



United Nations

**CENTRAL
EMERGENCY
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
REPUBLIC OF THE SUDAN
RAPID RESPONSE
CONFLICT-RELATED - DETERIORATION OF
PROTECTION AND HUMAN RIGHTS ENVIRONMENT
(DARFUR)**

RESIDENT/HUMANITARIAN COORDINATOR

MARTA RUEDAS

REPORTING PROCESS AND CONSULTATION SUMMARY

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

An After Action Review was conducted on July 26, 2015. It was chaired by OCHA, with attendance from Sector Coordinators, Sector Lead Agencies and technical staff.

- 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

In addition to the final RC/HC narrative report, a PowerPoint with key highlights from the report was circulated. Furthermore, findings from the report, particularly recommendations will be discussed in one of the following HCT meetings.

- 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

The final version of the RC/HC was shared with CERF recipient agencies and sector coordinators for review.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: 22,015,819		
Breakdown of total response funding received by source	Source	Amount
	CERF	7,884,802
	COUNTRY-BASED POOL FUND	3,230,709 ¹
	OTHER (bilateral)	20,903,888 ²
	TOTAL	32,019,399³

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 13 October 2014			
Agency	Project code	Cluster/Sector	Amount
UNICEF	14-RR-CEF-148	Health	370,568
UNICEF	14-RR-CEF-149	Water, Sanitation and Hygiene	746,790
UNICEF	14-RR-CEF-152	Nutrition	628,222
FAO	14-RR-FAO-034	Food Security & Livelihoods	628,490
UNFPA	14-RR-FPA-045	Health	241,907
WFP	14-RR-WFP-075	Food Security & Livelihoods	3,548,399
WFP	14-RR-WFP-076	Nutrition	712,972
WHO	14-RR-WHO-072	Health	876,003
WHO	14-RR-WHO-073	Water, Sanitation and Hygiene	131,451
TOTAL			7,884,802

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	6,004,661
Funds forwarded to NGOs for implementation	943,229
Funds forwarded to government partners	936,912
TOTAL	7,884,802

¹ Funding from the Common Humanitarian Fund 2014 Second Round Allocation and Reserve for Emergency Window. Breakdown as follows ; FAO FSL (\$1,900,000); UNICEF Health (\$205,026), Nutrition (\$438,750), and WASH (\$686,933).

² Bilateral funding received from bilateral donors, breakdown as follows ;FAO (FSL) a total of \$1,515,000 from Austria, Belgium and OFDA, in addition to \$14,500,000 from OFDA was allocated to WFP. UNICEF allocated core thematic funds totalling \$4,888,888 to the WASH intervention.

³ Note that \$14.5 million was received by WFP and allocated in FSL sector intervention accounted for 45 per cent of the total funding received. Subtracting this amount, all other sectors, including the livelihood component in FSL, received a total of \$9,634,597 (\$6,403,888 in bilateral funds, and \$3,230,709 from the CHF).

HUMANITARIAN NEEDS

The humanitarian needs in Sudan in general and in Darfur in particular are caused by the effects of armed conflict, natural hazards (floods and droughts) and underinvestment in social services. The ongoing violence in Darfur has forced millions of people to leave their homes, disrupted the production and supply of food, prevented access to basic services, and increased vulnerability to malnutrition and disease. The conflicts in Sudan are complex and protracted. Now entering its twelfth year, the conflict in Darfur reflects longstanding competition over land and resources. The most vulnerable, especially women and children, have become victims of war and are exposed to exploitation by the different armed groups. The situation continues to be impacted by frequent incidents of conflict and subsequent displacement that affects entire communities including protracted Internally Displaced People (IDPs) that have been relying on humanitarian assistance for more than a decade. In 2015, Darfur has seen significant new displacement caused by conflict in North, Central, and East Darfur. Of the 4.4 million people in need of humanitarian assistance in Darfur, some 2.5 million people are displaced. An estimated 644,832 people in North Darfur state are currently displaced, accounting for nearly one quarter of all displaced people in Darfur. They are mainly concentrated in established IDP camps where access is generally acceptable and humanitarian partners are regularly providing services.

Humanitarian needs in Sudan are not limited to conflict-affected areas. Food insecurity and malnutrition are a humanitarian concern, with 59 out of the 184 localities in Sudan experiencing global acute malnutrition rates at or above the emergency threshold of 15 per cent. While conflict increases food insecurity and malnutrition, there are also distinct underlying causes, including feeding habits, child care, sanitation and access to health services as well as environmental factors that exacerbate humanitarian needs.

In 2015, humanitarian support to people living in protracted displacement continues to play a critical protection role, as immediate return to areas of origin is not possible due to continued insecurity and conflict. Regular new displacements, however, have led to the overstretch of humanitarian partners' capacity to respond, consuming resources intended to deliver urgent life-saving assistance to people in protracted displacement. Newly displaced people often seek support and services in existing camps and communities primarily in North, South and Central Darfur where the humanitarian community is already struggling to meet basic needs. The implications of funding shortfalls include discontinued or drastic reduction of critical life-saving assistance for both new IDPs as well as the 2.5 million IDPs in protracted displacement. Moreover, this may have a long-lasting effect on response capacity, should organisations be obliged to close down ongoing projects. This said CERF funding was critical in ensuring life-saving interventions by humanitarians was supported in early 2015.

II. FOCUS AREAS AND PRIORITIZATION

In line with the revised Strategic Response Plan (SRP) for Sudan 2014 all humanitarian sectors in Sudan, including the government, continue to deliver regular services for the long standing IDPs and vulnerable host communities. The total revised appeal for North, South, and Central Darfur was \$130.3 million, \$77 million and \$145.2 million respectively.

At the time of the submission of this CERF grant, sectors were also responding to the newly arrived IDPs using existing stocks, services and funding. However, services were already falling below SPHERE standards before the new displacements and the response became untenable for both the existing caseload, and more critically for the new IDPs some of whom have yet to receive any support. An inter sectoral needs assessment was coordinated by OCHA to determine the overall needs across the Darfur States given the unprecedented new displacements in August 2014. Three states in particular were determined to be critical: North Darfur (hosting 45.6 per cent of the newly displaced), South Darfur (37.2 per cent) and Central Darfur (13.4 per cent) and thus the needs assessment focused on these three states. To prioritize needs further the assessment was done per sector per locality. The highest concentration of newly displaced people with critical needs was found in the following nine localities (people move between camps, hence numbers change daily): for North Darfur, Rural El Fasher (Including Korma), Mellit, ZamZam IDP Camp; South Darfur; Elsalam, Marshang, Kalma IDP Camp, Rural Nyala (including El Sereif, Derige, Beleil, and Otash); and in Central Darfur Umm Dukhun, and Mukjar.

Location	Number of newly displaced (Sept. 2014)	Number of newly displaced (Nov. 2014)
1 Rural El Fasher (including Korma), North Darfur	21,839	24,590
2 Mellit, North Darfur	6,270	6,270
3 ZamZam IDP camp, North Darfur	54,287	76,126
4 Elsalam, South Darfur	6,600	4,950
5 Marshang, South Darfur	3,800	1,255
6 Kalma IDP camp, South Darfur	15,733	60,376
7 Rural Nyala (El Sereif, Dereige, Beleil, Otash), South Darfur	19,693	28,624
8 Umm Dukhun, Central Darfur	17,000	53,200
9 Mukjar, Central Darfur	17,000	13,635
Total	162,222	269,026

Table 1 Number of Displaced by location, Darfur

Critical needs across sectors in all 9 localities, in which interventions were as follows:

Food Security and Livelihood (FSL) | The sector has identified a need to reduce acute food insecurity and save lives of newly IDPs through emergency food, agricultural and livestock assistance in North, South and Central Darfur states, with particular focus on the following localities where the situation is critical: El Salam, rural Nyala and Mershing, Um Dukhun and Mukjar, and Elsalam, Mellit and ZamZam IDP Camp.

Health | Assessments found that the health facilities functioning in the displacement sites and camps coped with significant increase in patient case-load that demanded additional medicines, human resources and referral capacity that exhausted the available stocks and surge capacity. Some additional funds to deal with this significant caseload was been made available through the Common Humanitarian Fund (CHF) reserve mechanism, but they were well below the needs, and targeted only the newly displaced in North Darfur state. There was a critical need to enhance services to reduce avoidable mortality, and morbidity among newly displaced people in North, South and Central Darfur states through improved access to integrated primary health care and referral services, with a focus on maternal, reproductive, and child health. Priority locations for the health sector were: El Fasher Rural locality, Mellit locality, and ZamZam IDP Camp, El Salam and Kalma camps and Umm Dukhun and Mukjar.

Nutrition | The nutrition situation in both North and South Darfur is categorized as critical with global acute malnutrition (GAM) prevalence reported at 28.3 per cent and 18.3 per cent respectively in the national S3M nutrition survey undertaken in 2013 by the Federal Ministry of Health (FMoH) and United Nations Children’s Fund (UNICEF). In North Darfur, 14 out of 17 localities reported GAM levels above the 15 per cent emergency threshold; while in South Darfur 9 out of 16 localities reported the same. The situation in Central Darfur is reported to be slightly better with a state level GAM estimate of 12.7 per cent and one locality standing above the emergency threshold. The most critical need in the nutrition sector is to provide live saving emergency nutrition services to under 5 years children and women among the newly displaced populations in the following priority locations: Al Salam, Kalma IDP camp, Marshang, camps in and around Nyala, Mukjar, and Um Dukhun, and El Fasher, Rural El Fashir, Mellit, Korma and ZamZam IDP camps.

WASH (Water, Sanitation and Hygiene) | While responding to the needs of the existing caseload, the needs of the new IDPs has emerged and overstretched the effort of lifesaving WASH interventions. As needs were partially met for the 2014 new IDPs, the arrival of huge numbers of new IDPs to the same locations and camps has not only turned the WASH situation dire and critical but is also undermining partners’ exit strategies such as Community Based Management (CBM) and IDP community contributions towards operation and maintenance (O&M) of motorized water systems that has been introduced in some big camps. For the WASH sector the situation was particularly critical in the following locations in two states and interventions will therefore be targeted there: Rural El-Fashir/Korma, Mellit, ZamZam and Kalma IDP Camps, and Peri Urban Nyala.

It should be noted that during the implementation period of the project, four localities were further targeted as high priority by the WASH sector in North and South Darfur. CERF funding was shifted to meet new need in these localities, initially not included in the proposal, due to the need to provide life-saving support to the areas affected by the acute humanitarian emergency, while the other actors of the WASH sector ensured the full coverage of all the initially targeted locations through complementary sources of funding (mainly through CHF). Mass displacement of IDPs were observed in localities of Umbaru and Tawilla (North Darfur) as well as in Kass IDP camp and Gereida (South Darfur), which were not initially part of the project proposal. Due to the critical lifesaving intervention in the affected areas CERF funding was reallocate to respond to these new emerging needs, so a partial shift to these new localities took place. No reprogramming/redeployment request was submitted to the CERF Secretariat. Despite the shift in the utilization of part of the CERF funding to these localities, all initially targeted localities were covered, in complementarity with different funding sources (CHF and UNICEF Global Thematic Funds). The localities covered under these different sources of funding are: rural El Fasher/Korma, Mellit (North Darfur), Rural Nyala, Kalma IDP camp and Umm Dukhun/Overall, the project achieved a higher number of beneficiaries than initially planned (see CERF Results for more details). See table below for breakdown of intervention per locality and sector;

	Location	Sector Intervention with CERF funding (Planned)	Actual Sector interventions with CERF Funding	Actual Sectors intervention with other funding (CHF and/or Bilateral)
1	Rural El Fasher (including Korma), North Darfur	FSL, Nutrition, WASH, Health	FSL, Nutrition, Health	WASH
2	Mellit, North Darfur	FSL, WASH, Health		Nutrition
3	ZamZam IDP camp, North Darfur	FSL, Nutrition, WASH, Health	FSL, Nutrition, WASH, Health	
4	Elsalam, South Darfur	FSL, Nutrition and Health	FSL, Nutrition, Health, WASH	
5	Marshang, South Darfur	FSL, Nutrition		WASH, Health
6	Kalma camp, South Darfur	Nutrition, WASH and Health	Nutrition, Health	FSL, WASH
7	Rural Nyala (El Sereif, Dereige, Beileil, Otash), South Darfur	FSL, Nutrition, WASH	FSL, Nutrition, WASH	Health
8	Umm Dukhun, Central Darfur	FSL, Nutrition, WASH, Health	FSL, Nutrition, Health	WASH
9	Mukjar, Central Darfur	FSL, Nutrition, Health		WASH
10	Tawilla, North Darfur		WASH	
11	Um Barru, North Darfur		WASH	

12	Kass IDP Camp, South Darfur		WASH	
13	Gereida, South Darfur		WASH	

Table 2 Sector interventions per source of funding

Common Humanitarian Fund (CHF) complementarity

At the time of submission, the SRP 2014 was funded at 4 per cent. All life-saving Sectors in Sudan face heavy underfunding. Looking at the specific situation of each of the 4 Sectors in the nine Localities and three Darfur States identified for CERF funding, the funding gaps of each Sector at the time of submission are:

Sector	North Darfur	South Darfur	Central Darfur	Total Sector
FSL	\$5,214,000	\$4,039,900	\$2,111,421	\$11,365,321
Nutrition	\$375,000	\$1,977,785	\$933,986	\$3,286,771
WASH	\$1,000,000	\$150,000	\$400,000	\$1,550,000
Health	\$1,360,000	\$1,680,000	\$505,000	\$3,545,000
Total	\$7,949,000	\$7,847,685	\$3,950,407	\$19,747,092

Table 3 Fund gaps per sector per state (Darfur Region)

The Sudan CHF, country-based pooled fund mechanism established in 2006 conducted its second round of allocations in 2014 in light of additional contributions received from the United Kingdom, Norway, Switzerland, and Ireland (for a total of about \$15 million, of which \$11 million was allocated). The CHF also opened a special window of the Reserve Fund in April 2014 to provide an immediate response to the newly displaced and host communities in North Darfur (Protection \$750,000, Nutrition \$800,000, WASH \$500,000 Health \$500,000, Education \$150,000 and ES/NFI \$320,000). Funding from the CHF Reserve was used to strengthen the response for sectors in localities that the CERF cannot cover and for vital activities in sectors that were not prioritized by this application in light of limited funding only (particularly in the Education, ES/NFI and Protection Sectors). CHF also funded International Organisation for Migrations (IOM) to do tracking and verification of the newly displaced, to aid humanitarians respond to new needs of IDPs in a timely manner.

