



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 DISPLACEMENT 2014**

RESIDENT/HUMANITARIAN COORDINATOR

Ms Marta Ruedas

REPORTING PROCESS AND CONSULTATION SUMMARY

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

A series of meetings took place between 4 and 9 June with WHO, UNICEF, UNFPA, WFP, UNHCR, IOM to review the CERF and identify critical gaps in programming.

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

YES NO

The Report was circulated to the HCT prior to submission to the CERF Secretariat and discussed in detail at an HCT meeting in January, 2016.

- 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 IP, cluster/sector coordinators and members and relevant government counterparts)?

YES NO

The report was shared with the Refugee Multi Sector (RMS) sector and circulated to the members of the HCT

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response:		
Breakdown of total response funding received by source	Source	Amount
	CERF	8,833,751
	COUNTRY-BASED POOL FUND (<i>if applicable</i>)	2,100,000
	OTHER (bilateral/multilateral)	13,599,585
	TOTAL	24,533,336

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 19 November 2014			
Agency	Project code	Cluster/Sector	Amount
UNICEF	14-RR-CEF-167	Education	413,362
UNICEF	14-RR-CEF-168	Nutrition	1,072,298
UNICEF	14-RR-CEF-169	Water, Sanitation and Hygiene	1,354,934
UNICEF	14-RR-CEF-170	Protection	304,611
UNICEF	14-RR-CEF-171	Health	650,052
UNFPA	14-RR-FPA-048	Protection	242,355
UNFPA	14-RR-FPA-049	Health	319,466
UNHCR	14-RR-HCR-051	Non-Food Items	430,177
UNHCR	14-RR-HCR-052	Protection	554,835
IOM	14-RR-IOM-046	Water, Sanitation and Hygiene	115,871
WFP	14-RR-WFP-084	Nutrition	767,533
WFP	14-RR-WFP-085	Food Aid	1,489,257
WHO	14-RR-WHO-080	Water, Sanitation and Hygiene	100,000
WHO	14-RR-WHO-081	Health	1,019,000
TOTAL			8,833,751

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

Type of implementation modality	Amount
Direct UN agencies/IOM implementation	5,793,791
Funds forwarded to NGOs for implementation	1,742,362
Funds forwarded to government partners	1,297,598
TOTAL	8,833,751

HUMANITARIAN NEEDS

The political conflict erupted in South Sudan on the 15 December 2013, causing mass internal displacement and huge refugee outflows to the surrounding countries of Ethiopia, Kenya, Sudan and Uganda. The ongoing conflict resulted in a steady increase of South Sudanese crossing the border to seek safety. New arrivals were reaching border areas exhausted, nutritionally weak and in poor health, with many traumatized after having travelled in difficult conditions to escape on-going violence and conflict. Those who fled had come without significant belongings or any livestock, and for the most part without capital to support themselves. By October 2014, the number of newly arrived South Sudanese in Sudan had reached just over 100,000 with almost half residing in White Nile State (WNS). Eighty per cent of the South Sudanese in WNS were being hosted in the four relocation sites of Al Redis, Jouri, El Kashafa and Al Alagaya, with the remainder spread amongst the local host communities, including in the urban areas of Rabak and Kosti, and in border areas. Until July 2014, the inhabitants of Al Redis, Jouri and El Kashafa were also housed in Kilo 10, a larger flood prone site, from which refugees were moved in advance of the rainy season. All four sites in WNS soon surpassed their capacity, and new sites were being identified by the Government of Sudan to accommodate further arrivals and decongest the existing sites where minimal standards in some sectors were unable to be met due to lack of land availability.

Khartoum State was the second highest recipient state, with a total of 31,213 (19 November) South Sudanese. The majority were living in 31 different residential and open areas, having joined their family members and friends who remained in Sudan following secession in 2011. Refugees were arriving steadily and by October it was averaging 100-200 per week. These areas in Khartoum were also home to approximately 40,000 South Sudanese who were either not willing or not able to return to South Sudan upon secession. The situation in these areas in terms of basic services were desperate as they were intended as transit sites and permission to upgrade them was denied so as not to create permanent sites, resulting in camp-like situations with makeshift shelters and lack of access to water and electricity. In the open areas, the new arrivals and those already living there were mixed together completely in the various different sites.

South Kordofan State (SKS) was also an important entry point, with just under 15,000 refugees, mainly in Alleri and Abu Jibeiha localities, residing in community settings in the three villages of Alleri West, Gried and Gdeid. In the initial stages of the emergency, the inflow from South Sudan was mainly into SKS, which then shifted mid-year to WNS, reflecting changing conflict dynamics in South Sudan. West Kordofan State (WKS) and Blue Nile States (BNS) host 3,859 and 3,661 South Sudanese respectively, whom were accommodated within local host communities. WNS, SKS and Khartoum remained the most accessible areas for humanitarian assistance, with many partners active on the ground. In BNS and WKS accessibility was hindered by active conflict, access constraints and geographical impediments.

II. FOCUS AREAS AND PRIORITIZATION

A variety of sector specific and multi-sector needs assessments took place in Khartoum, SKS and WNS, where 93 per cent of new arrivals were situated. These included ES/NFI Monitoring and Post Distribution Monitoring Assessment (WNS), inter-agency assessment (WKS, WNS, SKS), Ministry of Social Welfare (MoSW) child protection assessment (WNS) and Global Aid Hand (GAH) child protection assessment (SKS), Education Rapid Assessment for refugees and host communities (WNS), Inter-agency Donor mission (Department for International Development (DFID), European Commission's Humanitarian Aid and Civil Protection (ECHO), UNHCR, WFP, UNICEF, ASSIST Disability Assessment (WNS), Health inter-agency assessment (WNS), Joint Government and Inter-sectoral Assessment of SKS Eastern Corridor, ASSIST Firewood Collection Assessment, Extremely Vulnerable Individual monitoring report and livelihoods report, MoSW and Elbir Assessment of Unaccompanied and separated children (WNS), UNHCR monitoring team mission (WNS) and WFP post-distribution Monitoring (WNS,SKS,WKS).

What	Who	Where
ES/NFI Monitoring and Post Distribution Monitoring Assessment	Sudanese Red Crescent Society (SRCS)	WNS
Inter-agency assessment	Commissioner for Refugees (COR), SRCS, WFP, IOM, UNICEF,	WKS, WNS, SKS
Child protection assessment	Ministry of Social Welfare (MoSW) and Global Aid Hand (GAH)	WNS, SKS
Education Rapid Assessment for refugees and host communities	Ministry of Education (MoE), Government Humanitarian Aid Commission (HAC), UNHCR, UNICEF, SRCS, Plan Sudan, Adventist Development and Relief Agency (ADRA), Friends of Peace and Development Organization (FPDO), Rafa Organization	WNS
Inter-agency / donors mission	UK Department for International Development (DFID), European Commission's Humanitarian Aid and Civil Protection (ECHO), UNHCR, WFP, UNICEF	WNS
ASSIST Disability Assessment	Organization for Voluntary Humanitarian Assistance Program (ASSIST)	WNS
Health inter-agency assessment	WHO, UNFPA	WNS
Joint Government and Inter-sectoral Assessment of SKS Eastern Corridor	UNHCR, UNICEF, HAC	SKS
ASSIST Firewood Collection Assessment,	ASSIST	WNS
ASSIST Extremely Vulnerable Individual (EVI) monitoring report and livelihoods report	ASSIST	WNS
MoSW and Elbir Assessment of Unaccompanied and separated children	MoSW and Elbir Organization	WNS
UNHCR monitoring team mission	UNHCR	WNS
WFP post-distribution Monitoring	WFP	WNS,SKS,WKS

Weekly overall arrivals statistics were available for Khartoum and SKS, while more specific demographic data was available through on-going household registration in the four camps in WNS. In the WNS camps, 73 per cent of inhabitants were children up to the age of 17, while 4 per cent were over the age of 60. The percentage of female headed households in the four camps ranged from 88 to 94 per cent, giving a higher than normal prevalence of women and children even within an emergency setting. In late May 2014, a large scale Rapid Needs Assessment was undertaken in Khartoum for the open areas, which were areas originally intended as transit sites during large scale return upon secession of Sudan and South Sudan. The assessment, the first of its kind in over two years, highlighted community approximations of around 40 per cent children, in some cases up to 70 per cent across the 31 different open areas, with a range of between 50 per cent and 80 per cent female headed households in several locations. Nearly 300 separated children were identified in Khartoum, from a total of 625 identified across the three main intervention states.

Those who have fled came without significant belongings or any livestock, and for the most part without means to support themselves. Mortality rates once refugees had reached Sudan remained low, with the most common complaints being respiratory infections and Malaria, but given the overall low quality and coverage of healthcare in Sudan, potential disease outbreaks and increased mortality remained a key concern. Proxy Global Acute Malnutrition rates in the first six months showed a prevalence of around 20 per cent, well above the emergency threshold. While interventions helped to reduce this rate, there were concerns that, given the dire predictions of food insecurity in South Sudan, the overall health of new arrivals would deteriorate. Water and sanitation interventions struggled to cope with the on-going influx. While water levels in WNS fluctuated between 10 and 15 litres per person per day, the continued influx and the lack of access during rainy season meant much more investment was needed to ensure lack of clean water did not raise the potential for

disease. Water access in SKS was a particular cause for concern, at just 3.3 litres per person per day in Darbati and Greid villages. Sanitation was also in dire need of bolstering, with an average of 41 persons per latrine in the camps. Of particular alarm was Al Alagaya camp, where there were 142 people per latrine, significantly above the threshold of 20 people per latrine. In SKS, the ratio was also well above the emergency threshold at 74 people per latrine in Darbati.

Given the complexity and scale of the emergency response for South Sudanese refugees entering Sudan, the CERF was not able to respond to all needs, but instead focused on the areas of most immediate need and highest impact, including Khartoum, Khartoum State Abu Jibeiha and Alleri, SKS, El Merem, Abyei, West Kordofan State, and El Salam and El Jabelien, WNS. Immediate life-saving activities in all sectors such as food, nutrition, health, water, sanitation and hygiene, as well as emergency shelter and non-food items, were identified as key priorities. South Sudanese were also arriving to areas where protection mechanisms were extremely limited, while potential risks given the refugee demographics were potentially very high, particularly as pertains to gender based violence and separated children.

At the time of the CERF in late 2014, UNHCR and partners sought to harmonize additional funding available through the CHF Emergency Reserve and the CHF first round allocation 2015. As a result, FAO received US\$ 800,000 from the CHF Emergency Reserve in December 2014 to pursue livelihoods activities which could not be included under the CERF. The CHF Strategy for the Refugee Multi Sector included a focus on SKS and Khartoum, excluding WNS to enhance impact of funds, given the large percentage of CERF funds which were allocated to WNS and approximately US\$ 1.3 million was provided to partners.

