on the ground who had limited capacity to respond to the crisis. The provision of additional support to address the humanitarian needs of 65,000 new refugees became a priority.

The immediate scale-up of the humanitarian operation was required to ensure the survival of the new refugee arrivals and forestall deterioration of services. Prior to this, the new wave of refugees humanitarian actors were striving to achieve international humanitarian assistance standards in all sectors, including NFIs distribution, shelters, water, sanitation and hygiene promotion services, health services, protection and emergency education. The sudden influx added an extra burden as the refugees were heavily reliant on humanitarian assistance for their survival; in Yida camp a facility which was originally intended to host 15,000 people, the refugee population doubled from 27,500 to over 55,000 people between April and June 2012. There were not enough shelters and half the refugees had no plastic sheeting for shelter. With only 700 latrines for more than 50,000 people versus the 2,000 required according to humanitarian standards (one latrine for 25 people), there was also an acute shortage of sanitation infrastructure. As a result, sanitation and hygiene conditions at refugee sites severely worsened with refugees defecating in the open. With the rainy season having already begun, there was increasing concern that excrement could spread across the site, resulting in disease outbreaks. Providing safe drinking water was a major challenge as well. With only eight litres of water per person per day, the population in Yida was receiving less than half the international emergency standard of 20 litres per person per day.

More assistance to areas where refugees were arriving to redouble interventions. Refugees were arriving in poor physical health, having walked for weeks through areas of armed conflict with little food or water. When they arrived, many refugees were suffering from dehydration and malnutrition. A survey conducted by Médecins Sans Frontières (MSF) in the Yida refugee camp between 6 and 12 July 2012 found a mortality rate of four deaths per 10,000 people per day among children under age 5, which is twice the emergency threshold of two deaths per 10,000 people per day. It was estimated that five children died each day on average in Yida. During the same period, MSF reported that medical consultations had increased from 50 to 250 consultations per day.

Refugees arrived in one of the most remote areas of South Sudan near conflict areas presented humanitarian actors with a logistics and protection challenges. The presence of mines/ Unexploded Ordnance (UXO), lack of sustainable water supply, topography and remoteness of terrain (floods-prone) were just a few of the obstacles being faced. Bringing supplies to the remote refugee areas during the rainy season when half of the country is accessible only by river or by air required transport reinforcement. In Unity state, the roads linking two key refugee sites were only passable after three dry days. Preserving the civilian character of refugee sites and ensuring protection were also pressing concerns. In Unity State, many of the refugees arrived in the border location of Yida which is close to the conflict prone area of Jaw. In Upper Nile State, the refugees arrived mainly through the border locations of El Foj and New Guffa. Continued tensions along the border, and consequent large military movements in the areas, increased the risk of recruitment of adults and children among refugees and the threat of gender-based violence. In addition to scaling-up provision of humanitarian assistance upon arrival, concerted efforts were required on the part of humanitarian actors to encourage the refugees to move away from locations at the border to established settlements further inland.

II. FOCUS AREAS AND PRIORITIZATION

The CERF proposal focused on the provision of emergency assistance to 65,000 refugees who arrived into South Sudan Unity and Upper Nile States between April and May 2012. As per the CAP 2012 revised at mid-year, the Humanitarian Country Team had endorsed a response strategy developed jointly by the participating agencies under the leadership of UNHCR covering multi-sector interventions.

The CERF proposal aimed at ensuring that refugees were provided with a multi-sectoral package of life-saving assistance in seven refugee sites in Unity and Upper Nile States with flexibility to extend to new sites if situation required. Additionally, the organization of the transport and delivery of humanitarian cargo by barge, boats and trucks was also required through the Common Transport Service and Logistic Support to overcome access challenges. The geographical areas targeted included Jammam, Doro, Batil and Kilo 18 in Upper Nile and Yida, Pariang and Nyeel in Unity State. In accordance with the humanitarian strategy, outlined in the CAP 2012 of enhancing emergency responses and strengthening protection, partners under the CERF proposal aimed at securing adequate life-saving interventions in the following sectors of activity: Food Security and Livelihoods through the provision of 3,464 MT of food commodities to 65,000 refugees; Nutrition to treat SAM and Moderate Acute Malnutrition (MAM), particularly among children under age 5; Education through distribution of emergency education kits; Health to ensure adequate coverage of measles and polio vaccines, kits for delivery, treatment of diarrhoea and support to primary health unit kits; WASH for the provision of pipeline supplies and sanitation facilities and services; Protection to set up child-friendly spaces, tents, dignity and recreational kit; Multi-sector for the provision of shelter and NFIs.

III. CERF PROCESS

The decision leading to the CERF submission for the refugee response was endorsed by the Humanitarian Country Team in June 2012. All participating partners sought funding from bilateral sources, but significant funding gaps remained. The 2012 UNHCR appeal was revised from \$110 million in January 2012 to \$186 million in June 2012. However, at the time of the submission of the CERF proposal, less than \$40 million had been received. IOM appealed in early 2012 for over \$10,000,000 for the refugee response in Upper Nile State and secured only \$2 million of contributions. At the Mid-Year Review of the CAP, the needs of the excess refugee caseload along with an increased number of food insecure people were factored into the revised requirements for humanitarian pipelines. Consequently, the 2012 CAP increased from \$ 762 million to \$1.17 billion. However, by the end of July 2012, the revised CAP was 45 per cent funded. Approximately \$1 million worth of pipeline supplies in the areas of WASH and Nutrition had been used to support the emergency needs of the refugee population and a significant gap remained to meet the revised humanitarian needs.

As a lead agency on refugees, UNHCR led the strategic prioritization of activities in each sector of interventions. UNHCR discussed projects with each submitting agency. NGOs contributing to the response were part of the priority setting and exchange on addressing the critical gaps through weekly and daily coordination meetings in the Juba and the field, respectively. Clusters (health, nutrition, WASH and education) were involved in a technical capacity in supporting the project submissions from the specialized agencies to ensure the soundness of technical aspects; the logs cluster was also closely involved in the discussions to maintain visibility of relief items requiring transportation to hard-to-reach areas through the common transport service. Criteria for project prioritization included the targeting of new influx areas and people, as well as critical gap areas, such as WASH, Health, Nutrition, Protection and Logistics.

The CERF allocation was further complemented by a special allocation from the Common Humanitarian Fund. Approximately \$10 million from the CHF reserve were allocated to the refugee response. OCHA in coordination with UNHCR facilitated the preparation of a concept note outlining priority/time sensitive activities per cluster which had not already been covered by the CERF grant. Clusters supported UNHCR during the Peer Review Team that reviewed project proposals submitted by partners. Since UN agencies had benefitted from the CERF grant, NGO projects were prioritized for CHF funding to ensure complementarity of activities. In order to ensure an inclusive approach that would help prevent tension, the CHF grant included provision of assistance to host communities as well as the new refugee caseload.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
<i>Total number of individuals affected by the crisis: 65,000</i>				
The estimated total number of individuals directly supported through CERF funding	Cluster/Sector	Female	Male	Total
	Coordination and Support Services - Logistics	19,000	16,500	35,500
	Education	8,640	12,960	21,600
	Food	35,580	38,540	74,120

by cluster/sector	Health	19,712	16,987	36,699
	Health-Nutrition	1,785	1,715	3,500
	Multisector	34,450	30,550	65,000
	Protection/Human Rights/Rule of Law	7,964	11,788	19,752
	Water and sanitation	33,280	30,720	64,000

The beneficiaries represent an estimated number of refugees reached by agencies' projects addressing multi-sectorial needs and often targeting the same people either (1) by sector – e.g. supplies for nutrition programmes, NFIs and shelter by different projects for the same beneficiaries; or (2) by complementary projects – e.g. food items for moderate acute malnutrition programmes from one agency/WFP and management of these programme, such as establishing nutrition centres, admissions, case management, distribution, monitoring by another agency/UNHCR and its partner agencies or in-country delivery of items by one agency/IOM and distribution by another agency/UNHCR and its partner agencies.

