



**ANNUAL REPORT OF
THE RESIDENT/HUMANITARIAN COORDINATOR
ON THE USE OF CERF GRANTS**

Country	SUDAN
Resident/Humanitarian Coordinator	Mr Georg CHARPENTIER
Reporting Period	1 January 2009 – 31 December 2009

Summary of Funding and Estimated Beneficiaries

Funding (US\$)	Total amount required for the humanitarian response:	\$2,111,251,778	
	Total amount received for the humanitarian response:	\$1,549,318,280	
	Breakdown of total country funding received by source:	CERF	\$25,820,034
		CHF/HRF COUNTRY LEVEL FUNDS	\$110,588,507
		OTHER (Bilateral/Multilateral)	\$1,412,909,739
	Total amount of CERF funding received from the Rapid Response window:	\$25,820,034	
	Total amount of CERF funding received from the Underfunded window:		
	Please provide the breakdown of CERF funds by type of partner:	a. Direct UN/IOM implementation:	\$20,319,394
		b. Funds forwarded to NGOs for implementation (in Annex, please provide a list of each NGO and amount of CERF funding forwarded):	\$3,155,976
		c. Funds for Government implementation:	\$2,344,664
d. TOTAL:		\$25,820,034	
Beneficiaries	Estimated total number of individuals affected by the crisis (<i>includes only those people affected by crises for which CERF funding was leveraged</i>):	2.7 million individuals LRA-affected areas: 100,000 NGO expulsions in Darfur: 1.1 million Food crisis in S. Sudan: 1.5 million	
	Estimated total number of individuals reached with CERF funding:	1.3 million individuals	
		370,000 children under 5	
		650,000 females	
Geographical areas of implementation:	SOUTHERN SUDAN (Jonglei, Warrab, Central Equatoria, Western Equatoria, Eastern Equatoria, Upper Nile, Northern Bahr el Ghazal, Western Bahr el Ghazal states); DARFUR (North Darfur, South Darfur, West Darfur states)		

ANALYSIS

Sudan currently hosts the world's largest humanitarian operation. Urgent needs are particularly concentrated in Darfur, where conflict and instability continue to plague local people, and in Southern Sudan, where the consequences of decades of civil war have wreaked havoc on the lives of civilians. Conditions in the border areas between north and south ("the Three Areas") and in the eastern states also demand humanitarian action.

In 2009, CERF funding in Sudan focused on Darfur and Southern Sudan, where it was critical to provide relief in the aftermath of several unexpected emergencies. These emergencies threatened to exacerbate people's vulnerability and without rapid action would have compounded the plight of families already mired in the effects of violence, drought and other misfortune. In particular, three major events required CERF funding in 2009: attacks by the Lord's Resistance Army (LRA), the expulsion of 13 international NGOs from Northern Sudan, and an emerging food crisis in the south.

The unforeseen onset of these crises threatened to overwhelm existing humanitarian budgets and planning for the year. CERF funding allowed UN agencies to mitigate the impact of these events, thereby filling critical service gaps and tempering the effect on local people. This analysis summarizes the impact of CERF funding in 2009, as well as provides an overview of the issues that prompted the original applications.

Added value of CERF funding

Every CERF allocation to Sudan resulted in additional funding for emergencies that threatened to exhaust existing resources. In most cases, CERF-funded projects had been included in the 2009 Humanitarian Work Plan, gaining greater urgency in light of sudden developments on the ground. Consequently, CERF funding was able to scale up existing projects capable of mitigating the effects of crisis, thereby catalysing a more concentrated response to these issues.

Given the rapid onset of these emergencies, all CERF grants to Sudan in 2009 were through the rapid response window, and the CERF's greatest added value was its speed of funding. This was especially true for crises that, like the NGO expulsions, threatened to spiral out of control without quick funding for multiple sectors. This rapidity was essential to containing the consequences of all these emergencies – none of which developed into true catastrophes, despite their potential to do so.

Flexibility was another key asset, particularly for agencies applying CERF funds to Work Plan projects already underway. With CERF funding, projects could more easily adapt their priorities to reflect rapidly evolving conditions on the ground. In addition, by directing CERF money towards priority needs, agencies could "kick start" the sort of visible crisis response that could potentially coax additional bilateral funding.

Cumulative measures of the CERF impact are problematic due to risks of double counting, especially given that many people may have benefited from multiple projects in a single emergency. This is particularly true in cases where CERF funding was leveraged simultaneously with support from other donors. A rough estimate of total beneficiaries reached by the CERF in 2009 is approximately 1.3 million people. By sector, total beneficiary estimates break down along the following lines:

- Protection: 43,000 individuals
- Water and Sanitation: 1,049,490 individuals
- Education: 30,000 children

- Health and Nutrition: 585,094 individuals
- NFIs and Emergency Shelter: 231,794 individuals
- Food Security: 1,345,000 individuals

With total funding of \$25.8 million, CERF grants constituted the eighth-largest funding source for humanitarian action in Sudan in 2009, indicating a pronounced effect on needs in the country. The scope of this effect is corroborated by the beneficiary-centred results of CERF funding at the project- and sector-levels, which are described below.

Context and results

Three major emergencies prompted CERF funding requests through inter-agency processes in 2009. This section briefly describes the context of each request, as well as major results, grouped by sector, for each emergency. A brief analysis of two additional, stand-alone grants follows this discussion. Greater details on project results appear in the Results chapter.

LRA attacks in Southern Sudan (\$4,978,615; approved 16 April 2009)

Following a military offensive against LRA strongholds in the Democratic Republic of Congo (DRC) in late 2008, the LRA unleashed a series of attacks in Southern Sudan that by April 2009 had killed hundreds and forced an estimated 40,000 people from their homes. Concentrated in desperately poor areas along the border with DRC, these attacks spurred some 16,000 refugees to enter Southern Sudan, additionally straining the area's resources. Altogether, humanitarian actors estimated that 100,000 civilians in Southern Sudan were affected by April – significantly more than original projections of 10,000 to 20,000 people. As needs dramatically outstripped resources, United Nations agencies organized an inter-agency CERF request that prioritized six emergency sectors. The availability of CERF funding – especially its rapidity – was crucial to mitigating the impact of LRA attacks in the area.

▪ Protection (\$1,871,022)

The LRA record of atrocities and associated human displacement created conditions for a protection crisis in Southern Sudan. For children, LRA raids could result in abduction or separation from their families as they fled for safety. Meanwhile, many of the refugees flowing in from DRC settled in areas close to the border, exposing them to further attacks and complicating aid delivery. Both cases called for urgent, time-critical protection activities. CERF funding allowed the United Nations Children's Fund (UNICEF) to support vulnerable children and their families, including 204 escaped kidnap victims, 348 unaccompanied children and over 3,500 individuals, with family reunification, psychosocial support, foster care and other services. CERF funding also enabled the United Nations High Commissioner for Refugees (UNHCR) to establish formal refugee sites away from volatile border areas, register 18,000 refugees, and provide services in education, health and water and sanitation.

▪ Water and Sanitation (\$1,495,239)

As people fled their homes and congregated in safer areas, clean water became a critical need – for drinking, washing and waste disposal. In order to meet these needs, humanitarian partners required funding that would provide basic Water Sanitation and Hygiene Programme (WASH) services quickly enough to minimize the risk of disease. CERF funding played a critical role in averting widespread outbreaks of acute watery diarrhoea and other diseases common to displacement. CERF support of UNICEF enabled access to clean water for 52,000 people, in addition to the use of sanitary latrines by 33,000 people and hygiene campaigns reaching 49,000 people. International Organization for Migration (IOM) efforts complemented these programmes, using CERF money to reach 60,000 people with water and sanitation activities.