III. CERF PROCESS

As a refugee emergency, UNHCR is coordinating the response. However, with the Refugee Coordination Model being employed in Sudan and the Joint UNHCR-OCHA note on Mixed Situations, this response aims to enhance partnership and coordination by also tapping into existing structures in Sudan, particularly as there is a robust and developed cluster system owing to the large IDP operation in the country. For the purposes of this emergency, UNHCR utilized the already existing Refugee Multi-Sector within the IASC cluster system as a coordinating body to bring together not only partners, but also sector leads covering specific areas of intervention, utilizing their coordination network, knowledge and expertise to this refugee emergency. This body meets on a regular basis to share knowledge and current gaps, monitoring and planning purposes, including resource mobilization tools such as the regional Refugee Response Plan and CERF allocations.

This prioritization process for this CERF allocation employed a bottom-up approach after consultation with sectors and partners. Sectors were asked to perform a prioritization exercise focusing on the most pressing gaps and issues in their respective area, and to provide a realistic and well calculated budget, taking into account other funding available. Rather than arbitrarily impose a limit to the number of sectors represented, it took a holistic approach to come up with the truly most pressing issues. 80 per cent of funding was focused on four areas of intervention: food security (Food security and Livelihood (FSL) Sector), health, Water Sanitation and Hygiene (WASH), and nutrition, where the gaps were particularly acute and posed an ongoing threat to life. The remaining 20 per cent targeted protection, particularly child protection, Education in Emergencies and adequate reception and response mechanisms, as all actions in the emergency response, as well as this strategy, require an underlying improved protection environment to succeed. The ES/NFI gap was also included, as lack of shelter and basic items greatly diminishes the impact of other services. The strategy took into account that activities are interlinked, where for example health activities would have little impact without adequate sanitation in the same area, and nutrition interventions would not be sustainable if access to food is not made available. The total cost of the intervention was approximately US\$ 13 million. Further prioritizations took place in consultation with each sector and UNHCR sector specialist focal points (child protection, health, nutrition, WASH) with support of the HCT to achieve maximum value of the CERF money. The overall process was transparent and consultative, and resulted in an agreed allocation of 9 million which highlighted not only the most dire needs of the refugee population, but also ensures advocacy for other complementary funding streams highlighting urgent areas of intervention which could not be covered in this allocation. The overall strategy was discussed and endorsed by the Humanitarian Country Team in a meeting early November, where the Resident/Humanitarian Co-ordinator also endorsed the strategy of applying for CHF Emergency Reserve funding to cover livelihoods activities which could not fall under the CERF.

Concurrent to this CERF proposal, the CHF Emergency Reserve was also open for applications in Sudan, and priorities under livelihoods were discussed as being complementary to the CERF proposal, as they could not be prioritized by CERF.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR¹

Total number of individuals affected by the crisis:									
Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Education	1,688	49	1,707	2,357	123	2,480	4,045	172	4,217
Emergency Shelter/Non-food Items	975	975	1,950	975	975	1,950	1,950	1,950	3,900
Food Security	24,431	18,908	43,339	20,923	3,598	24,521	45,354	22,506	67,860
Nutrition	18,463	2,425	20,888	17,387	0	17,387	35,850	2,425	38,275
Water, Sanitation and Hygiene	20,538	30,800	51,338	13,689	20,537	34,226	34,227	51,337	85,564
Protection	40,990	19,415	60,405	37,574	15,884	53,458	78,564	35,299	113,863
Health	27,194	31,924	59,118	25,648	28,922	54,570	52,296	61,392	113,688

¹ Best estimate of the number of individuals (girls, women, boys, and men) directly supported through CERF funding by cluster/sector.

BENEFICIARY ESTIMATION

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING²

	Children (< 18)	Adults (≥ 18)	Total
Female	47,266	22,387	69,653
Male	43,327	18,317	61,644
Total individuals (Female and male)	90,593	40,704	131,297

² Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding. This should, as best possible, exclude significant overlaps and double counting between the sectors.

Beneficiary estimations per sector are as follows;

Emergency Shelter/Non-food Items (ES/NFI) : UNHCR uses a standard of 5 people per household.

Education: beneficiaries were calculated by number of children accessing safe learning spaces and number of teachers trained.

Food Security: the number of beneficiaries reached reflects the total number of South Sudanese refugees who received a monthly food ration during the project period. This means that those refugees receiving more than one month's ration were not counted again the next time that they receive (food) entitlements. Beneficiaries were estimated based on refugee arrival rates and predicted arrival rates (over the course of the project period) received from UNHCR. Distribution lists containing the names of each and every household were then compiled and cross-checked to ensure that refugees already reflected in the list were not erroneously included.

Nutrition: beneficiary figures were calculated based on the total number of children screened for malnutrition through Mid-Upper Arm Circumference (MUAC) in the first three months. The total number of children screened (64,626) includes every screening episode carried out, and does not reflect individual children screened. Some children are likely to be screened more than once. In an attempt to

avoid double-counting of children screened, it is assumed that after the first three months of the project, the children screened are majority new arrivals. The total number of adults reflects the number of females (2,425) who benefited from food complements through emergency blanket supplementary feeding (e-BSFP). 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 (AFOs) in consultation with the other IP (IP's). Secondly, all state level data were aggregated by the Agencies' country offices at Khartoum level.

Health: the calculation of the direct beneficiaries for health has been done using the data recorded and reported by the health facilities and implementing agencies providing services for the South Sudanese refugees. This includes information on the number of beneficiaries of curative care services, maternal and reproductive health, expanded program of immunization and other outreach services, such as health promotion and mass campaigns. To avoid double counting, the number of curative consultation per age group, first antenatal visits and deliveries, number of children vaccinated, number of health staff trained and the number of people that directly benefited from health education campaigns were used.

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 AFOs and IPs. The reports gave detailed information about the number of people, disaggregated by gender, who benefitted from the CERF funding. In order to achieve a reasonable estimation of the project's beneficiaries, detailed excel matrixes were developed using data received from partners. The beneficiary figures calculation for the communal or shared emergency latrines for South Sudanese refugee is based on SPHERE standard (one drop holes for 20 person). For shared household latrine, we use one-drop hole for four families (one family with size of 5 people).

Protection: the overall figure of new arrivals from January to June 2015 (79,837 individuals) was used as a good indicator for the number of individuals who received emergency protection assistance upon arrival in the border receptions or at the camps in WNS. The total number of individuals registered in Khartoum was added to this figure as well as an additional 18,151 who benefited from mine risk education in SKS to provide an estimate of the total population reached. The total beneficiary figures were calculated based on registration figures in Khartoum, overall registration figures of new arrivals in WNS and interagency report as well as partner reports for SKS and WKS which confirm new arrival figures based on first time assistance received.

CERF RESULTS

Despite the complex working environment for Sudan, CERF funds have enabled the South Sudan response to provide life-saving services to over 130,000 South Sudanese refugees in the country: nearly 80,000 in the sites in WNS, over 35,000 in SKS and WKS, and over 15,000 in Khartoum. Additionally, many thousand host community members also benefit from those services, particularly in healthcare.

The main achievements by area of intervention are as follows:

Education: UNICEF ensured that 4,045 South Sudanese Refugees children (42 per cent girls) are accessing safe learning spaces through 50 temporary learning spaces, equipped with latrines and water facilities units, in WNS (35) and SKS (15). The initially planned target of constructing 55 temporary learning spaces could not be met due to inflation in the construction prices; however the number of children reached still surpassed the target. 10 school latrines, with hand washing facilities, were established, 7 in WNS and 3 in SKS with complementary funds. In addition, 172 teachers (28 per cent women) in WNS and SKS developed skills in education in emergency and psycho-social support which were used to assist 394 students to meaningfully engage in schools. More beneficiaries than planned were reached as a result of ongoing new arrivals due to conflict in South Sudan

ESNFI: UNHCR gave both lifesaving NFI kits and emergency shelter materials to 780 vulnerable households in WNS. This covered new arrivals until the end of 2014, with the remaining gaps filled by previously secured DfID funding in 2014 and CHF Special Allocation 2015 funding received for a pipeline for the RMS.

Food Security: A total of 67,860 refugees were reached with emergency food assistance during the months of January and February with, totalling 2,328 metric tonnes of food in WNS and SKS state. In total, WFP reached 153 per cent of its target for food distribution, while reaching 95 per cent of its target for number of planned beneficiaries.

Health: WHO has ensured that 89 per cent of South Sudanese arrivals settled in 7 sites in WNS were covered by integrated Primary Health Care services, this included 71,165 curative consultations and 1,494 first visit of Ante Natal Care (ANC). 93 medical staff and Community Health Workers (CHW) were trained on early warning and surveillance of disease to ensure maximum use of the protocols and 170 were trained on reproductive health topics. This has contributed to no reported disease outbreaks in the refugee community. In

SKS, South Sudanese Refugees and host communities benefitted from health services through mobile clinics coordinated by UNICEF and provided by the State Ministry of Health (SMoH). 2,784 consultations were recorded through mobile clinics in SKS and 1,620 people were given health awareness education sessions. In SKS, one fixed site and one mobile clinic were provided with essentials medicines, reaching 2,307 consultations. Further health services were provided through fixed sites clinics with 30,214 consultations provided in WNS. 10,518 measles doses were used for vaccination, and the coverage for measles reached 79 percent, while that for Penta 3 reached 68 percent (when annualized, both coverage rate reach 100 percent. UNFPA distributed clean delivery kits, in coordination with UNHCR, to health facilities in Khartoum benefitting 200 pregnant women and 150 kits in SKS and WKS. In WNS, referral system was supported by equipping two ambulances with lifesaving Emergency Obstetric Care (EmOC) instruments and provided support to 59 EmONC cases in both WNS and Khartoum states. Distribution of various reproductive health kits ensured sufficient medical supplies and consumables for sustaining services in the 4 health facilities serving Al Alagaya, Al Redis, Jouri and Algabalein sites in WNS, in addition to Gedied, Algala, and Abugebeha hospital) and Elirri locality (Liri Sharg, Lunu). Some 170 health staff were trained with the support of UNFPA in different reproductive health issues to respond to need of South Sudanese community.

Nutrition: UNICEF has ensured that treatment for Severe Acute Malnutrition (SAM) was available for 100 per cent of detected cases in WNS, and has reached 2,455 children under 5. Individual child feeding counselling and breastfeeding support was provided to 3,743 mothers in WNS and in Khartoum (the figure is higher than the original target due to the continuous and higher than expected number of SSR arrivals). 64,626 children of South Sudanese refugees were screened for acute malnutrition using MUAC. Some 559 severely malnourished and referred to out-patient treatment program (OTP), with an overall cure rate of 77 per cent and 2,486 were found to be moderately malnourished and were referred for treatment. WFP distributed specialized nutrition product for the prevention of acute malnutrition (eBSFP) to 6,383 children under five in WNS sites. To supplement the food distribution, a total of 373.94 MT of specialized nutrition foods were distributed to 16,822 girls, boys and pregnant & lactating women who were either moderately acute malnourished (MAM) or at risk of MAM in WNS and SKS. Finally, 54 per cent e-BSFP coverage was achieved, all arriving SSR Pregnant and Lactating Women (PLW) and children (6-59 m) had access to e-BSFP services in all camps in WNS and SKS. More refugees than initially planned, especially children, benefitted from nutrition services as the continuation of the conflict in South Sudan caused a higher refugee influx than expected. As a result, Global Acute Malnutrition has dropped from a concerning rate of up to 19 per cent to well within emergency levels, now at 2-4 per cent.

