

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

**RESIDENT/HUMANITARIAN
COORDINATOR**

Mr. Eugene Owusu

REPORTING PROCESS AND CONSULTATION SUMMARY

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

The After Action Review took place in Bentiu on 24 October 2015. Twenty-three staff representing 5 fund recipient UN Agencies and 10 implementing partner NGOs were in attendance. Discussions were complemented by the findings of an on-line survey to solicit the views of NGO partners, as well as a meeting of Juba based representatives of UN Agencies held on 3 November 2015.

- b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.

YES ☒ NO ☐

The report was discussed extensively with the relevant cluster lead agencies and has been shared with the HCT.

- c. Was the final version of the RC/HC Report shared for review with in-country stakeholders as recommended in the guidelines (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

YES ☒ NO ☐

Recipient agencies, sub-grantees and cluster representatives have been involved in the reporting process, including in the review of successive drafts of this report, and especially during the After Action Review meeting. The final report, once cleared by the CERF Secretariat, will be circulated to agencies, clusters and partners.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response:		
Breakdown of total response funding received by source	Source	Amount
	CERF	19,924,302
	COUNTRY-BASED POOL FUND (<i>if applicable</i>)	134,943,476
	OTHER (bilateral/multilateral)	1,281,117,390 ¹
	TOTAL	1,435,985,168

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 11 November 2014			
Agency	Project code	Cluster/Sector	Amount
UNICEF	14-RR-CEF-173	Education	500,001
UNICEF	14-RR-CEF-174	Health	574,999
UNICEF	14-RR-CEF-175	Nutrition	432,311
UNICEF	14-RR-CEF-176	Child Protection	675,000
UNICEF	14-RR-CEF-177	Water, Sanitation and Hygiene	1,800,000
UNFPA	14-RR-FPA-051	Health	300,002
UNFPA	14-RR-FPA-052	Sexual and/or Gender-Based Violence	650,536
UNHCR	14-RR-HCR-054	Protection	675,004
IOM	14-RR-IOM-048	Camp Coordination and Camp Management	6,300,000
IOM	14-RR-IOM-049	Health	774,999
IOM	14-RR-IOM-050	Non-Food Items	1,000,002
IOM	14-RR-IOM-051	Water, Sanitation and Hygiene	1,400,000
UNDP	14-RR-UDP-019	Safety and Security of Staff and Operations	833,547
WFP	14-RR-WFP-087	Common Safety and Security	1,174,218
WFP	14-RR-WFP-088	Food Aid	2,000,018
WFP	14-RR-WFP-089	Nutrition	483,662
WHO	14-RR-WHO-083	Health	350,003
TOTAL			19,924,302

¹ Amount includes \$33,746,880 from previous CERF allocations

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)

Type of implementation modality	Amount
Direct UN agencies/IOM implementation	18,773,350
Funds forwarded to NGOs for implementation	1,087,095
Funds forwarded to government partners	63,857
TOTAL	19,924,302

HUMANITARIAN NEEDS

On 15 December 2013, violence broke out in South Sudan's capital Juba quickly spreading to Jonglei, Unity and Upper Nile states. Fighting continued despite agreements (23 January 2014, 9 May 2014) to cease hostilities. By November 2014, more than 1.9 million people had been forced from their homes and tens of thousands killed. The level of violence and deliberate attacks on civilians was extreme. Men, women and children were killed, injured, raped and abducted, and in many cases targeted based on ethnicity or political affiliation. Millions continued to be at risk of death from hunger, disease and malnutrition.

As of 7 November 2014², of the 1.4 million people internally displaced, some 95,000 sought refuge in Protection of Civilians (PoC) sites within eight UN bases, the largest of which was in Bentiu. From March to November 2014, there was large scale movement of people to PoC sites as a result of the conflict, leading to the emergence of new needs and challenges in the context of a protracted displacement crisis. The number of people in Bentiu PoC site increased nearly five-fold from 11,000 in March 2014 to 49,612 in November 2014.

Already weak health systems were decimated by the conflict during which some 30 health facilities were destroyed or looted in Jonglei, Unity and Upper Nile states, and another 127 ceased functioning due to insecurity and/or the absence of partners. Simultaneously immediate health needs escalated, including from injuries related to violence and epidemics, including cholera, measles, hepatitis B and Kala Azar (Leishmaniasis).

By mid-2014, cases of severe acute malnutrition had doubled to 235,000 and malnutrition rates were projected to remain at emergency levels in 2015 in the states worst affected by the conflict³. By August 2014, some 4 million people were facing acute food insecurity, with 6.4 million people predicted to be food insecure in the January to March period of 2015⁴. The conflict continued to disrupt livelihoods of millions interrupting planting seasons, dislocating livestock and stagnating local economies.

Seasonal rains in May/June 2014 led to flooding and increased risk of disease and malnutrition. On 15 May, the Government of South Sudan declared a cholera outbreak in Juba and there were fears that the disease would spread to other areas. In the PoC sites, the flooding worsened already squalid living conditions. In Bentiu PoC, latrines collapsed, contaminating ground water, and debris clogged drainage channels. The risk of infectious waterborne diseases increased, especially for children under age five, creating a concerning cycle of disease, diarrhoea and malnutrition and a spike in child mortality rates in the PoC in June.

II. FOCUS AREAS AND PRIORITIZATION

This CERF allocation focused on responding to the needs of people in Bentiu with a focus on the PoC site that saw a dramatic increase in the number of occupants from around 11,000 in March 2014 to 49,612 in November 2014. Vulnerable populations faced risks ranging from physical danger and insecurity to health problems associated with limited access to water, shelter, healthcare services and extreme over-crowding. By the end of June 2015, the population within the Bentiu PoC site had raised to 78,308, a 58 percent increase over earlier planning figures. Additionally, the allocation included Protection Cluster activities in PoC sites and other high priority locations, and safety and security services to the humanitarian community as a whole. Overall, the allocation reached 80,808 people in Bentiu and 69,048 people in other locations acutely affected by the conflict, including PoC sites in Bor and Awerial, Leer in southern Unity, and Rumbek in Lakes state.

² OCHA South Sudan, Situation Report No. 61, 7 November 2014

³ Integrated Food Security Phase Classification (IPC) report, September 2014

⁴ Humanitarian Needs Overview, October 2014

Shelter and site management

Continuous arrivals to the Bentiu PoC site led to congestion and overcrowding. The area where IDPs temporarily settled, being low lying and flood prone, was never intended for occupation. Between June and October 2014, the PoC site was inundated with flood water as a result of recurring rains. In some areas flood water rose to waist-height, damaging shelters and collapsing latrines. The CERF allocation prioritised expanding and improving the PoC site to address health, sanitation and protection risks. This included providing emergency shelter materials to the most vulnerable households, site coordination and essential infrastructure works.

Nutrition and food security

By mid-2014, the number of children affected by severe acute malnutrition (SAM) had more than doubled to 235,000 from 108,000 before the crisis, and moderate acute malnutrition (MAM) to 444,790 from 123,383. Unity State had the highest malnutrition rates in the country⁵. In the PoC site in Bentiu the situation was critical with global acute malnutrition (GAM) rates of between 15-30 percent. Outside of the PoC site, populations in Bentiu Town and Nhialdiu County had little access to health and nutrition services. Targeting children under five and their caregivers, this CERF allocation prioritised the delivery of nutrition services, as well as establishing preventative measures, both in terms of a continuum of care for recovering cases, and prevention of new cases. More generally, the funding supported food security and nutrition through a general food distribution for the population of the Bentiu PoC site.

Protection

The displacement of thousands of people, mostly women and children, increased protection risks. Individuals faced violence when moving outside the PoC sites, with women being exposed to risks as they tried to meet survival needs⁶. This CERF allocation established services for survivors of gender based violence and strengthened community based protection mechanisms within an overall protection strategy that included ongoing protection monitoring and advocacy, in the Bor PoC, Juba PoC and Mingkaman IDP sites, as well as Rumbek and Leer Counties.

Child protection and education

The conflict brought with it specific protection concerns for children, including unaccompanied and separated children, and children and youth at risk of recruitment, or ex-combatants. Lack of access put children and adolescents at greater risk of exploitation, violence and recruitment into armed forces. CERF funding provided case management for unaccompanied children, psychosocial support, youth engagement, community based protection mechanisms building on child friendly spaces, and additional learning spaces to provide basic education and life skills.

Health

Focusing on reducing morbidity and mortality, the CERF allocation supported health actors within Bentiu to respond to the rapid increase in the displaced population and accompanying needs. This included strengthening services through technical support, critical supplies, human resources, and ensuring appropriate infrastructure. Priorities included primary health care, emergency response including surgical interventions, and responding to health-related emergencies, including controlling the spread of communicable disease.

WASH

The water and sanitation situation in the Bentiu PoC site was well below emergency standards, with an estimated 85 latrines in total, and availability of 3 to 7 litres of water per person per day. This CERF allocation increased access to safe water through water systems and distribution networks, and improved sanitation through the construction and maintenance of latrines and the disposal of waste.

Humanitarian safety and access

To enable humanitarian activities within the insecure operating environment, the CERF allocation supported security risk assessments and rapid security response, including staff relocations and medical evacuations, across the country through the operation of a dedicated security aircraft and support of roaming Field Security Coordination Officers.

III. CERF PROCESS

Prioritisation for this CERF allocation involved different stakeholders within South Sudan's robust humanitarian coordination architecture, under the leadership of the Humanitarian Coordinator (HC). Following the formal announcement of the launch of the allocation by the Emergency Relief Coordinator (ERC) on 11 October 2014, preliminary discussions of potential priorities took place at the Inter Cluster Working Group (ICWG) meeting in Juba on 16 October 2014. These were used to inform follow up discussions by the Humanitarian

⁵ Integrated Food Security Phase Classification (IPC) report, September 2014

⁶ Protection Trends Analysis May-September, October 2014

Country Team (HCT) at its meeting on 20 October 2014, during which information regarding the funding status of each of the clusters vis-à-vis their respective annual requirements under the Crisis Response Plan (CRP), as well as the prioritisation exercise undertaken at the end of September to inform the meeting on South Sudan in the margins of the UN General Assembly, helped to frame the analysis. The HC oversaw the decision to allocate in principle \$16 million to Bentiu, \$2 million to the protection cluster for activities in PoC sites and other high priority locations, and \$2 million for safety and security services to the humanitarian community as a whole.

For further development of the design of the Bentiu allocation, the ICWG in its meeting of 21 October 2014 briefed the Bentiu ICWG via teleconference and requested local stakeholders to identify detailed priorities. Feedback from Bentiu actors was further discussed and analysed by the ICWG on 21, 24 and 30 October 2014, and by the HCT on 27 October and 3 November 2014. On 7 November 2014, the OCHA's Humanitarian Financing Unit convened a meeting of all relevant UN agencies and cluster coordinators to launch the detailed proposal writing process, highlighting the need for close coordination to ensure complementarity in the design of proposals, and providing orientation on the use of the new proposal template.

The above-mentioned discussions and analysis took place in parallel to planning for a new allocation from the South Sudan Common Humanitarian Fund (CHF). Tentative plans for a reserve allocation before the end of 2014 were dropped in favour of focusing on the first standard allocation round for 2015 which was completed by the end of December 2014 in order to kick start projects under the 2015 Humanitarian Response Plan (HRP). In the CHF allocation process other priorities, such as emergency telecommunications, further support to humanitarian hubs, and the pre-positioning of emergency supplies during the dry season, were considered in complementarity to the priorities supported by this CERF allocation.

The reporting process for this CERF allocation included an After Action Review with UN agencies and implementing partners in Bentiu on 23 October 2015 to analyse the response at the field level and formulate initial recommendations, a survey of implementing partners provided with sub-grants from UN agencies during October 2015, and a final review meeting with UN agencies/IOM in Juba, to review the draft report and recommendations, on 3 November 2015.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR ⁷									
Total number of individuals affected by the crisis: 1,900,000									
Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Education	2,505	0	2,505	5,614	0	5,614	8,119	0	8,119
Health	25,959	17,541	43,500	24,941	9,867	34,808	50,900	27,408	78,308
Nutrition	15,658	2,089	17,747	14,858	2,089	16,947	30,516	4,178	34,694
Child Protection	10,096	12,799	22,895	15,325	11,919	27,244	25,421	24,718	50,139
Water, Sanitation and Hygiene	26,788	18,101	44,889	25,737	260	35,919	52,525	28,283	80,808
Sexual and/or Gender-Based Violence	5,205	8,824	14,029	2,946	6,074	9,020	8,151	14,898	23,049
Protection	12,315	12,926	25,241	9,634	10,777	20,411	21,949	23,703	45,652
Camp Coordination and Management	23,831	19,221	43,052	23,804	9,561	33,365	47,635	28,782	76,417
Non-Food Items	2,713	1,336	4,049	2,312	1,139	3,451	5,025	2,475	7,500
Food Aid	7,858	2,002	9,860	6,969	1,705	8,674	14,827	3,707	18,534
Safety and Security of Staff and Operations	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Common Safety and Security	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

⁷ Best estimate of the number of individuals (girls, women, boys, and men) directly supported through CERF funding by cluster/sector. The support provided by the CERF to common safety and security services is not reflected in this table – direct beneficiaries of those services are humanitarian workers from aid agencies rather than members of the affected population.

BENEFICIARY ESTIMATION

The total beneficiary estimation avoids double counting where individuals may have been involved in activities across more than one sector, as follows:

- 78,308 people (43,500F, 34,808M) reached in the Bentiu PoC site at the end of the project period;
- 2,500 people (1,389F, 1,111M) reached by WASH activities in areas surrounding the Bentiu PoC site;
- 58,438 people (33,057F, 25,381M) reached through protection interventions in the Bor and Juba PoC sites as well as the spontaneous settlement in Mingkaman; plus an estimated 2,174 people (1,202F, 972M) in host communities around these sites;
- 6,513 people (2,806F, 2,037M) reached through activities targeting sexual and/or gender based violence in Leer County; and
- 1,923 children and youth (estimated at 1,063F, 860M) reached through child protection activities in Rumbek Central County.

In addition, an estimated 6,076 humanitarian workers (180 organisations) benefitted through CERF support to common safety and security services, however this figure is not included in the beneficiary estimation.