All projects contain a firm and quantifiable base to come up with beneficiaries reached per sector and/or by an agency project. The main challenge in estimating the beneficiaries was to restrict the reached beneficiaries to the new arrivals only. Most of projects aimed at providing life-saving services to refugees irrespective whether they had arrived to South Sudan prior to April 2012. However, the main objective of the grant was to address critical gaps and avoid a decline in the standard of services provided. The figures of people reached by the multi-sector are considered to be the most reliable in determining the number of people reached. This is because the overlap of interventions is taken into consideration to avoid double-counting. As such, 65,000 have been estimated to have been reached by a comprehensive package of assistance including WASH, nutrition, health and protection.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
Female	32,587	34,450
Male	32,413	30,550
Total individuals (Female and male)	65,000	65,000
Of total, children under 5	13,650	14,300

- This CERF Rapid Response allocation came in July 2012 at the height of the emergency/influx. At the time, new arrivals exhibited high rates of malnutrition, had RTDs, suffered from acute diarrhoea, had been ravaged by malaria and the Global Acute Malnutrition (GAM) had hit the 40 per cent mark. The Crude Mortality Rate (CMR) was 3.5 per 10,000, which was significantly high even by emergency standards. By September, these trends had been reversed partly as a result of the funding from CERF which helped support critical interventions, particularly in the areas of nutrition, health, water and sanitation and hygiene. In the period leading to September 2012, the CMR in the aftermath was brought down to 1 per 10,000.
- The CERF grant was key in improving the water and sanitation situation in the camps. UNHCR was able to put in place two boreholes in Gendrassa camp and to relocate some 14,758 refugees (nearly half of the Jammam population) to the site. The refugees in Gendrassa received 20 litres per person a day while they had been receiving between seven and nine litres of water per person per day in Jammam.
- The coordination and cooperation among humanitarian actors during the CERF allocation also convinced donors of the humanitarian community's commitment towards ensuring economies of scale in the delivery of supplies, synergies and non-duplication, and ultimately cost-effectiveness to the greatest extent possible given the operational environment in the country.
- The CERF allocation was given on the basis of well-coordinated project design and implementation plan. Applications were received through a review mechanism that determined both usage and impact of the funding based on areas of most urgent need. There has been growing confidence among humanitarian partners in the review mechanism and close cooperation in ensuring that such funding is ultimately put to efficient and cost-effective use. To that extent therefore, coordination among humanitarian actors has been further strengthened.
- The mechanism not only helps in effective allocation of resources but in ensuring good project designs, complementarity among UN agencies based on their strength and capacities at the country level and ultimately implementation.

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

YES PARTIALLY NO

IOM: Through CERF funding, IOM was able to provide immediate assistance in Doro camp, rapidly improving access to safe water for the refugee population. This funding enabled IOM to maintain WASH interventions in the camp in 2012. In addition to this, CERF funding contributed to the implementation of the Common Transport Services (CTS), providing humanitarian partners with free transport services to deliver humanitarian cargo in support of emergency, humanitarian operations.

UNHCR: CERF funds became available at the height of the refugees' influx at a time when funding opportunities from other sources were very limited and the beginning of the rainy season was further increasing the costs of the provision of assistance. The CERF grant enabled the UN agencies and programmes to mobilize resources for the refugee emergency situation by building up on existing capacities and expertise available in-country but not necessarily at the refugee locations.

UNFPA was able quickly procure Reproductive Health Kits (RHK), use part of the resources to pay for staff costs, which accelerated technical support to field-based implementing partners. UNFPA deployed an international staff in Maban to support ongoing response with a focus on reproductive Health and GBV.

UNICEF: The CERF grant enabled the swift scale up of emergency nutrition intervention/ management of severe acute malnutrition and the provision of water and sanitation services as well implementation of emergency immunization intervention, which prevented the outbreak of diseases and deaths among the high risk population. In the Education sector, the CERF grant was key in ensuring the continuation of learning activity for affected children, youth and teachers and the availability of a protective learning environment.

WFP: The CERF grant allowed quick delivery of food aid pipelines for refugees. As such, resources were not subtracted from the ongoing response to food insecure, IDPs and conflict-affected people.

b) **Did CERF funds help respond to time critical needs¹⁷?**

YES PARTIALLY NO

IOM: CERF interventions were developed targeting identified, critical, WASH needs in Doro Camp. CERF funding enabled the rapid establishment of WASH facilities in the camp thereby increasing the refugee population's access to safe water within the project's short timeframe. Moreover, by contributing to the CTS, IOM was able to provide immediate transport assistance to humanitarian partners, moving humanitarian cargo in support of partner's emergency operations.

UNHCR: All projects under these CERF funds aimed at responding to explicitly articulated critical needs upon agreed criteria and were instrumental in addressing the refugee emergency situation in the country. The health and nutrition situation, lack of access to water and basic hygiene, and high mortality and malnutrition rates among new arrivals were alarming. By the end of September 2012, most of the indicators in health, nutrition, water and sanitation were brought to emergency or lower thresholds. This was the result of asserted and combined efforts of humanitarian actors and can also be attributed to the CERF funds.

UNFPA: The fund helped to respond to critical needs by identifying and equipping health centres and referral facilities to enable them to respond to life-saving activities, such as conducting assisted deliveries, caesarean sections and management of rape survivors. Awareness creation and building capacity of primary responders helped to improve service availability and access. Furthermore CERF has supported the procurement and transportation of maternal lifesaving medicines to the most at-risk and vulnerable groups in addition to the capacity building of health providers.

¹⁷ Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns; locust control).

UNICEF: Funding from the CERF enabled the swift procurement of critical core pipeline items in the WASH, nutrition, health and education, thus ensuring the continuous supply pipeline to partners and avoidance of pipeline breaks. Partners were therefore able to implement activities as planned.

WFP: Given the poor food security status of refugees, the CERF grant allowed the quick provision of assistance and prevented further deterioration of their food security.

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

YES PARTIALLY NO

While it is difficult to say whether CERF funding necessarily led to increase in funds mobilization, it is clear that this funding was instrumental in indicating to other donors/funds the priorities and support towards the humanitarian predicament in Upper Nile and Unity States of South Sudan. Moreover, this particular funding arrived at a time when there were very few alternative sources of funding for the emergency in Unity and Upper Nile State.

UNHCR: CERF funding helped and, in some cases, played a catalyst role in resource mobilization in reflecting to a larger donor community a coordinated approach among UN agencies and needs prioritization in the refugee context.

UNFPA: The funding was used to pay for a consultant who spearheaded the mobilization of other resources both locally and internationally. Locally, UNFPA mobilized additional resources from CHF while additional resources were made available by a bilateral donor.

UNICEF also mobilized additional funding by bilateral donors for hygiene promotion, nutrition and health interventions. In the Education sector, CERF funding helped the Education Cluster to update Cluster funding analysis, a useful tool for resource mobilization for other sources, such as CHF and bilateral funding.

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

YES PARTIALLY NO

UNHCR: The process leading to the preparation of the CERF submission helped create synergies, enforcing complementarities and reaching the same understanding of priority needs amongst UN agencies. In addition and equally important, the process paved the way for preparation and management of the CHF reserve allocation for refugees, which took place immediately after the CERF allocation and confirmed the strength of coordination among the larger humanitarian community.

UNFPA and UNICEF: CERF funding was catalytic to strengthen humanitarian coordination between UN agencies, managing core pipelines and implementing partners at the field level due to the regular interaction to access and monitor supplies. The CERF played a key role in supporting the sharing and exchange of information amongst clusters on the needs of refugees.

IOM: Through CERF funding, IOM was able to coordinate overall WASH response in Doro Camp in partnership with UNHCR.

WFP: Regular interaction on the delivery of food pipeline allowed partners in Food Security and Livelihood Cluster to have a better picture on the support provided to the refugee response.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
Implications of discrepancy of outcomes of CERF proposals and gender analysis.	In case of discrepancy between expected outcomes and outcomes achieved at the end of the implementing period, the organization receiving CERF funds should articulate the reasons for the discrepancy as well as the implications for the target beneficiaries. CERF proposals should require better gender analysis to inform the activities of the project.	CERF secretariat and CERF recipients

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
The strategic use of pooled funding mechanisms.	The CERF allocation for the refugee response was complemented by a reserve allocation from the CHF. Since UN agencies had benefitted from the CERF grant, NGO projects were prioritized for CHF funding to ensure complementarity of activities. In addition to target the new refugee arrivals, the CHF grant included provision of assistance to host communities. The complementary use of pooled funding was found to be a good practice to ensure an inclusive approach in supporting of UN agencies and NGO partners meeting the needs of vulnerable refugee and non-refugee caseloads and should be supported in the future.	HCT and CERF secretariat
The key role of the cluster lead in the prioritization of activities in coordination with partners.	As the lead agency for refugee responses, UNHCR lead the strategic prioritization of activities in each sector of interventions. The details of each project were discussed with each submitting agency. NGOs contributing to the response were involved in the priority setting and exchange on addressing the critical gaps through weekly and daily coordination meetings in the Juba and the field respectively. Regular interaction between UNHCR and UN agencies managing core pipelines helped implementing partners on the ground access supplies.	HCT and CERF secretariat
The influx between April 2012 and June 2012 took many humanitarian actors by surprise as slower arrivals were expected. The heightened need of relief supplies and emergency coincided with the rainy season, which had made movement of persons and goods difficult and effectively increased the cost of the humanitarian response.	Availability of emergency funding between January and April is crucial for prepositioning supplies in remote refugee locations. The effective prepositioning is an effective measure to contain logistics costs during the rainy season.	UNHCR and implementing partners and donors
Pipeline supplies are a critical component of emergency response, feeding into on the ground project implementation.	Ensure that strong coordination exists between the lead agency, UN agencies managing pipelines and implementing partners to expedite flow of supplies as well as information sharing, flow of reporting and response strategy. It is therefore important that	UNHCR and UN agencies