Protection: UNHCR has established two reception centres at Joda and El Kuek border crossings into WNS as well as established temporary reception areas in the camps in WNS following the influxes. 15,875 individuals were registered in the Khartoum Open Areas as part of relocation plans to Bantiu site in Jabal Aulia locality, allowing for relocation in safety in dignity, as well as gathering a more accurate picture of individual needs. UNICEF supported 17,447 children with psycho-social support in WNS, SKS and Khartoum States. This was possible through the establishment of 24 Community based child protection networks (CBCPN) and the training of 170 members. 159 South Sudanese children (114 boys and 45 girls) were reunified or placed into alternative care arrangements in WNS (Jori and Algaya refugee camps), SKS (Abujubiha, Rashad and Gedaid localities) and Khartoum urban areas. In order to further improve access of unaccompanied and separated children to appropriate family based care arrangements, 116 Cases workers received training on Family Tracing and Reunification (FTR). Awareness raising campaigns reached 10,314 (3,127 boys, 3,035 girls, 2,295 men and 1,857 women) individuals. UNFPA has delivered 470 personal hygiene kits in SKS and 4,370 in WNS. In Khartoum, 152 protection networks members were sensitized on protection and Gender-Based Violence (GBV) issues to enable them to respond to the needs of GBV survivors. 39 reported cases of GBV were referred for medical services, psychosocial support, legal aid and overall protection. In WNS, 1,586 South Sudanese community members were sensitized on GBV issues. Two new women centres were constructed to provide a safe space where they could receive psychosocial support and where awareness of GBV issues could be raised. In addition, 174 including GBV IPs, protection network members, and social workers have been trained on case identification and management, referral pathway and psychosocial support. In SKS, 2 women protection networks with a total of 50 members were established with the support of MOWSD in Dilling and Kadugli, while additional 2 networks were established in Talodi and Abu Gebiha localities with support of Mobadiroon.

WASH: South Sudanese Refugees gained access to safe water through the Operation and Maintenance (O&M) activities that were conducted for four emergency water supply systems which are currently serving refugees in WNS. A total of 494 shared emergency latrines were constructed in refugee camps to serve 9,880 refugees (1 latrine per 20 persons) and 584 household latrines were constructed through Community Led Total Sanitation (CLTS) in 14 host communities. The target was 3,000 latrines in WNS and 100 in SKS but this was not met because of the higher unit cost of latrines. In WNS, the higher costs came partially as a result of revision of latrine design and construction material. In the initial stage of the response, latrines were constructed using local materials, but as camps became more established the WASH coordination team recommended the use of zinc sheets and construction of Ventilated Improved (VIP) latrines with six drop holes each as well as squatting plates and concrete slabs to cover the pits. Pits then needed to be reinforced with empty metal barrels to avoid collapse. Furthermore, management of latrines was more challenging and costly than anticipated as the camps are located in an area covered by alluvial deposit and the rapid influx of refugees resulted in latrines reaching capacity in a

shorter period of time. In SKS the increased unit price per latrine was due to the pest invasion which occurred at the end of November 2014 in Alabasyia Locality. The designed wood framed latrines were no longer applicable to the context and a new design with steel timbers was prepared by IOM engineering team, with a market analysis carried out in order to determine how to amend the contracted works and Bill of Quantities. The steel timbers were calculated as 15 per cent more expensive than the wood ones. A total of 140 cleaning campaigns were conducted with refugee involvement. Hygiene promotion activities were conducted benefiting 85,564 people (51,338 female, 34,227 male). Community volunteers distributed 142,920 pieces of soap (17,865 HH) through home visits as well as 729 sets of hygiene kits. Water quality testing capacity and monitoring mechanism were expanded to cover the new caseload. In SKS, IOM was not able to complete the upgrading/repairing one water yard in Abu Jubeiha. In addition, UNICEF faced considerable challenges while constructing the Al Alagaya water supply system which affected its timely completion. In SKS, the significant delay in implementation was due to several factors: delays in issuance of travel permits (Gedid is one of the villages very close to the border with South Sudan and the military stationed in Gedid imposes extensive movement/activity control, even when travel permits are obtained at the state capital level), alterations in the design of the work due to the amount of water yield was indicated as low through a geophysical study, and there were challenges in moving heavy machines through flooded roads. As a result, approximately 700 South Sudanese (as of December 2015) are now relying on surface water. After this project was closed, IOM was able to secure funding to continue this unfinished activity. A further geophysical study revealed that the ground water level in the area is indeed low, so a hand pump will be installed in the drilled borehole, instead of a motorized submersible pump. For the UNICEF project in WNS, more robust planning measures should have been undertaken (i.e. a pre-proposal assessment and analysis of water supply options in terms of design, costs and value for money would have provided a clearer picture and enabled all parties to be in agreement on the best choice system). The project also required a longer implementation time than was planned for in the beginning. Despite these setbacks, the project was able to reach more refugees than anticipated mostly because the operation and maintenance (O&M) of water supply systems in refugee camps have benefited both the old and new caseloads. The lessons learned will also be taken into account for subsequent projects, and more realistic deadlines and contingency plans will be put in place.

CERF's ADDED VALUE

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

YES PARTIALLY NO

This fast-track funding supported all sectors to provide effective, timely and coherent delivery of assistance to a rapidly expanding South Sudanese refugee population in Sudan. CERF funding prevented a gap in the response in place and the immediate initiation of new emergency response interventions. It was the only available funding source for the SSR response and allowed organizations to fill critical gaps.

b) Did CERF funds help respond to time critical needs¹?

YES PARTIALLY NO

CERF funding allowed sectors to continue to provide life-saving interventions and scale up existing services to meet the needs of new arrivals. For example, access to schools was restored, treatment for malnutrition started immediately, food assistance continued unhindered to all refugees, protection activities were quickly provided, lifesaving vaccines were procured, health facilities were expanded to provide essential medical support and ambulances allowed for 24/7 availability of referral for emergency obstetric cases. In the absence of CERF funds, availability of improved drinking water would have been jeopardized. Procurement of Primary Hygiene Kits provided an entry point to disseminate GBV awareness messages.

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

YES PARTIALLY NO

UNHCR received additional funds from several donors, including the European Union (\$770,000), Japan (\$3.35 million) and USA (6.2 million). UNICEF mobilized additional funds from DFID for education as well as Luxembourg National Committees for child protection. CERF remained the only source of fund to support nutrition interventions in Khartoum and WNS however in SKS, other resources were found. For WFP, funds were secured from Australia (\$1.1 million) and USA (\$2 million) to procure food for general

¹ 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.).

food distribution (GFD). WHO mobilized additional resources for both the cholera and measles vaccination. For UNFPA the CERF was the only fund received for south Sudanese response during the mentioned period of this project.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

The CERF assisted to ensure that partners discussed priorities, planned and complemented each other, and reported on activities under the overall umbrella of the RMS. WFP, UNICEF, UNFPA and SMOH implemented the response in an integrated and coordinated manner, which capitalised on agency comparative advantages and resulted in reduced duplication of efforts. UNHCR and UNICEF collective action resulted in a Letter of Understanding to better define roles and responsibilities. WFP supported community nutrition volunteers (CNVs) with food-for-work (FFW) who were trained by UNICEF and used to deliver Infant and Young Child Feeding messages. State level health emergency coordination meetings were held on weekly basis as well as the GBV coordination meeting and GBV working group. At national level, the monthly health emergency meeting also discussed the South Sudanese response, in addition to coordination through the national RMS mechanism. CERF funds contributed to the establishment of a good WASH coordination mechanism with UNHCR, other RMS partners and government authorities (Water Environmental Sanitation (WES), SMOH, HAC) in WNS.

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

The CERF played a role in building the capacity of IP that had previously not had experience responding to this scale of crisis. Humanitarian partners, particularly in WNS and Khartoum, had limited experience and CERF funds assisted to ensure a minimum level of response capacity, particularly in the area of GBV and life-saving health services.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Temporary structures not adequate for Sudan climate	Allowing the construction of more permanent education and health facilities, instead of focusing on only temporary structures, would not increase the cost substantially and lead to an increase in sustainability considering the situation in South Sudan is likely to continue for a longer period of time and more predictability in service provision.	CERF Secretariat
Procurement of nutrition specialized foods takes time importation is long and impacts timely response (i.e. supplies pipeline break during implementation).	Early disbursement of CERF funds mitigates the financial and operational risk taken when commodities are borrowed from existing programmes hence promoting a more timely and at scale response.	OCHA/CERF secretariat
Service delivery is challenging in an emergency without also building capacity of service providers support capacity building,	Limited support for capacity building activities should be reconsidered as it is needed to ensure quality delivery of services, especially in marginal and underserved areas (i.e. infection prevention training)	OCHA/CERF secretariat

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Stigma and sensitivity on GBV issues impacted on the process of case referral and reporting. For affected communities to open up on incidents and seek services – especially within the window period for medical response – it requires mutual trust which needs to be built up over some time and cannot easily be achieved within a short period of time.	Continued trust building between protection networks, women’s centres, service providers and affected communities	RMS/Sector Lead
High turnover of trained service providers creates a continuous need for training and capacity building for service providers in GBV related issues.	Need for continuous training and follow up after training to ensure quality services provided.	RMS/ Sector Lead
Advocacy for reproductive health service provision targeting refugees is more effective when targeting decision makers at state and locality levels where resources are allocated for basic health services, including coverage by reproductive health services.	Advocacy efforts targeting stakeholders and government authorities to facilitate humanitarian response and mobilize local resources	RMS/Sector lead
Livelihood activities important to enhance protection for refugee women and girls in Sudan	Introduce livelihood strategy, including support for foundational activities (literacy), quick impact projects, vocational training (including providing tools) as well as microfinance projects (with appropriate training in financial management, etc) to mitigate risk of GBV	RMS/Sector Lead
Procurement of nutrition specialized foods takes time importation is long and impacts timely response (i.e. supplies pipeline break during implementation).	Strengthening local production capacity as a more sustainable way to have the supplies locally	UN Agencies
English requested by refugees as the preferred language of instruction	Discussions facilitated by education partners and the Ministry of Education (MOE) to agree on the medium of instruction for South Sudanese Refugee children.	UNHCR, RMS, Education Sector and UNICEF
Better coordination between agencies is needed	Use UNHCR and UNICEF LoU, as well as other interagency agreements, to provide a coordinated and comprehensive approach to programming.	UN Agencies
Better information sharing is required	Ensuring minutes of field level coordination meetings are shared in a timely fashion. Enhance regular communication between	UN Agencies