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING²

	Children (< 18)	Adults (≥ 18)	Total
Female	43,473	39,851	81,954
Male	37,576	27,033	64,309
Total individuals (female and male)	81,049	66,884	149,856

CERF RESULTS

Between December 2014 and June 2015, this CERF allocation enabled urgent and life-saving responses to meet the needs of people displaced by conflict within South Sudan. In particular, it supported a coordinated multi-sector response across shelter, WASH, health, food, nutrition and education sectors for people displaced to the Bentiu PoC site by conflict. By the end of the project period this totalled over 73,308 individuals. Protection interventions in Bentiu and other displacement sites, including Bor, Juba and Awerial, assisted survivors of gender-based violence, supported community resilience, and targeted the most vulnerable and people with special needs. In addition, the grant enhanced security and safety for humanitarian actors assisting those involved in the response.

Camp coordination and site development

The Bentiu PoC site was expanded and improved to alleviate congestion and reduce health, protection and sanitation risks. A site plan, developed in consultation with beneficiaries, led to the clearance of approximately 1.2 square km of land (50 per cent of which was supported by CERF funds), improvements in drainage, construction of a flood mitigation reservoir with raised banks, road networks and shelter blocks. Emergency life-saving interventions were supported through the administration, maintenance and improvement of the humanitarian hub, including the addition of 20 living spaces, 2 bunkers and 10 working spaces. The CCCM cluster conducted regular site assessments to monitor living conditions, maintain registries and facilitate the delivery of services and site management. Camp operations in the Bentiu PoC site were coordinated by maintaining critical staff levels to strengthen coordination, operations, provision of essential camp services, communications and accountability measures.

Emergency shelter and non-food items

As the Bentiu PoC site was developed and people were able to relocate from the old site to newly constructed spaces, the Emergency Shelter and Non-Food Items Cluster supported the provision of shelter materials and technical support to enable IDPs to erect appropriate shelter structures, providing additional support to ensure the most vulnerable households had access safe shelter. Shelter materials were provided to 1,500 households and shelters were constructed for 619 vulnerable households.

Nutrition

NGOs were supported to provide structured nutrition services for children under five with essential supplies and medicines, the rehabilitation of nutrition provision facilities, technical backstopping and operational funds. Within the Bentiu PoC site five facilities for Outpatient Therapeutic Programmes were rehabilitated and services established. Outside the PoC site, where insecurity prevented a sustained presence, outreach services were established enabling the treatment of 6,381 children for SAM. A total of 30,516 children between 6 and 59 months old were screened for malnutrition using Mid Upper Arm Circumference (MUAC) and observation of oedema.

Preventative measures as part of the continuum of care included the training of 80 community based volunteers who conducted household level malnutrition screening and referral, administered vitamin A and deworming tablets, and promoted appropriate Infant and Young Child Feeding (IYCF) practices. Focusing on caregivers, 24 Mother Support Groups (MSGs) were formed, and 78 MSG members were trained on IYCF practices and counselling skills, supporting the transfer of knowledge to other women and caregivers. A total of 2,054 Pregnant and Lactating Women (PLW) received IYCF counselling. In addition, a fortified supplementary ration was provided to 6,488 children below five years of age and 5,500 pregnant and lactating women over a three month period, complemented by cooking demonstrations, education sessions and home visits to support positive care practices behaviours.

Food security

Between the months of January and June 2015, a total of 18,533 IDPs within the Bentiu PoC site were provided with a general food distribution consisting of a ration of cereals (15 kg of sorghum), pulses (1.5 kg beans), vegetable oil (0.75 l) and salt (5 g) per person per month, in line with SPHERE standards. Protection and gender sensitive tools and guidelines for staff were developed and rolled out at the field-level, in particular at distribution sites.

Protection

30,000 people were assisted with direct protection through proactive presence at such vulnerable locations as PoC gates, food distribution points, water points and other areas of insecurity identified by community members. Up to 23,049 men, women, girls and boys received GBV prevention messages and response services, including psycho-social support, case management and referrals to other services. Community based mechanisms and Child Friendly Spaces provided support to 20,877 children, including 1,723 unaccompanied children who were assisted with reunification or foster support. An additional 4,554 youth were involved peace and capacity building activities.

Investment in the overall protection environment in PoC sites and areas of mixed movement was a key activity in improving resilience and community coping mechanisms in response to protection threats. The activities focused on the PoC sites in Bentiu, Juba and Bor, and the spontaneous settlements in Mingkaman and Leer. The focus on people with specific needs ensured that protection services within such a challenging environment were tailored to the most vulnerable.

Education

Education activities were expanded to include early childhood (3-6 years old) and adolescent (14-19 years old) groups, the latter at greater risk of exploitation, violence and recruitment into armed forces, within the Bentiu PoC site, while establishing additional learning spaces in Bentiu town and surroundings. Increasing access to education, 79 Temporary Learning Spaces were constructed or rehabilitated. To encourage enrolment, community mobilizers carried out weekly house-to-house awareness raising within the PoC and surrounding areas reaching 1,554 children and other community members with information on accessing education services in their locations. Within the Bentiu PoC site, 20 latrines blocks with hand-washing facilities were constructed and in Bentiu Town seven latrines were rehabilitated. This was complemented by hygiene promotion activities, including handwashing that reached 1,256 children. Training of 314 teachers and Parent Teacher Association members included topics such as school management, teaching methods, psychosocial support and life skills. Life skills and psychosocial support activities including organised sporting activities and bi-weekly focus group discussions reached 120 children and 240 youth.

Health

The CERF allocation enabled a coordinated approach to health across the entire project period, providing the entire population (78,308) of the Bentiu PoC site access to primary health care services, and response to outbreaks. The approach included the provision of essential medical supplies and equipment, improvement of health facilities, technical support, training of health providers, assessment, ongoing disease surveillance and monitoring, and the provision of frontline services. In total, over 18,200 primary health care consultations were delivered during the project period.

The expansion of cold chain infrastructure in the Bentiu PoC and the provision of supplies enabled over 9,900 children under five to be vaccinated against measles, a key health issue at the site. In addition to routine vaccinations, two mass measles and polio vaccination campaigns saw another 25,000 measles vaccines distributed to children from 6 months to 15 years of age. The project saw an increase in the utilisation of reproductive health services including antenatal care (ANC), skilled deliveries and postnatal care (PNC). Health care partners provided ANC services to more than 3,500 pregnant women and 720 babies were delivered by skilled birth attendants. Facilitated by health partners, from January to July 2015, the number of deliveries at health facilities increased from less than 20 per week to more than 100 per week.

Training in primary and reproductive health, including clinical management of rape, HIV prevention, outbreak control of epidemic, and mental health and psychosocial support in emergencies was conducted for close to 120 health care professionals. The health response also included the mobilisation of 173 community health volunteers for the detection of early childhood diseases and antenatal care referral. Recruitment of a Technical Assistant enabled an assessment of HIV service availability and service gaps. This guided the

response, that included the training of 10 health workers in HIV counselling and testing, the procurement of two HIV point of care machines, and the planning for the initiation of tuberculosis treatment and care.

WASH

The coordinated approach to the provision of water supply systems, liquid and solid waste management activities, provided the population of the Bentiu PoC site (78,308) with improved access to safe water and improved sanitation. Upgrading of existing water infrastructure, including wells and water tanks, drilling of new boreholes, construction of new distribution points, placement of tanks, and the operation and maintenance of eight water supply systems enabled the population of the Bentiu PoC site access to between 10 to 13.3 litres of water per person per day. In addition, the construction and maintenance of 1,154 latrines provided a ratio of 1:27 latrines per person within the targeted areas. While the rapidly increasing population of the PoC site reduced the ability to meet SPHERE standards, this, along with desludging and other waste management activities, improved the sanitation water and sanitation situation within the site.

Humanitarian safety and access

Security coverage increased through enhanced capacity to gather and analyse information related to remote locations – with timely and reliable advisories and alerts provided to partners. This included 199 security briefings to the country Security Management Team, security cell, Humanitarian Country Team, Inter Cluster Working Group, and diplomatic groups. In addition to country wide surveillance, an average of three security risk assessment missions were conducted each week in the three most conflict affected states of Jonglei, Unity and Upper Nile. 103 assessments of airstrips were carried out. These activities enabled around 180 humanitarian organisations to access different locations and deliver humanitarian assistance, while employing appropriate mitigation measures.

CERF's ADDED VALUE

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

YES ☐ PARTIALLY ☒ NO ☐

CERF funding for the expanding humanitarian emergency in Bentiu allowed UN agencies and implementing partners to undertake life-saving activities. Funding ensured that the humanitarian hub remained operational, providing working and living space for humanitarian workers. This, and the scale-up of additional staff and capacity, enabled an immediate response to the needs of new arrivals. By funding protection activities, immediate access to specific services was increased, for example to GBV services within 72 hours of incidents occurring. Security assessments of airstrips enabled access to new areas where assistance could not previously be provided. However, some activities were delayed when pre-financing was not available within sub-granting organisations, and/or external procurement challenges delayed implementation, for example in site development activities.

b) Did CERF funds help respond to time critical needs⁸?

YES ☒ PARTIALLY ☐ NO ☐

The timing of this CERF allocation ensured that needs resulting from the steady increase in, and flooding of, the Bentiu PoC site population were addressed. The scale up of health and WASH activities was critical in preventing excess mortality from disease outbreaks as the population in the Bentiu PoC site dramatically increased. Protection interventions were able to address needs associated with the increased arrivals fleeing from violence and the subsequent overcrowding in the PoC sites. Funding enabled vital components of the site development and the procurement of shelter materials to be finalised before the start of the rainy season.

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

YES ☐ PARTIALLY ☒ NO ☐

By providing more visibility to the conditions in South Sudan, particularly in the Bentiu PoC site, the CERF provided an international platform for advocacy, and momentum for resource mobilisation. The allocation highlighted the needs at a time when donor attention was stretched across a number of crises in other countries. It created opportunities for other donors to engage with the response –

⁸ Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

activities kick-started by the CERF supported the mobilisation of other resources including funding and staffing. By providing more visibility to conditions in South Sudan, particularly in the Bentiu PoC site, the CERF provided an international platform for advocacy, and momentum for resource mobilisation. The allocation highlighted the needs at a time when donor attention was stretched across a number of crises in other countries, and created opportunities for other donors to engage with the response. By kick-starting activities, the CERF allocation supported the mobilisation of other resources including funding and staffing. Between 24 December 2014 and 30 March 2015, Canada, ECHO, Japan, Netherlands, Switzerland and USA contributed \$77 million to the HRP projects that were supported by the CERF allocation. Of this amount, WFP received \$26.9 million, followed by UNICEF (\$22.8m), IOM (\$20.1m), WHO (\$3.7m), UNFPA (\$2m) and UNHCR (\$1.6m).

d) Did CERF improve coordination amongst the humanitarian community?

YES ☒ PARTIALLY ☐ NO ☐

CERF funding encouraged and improved coordination across the humanitarian community, including in strategy development and planning at the country level, as well as in implementation at the field level. Joint planning and information sharing to avoid duplication was carried out between the four health sector agencies, including for the coordination of supplies and contingency planning. In the field, joint trainings and monitoring activities were conducted. The WASH sector response was similarly coordinated to ensure a comprehensive response, and security assessments increased the coordination and sharing of information related to safety and security. Specific activities funded through the allocation led to a more coordinated protection response. Displacement tracking was linked to case management for separated children, and survivors of rape were able to more readily access health, psychosocial and case management services in one location. Protection partners worked closely with partners undertaking general food distributions to reduce risks and address incidents.

In Bentiu, weekly inter-sector meetings enabled the coordination of activities. This was enhanced by the humanitarian hub that provided space for humanitarian staff to work and meet within the PoC site. Shelter and camp coordination partners worked together on the design and implementation of the site development plan.

Recommendations from the After Action Review highlight ways in which coordination could be further strengthened, as indicated in section V. Lessons Learned below.

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

CERF funds helped ensure timely response where the need for medical evacuation or the relocation of staff arose, increasing the ability of agencies to work in remote and/or insecure locations.

The allocation was seen to strengthen the capacities of implementing partners, including national NGOs, in some cases enabling them to maintain presence and influence in critical locations, and in other cases providing technical assistance in the form of advice and training.

CERF funds enhanced gender sensitive programming, both through the inclusion of sexual and gender based violence as a component of the allocation, as well as by targeting a sizable percentage of women and girls. In terms of protection monitoring and mainstreaming, a more gender sensitive response was noted in the identification of people with specific needs and in access to services such as food and water within PoC sites.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons learned	Suggestion for follow-up/improvement	Responsible
Proposal development coordination Coordination of the proposal required a high volume of correspondence and drew out the allocation process.	Early engagement and communication between the Secretariat, in-country coordination team and agencies prior to proposal development to clarify expectations on: coordination processes; grant justification; proposal expectations; limitations around funding (i.e. locations and activities)	CERF Secretariat (with OCHA and Agency HQs)
Flexibility to respond to changing needs The grant was approved with an understanding that it was for a	Allow grant flexibility (i.e. no cost extensions) in the case of changing context (i.e.	CERF Secretariat

fixed period of six months. The ability to apply for a no cost extension would have assisted in addressing delays in programming that occurred as a result of the flow-on effects of delays in site development, and assisted in responding to the unforeseen spike in new arrivals that increased following renewed fighting in Southern Unity at the end of the implementation period (April).	significant changes/unforeseen circumstances).	
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TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible
<p>Coordinated inter-cluster and field level planning during the prioritization process</p> <p>Site level actors felt that a clearer understanding of the strategic purpose/priorities of the allocation would encourage inter-cluster collaboration and enable field level problem solving.</p>	<p>Encourage more inter-cluster coordination and engage implementing partners and field level actors, specifically at the prioritization/planning stage, to ensure consistent messages support coordination at the field level.</p> <p>During the prioritization process, review how prioritised activities (in this case site development) might impact other sectors, and the overall response.</p> <p>Improve communication with site level actors on grant processes and purpose. This may include internal feedback mechanisms to the field following grant approval.</p>	<p>OCHA / Agencies</p> <p>Agencies</p> <p>OCHA / Agencies</p>
<p>Improving the speed of sub-granting</p> <p>Although not widespread, 13 per cent of respondents to the survey said that contract negotiations delayed implementation. At least five sub-grant recipients had not received their first instalment by the end of March.</p>	<p>Explore ways of improving the sub-granting process to enable a faster response.</p>	<p>Agencies</p>
<p>Response coordination</p> <p>The CERF allocation supported coordination by enabling agencies to better understand what other partners were delivering. This should be supported and improved e.g. coordinated operational review during the implementation period.</p>	<p>Agencies undertaking joint implementation should undertake a coordinated review of progress mid-term, rather than only at the beginning and the end of the implementation phase.</p>	<p>Agencies / OCHA</p>
<p>Timely review and reporting</p> <p>Coordination on reporting (3 months after the project end date) was challenging, particularly as a result of staff turnover.</p>	<p>Begin the reporting process, including joint review of implementation and achievements by cluster, immediately after project implementation to ensure a strong understanding of results and reporting expectations.</p>	<p>Agencies / OCHA</p>
<p>Prioritize usage of shared humanitarian resources to enable the response</p> <p>Accommodation for humanitarian staff was not strongly related to need and sector level prioritization.</p>	<p>Strengthen links between inter-sector coordination and management of space and staff accommodation within the humanitarian hub, ensuring this supports response needs</p>	<p>IOM / ICWG</p>