For this CERF grant, under the Rapid Response (RR) window, CHF-funded projects complemented CERF-funded activities in Darfur by providing additional resources to the best-performing partners and underfunded high-priority projects in the 2014 SRP, focusing on long-standing IDPs and host communities (thereby also ensuring a do no harm approach). A total of 3,230,709 across four sectors FSL, Health, Nutrition and WASH received funding under the Sudan CHF 2014 Second Round allocation.

III. CERF PROCESS

A comprehensive sector based needs assessment of the three most critical Darfur States was undertaken in August 2014, following the launch of the revised SRP, which highlighted the significant increase in displacements and needs. In addition, intertribal fighting in North and Central Darfur resulted in hundreds of deaths and significant displacement, spilling over into other Darfur States, particularly South Darfur between June and August 2014. Fighting led to a further 400,000 displacements— more than in any single year since the conflict began in 2004. The results of the needs assessment led the Humanitarian Coordinator in Sudan, with support from Humanitarian Country Team (HCT) and Inter-Sector Coordination Group (ISCG), to request a CERF support to deal with the rapidly and seriously deteriorating situation, the formal concept note was submitted on September 07, 2014.

Additional displacement and rapid movement of IDPs hindered sectors to submit project proposals till 14 October, 2014. Failure to adjust delivery of basic services in new and existing camps and settlements to the influx of new IDPs would have resulted in chaos, suffering and ultimately loss of life. This was identified as being the ultimate goal of the application by the HCT. All Sector and Sector Lead Agencies agreed that immediate action was required. CERF funding under the Rapid Response window, for three to six months ensured that activities were sustainable as it allowed pending contributions from the Sudan CHF (second round allocation 2014, and first round allocation 2015), and bilateral donors.

Further revisions between the recipient agencies, in line with comments received from the CERF Secretariat, pushed back the revised proposals resubmission to November, with final approved projects accepted in December. Based on revised and reprioritised interventions, sector activities funded by CERF were used to provide immediate life-saving services to 145,500 newly displaced people in the 9 most critical localities in the most heavily impacted Darfur States (North, South and Central) in the following 4 sectors: FSL, Health, Nutrition, and WASH. Although critical needs existed and still do, in terms of Protection, Shelter and Education as well, in order to maximize impact, improving and saving lives of targeted populations for a period of 6 months, the HCT decided to focus on bringing humanitarian services to only 9 localities, and in the four critical sectors listed above, as close to SPHERE standards as possible for the newly arrived IDPs. Key response activities were in line with key needs). Complementary CHF funding was also assigned to the remaining outstanding needs (see II. Focus Area and Prioritisation for more details).

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR¹

Total number of individuals affected by the crisis: 482,866									
Cluster/Sector	Female			Male			Total		
	Girls (below 18)	Women (above 18)	Total	Boys (below 18)	Men (above 18)	Total	Children (below 18)	Adults (above 18)	Total
FSL	58,858	70,509	129,367	50,465	61,040	111,505	109,323	131,549	240,872
Health	36,070	42,400	78,470	33,700	34,670	68,370	69,770	77,070	146,840
Nutrition	30,755	10,917	41,672	31,593	205	31,798	62,348	11,167	73,515
WASH	38,046	94,847	132,893	24,148	87,259	112,152	62,194	182,106	244,300

BENEFICIARY ESTIMATION

The estimation of beneficiaries across sectors and agencies was identified differently;

FSL | For the Agriculture component of the FSL intervention implemented by Food and Agriculture Organization of the United Nations (FAO), the number of estimated beneficiaries reached was taken from the implementing partners' final reports disaggregated by sex and age. It is based on a real counting of beneficiaries during distribution of inputs and receipt of services. The names and sex of beneficiaries were compiled by the Village Agricultural/Livestock Committees who were selected and assigned for the distribution of inputs and receipt of services. Each beneficiary has to sign or use his finger print. A copy from the list of beneficiaries was handed to FAO field offices. The targeted beneficiaries were newly displaced persons who arrived to specific camp, village or localities. Selection criteria for beneficiaries were put in place through involvement of the local leaders and Community Based Organizations (CBOs); the neediest households were targeted in each covered location out of the total population. There was slight difference between the planned number of the targeted beneficiaries and the number reached, increasing from 78,000 people to 80,838.

In regards to the food aid component of FSL, implemented by the World Food Program (WFP), the recipient agency worked with its implementing partners and the wider humanitarian community to assess and verify beneficiary numbers of affected populations. Based on beneficiary registration lists received from either its implementing partners or IOM's verification team, WFP plans and conducts its food distributions. WFP further conducts regular monitoring during distribution, ensuring that distributions are conducted according to beneficiary lists and that these are kept up to date. In the proposal WFP planned to reach 110,000 newly displaced IDPs with emergency food assistance for up to four months. However, WFP has been able to reach as many as 168,000 new IDPs following the influx of IDPs in the areas. About 8,000 people out of the total beneficiaries were assisted by both FAO and WFP interventions in Central Darfur State. IDPs have been receiving 1-4 month rations depending on the operational complexity on the ground. Due to delayed verification figures of newly displaced by IOM in ZamZam IDP Camp, WFP was not able to provide food assistance in that location.

HEALTH | The total number of newly internally displaced people in the targeted location of Central, North and South Darfur was 183,950 and was based on the findings of inter sectoral assessments. The direct beneficiaries of the project were 114,800 based on expected at least (0.5-1) 0.62 consultation per person per year. This was taken as an average and also based on previous consultation rates in similar displacement situation in Darfur. The previous consultation rates are calculated on weekly morbidity and mortality reports.

NUTRITION | The figures for beneficiaries were compiled by in a two stage process; first, figures at state level were calculated by the relevant agencies' Field Offices in consultation with the other implementing partners. Secondly, all state level data were aggregated by the agencies' country offices at Khartoum level. The risk of double counting was avoided as each partner is active in a different geographic location. Final figures were verified by the sector coordinator in order to avoid inter-agency overlapping figures.

WASH | The number of direct beneficiaries reached through the CERF funding was estimated through the compilation and verification of information contained in the regular monitoring reports received from Agency Field Offices (AFOs) and Implementing partners (IPs). The reports gave detailed information about the number of people, disaggregated by gender, who benefitted from the CERF funding. A detailed excel matrix was developed to aggregate data received from Implementing Partners and achieve a reasonable estimation of beneficiaries. To avoid double counting of recipients when aggregating numbers across programmes, the number of people who benefitted from more than one WASH intervention was systematically identified. The elimination of double counts was then achieved by subtracting the estimated number of people who have benefitted from more than one intervention from the total beneficiary count. The IPs were systematically contacted whenever any clarifications related to the beneficiary counts were required.

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING

	Children (below 18)	Adults (above 18)	Total
Female	74,415	110,515	184,930
Male	62,688	92,474	155,162
Total individuals (Female and male)	137,103	202,989	340,092

The estimated number of beneficiaries targeted with CERF funding was based on the FSL sector estimations at the time of the grant proposal – some 145,000, based on this baseline, some 248,872 145,500 people were reached through CERF funding. Given, the additional intervention in four localities by the WASH sector, some 99,220 people were. In conclusion, the total number of beneficiaries estimated reached is 340,092 people, this was calculated by adding the FSL figures, in addition to WASH interventions in Um Barru, Tawilla, Kass IDP camp, and Gereida as per the table below.

Breakdown of total direct beneficiaries reached (FSL Estimated reached + WASH beneficiaries from other targeted areas)							
	Children (below 18)			Adults (above 18)			Grand Total
	Baselines Beneficiaries	Kass, Gereida, Umbaru and Tawilla	Total	Baselines Beneficiaries	Kass, Gereida, Umbaru and Tawilla	Total	
Female	58,858	15,557	74,415	70,509	40,006	110,515	184,930
Male	50,465	12,223	62,688	61,040	31,434	92,474	155,162
Total individuals (Female and male)	109,323	27,780	137,103	131,549	71,440	202,989	340,092

CERF RESULTS

The CERF funds were used to provide immediate life-saving services to some 340,092 newly displaced people in Darfur – more than initially targeted, of which 54 per cent were female and 46 per cent were male and some 40 per cent of them were children in nine localities and provided services that benefitted both new IDPs, protracted IDPs and host communities – through interventions such as WASH.

Key results by sector have been as follows:

FSL | For the Agriculture component of the FSL intervention implemented by FAO, CERF funds were used to procure 500,000 doses of veterinary vaccines and 2,300 units of drugs and managed, through the implementing partners with the support of the Ministry of Agriculture (MoA) and Animal Resources in the respective States to complete the livestock vaccination and treatment campaigns reaching 229,322 animals against the most common epidemic and endemic livestock diseases in the targeted areas. Some 44,958 pastoralist, and agro-pastoralist households benefitted from these animal health services and from the training in animal husbandry. CERF funds also supported the procurement of animal concentrated feed (200 MT) for promotion of better feeding and animal husbandry during the dry season to achieve better fertility and milk production; some 1,480 households selected among the total households targeted with livestock inputs and services targeting about 4,400 core breeding stock during the dry season. In this regard, the service providers supported the establishment of village based Animal Feed Management Committees to determine the price of the feed to the beneficiaries and to take the responsibility for feed distribution and management of the revolving fund. The money generated from the feed revolving fund is to be used for direct purchase of animal concentrate feed from private service providers locally or outside the area. Some, 21.36 MT of vegetable and legume seeds were procured and distributed to 5,980 households together with 11,960

tools. During the inception phase of the project, beneficiary consultations highlighted the need for more support with hand tools, livestock vaccination and treatment services. There was also less community demand on legume seeds which resulted in procuring overall less quantity of seeds.

Other finds from this interventions, was that the introduction of legumes (broad beans & chick pea) production in Um Dukhun locality for the first time was well accepted, and contributed in the reduction of malnutrition among vulnerable communities IDPs and returnees communities. With a lesson learned to assess the real impact of legumes and its replication by the farmers themselves by FAO and partners in the field. Lastly, it has been observed that women are more interested in agriculture than men, and learn very quickly to apply what they learn in the field. The finding confirms the importance of gender mainstreaming in agricultural activities by FAO and partners.

Through the Food Aid component of FSL, implemented by WFP, the newly displaced were reached with commodities diverted from existing stocks to ensure a rapid response. A total of 3,949 MT of mixed commodities were procured and utilized as part of WFP's overall pipeline. In light of the emergency situation and the continuous influx of new IDPs, WFP was able to provide assistance to as many as 168,000 new IDPs across camps in South, Central and North Darfur. As per WFP's monitoring results, the rapid response to emergency needs have ensured that at least 80 per cent of the beneficiaries targeted have maintained a minimum of 'borderline' food consumption score. In total, the FSL intervention was able to reach some 240,872 people, of which 54 per cent were woman, 46 per cent were men, and 45 per cent children (below the age of 18).

HEALTH | With CERF funding, new IDPs in targeted locations received improved access to integrated Primary Health Care (PHC) services in conflict affected areas of Darfur. This was ensured through capacity building of medical doctors, medical assistants and community health promoters, provision of essential drugs and supplies and operational costs. Disease prevention was also enhanced by health promotion and awareness campaigns and procurement and distribution of treated mosquito nets. About 70 PHC kits, 40 Integrated Management of Childhood Illness (IMCI) kits, 15 midwifery kits, 100 boxes of oral rehydration salts (ORS) and 20,000 long lasting insecticide treated nets were procured and distributed. To support the measles immunization campaigns, 13,000 vials of measles vaccine (130,000 doses) were procured and distributed in North, South and Central Darfur. Refreshing training sessions were organized on immunization techniques for all the targeted health facilities in North, South and Central Darfur. Through CERF funding, operational costs for running emergency services in 9 static clinics run by 3 international and 6 national NGOs have been ensured. The clinics provided an integrated PHC package that directly benefited during the project period 113,600 people including 110,623 curative care for women, men, boys and girls, and 2,980 first antenatal consultations for pregnant women. Out of curative consultation, more than 48 per cent were for children less than 5 years.

To date, two rounds of acceleration campaigns to strengthen the routine vaccination were conducted in North, South and Central Darfur in the months of April, May and June 2015. These campaigns resulted in improved coverages for all the antigens including for the measles immunization. CERF funding allowed UNICEF to support government and NGO partners to provide medical services to new IDPs in Darfur and the funds were utilized to conduct mobile clinics, rehabilitation of clinics and health promotion activities to improve the understanding of health related issues within the new IDPs. As initially planned, funds were disbursed to the MoH and the two NGOs partners (HAD – Humanitarian Aid for Development and Anhar for Peace, Development And Humanitarian Work Organization); however, the amount of funding transferred to the MoH was higher than initially planned, in order to fully support the two rounds of acceleration campaigns, the routine immunization and the social mobilization activities in response to the measles outbreak that took place during the implementation period. This resulted also in a higher number of beneficiaries reached.

WHO Centre for Disease Control officers in the field supported the establishment of an effective early warning and surveillance of diseases with epidemic potential in areas covered by the supported clinics; except for one circumstance, all 19 alerts were investigated within 72 hours from notification time. This enabled the identification of measles outbreak in ZamZam IDP Camp, El Fashir Rural, and Mellit, and timely implementation of containment measures and improved access to treatment; during the project period the Case Fatality Rates (CFR) was maintained well below accepted standards (2.2 per cent).

NUTRITION | Through to the CERF funding, 62,348 newly displaced children were screened for acute malnutrition using Mid-Upper Arm Circumference (MUAC). Of these, 975 were found to be severely malnourished and were referred for treatment to the nearest out-patient treatment program (OTP), while 4,948 were found to be moderately malnourished and were referred for treatment of moderate acute malnutrition (MAM).

Treatment of severe acute malnutrition (SAM) was implemented by SMOH, national and international organizations through OTP activities in main IDPs settlements in North, South and Central Darfur states. While WFP set up a partnership with other implementing partners to organize General Food distribution (GFD), treatment of MAM and provision of emergency blanket supplementary feeding for all children under 5 years and Pregnant and Lactating Women (PLW) to prevent deterioration in the nutritional status of affected populations.

Between January and May 2015, 24,850 children were treated for severe acute malnutrition across North, South and West Darfur; 3,830 of these children were treated with CERF funding. In order to support the treatment of severe acute malnutrition, 3,830 cartons of Ready-to-Use Therapeutic Food (RUTF) were procured and transported to project areas in the Darfur region. Programme performance indicators have exceeded international minimum standards (SPHERE Standards) as shown in the table below:

Table 4 OTP performance indicators

	Cure rate	Default rate	Mortality rate
<i>SPHERE minimum standards</i>	>75%	<15%	<5%
<i>North Darfur</i>	91	7	0.4
<i>South Darfur</i>	85	5.9	1.2
<i>Central Darfur</i>	86	6.7	1.6

In addition, 64 Mother Support Groups were formed and 10,080 mothers received counselling on Infants and Young Children Feeding (IYCF) at community and health facility levels. Vitamin A supplementation was provided to 19,624 children and 88 lactating women, while 3,213 pregnant women received folic acid. Moreover, nutrition training for community management of acute malnutrition (CMAM) was organized for the benefit of 181 health workers to enhance their skills to support interventions for the treatment of severe acute malnutrition.