	agencies, particularly if there are delays in implementation	
Barriers continue to exist for 8,800 refugee children who are still out of school	Mobilize the community on the importance of girls & boys education in emergency and provide safe learning environment and education materials such as exercise books and uniforms, while addressing the root cause of the problem	UNHCR, Education Sector and UNICEF
Government and local security approval for some activities sometimes delays implementation of certain activities	Involve the government and explain processes/concepts to avoid delays in implementation	UN agencies and IP
Engineering surveys and realistic cost estimates must be done prior to developing any sanitation project to avoid committing to unrealistic targets.	Review design of emergency latrines in WNS to significantly reduce costs while maintaining functionality and durability	WASH Sector
Regular communication, information sharing and joint monitoring is essential to all sector activities	UNHCR to work with all RMS partners to ensure collaboration, adequate division of labor and plan for joint monitoring	All Sectors
The lead time for supply procurement is usually longer than the time frame of the CERF RR funds	Supplies available in stock can be utilized to respond to the emergency as a new order is being placed	UNICEF
Cooperating Partners Technical agreement (TA) with local authorities (Humanitarian Aid Commission – HAC and SMOH) are lengthy to negotiate and often restrictive in their geographical focus e.g. Médecins Sans Frontières – Spain (MSFS) restricted to work in 6 of the 7 camps in WNS	Advocate with local authorities to ensure the most capable organisation that can implement quality programmes have unrestricted access to all refugee settlements and border crossing points.	HCT in collaboration with Federal Humanitarian Aid Commission (FHAC) and Federal Ministry of Health (FMOH)
Critical to have adequate competent staff with nutrition technical expertise at field level	Agencies to have a surge technical team at national level to respond to the emergency crisis when and where needed	Lead agencies and NGOs with technical capacity in collaboration with FMOH and relevant SMOH
Poor coordination and communication between the federal and state level authorities delays implementation of live saving humanitarian activities	Strengthening capacity of federal and state level to regularly conduct nutrition sector meetings especially at state level in order to timely address urgent needs in conjunction with active partners and FMOH.	Nutrition Sector and RMS in collaboration with F/ SMOH

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	01.11.14 – 30.04.15		
2. CERF project code:	14-RR-CEF-167		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Education			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Provision of Education in Emergencies support to South Sudanese Refugees in WNS and SKS					
7. Funding	a. Total project budget:	US\$ 4,654,206	d. CERF funds forwarded to IP:			
	b. Total funding received for the project:	US\$ 1,931,085	▪ NGO partners and Red Cross/Crescent:		US\$257,512	
	c. Amount received from CERF:	US\$ 413,362	▪ Government Partners:		US\$ 119,560	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	1,600	1,600	3,200	1,688	2,357	4,045
Adults (≥ 18)	0	0	0	49	123	172
Total	1,600	1,600	3,200	1,707	2,480	4,217
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees	3,200			2,407		
IDPs						
Host population				1,638		
Other affected people						
Total (same as in 8a)	3,200			4,217		
<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>	More beneficiaries than planned were reached as a result of ongoing new arrivals due to conflict in South Sudan					

CERF Result Framework			
9. Project objective	To ensure at least 3,200 children (50 per cent girls) have access to Education in Emergencies through provision of temporary learning spaces, gender-sensitive WASH in school facilities and crash course teacher training on EIE.		
10. Outcome statement	At least 3,200 refugee children (50 per cent girls) from South Sudan have access to quality education in emergency through temporary learning spaces and gender-sensitive WASH in school facilities and are supported by teachers with an increased understanding of education in emergencies, including psycho-social support.		
11. Outputs			
Output 1	At least 3,200 refugee children (50 per cent girls) from South Sudan are provided with 55 temporary learning spaces.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of temporary learning spaces erected	55	50
Indicator 1.2	Number of children (50 per cent girls) accessing safe learning spaces	3,200	4,045
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Field assessments are carried out to provide evidence-based data to inform the project design, implementation and M&E.	ADRA, UNICEF	UNICEF, ADRA, Ministry of Education (MoE)
Activity 1.2	Temporary learning spaces are erected meeting INEE minimum standards and Sudan national education standards	MoE	MoE
Output 2	At least 3,200 refugee children (50 per cent girls) from South Sudan are provided with 10 WASH packages including gender-sensitive latrines (6 drop holes each), hand washing facilities, and drinking water.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number gender-sensitive WASH packaged provided including latrines (6 drop holes), hand washing facilities, and drinking water points	10	10
Indicator 2.2	Number of children (50 per cent girls) accessing gender-sensitive WASH facilities in line with INEE and SPHERE minimum standards	3,200	4,045 (1,699 girls and 2,346 boys)
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Gender-sensitive WASH packages are provided including latrines, hand washing facilities, and drinking water points	WES, ADRA	WES, ADRA
Output 3	Undertake education in emergency and psycho-social support crash course training for 50 teachers.		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of trainings held	2	3
Indicator 3.2	Number of teachers and trained and provide psycho-social support to children at school	100	172

Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Teachers are trained on education in emergencies and psycho-social support	MoE	MoE/UNICEF

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

50 Temporary Learning Spaces were constructed, instead of the 55 initially planned due to the inflation in cost of materials. WASH related materials, hand washing facilities and drinking water points were not delivered with this funding as a result of high cost and inflation. Other funding was found to complement the CERF funds and 10 gender sensitive WASH packages were delivered to schools as planned.

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

UNICEF and partners systematically and meaningfully engaged with the benefiting children and women in all stages of the response. UNICEF and partners included beneficiaries in needs assessments (i.e. assessment conducted in February 2015), programme design, delivery, and monitoring; established open channels of communication for feedback in camps and schools. Used participatory processes for decision making as well as mutual and collective learning, including group discussion, key informant consultation with community leaders. Parent Teacher Association (PTAs) and teachers were involved in the assessment and project implementation. The community was actively involved in logistical aspects and appointed a committee to monitor the construction. The community also provided labour to complement the activities.

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

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNICEF WFP		5. CERF grant period:	24.12.14 – 24.06.15 (UNICEF) 30.12.14 – 29.06.15 (WFP)		
2. CERF project code:	14-RR-CEF-168 14-RR-WFP-084		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 the South Sudanese Refugee Crisis					
7. Funding	a. Total project budget:	US\$ 5,360,251	d. CERF funds forwarded to IP:			
	b. Total funding received for the project:	US\$ 1,612,538	▪ NGO partners and Red Cross/Crescent:		US\$ 55,342	
	c. Amount received from CERF:	US\$ 1,839,831 (UNICEF: 1,072,298 WFP: 767,533)	▪ Government Partners:		US\$ 649,233	
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
Children (< 18)	7,831	8,149	15,980	18,463	17,387	35,850
Adults (≥ 18)	17,000		17,000	2,425	0	2,425
Total	24,831	8,149	32,980	20,888	17,387	38,275
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees	32,980			38,275		
IDPs						
Host population						
Other affected people						
Total (same as in 8a)	32,980			38,275		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category</i>			More refugees than initially planned were reached, especially children, they benefitted from nutrition services as the continuation of the conflict in South Sudan caused a higher refugee influx than expected.			

distribution, please describe reasons:

CERF Result Framework			
9. Project objective	To prevent mortality and morbidity associated with acute malnutrition in children under 5 years and pregnant or lactating women (PLW)		
10. Outcome statement	Levels of acute malnutrition in girls, boys and PLW in targeted refugee communities is kept below emergency level (15 per cent)		
11. Outputs			
Output 1	Children aged 6-59 months and PLW access and utilize quality services for the prevention and treatment of acute malnutrition		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Coverage of treatment services for SAM and MAM	90 per cent (both children U5 and PLW)	100 per cent SAM treatment coverage 75 per cent MAM treatment coverage
Indicator 1.2	Proportion of Children and PLW discharged cured, defaulted, and died from CMAM programmes.	Cured; >75 per cent Defaulted <15 per cent Died<3 per cent	(WFP) MAM Cured = 43 per cent Defaulted = 41 per cent Died = 0.9 per cent
Indicator 1.3	Coverage of food-based prevention of acute malnutrition through eBSFP	>30 per cent	54 per cent e-BSFP preventive coverage
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	2,106 boys and girls under 5 suffering from SAM are treated	UNICEF/SMOH/MSF	UNICEF/SMOH/MSF
Activity 1.2	3,600 boys and girls under 5 and 900 PLW suffering from MAM are treated	WFP/MSF/ASSIST	WFP/MSF/ASSIST
Activity 1.3	6,720 boys and girls under 5 and 4,480 PLW receive monthly specialised nutrition product for the prevention of acute malnutrition (eBSFP)	WFP/SRCS/ASSIST	WFP/SRCS/ASSIST
Output 2	Capacity of nutrition actors, government, stakeholders and communities to coordinate and deliver emergency nutrition services enhanced		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of community and health workers trained on CMAM, community mobilization, screening and referral, and sensitization and counselling	50	72
Indicator 2.2	Number of community and health workers trained	180	180
Indicator 2.3	Number of IYCF group formed	150	109
Output 2 Activities	Description	Implemented by	Implemented by

		(Planned)	(Actual)
Activity 2.1	50 community outreach workers supported with FFW are conducting community mobilisation, defaulter tracing, education, sensitisation and counselling activities	WFP	WFP
Activity 2.2	Training of 180 Community worker & health workers on CMAM (30 health workers and 30 community health workers per state)	UNICEF	UNICEF
Activity 2.3	Formation of IYCF support groups in the camps 50 in WN, 50 in Khartoum and 50 in SK and provision of IYCF counselling services to 3,124 pregnant and lactating women.	UNICEF	UNICEF

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

Targeted Supplementary Feeding Programme (TSFP) treatment coverage (75 per cent) was achieved for only one camp in which the intervention was implemented. WNS Ministry of Health and HAC did not approve MSFS Technical Agreement to implement nutrition curative activities hence restricted access to planned targeted camps in WNS. MSFS only managed to operate in one (Al Kashafa) out of seven planned camps. The restriction negatively affected TSFP geographical coverage, outreach activities including active case finding and referral mechanisms from the neighbouring camps (Jouri, El Redis 1& 2 and Um Sangor). The recommendation from SMOH to engage SRCS to implement TSFP in all camps was turned down by the Nutrition Sector following their inadequate technical capacity to handle treatment of SAM and MAM. After several discussions among FMOH, WN SMOH, Nutrition Sector, WFP and the cooperating partners involved in mid-June 2015 a decision was made for SMOH and Global Health Foundation (GHF) to roll out TSFP intervention in 7 camps in WNS and Save the Children Sweden (SCS) in SKS.

Within the project period, 482 (199 male and 283 female (excluding PLW)) South Sudanese refugees were admitted for MAM treatment in only one camp in WNS as mentioned above. TSFP centres in SKS had a catchment area that included host and SSR communities hence it was difficult to differentiate South Sudanese caseload. WFP agreed with SCS to separately register SSR and host communities in order to be accountable for the number of SSR treated.