	Cluster Coordinators are informed of CERF allocations to the refugee response to ensure they have knowledge of gaps to be filled through core pipelines that operate on a national scale.	
Importance to ensure an inclusive approach that targets the need of host communities.	Tensions with local communities over stretched resources may compromise asylum. It is a good practice to have a humanitarian strategy which is inclusive of host communities.	Humanitarian Country Team
Importance of timely-funding when the CAP scenario triggers are activated.	The UN Humanitarian Country Team has a contingency plan for South Sudan. When the worst case scenario of the CP is activated, donors should promptly make resources available towards most critical activities.	Donor community

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	IOM	5. CERF Grant Period:	31 July 2012–31 January 2013
2. CERF project code:	12-IOM-019	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	WASH		<input checked="" type="checkbox"/> Concluded
4. Project Title:	WASH assistance to refugee population in Upper Nile State, South Sudan		
7. Funding	a. Total project budget:		US\$ 5,264,974
	b. Total funding received for the project:		US\$ 3,559,088
	c. Amount received from CERF:		US\$ 1,067,774
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	18,900	23,110	The planned figure (35,000) was the estimated number of refugees that were expected to be assisted by the beginning of the project. By the end of the year (December 2012), the total population in the camp rose to over 44,700. In order to reach the full camp population with WASH interventions, IOM revised the methodology of hygiene promotion campaigns, which were conducted door-to-door. As a result, IOM's CERF-funded WASH initiatives served the full camp population throughout its implementation.
b. Male	16,100	21,590	
c. Total individuals (female + male):	35,000	44,700	
d. Of total, children <u>under 5</u>	3,150	9,834	
9. Original project objective from approved CERF proposal			
Provision of emergency WASH assistance to 35,000 newly-arrived refugees in Maban County, Upper Nile State.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • Construction of 500 communal latrines. • Construction of 600 household latrines. • Drilling of 4 new boreholes. • Setting up and running of 4 pumping and treatment stations. • 20,000 refugees benefit from Hygiene promotion/awareness campaigns. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> • 500 communal latrines were constructed. • 600 household latrines were constructed. • Two boreholes drilled and water systems repaired to improve water access in 16 locations in the camp. • Running of 6 pumping and treatment stations. • 44,700 refugees benefitted from hygiene promotion/awareness campaigns. 			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			

While the targets related to the construction of communal and household latrines was fully reached, the project established 2 boreholes less than what was originally targeted. This variance is due to the fact that during project implementation, the community and partners working in the camp agreed that the repair and rehabilitation of existing water systems was a priority. To address the request from the community, IOM revised activities to rehabilitate water systems (e.g. water tanks, water bladders and tap stands) to improve access to water in 16 different location as an alternative to building 2 additional boreholes. In addition to this, it was also identified that 4 existing pumping stations needed rehabilitation and maintenance support. As a result, the IOM project contributed to the repair and running cost for 4 existing pumping stations and the establishment and running of 2 new pumping stations.

Hygiene promotion campaigns reached a larger number of beneficiaries at the end of the project because of a revision in methodology for carrying out this component of the project, which was conducted through door-to-door campaigns. The door-to-door hygiene campaigns covered all villages within the camp. In addition to this, activities and work plans for hygiene promotion were improved during project implementation allowing for an expansion of overall coverage.

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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If 'YES', what is the code (0, 1, 2a, 2b): 1

If 'NO' (or if GM score is 1 or 0):

14. M&E: Has this project been evaluated?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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IOM carries out programme-based M&E activities for all its activities. M&E for this project was carried out in line with the Mission's M&E work plan for its existing WASH programme.

TABLE 8: PROJECT RESULTS

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CERF Project Information			
1. Agency:	IOM	5. CERF Grant Period:	31 July 2012–31 January 2013
2. CERF project code:	12-IOM-020	6. Status of CERF grant:	<input type="checkbox"/> On going
3. Cluster/Sector:	Logistics Cluster		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Common transport service for refugees		
7. Funding	<p>a. Total project budget:</p> <p>b. Total funding received for the project:</p> <p>c. Amount received from CERF:</p>	<p>US\$ 6,635,855 (CAP SSD-12/CSS/46053/R)</p> <p>US\$ 7,329,029 (Note: Gaps identified after the CAP MYR resulted in additional funding requirements)</p> <p>US\$ 969,420</p>	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	21,399+	19,000	The slight discrepancy between the number of beneficiaries reached versus the number of beneficiaries planned can be attributed to the fact that NGO partners requesting for transport assistance requested for a slightly smaller amount (MTs) of items to be transported than it was originally planned. Furthermore, NGOs calculate beneficiaries in different ways and CTS is not in a position to measure accurately the number of people reached. CTS provided transport assistance to humanitarian partners upon request. At the end of the project, total requests for assistance resulted in delivery of assistance to 35,500 individuals. It is important to note that the amount of logistic support needed to benefit this slightly reduced case load remains the same as what would be needed to assist the original target of 40,000.
b. Male	18,601+	16,500	
c. Total individuals (female + male):	40,000+	35,500	
d. Of total, children <u>under 5</u>	n/a	n/a	
9. Original project objective from approved CERF proposal			
Provision of cargo transport service to support humanitarian agencies to respond to the refugee crisis in Upper Nile State.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • 1,200 MT/ 5,100 M3 of goods transported from Juba to Malakal/Melut by barge. • 300 MT/ 6,000 M3 of goods transported from Juba to Malakal/Melut by boats. • 800 MT/ 1,000 M3 of goods transported within Upper Nile state to camp locations by trucks. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> • 1,130 MT/ 4,200 M3 of goods transported from Juba to Malakal/Melut by barge. • 250 MT/ 3,000 M3 of goods transported from Juba to Malakal/Melut by boats. • 765 MT / 690 M3 of goods transported within Upper Nile state to camp locations by trucks. 			

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
The slight variation between what was expected and actual outcomes can be attributed to the fact that NGO partners requesting for transport assistance requested for a slightly smaller amount (MTs) of items to be transported.	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If 'YES', what is the code (0, 1, 2a, 2b): 1	
If 'NO' (or if GM score is 1 or 0):	
14. M&E: Has this project been evaluated?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
The Logistics Cluster undertook an online survey in August 2012: 85% of the CTS users responded that the service was satisfactory – excellent.	

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	UNFPA	5. CERF Grant Period:	15 July-14 January 2013
2. CERF project code:	12-FPA-032	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Scaling up Minimum Initial Service Package (MISP) for Sexual and Reproductive Health (SRH) including HIV and GBV for Refugees in South Sudan		
7. Funding	a. Total project budget:	US\$ 1,237,927	
	b. Total funding received for the project:	US\$ 999,000	
	c. Amount received from CERF:	US\$ 227,929	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	35,000	40,000	UNFPA signed a MoU with UNHCR to enable UNFPA to utilize UNHCR's extensive field infrastructure and partners to reach the affected populations. As a result it was possible to reach more beneficiaries in the field.
b. Male	30,000	30,000	
c. Total individuals (female + male):	65,000	70,000	
d. Of total, children <u>under 5</u>	N/A	N/A	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> Strengthen capacity to coordinate and implement the MISP for SRH to ensure timely response to Sexual and Reproductive Health needs of refugees and host populations. Prevent excess neonatal and maternal morbidity and mortality by ensuring availability of RH kits and skilled staff to provide SRH services. Reduce HIV and STI transmission in humanitarian crisis by instituting universal precautions against HIV and guaranteeing the availability of free condoms Prevent and manage the consequences of sexual violence by creating awareness, providing medical and psychosocial services to survivors of rape. 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> Increased availability and access to SRH services and information. Establish coordination of MISP activities within and between facilities. Strengthened referral systems between health facilities at county level and the state hospital in the capital of Upper Nile Unity States. Increased awareness on RH information and services among refugees and host community. 			
11. Actual outcomes achieved with CERF funds			
There were major obstacles to providing reproductive health in humanitarian emergencies: lack of coordination, availability of skilled staff, supplies and infrastructure to deliver RH to affected populations. In order to increase availability and access to SRH services, UNFPA used this funding to conduct a series of interventions to tackle these obstacles.			