- Education (\$222,502)
 As LRA violence scattered families, schooling was often interrupted, thereby further disadvantaging local children. Establishing safe learning spaces promised to afford children a sense of normality amid the turmoil. UNICEF relied on CERF funding to ensure access to education for 30,000 children in affected areas, providing basic school supplies and working simultaneously to bolster local government abilities to monitor education.
- Health and Nutrition (\$1,202,630)
 Health and nutrition conditions in LRA-affected areas risked rapid deterioration as people moved from their homes in search of refuge. Providing basic health services and nutrition support emerged as an essential task. UNICEF used CERF funding to augment the reach of two existing projects in LRA areas, ultimately vaccinating over 30,000 children against measles and over 25,000 women of child-bearing age against tetanus. Malnutrition programmes treated over 18,000 severely malnourished children and equipped 14 therapeutic feeding centres.
- NFIs and Emergency Shelter (\$403,120)
 As people fled their homes following the attacks, they risked landing in areas without available shelter and other supplies, leaving them exposed to the elements and unable to complete basic survival tasks. Providing these people with non-food and shelter materials was crucial, including plastic sheeting, blankets and cooking kits. CERF funding allowed UNICEF to reach some 1,600 households with these materials, while IOM delivered similar kits to an estimated 1,900 more families.
- Food Security and Livelihoods (\$385,414)
 A major effect of LRA-related displacement was the total interruption of people's livelihoods. FAO used CERF funding to help people manage their vulnerability, distributing 171 metric tons of seeds to 9,000 households – thereby generating potential market value up to \$1 million. CERF money allowed the project to pre-position needed seeds and tools – essential to meeting agricultural time constraints.

NGO expulsions from Northern Sudan (\$10,775,095; approved 12 May 2009)

Following the announcement of an International Criminal Court (ICC) indictment of Sudanese President Omar al Bashir on 3 March 2009, the government of Sudan expelled 13 international NGOs and revoked the licences of 3 national NGOs accused of collaborating with the ICC investigation. Affected agencies had been delivering a substantial portion of humanitarian assistance in Northern Sudan, particularly in Darfur, and their departure quickly created enormous gaps in aid delivery, initially affecting an estimated 1.1 million people. All sectors faced enormous challenges, but shortcomings in food delivery, water and sanitation, nutrition, and health quickly emerged as the most severely compromised.

In the absence of capable NGO partners, UN agencies re-oriented their activities in order to fill as many of these gaps as possible. The rapid provision of CERF funding allowed many agencies to fulfil tasks for which they otherwise would have had no budget, offering a critical line of defence against catastrophe. CERF funding for this crisis reached an estimated 1.1 million beneficiaries who would have otherwise quite possibly fallen through the cracks. Activities were focused on four sectors:

- Health and Nutrition (\$3,426,311)
 The NGO expulsions stranded an estimated 840,000 people without full access to health or nutrition services. Given widespread human displacement and associated poor living conditions in Darfur, these service cuts threatened to dramatically increase malnutrition and foster disease outbreaks. UNICEF leveraged CERF funding into improved health services

for almost 1.8 million Internally Displaced Persons (IDPs) and ensured that at least 90 percent of camp residents received a full course of vaccinations. As a result, CERF funding helped prevent the outbreak of any cases of acute watery diarrhoea, and kept acute jaundice syndrome within manageable levels. CERF support helped UNICEF to re-open 34 therapeutic feeding centres, providing treatment for over 5,000 children in the grant period.

- **Food Security and Livelihoods (\$2,458,040)**
Four organizations affected by the expulsions worked as partners in delivering WFP food assistance across Darfur, and their departure left 1.1 million people at risk of hunger. The immediate priority became the maintenance of food aid deliveries across the region, meaning that WFP required additional funding – at once – in order to ensure continued assistance. CERF support enabled WFP to take over food distributions that had previously been managed by expelled NGO partners, ultimately reaching all 1.1 million people threatened with hunger.
- **Water and Sanitation (\$3,649,149)**
Eight organizations specializing in water and sanitation were expelled from Darfur, threatening vulnerable Darfuris' access to these critical services. Ensuring that this reduction did not translate into increased incidence of disease became an urgent priority. As a result of rapid CERF funding, UNICEF was able to bridge the most important gaps, facilitating access to safe water for over 500,000 IDPs and constructing or rehabilitating latrines that serve over 100,000. These efforts played a significant role in preventing any case of acute watery diarrhoea (AWD) or cholera in Darfur in 2009, in spite of the increased challenges posed by reduced services.
- **Non-Food Items and Emergency Shelter (\$1,241,595)**
With over 2 million displaced from their homes, many Darfuris depend on the provision of non-food items and shelter materials in order to cope with uncertain living conditions. Humanitarian partners had organized a common pipeline to deliver these goods, tasking different agencies with responsibilities for procurement, warehousing, transport and delivery. The expulsion of a major partner threatened the pipeline's stability, particularly in transport, potentially cutting people off from these critical supplies. CERF funding allowed IOM to immediately take over for the expelled partner, transporting 1.4 million NFIs to 86 locations, ultimately benefitting an estimated 216,000 people.

Food crisis in Southern Sudan (\$8,120,478; approved 25 September – 29 October 2009)

Several unexpected shocks significantly multiplied people's risk of hunger and malnutrition in Southern Sudan in late 2009. Instability in the wake of LRA attacks and inter-tribal violence constituted the greatest factor, entirely disrupting the livelihoods of an estimated 250,000 displaced people.¹ The failure of a seasonal harvest and rises in food prices in many areas exacerbated this trend, leaving up to 1.5 million people severely food insecure – far more than original projections. Although response efforts were already underway, humanitarian partners sought CERF funding to compensate for the rapid deterioration in food security conditions, designing an integrated package focused on two critical sectors.

- **Food Security and Livelihoods (\$6,620,659)**
Leveraged with other funding, CERF support covered World Food Programme (WFP) emergency operations for over a month in Southern Sudan and delivered food aid to 270,000 via general distribution and an additional 30,000 through supplementary feeding. Taking a longer view, CERF support for FAO also worked to help rebuild disrupted

¹ This figure represents the best estimate at the time of the CERF application in September 2009, according to the Office of the Deputy Humanitarian Coordinator (DHC) in Juba. Current estimates project that upwards of 350,000 people were displaced throughout 2009.

livelihoods for over 20,000 vulnerable families in an effort to prevent emergency conditions from shifting into permanent dependence.

- Health and Nutrition (\$1,499,819)
Malnutrition is a frequent corollary to widespread food insecurity, and CERF funding allowed UNICEF to prioritize treatment in the worst-affected areas, ultimately reaching 18,315 severely malnourished children. CERF support enabled the pre-positioning of critical supplies that made this treatment possible, in addition to supporting expansive nutrition education programmes.

Health conditions in Darfur (\$1,303,676; approved 6 May and 3 August 2009)

The World Health Organization (WHO) received two stand-alone grants to improve health conditions in Darfur, focusing on the needs IDPs and host communities. The first project sought urgent funding to contain small meningitis outbreaks in the midst of the NGO expulsions. CERF support was instrumental in mobilizing a mass vaccination campaign that reached 500,000 people, thereby preventing a serious epidemic. The second project worked to bolster IDP access to hospital services. This project used CERF money to avert potentially catastrophic consequences for IDPs who risked losing access to secondary health centres and facilitated hospital services for an estimated 135,000 people.

CERF and humanitarian coordination

CERF applications were mostly bundled into inter-agency requests addressing crises that required action in multiple sectors. As such, CERF funding served as a vehicle for strengthening coordination within sectors and across the United Nations system, in addition to a bulwark against further deterioration in humanitarian conditions.

- Process of CERF application in-country – role of HCT, inter-sector collaboration, OCHA, etc.

Filling gaps – and filling stomachs – in Darfur

Hassan Ahmad, the supervisor of a therapeutic feeding centre in Abu Shok IDP camp near El Fasher, flashes a weary smile as he recalls the days after learning that the government had expelled 13 international NGOs in March 2009. “People,” he says haltingly, “were extremely worried.”

Ahmad’s clinic had been run by *Action contre la faim* (ACF), a French NGO specializing in nutrition management that was kicked out of the country following an International Criminal Court indictment of the Sudanese president in connection with the conflict in Darfur. “This centre is very important for the community,” he explains. “People were scared that if ACF left, it would close completely.”

Before the expulsions, Ahmad’s centre and others like it served a total estimated population of 100,000 people in Abu Shok and nearby El Salaam camps, helping families uprooted by the fighting in Darfur to combat malnutrition. Services included therapeutic and supplementary feeding, as well as nutrition counselling.

“ACF was a really important partner that ran clinics across Darfur ... We did a survey after the expulsions and saw that malnutrition was starting to increase,” says Leo Matunga, a UNICEF nutrition officer, on a visit to the Abu Shok centre. Recognizing the potential for a nutrition crisis, UNICEF took over operations from ACF in March, quickly exhausting its own reserve of emergency funding.

“The expulsions came near the start of the hunger season in Darfur, and we really didn’t have the budget to keep these operations going,” explains Matunga. “That’s why we turned to the CERF in April, to get enough funding to cover three months of operations and buy time to find other partners.”