Coordination with government health actors MoH capacity in Unity state hindered health coordination	Advocate for reestablishment of government health system at Bentiu	WHO
Security services increased operational confidence The humanitarian community developed confidence in security. For example, the knowledge that, in case of emergency, aircraft would be available within 30 minutes.	Continuous support and fund mobilisation of funds for UNDSS Surge Field Security Coordination Officers.	Donors
Availability of security information Security analysis has proven to be a useful tool used by the humanitarian community for location specific forecasting and risk mitigation	Continue to increase awareness of security situation analysis, communication and information flow.	UNDSS

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:		UNICEF		5. CERF grant period:		02.01.15 – 01.07.15
2. CERF project code:		14-RR-CEF-173		6. Status of CERF grant:		<input type="checkbox"/> Ongoing
3. Cluster/Sector:		Education				<input checked="" type="checkbox"/> Concluded
4. Project title:		Provision of integrated education in emergencies package to ensure access to lifesaving inclusive and quality education for conflict-affected children and adolescents in South Sudan				
7. Funding	a. Total project budget:		US\$ 20,708,813		d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:		US\$ 10,945,140		<input type="checkbox"/> NGO partners and Red Cross/Crescent: US\$ 410,000	
	c. Amount received from CERF:		US\$ 500,001		<input type="checkbox"/> Government Partners: US\$ 0	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries		Planned			Reached	
		Female	Male	Total	Female	Male
Children (< 18)		10,000	20,000	30,000	2,505	5,614
Adults (≥ 18)						
Total		10,000	20,000	30,000	2,505	5,614
8b. Beneficiary Profile						
Category		Number of people (Planned)			Number of people (Reached)	
Refugees						
IDPs		15,000			6,585	
Host population		15,000			1,534	
Other affected people						
Total (same as in 8a)		30,000			8,119	
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:		With the increase in the number of IDPs in the PoC site due to continued insecurity in Unity State, the spaces reserved for education were reclaimed for IDP accommodation, albeit on a temporary basis, negatively impacting the number of beneficiaries reached. On the other hand, UNICEF and its partners exceeded other targets as noted in the table below due to the increase in the number of community				

	sensitisation sessions.		
CERF Result Framework			
9. Project objective	To provide learning opportunities and life skills to children and adolescent at greater risk of exploitation and violence in Bentiu and its surroundings		
10. Outcome statement	30,000 out of school IDPs and vulnerable host communities children and adolescents have access to lifesaving inclusive quality education and life skills in Bentiu and its surrounding areas		
11. Outputs			
Output 1	Targeted community members have an increased knowledge on child rights and key family practices to support learning and wellbeing of children and adolescents		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of sensitization sessions organised	10	48
Indicator 1.2	Number of community members who have increased knowledge and understanding	100	1,330
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	A community based social mobilisation for awareness raising is organized	UNICEF, INTERSOS, Mercy Corps	UNICEF, INTERSOS, Mercy Corps, FCO
Output 2	30,000 out of school IDPs and vulnerable host communities children and adolescents have access to lifesaving inclusive quality education and life skills in Bentiu and its surroundings		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of schools/TLS established or rehabilitated	10 schools/TLS	43
Indicator 2.2	Number of children accessing learning opportunities	20,000	8,119
Indicator 2.3	Number of adolescents receiving life skills education	10,000	0
Indicator 2.4	Number of children adolescents receiving PSS support	30,000	8,119
Indicator 2.5	Number of teachers and PTA members trained on EiE pedagogy and PSS	350	515
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Establish or rehabilitate 10 schools/TLS in Bentiu and surroundings	UNICEF and NGOs	UNICEF and Mercy Corps, Intersos, FCO
Activity 2.2	Provide access to learning opportunities for 20,000 children in targeted communities	UNICEF and NGOs	UNICEF, Mercy Corps, Intersos, FCO, ARUDA
Activity 2.3	Provide life skills education to 10,000	UNICEF and	UNICEF,

	adolescents in targeted communities	NGOs	Mercy Corps, Intersos, FCO, ARUDA
Activity 2.4	Provide PSS support to 30,000 children and adolescents in schools/TLS	UNICEF and NGOs	UNICEF, Mercy Corps, Intersos, FCO, ARUDA
Activity 2.5	Train 350 teachers and PTS members on EIE education and PSS	UNICEF and NGOs	UNICEF, Mercy Corps, Intersos, FCO, ARUDA
12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:			
<p><i>Indicator 1.2</i> – Increase in the number of community sensitization sessions increased the number of community members with knowledge of child rights and key family practices</p> <p><i>Indicators 2.2, 2.3 and 2.4</i> - Challenges were faced in the implementation of the planned activities. UNICEF and its implementing partners, Mercy Corps, ARUDA, FCO and Intersos faced constraints in reaching the population outside the PoC site due to insecurity. Given the increasing IDP population inside the POC site, the reach of education partners was constrained by the limited availability of space for education activities.</p>			
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:			
<p><i>Transparency</i> - Mobilisation and sensitisation sessions in the PoC site and in surrounding areas aided the dissemination of information to the affected communities.</p> <p>As UNICEF is leads the education cluster, all aspects of the project were implemented under the cluster coordination mechanism which involves UNICEF, NGOs and government. Regular bi-weekly meetings were held to report on activities and clarify issues.</p>			
14. Evaluation: Has this project been evaluated or is an evaluation pending?		EVALUATION CARRIED OUT <input type="checkbox"/>	
As this is an ongoing program, no specific evaluation was carried out at the end of the project. However, several assessments have been conducted, including field monitoring, by UNICEF staff.		EVALUATION PENDING <input type="checkbox"/>	
		NO EVALUATION PLANNED <input checked="" type="checkbox"/>	

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNICEF UNFPA IOM WHO		5. CERF grant period:	02.01.15 – 01.07.15 (UNICEF, UNFPA , IOM) 08.01.15 – 07.07.15 (WHO)		
2. CERF project code:	14-RR-CEF-174 14-RR-FPA-051 14-RR-IOM-049 14-RR-WHO-083		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Health			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Scaling Up Provision of Life-saving Health Services in Bentiu					
7. Funding	a. Total project budget:		US\$ 42,283,245			
	b. Total funding received for the project:		US\$ 23,696,181			
	c. Amount received from CERF:		US\$ 2,000,003 (UNICEF: 574,999; UNFPA: 1,425,004)			
			d. CERF funds forwarded to implementing partners:			
			■ NGO partners and Red Cross/Crescent: US\$ 130,000 ■ Government Partners: US\$ 0			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries		Planned			Reached	
		Female	Male	Total	Female	Male
	Children (< 18)	15,736	17,291	33,027	25,959	24,941
	Adults (≥ 18)	10,857	5,728	16,585	17,541	9,867
	Total	26,593	23,019	49,612	43,500	34,808
8b. Beneficiary Profile						
Category		Number of people (Planned)			Number of people (Reached)	
Refugees						
IDPs		49,612			78,308	
Host population						
Other affected people						
Total (same as in 8a)		49,612			78,308	

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:		The change in the population of Bentiu PoC site was significant. The final number reflects the last IOM Biometric Registration data from 30 June 2015.	
CERF Result Framework			
9. Project objective		Reduction of excess mortality and morbidity through the provision of strengthened and sustained access to life-saving primary health care services for more than 49,000 vulnerable IDPs in Bentiu.	
10. Outcome statement		Internally Displaced Persons in Bentiu will have improved and sustained access to quality and comprehensive life-saving primary health care services.	
11. Outputs			
Output 1		Increased access to primary health care services and MISP (Reproductive Health) for IDPs in Bentiu	
Output 1 Indicators		Description	TargetReached
Indicator 1.1		Number of consultations, disaggregated by sex and age	At least 0.4 consultation per beneficiary per year (at least 10,000 consultations)18,223
Indicator 1.2		Number of deliveries at health facility level	260 within 6 months318
Indicator 1.3		Number of acute watery diarrhoea cases treated at home	50/ month410/month (2,469 cumulative)
Output 1 Activities		Description	Implemented by (Planned)Implemented by (Actual)
Activity 1.1		Provision of emergency primary health care services through mobile and semi static health facilities focused on ensuring access for boys, girls, women and men.	IOMIOM
Activity 1.2		Provision of emergency obstetric and newborn care, inclusive of supplies provision and community awareness	IOM/ UNFPAIOM/UNFPA/IRC/MSF
Activity 1.3		Provision of integrated community case management of respiratory infections, malaria, acute watery diarrhoea and malnutrition.	UNICEFUNICEF
Output 2		Strengthen emergency response, including surgical interventions	
Output 2 Indicators		Description	TargetReached
Indicator 2.1		Number of partners(IRC, CARE, IOM and MSF-Holland) who received emergency medical supplies (IEHK / trauma kit / RH kit / PHCU kits) –	44
Indicator 2.2		Number of health workers trained on epidemic detection and response; CMR and MISP (priority for female health workers) and EMOC; HIV/TB and community based MHPSS	120131
Indicator 2.3		Number of infrastructure improvement	44 achieved

	projects completed for health partners (including improvement of medical waste management)		3 infrastructure improvements plus the supply of containers for drug storage.
Indicator 2.4	Number of quality vaccine vials distributed to health partners per month.	150	165
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Delivery and distribution of essential medicines, lifesaving medical supplies, equipment and logistical support for emergency response.	IOM/ UNICEF/ UNFPA	IOM UNFPA UNICEF
Activity 2.2	Conduct refresher trainings for health workers on epidemic detection and response; CMR and MISP (priority for female health workers) and EMOC; HIV/TB and community based MHPSS.	IOM/ UNFPA/ WHO/ UNICEF	IOM UNFPA WHO UNICEF
Activity 2.3	Improve essential physical infrastructure for enhanced delivery of lifesaving health services and referrals.	IOM	IOM
Activity 2.4	Improve cold chain facilities to ensure essential and emergency immunization activities to control vaccine preventable diseases.	UNICEF	UNICEF
Output 3	Respond to health-related emergencies, including controlling the spread of communicable diseases.		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of under 5 children who received measles vaccinations.	18,200	34,932 (9,932 routine, 25,000 vaccination campaign)
Indicator 3.2	Percentage of integrated disease surveillance reports submitted reports which are completed and timely	80%	85%
Indicator 3.3	Percentage of community based deaths reported by the community volunteers on a monthly basis.	80% of community deaths per month	25%
Indicator 3.4	Number of HIV/TB testing and treatment points established.	1	1
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Provision of and support to reactive immunization campaigns for boys and girls under five.	IOM/ UNICEF/ WHO	IOM UNICEF WHO
Activity 3.2	Improve the existing disease surveillance system to contain potential outbreaks through rapid verification of events and prompt deployment of epidemiologists.	WHO/ UNICEF/IOM	IOM UNICEF WHO

Activity 3.3	Conduct identification and referral of suspected cases of epidemic prone diseases (e.g. cholera, hepatitis E, measles and AFP) through community volunteers.	UNICEF	UNICEF
Activity 3.4	Establish essential HIV/TB treatment and care services in the PoC site	IOM/UNFPA/UNICEF/WHO	IOM UNICEF
12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:			
<p><i>Indicator 1.1</i> - Target of 10,000 consultations was exceeded with a total of 18,223 consultations in Bentiu from January to June. The highest number of cases presenting with upper respiratory tract infection, which accounted for 21 per cent of total consultations, followed by lower respiratory tract infection which accounted for 12 per cent.</p> <p><i>Indicator 1.2</i> - Target of 260 was exceeded with 318 deliveries at health facilities and an additional 402 births being attended outside of health facilities but with skilled birth attendants. This was achieved for 2 reasons. 1) The number of expectant mothers in the PoC site increased due to the increasing numbers of women coming into the PoC site. 2) There was a concerted effort of agencies to promote deliveries in health facilities. Through community mobilisation and gradually more women are now delivering in the health facilities.</p> <p><i>Indicator 1.3</i> - Target of 50 per month was exceeded as a result of the increased number of cases (average of 412 per month) presenting with acute watery diarrhoea. These cases were due to massive migration of IDPs to the PoC site, limitations on access to water, and the presence of cholera.</p> <p><i>Indicator 2.4</i> - Target was exceeded due to the increased number of batches of vials needed to reach the increased numbers of individuals entering the PoC site.</p> <p><i>Indicator 3.1</i> - Target was exceeded due to the increased number of children who entered the PoC site during the project period. This figure includes the following 9,932 routine vaccinations, plus 25,000 vaccinations provided during mass vaccination campaigns.</p> <p><i>Indicator 3.2</i> – 85 per cent achieved compare to the initial target of 80 per cent. Integrated disease surveillance reports (IDSR) were submitted weekly, however due to the volume of work and need for additional clarifications from the field, there were occasionally delays in submission.</p> <p><i>Indicator 3.3</i> – 25 per cent achieved compare to the 80 per cent target. There remains a need to review the process by which community actors report deaths. Work is underway to review trainings, and work with community volunteers to streamline the process and facilitate better reporting of this indicator.</p>			
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:			
<p><i>Participation</i> - Accountability to affected populations was addressed through the use of community focused need assessments and outreach groups, such as clinic based breastfeeding women's groups and youth activity groups, to ensure that men, women, boys, and girls, had the opportunity to fully participate in decisions related to their health. The community was involved in the detection of acute infectious diseases, referral to health facilities and management of mild diseases through the extensive network of community volunteers.</p>			
14. Evaluation: Has this project been evaluated or is an evaluation pending?		EVALUATION CARRIED OUT <input type="checkbox"/>	
No evaluation was undertaken, however, the implementation of project activities were monitored daily and concerns and issues tackled immediately.		EVALUATION PENDING <input type="checkbox"/>	
		NO EVALUATION PLANNED <input checked="" type="checkbox"/>	