The MAM nutrition performance indicators (i.e. Cured = 43 per cent and Defaulted= 41 per cent) were below the minimum SPHERE standards due to high defaulter rate resulted from reduced caregivers participation after suspension of mobile sites in Jouri, El Redis 1&2 and Um Sangor camps at the beginning of the year, distance and insecurity (limited access) for mostly female caregivers to travel to TSFP site in Al Kashafa, and lack of community sensitization on the importance of malnutrition treatment and on the proper use of nutrition specialized foods which resulted in it being shared at family level instead of being utilised by the MAM beneficiaries.

54 per cent e-BSFP coverage was achieved; South Sudanese refugee beneficiaries had access to e-BSFP services in all camps in WNS and SKS. 6,720 boys and girls under 5 and 4,480 PLW received monthly specialised nutrition product for the prevention of acute malnutrition (e-BSFP). 2,425 (54 per cent) PLW and 11,350 (168 per cent) children (6-59 months) (5,480 boys and 5,870 girls) benefited from food complements for the prevention of MAM through e-BSFP on a monthly basis between January and June 2015.

The proportion of South Sudanese refugee demographic population profile used during beneficiaries caseload calculation was an estimate based on Sudan context. Generally, the proportion population of PLW was overestimated, and for children under five was underestimated; however WFP will apply actual proportion based on the GFD database in future programming.

Number of community and health workers trained on Community Management of Acute Malnutrition (CMAM), community mobilization, screening and referral, and sensitization and counselling. 72 CNVs were trained and actively participated in community mobilization, screening and referral, home visits and awareness raising in targeted communities in WNS and SKS. 50 community outreach workers supported with FFW are conducting community mobilisation, defaulter tracing, education, sensitisation and counselling activities. 72 active CNVs (360 individuals) benefitted from monthly FFW monthly rations for 22 working days/month (i.e. undertaking community mobilization, defaulter tracing, home visit).

The cure rate for SAM treatment programs across the three states has varied by state – consistently above SPHERE standards in Khartoum with an average cure rate of 88 per cent, while dipping below standards in SKS and WNS (average 75 per cent and 65

per cent respectively) throughout the implementation period. Low cure rates in SKS and WNS were affected by high defaulter rates caused by a mobile population (people travel from the camps into towns and back) and insecurity. The number of safe breastfeeding spaces was lower than the target and this was due to the actual needs on the ground.

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

WFP is highly committed to ensuring AAP and focused on the following three core AAP areas: Participation, Information provision and Complaint and Feedback Mechanisms (CFM) during this project.

WFP used a community-based participatory approach to involve the targeted population in the designing, implementation, monitoring and evaluation of the project. Community outreach workers ensured adequate participation and involvement of beneficiaries through community mobilization, screening and referral, home visits and awareness raising in targeted beneficiaries. Lessons learned from GFD post distribution monitoring (PDM) and focus-group discussions (FDGs) results strengthened safety at distribution points and nutrition centres; and improved beneficiary accountability.

WFP ensured that beneficiaries were adequately informed of their entitlements, duration, the targeting criteria, when and where distributions will take place and how to raise concerns, if any. Information was disseminated through various means including at nutrition centres, via community nutrition volunteers, who are part of the targeted community and live within the same settlement with the beneficiaries, hence accessible at all times. Additionally, WFP cooperating partners (CPs) and field monitors, who were always on the ground, played a key role in disseminating key information before, during and after distributions i.e. delays/ timely food deliveries, changes in ration sizes or beneficiaries targeting criteria. Complementing these channels were community meetings, informative sign-boards, banners, and information from community leaders.

Distribution monitoring by cooperating partners and PDMs by WFP field monitors were some of the regular channels the beneficiaries used to provide feedback or make a complaint.

UNICEF with the support from partners, mainly SMOH in the affected areas of SS Refugees, coordinated implementation of all of planned activities, technically through supporting all trainings conducted, supported smooth prepositioning of supplies needed, supported NGOs and facilitate their work with SMOH. The beneficiaries were constantly at the heart of all phases of project implementation, from its design to the actual service delivery.

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

EVALUATION CARRIED OUT

The assessment of the nutritional situation falls under the mandate of the State Ministry of Health and UNICEF as the Nutrition Cluster leads. Unfortunately, due to the short timeframe of the project, no formal evaluation was undertaken.

EVALUATION PENDING

Monthly screening activities conducted by WFP CPs on the ground and analysed by WFP field monitors ensured that the evolution of the nutritional situation was closely followed up.

WFP conducted a Food Security Monitoring Systems (FSMS) assessment in all camps in WNS in May 2015. Findings showed that some camps (Alagaya and Um Sangor) had more than 72 per cent of households were either food insecure or on the verge of becoming food insecure. Generally the food security situation was alarming across all 7 camps, only 13 per cent of children under 2 years of age had a minimum acceptable diet.

NO EVALUATION PLANNED

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 EMOP (200597) and PRRO (200808) respectively, to be published at the end of March 2016.

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNICEF IOM WHO		5. CERF grant period:	18.12.14 – 17.06.15		
2. CERF project code:	14-RR-CEF-169 14-RR-IOM-046 14-RR-WHO-080		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Water, Sanitation and Hygiene			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Provision of Essential WASH Support to South Sudanese in WNS and SKS.					
7. Funding	a. Total project budget:	US\$ 22,130,251	d. CERF funds forwarded to IP:			
	b. Total funding received for the project:	US\$ 2,346,310	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 509,193	
	c. Amount received from CERF:	US\$ 1,570,805 (UNICEF: 1,354,934; IOM: 115,871; WHO: 100,000)	▪ <i>Government Partners:</i>		US\$ 205,501	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	15,449	14,261	29,710	20,538	13,689	34,227
Adults (≥ 18)	19,417	15,886	35,303	30,800	20,537	51,337
Total	34,866	30,147	65,013	51,338	34,226	85,564
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees	65,013		82,000			
IDPs						
Host population			3,564			
Other affected people						
Total (same as in 8a)	65,013		85,564			
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category</i>	The project was able to reach more refugees than anticipated mostly because the operation and maintenance (O&M) of water supply systems in refugee camps have					

distribution, please describe reasons:	benefited both the old and new caseloads.
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CERF Result Framework			
9. Project objective	Reduce vulnerability of South Sudanese (SS) Refugees in SKS and WNS in Sudan through the provision of essential WASH services.		
10. Outcome statement	South Sudanese refugees in the target areas have access to sustainable WASH services.		
11. Outputs			
Output 1	Water Supply: 65,013 SS Refugees have access to safe water		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of sustained potable water supply facilities constructed.	<ul style="list-style-type: none"> - 1 hand pump upgraded to water yard in Gedid serving 5,000 people (IOM) - 1 water system in Al Alagaya Camp to serve 13,000 people (UNICEF) 	<ul style="list-style-type: none"> - 0 (IOM) - 0 (UNICEF)
Indicator 1.2	Number of SS Refugees provided with sustained access to potable water source supply through adequate Operation and maintenance (O&M) activities (15 litres/ person/day within less than 1 km distance)	53,000 in 4 locations (Jouri, Alagaba, El Kashafa, Al Redis)- (UNICEF)	82,000 in 4 locations (Jouri, Alagaya, El Kashafa, Al Redis)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Construct 1 motorised water treatment plant with local distribution network in Al Alagaya camp for the benefit of 13,000 refugees	WES-UNICEF	WES – UNICEF
Activity 1.2	Operation and maintenance (O&M) of 4 water supply systems in SS Refugee camps in WNS.	WES-UNICEF	WES-UNICEF
Activity 1.3	Chlorination of water supplies in camps in WNS	WES-UNICEF	WES – UNICEF
Activity 1.4	Upgrading of one hand pump into a mini water yard in Giddied, SKS.	IOM	IOM
Activity 1.5	Support to the expansion for water quality testing capacity and monitoring mechanism so to cover the new case load (Jouri, Kashafa, Redeis, Abu Jubeiha (new blocks). 18 water testing missions (covering at least 6 water sources/mission) conducted in targeted areas and results disseminated to all stakeholders during the project period	WHO	WHO
Activity 1.6	Building capacity for environmental health workers (SMOH and WES) at locality level (newly localities)	WHO	WHO

	, community volunteers and hygiene promoters in newly established camps and refugee gatherings on proper water chlorination, water safety, and cleanliness of water sources and environmental management of indoor breeding sites for vector control.		
Output 2	Sanitation : 65,013 SS Refugees have access to sanitary means for excreta and solid waste disposal		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of shared improved and household latrines constructed.	100 shared latrines to serve minimum 2,000 people in SKS (IOM) 3,000 shared latrines to serve 73,000 people in 4 locations in WNS (UNICEF)	46 in SKS (IOM) 494 shared latrines to serve 9,880 refugees and 584 CLT h
Indicator 2.2	Number of SS Refugees provided with and using sustained sanitary means for excreta disposal (20 persons per one shared household latrine)	Minimum 2,000 people in SKS (IOM) 53,000 in 4 locations (Jouri, Al Alagaya, Al cashaca, Al redes)	1,150 South Sudanese refugees and their host communities in SKS (IOM) 9,880 refugees and 3,564 host community members (total of 13,444) in 4 locations (Jouri, Al Alagaya, Al cashaca and Al redes)
Indicator 2.3	Number of regular sustained all sites cleaning campaigns	- 100 cleaning campaigns in 4 locations in WNS (UNICEF) - 7 cleaning campaigns in SKS (IOM)	128 cleaning campaigns have been conducted in WNS 7 cleaning campaigns in SKS (IOM)
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Sanitation promotion campaigns in host Communities for the benefit of 20,000 people in Jouri, Alabama, El Kashafa and Al Redis	Plan Sudan (UNICEF)	Plan Sudan (UNICEF)