The CERF awarded \$1.5 million to UNICEF in April for a project designed to keep 35 feeding centres open across Darfur. Over the next three months, 34 of these centres treated 14,000 children via in- and out-patient programmes – a critical service whose cancellation could have spelled catastrophe for local families.

One of these centres is the former ACF clinic in Abu Shok, where a recent visit offered no sign of the upheaval. “I came here yesterday because my baby was crying all the time,” explains Gisma, a mother who fled Korma in North Darfur five years ago, sitting in a recovery room with her four-month-old son, Mohammed. “He would take my breast but couldn’t get any milk. The treatment has been good – look at him now; he’s quiet,” she says, as Mohammed sleeps on her shoulder.

Mohamed, like other children admitted for a course of treatment, will likely spend seven days at the centre with his mother, who will also use the time to learn about good nutrition practices. “The midwife tells us to be patient and gives us advice on how to produce milk – it’s a good thing. ... Without this centre, I would have to go to El Fasher. It’s difficult to get there, and everything costs money – transport, everything. Also, they might not even admit [Mohammed] because he’s so young.”

“There is already a difference after just one day,” says Gisma. She smiles, thinking about his future. “I hope for him to grow up, to run and play like other kids. He should have the same chances as the others – even to be president of Sudan.”

While CERF money has allowed the Abu Shok centre and others like it to remain operational, UNICEF is clear about the need to find better-suited partners to manage them. “Direct supervision is not what UNICEF usually does,” says Matunga, the UNICEF nutrition officer. “We are trying to recruit capable NGOs to manage the centre...and the government must take responsibility [as well].”

In fact, the government has signalled its intention to pay for nutrition centres’ operating costs, a positive development given that current UNICEF support expires at the end of March 2010.

In the meantime, the centre continues to serve vulnerable families in the area, something that makes Kubra, a midwife who was forced from her home in Jebel Si in 2004, quite proud. “We work with the kids and give advice to the mothers – some of them don’t know anything about good nutrition practices,” she says matter-of-factly. “I can help complete this for them. I thank God to be able to do this work – I know it is helpful.”

Finding clean water in Darfur

Entering Zam Zam camp for internally displaced people in North Darfur, some 15 kilometres from El Fasher, UN agencies must travel with armed escorts from the UNAMID peacekeeping mission. Flanked by six or seven security vehicles, a first-time visitor is a little surprised by what he finds on a trip to one of the camp's water points. Throngs of mostly women and children are talking and laughing, as children vigorously shake their jerry cans, filled part-way with pebbles and sand, to create a thumping percussion.

"The sand and pebbles are to shake the dirt out," explains Said Ahmed Mohammed, a UNICEF water, sanitation and hygiene (WASH) officer, over the lively din. "The water attendant has forbidden people to fill their jerry cans if they're dirty so that people don't drink dirty water."

This particular water point seems almost like a town square, with donkeys tied up at the side entrance, and friends and families chatting as they jostle for access one of several hand pumps fed by the water system. A borehole was installed here with CERF funding in April 2009 and now meets the water needs of some 300 families per day.

Maria, a native of Um Hashaba who fled her home six years ago during war, has come to collect water, a trip she estimates that she makes at least three times a week. According to UNICEF, many families come everyday, and the water point's 5,000-litre water bladder – enough to fill some 300 jerry cans – is emptied five times a day, and twice as often in the summer.

"I use this water for drinking, cooking, washing clothes, bathing – everything I need," says Maria, a bit surprised at the question. "I live [about 200 metres] from here and used to go to another place for water – maybe [800 metres away]."

Maria is the only one in her family who fetches water for the others, a job that sends her back and forth from the water point with her donkey and several jerry cans. Having a site just 200 metres away makes a difference, giving Maria more time to focus on other chores and taking up less of her energy. But the biggest difference, she says, is the price – free. "Before, we had to pay one pound for every four jerry cans, at the old site," she explains. With twelve people in her family and an estimated daily budget of 20 pounds per day, the savings for Maria quickly add up.

In 2009, UNICEF received CERF money for two projects that maintain sites like the one in Zam Zam across Darfur. When the Sudanese government expelled 13 international NGOs working in the region after an International Criminal Court (ICC) indictment of the Sudanese president in March, it created serious gaps in life-saving sectors, not least in water and sanitation. These gaps were especially critical in Zam Zam, where new IDPs had recently arrived and were placing added strain on the system. In Zam Zam alone, the CERF ensured access to safe water for 100,000 people like Maria and built 950 latrines that improved sanitation for around 4,000 families.

On the other side of El Fasher town, in the Abu Shok camp for internally displaced people, people appear similarly pleased. "Day and night – it works all the time," explains Aziza, originally from Jebel Si, pointing to the hand pump. "If it breaks, a mechanic comes in ten minutes to fix it. We are the mechanics!"

The project has worked with the government's Water, Environment and Sanitation department (WES) to encourage community responsibility for the water system, including training and

outreach on environmental concerns – particularly in light of alarming drops in the water table around El Fasher over the last year.

“There is very limited water here, and people suffer for that,” explains Shamsiya, the WES camp manager in Abu Shok. “We did house-to-house visits to explain the environmental problem to people and their families, so they would try to use less water. And they understand – they feel like this water is theirs, so they need to save it.”

Back at the water point, Aziza agrees. “I know there is less water than there used to be. That’s why we use less now – the elders told us about this.”

Altogether, these two projects – at a total of \$3.6 million in CERF contributions – benefited upwards of 1 million people – IDPs and residents alike – at sites across Darfur. These programmes have gone a long way towards discouraging outbreaks of diseases like acute watery diarrhoea and cholera – both of which can thrive in displacement situations – as well as improving people’s awareness of environmental issues that will be crucial to Darfur’s future.

On a personal level, they have also significantly improved the lives of people like Aziza, as well. “In Jebel Si, there were no hand pumps like this, just [hand-dug wells]. Getting water from the wells was easier,” she says, hunched over, as she rapidly lifts the pump’s lever up and down. “But for clean water, this is better.”

Strengthening hospitals in Darfur

On 13 September 2009, Tulus rural hospital, one of the WHO-supported hospitals in South Darfur, received twelve casualties of armed conflict. All of the patients had sustained gunshot wounds requiring surgical interventions. The hospital provided emergency treatment to all the patients and managed to stabilize four of them. A more advanced surgical intervention was required to save the lives of eight patients. These patients were referred to Nyala Teaching Hospital, the referral centre for all South Darfur rural hospitals, as well as nearby localities of West Darfur.

The World Health Organization has been providing support to sixteen hospitals, including Nyala Teaching Hospital, since 2004. The support included provision of drugs and consumable materials, training of health workers, conducting supportive supervision, renovation of infrastructure and payment of incentives.

In March 2009, health service delivery in Darfur was challenged seriously as a result of the expulsion of INGOs following an ICC decision to indict the President of Sudan. A month later, as a result of funding gaps and changing donor priorities, WHO was forced to limit its support to rural hospitals. It was at this dire occasion that the CERF intervened to sustain the functions of state hospitals. Through this funding, WHO was able to provide the five state Hospitals in Darfur, including Nyala Teaching Hospital, with essential drugs, incentives for key hospital staff and running costs.

The availability of IV antibiotics, suturing materials and other supplies through CERF support helped in salvaging the lives of the eight victims. This is not an isolated incident that happened only once. The state hospitals, including Nyala Teaching Hospital, have been catering to the needs of IDPs and conflict-affected people in Darfur, despite ongoing resource constraints.

The value and timeliness of CERF support can be substantiated using some facts and figures from the supported hospitals, in this case Nyala Teaching Hospital. Between the months of August 2009 to October 2009, a total of 3,198 IDPs received free health services at this

hospital. This includes 2,450 out-patient consultations, 587 admissions, and 161 surgeries, of which 13 were Caesarean sections. The direct financial support provided to Nyala hospital from the CERF supported free treatment of IDPs and incentives for staff, ensuring that the hospital was ready to treat Darfur's conflict-affected, like the twelve gunshot victims who arrived on 13 September.