During the reporting period, 15,460 pregnant or lactating women were screened for malnutrition and 4,355 received treatment. Similarly, treatment for MAM was provided for the benefit of 37,932 children. In order to support the provision of this service, 305,86 MT of Super cereal, 93,75 MT of pulses and 55 MT of sorghum were procured and distributed to targeted supplementary feeding programme (TSFP) centres. Education sessions to support the MAM activities were organized and were attended by 34,081 women.

WASH | A total of 244,300 IDPs (94,847 females, 87,259 males, 38,046 girls, 24,148 boys) were provided with potable water through O&M activities and construction of new water systems in North and South Darfur. It should be noted that during the implementation period of the project, some of the funds were shifted new localities, initially not included in the proposal, due to the need to provide life-saving support to the areas affected by the acute humanitarian emergency, while the other actors of the WASH sector ensured the full coverage of all the initially targeted locations through complementary sources of funding (mainly through CHF). Mass displacement of IDPs were observed in localities of Umbaru and Tawilla (North Darfur) as well as in Kass IDP camp and Gereida (South Darfur), which were not initially part of the project proposal. Due to the critical lifesaving intervention in the affected areas CERF funding was reallocate to respond to these new emerging needs, so a partial shift to these new localities took place. No reprogramming/redeployment request was submitted to the CERF Secretariat.

In North Darfur, CERF was mainly used for emergency response in Umbaru, Tawilla (Daba Nayira) and ZamZam IDP Camp new arrival locations to ensure the immediate water supply needs were met. Furthermore, in addition to new WASH facilities constructed for the new caseloads of IDPs, the rehabilitation and operation and maintenance of existing facilities enabled many older IDPs to benefit from the restoration and sustenance of WASH facilities. The fund was also used to cover important gaps in the government counterpart- the Department of Water and Sanitation (WES) operational areas in South Darfur. In addition to Otash, Elsalam and Mosey camps outlined in the proposal, the fund also covered gaps in Kass IDP camps and Gereida camp as there was no other available funding for this activity. The fund was also used to promptly respond to emergency needs arising from sudden, unexpected tribal conflict in Gereida locality, providing access to safe means of excreta disposal to 125 households (625 individuals of which 319 are females and 306 males) through the construction of 125 household latrines. The funding used to respond to the new area was: in North Darfur, a total of \$35,301 was used on the new arrival location of Tawilla and Umbaru. In South Darfur, a total of \$40,401 was used in Kass and Gereida camps and Gereida locality.

Despite the shift in the utilization of part of the CERF funding to these localities, all initially targeted localities were covered, in complementarity with different funding sources (CHF and UNICEF Global Thematic Funds). The localities covered under these different sources of funding are: rural El Fasher/Korma, Mellit (North Darfur), Rural Nyala, Kalma IDP camp (South Darfur) and Umm Dukhun (Central Darfur). Overall, the project achieved a higher number of beneficiaries than initially planned.

More specifically, in North Darfur State, water trucking interventions were supported in ZamZam IDP Camp (Hashaba Gate) and Dabat Nayra (Tawilla) to provide lifesaving water supply to over 12,300 people between January and March 2015. In order to prepare the transition from water trucking towards more sustainable water provision methods, CERF funds were used to support the drilling and development of two new boreholes in ZamZam IDP camp that are providing sustainable water supply to both old and new IDPs in the Tawilla and Habasha gates. The boreholes are benefitting an estimated 30,000 people. CERF also supported operation and

maintenance of 16 motorized schemes (14 in ZamZam IDPs camp and 2 in El Serif town) to provide safe drinking water supply to 192,000 individuals. Close monitoring and follow-up of water supply interventions was conducted including water quality testing to ensure adequate chlorination and existence of free residual chlorine in water storage facilities, distribution systems and jerry cans used by IDPs to collect water. Community based water committees were established in all the project locations (3 in North Darfur, 2 in East Darfur and five in South Darfur) and members received training on all aspects of water management, including chlorination. In South Darfur CERF funding was used to provide improved access to safe drinking water for an additional 10,000 IDPs: 6,500 IDPs in Otash IDP camp, 1,500 IDPs in Kalma IDP camp and 2,000 in Elsalam.

In terms of sanitation services, a total of 3,075 household latrines were constructed or rehabilitated to serve 15,325 people (2,700 latrines were rehabilitated and 375 were newly constructed). In response to the mass influx of more than 12,000 new IDPs in Um Bare (North Darfur) in early 2015, CERF funds were used to procure and transport local materials that enabled the construction of critically needed emergency latrines to benefit 250 households (1,250 people; 638 females and 612 males). Similarly, in South Darfur CERF funds were used to provide sustained access to safe means of excreta disposal (latrines) for 2,700 households (13,500 individuals, 6,885 females and 6,615 males) in Kass, Otash and Mussei IDP camps. Moreover, in response to tribal conflict in Gereida locality, UNICEF provided access to safe means of excreta disposal to 125 households in Gereida (625 individuals of which 319 are females and 306 males) through the construction of 125 household latrines.

Also, a total of 130,609 IDPs (66,611 female and 63,998 male) were provided with essential hygiene promotion services in South Darfur. CERF funds were used to improve hygiene awareness and environmental sanitation in Kass, Otash and Mussei IDP camps benefiting 130,609 IDPs (66,611 Female and 63,998 Male) covering 26,121 households through hygiene promotion activities and regular cleaning up campaigns for 3 months.

CERF's ADDED VALUE

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

YES PARTIALLY NO

All sectors agree that CERF funds lead to a fast delivery of assistance to beneficiaries.

FSL | (YES) CERF funds led to a fast delivery of assistance; in regards to livelihood and agriculture component, rapid and timely support 13,473 Households newly displaced households through agricultural support and livestock inputs and services. This enabled the survival and productivity of livestock which is the main source of food, income and livelihoods for affected populations- especially during critical times of conflicting.

Swift funding from the CERF RR mechanism allowed WFP to divert food from existing stocks in nearby locations to provide an immediate emergency response. Commodities bought with the CERF funds were used to replenish those stocks, and thus not only ensuring a timely response to the newly displaced but also guaranteeing that life-saving activities across other parts of Sudan were not disrupted in the process. Without CERF funding, WFP's capacity to respond to the newly displaced IDPs in Darfur would either have been reduced, or at the expense of other vulnerable and food insecure populations in Sudan.

HEALTH | (YES) CERF funding was instrumental especially for activities implemented in ZamZam IDP camp, to cover the gaps in health services for the new arrivals. In addition, CERF funds was instrumental in ensuring qualitative inputs (medicine supplies) and availability of qualified health care providers to provided needed assistance to vulnerable people. Moreover, CERF funds led to timely and quality health care and referral services with a focus on maternal and child health for the newly displaced people in North, South and Central Darfur states.

NUTRITION | (YES) At the time of new IDPs arrival, partnership agreements were already in place with implementing partners so the CERF funding enabled the immediate initiation of emergency response interventions (including SAM treatment and BP5 distribution).

WASH | (YES) The CERF funds enabled UNICEF to respond quickly and effectively to the arrival of IDPs in North and South Darfur during early 2015 through the provision of life-saving WASH services.

b) **Did CERF funds help respond to time critical needs⁴?**

YES PARTIALLY NO

All sectors agree that CERF funds helped to respond to time critical needs.

FSL | (YES) CERF funds enabled timely provision of the required livestock and agriculture inputs by FAO. More specifically the livestock inputs and services ensured the protection of animals against major livestock epidemic diseases and also provided feed to the targeted animals that otherwise might have suffered from serious consequences. With regard to the agriculture inputs, the distribution of crops, legume, vegetable seeds and tools contributed to the diversification of their diets, the generation of income, the improvement of livelihood, nutrition and food security and furthermore contributed to protecting their environment. Through the procurement and distribution of 21.36 MT of legume and vegetable seeds (and 6,700 tools), about 706.7 hectares of land was cultivated and an estimated 329.618 tonnes of food was produced at the value of US\$171,867. This achievement is estimated at 60 percent success rate.

CERF funding allowed WFP to immediately provide food distributions to newly displaced IDPs throughout Darfur thereby ensuring an immediate life-saving response. These new IDPs arrived with limited belongings and were unwilling to return to their villages due to the threat of further conflict and thus, the provision of GFD was critical in ensuring that their food needs were met.

HEALTH | (YES) The new displacement resulting from armed conflict created acute gaps in regards to access to essential health services of very vulnerable communities; the funding enabled the delivery of free of charge life-saving services and implementation of crucial public health interventions (early warning, alert investigations, prompt containment measures) that benefited whole communities CERF funds also allowed a timely Immunization against measles on a regular basis for the Darfur localities not covered by the mass immunization campaign.

⁴ 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.).

NUTRITION | (YES) The revision of emergency food rations (BP5) started immediately after the arrivals of new IDPs and existing services for treatment of severe acute malnutrition up-scaled as necessary.

WASH | (YES) The CERF funds have significantly contributed to respond to critical needs in the area of water, sanitation and hygiene. The CERF funding represented 9 per cent of the total WASH funding in 2014, but covered 20 per cent of the top priority needs identified in the SRP process through Humanitarian Needs Overview and other assessments.

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

YES PARTIALLY NO

With the exception of the FSL sector, sectors were not able to substantially improve resource mobilization from other sources other the CHF and bilateral donations.

FSL | (YES) In addition to CERF funds, FAO received funding from the CHF, a total of \$1.9 million from the core pipeline, and the Second Round Standard Allocation window 2014. In addition, FAO received the following bilaterally; \$720,000 from United States Office of Foreign Disaster Assistance (OFDA), \$675,000 from Belgium and Austria \$120,000. In additional WFP allocation \$14.5 million dollars from an \$81 million grant from OFDA accounted for 45 per cent of the total funding received. CERF funding came at a time when other donors did not have the capacity to respond with the same speed and thus functioned as a bridging facility between WFP being able to conduct an initial response and additional funds being received.

HEALTH | (Partially) CERF was instrumental in initiating the response and afterwards UNICEF was able to mobilise additional funds for the response to conflict affected people, and the United Nations Population Fund (UNFPA) managed to mobilized resource to cover some interventions mainly the provision of RH emergency supplies, from CHF core pipeline – which guaranteed the availability of the supplies for additional months.

NUTRITION | (Partially) Additional funding was secured for Darfur during the course of the year due in part to the on-going CERF-supported activities.

WASH (NO) | The CERF funds did not significantly improve resource mobilization from other sources.

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

YES PARTIALLY NO

All sectors agree that the CERF funded intervention improved coordination amongst the humanitarian community.

FSL | (YES) CERF RR process encouraged a strengthening of coordination by the humanitarian cluster team to continuously collaborate to refine the overall contextualization of the situation in Darfur and understanding of needs per sectors upon submission of the Sudan country team's prioritization strategy. In addition, it encouraged the partners to work together to rapidly deliver the most needed support to the affected population. It also strengthened the inter-sector decision making as each sector has to carry out a gap analysis to justify the need for CERF funding. To further enhance coordination efforts in the future, FAO and WFP will collaborate to select same partners [wherever possible] for improved integrated targeting [overlap] during implementation. In addition, it encouraged the partners to work together to rapidly deliver the most needed support to the affected population. It also strengthened the inter-sector decision making as each sector has to carry out a gap analysis to justify the need for CERF funding.

NUTRITION | (YES) CERF funds were utilized to implement emergency response activities with a variety of partners requiring strong coordination mechanisms in place to improve implementation and avoid overlapping.

WASH | (YES) The CERF fund contributed to the establishment of a good WASH coordination mechanism with partners and government authorities (e.g. sector Taskforce, Government counterparts within the Humanitarian Aid Commissioner (HAC), etc.) in East Darfur state, and therefore contributed to the strengthening of the WASH coordination at federal level.

HEALTH | (YES) Through CERF funding, WHO, UNICEF and UNFPA worked in a coordinated manner to estimate and respond to the IDPs. This helped in avoiding duplication of activities and allowed a better coordination.

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

Availability of CERF funds for emergency health response and interventions contributed to improved access to some remote areas like Umbaru in North Darfur to provide lifesaving services, and supported the provision of Reproductive Health services, integrated into PHC, in Kalama and Salam camps in South Darfur, and Korma in North Darfur.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement	Responsible entity

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Using GPS as well as mapping tools (Google Earth) helps better targeting, information exchange and coordination at federal and state level and facilitate reporting and accountability.	Project planning requires geographical information, useful also for communication and reporting. Using GPS in monitoring and reporting activities will contribute to easier information sharing, improving targeting of interventions and enhancing accountability.	All WASH actors, including government counterparts, UN agencies and implementing partners
There is a need to continue and sustain life-saving interventions and activities kick-started by CERF funds.	To proactively mobilize additional funds to sustain life-saving interventions and activities for IDPs kick-started by CERF.	HC/HCT/ Sector Lead agency/ Sector Coordinators
Standard Operational Procedure of agencies partner agreements is complex and lengthy. It should be considered for revision as delays in releasing funds or finalising agreements with the Government and/or partners impact the quality and timeliness of activities, particularly in consideration of the short implementation window under CERF RR.	To revises SOP of sector lead agencies, and ensure the swift release of funds to safeguard the most efficient and effective interventions.	HCT/ Sector Lead Agency
Procurement and custom clearance of supplies, medicines and other items should be organised early.	To actively engage with government entities to ensure that custom clearance is timely, and does not affect project activities.	HC/ Sector Lead Agency
Selection and registration of IDPs is a very challenging task, particularly when host communities- such as the Zyadia tribe, refuse to register IDPs hosted by their relatives	Selection and registration of IDPs, without discrimination, should be conducted by specialised organisations such as IOM. In addition to fortifying coordination with HCT/IOM/OCHA/Sector Coordinator.	HCT/IOM/OCHA/ Sector Coordinators
Delayed registration of newly displaced in one location causes delays in implementation of life-saving interventions, such as the food	To fortify coordination, collaboration and advocacy between IOM as lead agency in tracking IDPs, and ensuring that timely beneficiary registration is taking place and information is share with key stakeholders.	HCT/IOM

assistance component		
Recipient Agencies should ensure proper implementation and monitoring of the CERF funded projects in adherence to CERF guidelines.	Recipient Agencies to follow and adhere to CERF guidelines through proper monitoring and evaluation of CERF funded projects, and to notify Sector Coordinators, OCHA and the CERF Secretariat of any changes in the scope of the intervention.	HC/ Sector lead Agencies

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	FAO WFP	5. CERF grant period:	10.12.14 – 09.06.15 15.12.14 – 14.06.15			
2. CERF project code:	14-RR-FAO-034 14-RR-WFP-075	6. Status of CERF grant:	<input type="checkbox"/> Ongoing			
3. Cluster/Sector:	Food Security & Livelihoods		<input checked="" type="checkbox"/> Concluded			
4. Project title:	Provision of emergency food assistance and livelihoods support for newly-displaced populations in North, South and Central Darfur					
7. Funding	a. Total project budget:		US \$25,370,400 (FAO: US \$1,570,400 WFP: US \$23,800,000)		d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:		US \$22,091,889 (FAO: US \$4,043,490 ⁵ WFP: US \$18,048,399 ⁶)		▪ <i>NGO partners and Red Cross/Crescent:</i> US \$244,280 (FAO: US \$74,046 WFP: US \$170,234)	
	c. Amount received from CERF:		US\$ 4,176,889 (FAO: US \$628,490; WFP: US \$3,548,399)		▪ <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).						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (below 18)</i>	39,211	38,043	77,254	60,848	52,390	113,238
<i>Adults (above 18)</i>	36,512	31,734	68,246	72,599	63,035	135,634
Total	75,723	69,777	145,500	133,447	115,425	248,872
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>		<i>Number of people (Reached)</i>			

⁵ FAO received some \$3,415,000 in bilateral funding from Austria, Belgium, CHF, and OFDA.