Activity 2.2	Construction of 3,000 shared improved and household latrines in Jouri, Al Alagaya, El Kashafa and Al Redis camps for benefit of 73,000 people (WNS)	CAFOD, Plan Sudan (UNICEF)	CAFOD, Plan Sudan (UNICEF)
Activity 2.3	Logistical and technical support for construction of public latrines in Umm Karo, Darbati, Gdeid, Umm Hashieima, and Abu Tomur in SKS to enhance the sanitation capacity.	IOM	IOM
Activity 2.4	Implementation of cleaning campaigns for solid waste management.	WNS - CAFOD, Plan Sudan (UNICEF) SKS – (IOM)	CAFOD and Plan Sudan (UNICEF). SKS (IOM)
Activity 2.5	Regular sanitary inspection missions (twice/month/location) for water sources in newly established camps and gathering covering the new caseload and all relocation sites to prevent the contamination through the removal of any anticipated risk factors and sharing the information with other WASH partners and to ensure that actions are immediately implemented	WHO	WHO
Output 3	Hygiene Promotion : 65,013 SS Refugees are reached with hygiene promotion interventions		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Percentage of SS Refugees who are practicing hand washing with soap at the 4 critical times (after defecation, after cleaning a baby/child's defecation, before preparing food, before feeding a child)	50 per cent of target population (IOM and UNICEF)	97 per cent (UNICEF) 63 per cent (IOM)
Indicator 3.2	Percentage of SS Refugees are ensuring the safety of their drinking water from protected source to mouth (covering collection, transport, storage and extraction for drinking)	50 per cent of target population (IOM and UNICEF)	0 per cent
Indicator 3.3	Number of vector control campaigns with health education conducted in the refugee's areas in WNS, and SKS.	6 integrated vector control campaigns (WHO)	6
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Training of health committees and hygiene volunteers in Umm Karo, Darbati (Alleri), Greid, Gdeid, Shirajiya, Umm Hashiema, and Abu Tomur (Abu Jibeiha), with a health committee in each of these locations. Conduction of clean-up campaigns in these areas.	IOM	IOM
Activity 3.2	Conduct hygiene promotion activities with a focus on hand washing with soap (HWWS) and Household Water Treatment and Safe storage (HWTS) for the benefit of 53,000 refugees;	CAFOD, Plan Sudan (UNICEF)	CAFOD, Plan Sudan (UNICEF)
Activity 3.3	Disseminate community health awareness materials (more than 4500 leaflets) related to the water and vector borne diseases and conducting integrated	WHO	WHO

	vector control campaigns to ensure that the new refugee caseload and new camps are also covered.		
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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 construction of the Al Alagaya water supply system faced considerable challenges that affected its timely completion. The following are among the main reasons for these delays: UNICEF was technically obliged to go for river based water supply system, which was more complex and impacted the planning, designing, contractual and construction time. Also, heavy rainy impacted transportation of equipment and the personnel access. Further challenges were encountered in dealing with the local private contractors who had underestimated the time required for the construction of the water supply systems and were not able to accelerate the construction to meet the deadline. There was discussion at the field level about the delay in the implementation of Al Alagaya water supply, however no official request for a no-cost extension was made. The water system was completed in January 2016. Currently the testing of water treatment system and the distribution water supply distribution line is ongoing to make necessary adjustments/corrections leading to full operations

UNICEF planned targets for latrine construction were not met because of high unit cost of latrines (USD 626). The main cost driver for latrine construction was the need to line the pits with metal barrels to stabilize the ground and avoid collapse and the use of corrugated metal sheeting for superstructure. UNICEF has actively worked with sector partners and local government in WNS to review and revise latrine design with the aim of maintaining quality and cost efficiency. The National Sanitation Technical Working Group has decided on a final latrine design for use in the WNS camps, which has been endorsed by the RMS. This will allow for more realistic planning, duration of implementation and cost estimations in the future.. In IOM's case, the reason for the cost amendment in that circumstance (pest invasion) was not predictable and no future planning measures can mitigate such risk in future. At the same time, the IOM engineering team has been studying the most suitable and appropriate latrine design for different situations and contexts with a continuous learning process shared with all other WASH partners taking advantage from experienced challenges.

Upgrading of an existing hand pump into a mini water yard was not completed. The administrative preparation was delayed due to difficulties obtaining travel permits for the technical staff to the project site. After the contract was signed and the activity was committed, the mobilization of labour and machines faced a delay as the road to Gedid, an area along the SKS and Upper Nile border where no tarmac or compact road exists, had become inaccessible due to flooding of the road. Repeated discussions and requests were made by IOM to the contractor to inquire whether it would be possible to speed up the process. Unfortunately, the contractor confirmed he was unable to carry out the work, and the project came to an end without a no-cost extension being requested in a timely manner. A consultation was held with the CERF Secretariat through UNHCR, and it was advised that a no cost extension would be ineligible after the original project closure date of June 12, 2015. IOM is to return the fund for this specific activity.

IOM originally aimed to build 100 latrines with simple pits and local materials in several locations. However, the unit cost of the latrine was much higher because of the major change in the latrine structure due to: i) HAC request to adopt more robust structures than a simple pit with a slab and local materials because of the collapse of some latrines built by other partners in the area, and ii) infestation of termites found in the project site, which required further shift from wooden structure to metallic ones, thereby causing each latrine unit to become even more costly. In order to achieve a result as closest as possible to the original target with the revised, more expensive structure, IOM opened a competitive tender and contracted a vendor who offered the lowest cost among the SKS market for implementation.

Due to the reduced number of the latrines to be constructed within the budget, a single location, Al Gardod in Abu Jubeiha, was selected through consultation with HAC, WES, and coordination with the sector and other partners operating in the state. This particular location had not been targeted in the original proposal, but the fluidity of the SS situation in SKS is such that flexibility is required when responding to this crisis.

There was a further change in locations for project implementation in Activity 3.1. Upon the disbursement of the grant, the originally selected locations were further discussed with HAC and WES. Based on the ongoing interventions in these areas by other partners and changes in population concentration, Umm Hashima, Tayba, Wad Abeid, and Hay Al Mudaris were included among the target sites. Greid and Gedid were excluded due to HAC's advice considering other partners' planned hygiene works in these communities. It was discussed with the WASH Sector in South Kordofan (who was coordinating all WASH assistance for the South

Sudanese as the RMS Sector was not active in the state at the time), with the assumption that the sector lead would communicate it to CERF, as per standard procedures.

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

Affected populations were involved in the design and construction of all WASH infrastructure constructed using CERF funds. Women groups were engaged and have actively participated in the implementation of the Community Action Plan (CAP) and other community mobilization and hygiene promotion activities. The hygiene promoters who benefitted from the training were selected among South Sudanese Refugees.

Accountability to the affected population was ensured /enhanced especially through the hygiene committee training sessions and subsequent hygiene awareness campaigns in the 7 targeted locations in Abu Jubeiha and El Lirri localities. Through these trainings and campaigns, South Sudanese refugees raised concerns about the management of still water during the rainy season. To address these concerns, IOM and the hygiene committees decided to add a component of drainage digging to the cleaning/solid waste management campaigns to be conducted by the hygiene committees and refugees. IOM then provided tools for the hygiene committees, who then mobilized the population and developed drainage systems in and around their settlement areas.

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

EVALUATION CARRIED OUT

No evaluation was planned for this project.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNICEF UNFPA UNHCR		5. CERF grant period:	15.11.14 – 14.05.15 (UNICEF, UNFPA and UNHCR)		
2. CERF project code:	14-RR-CEF-170 14-RR-FPA-048 14-RR-HCR-052		6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded		
3. Cluster/Sector:	Protection					
4. Project title:	Protection and Assistance for South Sudanese Refugees in Khartoum State, WNS and SKS					
7. Funding	a. Total project budget:	US\$ 15,707,479	d. CERF funds forwarded to IP:			
	b. Total funding received for the project:	US\$ 864,263	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 147,980	
	c. Amount received from CERF:	US\$ 1,101,801 (UNICEF: 304,611; UNFPA: 242,355; UNHCR: 554,835)	▪ <i>Government Partners:</i>		US\$ 68,500	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	42,573	41,391	83,964	40,990	37,574	78,564
Adults (≥ 18)	21,287	13,008	34,295	19,415	15,884	35,299
Total	63,860	54,399	118,259	60,405	53,458	113,863
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees	118,259			113,863		
IDPs						
Host population						
Other affected people						
Total (same as in 8a)	118,259			113,863		
<i>In case of significant discrepancy between planned and reached beneficiaries, either</i>	A discrepancy is observed under reunification of children due to the fact that Plan Sudan and GAH who implemented the programme did not receive permission to					

the total numbers or the age, sex or category distribution, please describe reasons:	conduct reunification of children (UNICEF). For HH receiving cash assistance, there was an error in the proposal which indicated HH where it should have indicated individuals; therefore the project targeted 724 individuals, which equates to 120 households at the larger family size of 6 people per household in Khartoum. Given the increased access to Khartoum and the relocation to Bantiu site in Jabal Aulia, it was felt that targeting all these households in Khartoum state would give the most impact (UNHCR).
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CERF Result Framework			
9. Project objective	Enhanced protection and assistance for South Sudanese refugees in Khartoum State, WNS and SKS		
10. Outcome statement	Address urgent and life-saving Protection needs of South Sudanese refugees in respective locations		
11. Outputs			
Output 1	Improved registration and profiling processes in Khartoum State		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of individuals registered in 6 months	20,000 individuals	15,875 individuals
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Set-up and deployment of one mobile registration team in Khartoum state	UNHCR	UNHCR
Output 2	Enhanced support for extremely vulnerable individuals (EVIs)		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	# of extremely vulnerable individual households provided with one-time cash assistance for a period of three months	Khartoum: 124 HH WNS: 100HH SKS: 500 HH	80HH
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Systematic identification of extremely vulnerable individuals and provision of cash assistance	Khartoum: UNHCR WNS: ASSIST SKS: El Ruhama	UNHCR
Output 3	Strengthening of community-based protection networks, identification processes and referral pathways in Khartoum		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	# of female community leaders trained on protection concepts, identification of vulnerable individuals and referral pathways	66 women	66
Indicator 3.2	# of male community leaders trained on protection concepts, identification of vulnerable individuals and referral pathways	33 men	33
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)

Activity 3.1	2-day training of at least two women per community on protection concepts, identification of vulnerable individuals and referral pathways	UNHCR	UNHCR
Activity 3.2	1-day training of at least two women per community on protection concepts, identification of vulnerable individuals and referral pathways	UNHCR	UNHCR
Output 4	Improved availability and access of vulnerable women to comprehensive GBV prevention and response services		
Output 4 Indicators	Description	Target	Reached
Indicator 4.1	# of individuals trained in GBV issues, case identification and management	Khartoum: 100 individuals WNS: 125 individuals SKS: 100 individuals	335 Total KHT 71 WN 174 SK 90
Indicator 4.2	# of community protection networks supported	Khartoum: 2 networks WNS: 2 networks SKS: 2 networks	4 in KHT 2 WN 2 SK
Indicator 4.3	# of GBV referral mechanisms created and supported	Khartoum (Mayo and Jebel Aulia): 2 WNS (El Redis and Al Kashafa): 2 SKS (Kadugli and Dilling): 2	4 in KHT 2 WN 2 SK
Indicator 4.4	# of personal hygiene kits procured and distributed	Khartoum: 700 kits WNS: 1250 kits SKS: 1000 kits	2,151 (KRT) 4159 (WN) 860 (SK)
Indicator 4.5	# of women's spaces established and supported	WNS : 2 spaces	2
Output 4 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 4.1	3 x targeted trainings (75 participants) in WNS on GBV issues and 2 trainings (50 participants) on case identification and management. 4 x targeted trainings (100 participants) in SKS on GBV issues. 4 x targeted trainings (100 participants) in Khartoum on GBV issues.	Jasmar, Al Manar, Mubadroon and Ministry of Social Affairs	Jasmar in WN Al Manar in KHT Mubadroon and Ministry of Social Affairs in SK
Activity 4.2	Strengthening of existing community protection networks to prevent and respond to GBV in SKS, WNS, & Khartoum	Al Manar, Mubadroon and Ministry of Social Affairs	Jasmar in WN Al Manar in KHT Mubadroon and Ministry of Social Affairs in SK
Activity 4.3	Establishment and support of GBV referral mechanisms in Dilling and Kadugli (SKS) and in Al Redis in Al Kashafa (WNS)	Jasmar, Al Manar and Ministry of Social Affairs	Jasmar in WN Al Manar in KHT and Ministry of Social Affairs in SK