Response to areas affected by attacks by the Lord's Resistance Army in Southern Sudan | Total amount awarded: \$4,978,615 | Approved: 16 April 2010

The following projects have not been reported on:

Title	Agency	Amount	Date Approved	Project number
NFI Common Pipeline Operation: Transportation Improvement of nutritional situation for children through scaling up of nutrition interventions in five target states	IOM	1,241,595	12-May-09	09-IOM-014
SUD-09/HN31	UNICEF	1,499,819	30-Sep-09	09-CEF-042

Sector	CERF project number and title (If applicable, please provide CAP/Flash Project Code)	Amount disbursed from CERF (US\$)	Total Project Budget (US \$)	Number of Beneficiaries targeted with CERF funding	Expected Results and Outcomes	Results and improvements for the target beneficiaries	CERF's added value to the project	Monitoring and Evaluation	Gender Equity
Food Security and Livelihoods	Agency FAO Project code 09-FAO-011 Project title Emergency Agriculture Assistance to Vulnerable IDPs and Refugees in CES and WES	\$385,414	\$520,000	9,000 households (5,000 refugee; 4,000 IDP)	Delivery of 171 metric tons of seeds and tools to 9,000 beneficiary households, contributing to enhanced food security and nutrition Tailor-made trainings for farmers leading to improved agricultural skills	Delivered 171 metric tons of seeds to 9,000 households, resulting in the cultivation of 2,956 ha of land and producing 2,434 metric tons of food Strengthened food security in affected area via above result and created estimated net market value of \$1,047,382 worth of food	Allowed pre-positioning of seeds and tools immediately after needs were identified, due to rapidly available funding Contributed to local economy by spending CERF money locally to purchase seeds	Assessed and verified the number of vulnerable refugees and IDPs in the camps with partners Conducted regular staff meetings and visits were to assess project progress Collected regular reports from implementing partners to monitor the progress	Active role for women in identifying and registering vulnerable beneficiary households Special attention to female-headed households' access to seeds and tools
	Agency UNICEF Project code 09-CEF-017-D Project title Increase Access to Health and	\$400,073	1,376,645	50,000 IDPs and refugees (13,750 women of child-bearing age and 15,750 children < 5)	<u>Health</u> Vaccination against measles and vitamin A supplementation for 13,000 children Treatment of childhood	<u>Health</u> Vaccinated 32,750 children under 5 in IDP, refugee and host communities against measles Vaccinated 25,362 women of child bearing age	Provided vital health and nutrition care to children under five and mothers when no other significant funding was available	Conducted at least six field monitoring visits in affected areas Conducted three visits by UNICEF in Western	Focus on health treatment for women and mothers, as well as children (see Results column)

Health and Nutrition

<p>Nutrition Services for IDPs and Refugees in Central and Western Equatoria states</p>				<p>illnesses for at least 3,150 children under five</p> <p>Treatment for 1,500 cases of acute watery diarrhoea</p> <p><u>Nutrition</u> Therapeutic food and treatment for 1,500 malnourished children</p> <p>Health, nutrition and hygiene information for 5,000 caretakers</p>	<p>(including 2,128 pregnant mothers) against tetanus vaccination to protect unborn babies from neonatal tetanus</p> <p>Provided 29,092 children under 5 with vitamin A supplementation, 9,231 of whom were de-wormed</p> <p>Treated 1,891 children and 221 mothers for malaria</p> <p>Reached 15,166 caretakers with messages on health, nutrition (exclusive breastfeeding); hygiene and sanitation</p> <p>Managed common childhood illnesses in up to 22,000 children through child-friendly management spaces at the Yambio PHCC</p> <p>Established a centre for integrated management of childhood illnesses in Katigiri, reaching an estimated 7,000 children and 3,000 mothers</p> <p><u>Nutrition</u> Identified 3,250 children with moderate malnutrition in the IDP community in Mvolo County</p> <p>Established 2 out-patient treatment programmes in Mvolo and Yeri in order to treat</p>		<p>Equatoria state to monitor project implementation</p> <p>Conducted three monitoring visits to Central Equatoria state, one of which was with government officials to ensure the project activities</p>	
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						severely malnourished children			
						Provided health and nutrition education to 5,112 caretakers, including appropriate food preparation and feeding, as well as hygiene promotion and community sanitation			

Health and Nutrition

<p>Agency WHO</p> <p>Project code 09-WHO-016</p> <p>Project title Disease Control, Prevention and Epidemic Preparedness and Response Programme in Southern Sudan</p>	<p>\$298,652</p>	<p>\$2,000,000</p>	<p>35,453 displaced persons</p> <p>16,135 DRC refugees</p> <p>100,000 host population</p>	<p>Access to health services through fixed clinics and mobile units for 35,453 IDP's, 16,135 refugees and 100,000 people in host communities</p> <p>Immunization of 30,000 children against measles</p> <p>Immunization services initiated and maintained for children under five and pregnant women</p> <p>Effective disease surveillance to detect and respond to outbreaks and reporting mechanism</p> <p>Weekly or monthly health coordination meetings at central, state and county levels</p>	<p>Procured and distributed essential drugs and trauma kits, treating over 60,000 patients through five referral hospitals and over 60 primary health care centres/units</p> <p>Immunized 39,000 thousand children (Lasu, Makpandu, Bangasu, Yambio, Mundri, Ezo, Tambura and Lainya) against measles, polio, BCG and DPT3</p> <p>Maintained an over 80 percent level of timeliness of weekly disease surveillance reports from health facilities serving refugees and IDP camps</p> <p>Supported over 60 fixed health facilities and 5 mobile clinics in Western and Central Equatoria states</p> <p>Improved knowledge and skills among 200 health workers serving refugees and IDPs through in-service and refresher trainings on case management of common illnesses, IDSR and rational prescription of drugs;</p> <p>Reduced overall morbidity among refugees and IDPs via health interventions implemented by health authorities and health partners operating in LRA-affected areas</p> <p>Increased routine</p>	<p>Enabled WHO improvement of basic health services by strengthening existing services and outreach</p> <p>Enabled procurement and distribution of essential drugs to health facilities serving IDPs and refugees</p> <p>Supported programmes that reduced infant and maternal morbidity and mortality among refugees and IDPs due to common illnesses</p>	<p>Conducted supportive supervisory visits to monitor project activities in the field, together with Ministry of Health</p> <p>Maintained weekly and monthly surveillance data collection from health facilities, helping to determine disease trends and institute appropriate actions</p>	<p>Majority of refugees and displaced people were women and children, all of whom benefited from improved accessibility to and quality of health services</p> <p>All refugees, displaced people and host communities actively participated and benefited the prevention and control of epidemic prone diseases.</p>
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Water and Sanitation	<p>Agency UNICEF</p> <p>Project code 09-CEF-017-B</p> <p>Project title Improvement of the Health Situation of LRA-Affected Communities through Increased Access to Safe Water, Sanitation and Improved Hygiene Practice</p>	<p>CERF funding 1,650,970</p>	<p>12,359,103</p>	<p>30,000 refugees, IDPs and residents of host communities (65% women and children</p>	<p>Access to safe drinking water for an additional 30,000 people through the construction of 14 new boreholes, rehabilitation of 30 existing boreholes, upgrading of 2 existing boreholes into motorized systems and the construction of 2 surface water treatment systems</p> <p>500 household representatives, mainly women, trained on household water treatment and provided with storage containers</p> <p>Access to improved sanitation facilities for an additional 30,000 people through the construction of 2,500 family latrines</p> <p>Training and supply of 100 hygiene promoters</p> <p>2,500 households in highly affected areas reached with hygiene promotion</p>	<p>Provided safe water for 52,000 people (15,000 via construction of 30 water points and installation of 2 surface water treatment systems and 37,000 via rehabilitation of 74 broken hand pumps)</p> <p>Trained and equipped 30 water source management committees and 30 hand pump mechanics (40% women) with hand tools to carry out basic preventive maintenance and manage routine operation of WASH facilities provided through the project</p> <p>Provided 33,000 people with access to improved sanitation facilities via the construction of 1,000 emergency latrines and 300 san-plast slabs for setting up household toilets</p> <p>Trained over 100 hygiene promoters who reached 49,000 affected people with basic messages on the prevention of diarrhoea and similar diseases, personal hygiene, environmental sanitation, and safe water handling and storage</p> <p>Held advocacy workshops for 25 community leaders to create demand for household sanitation construction</p> <p>Established sanitation centre in</p>	<p>Benefited 52,000 people with new or restored safe water points</p> <p>Benefited 33,000 people with sanitary latrines</p> <p>Reached 49,000 people with hygiene messages</p> <p>Contributed to improved health in LRA-affected communities</p>	<p>Monitored activities and results through existing M&E mechanism for UNICEF WASH field implementation</p> <p>Included periodic joint monitoring visits to project sites by representatives from WASH donor group, state-level Directorate of Rural Water Supply and Sanitation, MWRD, implementing partners and beneficiaries</p> <p>Monitoring as an on-going activity, given that behavioural changes must be tracked over time</p>	<p>Special attention to the water source management committees (40% women)</p> <p>Deliberate inclusion of female participants in workshop to promote demand for sanitation</p>
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<p style="text-align: center;">NFIs and Emergency Shelter</p>	<p>Agency IOM</p> <p>Project code 09-IOM-010</p> <p>Project title Assistance to LRA-affected internally displaced people in Central Equatoria and Western Equatoria states</p>	<p>\$222,560</p>	<p>\$222,560</p>	<p>10,000 people</p>	<p>Delivery of NFI kits to 2,000 vulnerable households within the LRA-affected areas in Central and Western Equatoria states</p>	<p>Reached 9,506 individuals (about 1,900 households) with NFI and emergency shelter assistance in 4 locations</p> <p>Transported and distributed 2,000 NFIs (176.8 cubic metres) using 4 trucks</p>	<p>Allowed the project to begin immediately after needs were identified due to rapid allocation</p>	<p>Assessed the number of LRA-affected people in their areas of displacement with the SSRRC, IOM and WFP</p> <p>Conducted weekly staff meetings to assess project progress.</p>	<p>Equal benefits by gender among all targeted LRA-affected households</p> <p>NFI kits include female clothes. Other NFIs transported included cooking sets and jerry cans, more often used by women for family feeding and fetching water</p>
<p style="text-align: center;">NFIs and Emergency Shelter</p>	<p>Agency UNICEF</p> <p>Project code 09-CEF-017-E</p> <p>Project title Emergency NFI and Shelter Procurement</p>	<p>219,994</p>	<p>4,266,111</p>	<p>7,500 displaced persons (1,500 households)</p>	<p>Provision of 1,500 households (including vulnerable children without primary caregivers) with NFIs and emergency shelter</p>	<p>Procured 1,000 NFI kits, 1,000 kitchen sets, 2,000 bed nets and 2,585 tarpaulins</p> <p>Distributed NFIs to a total of 1,320 households, divided among the following:</p> <ul style="list-style-type: none"> * 500 affected households in Yambio (Western Equatoria state) * 200 households with 61 buckets, 199 blankets and 199 tarpaulins in Ibba county (Western Equatoria state) * 620 households with 224 kitchen sets, 292 blankets, 216 mats, and 337 tarpaulins in Laniya and Yei (Central Equatoria state) <p>Transferred remaining stocks to other emergencies as required</p>	<p>Provided life-saving support to people affected by emergencies</p>	<p>Conducted only limited field monitoring during the distribution not due to insecurity</p> <p>Relied on distribution partners to send reports upon completion of work</p>	<p>Provision of NFI kits to female-headed households wherever appropriate</p>