⁶ WFP received some \$81 million at the end of the 2014 from the United States of American, in which \$14.5 million was allocated to this response in Darfur.

Refugees	0	0
IDPs	145,500	232,504
Host population	0	16,368
Other affected people	0	0
Total (same as in 8a)	145,500	248,872
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	<p>In the proposal WFP planned to reach 110,000 newly displaced IDPs with emergency food assistance for up to four months. However, WFP has been able to reach as many as 168,000 new IDPs due to influx of more new IDPs. IDPs have been receiving 1-4 month rations depending on the operational complexity on the ground. Due to delayed verification figures of newly displaced by IOM in ZamZam IDP Camp, WFP was not able to provide food assistance in that location. About 8,000 people out of the total beneficiaries were assisted by both FAO and WFP interventions in Um Dukhun locality in Central Darfur State.</p> <p>The targeted beneficiaries were the newly displaced persons who arrived to specific camp, village or localities. Beneficiaries' selection criteria were put in place through involvement of the local leaders and Community Based Organizations (CBOs); the neediest households were targeted in each covered location out of the total population. There was slight difference between the planned number of the targeted beneficiaries and reached number, increasing from 78,000 people to 80,838.</p>	

CERF Result Framework			
9. Project objective	Reduce acute food insecurity and save lives of newly IDPs through emergency food assistance to 110,000 people in El Fasher incl. Korma, Mellit, ZamZam, El Salam, Kalma, Otash and Um Dukhun; and through agricultural and livestock assistance to 13,000 households in Korma, El Salam, Mershing and Um Dukhun.		
10. Outcome statement	Food and nutrition security restored for 145,500 newly IDPS in North, South and Central Darfur states		
11. Outputs			
Output 1	Food and nutrition security restored for 145,500 newly IDPS in North, South and Central Darfur states		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of beneficiaries receiving food assistance and as % of planned	110,000 individuals	152%
Indicator 1.2	Quantity of food assistance distributed, as % of planned distribution (disaggregated by type)	3,888 MT of cereals and pulses	100%
Indicator 1.3	% of households with at least borderline food consumption	80%	South Darfur: 94.5% Central Darfur: 96.2% North Darfur: 88.3% (WFP Darfur FSMS, round 20, June 2015. Results reflect the IDP population as a whole).

Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Utilisation of CERF funds for the procurement of food commodities (cereals [3499 MT], pulses [389 MT]).	WFP	WFP
Activity 1.2	Delivery of emergency food distribution in El Fasher incl. Korma, Mellit, ZamZam, El Salam, Kalma, Otash and Um Dukhun.	WFP in collaboration with GAA, AHA, World Vision International (WVI), AFAG, CRS	WFP and partners delivered food assistance in all camps except the camp in ZamZam, due to delayed registration by IOM.
Activity 1.3	Carrying out Food Basket Monitoring during distribution and Post Distribution Monitoring 2 weeks after distribution to monitor 1) correct beneficiary entitlement is distributed and 2) monitor household consumption of entitlement and coping mechanisms while receiving WFP assistance	WFP in collaboration with GAA, AHA, WVI, AFAG, CRS, and food management committees	Monitoring was carried out as planned.
Output 2	6,000 newly IDP households (36,000 individuals) provided with agricultural support to produce their own food and sell the surplus		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	No of households supported with agricultural inputs	6,000 (36,000 individuals)	5,980 (35,880)
Indicator 2.2	Quantity of vegetable and legume seeds procured and distributed	53.65 ton	21.360
Indicator 2.3	% of households who experienced change in food consumption pattern (number of meals per day or dietary diversity)	At least 60%	70%
Indicator 2.4	Quantity of hand tools procured and distributed	5,975 pieces	11, 960
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Procurement of seeds and tools	FAO	FAO
Activity 2.2	Distribution of seeds and tools to the beneficiaries	Practical Action, Mubadiroon Organization for Prevention of Disaster and War Impact (MADAR), Peace and Development National Organization (PDNO)	Practical Action, MADAR, PDNO Community Revolving Livestock Recovery Society (CRLRS)
Activity 2.3	Planting of seeds	Beneficiaries	Beneficiaries
Activity 2.4	Harvesting of crops	Beneficiaries	Beneficiaries
Activity 2.5	Monitoring of the activities	FAO and the above mentioned partners	FAO and the above mentioned partners
Output 3	7,000 newly IDP households (42,000) provided with veterinary and livestock inputs and services		
Output 3 Indicators	Description	Target	Reached

Indicator 3.1	No of households supported with veterinary and livestock inputs and services	7,000 households (42,000 individuals)	7,493 (44,958)
Indicator 3.2	Number of animals vaccinated and treated	150,0000	229,322
Indicator 3.3	Quantity of animal feed procured and distributed	270 ton	200
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Procurement of veterinary and livestock inputs	FAO	FAO
Activity 3.2	Distribution of veterinary and livestock inputs to the beneficiaries and implementation of the activities	Practical Action, MADAR, PDNO	Practical Action, MADAR, PDNO , CRLRS
Activity 3.3	Monitoring of the activities	FAO and the above mentioned partners	FAO and the above mentioned partners

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:

The slight increase in the beneficiary's numbers was due to the difficulty in targeting IDPs, and excluding the host communities particularly in Mellit locality in North Darfur state, as both categories live together. During the inception phase which was focused on community mobilization, the targeted beneficiaries made it clear that they wanted more support with hand tools and livestock vaccination and treatment services. There was also less community demand on legume seeds which resulted in procuring less quantity of seeds. Those demands were conveyed timely to FAO and resulted in procuring and distributing more hand tools, and in achieving more animal treatment and vaccination services than planned. The cost of the extra quantities of tools and veterinary inputs was met at the expense of the forage seeds which were not procured following the advice of targeted beneficiaries. On the other hand, more than 30 per cent of the total beneficiaries received both types of support with crop and livestock.

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

AAP has been ensured through adopting good implementing procedures that started with the establishment of base line information from the surveys that covered the areas of operation; agreeing on suitable criteria for the selections of locations and beneficiaries; and good consultation in identification of the needs in terms of types of inputs and varieties and estimation of the quantities of inputs for the targeted beneficiaries. This exercise was culminated with a timely delivery of inputs.

The beneficiary selection and distribution of inputs was carried out in close consultation with the targeted communities including Agricultural and Livestock Village Committees. The Service Providers and the community leaders were strongly involved in the identification of the neediest households in the targeted areas based on the criteria that were set jointly. IDP households who had access to land were given priority for agricultural inputs; likewise the IDP households who have small ruminants were given priority for animal feed distribution. All the beneficiaries were involved in the selection of the village committees that were entrusted with the vaccination and animal feed interventions.

WFP enables affected people, including the most marginalized, to play an active role in the design, implementation, and monitoring and evaluation of its interventions. WFP ensures adequate participation and involvement of beneficiaries into programs, notably through regular focus-group discussions with various community groups and the formation of community-headed food management committees, representing both men and women in each of the sites. For example, in regular consultations with food committee members, WFP identifies distribution points that are safe and accessible for beneficiaries to collect rations. Women are also consulted to determine if special packaging is required to facilitate collection and carrying of food rations.

Before, during and after distributions, through cooperating partners, community meetings, sign-boards, banners, community leaders and WFP field monitors, beneficiaries are regularly informed of their entitlements, their duration, the targeting criteria, when and where distributions will take place and how to raise concerns, if any. Delays in food delivery as well as any changes in ration sizes or targeting criteria are communicated to beneficiaries as soon as possible.

In South Darfur, as a formal complaints mechanism, Community Help Desks have been set up by one of WFP key partners in several camps. Community members have been trained on how to record complaints which are then reported to the cooperating partner to address.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
<p>FAO strategic results framework measures progress in delivering the outcomes and outputs that FAO is committed to achieving and for which the organization is accountable to the governing bodies. To measuring progress on outputs and outcomes of the corporate monitoring framework and to strengthen dialogue with the regions and Strategic Objectives Coordinators and to integrate the work and results delivered by the regional initiatives as well as the main areas of work of the Strategic objectives. FAO Sudan has identified corporate outputs and indicators which are most relevant to the country programme and developed a corporate country indicator matrix against which progress are measured and reported, including those achieved under the CERF projects. In addition, FAO Sudan through the Office of Evaluation will conduct an overall programme evaluation. A chapter will be focus on CERF projects 2014-2015.</p>	EVALUATION PENDING <input checked="" type="checkbox"/>
<p>WFP is committed to providing its Standard Project Report (SPR), an annual project performance report prepared by the country office to evaluate project performance on a yearly basis – and inform donors how their funds are being used and what results have been achieved. At the end of 2015, WFP will prepare to two SPRs for activities implemented under the Emergency Operations (EMOP) (200597) and PRRO (200808) respectively, to be published at the end of March 2016.</p>	NO EVALUATION PLANNED <input type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNICEF UNFPA WHO	5. CERF grant period:	16.12.14 – 15.06.15 15.12.14 – 14.06.15 18.12.14 – 17.06.15			
2. CERF project code:	14-RR-CEF-148 14-RR-FPA-045 14-RR-WHO-072	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded			
3. Cluster/Sector:	Health					
4. Project title:	Access to timely and quality health care and referral services with a focus on maternal and child health for the newly displaced people in North, South and Central Darfur states					
7. Funding	a. Total project budget:	US \$5,795,521	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US \$1,693,504 ⁷	<ul style="list-style-type: none"> ▪ <i>NGO partners and Red Cross/Crescent:</i> US \$440,006 			
	c. Amount received from CERF:	US \$1,488,478 (UNICEF: 370,568; UNFPA: 241,907; WHO: 876,003)	<ul style="list-style-type: none"> ▪ <i>Government Partners:</i> US \$297,430 			
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 (below 18)	31,030	29,814	60,844	36,070	33,700	69,770
Adults (above 18)	30,216	23,740	53,956	42,400	34,670	77,070
Total	61,246	53,554	114,800	78,470	68,370	146,840
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees	0		0			
IDPs	100,000		123,940			
Host population	12,000		18,400			
Other affected people	2,800		4,500			
Total (same as in 8a)	114,800		146,840			

⁷ Some \$205,026 from the CHF complimented UNICEF CERF funded activities.

<p><i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i></p>	<p>As a result of the measles outbreak that took place during the implementation period, the routine vaccination had to be strengthened and additional IDPs and host communities children were vaccinated. Also, additional social mobilization campaigns were conducted in all the target areas that reached more households than initially planned.</p>
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CERF Result Framework			
9. Project objective	To reduce avoidable mortality, and morbidity among 183,950 newly displaced people in North, South and Central Darfur states (El Salam, Kalma, El Fasher Rural (Golo site), Korma (United Nations-African Union Mission in Darfur (UNAMID) site), Otash, Korma /Sagra site, Mellit, ZamZam, and Umm Dukhun through improved access to integrated primary health care and referral services, with a focus on maternal, reproductive, and child health over a six-month period.		
10. Outcome statement	The access to timely, quality and affordable health care and referral services for newly displaced people in 9 targeted locations in North, South and central Darfur states is improved.		
11. Outputs			
Output 1	114,800 new IDPs in targeted locations have improved access to integrated PHC and referral services tailored to respond to the specific health needs of men, women, girls and boys.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of supported health facilities (HF) providing a standardised integrated emergency PHC package	9HFs Kalma, Ottash, El Fasher Rural/Golo site, Korma/UNAMID site, Mellit, Korma/Sagra site, Zam Zam and UMmm Duhkhum	<p>WHO supported 9 HFs in Kalma, Ottash, El Fasher Rural/Golo , ShagraKorma, Mellit, El salam, Zam Zam and UMM Dukhum.</p> <p>UNICEF supported one mobile clinic benefitting 21,000 new IDPS and host community in Saluma gate (ZamZam) and the provision of PHC services in Hashaba gate (ZamZam).</p>
Indicator 1.2	Number of emergency obstetrical complications timely referred	180 pregnant women	99
Indicator 1.3	Coverage for routine measles vaccination and acceleration campaigns	90% 23,600 children below 5 years received measles vaccine)	90% (22,296 under five children received measles vaccine in two immunization rounds)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Service delivery: Full operational support for the functioning of 10 temporary health facilities in camps and gatherings that will cover the additional new IDPs caseload. The activity will be implemented through grant transfer to national and international NGOs in the locations; South Darfur: El Salam (Care International NGO), Kalma (American Refugee Council NGO) and Ottash (Sudanese Red Crescent Society (SRCS)) camps. North Darfur; ZamZam	WHO, UNICEF and UNFPA	WHO, supported 3 international NGOs (American Refugee Council (ARC), International Medical Corp (IMC), CIS)and 6 national NGOs (HAD, ANHAR, BVO, Zulfa, SRCS, and UM Rahma) through grants to deliver comprehensive PHC package curative care, Maternal and child health, EPI and