- UNFPA conducted 3 field assessments in Maban in all the camps to establish the needs and ensured RH coordination is integrated into health services coordination through advocacy with UNHCR and field partners. To date RH coordination is integrated into the health cluster coordination at the field level; service providers are increasingly taking more elements of RH into their programmes.
- UNFPA signed a MoU with UNHCR to enable UNFPA utilize UNHCR extensive field infrastructure and partners to reach the affected populations (which did not entail any fund transfers).
- During the assessments UNFPA identified and recruited more than 8 partners to deliver RH and GBV services and also identified technical deficiencies in partner staff to deliver quality RH services and drew a plan to develop partner staff capacity.
- UNFPA procured 186 kits, had 16 kits available in Malakal and distributed respectively 120 and 50 RHK to partners in Maban and Yida . These life-saving commodities have enabled service providers to provide timely services to affected populations. The kits included more than 6,000 individual clean delivery kits; 8 reusable, drugs and disposable kits to perform caesarean sections and other obstetric surgical interventions, to resuscitate mothers and babies and to provide intravenous treatment (e.g. for puerperal sepsis or eclampsia); 8 kits to suture cervical and high vaginal tears, and to examine women who have been sexually assaulted; 8 kits to treat the complications arising from miscarriage (spontaneous abortion) and from unsafe, induced abortion, including sepsis, incomplete evacuation and bleeding; 9 both reusable and disposable kits to perform normal deliveries, to suture episiotomies and perineal tears under local anesthesia and to stabilize patients with obstetric complications (e.g. eclampsia or hemorrhage) before referring to higher level care; 25 kits to treat Sexually Transmitted Infections in people presenting with symptoms and many others.
- With the support of UNHCR field staff, mobilized and trained over 30 clinical staff on MISAP and Clinical Management of Rape survivors.
- CERF funding was catalytic in enabling UNFPA to second a GBV/RH Coordinator to UNHCR in Maban, who helped in providing leadership on all this interventions.
- With support from UNHCR, DRC and other partners and under the leadership of the GBV/RH Coordinator, UNFPA mobilized and trained over 200 community leaders and health workers in all the camps in Maban on GBV to create awareness at the community level and also helped to create clear referral pathways for GBV survivors.

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

Due to the access logistics challenges distance between Maban and the State hospital in Malakal, the expected outcome on increased referral to the state hospital was not largely achieved, but local referral among partners was strengthened.

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?

YES NO

If 'YES', what is the code (0, 1, 2a, 2b): **2b**

14. M&E: Has this project been evaluated?

YES NO

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	UNHCR	5. CERF Grant Period:	1 Jul 2012–31 December 2013
2. CERF project code:	12-HCR-036	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Multi-sector		
4. Project Title:	Protection of Refugees and Asylum Seekers in South Sudan		
7. Funding	a. Total project budget:	US\$ 186,177,362 ¹⁸	
	b. Total funding received for the project:	US\$ 69,384,803	
	c. Amount received from CERF:	US\$ 10,031,250	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	25,000	34,450	Discrepancies are linked to the incorrect statistical data projections during the project proposal phase.
b. Male	22,000	30,550	
c. Total individuals (female + male):	65,000	65,000	
d. Of total, children <u>under 5</u>	18,000	14,300	
9. Original project objective from approved CERF proposal			
Basic relief items and life-saving services provided in Unity and Upper Nile for 65,000 refugees who arrived in April-May 2012.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> Sufficient water supplied. Adequate, secure, safe and culturally acceptable shelter provided to all refugees. 6,000 latrines constructed for new arrivals (one per two families). Distribution of NFIs to all 65,000 refugees. Access to basic health and nutrition care. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> Sufficient water supplied: Two submersible boreholes were installed in the new Gendrassa camp where refugees previously residing in Jammam were relocated. As a result, refugees who were initially been receiving between 7–9 litres per person per day in Jammam are now receiving 20 litres of water per person per day in the new Gendrassa camp (standard is 20 litres of water per person per day). Elsewhere in the two states, water supply to refugees (supported/funded by combined funding sources) was is as follows: <ul style="list-style-type: none"> Jammam – 21 l/p/d for a population of 15,829 persons Yusuf Batil – 24 l/p/d for a population of 36,754 persons Gendrassa – 20 l/p/d for a population of 14,758 persons Doro – 25 l/p/d for a population of 44,714 persons (covered by IOM project) Yida – 15 l/p/d for a population of 57,309 persons Pariang – 24 l/p/d for a population of 763 persons 			

¹⁸ Originally, the project proposal stated \$131,804,955. The project was revised upwards at CAP MYR due to high influx of refugee.

- Nyeel – 24 l/p/d for a population of 827 persons

The increase in the amount of water supplied was crucial in curbing the spread of water-borne diseases, preparedness for potential cholera outbreak, and also in dealing with watery/bloody diarrhoea, which was a major cause of death during the period May – August 2012.

- **Construction of adequate, secure, safe and culturally acceptable shelter: Some 10,883 tents were pitched for 65,000 refugees in Gendrassa, Jammam. Yusuf Batil and Yida:**

In addition to protection of refugees against Sexual and Gender Based Violence (SGBV) among other things, and catering for the need of vulnerable refugees, provision of tents ensured that refugees were able to live in safety and with dignity. The funding also came at a time when RTDs were a major cause of death among new arrivals. Tents were therefore helpful in ensuring that refugees did not spend nights in the open space, thus increasing their chances of contracting RTDs.

- **6,000 latrines constructed for new arrivals in the following camps:** Jammam, Yusuf Batil and Gendrassa in Upper Nile.

There were two types of the latrines constructed: emergency trench latrines as a first phase to cater for the immediate needs of new arrivals without considerable delays, followed by family shared and communal latrines. The construction of WASH facilities was important in creating minimal living conditions for refugees in the context of hygiene-related diseases, suspected/high risk for cholera outbreak, hepatitis E outbreak, etc.

- **Distribution of NFIs for 65,000 refugees in Pariang Camps (Nyeel, Pariang and Yida) and Maban Camps (Batil, Doro, Gendrassa, Jammam):** On average, NFI needs for 65,000 refugees have been met under this grant. Distribution of NFIs helped the refugees live with a modicum of dignity. Mosquito nets have been helpful in the fight against malaria while blankets and synthetic mats helped the fight against respiratory tract diseases. The provision of water storage containers has been instrumental in ensuring that refugees have enough water for cooking drinking and personal hygiene.

- **Access to basic health and nutrition care**

Basic Health:

- Two additional health facilities were put in place in Upper Nile State (Maban county) bringing the total number of facilities to 15. A 100-bed hospital was established in Bunj and is presently used as a referral hospital for serious illness cases in the Maban county camps.
- In Unity State, two additional health facilities have been established bringing the number of facilities to six.

On Nutrition:

- Some 54 Oral Rehydration Points established in Maban county and accessed by some 15,000 people per week.
- Nutrition activities decentralized with three sites established in Upper Nile State (Maban County) and two in Unity State for cases of Moderate Acute Malnutrition.
- In addition, active malnutrition screening at all health structures and Oral Rehydration Points done by Community Health Workers.
- Blanket feeding programme extended to all children between the ages of 6 months and 5 years old (expanded from 6 – 35 months to 6 – 60 months).

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

n/a

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?

YES NO

If 'YES', what is the code (0, 1, 2a, 2b): 2a

14. M&E: Has this project been evaluated?

YES NO

In December 2012, UNHCR conducted a real-time evaluation of the South Sudan emergency. The evaluation covered the period from the beginning of the emergency in June 2011 to December 2012.

The evaluation focused on the following key areas:

- The operational environment
- Contingency planning and preparedness
- Protection and solutions
- Supply chain management and assistance
- Human resource management
- Operations and information management
- Partnerships, inter-agency coordination and external relations

The evaluation team visited Juba as well as Maban and Pariang Counties, where they interviewed various stakeholders including government officials, refugees, and the donor community, UN agencies, NGOs and other humanitarian actors. The evaluation team will produce a report, which will be available to all stakeholders. The evaluation report is yet to be published.

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF Project Information						
1. Agency:	UNICEF	5. CERF Grant Period:	1 July 2012–31 March 2013 ¹⁹			
2. CERF project code:	12-CEF-077	6. Status of CERF grant:	<input checked="" type="checkbox"/> Ongoing			
3. Cluster/Sector:	WASH		<input type="checkbox"/> Concluded			
4. Project Title:	Emergency WASH Response to Refugees in South Sudan					
7. Funding	a. Total project budget:		US\$ 21,929,200			
	b. Total funding received for the project:		US\$ 18,193,996			
	c. Amount received from CERF:		US\$ 1,080,058			
Results						
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).						
<i>Direct Beneficiaries</i>		<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>		
a. Female		35,750	33,280	A total of 64,000 people were reached in the response, mainly through provision of WASH humanitarian supplies.		
b. Male		29,250	30,720			
c. Total individuals (female + male):		65,000	64,000			
d. Of total, children <u>under 5</u>		11,700	12,160			
9. Original project objective from approved CERF proposal						
Procurement and distribution of critical life-saving humanitarian supplies to support refugee response.						
10. Original expected outcomes from approved CERF proposal						
<ul style="list-style-type: none"> WASH humanitarian supplies readily availed and utilized as part of humanitarian response for 65,000 refugees. 65,000 refugees (men, women, and children) reached with key hygiene messages. 						
11. Actual outcomes achieved with CERF funds						
<ul style="list-style-type: none"> UNICEF provided WASH emergency core pipeline supplies to UNHCR and partners to serve up to 64,000 beneficiaries in Maban and Yida refugee communities. The key items provided were water treatment chemicals, water storage containers and multi-purpose soap, as detailed below. 						
SN	Item	Qty		Beneficiaries		
		Yida	Maban	Yida	Maban	Total
1	Buckets, 14-20 lit with lids	3,540	3,000	21,240	18,000	39,240
2	Buckets, 20 lit with taps	600	1,000	3,600	6,000	9,600

¹⁹ No cost extension until 31 March 2013 was approved by the ERC.