Protection and Human Rights	<p>Agency UNHCR</p> <p>Project code 09-HCR-010</p>	1,487,300	5,112,657	15,000 DRC refugees	<p>Relocation of refugees from border areas threatened by LRA incursions</p> <p>Development of sites in Western and Central Equatoria states, including clearance of internal roads</p> <p>Individual registration, verification and ration card issuance, with attention to persons with special protection needs</p> <p>Access to food, relief items and basic services (health, education, water and sanitation) for refugees</p> <p>Provision of hand tools and local materials for construction of shelter and sanitary facilities</p>	<p>Registered over 18,000 refugees and issued them with ration cards</p> <p>Provided monthly food and NFIs to 15,000 refugees, refugees residing in Ezo, Makpandu, Source Yubu and Tambura</p> <p>Distributed shelter materials to refugees in Makpandu</p> <p>Ensured schooling for refugee children aged 7-17 years (DRC curriculum) in Makpandu and Ezo</p> <p>Provided basic medical treatment for refugees and hosts in Makpandu and Napere, referring serious medical cases to hospitals via a UNHCR ambulance</p> <p>Ensured the construction or maintenance of the following: - In Makpandu refugee settlement: * 5 hand pumps (1 newly installed), with maintenance training and equipment for refugees * 1 new submersible pump and control panel committed was procured * 2 washing areas and 3 drainage pits constructed * 50 latrines constructed * 638 refugees benefited hygiene sensitization house visits</p>	<p>Relocated refugees to relative safety from volatile border areas</p> <p>Establishment of formal sites that facilitated planning and delivery of assistance, particularly to women, children and vulnerable groups such as the elderly and infirm</p> <p>Improved primary health care in Makpandu PHCC as observed through a reduction in the number of referrals to Yambio</p> <p>Adequately managed communicable diseases through the PHCC, referring only complicated cases that require specialized treatment or surgery</p> <p>Facilitated learning at Makpandu via the use of the DRC curriculum, allowing teachers to teach with familiar materials and</p>	<p>Held weekly interagency meetings in the camp</p> <p>Conducted regular field monitoring</p> <p>Submitted bi-annual progress report</p> <p>Submitted quarterly financial reports</p> <p>Conducted gap analysis and joint needs assessment</p>	<p>Women in both camps were represented in all committees and functions at the refugee settlement camps</p> <p>Special items for women of child bearing age (13-49 years) in NFI distributions, including sanitary materials, bar soap and underpants</p> <p>Special consideration of pregnant women, who will receive clean delivery kits to facilitate safe delivery</p> <p>Delivery of mosquito nets and baby basins to new mothers</p> <p>Full participation of women, despite somewhat lower numbers than men, in food and non-food distributions, medical services and in IGAs at the camp</p>
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						<p>* 100 hygiene promotion t-shirts distributed to primary school children</p> <p>* hygiene promotion posters</p> <p>- In Ezo refugee settlement:</p> <p>* 2 water sanitation assessments</p> <p>* 873 refugees informed on hygiene issues through house to house visits</p>	language and contributing to mental well-being of children		
Protection and Human Rights	<p>Agency UNICEF</p> <p>Project code 09-CEF-017-A</p> <p>Project title Protection of Children Affected by LRA Attacks in Western Equatoria and Central Equatoria states</p>	500,011	700,000	<p>25,000 IDPs, including 2,000 IDP separated children, (60% girls and 40% boys)</p> <p>150 LRA abducted children who managed to escape</p> <p>5,000 children from host communities</p>	<p>Identification and registration of 2,000 separated or unaccompanied children</p> <p>Family reunification or placement in family-based care settings for 80 percent of separated or unaccompanied children targeted by project</p> <p>Registration of parents and caregivers whose children are missing or reported as abducted</p> <p>Family tracing for 2,000 separated or unaccompanied children</p> <p>Psychosocial support through child-friendly spaces for 150 escaped child kidnap victims, 2,000</p>	<p>Distributed NFIs to 444 households and 3,592 individuals in Central Equatoria state and to 15 households in Western Equatoria state</p> <p>Provided home-to-home psychosocial services to traumatized children and to 16 children escaped from LRA captivity</p> <p>Registered and provided care, psychosocial support and education for 328 unaccompanied children</p> <p>Provided psychosocial services for 600 children in affected communities in Lasu Yei county via a local organization</p> <p>Provided 20 separated children with basic services and re-united them with their families in Kapoeata</p> <p>Ensured temporary</p>	<p>Provided vital support to children affected by LRA attacks, their families and communities</p> <p>Enabled priority focus on targeted family care and support for abducted children who escaped or were rescued</p> <p>Helped effectively sensitize communities on child protection issues in emergencies</p>	<p>Conducted initial joint rapid assessment with UNICEF and NGOs</p> <p>Conducted regular joint field monitoring visits with UNICEF and MoSD social workers</p> <p>Monitored implementation progress through monthly Child Protection Working Group coordination meetings</p>	<p>Careful attention to girls and women abducted by LRA who escaped or were rescued</p> <p>Deliberate inclusion of female community representatives in training on children and emergencies</p>