Activity 4.4	Procurement and distribution of hygiene kits to 2,950 women and girls of reproductive age	UNFPA	UNFPA
Activity 4.5	Establishment of women's spaces in Al Alagaya and El Redis (1 per site)	Jasmar and Ministry of Social Affairs	Jasmar in WN and Ministry of Social Affairs in SK
Output 5	Improved reception conditions in WNS		
Output 5 Indicators	Description	Target	Reached
Indicator 5.1	# of reception centres established	3 centres	2
Output 5 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 5.1	Physical construction of accommodation for 500 individuals, registration space, health and cooking facilities in each center	Humanitarian Aid Commission (HAC)	HAC
Output 6	Improved access of unaccompanied and separated children to appropriate family based care arrangements		
Output 6 Indicators	Description	Target	Reached
Indicator 6.1	# of individuals trained on FTR techniques	100 individuals	116 individuals
Indicator 6.2	# of children reunified with their families or place in foster families	350 children	159 children
Indicator 6.3	# of individuals reached through awareness raising activities	10,000 individuals	10, 314
Output 6 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 6.1	Training of partners on FTR networks and the inter-agency guiding principles on separated and unaccompanied children.	NCCW, SCCW, GAH, Plan Sudan	NCCW, SCCW, GAH, Plan Sudan
Activity 6.2	Identification, documentation and support for in-country family tracing and reunification of children requiring support. In collaboration with UNHCR and ICRC, support cross-border family tracing and reunification of children, including the facilitation of tracing for cases referred from other countries.	NCCW, SCCW, GAH, Plan Sudan	NCCW, SCCW, GAH, Plan Sudan
Activity 6.3	Awareness raising on the danger of family separation during population movement and prevention through community dialogues, focus groups discussions with children and dissemination of prevention messages in churches and/or schools.	NCCW, SCCW, GAH, Plan Sudan	NCCW, SCCW, GAH, Plan Sudan
Output 7	Improved access of refugee children to integrated psychosocial support appropriate to their age and gender		
Output 7 Indicators	Description	Target	Reached
Indicator 7.1	# of care-givers and community volunteers trained on PSS	100 individuals	170 individuals
Indicator 7.2	# of boys and girls receiving psychosocial support	11,500 children	17,447
Indicator 7.3	# of community-based child protection networks supported	50 networks	24 networks

Output 7 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 7.1	Training of caregivers and social workers on psychosocial support and its integration into their work	GAH, Plan Sudan, NCCW, SCCW	GAH, Plan Sudan, NCCW, SCCW
Activity 7.2	Support establishment of Child Friendly Spaces to provide conflict affected children with a protective and safer environment for socialization Through these CFS, support structured play, recreation and other appropriate activities address the psychosocial distress of conflict affected children	GAH, Plan Sudan, NCCW, SCCW	GAH, Plan Sudan, NCCW, SCCW
Activity 7.3	Using the Sudan Handbook on Community based child protection networks, support establishment of child protection networks and train their members build they capacity to identify, follow-up and refer vulnerable children to services	GAH, Plan Sudan, NCCW, SCCW	GAH, Plan Sudan, NCCW, SCCW
Output 8	Vulnerable conflict affected children and their families are equipped with appropriate knowledge on mine risks to reduce risky behaviors and exposure to mines and UXOs		
Output 8 Indicators	Description	Target	Reached
Indicator 8.1	# of mine risk education for CBCPN booklet printed	20,000 booklets	20,000 booklets
Indicator 8.2	# of individuals attending mine risk education sessions	20,000 individuals	18,151
Indicator 8.3	# of tea time talk meetings organized	12 meetings for at least 500 women	16 meeting for for 293 women and 23 men
Output 8 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 8.1	Printing and dissemination of child friendly IEC and communication materials on mine risks to children and their families	UNICEF, GAH	UNICEF, GAH
Activity 8.2	Mine risk education awareness and safety briefing campaigns conducted for children, their families and service providers	GAH	GAH
Activity 8.3	Conduct Tea-Time-Talk (TTT) meetings for women to discuss about MRE and other protection issues	GAH	GAH

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:

UNICEF reunify or place 159 children in alternative care arrangement a total of 350 children. The main reason of this gap is related to the fact that GAH and Plan Sudan could not get the security authorization to conduct the FTR process. The awareness raising targeted families and communities where separated children should be placed on alternative care arrangement. As the FTR process was subjected to prior security authorization, it was impossible for GAH and Plan Sudan to conduct awareness raising in relation of identification of foster families, which reduced the number of beneficiaries form this activity. Due to security restrictions imposed by NISS in WNS and insufficient spaces allocated by the Government to accommodate newly arrived South Sudanese, the establishment of all the community based child protection networks could not be possible. Consequently, out of 50 CBPCN networks targeted, only 24 were established. In future projects advanced planning and early submission of request for security authorization should assist in overcoming this challenge.

As noted in the March progress report, the original proposal mistakenly stated a target number of households but should have read individuals. Given the subsequent budget implications, it was decided to concentrate all allocated funds (for an estimated 120 HH) in Khartoum State in order to maximize impact. By the end of the reporting period, 80 extremely vulnerable individual (EVI) households had been provided with cash assistance under the CERF project. These 80 households accounted for full expenditure of the allocated project funds due to the high proportion of both medical cases (35 per cent) and support to unaccompanied and separated children (18 per cent) at a higher than average cost per household. Other key groups of vulnerable individuals included survivors of trauma and/or gender-based violence (10 per cent) and elderly individuals without support (9 per cent).

UNFPA procured and distributed 7,170 PHK. The number procured exceeded the target allocated due to local procurement through long term agreement (LTA) modality which enabled an increase in the number procured.

The registration figure was lower than anticipated as a result of a government delay in relocations that were planned in Khartoum for the populations of Soba Kongor (approximately 800 HH), Soba B11 (600 HH) and Mayo Mandela (circa 400HH).

Two reception centres were built in Joda and El Kuek border crossings, with soft items such as food and non-food items supplied through alternative funding. The two reception centres are functioning, and have been in particular able to provide immediate response to two large influxes of refugees in March and April, in addition to ongoing smaller number of arrivals on a day to day basis. The third reception centre that was to be established at El Mqiens border crossing was not completed as the large influx required additional support to ensure appropriate and temporary reception facilities were available in camps in WNS.

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

UNHCR used a community-based participatory approach to involve the targeted population in the designing, implementation, monitoring and evaluation of the project.

UNICEF and partners provided accessible and timely information to affected children and women on organizational procedures, structures and processes that affect them to ensure that they can make informed decisions and choices.

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

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNICEF UNFPA WHO	5. CERF grant period:	26.12.14 – 25.06.15 (UNICEF & UNFPA) 02.01.15 – 01.07.15 (WHO)			
2. CERF project code:	14-RR-CEF-171 14-RR-FPA-049 14-RR-WHO-081	6. Status of CERF grant:	<input type="checkbox"/> Ongoing			
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded			
4. Project title:	Provision of life-saving primary health care services and vital public health interventions for the South Sudanese refugees in Sudan					
7. Funding	a. Total project budget:	US\$ 13,865,219	d. CERF funds forwarded to IP:			
	b. Total funding received for the project:	US\$ 650,052	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 259,522	
	c. Amount received from CERF:	US\$ 1,988,518 (UNICEF: 650,052 UNFPA: 319,466 WHO: 1,019,000)	▪ <i>Government Partners:</i>		US\$ 226,522	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	33,120	22,080	55,200	27,194	31,924	59118
Adults (≥ 18)	38,880	25,920	64,800	25102	29468	54570
Total	72,000	48,000	120,000	52296	61392	113,688
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees	90,000			89,814		
IDPs						
Host population	30,000			23,874		
Other affected people						
Total (same as in 8a)	120,000			113,688		
<i>In case of significant discrepancy between planned and reached beneficiaries, either</i>						

the total numbers or the age, sex or category distribution, please describe reasons:	
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CERF Result Framework			
9. Project objective	To enhance access to life-saving PHC and referral services with a focus on reproductive health care services including basic and emergency obstetric and neonatal care services, referral of obstetric complications and clinical management of rape survivors.		
10. Outcome statement	Health activities in camps are established/maintained according with cluster standards for coverage and packages. An integrated package of emergency services including treatment of common illnesses, emergency obstetric services, antenatal care and post-natal care, EPI is provided to the refugees in WNS, SKS and Khartoum camps, gathering and host communities Outbreaks of communicable diseases are monitored and alerts timely investigated and controlled		
11. Outputs			
Output 1	Timely access for 120,000 South Sudanese refugees and vulnerable host communities to life-saving primary and referral health care services is ensured		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Percentage of targeted population (South Sudanese refugees) who have access to integrated primary health care and referral services.	90 per cent	89 per cent
Indicator 1.2	Number of temporary health facility fully supported in WNS (4) and SKS (3) that are fully staffed and provides an integrated PHC package	7	7
Indicator 1.3	Number of health staff trained on universal infection prevention and control and alert investigation and initial outbreak response (120), reproductive health topics (150)	270	263
Indicator 1.4	Number of emergency obstetrical complications referred.	130	59
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement and distribution to partners and Departments of Health of emergency medicines, medical supplies, basic health kits, and laboratory reagents (PHC level) enough to cover essential needs of 120,000 people in WNS, SKS and Khartoum. WHO will procure standard Rapid Response Kits specifically designed for Sudanese context for the delivery of a comprehensive PHC package, Rapid Diagnostic kits for malaria and trauma surgical kits to support the referral hospitals deal with increased case load.	WHO , UNICEF	WHO, UNICEF
Activity 1.2	Repair/ construction of 12 latrines, fences, and incinerators for the health facilities operating in WNS camps (damaged by the recent floods)	WHO	WHO
Activity 1.3	Full operational support for 3 temporary health clinics, including one tented field hospital with in patient capacity in WNS (Es Salam, Reidis and Jabaleen camps) this includes provision of	WHO, MOH, SRCS, GHF	WHO, MOH, SRCS, GHF