3	Calcium Hypochlorite (drum 45kg)	-	-	-	-	-
4	Chlorine Tablets, ctn	-	60	-	64,000	64,000
5	Collapsible jerrycans 20lit	-	6,000	-	36,000	36,000
6	Collapsible jerrycans 10lit	-	4,000	-	24,000	24,000
7	Hygiene kits	-	1,200	-	7,200	7,200
8	Latrine digging kits	170	40	3,400	800	4,200
9	Latrine slabs, PVC	487	-	9,740	-	9,740
10	Plastic sheets, 4x50m	138	-	2,760	-	2,760
11	Plastic sheets, 4x5m	-	-	-	-	-
12	Soap, ctn	2,000	533	50,000	13,325	63,325
13	Submersible Pump	-	-	-	-	-
14	Generator, 5 kVA	-	-	-	-	-
15	Bladder tank, 20,000 lit	-	-	-	-	-
16	Bladder tank, 10,000 lit	1	-	2,222	-	2,222
17	Bladder tank, 5,000 lit	3	-	3,333	-	3,333
18	Modular tank, 1000 lit x10pcs, set	-	-	-	-	-
19	Onion tank, 10,000 lit	-	-	-	-	-
20	Water purifier (PUR), Box of 240	-	-	-	-	-
TOTAL				50,000	64,000	64,000

- No hygiene promotion was implemented in the refugee community from the CERF project funding. However Global Handwashing Day celebrations 2012 were supported in Jonglei state, with children from 8 attending the celebration and radio messages on hygiene reaching about 40,000 people.

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

The discrepancy between planned and actual outcome is 1,000 people. WASH emergency core pipeline supplies were availed for the refugee response based on requests, starting before the CERF funding was received. The CERF funding was used to fill in the gaps in the existing overall WASH core pipeline stocks. UNICEF continues to provide supplies from the WASH pipeline when required.

The packaging of the hygiene promotion was implemented in the refugee community was delayed and therefore implemented with other funding. Instead the CERF funding supported hygiene and sanitation promotion among returnees and IDPs in Jonglei state.

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code? YES NO

If 'YES', what is the code (0, 1, 2a, 2b): 2a

14. M&E: Has this project been evaluated? YES NO

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	UNICEF	5. CERF Grant Period:	1 July 2012–31 March 2013 ²⁰
2. CERF project code:	12-CEF-078	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Nutrition		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Emergency Nutrition Support to Refugees		
7. Funding	a. Total project budget:	US\$ 17,090,040 (MYR CAP)	
	b. Total funding received for the project:	US\$ 10,139,116	
	c. Amount received from CERF:	US\$ 467,073	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	1,750	1,785	The number of admission of severe acute malnourished children, who are girls is higher (51%) than boys (49%).
b. Male	1,750	1,715	
c. Total individuals (female + male):	3,500	3,500	
d. Of total, children <u>under 5</u>	3,500	3,500	
9. Original project objective from approved CERF proposal			
To ensure that there are sufficient nutritional commodities in country and delivered to UNHCR in support of refugees communities in Maban and Yida for an estimated caseload of about 3,500 children with severe acute malnutrition.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> Nutritional supplies from within country released to UNHCR authorized NGO implementing partners to meet emergency needs of children in the refugees, with a total of 3,500 cartons of therapeutic spread sachets, 116 cartons of F-100, 52 cartons of F-100, 5 cartons of ReSoMal, 4 PACs of folic acid, 58 PACs of Albendazole, 4,635 PAC of amoxicillin, 60 Salter scales, 60 mother and child electronic scales, 60 PACs weighing trousers, and 60 Infant-child length measuring board. Supply chain of nutritional supplies is done once funds are received. Treatment is undertaken using procured and distributed supplies received, contributing to a reduction in child mortality due to malnutrition. 3,500 children with SAM receive treatment. Infant and Young Child Feeding (IYCF) counseling conducted for mothers in Maban and Yida. 30 staff attend Integrated Management of Severe Acute Malnutrition (IMSAM) refresher training conducted for partners operating in Maban and Yida. 30 staff attend IYCF basic training, conducted for partners operating in Maban and Yida. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> Total 3,500 cartons of therapeutic spread sachets, 116 cartons of F-100, 52 cartons of F-100, 5 cartons of ReSoMal, 4 PACs 			

²⁰ No-cost extension until 31 March 2013 was approved by the ERC.

<p>of folic acid, 58 PACs of Albendazole, 4,635 PAC of amoxicillin, 60 Salter scales, 60 PACs weighing trousers, and 60 Infant-child length measuring board were procured and most of items have already been distributed.</p> <ul style="list-style-type: none"> • Total 3,500 children with SAM received therapeutic foods as part of their treatment. • Total 30 staff attended IMSAM refresher training, conducted for partners operating in Maban. • Total 30 staff attended IYCF basic training, conducted for partners operating in Maban. • Total 20 senior-level managers of implementing partners attended two-day workshop on finalization of IYCF guideline in Maban. 	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>During CERF reporting period, UNICEF was not able to conduct IYCF training in Yida due to shortage of staff and competing priorities. A training was conducted in Maban and the Yida one will be done in mid-2013 once a newly-hired consultant is on-board. The IMSAM training was conducted at the state level for partners working in Yida.</p>	
<p>13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?</p>	<p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>
<p>If 'YES', what is the code (0, 1, 2a, 2b): 1</p> <p>If 'NO' (or if GM score is 1 or 0):</p>	
<p>14. M&E: Has this project been evaluated?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	UNICEF	5. CERF Grant Period:	1 July 2012–31 March 2013 ²¹
2. CERF project code:	12-CEF-079	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Emergency Immunization and Primary Health Care Support to Refugees		
7. Funding	a. Total project budget:	US\$ 12,964,841	
	b. Total funding received for the project:	US\$ 6,462,285	
	c. Amount received from CERF:	US\$ 574,647	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	17,517	19,712	Discrepancy in the figure is due to a change in the unit costs of vaccines which allowed reaching a larger number of beneficiaries.
b. Male	14,333	16,987	
c. Total individuals (female + male):	31,850	36,699	
d. Of total, children <u>under 5</u>	13,650	15,678	
9. Original project objective from approved CERF proposal			
To vaccinate about 31,850 children, ages 6 months-5 years, against measles and 13,650 children, ages 0-59 months, against wild polio virus, and to ensure that all children below age 5 have access to adequate preventive and curative interventions for common childhood illnesses, including malaria, pneumonia and diarrhoea . This will contribute to the overall reduction in morbidity and mortality resulting from vaccine preventable diseases and common illnesses. The UNICEF intervention focuses on the children ages 0 -15 and pregnant women within the total refugee population.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • High immunization coverage attained (at least 95% and above) for all eligible children (31,850 for measles) and 13,650 for polio and no outbreak of measles and wild polio virus reported among the refugee population. • At least 80% of children suffering from pneumonia, malaria and diarrhoea will have access to appropriate treatment benefiting from Primary Health Care Center (PHCC), Primary Health Care Unit (PHCU) and diarrhoea treatment drug kits. • Increased access of 2,600 children below age 1 and 2,600 pregnant women to the routine immunization services among refugee children to make sure that they are protected against six immunizable childhood diseases (Tuberculosis (TB), measles, Diphtheria, tetanus, whooping cough and polio). • Four PHCU and 6 PHCC in the areas with high number of refugees have sufficient quantities of PHCU and PHCC drug kits for the duration of six months. 			
11. Actual outcomes achieved with CERF funds			

²¹ No-cost extension until 31 March 2013 was approved by the ERC.

- A total of 36,699 children were vaccinated against measles; 15,678 children were vaccinated against polio.
- A total of 35 PHCU kits, 13 PHCC kits and 3 diarrhoea kits were provided in the areas with high number of refugees. A total 127,000 people (refugees and host community) benefited from the support. About 8 and 4 PHCC, respectively, benefited from the support.
- 72% of children suffering from diarrhoea, pneumonia and malaria had access to appropriate treatment benefiting from PHCC, PHCU and diarrhoea treatment drug kits.
- A total of 2,564 (95%) children and 1,981 pregnant women were reached including the host community to further preventing the outbreak.