					<p>unaccompanied or separated children, and 5,000 children from host communities</p> <p>Establishment of monitoring and reporting systems for severe abuse, violence and exploitation in affected communities</p> <p>Information for IDPs, NGOs, CBOs and host communities on preventing further separation of children from their caregivers</p> <p>Strengthened local capacity (via training and technical assistance) of local NGOs and social workers to provide counselling for children who have experienced traumatic events</p>	<p>care for 169 escaped or rescued child kidnap victims in temporary facilities in Yambio and Juba, including food and medical screening and family tracing</p> <p>Re-united all 169 children in temporary care with their families and registered another 19 escaped kidnap victims who traced their families independently</p> <p>Supported MOSD in building two halls for interim foster care and in managing 6 child-friendly spaces for counselling and recreation activities that offered regular counselling and recreation services for 50-55 children per week</p> <p>Provided child protection training to 82 government officials, social workers and NGO/CBO and personnel in Western Equatoria</p> <p>Trained 20 community leaders and representatives of women's and youth groups on child protection in emergencies</p> <p>Reached 1,966 members of affected communities with child protection messages emphasizing the prevention of family</p>			
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						<p>separation</p> <p>Conducted awareness raising sessions for affected communities in Central Equatoria state, focusing on the need to report and register missing and abducted children</p> <p>Established three community committees in the three most-affected villages in order to support families with basic information on child care</p>			
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<p style="text-align: center;">Education</p>	<p>Agency UNICEF</p> <p>Project code 09-CEF-017-C</p> <p>Project title Education in Emergency for Children Internally Displaced, Refugee Children and Children in Host Communities</p>	<p>222,502</p>	<p>535,139</p>	<p>30,000 children under 18</p>	<p>Access to education, recreation and a sense of normality for 30,000 children, measured by the following</p> <p>Creation and maintenance of learning spaces in which 30,000 children receive education</p> <p>Participation of 30,000 children in recreation activities</p> <p>Distribution of learning materials to 30,000 children</p>	<p>Distributed learning materials to 30,000 children at schools, including 80 recreational kits, 300 mobile blackboards, 85 boxes of exercise books and 80 school-in-a box kits</p> <p>Provided learning facilities for 1,380 boys and 601 girls in Nabima and Nakpangau Primary Schools</p> <p>Provided Ministry of Education officials with 20 motorcycles to facilitate their monitoring of a total of 240,278 children and 6,685 teachers in 4,486 classrooms</p> <p>Provided 15 pieces of Zain Connect modems to facilitate easier communication among education partners in remote areas affected by LRA attacks</p>	<p>Provided educational and recreational opportunities to 30,000 children and their teachers</p> <p>Facilitated the Ministry of Education monitoring of the project</p>	<p>Organized two field monitoring missions during construction of learning facilities</p> <p>Conducted 2 monitoring missions upon completion of learning facilities construction</p> <p>Conducted regular field monitoring of other project activities in conjunction with the Director of Education</p>	<p>Careful attention to providing roughly equal access to learning and education materials and learning facilities for boys and girls</p>
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Inter-agency response to the NGO expulsions in Darfur | Total amount awarded: \$10,775,095 | Date approved: 12 May 2009

Sector	CERF project number and title (If applicable, please provide CAP/Flash Project Code)	Amount disbursed from CERF (US\$)	Total Project Budget (US \$)	Number of Beneficiaries targeted with CERF funding	Expected Results/ Outcomes	Results and improvements for the target beneficiaries	CERF's added value to the project	Monitoring and Evaluation Mechanisms	Gender Equity
Food Security and Livelihoods	<p>Agency WFP</p> <p>Project code 09-WFP-030</p> <p>Project title General Food Distribution – Conflict-Affected, Disaster-Affected and Displaced People</p>	\$2,458,040	\$912,000,000	1.1 million beneficiaries (previous caseload of NGOs who were expelled in March)	<p>Food distributions to all planned caseload of the 4 expelled WFP-NGO partners from March to June</p> <p>Food distribution for March/April 2009 through Food Relief Committees and WFP direct distribution</p> <p>Food distribution for May and June 2009 through new agreements, including the implementation of newly identified Blanket Supplementary Feeding needs</p>	<p>Reached 1 million people with direct food distributions, relying on established Food Relief Committees (FRCs) and borrowed national staff from expelled NGOs in March and April 2009</p> <p>Signed new agreements with NGO partners (CRS, SRC and AHA) to take over about 50 percent of the affected caseload in May and June and to cover the BSFP needs in several areas</p>	<p>Allowed WFP to ensure that it had the needed funds to respond with additional staff and food on the ground and to take over the work of 4 major NGOs</p>	<p>Monitored distributions through the standard Post-Distribution Monitoring</p> <p>Launched the Food Security Monitoring System to monitor changes on the ground, despite lack of partners</p> <p>Borrowed up to 200 expelled NGO staff to support distributions and monitoring activities, in addition to 15 more international staff in the field</p>	<p>Active role for women in identifying and registering vulnerable beneficiary households</p> <p>Special attention to female-headed households' access to seeds and tools</p>
	<p>Agency UNICEF</p> <p>Project code 09-CEF-027-A</p> <p>Project title</p>	\$1,174,633	\$1,507,080	192,000 children under 5 288,000 women of child-bearing age	Completion of routine vaccinations for 42,000 under-one year old children (outreach)	Vaccinated 116,330 children under one year old in the three Darfur states against the five	Enabled access to hard to reach children in Darfur with vaccination and essential	Conducted monitoring and evaluation based on field visits and regular reporting	Equal benefits for women and men (and boys and girls)

					<p>approach)</p> <p>Protection of 192,000 under-five year old children in IDP camps against childhood diseases through routine expanded programme on immunization (EPI) acceleration and measles follow-up campaigns</p> <p>Improved access to primary health care (PHC) via the provision of life-saving drugs for 1.2 million IDPs and vulnerable host populations</p> <p>Timely response to Infectious and epidemic diseases, including acute watery diarrhoea (AWD) and acute jaundice syndrome (AJS), with attack rates and related fatality ratios kept at the acceptable levels</p> <p>Refresher training on PHC package, disease case management and epidemic preparedness and response (EP&R) for 120</p>	<p>childhood diseases: whooping cough, diphtheria, tetanus, hepatitis B and haemophilus influenza (third dose of penta-valent vaccine)</p> <p>Achieved children's vaccination coverage rates in IDP camps of over 90% (children receiving all three doses of the pentavalent vaccine)</p> <p>Improved access to PHC and life-saving drugs for 1,795,285 IDPs and host populations in all three Darfur states, including 510 PHC kits, each covering approximately 10,000 persons for one month</p> <p>Pre-positioned essential emergency drugs and related supplies in all three Darfur states</p> <p>Avoided any single case of AWD in 2009 and kept reported AJS cases below epidemic thresholds,</p>	<p>drugs</p> <p>Covered incentive payments for health workers of the expelled NGOs in order to sustain basic service delivery</p>	<p>Continuously monitored PHC activities in the three states with UNICEF health officers and State MOH</p>	
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						<p>Health personnel</p> <p>with no deaths reported</p> <p>Decreased turnover of trained health personnel and improved morale as a result of proper remuneration</p> <p>Timely monitoring of health project activities</p>	<p>Provided refresher training for 1,086 health care workers in all three states on PHC, immunization, malaria, hygiene promotion practices, integrated management of childhood illnesses and EPR, with mass trainings on AWD prevention pushing number of trainings past projected outcome</p> <p>Paid incentives to 20 health workers and widely included health workers in refresher training to boost morale and increase retention, with the state and federal Ministries of Health paying incentives to the health staff of expelled NGOs</p>			
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Health and Nutrition	<p>Agency UNICEF</p> <p>Project code 09-CEF-027-B</p> <p>Project title Emergency support for therapeutic and supplementary feeding centres and nutrition surveillance</p>	\$1,468,673	\$1,889,578	<p>3,000 severely acutely malnourished children (predominately under 5)</p> <p>7,000 moderately acutely malnourished children and pregnant and lactating women</p>	<p>Maintenance of 35 therapeutic feeding centres (TFCs) that meet Sphere standards</p> <p>Maintenance of 15 supplementary feeding centres (SFCs) that meet Sphere standards</p> <p>Training for 75 staff trained on selective feeding treatment protocols</p> <p>Completion of 12 nutritional surveys</p>	<p>Re-established operations in 34 therapeutic feeding centres</p> <p>Provided incentives for expelled NGO staff, covered running costs and hired additional staff</p> <p>Supported centres' rehabilitation prior to start of the wet season</p> <p>Re-established all SFPs by having NGOs discussing the responsibilities with the government, which ran remaining centres with UNICEF support</p> <p>Between April to July, 4,413 children (6-59 months old) were admitted into the TFC's centres previously run by the expelled NGOs' and 1,495 into SFPs.</p> <p>Procured and distributed additional therapeutic foods to fill gaps left by NGOs that did not participate in the common pipeline</p> <p>Provided 8,404 newly displaced children in Zam Zam with</p>	<p>Enabled UNICEF to act as provider of last resort, given that all activities were outside existing UNICEF budget</p> <p>Enabled gap filling in terms of financial support, supplies, and staff to ensure treatment programmes continued without interruption</p>	<p>Analysed monthly TFC and SFP performance statistics to identify performance issues</p> <p>Conducted routine centre-based monitoring by securing additional technical support</p> <p>Tracked trends in localized nutrition survey information in order to identify deteriorations in the nutrition situation</p>	<p>Universal admission of any child to treatment programmes that fulfil criteria (no formal disaggregation)</p> <p>Attention to gender breakdown in nutrition survey results, leading to responses that reflect concerns for gender balance (none considered out for normal bounds for gender balance to date)</p>
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Health and Nutrition									
	<p>Agency UNFPA</p> <p>Project code 09-FPA-016</p> <p>Project title Reducing the Incidence of maternal Deaths in a complex Emergency</p>	\$783,005	\$2,482,594	314,309 women of reproductive age	Continued operation of clinics previously run by expellend NGOs in Darfur, including manpower, supplies and equipment for emergency obstetric care (EmOC) services, including referral systems	<p>Covered 464,309 WRA, thereby stabilizing RH services and bridging gaps caused by the expulsion of NGOs in 36 RH facilities</p> <p>Contributed to achieving reduction in maternal mortality and enhanced successful end results of pregnancies and child births in the affected population</p> <p>Created awareness of RH services and risk reduction among communities</p> <p>Committed all expenditures in a timely manner</p> <p>Worked to procure 6 standard ambulances to provide transport for referral cases</p>	Allowed project to begin immediately after needs were identified and implementation strategy was approved, due to rapid funding	<p>Conducted joint supervision visits that relied on standardized supervisory tools</p> <p>Organized bilateral and joint meetings to assess the progress of implementation</p> <p>Updated project implementation status in broader forums through regular attendance at health sector and RHTF meetings</p>	Priority targeting of women, with equal opportunities for training and other activities