TABLE 8: PROJECT RESULTS

CERF project information							
1. Agency:		UNICEF	5. CERF grant period:		26.12.14 – 25.06.15		
2. CERF project code:		14-RR-CEF-175	6. Status of CERF grant:		<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded		
3. Cluster/Sector:		Nutrition					
4. Project title:		Emergency Nutrition Response for the Treatment and prevention of malnutrition in boys and girls under-fives, pregnant and lactating women					
7. Funding	a. Total project budget:		\$ 43,700,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:		\$ 27,488,078	■ NGO partners and Red Cross/Crescent: US\$ 137,260			
	c. Amount received from CERF:		\$ 432,311	■ Government Partners: US\$ 63,857			
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)		15,153	14,559	29,712	15,658	14,858	30,516
Adults (≥ 18)		12,010	1,334	13,344	7,089	2,089	9,178
Total		27,163	15,893	43,056	22,747	16,947	39,694
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees							
IDPs		30,856			31,262		
Host population		12,200			8,432		
Other affected people							
Total (same as in 8a)		43,056			39,694		
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:		N/A					

CERF Result Framework			
9. Project objective	Provide quality nutrition interventions for children U5, Pregnant and Lactating Women		
10. Outcome statement	Nutrition status of children U5s, Pregnant and Lactating Women improved and remained below emergency threshold of GAM 15%		
11. Outputs			
Output 1	Re-established functional health facilities		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	No. of OTP/SC services re-established SAM treatment for children under-fives	7 OTP sites (5 in PoC site, 2 in Bentiu Township and Nhialdu)	7 OTP sites
Indicator 1.2	Number of SAM cases treated in 6 months (50% of annual target)	3,368 SAM cases treated	6,381 SAM cases treated
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Rehabilitate the 5 OTPs in the PoC site	UNICEF/ CARE/ Concern	CWW, UNICEF, CHD
Activity 1.2	Procure materials and equipment for OTPs	UNICEF / CARE	UNICEF
Activity 1.3	Provide treatment for SAM children in targeted health facilities	UNICEF/ CHD / CARE	UNICEF, CARE, CWW
Output 2	Improved CMAM services		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	% of children 6-59 months screened for malnutrition using MUAC tapes and oedema checks	80%	86%
Indicator 2.2	No. of health workers trained on 3-day IMAM training	30 health workers	80 health workers
Indicator 2.3	No. of targeted health facilities having no stock-out of Ready-to-use Therapeutic Food (RUTF)	Nil / 0	0
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Train 30 health facility personnel on IMAM Protocol	UNICEF / CARE	UNICEF, CHD
Activity 2.2	Provide therapeutic supplies, routine drugs and micronutrients to OTPs/SC and TSFP.	UNICEF	UNICEF
Activity 2.3	Regular monitoring of OTP/SC services provided by the health personnel	UNICEF/CARE	UNICEF
Activity 2.4	Active community nutrition screening and referral of children 6-59 months	CARE	CARE, CWW and UNICEF
Activity 2.5	Conduct SMART Survey / decentralized	UNICEF / CHD/ CARE	Concern

	monitoring		
Activity 2.6	Joint programme monitoring	UNICEF/CHD/CARE/CWW	UNICEF, CHD, CARE, CWW
Output 3	Improved IYCF and micronutrient supplementation services		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	No. of Mother Support Groups providing IYCF counselling in the targeted communities formed	6 MSGs (average 15 Mothers per MSG)	24 MSG (average 12 mothers per MSG)
Indicator 3.2	% of PLWs that received at least one IYCF counselling from MSG on Exclusive Breastfeeding (EBF)	80% of PLWs reached with IYCF counselling	95% (2,054) of PLWs reached with IYCF counselling
Indicator 3.3	% of households that reached IYCF counselling by a MSG member	90% of HHs (Households)	95% of HH
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Train 25 IYCF Facilitators through a 3-days training in Bentiu PoC site, Bentiu Town and Nhialdiu	UNICEF	UNICEF
Activity 3.2	Train 90 MSG members on 2-day training on IYCF Counselling Skills	CARE	UNICEF
Activity 3.3	Form 6 Mother Support Groups per community (Average membership 15)	CARE /Concern	CARE and Concern
Activity 3.4	Mass campaign for vitamin A supplementation (VAS) and deworming for children 6-59 months	CARE	CARE and Concern
Activity 3.5	House to house IYCF counselling by MSG members	Mother Support Groups per community	Mother Support Groups per community
12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:			
<p><i>Indicator 1.1</i> - CARE and Concern Worldwide (CWW) operated 5 OTPs in the PoC site and 2 facilities outside the PoC site. Insecurity prevented sustained nutrition treatment services in Bentiu and Nhaildiu townships. As a result, outreach services were conducted outside the PoC site as appropriate.</p> <p><i>Output 2</i> - Coverage of 86 per cent was achieved surpassing the target. A total of 30,516 children were screened for acute malnutrition with 3,060 cases of severe acute malnutrition (10.0%), 7,371 cases of moderate acute malnutrition (24.2%) and a proxy general acute malnutrition rate of 34.2 per cent</p> <p><i>Indicator 1.2 and 3.1</i> - The additional influx of people into the PoC site doubled against the planned numbers targeted at the start of the project. This, coupled with the continued insecurity negatively affected smooth implementation of the project in Bentiu and Nhaildiu townships, resulted in the higher figures reached compared to the initial target.</p>			
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:			
<p><i>Participation</i> - During the project implementation, local community leaders were consulted as they played a critical role in identifying volunteers who conducted community malnutrition screening and IYCF counselling within the PoC site. Mothers and caregivers participated in the Mother Support Group (MSG) activities including providing appropriate IYCF counselling to their peers in the camp.</p>			

Also, skilled workers including masons, carpenters and labourers were recruited within the PoC site who performed tasks including rehabilitating the nutrition service facilities.

Design, monitoring and evaluation - UNICEF closely worked with the County Health Departments in the implementation of project activities.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
As this is an ongoing program, no specific evaluation was carried out at the end of the project, however, several assessments have been conducted, including field monitoring by UNICEF staff.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information							
1. Agency:		UNICEF	5. CERF grant period:		30.12.14 – 29.06.15		
2. CERF project code:		14-RR-CEF-176	6. Status of CERF grant:		<input type="checkbox"/> Ongoing		
3. Cluster/Sector:		Child Protection			<input checked="" type="checkbox"/> Concluded		
4. Project title:		Enhance the protection and wellbeing of children and the youth					
7. Funding	a. Total project budget:		\$ 9,227,713	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:		\$ 6,983,180	▪ NGO partners and Red Cross/Crescent: \$ 251,996			
	c. Amount received from CERF:		\$ 675,000	▪ Government Partners: \$ 0			
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)		2,000	3,000	5,000	10,096	15,325	25,421
Adults (≥ 18)		3,000	5,000	8,000	12,799	11,919	24,718
Total		5,000	8,000	13,000	22,895	27,244	50,139
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees							
IDPs		10,000			37,491		
Host population		1,000			4,559		
Other affected people		2,000			8,089		
Total (same as in 8a)		13,000			50,139		
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:		Additional people were reached as a result of the large influx of new arrivals to the PoC site in Bentiu, and the need to ensure that they were equipped with knowledge and skills to provide basic psychosocial support and protection to their children. While outside the scope of the CERF funded interventions, given the existing access to certain areas in Rumbek (which were previously inaccessible due to inter-tribal conflicts), the community leaders and partner staff who were trained with the CERF funding would be able to reach an additional estimated 6,500 youth by the end of October 2015.					
CERF Result Framework							

9. Project objective	To enhance the protection and wellbeing of 13,000 boys, girls and youth (male and female) affected by conflict in Bentiu PoC site, Bentiu Town and Rumbek North and Rumbek Town in Lakes State.		
10. Outcome statement	Boys, girls and youth (male and female) are physically and emotionally safe, engaged in productive social- and communal activities and are demonstrating positive attitudes.		
11. Outputs			
Output 1	Unaccompanied and separated boys and girls are reunified with their families or are placed in alternative care.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of boys and girls reunified with their families	1,000 (is also part of the 13,000)	333 (194 M and 139 F)
Indicator 1.2	# of boys and girls placed in alternative care arrangements	2,000 (is also part of the 13,000)	1,723 (956 M and 767 F)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Facilitate family tracing, reunification and follow up of reunified boys and girls	Non-Violent Peace Force (NP)	Non-Violent Peace Force
Activity 1.2	Identification of foster families, their orientation and placement of the unaccompanied boys and girls in the alternative care arrangements	Non-Violent Peace Force (NP)	Non-Violent Peace Force
Output 2	Boys, girls and the youth have received psychosocial support for improved wellbeing		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	# of boys, girls and youth receiving psychosocial support	13,000	20,877 (12,851 M and 8,026 F).
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Provision of community based psychosocial support including Psychological First Aid	Regional Psychosocial Support Initiative (REPSSI)	TPO Uganda
Output 3	Youth engaged in productive activities		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	# of youth engaged in productive activities (by age and type of activities)	8,000 (is also part of the 13,000)	4,544 (2,474 M and 2,070 F).
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Facilitate youth led activities including group discussions and workshops, life skills, participatory action research, creative and recreational activities, formation of youth groups	National Organization of Peer Educators/ South Sudan Y-PEER Network	Non-Violent Peace Force

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:			
<p><i>Indicator 1.1</i> - Throughout the project, rates of conflict in Unity State continued to escalate, leading to greater rates of family separation and the need for a stronger focus on maintaining regular contact with, and follow up of, the existing caseload. The larger than expected levels of displacement, coupled with the need for complementary Family Tracing and Reunification (FTR) actors to relocate in other parts of the country (for example, counties in Southern Unity and Upper Nile) also hampered tracing efforts and disrupted reunification plans. However, significant improvements were achieved in the quality of FTR work, with around 40 percent of children followed up at the end of the project period, compared to 5 percent in November 2014. Whilst reunification rates were lower than expected, 100 per cent of children who were ready for reunification were supported in Bentiu.</p> <p><i>Indicator 2.1 and 3.1</i> - In relation to the youth activities in Bentiu and Rumbek, escalations in violence (large scale offensives, targeted killings, and the subsequent increased engagement of youth groups in revenge and cattle raiding activities) hindered progress of the programme against the established target for youth engagement. In response to this, there was a greater focus on expanding psychosocial support delivery (exceeding the targets) to address distressed children and young people in Bentiu, where large numbers of unexpected arrivals were received, many of whom were in psychosocial distress as a result of the conflict in the southern parts of Unity State. In addition, over 20,000 adults (including a wide selection of community actors and agency staff) were reached with peacebuilding sessions and awareness and were transferred the knowledge and skills to continue the delivery of psychosocial support and peacebuilding efforts. In addition, in Rumbek, NP staff and community actors (trained through CERF funded activities) will reach an additional 6,500 youth by October.</p>			
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:			
<p><i>Participation</i> - A participatory approach was endorsed (such as focus group discussions and individual interviews), in order to engage beneficiaries in decisions related to planning and implementation (rollout to continue through 2015)</p> <p><i>Design, monitoring and evaluation</i> - A psycho-social support (PSS) assessment was conducted in the Bentiu PoC site, in order to evaluate: 1) how life-saving services were reaching IDPs, with special consideration of children, caregivers and new arrivals (population seeking for protection after escalation of the conflict in Southern Unity, starting from end of April 2015), 2) level of distress among the most vulnerable groups within the PoC site, 3) coping mechanisms mainly adopted by the community (in order to identify strengths and prevent potential dysfunctional coping mechanisms) and 4) critical services needed to address the most urgent PSS needs. Preliminary results are being used to design the next phase of partnership.</p> <p>The assessment of the quality of service delivery has resulted in a framework for all child protection sub-cluster partners that will enable the more systematic and participatory engagement of children and caregivers in future programming.</p>			
14. Evaluation: Has this project been evaluated or is an evaluation pending?		EVALUATION CARRIED OUT <input type="checkbox"/>	
As this is an ongoing programme, no specific evaluation was carried out at the end of the project; however, several assessments have been conducted, including field monitoring by UNICEF staff, and an independent assessment of the quality of service delivery within the broader partnership with Non-Violent Peace Force (NP). This assessment explored the extent to which NP (and other partners) adhered to minimum standards and other measures of quality. The results will inform both future NP programmes and Child Protection Sub-Cluster partners more broadly.		EVALUATION PENDING <input type="checkbox"/>	
		NO EVALUATION PLANNED <input checked="" type="checkbox"/>	

TABLE 8: PROJECT RESULTS

CERF project information							
1. Agency:		UNICEF		5. CERF grant period:		16.12.14 – 15.06.15	
2. CERF project code:		14-RR-CEF-177		6. Status of CERF grant: <input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded			
3. Cluster/Sector:		Water, Sanitation and Hygiene					
4. Project title:		Emergency WASH infrastructure and services in Bentiu					
7. Funding	a. Total project budget:		US\$ 19,600,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:		US\$ 12,506,794	▪ NGO partners and Red Cross/Crescent: US\$ 287,839			
	c. Amount received from CERF:		US\$ 1,800,000	▪ Government Partners: US\$ 0			
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)		16,370	17,988	34,358	26,788	25,737	52,525
Adults (≥ 18)		11,266	5,988	17,254	18,101	260	28,283
Total		27,636	23,976	51,612	44,889	35,919	80,808
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees							
IDPs		51,612			80,808		
Host population							
Other affected people							
Total (same as in 8a)		51,612			80,808		
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:		Given the increased numbers of IDPs arriving to the Bentiu PoC site, a larger number of beneficiaries was reached than planned.					
CERF Result Framework							
9. Project objective		Improve WASH infrastructure and services in Bentiu PoC sites and surrounding areas to reduce the WASH related disease burden among the IDPs.					