	HAD), Korma (UNAMID/ Zulfa (Zulfa Development and Peace Organization) NGO, Golo/UM El Raham NGO and Shagra/BVO NGO), Mallit (Abassi camp/Anhar NGO), and Central Darfur; Umm Dukhum (IMC NGO). All supported health facilities will deliver the agreed integrated PHC package ensuring that the adequate human resources skill mix is adequate for the delivery of all essential emergency health services. It is expected that around 68,000 curative consultations will be conducted in the supported clinics during the project period.		health promotion. Delivering 74,138 curative consultations ⁸ . UNICEF supported one mobile clinic benefitting 21,000 new IDPS and host community in Saluma gate (ZamZam) and the provision of PHC services in Hashaba gate (Zamzam).
Activity 1.2	45 kit 2A, Clean Delivery, Individual, 12 Kit No. 2B Clean Delivery, Birth attendants, 12 Kit No. 3 Rape Treatment kit, 12 Kit No. 4 Oral and Injectable Contraception kit, 12 Kit No. 5 Sexually Transmitted Infections (STI) kit, 6 Kit No. 6A Clinical Delivery Assistance kit - Reusable Equipment, and 6 Kit No. 6B Clinical Delivery Assistance kit - Drugs and Disposable Equipment	UNFPA	A total of (93) Emergency RH (ERKS) kits were procured, they contain medical supplies, disposables and equipment for community, and primary health care. This addressed the basic emergency obstetric care services at different service provision levels. The supplies were delivered to the Darfur (South and North). In total, interventions served (13,530) individuals as direct beneficiaries.
Activity 1.3	Procurement of 36 Rapid response kits (RRK), 10 Minor surgery kits, 6 Laboratory RRK, 10 Diagnostic kits, 10,000 Rapid testing kits malaria, and 1 trauma surgical kit (for 100 major surgeries)	WHO	WHO procured 36 RRK, 6 laboratory kits, 10 Diagnostic kits, 10 minor surgery kits, 10000 RDK for malaria and 1 trauma Kit.
Activity 1.4	Delivery of 36 RRK, 10 Minor surgery kits, 6 Laboratory RRK, 10 Diagnostic kits, 10,000 Rapid testing kits malaria to the temporary Health Facility in El Salam, Kalma, Korma/UNAMID site, El Fasher Rural/Golo site, Korma/Sagra site, Mellit, Zam Zam, Um Dukhum	WHO	WHO distributed medicines and medical supplies to the 9 supported HFs. The trauma kit has been divided between El Fasher and Nyala referral hospitals. Distribution was conducted with WHO surge stock, and replaced when international procurement finalised.
Activity 1.5	Procurement of 60 primary health care (PHC) kits, 30 IMCI kits, and 130 Crt of ORS, 20 midwifery kits, 20000 long lasting insecticide treated nets (LLITNs) and 12630 vials of measles vaccine.	UNICEF	Some PHC kits, 40 IMCI kits, 15 midwifery kits, 100 boxes ORS and 20,000 LLITNs were procured and distributed. To support the measles immunization campaigns, 13,000 vials (130,000 doses) were procured and distributed in North, South and Central Darfur.
Activity 1.6	Delivery of 60 primary health care (PHC) kits, 30 IMCI kits, 130 Crt of ORS, 20 midwifery kits, 20000 long lasting insecticide treated nets (LLITNs) and 12630 vials of measles vaccine to targeted health facilities.	UNICEF	The 70 PHC kits, 40 IMCI kits, 15 midwifery kits, 100 boxes of ORS, 20,000 LLITNs were procured under activity 1.6 were distributed to the targeted health facilities in Mellit and Fasher localities. These

			supplies had been distributed in Golo, ZamZam camp and Korma in North Darfur State; El Salam, Kalma and Otash camps in South Darfur State; and Mukjar and Nertiti in West Darfur State. Also, 13,000 vials of measles vaccine were distributed for two rounds of immunization campaigns covering the States of South Darfur, Central Darfur and North Darfur.
Activity 1.7	Establishment of basic delivery rooms in supported health facilities.	UNFPA (Korma/UNAMID, Elsalam and Kalma) and WHO for the remaining locations	Furniture and basic Emergency Obstetric Care (EmOC) equipment were procured and distributed to Korma in ND, Kalma and Elsalam in SD, which strengthened the capacity of the three health facilities to establish deliver /ANC and PNC services.
Activity 1.8	Referral of severely ill patients and emergency obstetrical complications – rental of referral vehicles and effective communication with referral health units.	UNFPA, WHO, and implementing partners (CIS, ARC, HAD, ANHAR, Zulfa, Um El Raham, BVO and SRCS	In South Darfur: (49) women with medical complication from Kalma camp and Elsalam referred to Nyala teaching hospital. All the referred patients were paid for the transportation, treatment and lodging. In North Darfur: (50) women with medical complication from Korma and surrounding villages to El Fashir hospital.
Activity 1.9	Emergency Obstetric Care (60 health staff, Safe Motherhood60 CHWS). Training of 40 health workers on Emergency Obstetric Care (EmOC). Training of 30 staff on integrated PHC package (IMCI, routine vaccination, and Community mobilisation).	UNFPA UNICEF	UNFPA (160) health care providers on different RH topics including clinical management of rape survivors were trained successfully. North Darfur (Korma/EI Fasher):- •(30) Health Care Providers trained on EmOC in El Fashir by SMOH ND. •(20) Health Care Providers trained on Clinical Management of Rape (CMR) by SMOH ND. •(20) Health Care Providers trained on STI management by Patient Help Fund (PHF) in collaboration with SMOH ND. South Darfur (Al Salam, Belil):- •(40) Health Care Providers trained on STI management by PHF in collaboration with SMOH SD •(20) Health Care Providers trained on Clinical Management of Rape (CMR) by SMOH SD. •(30) Health Care Providers

			<p>trained on EmOC in Fashir by SMOH SD</p> <p>UNICEF Achieved: 40 In South Darfur, 40 health workers (17 in El Salam, 17 in Mershing and 6 in Kalma) were trained on eEmOC and New born Care.</p> <p>Achieved: 38 18 medical assistants were trained in South Darfur on Community IMCI and community mobilization. 20 Health staff were trained in ZamZam IDP Camp on community mobilization, IMCI and health promotion.</p>
Activity 1.10	Essential training directly related to project implementation: early warning and alert investigation and initial response for 40 people – will be conducted during the first six weeks of the implementation	WHO	WHO field technical officers, jointly with SMOH trained 43 people (doctors, medical assistants, early warning and alert investigation; 19 of them female (44%).
Activity 1.11	Essential training directly related to project implementation: Universal Infection Prevention and Control at health facility level for 100 health staff during the first six weeks of the implementation	WHO	98 medical doctors, medical assistants, nurses, midwives, and vaccinators trained on infection prevention at health facility level (32% female).
Activity 1.12	Monitoring and supervision of project implementation through monthly joint site supervisory visits with SMOH to evaluate the implementation progress and quality of provided services, identify gaps and provide support for implementation of corrective measures.	WHO, UNICEF, UNFPA, SMOH	<p>Monitoring visits were regularly conducted, jointly with SMOH throughout the duration of the project implementation.</p> <p>UNFPA conducted (6) monitoring and supervision mission to the project side during the reported period. That included mission of the Humanitarian Program Coordinator from CO to ND and the Finance monitoring officer to North and South Darfur. In addition to internal mission to Kalama, Belile. Monitoring visits allowed for gathering of information through direct observation, and communication with key informants.</p>
Output 2	Incident alerts and Epidemic outbreaks are prevented and timely and effectively identified, investigated and responded		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Alerts of communicable diseases outbreaks are investigated and response initiated within 72 hours from notification.	95%	95% (18 out of 19 alerts were investigated within 72 hours from notification)
Indicator 2.2	Case Fatality Rates (CFR) during outbreaks	Cholera < 1%	Measles CFR 2.2

	maintained within internationally accepted limits	Measles < 5%	No cholera outbreak occurred
Indicator 2.3	Percentage of supported health facilities are providing weekly early warning and response system (EWARS) and timely incident alert reports to MoH and WHO	95%	100 % (9 clinics) of supported Health Facilities had reported morbidities in weekly basis
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Early Warning and incident alert system: Integration of the supported health facilities into the early warning and response state mechanism including training of the relevant staff on case definition, recording and reporting, and interpretation of data, as well as initial investigation and subsequent follow up, control measures, and recording and reporting mechanism; provision of recording and reporting tools; supportive supervisions. WHO and MoH will conduct the training of 40 relevant health staff (4 from each Health Facility) on early warning, reporting, analysis and alert initial investigation. The trained health staff will ensure weekly reporting without the need of any additional running costs.	WHO and MoH	42 relevant medical staff (doctors, medical assistant and nurses) have been trained on early warning and alert notification and investigations, and production of weekly epidemiological reports for 15 most common communicable diseases endemic in targeted areas.
Activity 2.2	Conduct missions for investigation and initial response: Conduct jointly with MoH and health facility staff alert investigation missions in targeted areas and support the transport of samples to referral laboratories.	WHO, MoH, Implementing NGOs.	19 alerts investigation missions conducted jointly with MoH by WHO's Centre for Disease Control field officers; 15 have been confirmed for measles, Bloody Diarrheal, scabies, viral haemorrhagic fevers , and Acute Jaundice Syndrome. Samples taken and transported for confirmation to Khartoum.
Activity 2.3	Conduct health awareness campaigns in all 9 locations for prevention and control of water related diseases and integrated health awareness and vector control	WHO, NGOs and MoH	16 Health awareness campaign on vector transmitted diseases and their prevention conducted in Shagra, Golo, Korma and ZamZam, Mellit, Otash and Elsalam.
Activity 2.4	<ul style="list-style-type: none"> • Procurement and provision of measles vaccines to health facilities in targeted localities. • Refresher training of health workers and volunteers on immunization techniques. • Implementation of immunization campaign throughout reach and mobile teams strategies 	UNICEF	<p>A total of 23,000 vials of measles vaccine were procured and distributed to the health facilities to support the two immunization rounds held in North, South and Central Darfur.</p> <p>Refreshing trainings were organized on immunization techniques for all the targeted health facilities in North, South and Central Darfur.</p> <p>To date, 2 rounds of acceleration campaigns to strengthen the routine vaccination had been conducted in North, South and Central Darfur in the months of</p>

			April, May and June 2015. These campaigns resulted in improved coverages for all the antigens including for the measles immunization.
Activity 2.5	<p>Community Health Awareness:</p> <p>UNFPA: Through contracts with ARC and MoH, UNFPA will support the implementation of 3 community Safe Motherhood campaigns in Korma, Kalma and Al Salam camps.</p> <p>WHO: WHO will implement 18 health education and awareness campaigns for prevention and control at community level of water and vector borne diseases. Close coordination with WASH sector partners to ensure synergies with the planned vector control campaigns by WASH partners.</p> <p>UNICEF: UNICEF will conduct 2 social mobilization campaigns.</p>	WHO, Implementing NGOs with support from SMoH, UNICEF, and UNFPA.	<p>WHO: 16 Health awareness campaign on vector transmitted diseases and their prevention conducted in Shagra, Golo, Korma and ZamZam, Mellit, Otash and Elsalam</p> <p>UNFPA:</p> <ul style="list-style-type: none"> • ARC was contracted to improve RH services seeking behaviour and practice and to sustain community RH interventions in South Darfur communities. Two safe motherhood campaigns were implemented, in collaboration with SMoH in Abu Salala in Elsalam locality (total number of 1,550 reached beneficiaries – of which 64% were female), in Kalma Camp (sector 1, 6 and 8) for five days (total of 2,200 beneficiaries, 90% were female). • SMoH ND: total of 2,545 beneficiaries was reached during the safe motherhood campaign in El Fashir, the campaign composed of symposiums in centralized places, health education session, distribution of leaflets and posters with safe motherhood messages, large group discussion, small group work and role play. • UNICEF conducted two social mobilization campaigns in Um Dukhun (Central Darfur) were 30,384 people were reached, and in Tawilla – El Fasher (North Darfur) 22,500 people were reached through health promotion and orientation sessions over a period of three months (April-June 2015).
Output 3	Increased access of vulnerable IDPs and host communities in the targeted areas to primary health care services		
Output 3 Indicators	Description	Target	Reached

Indicator 3.1	Maintained provision of health care services to 80 % of the targeted population in the targeted areas of South, Central and North Darfur	80% of targeted population provided with health care services	95% of targeted population covered by essential PHC services
Indicator 3.2	% of health clinics in the targeted areas providing minimum basic package of health services in camps and host communities; in Korma/UNAMID site, Mellit, Kalma, El Fasher rural /Golo site, Korma/Sagra site, ZamZam, , Elsalam, Kalma, Otash, and Umm Dukhun	85% of health facilities	WHO; all 9 (100%) of supported health facilities provided an integrated PHC package to include curative care, provision of free of charge medicines, Maternal and child Services(ANC, PNC, Delivery, micronutrient supplementation, EPI, IMCI and health awareness
Indicator 3.3	# of health workers in targeted areas trained or retrained	- 85% of health workers trained in IMCI - 50% of health workers trained in EmOC	– 80%: 18 Medical Assistants were trained on IMCI – 43%: 40 Health Workers received training on EmOC – UNFPA trained 5% health Care workers in EmOC
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Procure essential drugs and supplies	UNICEF/ SMoH/WHO	WHO procured 36 RRK, 6 laboratory kits, 10 Diagnostic kits, 10 minor surgery kits, 10000RDK for malaria and 1 trauma kit UNICEF Essential drugs and supplies were procured to manage the the mobile clinic targeting some 21,000 new IDPS and host communities' in Saluma PHC services provision in Hashaba gate, both within ZamZam IDP camp.
Activity 3.2	Distribute essential drugs and supplies	WHO	WHO has distributed the medicines and medical supplies to the 9 supported HFs. The trauma kit has been divided between El Fasher and Nyala referral hospitals. The distribution was done at the beginning of the project from WHO surge stock, and replaced when international procurement finalised.
Activity 3.3	Support training of health care providers	SMoH	40 Health Workers benefitted from a three-weeks training through the MoH on Emergency Obstetric and Newborn Care (EmONC): 17 in El Salam, 17 in Mershing and 6 in Kalma. IMCI achieved: 18 through SMoH 18 medical assistants were trained (7 days training) on Standard Case

			management /IMCI through the MoH. Those 18 medical assistants will cover 14,400 under 5 children. In addition, 20 Community Health Promoters were trained on C-IMCI in North Darfur to provide awareness raising; each Community Health Promoter then reached 200 households.
Activity 3.4	Provision of medical services through fixed and mobile clinics	SMoH, NGO	<p>UNICEF supported, through MoH, one mobile clinic benefitting 21,000 new IDPS and host community in Salma gate and the provision of PHC services in Hashaba gate in ZamZam IDP Camp.</p> <p>UNICEF supported through Anhar the rehabilitation of 1 fixed health facility in Mellit.</p> <p>In addition, all the fixed health facilities in Golo, Zamzam IDP camp Korma (in North Darfur State), El Salam, Kalma and Otash camps (in South Darfur State) were supported through the provision of medical supplies.</p>
Output 4	90 percent of under 5 year children received measles vaccine in the targeted areas of South, North and South Darfur		
Output 4 Indicators	Description	Target	Reached
Indicator 4.1	% coverage of measles vaccination under one year of age (in the targeted areas)	90%	92% ⁹
Indicator 4.2	Number of children under 5 vaccinated for measles	23,600	22,312 children under five were immunized against measles in the localities targeted by the project.
Indicator 4.3	% coverage of Pentavalent vaccination under one year of age (in the targeted areas)	95%	95%
Output 4 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 4.1	Support acceleration campaigns and outreaches to scale up routine immunization to ensure achieving the national 95 % Pentavalent 3 and 90 % measles coverage targets.	SMoH	2 rounds of acceleration campaigns to strengthen the routine vaccination had been conducted in North, South and Central Darfur in the months of April, May and June 2015. These resulted in improved coverages for all the antigens including for the measles immunization.
Activity 4.2	Support social mobilization sessions targeting the	SMoH- NGO	SMoH- NGO