Water and Sanitation									
	<p>Agency UNICEF</p> <p>Project code 09-CEF-027-D</p> <p>Project title Meeting urgent WASH needs in Zam Zam camp (North Darfur)</p>	\$908,977	\$14,185,821 (same project as above)	Roughly 100,000 IDPs and established populations in Zam Zam camp	<p>Access to safe water, sanitation and hygiene services for 41,000 newly arrived IDPs</p> <p>Provision of safe water for an estimated 55,000 existing affected people in Zam Zam via operation and management of exiting water sources</p> <p>Reduced risk of diseases, such as diarrhoea and cholera, leading to reduced morbidity and mortality, particularly among the children and other vulnerable IDPs</p>	<p>Provided 20,000 persons with access to safe water through construction of two motorized water systems with pumps, generator housing units, water tanks, water collection tap stands and distribution network</p> <p>Provided 91,700 persons with safe water by operating and maintaining eight motorized water systems along with regular chlorination for six months</p> <p>Provided 19,000 persons with access to improved means of excreta disposal through construction of 950 latrines</p> <p>Reached 91,700 persons in with hygiene and sanitation information, along with soap, through four hygiene and two environmental sanitation campaigns</p> <p>Trained 60 hygiene promoters and 60 Village Health Committee members on</p>	<p>Constituted the only available funding source for UNICEF to respond to the urgent needs of newly displaced people in Zam Zam camp</p>	<p>Conducted regular monitoring in conjunction with all stake holders – including the government at state and national levels</p> <p>Provided biweekly presentations to the Federal Minister of Social Welfare and Humanitarian Affairs on the status of services in the 14 camps</p>	Larger number of female and child beneficiaries, as the newly displaced persons (41,000) and the additional 50,000 war-affected people in Zam Zam were largely children and women

NFIs and Emergency Shelter									
	Agency IOM Project code 09-IOM-009 Project title NFI Common Pipeline Operation: Transportation	\$1,241,595	\$3,679,000	215,688 individuals (project total 1,244,957)	<p>Transportation of approximately 14,000 cubic metres of NFIs reaching 110,000 households (660,000 people) in the three Darfur States</p> <p>Fully staffed, operational and immediate transport fleets available in all locations that support NFI replenishment and distributions</p> <p>Pre-rainy season replenishments and timely distributions completed for vulnerable IDPs and/or disaster-affected populations in all Darfur states</p>	<p>Reached 215,688 individuals with CERF funding (out of 1,244,957 for entire project) in 86 locations, improving their living conditions and preparedness for seasonal changes</p> <p>Moved a total of 1,354,511 NFIs (20,731 cubic metres) using 469 trucks</p> <p>Served 23 agencies and partners</p>	<p>Enabled resumption of transport phase of the NFI Common Pipeline after expulsion of the managing NGO</p> <p>Allowed IOM to initially take over this responsibility in May 2009, later relying on other funding</p>	<p>Tracked delivery of stock through pro-forma invoice for lost/damaged NFI's and dedicated waybill booklet</p> <p>Notified final recipients and other partners in advance of NFIs being en route</p> <p>Performed constant evaluation of transport providers and selection and implementation methodologies, as reflected in regularly updated SOP</p>	<p>Equal benefits by gender among all targeted LRA-affected households</p> <p>NFI kits included female clothes.</p> <p>Other NFIs transported included cooking sets and jerry cans, more often used by women for family feeding and fetching water</p>

Food Crisis in Southern Sudan Total amount awarded: \$8,120,478 Approved: 25 September to 29 October 2009									
Sector	CERF project number and title (If applicable, please provide CAP/Flash Project Code)	Amount disbursed from CERF (US\$)	Total Project Budget (US \$)	Number of Beneficiaries targeted with CERF funding	Expected Results/ Outcomes	Results and improvements for the target beneficiaries	CERF's added value to the project	Monitoring and Evaluation	Gender Equity
Food Security and Livelihoods	<p>Agency WFP</p> <p>Project code 09-WFP-054</p> <p>Project title Food Assistance to Populations Affected by Conflict in Sudan</p>	\$5,821,464	\$44 million	269,500 people under emergency food response in 2009 for Southern Sudan	<p>Delivery of emergency food rations to vulnerable households in hard-hit locations</p> <p>Purchase of 4,800 mt of food for distribution, meeting just over one month's requirement of the affected population in Jonglei, Warrap, Northern and Western Bahr el Ghazal, Upper Nile and Eastern Equatoria states</p>	<p>Delivered food aid to a total of 300,000 people, including 270,000 through general food distribution and 30,000 via supplementary feeding</p> <p>WFP assisted on average close to 110,000 people every month. It reached its monthly maximum in September when food assistance reached close to 200,000 people. A total of 10,500 metric tons of food was distributed in this response.</p>	<p>Allowed WFP to meet more than 1 month's requirements of the affected group in Southern Sudan.</p> <p>Prevented disruptions to food distributions due to resource shortfalls</p>	<p>Monitored distributions through Post-Distribution Monitoring (PDM) collection by WFP and partners and tracking of commodities and verification of beneficiaries</p> <p>Conducted food security assessments to monitor changes on the ground</p>	<p>Worked to direct food assistance through female recipients of households</p> <p>Encouraged women to participate in leadership roles such as food aid committees</p> <p>Distributed over half of assistance in heaviest month to women (110,000 women, 90,000 men)</p>