10. Outcome statement	51,612 people in Bentiu PoC Site and surrounding areas have access to safe water supply and improved sanitation services		
11. Outputs			
Output 1	IDPs in and outside PoC site have improved access to safe water through the increased number of water systems (49,612 individuals)		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of target population provided with access to safe water as per agreed standards (Note this indicator measures the combined achievements of IOM and UNICEF)	49,612 (43,884 women and children and 5,728 Male)	78,308 beneficiaries reached (total population)
Indicator 1.2	Number of litres per day available per person	15 litres per day per person	10 litres per person per day
Indicator 1.3	Number of additional water systems in the PoC site	5 Water Systems	5 Water Systems
Indicator 1.4	Number of target population outside PoC site provided with access to safe water supply as per agreed standards	2,000 (1,740 women and children and 260 men)	2,500 people reached
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Designing of water supply system upgrading and improvement for Bentiu PoC sites	UNICEF	UNICEF
Activity 1.2	Drilling of two deep wells for Bentiu PoC sites including installation of pumps and generators	UNICEF	UNICEF
Activity 1.3	Installation of water reservoirs and upgrading of existing water points	UNICEF	UNICEF
Activity 1.4	Rehabilitation of water supply systems and water points in Bentiu and Rubkona	UNICEF and Partners	UNICEF
Activity 1.5	Continuous support on operation and maintenance of water supply systems in Bentiu PoC sites	UNICEF and Partners	UNICEF and Concern
Output 2	IDPs in and outside Bentiu PoC sites have access to toilets and washing facilities that are culturally appropriate, secure and sanitary, and are user friendly and gender appropriate.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of target population provided access to appropriately sanitation facilities (as per the Sphere Standards).	15,000 (13,050 women and children and 1,950 men)	16,500 people
Indicator 2.2	Ratio of latrine per person in the PoC sites	1:20	1:30
Indicator 2.3	Number of new public pit latrines constructed and regularly maintained	400	550
Indicator 2.4	Number of new public bathing units constructed and regularly maintained	100	154
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)

Activity 2.1	Procurement of heavy equipment - tractor with cargo and sludge truck trailers and back hoe for improving sanitation services and tertiary drainage channels	UNICEF	UNICEF
Activity 2.2	Construction of permanent and semi-permanent latrines	UNICEF	UNICEF and Concern
Activity 2.3	Construction of permanent and semi-permanent bathing units	UNICEF	UNICEF and Concern
Activity 2.4	Improvement and construction of tertiary drainage channels in coordination with CCM cluster and site works	UNICEF	UNICEF and CCM cluster

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

Indicator 1.2 and 2.2 - The project was implemented as planned in the Bentiu PoC site, however the number of IDPs in the PoC site doubled during the project period (which was not anticipated during the development of the project) which affected the planned latrine per person ratio and the volume of water available for IDPs per person per day as the facilities have to be shared with the new arrivals. In order to address this issue, UNICEF and Partners have mobilized additional resources to cover the additional need arisen due to large number of influx of IDPs to the camp and implementation is ongoing to reach the agreed standards of 1 latrine to 20 people and 15 litres per person per day.

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

Participation - Beneficiaries were consulted and engaged in all project activities, both for construction of sanitation facilities as well as construction of water points in different blocks. The project used skilled and non-skilled labour from the population of the Bentiu PoC site for construction of latrines and bathing facilities, and construction of trenches for water supply systems. Affected people were engaged in the management of water points, sanitation facilities and solid waste collection activities.

Transparency/Design, monitoring and evaluation - UNICEF and its implementing partners shared information with communities and community leaders on planned project activities, targets and timeframes to ensure the community was well informed on, engaged and involved in project activities.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT ☐

As this is an ongoing program, no specific evaluation was carried out at the end of the project, however, several assessments have been conducted, including field monitoring by UNICEF staff.

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information							
1. Agency:		UNFPA	5. CERF grant period:		26.12.14 – 25.06.15		
2. CERF project code:		14-RR-FPA-052	6. Status of CERF grant:		<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded		
3. Cluster/Sector:		Sexual and/or Gender-Based Violence					
4. Project title:		Scaling up GBV prevention and response in Bentiu, Leer and Awerial					
7. Funding	a. Total project budget:		US\$ 4,301,169	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:		US\$ 2,237,100	■ NGO partners and ReCross/Crescent: US\$ 317,071			
	c. Amount received from CERF:		US\$ 650,536	■ Government Partners: US\$ 0			
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)		3,000	2,000	5,000	5,205	2,946	8,151
Adults (≥ 18)		6,000	3,000	9,000	8,824	6,074	14,898
Total		9,000	5,000	14,000	14,029	9,020	23,049
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees							
IDPs		10,000			16,789		
Host population		4,000			6,260		
Other affected people							
Total (same as in 8a)		14,000			23,049		
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:		Targets have been met.					
CERF Result Framework							
9. Project objective		Expanding availability and capacity to deliver the basic package of multi-sectoral GBV services so					

	that all services, mainly health, psychosocial, case management, safety and security are available at the right scale and standard as set out in the GBV strategy.		
10. Outcome statement	Increased availability, utilization and quality of safe, age appropriate and gender sensitive GBV response and prevention services in Bentiu PoC sites, Leer and Awerial.		
11. Outputs			
Output 1	14,000 people receive integrated prevention and response services for GBV (health, psychological first aid, case management) in a survivor friendly manner.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of facilities with integrated services of health, psychological first aid and case management in same location.	6	5
Indicator 1.2	Number of men, women, girls and boys who received GBV prevention and response services (health, psycho-social support, case management and referrals to other services)	14,000 (9,000 females, 5,000 males)	23,049 (14,029 females, 9,020 males)
Indicator 1.3	Number of service providers trained on survivor-centred approach and PFA by sector (disaggregated by sex)	100 (65 females, 35 males)	90 (50 females and 25 males; plus 15 gender not specified)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procure materials and equipment for setting up confidential spaces for examination and counselling survivors of sexual violence.(2 lockable cupboards, two tables, 6 chairs, one laptop, one multi-purpose printer, one bicycle, partitioning materials and labour to create 2 rooms each 2.5m x 3m rooms; timber, iron roofing sheets, cement and fencing)	UNFPA	UNFPA
Activity 1.2	Orient all frontline service providers (health, psychosocial, case management, security, community volunteers) in psychological first aid and survivor friendly approaches.	UNFPA	UNFPA and UNIDO (SAADO participated)
Activity 1.3	Deploy case management social workers within health facilities	UNIDO, SAADO	UNIDO

Activity 1.4	Deploy rapid response team	UNFPA	UNFPA
Output 2	300 women and girls benefit from prevention and protection measures to mitigate risk of GBV.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of safety audits	3	3 safety audits in Awerial.
Indicator 2.2	Number of advocacy actions by men and boys	6	26 radio talk show programs 3 Advocacy meetings 75 men and boys trained on GBV/ RH/GBV actions
Indicator 2.3	Number of women and girls who received life skills training	300	162
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Conduct regular safety audit jointly with all relevant clusters	UNFPA	UNFPA (joint safety audits)
Activity 2.2	Community dialogues (targeting various groups)	UNFPA, SAADO, UNIDO	UNIDO, SAADO
Activity 2.3	Providing lifesaving group psycho-social support sessions for women and girls within safe space.	UNFPA, UNIDO, SAADO	UNIDO, SAADO
Activity 2.4	Recruit GBV Specialist	UNFPA	UNFPA
Activity 2.5	Orient male and female focal points to implement standards, develop and disseminate advocacy messages.	UNFPA	UNFPA

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

Indicator 1.2 - All of the project targets were met, with significantly more people reached than planned with GBV prevention and response services. One of the major factors was UNFPA investing in qualified and experienced GBV specialists and experts with long experience in GBV work. The experts built the capacity of the partners and coached them as well. Some of the key capacity building activities included orientation of all frontline service providers (health, psychosocial, case management, security, community volunteers) in psychological first aid and survivor friendly approaches, training. Training and engaging over 150 men, women, girls and boys in GBV/SRH and HIV advocacy. This was coupled with radio messages, use of IEC materials. But most important was engaging male champions to talk to men on women's health issues and GBV. Door to door awareness creation and community dialogs also contributed

significantly to reaching the targets. Capacity building contributed a lot to the success, in particular large number of people trained. UNFPA trained 34 service providers in Awerial and SAADO trained 109 service providers in Awerial. Community members came out in large numbers because they were aware of the availability of services nearby.

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

Design, monitoring and evaluation - Beneficiaries were involved at the initial stage of project identification in need assessments. Through community discussions, dialogues and forums, the project developed awareness and sensitization of sexual reproductive health and lessons learned were adapted in order to improve the programme performance.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
No evaluation of the project was undertaken due to insecurity in Leer.	EVALUATION PENDING <input type="checkbox"/>
SAADO undertook an evaluation on the outcome of male involvement, and will utilize the findings of the evaluation to improve on the male champion intervention in future.	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNHCR	5. CERF grant period:	26.12.14 – 25.06.15			
2. CERF project code:	14-RR-HCR-054	6. Status of CERF grant:	<input type="checkbox"/> Ongoing			
3. Cluster/Sector:	Protection		<input checked="" type="checkbox"/> Concluded			
4. Project title:	Strengthening community based protection and protecting survivors of violence					
7. Funding	a. Total project budget:	US\$ 31,888,985	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 4,712,380	▪ NGO partners and Red Cross/Crescent: US\$ 496,845			
	c. Amount received from CERF:	US\$ 675,004	▪ Government Partners: US\$ 0			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	7,490	3,790	11,280	12,315	9,634	21,949
Adults (≥ 18)	6,590	3,790	10,380	12,926	10,777	23,703
Total	14,080	7,580	21,660	25,241	20,411	45,652
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs	17,328			43,478		
Host population	4,332			2,174		
Other affected people						
Total (same as in 8a)	21,660			45,652		
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	Given the activities within this project helped to enhance the overall protection environment for all inhabitants, the total populations of Bor and Juba PoC sites have been included here. The reach of protection activities within the host community is difficult to quantify and has been estimated at 5 per cent (as indirect beneficiaries this has been calculated below the normal 10 per cent). Host community reach disaggregated by sex was determined with the same percentage split of male/female/children as the IDP split. This is in addition to the actual numbers of people reached through GBV referral and community engagement.					

11. Outputs			
Output 1	Lifesaving, age appropriate case management and psychosocial support (PSS) services are available to 1500 women and girls who have experienced violence in Juba, Bor and Lakes		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	% increase in the number of survivors accessing case management services in 2014.	10%	62%
Indicator 1.2	% of survivors accessing case management and psychosocial services who are surveyed reporting satisfaction with the quality of services	60%	60%
Indicator 1.3	# of women and girls reached through PSS activities in Safe Spaces	1,500	7,323
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Quality GBV case management services are provided by trained caseworkers at the safe spaces in UN House	IRC	IRC
Activity 1.2	Provide age appropriate psychosocial support, skills building, non-formal education, and information sessions for 1,500 women and girls	IRC	IRC
Activity 1.3	Work with partners to strengthen GBV referral pathways and networks in UN House through trainings and technical support.	IRC	IRC
Output 2	Community Based Protection mechanisms established in Rumbek area, Lakes State.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	# of community based protection networks established	8	6
Indicator 2.2	# of CBPN members (disaggregated by sex) trained on protection and monitoring of protection incidents	240	148
Indicator 2.3	# of Community outreach sessions conducted	8	8
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Recruit surge protection staff	UNHCR	UNHCR
Activity 2.2	Establish CBPNs within local community and with participation of stakeholders	UNHCR	UNHCR/NP/IRC
Activity 2.3	Community outreach trainings conducted	UNHCR	IRC
Output 3	Protective presence provided for 15000 people in insecure areas, including vulnerable IDPs at higher risk of violence in Juba and Bor PoC sites		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	# of persons (disaggregated by sex and age) provided protective accompaniment	10,000 females, 5,000 males	24,000 females 6,000 males
Indicator 3.2	# of risk assessments conducted to determine safe/unsafe areas, where civilians are vulnerable	20	24
Indicator 3.3	% of people reporting increased sense or personal	40%	33%

	security as a result of protective presence/accompaniment		
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Direct protection for civilians vulnerable to direct violence- including protective presence, accompaniment and patrolling in insecure areas to deter direct attacks on civilians. There will be a particular focus on women who are accessing aid or other resources to address the basic needs.	Nonviolent Peaceforce	Nonviolent Peaceforce
Activity 3.2	Risk assessments conducted	Nonviolent Peaceforce	Nonviolent Peaceforce
Activity 3.3	Identification of flashpoints for violence, provide strategic proactive presence and engagement with would be aggressors, raising concerns for security of civilians	Nonviolent Peaceforce	Nonviolent Peaceforce

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

Indicator 1.1 - To ensure confidential and accessible case management services, as well as having a smooth medical referral link, counselling rooms were established within UN House PoC site health clinics in areas dedicated to reproductive health.

Levels of reporting of Gender Based Violence (GBV) remain low but are increasing. From January to March 2015, there was a 54 per cent increase in reporting on GBV cases and from April to June, there was a 67 per cent increase in cases reported. Case management forms were regularly audited and updated to follow up on reported cases and are reviewed on a monthly basis by the Women's Protection and Empowerment manager. The reported increase in 2015 is given as 62 per cent, an average of the two quarterly reports increases given above.

Two GBV referral pathway trainings were delivered to GBV stakeholders in March and June 2015 (41 participants in total) while trainings for community leaders and community watch group members in were conducted in April, May and June 2015, including a GBV referral pathway component (70 participants in total). A GBV referral pathway document of service providers within UN house has also been developed.

Indicator 1.2 - While gathering specific data on perceptions of quality for sensitive services such as GBV are notoriously difficult, the increasing trend in reporting suggests that, through word of mouth, beneficiaries had developed confidence, expressed their satisfaction with the service and encouraged others to also use the service. The referral pathway information given above has also helped to signpost community members to the services, and training for GBV stakeholders helped to ameliorate the process of referral to ensure a higher quality of service.

Indicator 1.3 - The target for this indicator was developed before the increase in the population in the Juba PoC site, and when the situation in Awerial was less fluid, which, in addition to the deterioration of the situation in the country and within overcrowded PoC sites, meant that the need for psycho-social support (PSS) was higher. The increased numbers also point to the increased PSS capacity provided by this project, coupled with the increase in people coming forward as confidence in the system improved.

Indicator 2.1 - In Bor, 6 interventions were undertaken through training community watch groups, dialogues, providing safe space and promoting / supporting community policing initiatives. Work continues to facilitate peaceful coexistence through dialogue, involving the existing leadership and relying on traditional structures to mitigate conflict between host and IDP communities as well as individuals. Coaching for existing community protection mechanisms, such as PoC Community Watch Groups, to effectively and non-violently respond to conflict, was also provided on an ongoing basis. To complement specific work with community watch group training, actors have played a mitigation role and facilitated dialogue in urgent conflict situations to prevent revenge attacks. Effective and timely rumour control has been used to prevent unnecessary displacement and to reduce communal tensions, and they have also provided accompaniment and safe spaces for parties in conflict to engage in dialogue.