⁹ Coverage data reported in September 2015, including the third immunization campaign.

	acceleration campaigns areas. The social mobilization will target the mothers of all under 24 month's age in the targeted localities in the Darfur states.		Social mobilization campaigns were conducted in the areas targeted by the acceleration campaigns. In particular, in Um Dukhun (Central Darfur) 30,384 people were reached and in Tawilla – El Fasher (North Darfur) 22,500 people were reached.
Activity 4.3	Procure vaccines and vaccine related supplies	UNICEF	13,000 vials were procured and distributed (130,000 doses) of measles vaccines to enable a total of 113,500 under-one children to receive measles immunizations in hard to reach localities in North, South and Central Darfur through combination of routine immunization and 3 rounds of Routine Immunization Acceleration Campaigns.
Output 5	Enhanced access to basic and emergency obstetrical and neonatal care services including improved referral system, and clinical management of rape survivors.		
Output 5 Indicators	Description (UNFPA)	Target	Reached
Indicator 5.1	Number of emergency obstetric complications referred.	130 referrals	99 referred
Indicator 5.2	Number of Health Care Providers (HCP) received refresher training on RH/maternal health interventions/topics.	160 HCPs	160 HCP trained
Indicator 5.3	Number of emergency RH kits procured/delivered benefitting 28,500 people	See annex 2	93 ERH kits procured
Indicator 5.4	Number of safe motherhood campaigns conducted in North Darfur (Elfasher, Korma, Zamzam) locations	3 campaigns	3 campaigns conducted
Output 5 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 5.1	Procurement of emergency reproductive health kits to the target areas: <ul style="list-style-type: none"> • Kit No. 2A, Clean Delivery, Individual • Kit No. 2B, Clean Delivery, Birth attendants • Kit No. 3, Rape Treatment kit • Kit No. 4, Oral and Injectable Contraception kit • Kit No. 5, Sexually Transmitted Infections (STI) kit • Kit No. 6A, Clinical Delivery Assistance kit - Reusable Equipment • Kit No. 6B, Clinical Delivery Assistance kit - Drugs and Disposable Equipment 	UNFPA, ARC, SMoH ND, PHF	93 Emergency RH kits were procured by UNFPA and distributed by SMoH, PHF and ARC. In total, interventions served 13,530 individuals as direct beneficiaries.
Activity 5.2	Provision of delivery room equipment for 3 delivery rooms. in Korma in ND, Kalma and Elsalam in south Darfur (Table instrument/3, Bed labour delivery/3, Aspirator, Stand infusion/2, Vacuum extractor/1, Examination light/4, Scale physician/2, Scale infant, Resuscitation bag children/3, Sphygmomanometer mercury, neonate bed, stethoscope, Cabinet/4)	UNFPA, ARC, SMoH ND, PHF	Equipment's and Furniture's for 3 delivery rooms were procured by UNFPA and distributed to health facilities through SMoH and ARC.

Activity 5.3	<p>Training of 160 health care providers on different RH topics including clinical management of rape survivors. To compensate for the high turnover in medical</p> <p>North Darfur (Korma/EI Fasher)</p> <ul style="list-style-type: none"> • Conduct Emergency Obstetric Care (EmOC) training for paramedical staff in EI Fasher for 20 Health Care Providers • Conduct 1 Health information System (HIS) training for 20 Health Care Providers in EI Fasher • Conduct 1 Clinical Management of Rape (CMR) training for Midwives and Medical Assistants and Medical Doctors (to compensate for high turnover (20 Health Care Providers). • Conduct 1 Infection Prevention training targeting 20 Health Care Providers <p>South Darfur (Al Salam, Belil)</p> <ul style="list-style-type: none"> • Syndromic management of STIs for Medical Doctors (MD), Midwives (MW), and Medical Assistants (MA) in South Darfur (target 20 HCP) • Conduct 1 Clinical Management of Rape (CMR) training for Midwives and Medical Assistants and Medical Doctors (to compensate for high turnover (20 Health Care Providers). • Conduct 2 Infection Prevention trainings targeting 40 Health Care Providers 	ARC, SMoH ND, PHF	<p>(160) health care providers were trained on different RH topics including clinical management of rape survivors were trained successfully by ARC, PHF and SMoH.</p> <p>North Darfur (Korma/EI Fasher):-</p> <ul style="list-style-type: none"> •(30) Health Care Providers trained on Emergency Obstetric Care (EmOC) in EI Fasher by SMoH ND. •(20) Health Care Providers trained on Clinical Management of Rape (CMR) by SMoH ND. •(20) Health Care Providers trained on STI management by PHF in collaboration with SMoH ND. <p>South Darfur (Al Salam, Belil):-</p> <ul style="list-style-type: none"> •(40) Health Care Providers trained on STI management by PHF in collaboration with SMoH SD •(20) Health Care Providers trained on Clinical Management of Rape (CMR) by SMoH SD. •(30) Health Care Providers trained on EmOC in EI Fasher by SMoH SD.
Activity 5.4	Conduct safe motherhood campaign in 3 localities, Alsalam and Belil in SD, and EI Fasher in North Darfur	ARC, SMoH ND, PHF	Three Safe motherhood campaigns conducted ARC, PHF and SMoH.
Activity 5.5	Support referral system through enhancement of locally initiated referral system in three target areas, targeting 130 emergency obstetrical cases, 60 in North Darfur and 70 in South Darfur Targeting 1 location in ND (Korma), and 2 locations in South Darfur Kalma and Elsalam	ARC, SMoH ND, PHF	In South Darfur: (49)women with medical complication from Kalma camp and Elsalam referred to Nyala teaching hospital, by SMoH and ARC All the referred patients were paid for the transportation, treatment and lodging.
Activity 5.6	Operational support to all target locations in terms of personnel travel, and delivery of equipment and supplies.	UNFPA	In North Darfur: (50) women with medical complication from Korma and surrounding villages to EI Fasher hospital, by PHF.
Activity 5.7	Monitoring and evaluation for project performance in 3 target areas	UNFPA	Monitoring and evaluation for project performance in 3 target areas was complete, and helped in the swift and efficient implementation of the planned activities.

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:

The planned number for EmOC referral cases was 130, however 99 were supported and this is mainly due to the nature of the activity

where the target could be less or more than the planned figure.

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

The project implemented under CERF funding was designed to include the beneficiaries' in the planning, implementation and monitoring of all the health activities. The beneficiaries were consulted whenever possible, and participated in the selection of community health workers. The strong community involvement from the early stages of the intervention was a key factor for achieving beneficiaries' participation and the success of the vaccination campaigns.

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

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNICEF WFP		5. CERF grant period:	01.12.14 – 31.05.15 (UNICEF and WHO)		
2. CERF project code:	14-RR-CEF-152 14-RR-WFP-076		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Nutrition			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Emergency Nutrition Response to new internal displacements in Darfur					
7. Funding	a. Total project budget:	US \$4,313,896		d. CERF funds forwarded to implementing partners:		
	b. Total funding received for the project:	US \$1,779,944 ¹⁰		▪ <i>NGO partners and Red Cross/Crescent:</i>	US \$258,943	
	c. Amount received from CERF:	US \$1,341,194 (WFP: \$712,972; UNICEF: \$628,222)		▪ <i>Government Partners:</i>	US \$271,643	
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
<i>Children (below 18)</i>	18,824	19,592	38,416	30,755	31,593	62,348
<i>Adults (above 18)</i>	9,281	0	9,281	10,917	250	11,167
Total	28,105	19,592	47,697	41,672	31,843	73,515
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
<i>Refugees</i>	0		0			
<i>IDPs</i>	47,697		73,515			
<i>Host population</i>	0		0			
<i>Other affected people</i>	0		0			
Total (same as in 8a)	47,697		73,515			
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or</i>	More IDPs received services during the implementation due to the continuation of the conflict and the new and on-going displacements during the project period, particularly in North Darfur. There was therefore a need to cover more IDPs than initially planned. Also, working with more national					

¹⁰ UNICEF received additional funding from CHF 2014, a total of \$438,750.

<i>category distribution, please describe reasons:</i>	NGO partners than initially planned helped to maximise the cost-benefit of the intervention. The 250 male beneficiaries reached, initially not targeted, refer to community outreach workers supported through Food-for-Work (FFW).
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CERF Result Framework			
9. Project objective	Provision of live saving emergency nutrition services to 14,995 under 5 years children and 2,513 women among the newly displaced population in Central Darfur Mukjar , Um Dukhun , North Darfur El Fasher, Korma camp, Mellit, ZamZam camp, South Darfur Al Salam, Kalma camp, Marshang and Otash camp locations over 6 months		
10. Outcome statement	To Reduce mortality and morbidity among newly displaced under 5 years' children and women affected by malnutrition in Central, North and South Darfur.		
11. Outputs			
Output 1	42 Static/Mobile TSFP centres functional in the 9 project locations.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of Static/Mobile TSFP centres functional in the project locations.	42	30
Indicator 1.2	Amount of supplementary ration and food for work dispatched to TSFP centres.	280.15 MT	464.28 MT
Indicator 1.3	Number of TSFP centres equipped with anthropometric equipment.	42	30
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of Super Cereal Plus (SC+)	WFP	305.86MT of Super cereal, 93.75MT of pulses and 55MT of sorghum were procured.
Activity 1.2	Procurement of Anthropometric equipment	WFP	All equipment procured as planned.
Activity 1.3	Equip TSFP centres with anthropometric equipment and Informational, Education and Communication (IEC) materials	WFP	All functional centres have the necessary equipment.
Output 2	About 38,416 children 6-59 months and 9,281 PLW in 9 target localities are screened for assessment of acute malnutrition using MUAC tape through community outreach activities and workers.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of children and pregnant or lactating women (PLW) screened	38,416 children 6-59 months and 9,281 PLW	62,348 newly displaced children were screened for acute malnutrition using MUAC. Of these, 975 were found to be severely malnourished and were referred for treatment to the nearest OTP while 4,948 were found to be moderately malnourished and were referred to WFP for treatment of moderate acute malnutrition.

			15,460 PLW were screened for malnutrition during the reporting period.
Indicator 2.2	Number of community outreach workers conducting outreach services.	142	Achieved: 181 Nutrition training for community CMAM was provided to 181 health workers to support interventions for the treatment of severe acute malnutrition.
Indicator 2.3	Amount of FFW distributed to community outreach workers.	50.6 MT	50 MT
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Conduct community mobilization sessions and screening in the community using MUAC tapes.	IMC/Tear Fund /RI/KPHF/German Red Cross (GRC)	Corporation for Development Organization (CDO), ZULFA, Fasher Rural Development Network (FRDN) .Cooperazione Internazionale (COOPI), SMOH ¹¹ All these partners organized MUAC screening using different approach, to identify malnourished children and refer them for treatment. The community outreach workers used a door-to-door approach to screen all U5children. GRC, Relief International, FRDN, IMC, RAC, WVI, and Tear Fund all implemented community mobilization and screening activities throughout the project duration.
Activity 2.2	Referral of identified malnourished children and PLWs to TSFP and OTP.	IMC/TearFund/RI/KPHF/GRC/	CDO, ZULFA, RDN. COOPI, SMOH 62,348 newly displaced children were screened for acute malnutrition using MUAC. Of these, 975 were found to be severely malnourished and were referred for treatment to the nearest out-OTP, while 4,948 were found to be moderately malnourished and were referred to WFP for treatment of moderate acute malnutrition.
Activity 2.3	Community outreach activities for sensitization, absentee and default tracing and home visits.	IMC/TearFund/RI/KPHF/GRC/	CDO, ZULFA,FRDN.COOPI,SMoH. Community outreach activities constantly implemented by community health workers during the entire project duration. This enabled to identify the absentees and trace program defaulters, as well as to investigate on the children not gaining weight and those with static weight. Community sensitization, defaulter tracing and home visits are part of the

¹¹ Partners initially planned in the proposal were contracted to implement nutrition activities but not under CERF funding. During 2015 UNICEF and WFP, together with Federal and State Ministries of Health have been implementing a CMAM Scale-Up program in order to reach and treat more children, through an increased amount of community-based MUAC screening. Therefore other implementing partners were identified to carry out planned activities in the community and these new NGOs - CDO, ZULFA, FRDN. COOPI, SMOH were contracted under CERF Funds.