<p style="text-align: center;">Food Security and Livelihoods</p>	<p>Agency FAO</p> <p>Project code 09-FAO-026</p> <p>Project title Emergency agricultural assistance to drought- and conflict-affected vulnerable IDPs, host communities and returnees in Upper Nile, Jonglei, Warrap, North Bahr el Ghazal and Eastern Equatoria states</p>	\$799,195	\$800,274	<p>27,000 vulnerable households (15,000 IDPs; 3,500 returnee households; 8,500 destitute resident households)</p>	<p>Delivery of 190 metric tons of crop and vegetable seeds to 15,000 beneficiary households</p> <p>Delivery of 22,000 spools of twine and 5,500 packets of fishing hooks to 5,500 households</p> <p>Emergency vaccination and treatment of 50,000 head of cattle and goats against common livestock diseases</p>	<p>Provided crop seeds to 15 000 households, enabling beneficiaries to place 0.6 ha of land under cultivation per household (final outcome affected by poor rainfall)</p> <p>Provided fishery gear to 5 500 households, enabling beneficiaries to raise average fish catch from 3 per day to 8 – 12 medium-sized fish per day, leading to improved food security</p> <p>Vaccinated and treated 50,000 animals against common endemic diseases, protecting the livelihoods of 5 000 animal- keeping families who depend on livestock for food resources.</p>	<p>Allowed the project to rapidly re-collect seeds from surplus areas and pre-position them in seed-deficit areas, enabling IDPs, returnees and destitute households to access planting materials</p>	<p>Conducted Crop and Food Supply Assessment Mission which to determine food production and existing food deficit</p> <p>Continued monitoring progress of project implementation and provided technical support to implementing partners</p>	<p>Priority target of project was female-headed households for crop and vegetable inputs</p> <p>Ensured that production kits were received and used by the target households, including encouragement of women to receive inputs from implementing partners</p>
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<p style="text-align: center;">Health and Nutrition</p>	<p>Agency UNICEF</p> <p>Project code 09-CEF-042</p> <p>Project title Improvement of nutritional situation for children through scaling up of nutrition interventions in five targeted states in Southern Sudan</p>	1,500,033	9,255,456	<p>) 16,000 children under five in 5 target states (Upper Nile, Jonglei, Warrap, Northern Bahr el Ghazal, Eastern Equatoria)</p>	<p>Emergency nutrition support for 16,000 children in four key locations</p> <p>Distribution of nutrition supplies will in five states</p> <p>Increase in nutritional surveillance capacity in Upper Nile and Jonglei</p> <p>Training on nutrition in emergencies for state Ministry of Health staff</p> <p>Information on health, nutrition and hygiene information for 5,000 caretakers</p>	<p>Successfully treated 18,315 severely malnourished children in the five focus states</p> <p>Procured and distributed 22,600 cartons of Plumpy nut, 16,792 kg of F-75, 16,480 kg of F-100 and 12 cartons of Resomal for use at 14 TFCs/SCs and 65 OTPs run by the state MoH and NGO partners</p> <p>Procured motorbikes for outreach and nutrition surveillance activities</p> <p>Supported training of 230 health and nutrition staff in nutrition screening and management of severe acute malnutrition</p> <p>Provided guidance to the MoH on promoting appropriate infant and young child feeding and hygiene practices</p> <p>Reached 53,135 caretakers reached with exclusive breastfeeding and hygiene messages through ACSI</p>	<p>Enabled timely pre-positioning and distribution of supplies to partners</p> <p>Enabled production of standard communication materials for behaviour change for use throughout Southern Sudan</p>	<p>A technical review committed in UNICEF Juba must validate all agreements developed with NGOs.</p> <p>Periodic monitoring visits to implementation sites</p> <p>Periodic assessments of quality of care</p> <p>Compilation of monthly performance reports submitted by all partners, shared with the MoH</p>	<p>Targeting of pregnant and lactating women</p> <p>Training and encouragement of women and mothers to participate in community mobilization and nutrition screening activities</p>
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Health Services in Darfur | Total amount awarded: \$1,303,676 | Date approved: 6 May 2009 and 3 August 2009

Sector	CERF project number and title (If applicable, please provide CAP/Flash Project Code)	Amount disbursed from CERF (US\$)	Total Project Budget	Number of Beneficiaries Targeted with CERF funding	Expected Results/ Outcomes	Results and improvements for the target beneficiaries	CERF's added value to the project	Monitoring and Evaluation	Gender Equity
Health and Nutrition	<p>Agency WHO</p> <p>Project code 09-WHO-023</p> <p>Project title Improve Access to Quality Health Care Services and Strengthen the Local Capacity to Manage Health Risks that Include Outbreak Control</p>	\$1,232,319	\$1,232,319	Direct 478,600 people (indirect 4 million)	<p>Early detection and containment of small multi-focal outbreaks of meningococcal disease</p> <p>Prevention of excess mortality and morbidity from small multi-focal outbreaks and/or big epidemic wave from meningococcal meningitis in Darfur and Northern Sudan</p> <p>Prevention of large meningitis epidemic in Darfur and Northern Sudan</p>	<p>Detected all multifocal outbreaks of meningococcal disease early and rapidly contained them at the source</p> <p>Confirmed 80% of outbreak foci within 72 hours of detection.</p> <p>Prevented excess mortality and morbidity from small multi-focal outbreaks from meningococcal meningitis in Darfur and Northern Sudan, keeping case fatality to 3.5%</p> <p>Vaccinated over 500,000 people between 2 and 30 years old (72.7% of entire population) with trivalent and bivalent vaccines that interrupted transmission of meningococcal disease, focusing over 20 epidemiological sectors (in North Darfur, South Darfur, West Darfur, Blue Nile and North Kordofan states)</p> <p>Supported Sate Ministry of Health and local NGOs to strengthen their capacity to coordinate response to the outbreak</p>	<p>Enabled the timely mass vaccination campaign and hence prevented development of major meningitis epidemic due to early funding availability</p>	<p>Organized weekly meetings with national and state task forces to review the epidemiological situation of meningitis</p> <p>Reviewed weekly reporting of cases and laboratory results and made vaccination decisions accordingly</p> <p>Put in place Feedback and feed forward processes through out the season</p>	<p>56% female</p> <p>Disease affected both females (39%) and males (61%)</p> <p>Age disaggregation of beneficiaries as follows: 22% in the age group 2-4 years, 24% in the age group 5-14 years, 9% in the group 15-29 years</p>

Health and Nutrition	Agency WHO Project code 09-WHO-034 Project title Life saving hospital interventions for IDPs and vulnerable host population	\$713,527	\$6,200,000	1.13 million IDPs in Darfur	Maintenance of access to critical hospital services for IDPs in Darfur	<p>Served 13,644 IDPs in supported hospitals during the project period</p> <p>Enabled 9,699 out-patient consultations</p> <p>Enabled 2,450 hospital admissions</p> <p>Enabled 617 minor surgeries</p> <p>Enabled 878 major surgeries</p>	<p>Helped to avert the consequences of sudden cessation of free secondary health care at state hospitals for IDPs</p>	<p>Regularly collected and analysed hospital data to measure access to services</p> <p>Assessed the quality of services and monitoring of referrals from PHCs via weekly supervisory visits</p>	<p>Ensured equal access to services for both genders</p> <p>Emphasized comprehensive emergency obstetric care in order to reduce maternal mortality</p>
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Annex 1: CERF funds forwarded to implementing partners

Annex 2: Acronyms

AAH	Action Africa Help – International (AAH- I)
ACF	Action contre la faim
AJS	Acute Jaundice Syndrome
AORD	African Organization for Relief and Development
AWD	Acute Watery Diarrhoea
BRAC	Building Resources Across Communities
CASI	Community Agriculture & Skills Initiative
CDS	Christian Development Service
CERF	Central Emergency Response Funds
CES	Central Equatoria State
CTC	Crop Training Centre
DRC	The Democratic Republic of the Congo
EPI	Expanded Programme on Immunisation
FAO	Food and Agriculture Organization (UN)
GoS	Government of Sudan
IDPs	Internally Displaced Persons
IDSR	Integrated Disease Surveillance and Response
IMC	International Medical Corps UK
INCODE	Initiative for Community Development
IOM	International Organization for Migration
IRD	International Relief and Development
KPHF	Kuwaiti Patients Helping Fund
KUCDA	Kueng Community Development Agency
LAPFA	Lasu Progressive Farmers Association
LCDO	LLoLIA Community Development Organization.
LRA	Lord's Resistance Army
MASRA	Magwi Action for Self Reliance Association
MGFA	Mirodu Grass Root farmers Association
MODA	Mongala Development Association
MOH	Ministry of Health
MRDA	Mundri Relief and Development Association (MRDA)
NEFG	Nature is not Extravagant Farmers Group
NFI	Non-food Item
OCHA	Office for the Coordination of Humanitarian Affairs (UN)
PAI	Partner Aid International
PHC	Primary Health Care
RAAH	Rural Action Against Hunger
RHTF	Reproductive health Task Force
RI	Relief International
SFP	supplementary feeding centre
SMOA	State Ministry of Agriculture
SSRDA	South Sudan Recovery and Development Association
TFC	Therapeutic feeding centre
UN	United Nations
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNKEA	Upper Nile Kalazaar Eradication Association
WES	Water, Environment and Sanitation (GoS)

WES	Western Equatoria State
WFP	World Food Programme (UN)
WHO	World Health Organization
WRA	Women reproductive age
WVI	World Vision International
YAFA	Yambio Farmers Association