Indicator 2.2 - In Awerial, targeted trainings were provided to 148 (93 community leaders, 55 humanitarian partners) community leaders and partners to enhance their involvement in GBV response and mitigate risks across humanitarian assistance. The number reached was lower than anticipated as many members of the Community Protection Committees (CPCs), a key component of the community

empowerment initiative, also left Mingkaman thus dramatically reducing the number of active participants in CPC meetings.

Indicator 2.3 - In Awerial, 8,594 community members (3,002 women, 2,254 girls, 1,835 men, and 1,503 boys) were reached with information on available services through community discussion, house-to-house visits and 8 awareness campaigns. In addition, a total of 20 focus group discussions were conducted with the various CPCs, 10 special assessment and verification missions to investigate specific cases of vulnerability were conducted, and Community Information Centers (CIC) across the different sites were operational for a total of 60 days.

Indicator 3.1 - Programming focused on direct protection through proactive presence in vulnerable locations such as PoC site gates, food distribution points, water points and other areas of insecurity identified by community members. The team also worked closely with communities to respond to immediate protection concerns, reduce tensions through rumour control activities and build local capacities for nonviolent conflict mitigation and resolution. The number of people provided with, and benefitting from, protective accompaniment within Bor town and PoC site, and Juba PoC sites totalled approximately 30,000. The number was difficult to approximate as activities accompanying those into Bor town also expanded to cover returnees to Bor town, for which exact numbers are not know. Thus the number provided covers total numbers in Bor and Juba PoC sites, but is likely higher as the protective presence at PoC site gates and food distribution points helped the overall population, rather than just the specific accompaniments for example with groups of women to collect firewood.

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

Design, monitoring and evaluation – Juba: UNHCR maintains regular monitoring in the UN House, undertaking individual counselling while closely working with Protection partners including IRC. The findings, including those from participatory assessments, all feed into the design of programmes.

Lakes/Bor: The IRC held service satisfaction focus group discussions in all of the safe spaces, which helped to inform program design and implementation.

Participation – Juba: In general, coordination with other IDP stakeholders and partners is done both formally through coordination meetings and informally by means of day-to-day collaboration on activities or ad hoc meetings.

Lakes/Bor: UNHCR and IRC worked closely with the host and IDP communities in Mingkaman to ensure that community and especially women and girls concerns were raised and solutions were community driven. As the IRC facilitated the women's committee meeting each week, any concerns were raised and advocated for in a timely manner with relevant partners. A representative attended the protection and GBV sub-cluster and community meeting every week.

Transparency – Juba: UNHCR and partners ensured communication with the IDP community was ensured through weekly and monthly meetings with the IDP leadership as well as through the informal network of IDP focal points.

Other - Beyond the scope of this CERF funding, IRC and UNHCR have been involved in a number of other AAP initiatives in Awerial, contributing to protection mainstreaming and advocacy for greater accountability through regular interface with the beneficiary community.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT ☐

As the activities within this project form part of a larger protection response to IDPs in South Sudan, no evaluation was undertaken.

EVALUATION PENDING ☐

As well as reviewing partner implementation, UNHCR itself conducts mid and end of year reviews of key progress against output indicators compared to a baseline data set.

NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS							
CERF project information							
1. Agency:		IOM		5. CERF grant period:		30.11.14 – 29.05.15	
2. CERF project code:		14-RR-IOM-048		6. Status of CERF grant:		<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded	
3. Cluster/Sector:		Camp Coordination and Camp Management					
4. Project title:		Improving conditions in Bentiu PoC through site development and expansion and upgrading of humanitarian hubs					
7.Funding	a. Total project budget:		\$16,126,393		d. CERF funds forwarded to implementing partners:		
	b. Total funding received for the project:		\$17,245,744 ⁹		▪ NGO partners and Red Cross/Crescent: \$ 837,000		
	c. Amount received from CERF:		\$ 6,300,000		▪ Government Partners: US\$ 0		
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)		15,736	17,291	33,027	23,831	23,804	47,635
Adults (≥ 18)		10,857	5,728	16,585	19,221	9,561	28,782
Total		26,593	23,019	49,612	43,052	33,365	76,417
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees							
IDPs		49,612			76,417		
Host population							
Other affected people							
Total (same as in 8a)		49,612			76,417		
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:		The population in Bentiu increased significantly during the reporting period to 76,417 (according to the IOM biometric registration system) due to increased insecurity, and lack of water, food and shelter in Unity State. This exceeded the initial planning figure of 50,000 set in 2014. Resources were stretched across all humanitarian agencies.					

⁹ The project appears over funded as a result of the overwhelming needs that stemmed from the conflict in early 2014. The subsequent needs were under estimated and therefore not planned for.

CERF Result Framework			
9. Project objective	Improving conditions in Bentiu PoC site through site management site development and the expansion and upgrading of humanitarian hubs.		
10. Outcome statement	Implementing the efficient and immediate delivery camp coordination and camp management activities in Bentiu PoC site		
11. Outputs			
Output 1	IDPs living in Bentiu PoC site have improved access to health, WASH, educational services and additional space due to camp management and site expansion activities, reducing the risk of severe health and sanitation problems, as well as violence and unrest. IOM will start moving the population as soon as the first block is finished within two months of starting the project.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Deployment of site planners to complete site layouts/configurations.	At least 2	2
Indicator 1.2	Expanding areas available for plot allocations to improve common service provision (drainage/road way)	Up to 600,000 sqm improved area	600,000 sqm
Indicator 1.3	Number of people living within improved areas of the PoC site.	100% of the 49,612 population	0
Indicator 1.4	No of Community Mobilization Meetings	48	48
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Site planning of key drainage and demarcations (identified by square meters).	IOM	IOM
Activity 1.2	Integration of key site expansion facilities (drainage, pumping system)	IOM	IOM
Activity 1.3	Site establishment and relocation of IDPs to new areas.	IOM	IOM/DRC
Activity 1.4	Engaging the PoC site inhabitants with community mobilisation activities related to all aspects of PoC site life especially relate to relocation, shelter, health, WASH, protection and gender)	DRC	DRC
Output 2	Emergency life-saving interventions of the wider humanitarian community are supported, through the expansion of humanitarian hubs in Bentiu.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Expansion of humanitarian hub living quarters	20 additional living quarters	20 units added to the Hub
Indicator 2.2	Number of humanitarian workers accommodated in accommodation units	250	294
Indicator 2.3	Number of bunkers	Space for 250 individuals (men and women)	2 bunkers with capacity for 150
Indicator 2.4	Expansion of humanitarian office/working area	10 working units	10
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)

Activity 2.1	Repositioning working areas in line with logistics working areas.	IOM	IOM (not done)
Activity 2.2	Expanding humanitarian hub prefab/tented accommodation to facilitate increased numbers of humanitarian workers.	IOM	IOM
Activity 2.3	Building Bunkers for security	IOM	IOM
Activity 2.4	Repositioning accommodation units into one space for security	IOM	IOM (not done)

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

Output 1 - Since February 2015, sporadic insecurity incidents outside and inside the Bentiu PoC site affected the progress of certain works. Intermittent provision of Force Protection from UNMISS delayed regular extension activities to be undertaken outside the PoC sites' established perimeter (excavation and soil extraction in external quarries). The huge influx of people delayed relocation, although the site development was created for 50,000 individuals, there were over 76,000 people living inside the PoC site. As of end of May, 5,450 out of 8,000 shelter skeletons had been constructed ready for relocation. The delay in relocation of IDPs from the old PoC site to the newly developed areas in turn created delays in the development and improvement of areas of the existing PoC site, such as Sectors 1 and 2.

Indicator 1.3 – On 21 May, camp management co-ordinated 160 humanitarian workers in an exercise to verify population figures, recording biometric details and assigning addresses within new areas. Verification was an important first step in the relocation process and helped delineate plot allocation and movement plans. The changing context of Bentiu necessitated a flexible strategy and the phased relocation process allowed designed site works to continue. Post-verification, and with the rising population, the relocation activity was put on hold while discussions regarding household sizes were held throughout May. Relocation could only begin once milestones such as the deployment of security forces in the extension were reached. By end of May, IOM had constructed eight Observation Posts along the perimeter of the extension and 120 peacekeepers were expected.

Indicator 1.4 - In regards to community mobilisation through implementing partner DRC, DRC managed to increase the involvement of community sub-committee structures within the PoC site through empowerment and regular facilitation. The increase in female representatives has remained a challenge. Due to the community election process, any attempt by humanitarians to influence or change the county-based system has been met with suspicion. Instead of trying to challenge the existing set up, DRC has identified women's groups within the PoC site and works closely with them regarding their involvement with programmatic interventions, especially in regards to the site relocation. Overall, extension messaging and mobilization has occurred within the community regarding the relocation, and DRC have successfully overcome the challenges faced in gaining community support for the site expansion. Assessment of community perceptions were conducted and disseminated amongst all key actors.

Indicator 2.2 - Between Jan-March 2015 the humanitarian hub accommodated 294 individuals from 20 Agencies.

Activity 2.1 and 2.4 - Repositioning working areas in line with logistics working areas and repositioning accommodation units into one space for security was not completed during the project. This was as a result of late approval from Government of South Sudan (GoSS) for usage of land delayed project start-up to mid-February 2015. Land surveys, site-plan and Bill of Quantities could only be finalized in February following the land approval/Memorandum of Approval between UNMISS and GoSS. A mobilisation plan for heavy machinery was developed, but lack of adequate infrastructure in Bentiu slowed efforts significantly as machinery had to be transported by road. Procurement and transport of supplies affected the building of bunkers in Bentiu.

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

Leadership/governance - All hubs are managed by a fulltime Hub Manager from IOM who oversees daily hub operations and coordinates widely with partners, Agencies and UNMISS. Weekly ICWG meetings discuss the Hubs as a standing agenda item where issues are able to be raised and addressed. This ensures accountability to Humanitarians and Agencies living and working in the Hub.

Design, monitoring and evaluation - In terms of site planning, a survey was conducted on what the IDP population perceived as most relevant and meaningful. According to the results of survey space was allocated for places of community worship, recreational facilities and vocational skills training centers. The PoC site expansion team and camp management met regularly with beneficiaries through Community Leadership structures to discuss the PoC site expansion project, and plan together on relevant activities. This included for

such things as removal of community gardens that were planted in areas to be developed, awareness of children coming to heavy machinery, and relocation plans.

Transparency/feedback and complaints - Channels of communication and complaints mechanisms regarding aspects of the PoC site were established by camp management using existing tools and mechanisms, such as information centers, referral of complaints and camp coordination mechanisms (regular weekly or ad-hoc meetings with camp leadership, groups of women and youth). Camp management staff worked on improving accountability towards the affected IDP community by establishing formal complaints mechanisms inside the PoC site's Community Service Offices. In these offices, IDPs are able to seek information, raise concerns and file complaints. Communication Centres improved accountability towards the IDP community through providing a channel to voice concerns, file complaints and seek redress. Over the reporting period, 465 complaints were received, with 92 per cent of them resolved by camp management or through referral to other partners. The major complaints received in the centre were pertaining to lack of NFI/Shelter materials, issues with food distribution and issues with lost biometric cards. Camp management registers the complaints and provides referral to the relevant partners.

Participation - Beneficiaries were not involved at the technical level of the project design for activities such as construction of the holistic drainage system as the process required technical expertise. Likewise, implementation of the large scale earthworks (drainage excavation, backfilling, road and berms construction) has been carried out by technical operators with experience in utilizing heavy machineries. Beneficiaries have been involved at later stages of the physical works, mainly as skilled or unskilled labourers. This includes activities such as digging tertiary drainages, shelter construction and latrines.

Camp management supported democratically formed community committees and their involvement in the decision making processes.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
IOM is undertaking an overarching review of the Camp Coordination and Camp Management Cluster response in South Sudan, including the response in the Bentiu PoC site. The report is due for release in January 2016.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information							
1. Agency:		IOM		5. CERF grant period:		09.12.14 – 08.06.15	
2. CERF project code:		14-RR-IOM-050		6. Status of CERF grant: <input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded			
3. Cluster/Sector:		Non-Food Items					
4. Project title:		Provision of Emergency NFIs and Shelter to IDPs, returnees, and host communities in South Sudan					
7. Funding	a. Total project budget:		\$ 1,000,002	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:		\$ 1,000,002	▪ NGO partners and Red Cross/Crescent: \$ 823,135			
	c. Amount received from CERF:		\$ 1,000,002	▪ Government Partners: \$ 0			
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)		2,713	2,312	5,025	2,713	2,312	5,025
Adults (≥ 18)		1,336	1,139	2,475	1,336	1,139	2,475
Total		4,049	3,451	7,500	4,049	3,451	7,500
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees							
IDPs		7,500			7,500		
Host population							
Other affected people							
Total (same as in 8a)		7,500			7,500		
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:		This project allocated to Concern for the procurement, delivery, and construction of shelter materials reached the targets. The number of beneficiaries was estimated through the procurement and distribution of materials for households. Materials for 1,500 households were delivered sustaining the target figure of 7,500 individuals (1,500 household with 5 family members on average).					
CERF Result Framework							
9. Project objective		To provide emergency shelter materials for the benefit of 1,500 households in the UNMISS Bentiu PoC site.					