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

The slight decrease in the unit cost of the vaccines enabled UNICEF to procure additional vaccines which helped in reaching more children.

The planned amount of measles vaccines were 32,000 doses of measles of vaccines. However, a cost decrease of about 12% enabled UNICEF to procure an additional 480 vials and then benefited about 4,800 children. Furthermore, the decrease in the unit cost of the polio vaccine of about 3% also enabled UNICEF to procure an additional 2,300 doses, which benefited additional 2,028 children.

However, inadequate access to the health facilities and poor social mobilization of caregivers and pregnant women resulted in a decrease in the provision of services for the management of common childhood illnesses and the immunization of pregnant women. As a result of poor mobilization, about 5% of young children and 24% of pregnant women did not come back to complete their schedule immunization.

The 80% mark for treatment of children suffering from diarrhoea, pneumonia and malaria was an estimation based on the anticipated caseload. Inaccessibility in other areas (attributed to lack of security, floods and low level of community demand) could have also contributed for the below target.

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?

YES NO

If 'YES', what is the code (0, 1, 2a, 2b): 2a

14. M&E: Has this project been evaluated?

YES NO

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	UNICEF	5. CERF Grant Period:	1 July 2012–31 December 2012
2. CERF project code:	12-CEF-080	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Education		
4. Project Title:	Provision of education in emergencies supplies to refugees in Maban and Yida		
7. Funding	a. Total project budget:		US\$ 18,874,800
	b. Total funding received for the project:		US\$ 7,389,949
	c. Amount received from CERF:		US\$ 612,441
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	8,640	8,640	
b. Male	12,960	12,960	
c. Total individuals (female + male):	21,600	21,600	
d. Of total, children <u>under 5</u>	0	0	
9. Original project objective from approved CERF proposal			
To ensure that there are sufficient education in emergencies supplies for delivery to UNHCR in support of refugee children of school-going age in Maban and Yida for an estimated caseload of 21,600, and provide additional support for implementation of education in emergency interventions through a programme cooperation agreement with a local partner in Yida.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> Education in emergencies supplies from within country released to UNHCR to meet learning needs of 21,600 refugee children in Maban and Yida. Teaching and learning is undertaken using procured and distributed supplies contributing to continuity of education for refugee children in Maban and Yida. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> 30 tents, 540 school-in-a-box kits, 340 recreation kits and 250 blackboards released to UNHCR to meet learning needs of 21,600 refugee children in Maban of Upper Nile and Yida of Unity. Procured and distributed supplies contributed to continuity of education for refugee children in Maban of Upper Nile and Yida of Unity. 			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
N/A			
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If 'YES', what is the code (0, 1, 2a, 2b): 2a			
14. M&E: Has this project been evaluated?			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	UNICEF	5. CERF Grant Period:	1 July 2012–31 December 2012
2. CERF project code:	12-CEF-081	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Protection		
4. Project Title:	Protecting refugees boys and girls affected by conflict in Upper Nile and Unity States		
7. Funding	a. Total project budget:	US\$ 5,269,735	
	b. Total funding received for the project:	US\$ 7,571,604	
	c. Amount received from CERF:	US\$ 598,898	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	6,515	8,964	The discrepancy between the planned direct beneficiaries and the reached beneficiaries is due to the fact the provision of CPiE supplies was increased. The increase was made possible due to the fact that the allocation to the NGO implementing partner was not required since another donor had stepped in to support the NGO partner. As a result, resources were freed up to buy additional supplies.
b. Male	9,772	11,688	
c. Total individuals (female + male):	16,287	20,652	
d. Of total, children <u>under 5</u>	N/A	N/A	
9. Original project objective from approved CERF proposal			
To provide urgent child protection services to 16,287 children and young people in refugee camps in Unity and Upper Nile States.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> 3,260 separated, unaccompanied and missing boys and girls identified during the emergency are registered and provided appropriate care within the refugee camp. 16,000 boys and girls reached with Child Protection awareness, including risk from landmines and ERWs. 16,000 boys and girls provided with Psycho Social Support (PSS) through CFS and recreation. System to prevent the recruitment and use of children by armed groups established and functional. 600 Recreation kits, 200 ECD Kits and 200 CFS kits procured and delivered to Child Protection partners. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> Separated and Unaccompanied Children Through contribution from this CERF funding, UNICEF supported the identification of 98 (66 boys and 32 girls) separated and unaccompanied children in the Yida refugees' camp. Prior to the inception of the CERF funding, UNICEF worked with the MoSD and its implementing partner, NP, through funding from ECHO to identify and register an additional 2,203 (1,456 boys and 747 girls) separated/unaccompanied children; thus bringing the total number of children identified and registered as separated and unaccompanied to 2,301 (1,522 boys and 779 girls). Of this number, 1,474 children (975 boys and 499 girls), mainly those who were residing in the boys and girls compounds in Yida camp, were either reunified with their families or encouraged to return home as many of the children identified were later found not to be genuinely separated/unaccompanied. 			

The number of children reached is less than originally planned due to the lower number of separated children identified within the refugee camps in Upper Nile. The savings allowed for the purchasing of additional supplies which went to the implementing partners of UNHCR.

- **Child Protection awareness including risks from Landmines and ERWs**

Protection awareness and messages risks awareness messages reached a total of **3,963** children (2,797 boys and 1,166 girls). Mainly in Unity State, both within the Yida refugee camp and outside the camp. The Mine Risks Education (MRE) initiatives went beyond the camp as the threat to landmines is not confined to the camps and increasing knowledge amongst the local population provides a protective arrangement for the refugees, many of whom travelled outside the camps into host communities. In addition to the MRE, **5,000** persons (3,000 women/girls and 2,000 men/boys) participated in the Yida Community day celebration, and this occasion was used to carry out awareness on the role of the community to end child marriage; how communities can support education of their children; and roles of parents to ensure safety of their children.

This activity reached a total of 8,963 beneficiaries, mainly in Yida camp. The lower-than-anticipated figure is due to the fact that UNICEF support to Maban during the course of this funding was limited to technical support (i.e. trainings and mentoring) and provision of supplies. Partners of UNHCR undertook this activity in Maban and thus UNICEF focused on other areas.

- **Providing PSS through CFS**

UNICEF supported the provision of PSS in Yida and Maban refugees' camps through direct project implementation with partners and through capacity-building of other partners involved in providing PSS, particularly in the Maban refugee camps:

- In Yida, UNICEF MoSD and Samaritan Purse established four CFS in the Yida refugee Camp, which benefitted a total of **1,987** children (1,053 boys and 934 girls), which resulted into increase well-being through direct implementation of CFS. The CFS activities include health and hygiene lessons, ECD exercises and organized play activities.
- In Maban, UNICEF provided CPiE supplies to child protection agencies in Doro and Batil refugee camp, reaching **2,326** children (1,260 boys and 1,066 girls). In addition to the provision of CPiE supplies, provided capacity- building (training) and technical assistance through mentoring and advice to child protection partners. A total of **75** (56 men and 19 women) social workers and Child Protection officers from UNHCR implementing partners were trained on CPiE, which covered Child Rights, GBV, PSS, including CFS and violence against children.
- During the course of implementation UNHCR provided most of the PSS in Maban camps and therefore UNICEF did not reach the intended number of beneficiaries. Savings from this budget line was used to purchase additional supplies that went to UNHCR implementing partners.

- **System to prevent recruitment and use of children by armed groups:**

- In the Maban Refugees camps, a field Technical working group (TWG) on Monitoring and Reporting Mechanism (MRM) was established which comprised of focal points from six agencies, all of whom were trained on the MRM. A reporting mechanism for monitoring and reporting on grave violations in the camp was established and through this structure, systematic monitoring has been conducted.
- In Yida Refugee camp, similar structure for monitoring and reporting has been established through UNICEF's partner, NP. As a result of this monitoring system, 19 children who were picked up allegedly for possible recruitment were released and NP continues to provide monitoring of children in the camp to prevent recruitment of children through protective presence.

- **CPiE Supplies procured and delivered:**

The procurement of CPiE supplies constitutes one of the major areas where the CERF funding was allocated. The CERF funding was used to procure 475 Child Friendly Kit, 200 recreation kits, 388 ECD kits, 4,365 mats and 1,370 Dignity Kits. The distribution of these supplies to implementing partners commenced during the CERF project implementation period and is being distributed to partners when the need arises. The CPiE supplies purchased has supported CFS activities in the Yida, Batil and Doro refugees' camps as reported above. In addition to the number of children reached through direct implementation of CFS activities through UNICEF's partners in Yida camp and the provision of supplies to Child Protection partners in Doro and Batil camps, the current CPiE supplies available can benefit up to **5,000** children (3,000 boys and 2,000 girls).