			ToR of community workers supported with food-for-work.
Output 3	About 13,074 MAM children and 2,513 PLW are enrolled in TSFP in 9 target localities in six-month period.		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of children and PLW registered and treated in TSFP	13,074 Children and 2,513 PLW	37,932 children treated and 4,355 PLW treated
Indicator 3.2	Amount (MT) of super cereal plus provided to MAM cases	280.15 MT	447.5 MT
Indicator 3.3	Number of women attending health and nutrition education sessions	2,357	34,081 women attended nutrition education sessions
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Screening and registration of children and PLW in TSFP according to the national guidelines.	IMC/TearFund/RI/KPHF/GRC/	Screening and registration completed according to national guidelines.
Activity 3.2	Provision of supplementary ration to the identified cases of moderate acute malnutrition.	IMC/TearFund/RI/KPHF/GRC/	As part of the standard treatment for MAM supplementary rations were provided to the identified cases of MAM.
Activity 3.3	Health and Nutrition educate for mothers/caretakers on proper use of the provided supplementary food, IYCF, hygiene and sanitation.	IMC/TearFund/RI/KPHF/GRC/	Health and nutrition education sessions organised on a daily basis at health centres, as part of the behaviour change communication.
Output 4	1,921 Severely malnourished children in 9 target localities received high quality treatment of Severe acute malnutrition during a six-month period		
Output 4 Indicators	Description	Target	Reached
Indicator 4.1	Number of new admissions for treatment of severe acute malnutrition	1,921	3,830
Indicator 4.2	Proportion of children admitted for treatment that are cured	80%	87%
Indicator 4.3	Number of health workers and community volunteers trained on screening, referral and treatment of SAM	400	201
Indicator 4.4	Number of RUTF cartons procured	3,830	3,830
Output 4 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 4.1	Procurement of RUTF	UNICEF	3,830 cartons of RUTF were procured and transported to project areas in the Darfur region.
Activity 4.2	Training of health and nutrition staff on application of CMAM protocol; and community volunteers on screening and referral of acutely malnourished children	SMoH	201 health workers and community volunteers received training on screening, referral and treatment of SAM.
Activity 4.3	Community mobilisation including mass screening and referral of	IMC/ARC South Darfur	Community mobilization activities were conducted in IDP camps of Central,

	malnourished children for treatment in high vulnerable areas like camps		Nord and South Darfur by CDO, ZULFA, FRDN, COOPI, and SMoH. 62,348 newly displaced children were screened for acute malnutrition using MUAC.
Activity 4.4	Monitoring and Supervision	UNICEF/SMoH	Monitoring and supervision activities were jointly conducted by UNICEF and SMoH in all the targeted areas.
Output 5	Strengthening IFE practices and micronutrients supports to mothers during emergency		
Output 5 Indicators	Description	Target	Reached
Indicator 5.1	Number of women receiving counselling on IFE	9,281	10,080
Indicator 5.2	Number of safe breastfeeding spaces established	60	36 ¹²
Indicator 5.3	Number of pregnant women receiving iron and folic acid supplementations	3,350	3,213
Output 5 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 5.1	Conduct IYCF counselling sessions to mothers	SMoH	64 mother support groups were formed and 10,080 mothers were counselled for IYCF at community and health facility levels.
Activity 5.2	Establish and maintain safe breastfeeding spaces/corners	SMoH	36 breastfeeding spaces/corners were established and maintained in the targeted IDP camps. The figure is lower than the initially planned, due to the actual need observed on the ground during the response.
Activity 5.3	Provide Iron and folic acid tablets to pregnant women	SMoH	Iron and folic acid was provided to 3,213 pregnant women in the targeted localities.
Output 6	Accurate records maintained and nutrition status of newly displaced accurately assessed		
Output 6 Indicators	Description	Target	Reached
Indicator 6.1	Number of rapid assessments carried out	One for each displacement/emergency alert	Participated in 7 Rapid assessments in Darfur between January and June 2015.
Output 6 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 6.1	Participate in 4 joint rapid assessments	SMoH	7 rapid assessments were conducted in Darfur from January to June 2015 (on a monthly basis). Coordinated by OCHA: HAC, ES/NFIs Project/, UNFPA, UNICEF (Child Protection, Health, Education, WASH,

¹² See Q12 for further explanation of lower target reached than initially planned.

			Nutrition), WHO, UNHCR, WFP, IOM, Ministry of Health (MoH), MoA, Ministry of Social Affairs (MoSA); NNGO Shakir and SAKAR and INGO MSF-E based in Tawilla.
Activity 6.2	Train CMAM staff on data collection and reporting from centre level for 100 staffs to increase the accuracy and efficiency of the reporting	SMoH	The training benefitting 112 health staff on accurate and efficient data collection and reporting was organized by UNICEF and the SMoH.
Activity 6.3	Monitor statistics and data recording at centre level.	SMoH	Statistics and Data recording are being monitored at all times by the MoH in each of the targeted States: North Darfur, South Darfur and Central Darfur.

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:

A higher number of children with SAM were treated compared to what initially was planned, and in-line with the amount of RUTF finally procured. In total 3,830 children were treated for SAM across North, South and West Darfur (Jan-May 2015) with CERF funding. The cure rate for SAM treatment programs across the three states has been well above the SPHERE minimum standard of 80 per cent throughout the implementation period. Fewer health workers were trained than was targeted, this is because all training for CMAM is being carried out systematically at a locality level (for service providers) as part of the CMAM Scale-Up Plan. To date, master training and training of trainers have been carried out; service provider level training will be carried out in the next phase. Number of safe breastfeeding spaces was lower than the target, due to the actual needs observed on the ground during the response.

The partners initially planned in the proposal were still used to implement nutrition activities but not under CERF funding. During 2015 UNICEF and WFP, together with Federal and State MoH have been implementing a CMAM Scale-Up program in order to reach and treat more children, through an increased amount of community-based MUAC screening. Therefore more implementing partners were identified to carry out such activities in the community and these new NGOs were used to implement activities under CERF funding.

The quantities of Super-cereal procured were higher than initially planned. Due to difficulties faced with obtaining custom clearance for the importation of fortified blended flours, Super-cereal (instead of Super-cereal Plus) was locally procured at a cheaper unit cost. The total quantity purchased was therefore higher than initially anticipated. All of the food procured with CERF funds have been used for the project. Rather than increasing the nutrition centres from 30 to 42 as initially planned, it was decided to support the improvement of the coverage of services through increased presence of community outreach workers within the affected communities.

The number of caregiver participating in nutrition education sessions is higher than initially planned due to the higher caseload but also to the increased number of community outreach workers involved in delivering these sessions.

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

UNICEF with support from partners, mainly SMoH in the affected areas of new arrivals of IDPs, coordinated the implementation of all of planned activities, technically supporting all trainings conducted, ensuring smooth prepositioning of supplies needed, assisting NGOs and facilitating their work with the MoH. The monitoring of planned activities was done jointly with SMoH and other implementing partners and all issues raised discussed in the cluster meetings on weekly basis for necessary actions.

The provision of information and awareness raising activities by WFP to affected population was conducted through community workers' sensitisation sessions and information dissemination through local leaders with a particular emphasis on new arrivals (selection criteria, ration size). Screening and active case finding of MAM cases has been focused specifically – but not exclusively – on new arrivals. Through post distribution monitoring, WFP conducted focus groups with affected communities to ensure beneficiaries' entitlements were met and to provide an opportunity to raise complaints.

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

EVALUATION CARRIED OUT

	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

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CERF project information						
1. Agency:	UNICEF WHO		5. CERF grant period:	10.12.14 – 09.06.15 10.12.14 – 09.06.15		
2. CERF project code:	14-RR-CEF-149 14-RR-WHO-073		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Water, Sanitation and Hygiene			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Emergency WASH response to vulnerable new IDPs in 5 localities of North and South Darfur in Sudan					
7. Funding	a. Total project budget:	US \$10,565,245	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US \$6,365,174 ¹³	▪ <i>NGO partners and Red Cross/Crescent:</i>		US \$0	
	c. Amount received from CERF:	US \$878,241 (UNICEF: \$746,790; WHO: \$131,451)	▪ <i>Government Partners:</i>		US \$367,839	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
<i>Children (below 18)</i>	23,075	20,770	43,845	38,046	24,148	62,194
<i>Adults (above 18)</i>	17,300	13,855	31,155	94,847	87,259	182,106
Total	40,375	34,625	75,000	132,893	111,407	244,300
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
<i>Refugees</i>	0		0			
<i>IDPs</i>	75,000		244,300			
<i>Host population</i>	0		0			
<i>Other affected people</i>	0		0			
Total (same as in 8a)	75,000		244,300			
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or</i>	During the implementation period of CERF, mass displacement of IDPs were observed in localities of Umbaru and Tawilla (North Darfur) as well as in Kass IDP camp and Gereida (South Darfur), which were not initially part of the project proposal. Due to the critical					

¹³ Additional funding \$4.8 million from UNICEF core thematic funds, and \$686,933 from CHF 2014.

<i>category distribution, please describe reasons:</i>	<p>lifesaving intervention in the affected areas, CERF funding was used to respond to emerging needs. As a result both target location and caseload responded to had changed. In North Darfur, CERF was mainly used in emergency responses in Umbaru, Tawilla (Daba Nayira) and ZamZam IDP Camp new arrival locations to ensure the immediate water supply needs. Furthermore, in addition to new WASH facilities constructed for the new caseloads of IDPs, the rehabilitation and operation and maintenance of existing facilities enabled many older IDPs to benefit from the restoration and sustenance of WASH facilities.</p> <p>The fund was used to cover important gaps in WES (government counterpart) operational areas in South Darfur. In addition to Otash, Al Salaam and Mosey camps outlined in the proposal, the fund also covered gaps in Kass IDP camps and Gereida camp as there was no other available funding for this activity. The fund was also used to promptly respond to emergency needs arising from sudden, unexpected tribal conflict in Gereida locality.</p>
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CERF Result Framework			
9. Project objective	Address the urgent water, sanitation and hygiene services needs of most vulnerable 75,000 (13,847 men, 17,307 women and 23,078 girls and 20,769 boys under 18) IDPs in the 9 selected localities of Mellit, ZamZam, Elsalam, Marshang, Kalma camp, Rural Nyala (El Serief, Dereige, Beleil, Otash), Umm Dukhun, Mukjar in Central, North and South Darfur states.		
10. Outcome statement	Increased and sustained access to basic lifesaving improved water, sanitation and hygiene services for most vulnerable new IDPs in Central, North and South Darfur States.		
11. Outputs			
Output 1	75,000 (13,847 men, 17,307 women and 23,078 girls and 20,769 boys under 18) IDPs in Central, North, and South Darfur states have sustained access to improved drinking water .		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of IDPs provided with improved/safe water by trucking/tankering	10,000 IDPs provided with safe water by trucking/tankering for 2 weeks.	12,300 IDPs (2,271 men, 2,839 women, 3,785 girls and 3,405 boys) have been provided with improved/safe water by trucking for a period of 45 days (late January to March 2015 in North Darfur.
Indicator 1.2	Number of IDPs provided with improved/safe water through operation and maintenance of existing water supply systems, rehabilitation/ construction of water systems.	75,000 IDPs provided with improved/safe water through operation and maintenance of 6 existing water supply systems, rehabilitation/ construction of 3 motorised water systems and rehabilitation and construction of 65 hand pumps.	244,300 IDPs (94,847 females, 87,259 males, 38,046 girls, 24,148 boys) were provided with improved/safe water reached through operation and maintenance of existing water supply systems, rehabilitation/ construction of water systems in North and South Darfur.

Indicator 1.3	Number of IDPs provided with improved/safe water through chlorination and water quality monitoring of Water systems.	75,000 IDPs provided with improved/safe water through chlorination and water quality monitoring.	59,000 IDPs (20,560 women, 26,640 men and 11,800 children provided with improved/safe water through chlorination and water quality monitoring in ZamZam IDP Camp in El Fashir, Tawilla and El Serief localities.
Indicator 1.4	Number of water quality monitoring, surveillance, and sanitary inspections (twice a months in each location) of the water sources in targeted camps and locations from water sources and house-hold (randomly), produce reports and recommendations, disseminated them, and coordinate with all relevant stakeholders for the implementation of corrective measures.	50,000 IDPs provided with safe water through Chlorination, water quality monitoring and sanitary inspection of water sources: at least 1100 samples tested.	The activity benefitted over 50,000 IDPs. Some 88 water quality monitoring, surveillance, and sanitary inspections of the water sources were conducted. 1,345 water samples taken and analysed from both the water sources and house hold storage tanks.
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Water tankering for the first 2 weeks for 10,000 IDPs in ZamZam, Kalma, rural Nyala and Mukjar locations	UNICEF (WES and NGOs)	12,300 IDPs (2,271 men, 2,839 women, 3,785 girls and 3,405 boys) have been provided with improved/safe water by trucking for a period of 45 days (late January to mid-March 2015 in North Darfur (ZamZam and Dabat Nayra).
Activity 1.2	Rehabilitation of 60 non-functional hand pumps spread throughout the 9 localities, construction of 3 new motorised in Kalma camp, ZamZam camp and Umm Dukhun water supply systems and 5 new hand pumps in Mellit, Marshang and Mukjar and support operation and maintenance of 6 motorised water systems Kalma camp, ZamZam camp, Elsalam and Rural Nyala.	UNICEF (WES)	Two new water supply systems were realized in ZamZam IDPs camp to benefit over 30,000 people. 16 motorized schemes were supported through operation and maintenance (14 in ZamZam and 2 in El Serief) to provide safe water supply to 192,000 individuals. 31 motorized schemes were supported in South Darfur and 4 in East Darfur, for a period of two months. 10 hand pumps were built in South Darfur (3 in Otash camp, 3 in Kalma camp and 4 in Al Salaam) to benefit an additional 10,000 IDPs.
Activity 1.3	Chlorination and water quality testing of 74 water systems including hand pumps, water yards and samples from distribution system in all the selected 9 localities and locations.	UNICEF (WES)	Close monitoring and follow-up of all water supply interventions in all locations was conducted, including

			water quality checks. 16 bladder tanks were chlorinated in ZamZam and one in Tawilla on a daily basis for four months to benefit 59,000 IDPs.
Activity 1.4	1,100 water samples, collected, tested for safety, results analysed and disseminated.	WHO, SMoH	1,345 samples were collected and tested, 12% of these samples required to be referred and tested at the state water quality laboratory.
Output 2	20,000 (3,692 men, 4,615 women and 6,154 girls and 5,538 boys under 18) IDPs in the 9 selected localities of Mellit, ZamZam, Elsalam, Marshang, Kalma camp, Rural Nyala (El Serief, Dereige, Beleil, Otash), Umm Dukhun, Mukjar in Central, North and South Darfur states have access to adequate sanitation facilities.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of shared/communal emergency latrines constructed in Mellit, Rural El Fasher, Kalma camp, Rural Nyala, Umm Dukhun and Mukjar	1,000 shared/communal emergency latrines constructed within a period of 6 months to serve 20,000 people.	A total of 3,075 household latrines constructed/rehabilitated to serve 15,325 people (2, 700 out of the 3,075 latrines were rehabilitated and 375 are new).
Indicator 2.2	Number of community level vector control activities conducted in the targeted locations aiming to decrease the vector density thus reducing the burden and control the outbreaks of vector control diseases	58,000 people covered by 18 vector control campaigns; 33640 children <18 years (17492 girls and 16148 boys) and 24360 adults (13642 women, and 10718 men)	18 integrated vector control campaigns were conducted. 12,800 Households, 60, 000 individuals were benefited directly from these campaigns.
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Construction of 1,000 emergency shared latrines.	UNICEF (WES, MoH and NGOs)	A total of 3,075 household latrines constructed/rehabilitated to serve 15,325 people (2, 700 out of the 3,075 latrines were rehabilitated and 375 are new).
Activity 2.2	Conducting 18 integrated vector control campaigns with health education (health awareness for elimination of breeding sites, larvicide, indoor spraying, dissemination of printed material, etc.) for the prevention and control of water and vector borne diseases.	WHO (SMoH)	18 integrated vector control campaigns were conducted during which the aquatic stage was treated in the existing and potential breeding sites the flying stage was eliminated through both outdoor and indoor spraying. 12,800 Households 60, 000 individuals benefited directly