	(Note the total number of households proposed by this project was derived based on the total budget allocated to the Shelter NFI cluster by the humanitarian community. The cluster will mobilize additional funds to cover additional gaps in Shelter and NFI needs in the PoC site. This project will prioritize the most vulnerable households identified by humanitarian partners in collaboration with the IDP community).		
10. Outcome statement	Living conditions of the most vulnerable IDPs in Bentiu PoC site are improved through the provision of emergency shelter materials.		
11. Outputs			
Output 1	1,500 households provided with emergency shelter materials to repair damaged shelters or build new shelters, as needed.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Households in need supported with emergency shelter	1,500 households	1,500 households
Indicator 1.2	Number of deployments of Shelter cluster rapid response officer to support shelter response in the PoC site	2 deployments	2 deployments (1 in Feb 2015, second in June 2015)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Provision IP grant	IOM	Concern
Activity 1.2	Procurement and transport of shelter materials (outside pipeline)	Concern	Concern
Activity 1.3	Consultations with IDPs and site assessments to identify most vulnerable households to prioritize for service provision	Concern and IOM	Concern
Activity 1.4	Distribution of shelter materials	Concern and IOM	Concern/IOM
Activity 1.5	Provision of support to IDPs in carrying out shelter improvements/construction	Concern	Concern
Activity 1.6	Post-distribution monitoring	Concern and IOM	IOM
12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:			
<p><i>Indicator 1.1</i> - The project ensured that significant progress was made towards the objective of providing 7,500 conflict-affected individuals with robust shelter solutions in the Bentiu PoC sites. The Rapid Emergency Shelters (RES) have an estimated life-span of around one year, providing displaced conflict-affected households with a shelter solution that is significantly more sustainable than standard emergency shelters. Moreover, given that the RES was designed to address the site-specific risks of the Bentiu PoC sites, they will greatly enhance the ability of beneficiary households to cope in highly challenging circumstances. On top of this, 619 shelters for vulnerable shelters were constructed for vulnerable households that were physically unable to do so for themselves, such as physically disabled persons, the elderly, female headed households where additional support in labour was necessary, and so on. These households were identified through coordination with Protection Partners working in the PoC sites, and additional labourers were tasked with shelter construction from start to finish.</p> <p><i>Activity 1.2</i> - Materials for 1,500 emergency shelter kits were provided to 1,500 households. Included were 619 shelter kits that were constructed by work teams for vulnerable households. The key activities that were implemented were:</p> <ul style="list-style-type: none">• Recruitment of key staff (Shelter Programme Manager; Shelter Advisor)• Procurement of non-pipeline shelter materials and commencement of delivery• Reception and management of pipeline materials• Workshop set-up• Recruitment of local contractors• Shelter kit production			

- Shelter skeleton construction
- Distribution of shelter materials
- Relocation of beneficiaries
- Post-distribution monitoring mission with support from Shelter/NFI Cluster monitoring team.

Activities were delayed by approximately 8 weeks compared to the proposed work plan. It was anticipated from the outset, however, that, given the quantities of materials and the large number of actors involved in the site redevelopment project, delays were likely. In terms of procurement of supplies, the issue was external in nature, and related largely to challenges in identifying suppliers capable of supplying materials in the correct specification on a timely basis, as well as logistical challenges in transporting large quantities of materials from Juba to Bentiu. Deliveries commenced in February, and the availability of supplies and equipment was thereafter not a major constraint on activities.

Activity 1.3 - Reluctance among some community members to share shelters (ensuring a minimum of 5 per shelter) was also a challenge. Given the size of the population, however, and the limited space, there was ultimately little flexibility in this regard. The ongoing negotiations with the community caused delays in the site development and relocation process.

Activity 1.6 - Initial results of the post-distribution monitoring exercise indicated that beneficiaries felt the project sufficiently met their shelter needs; respondents and participants in focus group discussions attributed this success, including the appropriateness of the design and effectiveness of the overall response plan, to the participation of the community themselves as well as their leaders in the design of the shelters and the roll out of the construction. While some concerns were raised about the size of shelters being inadequate particularly for larger families, space limitations in the site were understood and the beneficiaries appreciated the support provided.

The project demonstrated the value of early collaboration and planning, particularly in such a complex and challenging environment. While shelter activities in 2014 were constrained significantly as a result of a lack of dry space and logistical challenges, the convening of stakeholders and the establishment of a technical working group to plan the redevelopment project in September 2014, as well as the relatively timely procurement of materials during the dry season logistical window, ultimately ensured the success of the project.

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

In 2015, IOM maintained its commitment to engaging with affected communities at all phases of the program cycle: assessment, registration, verification, distribution and post-distribution monitoring exercises. IOM will continue to engage communities in determining appropriate and needs-based responses. All interventions are made on the basis of assessed need, be it through an IRNA or cluster-specific assessment, in direct consultation with affected populations.

Leadership/governance - To ensure that cluster partners are engaging with affected communities in a manner that is responsible and accountable, taking into special consideration the needs of the most vulnerable, the IOM mobile team provides support to cluster partners on the application of response approaches and methodologies, as well as assistance on the use of various tools. In this way, the IOM mobile team helps to build the capacity of cluster partners to more responsibly engage with affected communities.

Design, monitoring and evaluation - Through the extensive use of household interviews and focus group discussions, IOM was able to develop an in-depth understanding of the priorities of affected communities and give due consideration to their needs.

Concern continues to engage with the beneficiaries at the household level even after the final handover of the shelter takes place through community shelter monitors who can assist in repairs in a technical capacity as well as identify special needs if and when they arise.

Participation - The most vulnerable communities were provided with specifically developed shelter to suit their particular needs. In the initial phases of the project, Concern engaged over several months with the targeted community on their shelter needs in the PoC site specifically, and the final robust shelter design emerged from consultations with the community and based on their recommendations for appropriate shelter types and materials in South Sudan. To this end, timber was added to the standard cluster shelter kit (which typically relies on wooden poles instead of timber), making the shelters stronger and able to withstand the elements for longer periods of time. Grass was also added to the shelter design, as it prolongs the life of the plastic sheets by protecting them from sun, wind and rain damage, makes the interior of the shelter cooler throughout the day, and adds an extra layer of protection against leaking during the rainy season. Concern combined this grass provision with a livelihoods initiative, where women from the community were paid to collect and prepare the grass before provision to shelter target households.

Other core humanitarian standards around quality and accountability were also addressed, although not described there.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>	
No evaluation was planned for this project; however post-distribution monitoring was undertaken.	EVALUATION PENDING <input type="checkbox"/>	
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>	

TABLE 8: PROJECT RESULTS

CERF project information							
1. Agency:	IOM		5. CERF grant period:	26.12.14 – 25.06.15			
2. CERF project code:	14-RR-IOM-051		6. Status of CERF grant:	<input type="checkbox"/> Ongoing			
3. Cluster/Sector:	Water, Sanitation and Hygiene			<input checked="" type="checkbox"/> Concluded			
4. Project title:	Provision of emergency WASH assistance for vulnerable populations in South Sudan						
7. Funding	a. Total project budget:	US\$ 11,370,962	d. CERF funds forwarded to implementing partners:				
	b. Total funding received for the project:	US\$ 9,970,962	■ <i>NGO partners and Red Cross/Crescent:</i> US\$ 0				
	c. Amount received from CERF:	US\$ 1,400,000	■ <i>Government Partners:</i> US\$ 0				
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)		15,736	17,291	33,027	25,959	24,941	50,900
Adults (≥ 18)		10,857	5,728	16,585	17,541	9,867	27,408
Total		26,593	23,019	49,612	43,500	34,808	78,308
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees							
IDPs		49,612			78,308		
Host population							
Other affected people							
Total (same as in 8a)		49,612			78,308		
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:		Based on the weekly IOM report from 20 June 2015, 25,103 individuals had access to water as per agreed standards. This indicator is a joint indicator between IOM and UNICEF. IOM reached 50.06 per cent of the target. UNICEF, the other implementing agency, will cover the remainder from their portions of sectoral response within Bentiu PoC site. Overall IOM and UNICEF reached all individuals in Bentiu PoC site as a result of the sanitation projects that were implemented using the CERF funding (solid waste management, and liquid waste management).					

CERF Result Framework			
9. Project objective	To improve WASH standards in the PoC site focusing in improving water and sanitation conditions in the site for the benefit of the 49,612 IDPs seeking protection in the PoC sites in the UNMISS base in Bentiu.		
10. Outcome statement	IDPs in UNMISS Bentiu PoC sites have improved access to safe water and sanitation, reducing their risks to waterborne diseases and malnutrition.		
11. Outputs			
Output 1	Improved access to safe water through the increased number of water systems available in the Bentiu PoC site for the benefit of the entire IDP population of the PoC site (49,612 individuals)		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of individuals provided with access to safe water as per agreed standards (note this indicator measures the combined achievements of IOM and UNICEF)	49,612 individuals	25,103 (IOM proportion)
Indicator 1.2	Number of litres per day available per person	15 litres per day per person	13.3 litres per day per person
Indicator 1.3	Number of additional water systems in the PoC site	3 water systems	3 water systems
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Installation of 3 T-tanks, 3 elevated towers, 2.5 km distribution system, and water points (community members consulted and engaged in the process)	IOM	IOM
Activity 1.2	Operation and care and maintenance of water systems (community members consulted and engaged in the process)	IOM	IOM
Activity 1.3	Monitoring of water systems by IDP representatives	IOM	IOM
Output 2	Improved Sanitation conditions in the PoC sites for the benefit of 20,000 IDPs		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of new public pit latrines constructed and regularly maintained	1,000	992
Indicator 2.2	Ratio of persons per latrine in the PoC site	20:1	25:1
Indicator 2.3	Percentage of latrines desludged	50% of latrines in the PoC sites desludged within the project timeframe.	66.7% of latrines in PoC sites desludged within the project time frame
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Construction of latrines (community members consulted and engaged in the process)	IOM	IOM
Activity 2.2	Care and maintenance of latrines (community members consulted and engaged in the process)	IOM	IOM
Activity 2.3	Disposal of sludge in waste stabilization ponds. (community members consulted and engaged in	IOM	IOM

	the process)		
12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:			
<p><i>Indicator 1.1</i> - Based on the weekly IOM report from 20 June 2015, 25,103 individuals had access to water as per agreed standards. This indicator is a joint indicator between IOM and UNICEF. IOM reached 50.06 per cent of the target (as planned).</p> <p><i>Indicator 1.2</i> – An average of 13.3 litres of water was provided per person per day, below the target of 15 litres. This target was not reached due to increasing populations entering the PoC site over the duration of the project. There was also an issue with the poor quality water (turbidity) from 3 existing boreholes.</p> <p><i>Indicator 2.1</i> – In addition to the 992 public pit latrines constructed. An additional eight latrines were constructed in the new market development however, delays in market development construction meant these were completed outside of the project implementation period.</p> <p><i>Indicator 2.2</i> – A ratio of 25:1 people per latrine was achieved, slightly below target as a result of the increase in number of IDPs entering the PoC site during project implementation.</p> <p><i>Indicator 2.3</i> – Of the 1,058 latrines on site, 1,585 latrines (67%) were de-sludged.</p> <p>Overall, IOM managed to implement liquid waste management processes for the entire population of the Bentiu PoC site (78,308 individuals).</p>			
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:			
<p>Accountability to Affected Populations (AAP) has been ensured during project design, implementation and monitoring. The WASH cluster implements projects that have been reviewed planned in line with the needs of beneficiaries. During IOMs implementation of this project the following activities were implemented with AAP in mind:</p> <p><i>Design, monitoring and implementation</i> - Latrine construction following the agreed WASH Cluster design which is in line with community needs assessments.</p> <p><i>Participation</i> - Latrines caretakers were chosen from the community to provide short term income opportunities. Latrine maintenance that completed under the supervision of hygiene promoters and WASH Officers. This supervision built the capacity of latrine caretakers. The target beneficiaries in Bentiu were actively encouraged to maintain water and sanitation facilities through sensitisation. The sense of ownership led to communities reporting damage or issues with latrines so that they would be fixed.</p> <p>Liquid waste was disposed at the waste disposal located outside the PoC site. This area was selected after coordination with the WASH Cluster and community members. This was to ensure that waste did not have a negative effect on communities, and that personal, and community areas were clean and did not contribute to poor health outcomes.</p>			
14. Evaluation: Has this project been evaluated or is an evaluation pending?		EVALUATION CARRIED OUT <input type="checkbox"/>	
No specific evaluation has been planned for this project; however IOM undertakes regular progress monitoring to ensure that targets are on track.		EVALUATION PENDING <input type="checkbox"/>	
		NO EVALUATION PLANNED <input checked="" type="checkbox"/>	

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNDP WFP		5. CERF grant period:	01.12.14 – 31.05.15 (UNDP) 02.01.15 – 01.07.15 (WFP)		
2. CERF project code:	14-RR-UDP-019 14-RR-WFP-087		6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded		
3. Cluster/Sector:	Safety and Security of Staff and Operations (UNDP) Common Safety and Security (WFP)					
4. Project title:	Security Support to UN and Implementing Partners Operating in South Sudan					
7. Funding	a. Total project budget:	US\$ 44,542,653	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 55,616,862	■ NGO partners and Red Cross/Crescent: US\$ 0			
	c. Amount received from CERF:	US\$ 2,007,765	■ Government Partners: US\$ 0			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries		Planned			Reached	
		Female	Male	Total	Female	Male
Children (< 18)						
Adults (≥ 18)						
Total		5,800	6,200	12,000	N/A	N/A
8b. Beneficiary Profile						
Category		Number of people (Planned)		Number of people (Reached)		
Refugees						
IDPs						
Host population						
Other affected people		12,000		N/A		
Total (same as in 8a)		12,000		N/A		
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:		The project supported an estimated 6,076 humanitarian workers. These are not counted as direct beneficiaries.				