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

There was discrepancy between the planned and actual outcomes due to:

- High demand for CPiE supplies (Recreation Kit, CFS Kit, ECD Kits and Mats) were met due to additional resources available after bilateral support had been received by an implementing partner.
- Funding secure from ECHO was used to support partners in Yida camp to directly implement CPiE activities, therefore transfers to partners through sub-granting was not done through this funding. The excess funding was used to procure additional CPiE supplies to reach an increased number of children.

<ul style="list-style-type: none"> Both UNHCR and UNICEF agreed that in the Maban Refugee camp, UNICEF support will be limited to providing training and technical assistance to Child Protection agencies already contracted by UNHCR. As a result of this, UNICEF brought in a consultant to provide this support. 	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If 'YES', what is the code (0, 1, 2a, 2b): 2a	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	WFP	5. CERF Grant Period:	21 August 2012–21 February 2013
2. CERF project code:	12-WFP-050	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Food Security and livelihoods		
4. Project Title:	Emergency Food Assistance for refugees in South Sudan		
7. Funding	a. Total project budget:		US\$ 313,260,995
	b. Total funding received for the project:		US\$ 277,093,079
	c. Amount received from CERF:		US\$ 4,397,966
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	32,587	35,580	Due to the slight difference of commodity prices which turned out to be lower than initially estimated, WFP was able to procure more commodities than it was previously planned at the proposal stage. This increased the number of beneficiaries reached by the food aid intervention.
b. Male	32,413	38,540	
c. Total individuals (female + male):	65,000	74,120	
d. Of total, children <u>under 5</u>	11,341	11,860	
9. Original project objective from approved CERF proposal			
To reduce acute and moderate malnutrition and improve food consumption of about 65,000 refugees who arrived in the past few months to Upper Nile and Unity states through the provision of food and nutrition assistance.			
10. Original expected outcomes from approved CERF proposal			
65,000 newly arrived refugees will have access to nutritionally adequate food.			
<ul style="list-style-type: none"> Total of 2,724.19MT of cereals, oil and Plumpy Sup is procured and distributed to newly arrived refugees in Upper Nile and Unity State (1,635.03MT was used in Maban area and 1,089.16MT was distributed in Yida). Changes in Coping Strategies Index (CSI) (more than 95% of the targeted beneficiaries will have CSI at low level, or less than 51, during the period of assistance). Changes in Food Consumption Score (FCS) (more than 75% of the targeted beneficiaries will have acceptable FCS, equal to or above 35, during the period of assistance). 			

11. Actual outcomes achieved with CERF funds	
<ul style="list-style-type: none"> • Total of 2,977.37MT of cereals, oil and Plumpy Sup was procured. At the same time, an equivalent quantity of food was borrowed from other ongoing WFP activities to immediately support the refugee operations. Given the urgent needs for refugees and the anticipated long lead time to transport commodities to the refugee hosting locations, WFP immediately shifted some of its commodity stocks from other activities to the refugee operation, which was later replaced by the commodities procured by CERF contribution. • The commodities shifted to the refugee operation supported some 74,120 refugees through general food distribution for a three-month period. Other commodities in the food basket, such as pulses and oil, were supplemented from other donations. Plumpy Sup was distributed under Targeted Supplementary Feeding Programme and treated some 7,600 children who were moderately malnourished. • As of October 2012, 97% of the households who received WFP's general food distribution had low level of Coping Strategy Index, which is higher than the target of 95%. • As of October 2012, 57% of the households who received WFP's general food distribution had an acceptable food consumption score while 25% reported borderline food consumption score. Please note that at the time of reporting, data for the Coping Strategy Index and Food Consumption Score specifically for refugees was not available. An additional survey is currently underway and its results are expected towards early March. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>Food procurement and distribution was conducted as per the plan.</p> <p>For outcome level indicators, such as Coping Strategy Index and Food Consumption Score, a further survey is currently underway to specifically analyze the condition of refugees. The results of this survey will allow WFP to conduct an in-depth analysis on the outcome of its refugee operation.</p>	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b): 2a</p> <p>If 'NO' (or if GM score is 1 or 0):</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/ Sector	Agency	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-CEF-043	WASH	UNICEF	Directorate of Water Supply and Sanitation, Upper Nile State	Gov	109,380	26 June 2012	1 June 2012	Reimbursement for construction of emergency latrines, water trucking, and operation of water treatment plants in Renk (Abayook and Agany centres) for returnees
11-CEF-043	WASH	UNICEF	Directorate of Water Supply and Sanitation, Warrap State	Gov	13,471	12 June -2012	20 June2012	Reimbursement for construction of emergency latrines in Agok area for the population displaced from Abyei
11-CEF-043	WASH	UNICEF	Directorate of Water Supply and Sanitation, Unity State	Gov	6,573	September 2011	1 October 2011	CLTS training for 30 participants from CBOs, INGOs and Government
11-CEF-043	WASH	UNICEF	Directorate of Water Supply and Sanitation, NBeG State	NNGO	14,237	September 2011	1 September 2011	Rehabilitation of broken down water points and training of water committees
11-CEF-043	WASH	UNICEF	Nile Hope Development Foundation (NHDF)	NNGO	16,932	15 September 2011	1 October 2011	Operation of Akobo emergency water treatment system
11-CEF-043	WASH	UNICEF	Rural Water and Sanitation Support Agency (RUWASSA)	NNGO	103,649	October 2011	October 2011	
11-CEF-043	WASH	UNICEF	INTERSOS	INGO	9,466	22 June 2012	1 November 2011	Reimbursement for storage and distribution of WASH core pipeline supplies for humanitarian response
11-CEF-043	WASH	UNICEF	South Sudan Development Organisation (SSDO)	NNGO	100,000	September 2011	1 October 2011	Water supply (new and rehabilitation) and sanitation promotion for returnees in Morobo county
11-CEF-043	WASH	UNICEF	Compass	NNGO	8,485	September2011	1 October 2011	Hygiene promotion for returnees at Juba port
11-CEF-043	WASH	UNICEF	SOBAT	NNGO	1,960	October 2011	1 October 2011	Sanitation and hygiene promotion for returnees and vulnerable people in Upper Nile

12-FAO-002	FSL	UNFAO	Amurt International	INGO	93,275	March 2012	April 2012	Input Trade Fairs
12-FAO-002	FSL	UNFAO	NPA	INGO	49,578	May 2012	May 2012	Inputs distribution
12-FAO-002	FSL	UNFAO	HDC	NNGO	23,005	June 2012	May 2012	Inputs distribution
12-FAO-002	FSL	UNFAO	ADRA	INGO	16,050	May 2012	May 2012	Inputs distribution
12-FAO-002	FSL	UNFAO	OVMII	NNGO	19,333	June 2012	May 2012	Inputs diistribution
12-FAO-002	FSL	UNFAO	SEAP	INGO	17,000	May 2012	May 2012	Inputs distribution
12-FAO-002	FSL	UNFAO	Plan International	INGO	31,565	May 2012	May 2012	Inputs distribution
12-FAO-002	FSL	UNFAO	World Relief	INGO	12,412	June 2012	May 2012	Inputs distribution
12-FAO-002	FSL	UNFAO	UNKEA	NNGO	35,965	June 2012	May 2012	Inputs distribution
12-FAO-002	FSL	UNFAO	YARRDSS	NNGO	9,837	June 2012	May 2012	Inputs distribution
12-FAO-002	FSL	UNFAO	LDA	NNGO	16,704	May 2012	May 2012	Inputs distribution
12-FAO-002	FSL	UNFAO	FYF	NNGO	12,457	June 2012	May 2012	Inputs distribution
12-FAO-002	FSL	UNFAO	CMA	INGO	74,155	May 2012	May 2012	Inputs distribution
12-FAO-002	FSL	UNFAO	HRS	NNGO	13,287	June 2012	May 2012	Inputs distribution
12-FAO-002	FSL	UNFAO	SMoARF	Gov.	19,930	June 2012	May 2012	Inputs distribution
12-FAO-002	FSL	UNFAO	PAPAD	NNGO	25,232	June 2012	May 2012	Inputs distribution
12-FAO-002	FSL	UNFAO	RCDI	NNGO	20,895	June 2012	May 2012	Inputs distribution
12-FAO-002	FSL	UNFAO	VSF Suisse	INGO	122,222	March 2012	April 2012	Inputs distribution, vaccination, treatment and training of CAHWs and Seed fiars
12-FAO-002	FSL	UNFAO	Oxfam GB	INGO	30,558	June 2012	June 2012	Inputs distribution
12-FAO-002	FSL	UNFAO	ACAD	NNGO	72,484	Augst 2012	July 2012	Inputs distribution
12-FAO-002	FSL	UNFAO	SAARF	Gov.	17,547	August 2012	July 2012	Inputs distribution
12-FAO-002	FSL	UNFAO	Samaritan's Purse	INGO	122,925	April 2012	April 2012	Inputs trade fairs
12-FAO-002	FSL	UNFAO	KUCDA	NNGO	64,925	April 2012	April 2012	Inputs trade fairs
12-FAO-002	FSL	UNFAO	ADESO	INGO	96,775	May 2012	April 2012	Inputs trade fairs
12-HCR-003	Multisector	UNHCR	ACTED	INGO	713,007	1 March 2012	15 March 2012	
12-HCR-003	Multisector	UNHCR	INTERSOS	INGO	500,004	1 March 2012	15 March 2012	
12-HCR-003	Multisector	UNHCR	Relief International	INGO	749,997	1 March 2012	15 March 2012	
12-CEF-004-A	HEALTH	UNICEF	SMoH	Gov.	197,637	September 2012	October 2012	Jonglei, Unity, Upper Nile
12-CEF-004-A	HEALTH	UNICEF	CCM	INGO	41,893	October 2012	October 2012	Support EPI/PHC in Lakes
12-CEF-004-B	Nutrition	UNICEF	SSWAPAD	NGO	7,364	December 2012	December 2012	
12-CEF-004-C	Child protection	UNICEF	INTERSOS	INGO	128,228	5 May 2012	1 April 2012	