			from these campaigns. During each campaign 2,000 printed material about the prevention methods from the water and vector borne diseases were distributed.
Output 3	About 75,000 (13,847 men, 17,307 women and 23,078 girls and 20,769 boys under 18) IDPs in the 9 selected localities of Mellit, ZamZam, Elsalam, Marshang, Kalma camp, Rural Nyala (El Serief, Dereige, Beleil, Otash), Umm Dukhun, Mukjar in Central, North and South Darfur states are reached with critical hygiene promotion interventions and key WASH messages.		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of IDPs in Central, North and South Darfur states reached with hygiene messages and awareness raising activities.	75,000 (13,847 men, 17,307 women and 23,078 girls and 20,769 boys under 18) IDPs in Central, North and South Darfur states reached with hygiene messages and awareness raising activities.	130, 609 IDPs (66,611 Female and 63,998 Male) reached with hygiene messages and awareness raising activities in South Darfur.
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Training /orientation of 120 community health volunteers and promoters including female members from the 9 selected and prioritized localities on hygiene promotion	UNICEF (WES, MoH and NGOs)	40 community health volunteers were trained on hygiene promotion from the three localities of implementation of the campaigns.
Activity 3.2	Disseminate hygiene messages through hygiene/cleaning campaigns, house visits, media and community hygiene promoters	UNICEF (WES, MoH and NGOs)	In Otash, Kash and Mussei camps (South Darfur) hygiene messages were disseminated through cleaning campaigns and regular hygiene promotion activities for a period of 3 months benefitting some 130,609 IDPs.
Activity 3.3	Printing and distribution of 1,200 sets of IEC material	UNICEF (WES, MoH and NGOs)	500 sets of IEC material were printed and distributed to support the implementation of the cleaning and hygiene campaigns.

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:

The WASH project proposal aim was to use CERF funding for interventions in El Fasher Rural/Korma, Mellit and ZamZam IDP camps, however an early unexpected humanitarian situation developed in early 2015, characterized by new displacements in locations in Um Bare, Tawilla and ZamZam IDP Camp have dictated the areas of focus. Neither UNICEF nor other sector partners had funding to rapidly respond to meet the humanitarian needs in Umbaru and Tawilla. UNICEF as a sector lead and provider of the last resort used the only

available funding available from CERF, to respond to the immediate needs in the new arrival locations. Similarly there was a funding gap to support the operation, maintenance cost of three water yards in El Serief IDP camp, and CERF funds were used to cover the needs for a period of two months. CERF funding, was utilised to cover gaps in Kass IDP camps and Gereida camp as there was no other available funding for this activity. The fund was also used to promptly respond to emergency needs arising from sudden, unexpected tribal conflict in Gereida locality in partnership with government counterpart, providing access to safe means of excrete disposal to 125 households (625 individuals of which 319 are females and 306 males) through the construction of 125 household latrines.

As a result of these shift in locations, some localities initially target by CERF funding were covered under different funding sources (including CHF and UNICEF Global Thematic funds); these localities are: rural El Fasher/Korma, Mellit (North Darfur), Rural Nyala, Kalma camp (South Darfur) and Umm Dukhun (Central Darfur). However, overall, all the localities initially target by the CERF project benefitted from the WASH services thanks to the complementarities with these different sources of funding. Additionally, there is significant discrepancy on the beneficiary population attributed to the number of new IDPs and host community reached in the new displacement areas in 2015. In the proposal, 75,000 IDPs were planned to be reached through operation and maintenance of existing water supply systems, rehabilitation/ construction of motorised water systems and rehabilitation and construction of hand pump water systems. Actually over 556,000 IDPs and host community population was reached in North and South Darfur states using CERF through operation and maintenance of existing water supply systems, rehabilitation/ construction of motorised water systems and rehabilitation and construction of hand pumps.

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

During the implementation and monitoring of CERF funded projects close follow up and regular meetings were held with the affected populations and findings were discussed in WASH coordination meetings in which gaps and concerns raised by the beneficiary people were attended to.

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

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

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-152	Nutrition	UNICEF	ZULFA - Zulfa Development and Peace Organization	Yes	NNGO	\$9,354	22-Feb-15	22-Feb-15	
14-RR-CEF-152	Nutrition	UNICEF	FRDN - Fasher Rural Development Network	Yes	NNGO	\$30,499	11-Mar-15	12-Mar-15	
14-RR-CEF-152	Nutrition	UNICEF	CDO - Corporation for Development Organization	Yes	NNGO	\$26,421	22-Feb-15	23-Feb-15	
14-RR-CEF-152	Nutrition	UNICEF	COOPI - Cooperazione Internazionale	Yes	INGO	\$58,870	22-Jan-15	23-Jan-15	
14-RR-CEF-148	Health	UNICEF	HAD - Humanitarian Aid for Development	Yes	NNGO	\$19,872	20-Apr-15	1-May-15	
14-RR-CEF-148	Health	UNICEF	Anhar	Yes	NNGO	\$21,290	1-Jun-15	1-Jun-15	
14-RR-WFP-076	Nutrition	WFP	American Refugee Council (ARC)	Yes	INGO	\$53,300	17-Dec-14	1-Dec-14	WFP has diverted commodities from ongoing programmes to be able to respond faster, while utilizing CERF funds to replenish those commodities. Equally, WFP relies on its existing partnerships in localities affected by the emergency which allows for a fast response.
14-RR-WFP-076	Nutrition	WFP	International Medical Corps	Yes	INGO	\$2,953	19-Mar-15	1-Dec-14	WFP has diverted commodities from ongoing programmes to be able to respond faster, while utilizing CERF funds to replenish those commodities. Equally, WFP relies on its existing partnerships in localities affected by the emergency which allows for a fast response.

14-RR-WFP-076	Nutrition	WFP	World Vision International	Yes	INGO	\$45,360	11-Feb-15	1-Dec-14	WFP has diverted commodities from ongoing programmes to be able to respond faster, while utilizing CERF funds to replenish those commodities. Equally, WFP relies on its existing partnerships in localities affected by the emergency which allows for a fast response.
14-RR-WFP-076	Nutrition	WFP	Tearfund	Yes	INGO	\$8,748	30-Dec-14	1-Dec-14	WFP has diverted commodities from ongoing programmes to be able to respond faster, while utilizing CERF funds to replenish those commodities. Equally, WFP relies on its existing partnerships in localities affected by the emergency which allows for a fast response.
14-RR-WFP-076	Nutrition	WFP	Relief International	Yes	INGO	\$10,200	16-Mar-15	1-Dec-14	WFP has diverted commodities from ongoing programmes to be able to respond faster, while utilizing CERF funds to replenish those commodities. Equally, WFP relies on its existing partnerships in localities affected by the emergency which allows for a fast response.
14-RR-WFP-076	Nutrition	WFP	FRDN - Fasher Rural Development Network	Yes	NNGO	\$13,238	31-Dec-14	1-Dec-14	WFP has diverted commodities from ongoing programmes to be able to respond faster, while utilizing CERF funds to replenish those commodities. Equally, WFP relies on its existing partnerships in localities affected by the emergency which allows for a fast response.
14-RR-FAO-034	Agriculture	FAO	Mubadiroon Organization for Prevention of Disaster & War Impact (MADAR)	No	NNGO	\$16,447	9-Feb-15	5-Feb-15	Starting date corresponds to the date of signature of the Letter of Agreement (LoA)

14-RR-FAO-034	Agriculture	FAO	Peace and Development National Organization (PDNO)	No	NNGO	\$18,364	21-Jan-15	19-Jan-15	Starting date corresponds to the date of signature of the Letter of Agreement (LoA)
14-RR-FAO-034	Agriculture	FAO	Practical Action	No	INGO	\$32,398	4-Mar-15	24-Feb-15	Starting date corresponds to the date of signature of the Letter of Agreement (LoA)
14-RR-FAO-034	Agriculture	FAO	Community Revolving Livestock Recovery Society (CRLRS)	No	NNGO	\$6,837	4-Mar-15	24-Feb-15	Starting date corresponds to the date of signature of the Letter of Agreement (LoA)
14-RR-WFP-075	Food Assistance	WFP	German Red Cross	Yes	INGO	\$5,018	1-Mar-15	15-Dec-14	CERF funds were used to replenish food stocks from existing programmes to meet the urgent new needs.
14-RR-WFP-075	Food Assistance	WFP	AHA	Yes	INGO	\$38,828	25-Mar-15	15-Dec-14	CERF funds were used to replenish food stocks from existing programmes to meet the urgent new needs.
14-RR-WFP-075	Food Assistance	WFP	GAA	Yes	INGO	\$13,078	19-Apr-15	15-Dec-14	CERF funds were used to replenish food stocks from existing programmes to meet the urgent new needs.
14-RR-WFP-075	Food Assistance	WFP	AFAG	Yes	NNGO	\$41,052	9-Apr-15	15-Dec-14	CERF funds were used to replenish food stocks from existing programmes to meet the urgent new needs.
14-RR-WFP-075	Food Assistance	WFP	World Vision International	Yes	INGO	\$72,258	1-Mar-15	15-Dec-14	CERF funds were used to replenish food stocks from existing programmes to meet the urgent new needs.
14-RR-WHO-072	Health	WHO	International Medical Corps	No	INGO	\$62,996	18-Mar-15	1-Feb-15	Final fund transferred will be confirmed once final financial report is submitted by the NGO.
14-RR-WHO-072	Health	WHO	American Refugee Council (ARC)	No	INGO	\$40,000	18-Mar-15	25-Jan-15	Final fund transferred will be confirmed once final financial report is submitted by the NGO.
14-RR-WHO-072	Health	WHO	Sudanese Red Crescent Society (SRCS)	No	RedC	\$38,000	11-Feb-15	25-Jan-15	Final fund transferred will be confirmed once final financial report is submitted by the NGO.
14-RR-WHO-072	Health	WHO	Care International	No	INGO	\$40,000	11-Feb-15	21-Jan-15	Final fund transferred will be confirmed once final financial report is submitted by the NGO.

14-RR-WHO-072	Health	WHO	ELBAGIYAT VOLUNTARY ORGANIZATION	No	NNGO	\$26,507	11-Feb-15	22-Jan-15	
14-RR-WHO-072	Health	WHO	Anhar for Peace, Development And Humanitarian Work Organizatio	No	NNGO	\$29,200	11-Feb-15	21-Jan-15	
14-RR-WHO-072	Health	WHO	ZULFA - Zulfa Development and Peace Organization	No	NNGO	\$29,227	11-Feb-15	1-Feb-15	
14-RR-WHO-072	Health	WHO	HAD - Humanitarian Aid for Development	No	NNGO	\$31,147	11-Feb-15	21-Jan-15	
14-RR-WHO-072	Health	WHO	Um El Rahma Charitable Organisation	No	NNGO	\$25,307	11-Feb-15	21-Jan-15	
14-RR-CEF-148	Health	UNICEF	HAD - Humanitarian Aid for Development	Yes	NNGO	\$19,872	20-Apr-15	1-May-15	
14-RR-CEF-148	Health	UNICEF	Anhar for Peace, Development And Humanitarian Work Organizatio	Yes	NNGO	\$21,290	1-Jun-15	1-Jun-15	
14-RR-CEF-149	Health	UNFPA	Patients Helping Fund	Yes	NNGO	\$9,226	9-Apr-15	10-Apr-15	
14-RR-CEF-149	Health	UNFPA	American Refugee Committee	Yes	INGO	\$26,072	22-Apr-15	25-Apr-15	Amount of \$2,257.01 was refunded

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AFO	Agency Field Offices
Anhar	Anhar for Peace, Development And Humanitarian Work Organization
ARC	American Refugee council
CBM	Community Based Management
CBO's	Community Based Organizations
CDO	Corporation for Development Organization
CHF	Common Humanitarian Fund
CFR	Case Fatality Rate
COOPI	Cooperazione Internazionale
CRLRS	Community Revolving Livestock Recovery Society
EMOP	Emergency Operations
EPI	Expanded Programme on Immunization
ES/NFIs	Emergency Shelter and Non-food items
FAO	Food and Agriculture Organization of the United Nations
FAP	Food and Agriculture Organization of the United Nations
FSL	Food Security and Livelihood
GAM	Global Acute Malnutrition
GFD	General Food Distributions
GRC	German Red Cross
HAD	Humanitarian Aid for Development
HCT	Humanitarian Country Team
IDP's	Internally Displaced Persons
IEC	Informational, Education and Communication
IMC	International Medical Corp
IMCI	Integrated Management of Childhood Illnesses
IOM	International Organisation for Migration
IPs	Implementing partners
ISCG	Inter-sector Coordination Group
IYFC	Integrated Young Child Feeding
LLITN	Long Lasting Insecticide Treated Nets
MADAR	Mubadiroon Organization for Prevention of Disaster and War Impact
MAM	Moderate Acute Malnutrition
MoA	Ministry of Agriculture
MoH	Ministry of Health
MUAC	Mid-Upper Arm Circumference
NGO	Non-governmental Organisations
O&M	Operation And Maintenance
ORD	Oral Rehydration Salts
PDNO	Peace and Development National Organization
PHC	Primary Health Care
PLC	Pregnant and Lactating Women
RDN	Fasher Rural Development Network
RR	Rapid Response
RUTF	Ready to Use Therapeutic Food
SAM	Severe Acute Malnutrition
SMoH	State Ministry of Health
SPR	Standard Project Report
SRCS	Sudanese Red Crescent Society

SRP	Strategic Response Plan
TSFP	targeted supplementary feeding programme
UNAMID	United Nations-African Mission in Darfur
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WES	Department of Water and Sanitation
WFP	World Food Program
WHO	World Health organisations
Zulfa	Zulfa Development and Peace Organization