CERF Result Framework			
9. Project objective	To provide dedicated security support for humanitarian operations in South Sudan for six (06) months beginning 1 December 2014		
10. Outcome statement	Provide security support to humanitarian organisations to enable the effective and safe delivery of life-saving humanitarian assistance		
11. Outputs			
Output 1	Security support to 250 humanitarian organisations operating in South Sudan		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of security assessment missions carried out in area of operations	100 SRAs to be conducted in 6 months ((supported by 90 missions with the security aircrafts – see below for details))	103
Indicator 1.2	Number of DSS security briefings: a) routine SMTs (24), b) Security Cell Meetings (24), c) Diplomatic Security Briefings (12) d) HCT & ICWG briefings (48)	108 overall number of SMTs, HCTs, ICWGs, SC, DS briefings	105
Indicator 1.3	UNDSS provides SSAFE security training to UN and INGO personnel	700 UN and INGO personnel receive SSAFE training	336 Staff attended the SSAFE training during the project period
Indicator 1.4	Number of regular analytical reports on security situation submitted providing comprehensive security analysis to understand the South Sudan context	24 analytical reports and security advisories as and when required	46 analytical reports were generated during the project period
Indicator 1.5	UNDSS responds to security incidents and supports relocations and medical evacuations of humanitarian personnel	Effective 24/7 security support by UNDSS (air movement depending on flight limitations/restrictions)	9 medical evacuations were facilitated during the project period.
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Conduct Security Risk Assessments with a view to increase access for the Humanitarian community to deep field locations, as well as to liaise on behalf of the CSA with OCHA and INGOs and act as a bridge between UN system security staff deployed in the field.	UNDSS FSCOs	UNDSS FSCOs
Activity 1.2	Security briefing, training and provision of support to the humanitarian community so that they can operate safely and securely in this fast-changing security environment.	UNDSS FSCOs	UNDSS FSCOs
Activity 1.3	Procurement of 4 prefabricated containers for the SSAFE training team	UNDSS, UNDP	UNDSS/UNDP
Activity 1.4	Collect, collate and analyse a vast database of security incidents in South Sudan and support the perpetration of quality security briefings for the	UNDSS CSA/DCSAs, FSCO team for humanitarian support	UNDSS CSA/DCSA(ops) & SIOC

	humanitarian community, including UN AFPs, security professionals in the UN system and INGOs, as well as security focal points for the diplomatic community.	and SIOC.	
Output 2	Security operations supported by the UNHAS security aircraft		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Missions/flights to conduct security risk assessments	15 missions per month / 90 missions in 6 months (average flight time per mission is 6 hours = 540 hours)	Average 26 missions per month / 291 missions in 11 months (flight time = 401.44 hours)
Indicator 2.2	Missions/flights to assess airstrips	Total of 60 airstrips assessed (Repeated assessments per airstrip depending on damages caused by rains/weather)	103 airstrips were assessed during the project period
Indicator 2.3	Use of the security aircraft to respond to security incidents and to conduct relocations and medical evacuations of humanitarian personnel	Effective 24/7 security support by UNDSS (air movement depending on flight limitations/restrictions)	9 medical evacuations were conducted during the project period.
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Conduct Security Assessment Missions	UNDSS FSCOs	UNDSS FSCOs
Activity 2.2	Airstrips assessments, reporting and making recommendations on conditions of airstrips.	UNDSS FSCOs	UNDSS FSCOs
Activity 2.3	Procurement of the aircraft medical bed to facilitate medical or casualty evacuations	UNDSS	UNDSS/UNDP
Activity 2.4	Procurement of Bose headphones for the pilot and DSS FSCO use.	UNDSS	UNDSS/UNDP
12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:			
<p><i>Indicator 1.1</i> - The deployment of the surge security officers to Juba, South Sudan did not happen timely as planned as a result of delay in the funds transfers to the UNDP CO account. Despite this, targets were met.</p> <p><i>Indicator 1.3</i> - The intermittent fighting between pro-government and opposition forces in some parts of Upper Nile, Unity and Jonglei states, and also unfavorable weather conditions interrupted the security trainings.</p> <p><i>Indicator 1.4</i> – As SRAs were completed, further opportunity to undertake analysis and report on results were presented.</p> <p><i>Indicator 2.2</i> – Airstrip assessments were undertaken based on needs and requests – more were undertaken than planned.</p>			
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:			
Not applicable			

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
No evaluation is pending.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information							
1. Agency:		WFP		5. CERF grant period:		02.01.15 – 01.07.15	
2. CERF project code:		14-RR-WFP-088		6. Status of CERF grant:		<input type="checkbox"/> Ongoing	
3. Cluster/Sector:		Food Aid				<input checked="" type="checkbox"/> Concluded	
4. Project title:		Life-saving food assistance in response to the food security and nutrition crisis in Bentiu Protection of Civilian sites					
7. Funding	a. Total project budget:		US\$ 1,058,701,498		d. CERF funds forwarded to implementing partners:		
	b. Total funding received for the project:		US\$ 639,458,418		<div> <div>▪ NGO partners and Red Cross/Crescent:</div> <div>US\$ 123,000</div> </div>		
	c. Amount received from CERF:		US\$ 2,000,018		<div> <div>▪ Government Partners:</div> <div>US\$ 0</div> </div>		
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)		4,727	5,053	9,780	7,858	6,969	14,827
Adults (≥ 18)		3,260	3,260	6,520	2,002	1,705	3,707
Total		7,987	8,313	16,300	9,860	8,674	18,533
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees							
IDPs		16,300			18,533		
Host population							
Other affected people							
Total (same as in 8a)		16,300			18,533		
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:		About 2,000 more people were reached than originally planned, owing to increased amounts of food purchased with the grant (68 mt more cereals, 9 mt more pulses and 4mt more vegetable oil).					

CERF Result Framework			
9. Project objective	To save lives by improving the food consumption of conflict-affected persons sheltering in the Bentiu Protection of Civilian sites.		
10. Outcome statement	The target population achieves Acceptable Food Consumption Score (FCS) of more than 21		
11. Outputs			
Output 1	WFP: Provision of lifesaving food assistance in Bentiu PoC sites.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	(Frontline services) Number of people provided with food assistance	16,300 (4,727 women, 5,053 men, 3,260 girls, and 3,260 boys) unique beneficiaries each month over the three-month implementation period	18,533
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Food procurement (internationally) and transportation (internationally and in-country) from WFP Forward purchasing facilities in the region.	WFP	WFP
Activity 1.2	Food delivery to partner projects/release from WFP warehouses	WFP	WFP
Activity 1.3	GFD distribution	Partners	Partners
Activity 1.4	Monitoring and reporting	WFP and Partners	WFP and Partners
Activity 1.5	Technical Support supervision visit & report compilation	WFP	WFP
12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:			
<p>Indicator 1.1 - WFP used this CERF grant for life-saving food assistance through general food distribution (GFD) in Bentiu PoC sites. GFD beneficiaries were assisted with a standard SPHERE ration of cereals (15kg of sorghum), pulses (1.5kg beans), vegetable oil (0.75L) and salt (5g) per person per month. This ration provided 2,100Kcal per person per day, which is the minimum energy requirements needed to ensure beneficiaries can maintain normal livelihood activities.</p> <p>Protection and Gender Focal Points were trained to integrate WFP's gender and protection policy into its programs. Capacity building of WFP and its cooperating partners will continue in the areas of protection and gender to ensure conflict sensitive programming.</p>			
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:			
<p>Leadership/governance - Guidelines developed for nutrition and GFD that include technical and practical guidance in how to incorporate AAP in design and implementation; Roll-out of training to capacitate WFP staff and partners on AAP;</p> <p>Feedback and complaints - Minimum standards for Complaint and Feedback Mechanism developed and shared with partners.</p> <p>Design, monitoring and implementation - Tool developed to assess AAP that feeds into project planning and implementation of food assistance programmes (who to consult, who is not visible/preferred, safe and accessible communication channels, etc.)</p>			

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>	
No evaluation of this project was undertaken, however WFP conducted post-distribution monitoring in the Bentiu PoC site in September.	EVALUATION PENDING <input type="checkbox"/>	
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>	

TABLE 8: PROJECT RESULTS

CERF project information							
1. Agency:		WFP		5. CERF grant period:		30.12.14 – 29.06.15	
2. CERF project code:		14-RR-WFP-089		6. Status of CERF grant: <input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded			
3. Cluster/Sector:		Nutrition					
4. Project title:		Food assistance for Treatment and Prevention of Malnutrition in children under five years of age & pregnant and lactating women					
7. Funding	a. Total project budget:		US\$ 1,058,701,498		d. CERF funds forwarded to implementing partners:		
	b. Total funding received for the project:		US\$ 639,458,418		■ <i>NGO partners and Red Cross/Crescent:</i> US\$ 21,000 ■ <i>Government Partners:</i> US\$ 0		
	c. Amount received from CERF:		US\$ 483,662				
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)		4,993	4,428	9,421	3,244	3,244	6,488
Adults (≥ 18)		4,798	4,254	9,052	5,500	0	5,500
Total		9,791	8,682	18,473	8,744	3,244	11,988
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees							
IDPs		18,473			11,988		
Host population							
Other affected people							
Total (same as in 8a)		18,473			11,988		
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:		The difference in the planned and reached caseload can mainly be explained by the shift of the response to only BSFP rather than both BSFP and TSFP.					

CERF Result Framework			
9. Project objective	Saves lives in emergencies through the prevention and treatment of moderate acute malnutrition and preventing in vulnerable groups in particular for displaced and conflict-affected people in the Bentiu PoC sites (Unity state)		
10. Outcome statement	Global acute malnutrition (GAM) reduced below emergency level (<15%)		
11. Outputs			
Output 1	Provision of life-saving blanket supplementary feeding in Bentiu PoC sites		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Percentage of boys and girls aged 6-59 months enrolled in blanket supplementary feeding programme against target	>90%	78%
Indicator 1.2	(Nutrition) (Frontline services) # of individuals benefitting from Blanket Supplementary Feeding Programmes (BSFP)	7,570 boys, 7,879 girls	3,244 boys, 3,244 girls, 5,500 PLW
Indicator 1.3	(Core pipeline) # of MT BSFP mixed commodities procured and distributed to partners	112 mt	155 mt
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Food procurement (internationally) and transportation (internationally and in-country) from WFP Forward purchasing facilities in the region	WFP	WFP
Activity 1.2	Food transportation within SS, estimated to take two weeks	WFP	WFP
Activity 1.3	Food delivery to partner projects/release from WFP warehouses	WFP	WFP
Activity 1.4	BSFP distribution	GAA (Cooperating partner)	GAA, Concern Worldwide, CARE
Activity 1.5	BSFP distribution monitoring/reporting	WFP and GAA	WFP, GAA, Concern Worldwide, CARE
Activity 1.6	Technical Support supervision visit & report compilation	WFP	WFP
Output 2	Provision of life-saving targeted supplementary feeding in Bentiu PoC sites		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Percentage of boys and girls aged 6-59 months with MAM admitted for treatment recovered	>75%	Not implemented under this grant
Indicator 2.2	Percentage of PLW with MAM admitted for treatment recovered	>75%	Not implemented under this grant
Indicator 2.3	Number of individuals benefitting from Targeted Supplementary Feeding Programmes (TSFP)	3,024 including 753 PLWs, 1,112 boys, and 1,159 girls	Not implemented under this grant
Indicator 2.4	Number of pregnant and Lactating Women (PLWs) admitted for the treatment of MAM	753 PLWs	Not implemented under this grant

Indicator 2.5	Number of children (under-5) admitted for the treatment of Moderate Acute Malnutrition (MAM)	2,271 (1,112 boys, & 1,159 girls)	Not implemented under this grant
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Food procurement (internationally) and transportation (internationally and in-country) from WFP Forward purchasing facilities in the region	WFP	Not implemented under this grant
Activity 2.2	Food transportation within SS	WFP	Not implemented under this grant
Activity 2.3	Food delivery to partner projects/release from WFP warehouses	WFP	Not implemented under this grant
Activity 2.4	TSFP distribution	CARE and Concern Worldwide (Cooperating Partners)	Not implemented under this grant
Activity 2.5	TSFP distribution monitoring/reporting	WFP, Concern Worldwide and CARE	Not implemented under this grant
Activity 2.6	Technical Support supervision visit & report compilation	WFP	Not implemented under this grant
12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:			
<p><i>Output 1 and 2</i> - The project implementation period saw a steady increase in new arrivals to the Bentiu PoC site. The response shifted from both a preventative and curative approach to only a preventative Blanket Supplementary Feeding Programme (BSFP) in line with the project's timeframe and the immediate availability of certain commodities. This preventative response not only provided a ration for IDPs already staying in the camp but also new arrivals who received a special ration to immediately respond to nutrition gaps until the next distribution round. It is worth noting that children of newly arrived households were found to be significantly more likely to suffer from acute malnutrition than children from households who have been in the camp longer.</p> <p>Guided by the IPC (September 2015) results, a budget revision to the EMOP will be undertaken to extend its duration well as to incorporate the provision of curative nutrition assistance for the moderately acutely malnourished through the Targeted Supplementary Feeding Programme (TSFP).</p>			
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:			
<p><i>Design, monitoring and evaluation</i> - The design of the project was based on previous post-distribution monitoring, to assess issues around beneficiary access to, utilization of, and satisfaction with, the food ration. The survey included a component on gender and protection issues with respect to household demographics and beneficiaries' perception. Furthermore, with the continued flow of new arrivals, a special ration was provided to sustain them until admission into the programme.</p>			
14. Evaluation: Has this project been evaluated or is an evaluation pending?		EVALUATION CARRIED OUT <input type="checkbox"/>	
Data was collected as part of post-distribution monitoring activities.		EVALUATION PENDING <input type="checkbox"/>	
		NO EVALUATION PLANNED <input checked="" type="checkbox"/>	

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name	Sub-grant made under pre-existing partnership agreement	Partner Type	Total CERF Funds Transferred to Partner US\$	Date First Installment Transferred	Start Date of CERF Funded Activities By Partner*	Comments/Remarks
14-RR-CEF-177	Water, Sanitation and Hygiene	UNICEF	Concern World Wide	Yes	INGO	\$280,000	6-May-15	31-Mar-15	The Partner agreed to use its own resources while the partnership agreement was being processed and funds transferred which was later charged from CERF funding.
14-RR-CEF-177	Water, Sanitation and Hygiene	UNICEF	SSTDO	Yes	NNGO	\$7,839	5-May-15	1-May-15	The partner started the work immediately after the signing of the agreement. However the fund transfer was done five days later for the agreed solid waste management activities and staff.
14-RR-CEF-176	Child Protection	UNICEF	Non Violent Peace Force	Yes	INGO	\$251,996	22-May-15	1-May-15	Pre-existing agreement
14-RR-CEF-175	Nutrition	UNICEF	CARE	Yes	INGO	\$127,000	6-May-15	1-Jan-15	Delay in liquidation of previously received funding led to a delay in the provision of funds, activities were pre-financed by CARE and reimbursed by UNICEF
14-RR-CEF-175	Nutrition	UNICEF	CWW	Yes	INGO	\$10,260	30-Apr-15	1-Mar-15	Pre-existing agreement
14-RR-CEF-175	Nutrition	UNICEF	CHD	No	GOV	\$28,826	1-Apr-15	1-Jan-15	
14-RR-CEF-175	Nutrition	UNICEF	CHD/UNICEF	No	GOV	\$353	2-Jun-15	1-Jan-15	

14-RR-CEF-175	Nutrition	UNICEF	CHD/UNICEF	No	GOV	\$18,304	7-Jan-15	1-Jan-15	
14-RR-CEF-175	Nutrition	UNICEF	CHD/UNICEF	No	Gov	\$16,374	30-Mar-15	1-Jan-15	
14-RR-CEF-173	Education	UNICEF	Mercy Corps	Yes	INGO	\$185,000	7-Apr-15	16-Apr-15	
14-RR-CEF-173	Education	UNICEF	Intersos	Yes	INGO	\$185,000	20-Mar-15	25-Mar-15	
14-RR-CEF-173	Education	UNICEF	ARUDA	Yes	NNGO	\$20,000	22-May-15	1-Jun-15	
14-RR-CEF-173	Education	UNICEF	FCO	Yes	NNGO	\$20,000	22-May-15	25-May-15	