12-CEF-004-C	Child protection	UNICEF	Save the children in South Sudan	INGO	263,275	1 October 2012 (see comment)	9 October 2012	Though 1st installment was paid in October 2012, initial payment to respond to this emergency was paid through a different grant from the onset of the emergency
12-CEF-004-C	Child protection	UNICEF	MOSD	Gov.	22,182	8 August 2012	8 August 2012	
12-CEF-004-D	WASH	UNICEF	Directorate of Water Supply and Sanitation, Upper Nile state	Gov.	185,789	2 April 2012	1 April 2012	Water treatment and trucking, O&M, rehabilitation of 113 boreholes and one water yard, to serve returnees and other vulnerable communities
12-CEF-004-D	WASH	UNICEF	Directorate of Water Supply and Sanitation, Warrap state	Gov.	11,645	17 February 2012	5 January 2013	WASH floods response
12-CEF-004-D	WASH	UNICEF	Directorate of Water Supply and Sanitation, Lakes state	Gov.	76,822	11 May 2012	1 June 2012	Rehabilitation of 30 boreholes to serve returnees and other vulnerable communities
12-CEF-004-D	WASH	UNICEF	Directorate of Water Supply and Sanitation, Northern Bahr el Ghazal state	Gov.	11,765	1 June 2012	21 June 2012	Rehabilitation of 25 boreholes to serve returnees and IDPs and other vulnerable communities
12-CEF-004-D	WASH	UNICEF	Directorate of Water Supply and Sanitation, Western Bahr el Ghazal state	Gov.	17,310	14 May 2012	1 June 2012	Rehabilitation of water facilities to serve returnees and other vulnerable communities
12-CEF-004-D	WASH	UNICEF	Directorate of Water Supply and Sanitation, Jonglei state	Gov.	89,587	27 November 2012	1 December 2012	Rehabilitation of 30 boreholes to serve returnees, IDPs and other vulnerable communities
12-CEF-004-D	WASH	UNICEF	Directorate of Water Supply and Sanitation, Eastern Equatoria state	Gov.	11,010	24 December 2012	5 January 2013	Rehabilitation of water facilities to serve vulnerable communities in GW areas
12-CEF-004-D	WASH	UNICEF	Nile Hope Development Forum (NHDF)	NNGO	71,263	30 May 2012	15 June 2012	Implementation and management of WASH facilities and Services in Akobo and Pigi counties, Jonglei state
12-CEF-004-D	WASH	UNICEF	CARE South Sudan	INGO	148,584	21 September 2012	1 October 2012	Implementation and management of WASH facilities and services
12-CEF-004-D	WASH	UNICEF	The Netherlands Development Organisation (SNV)	INGO	11,624	17 December 2012	24 September 2011	Strengthening governance and delivery of WASH services in EE, NBeG, Warrap and Jonglei states
12-HCR-036	Multisector	UNHCR	ACTED	INGO	650,000	1 August 2012	1 July 2012	
12-HCR-036	Multisector	UNHCR	Danish Refugee Council	INGO	650,000	1 August 2012	1 July 2012	

			(DRC)					
12-HCR-036	Multisector	UNHCR	International Medical Corps (IMC)	INGO	361,000	1 August 2012	1 July 2012	
12-HCR-036	Multisector	UNHCR	GOAL Ireland	INGO	287,000	1 August 2012	1 July 2012	
12-HCR-036	Multisector	UNHCR	CARE International	INGO	274,000	1 August 2012	1 July 2012	
12-HCR-036	Multisector	UNHCR	Samaritan's Purse	INGO	150,000	1 August 2012	1 July 2012	
12-HCR-036	Multisector	UNHCR	Oxfam GB	INGO	1,325,000	1 August 2012	1 July 2012	
12-HCR-036	Multisector	UNHCR	Solidarites International	INGO	185,000	1 August 2012	1 July 2012	
12-CEF-077	WASH	UNICEF	Directorate of Water Supply and Sanitation	Gov.	87,209	13 December 2012	13 December 2012	Rehabilitation of hand pumps and provision of sanitation facilities in returnee and host areas. Because of delays in identifying a good NGO partner for the refugee response, all partnership was with the government.
12-CEF-081	Protection	UNICEF	MoSD	Gov.	20,764	12 October 2012	12 October 2012	Funding was provided to the MoSD for Social Workers assigned a the Yida camp to manage the Child-Friendly Spaces
12-WFP-050	Food Security and Livelihoods	WFP	Samaritan's Purse	INGO	145,255	1 August 2012	1 August 2012	

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ACTED	Agence d'Aide à la Coopération Technique Et au Développement
BCG	Bacillus Calmette-Guerin
CAP	Consolidated Appeal Process
CARE	Cooperative for Assistance and Relief Everywhere
CCM	Comitato Collaborazione Medica (Medical Collaboration Committee)
CFS	Child-Friendly Spaces
CFSAM	Crop and Food Security Assessment Mission
CMR	Crude Mortality Rate
CPA	Comprehensive Peace Agreement
CPIE	Child Protection in Emergencies
CSI	Coping Strategies Index
CTS	Common Transport Services
DPT	Diphtheria, Pertussis and Tetanus
DRC	Danish Refugee Council
ECD	Early Childhood Development
ECF	East Cost Fever
EPI	Expanded Programme on Immunization
ERS	Emergency Return Sector
ERW	Explosive Remnants of War
ES	Emergency Shelter
FCS	Food Consumption Score
GAM	Global Acute Malnutrition
GBV	Gender-based violence
GI	Goal Ireland
GoS	Government of Sudan
HCT	Humanitarian Country Team
HH	Households
HMIS	Health Management Information System
IDP	Internally Displaced Person
IMC	International Medical Corps
IMSAM	Integrated Management of Severe Acute Malnutrition
INGO	International Non-Governmental Organization
ISWG	Inter-Sector Working Group
IYCF	Infant and Young Child Feeding
MISP	Minimum Initial Services Package
MOH	Ministry of Health
MOSD	Ministry of Social Development
MRE	Mine Risks Education
MRM	Monitoring and Reporting Mechanism
MSF	Médecins Sans Frontières
NBeG	Northern Bahr el Ghazal
NFI	Non-Food Item
NGO	Non-Governmental Organization

NHDF	Nile Hope Development Foundation
NNGO	National Non-Governmental Organization
NP	Nonviolent Peaceforce
NSAG	Non-State Armed Group
NTTI	National Teacher Training Institute
OPD	Outpatient Department
OPV	Oral polio vaccine
PDM	Post-Distribution Monitoring
PHCC	Primary Health Care Center
PHCU	Primary Health Care Unit
PLW	Pregnant and Lactating Women
PSS	Psychosocial Support
QIP	Quick Impact and Self-reliance Project
ReSoMal	Rehydration solution for malnourished children
RH	Reproductive health
RHK	Reproductive Health Kits
RRC	Relief and Rehabilitation Commission
RTD	Respiratory Tract Disease
RUTF	Ready-to-Use Therapeutic
SAM	Severe Acute Malnutrition
SCiSS	Save the Children in South Sudan
SGBV	Sexual and Gender Based Violence
SMoH	State Ministry of Health
SNV	The Netherlands Development Organization
SRH	Sexual and reproductive health
SSRC	South Sudan Red Cross
STI	Sexually transmitted infections
TB	Tuberculosis
TWG	Technical working group
WASH	Water, sanitation and hygiene
UXO	Unexploded Ordnance