	medicines, operational costs, staffing, and proper sanitation and waste management The activity will be implemented by WHO through SMOH, Global Health foundation (GHF) NGO, and SRCS.		
Activity 1.4	Operational support for the establishment by WHO of one additional temporary clinics to absorb the caseload resulting from ongoing relocation in WNS – exact location will be decided according to the new relocation site selected by the government and HAC.	WHO, MOH	WHO, MOH
Activity 1.5	Improve referral mechanism in WNS with a focus on obstetrical cases through: a) implementation of referral system with full capacity 24/7 with round the clock staff, rented vehicle/ambulance for Al Alagaya, Redis and Jouri camps in WNS included into the contracts with IP; b) Surgical supplies for the referral health facility Al Salam and Jabaleen rural hospital in WNS to facilitate the referral of patients from camps by helping the hospitals to deal with increased caseload.	WHO, MOH, SRCS, GHF	WHO, MOH, SRCS, GHF
Activity 1.6	Capacity building of service providers on Infection Prevention and control issues and health data management, reproductive health topics	WHO , UNFPA, MOH, SRCS, GHF	WHO , UNFPA, MOH, SRCS, GHF
Activity 1.7	Procurement and distribution of emergency reproductive health kits and provision of essential EMOC equipment and supplies for 5 HF's (4 HF in WN (Al Alagaya, Al Redis, Jouri, and Algabalein), 1 HF in SKS (Alleri).	UNFPA	UNFPA
Activity 1.8	Strengthening the capacity of blood donation units in Algabalein hospital in WNS, by provision of basic and comprehensive supplies, and equipment's to reinforce the CEMONC services.	UNFPA, MOH	UNFPA, MOH
Activity 1.9	Monitoring and Reporting	WHO, UNICEF, UNFPA, MOH, NGOs (GHF, SRCS, FHF. SCS)	WHO, UNICEF, UNFPA, MOH, NGOs (GHF, SRCS, FHF. SCS)
Output 2	The collection and dissemination of critical health information to monitor health situation and disease trends is effective and used for tailoring of adequate and timely prevention and control of outbreaks		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Percentage of alerts of outbreaks investigated and response initiated within 72 hours from notification	100 per cent	100 per cent
Indicator 2.2	Number of community health education on water and vector borne diseases conducted	8	41
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Investigation and confirmation of outbreaks will be supported with lab reagents and kits (such as meningitis kit, reagents for the diagnostic of cholera, malaria, viral haemorrhagic fevers etc.). This activity	WHO	WHO

	will be only partly funded by the present project, additional resources will be provided by WHO		
Activity 2.2	Support of joint missions (WHO and SMOH) for the investigation and immediate response of alerts of outbreaks.	WHO, MOH	WHO, MOH
Activity 2.3	Support identification and timely referral for life saving management of alerts of outbreaks through training of 48 relevant health staff on outbreak investigation and immediate response, and 80 CHWs	WHO, SMOH, SRCS, GHF, Save the children	WHO, SMOH, SRCS, GHF, Save the children
Activity 2.4	Health awareness campaign on community best practices and prevention of water and vector borne diseases in WNS and SKS focusing on malaria and viral haemorrhagic fevers. The campaigns will be integrated with the vector control campaigns planned by WASH sector to increase the impact through synergic, complementary actions	WHO, MOH, SRCS, UNICEF, GHF, SC	WHO, MOH, SRCS, UNICEF, GHF, SC
Output 3	Vulnerable children have access to all EPI vaccines and pregnant women have access to TT vaccines		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Coverage of measles vaccination in per cent (among refugees children under five in all locations)	95 per cent of targeted population	79 per cent (annualized coverage of 136 per cent)
Indicator 3.2	Coverage of Penta 3 in per cent (among refugees children under one year in all locations)	95 per cent of targeted population	68 per cent (annualized coverage of 116 per cent)
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Provision of required BCG, OPV, TT and measles vaccines doses	UNICEF- MoH	UNICEF- MoH
Activity 3.2	Support EPI routine immunization program	SMoH- NGO	SMoH- NGO
Activity 3.3	Implement vaccination campaigns (as required) in cooperation with SMoH and local NGOs in targeted locations.	UNICEF- MoH, NGOs	UNICEF- MoH, NGOs
Output 4	Refugees mothers and children under 5 years have access to equitable basic health services		
Output 4 Indicators	Description	Target	Reached
Indicator 4.1	Number of refugees mothers and children in all locations provided with access to basic health services	85 per cent of targeted population	83 per cent of targeted population
Indicator 4.2	Number of functional temporary health facilities providing basic primary health facilities	5 temporary health facilities	5 temporary health facilities
Output 4 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 4.1	Procurement of medical kits and supplies for the prevention and control of common illnesses	UNICEF	UNICEF

Activity 4.2	Distribution of medical kits and supplies to health facilities	UNICEF, MoH and NGO	UNICEF, MoH and Concern (NGO)
Activity 4.3	Service provision of medical services, including immunization at entry points, to vulnerable refugees population with focus on mothers and children under 5 years	SMoH and NGO	UNICEF and SMoH
Output 5	Caregivers of children under five years and households have comprehensive knowledge of key Essential Family Practices (EFP) and adopt the recommended behaviours and practices		
Output 5 Indicators	Description	Target	Reached
Indicator 5.1	Proportion of community health mobilisers with enhanced knowledge and skills in IPC for EFP	85 per cent	90 per cent
Indicator 5.2	Proportion of caregivers under five years and households with comprehensive knowledge of at least 3 EFP	75 per cent	80 per cent
Output 5 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 5.1	Strengthen the capacity of frontline community mobilisers in interpersonal communication for essential family practices	UNICEF- FMoH	UNICEF- FMoH
Activity 5.2	Implement community engagement programs with caregivers of children under 5 years and households members	NGO- SMoH	Concern-SMoH
Activity 5.3	Develop, test, produce and disseminate communication support materials	UNICEF- FMoH	UNICEF- FMoH

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 growing number of refugees during the implementation period stretched the available resources. The surrounding host communities also lacked available PHC services, making the camp clinics the only access to emergency health services. This exhausted the drugs stockpile of WHO.

The number of consultation reported until end of June was 71,165. The utilization rate is high, reflecting the poor health status of the South Sudanese arrivals, and also utilization by the nearby host communities. In addition, the improvement in medicines and qualified staff availability increased the access and the demand for services by the targeted population.

4 latrines, and 3 incinerators, fencing was completed for Jouri health facility and replacement of some tents in Jouri health facilities with semi structure materials were provided by UNHCR, while WHO covered the fabrication and installation costs.

The number of community health education on water and vector borne diseases conducted was more than planned due to the need to conduct additional education to respond to the higher SSRs caseload.

There was a delay in signing of the annual work plans by the FMoH due to the new arrangement that the state plans be signed at the federal level. This impacted the early release of funds to WNS and shortened the time frame for EmONC cases identification and support, resulting in a decrease in the number of EmONC cases reached.

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

UNICEF and partners enabled affected children and women to play an active role in the decision-making processes by developing clear guidelines and practices to engage them appropriately and ensured that the most marginalized and affected are represented.

WHO through its field office and presence in the camps conducted assessments and identification of gaps by holding meetings and discussions with community leaders and members, encouraging them to participate in the evaluation of the effectiveness of the intervention, quality and responsiveness of the service. The concerns of refugees were considered in the project design. Gender issues are factored in the project proposal in regards to the package of services to be delivered, selection of emergency kits to be provided (the UNFPA standard reproductive and maternal health kits included), and composition of the health teams (at least 40 per cent female staff). Children represented the vast majority of the targeted population, and to ensure that essential child services are up to the WHO standards all clinics maintained Integrated Management of Childhood Illness (IMCI) protocol in managing of U5 conditions. The statistical data for public health, morbidity and mortality was disaggregated by Gender and age with consideration of cultural background of the refugees.

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

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNHCR		5. CERF grant period:	05.12.14 – 04.06.15		
2. CERF project code:	14-RR-HCR-051		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Non-Food Items			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Shelter and Non-food items assistance for South Sudanese refugees					
7. Funding	a. Total project budget:	US\$ 19,787,465	d. CERF funds forwarded to IP:			
	b. Total funding received for the project:	US\$ 1,358,689	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ n/a	
	c. Amount received from CERF:	US\$ 430,177	▪ <i>Government Partners:</i>		US\$ n/a	
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
Children (< 18)	975	975	1,950	975	975	1,950
Adults (≥ 18)	975	975	1,950	975	975	1,950
Total			3,900	1,950	1,950	3,900
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees	3,900			3,900		
IDPs				n/a		
Host population				n/a		
Other affected people				n/a		
Total (same as in 8a)	3,900			3,900		
<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>						

CERF Result Framework			
9. Project objective	Ensure timely procurement and provision of appropriate lifesaving emergency shelter and non-food items to newly arrived refugees from South Sudan to WNS		
10. Outcome statement	Minimal human dignity and privacy restored to some 3,900 new SS arrivals in WNS, including : women, men, girls and boys Health threats mitigated by the timely distribution of ES & NFIs for protection from the elements		
11. Outputs			
Output 1	Approximately 3,900 refugees (780 families) in WNS are provided with life saving shelter and NFIs in a timely fashion		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of refugee households provided with shelter and NFIs	780	780
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procure Emergency Shelter & Non Food Items	UNHCR	UNHCR
Activity 1.2	Manage the delivery and warehousing of shelter materials and NFI in UNHCR warehouses in Kosti	UNHCR	UNHCR
Activity 1.3	Together with partners distribute ES & NFI in a timely manner to assessed and verified women, girls, boys and men in need	UNHCR and IP	UNHCR/SRCS
Activity 1.4	Conduct post distribution monitoring with partners	UNHCR and IP	UNHCR/SRCS

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:

n/a

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

Distribution of ESNFI is based on vulnerability and need. The timely and effective distribution of NFIs to conflict and disaster affected men, women, girls and boys is an effective strategy towards reducing the risk of exploitation, including sexual exploitation, of women, boys and girls. Monitoring and Evaluation exercises include questions on the type of shelter provided, appropriateness of the NFI basket and the suitability of the item to every type of beneficiary group targeted, with attention paid to specific gender needs. Environmental impact is considered through the reduction of packaging material, and encouraging beneficiaries to re-cycle old jerry cans, plastic sheets. Do No Harm principles are upheld throughout the project cycle and UNHCR encourages the active involvement of project beneficiaries throughout project cycle to enhance transparency. Partners liaise with the refugee community leaders to identify Persons with specific needs (PWSNs), who are assisted with the construction of shelters. After NFI distributions, PDM is conducted to assess beneficiaries' satisfaction and ascertain that the intended beneficiaries indeed received their quota of ES/NFIs.

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

EVALUATION CARRIED OUT

EVALUATION PENDING

Regular monitoring is conducted to ensure appropriate distribution of items through distribution reports, and beneficiary lists. Post distribution monitoring conducted by partners and UNHCR staff, ensures that the selected beneficiaries are living in the emergency shelters

NO EVALUATION PLANNED

provided and utilising the NFIs distributed and ascertains beneficiary satisfaction.	
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TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	WFP		5. CERF grant period:	26.12.14 – 25.06.15		
2. CERF project code:	14-RR-WFP-085		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Food Security			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Provision of life saving food assistance and targeted gender sensitive livelihoods to South Sudanese refugees in Sudan					
7. Funding	a. Total project budget:	US \$13,868,574	d. CERF funds forwarded to IP:			
	b. Total funding received for the project:	US \$6,155,431	▪ <i>NGO partners and Red Cross/Crescent:</i>		US \$41,632	
	c. Amount received from CERF:	US \$1,489,257	▪ <i>Government Partners:</i>		US\$ 0	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	25,758	22,059	47,817	24,431	20,923	45,354
Adults (≥ 18)	19,935	3,793	23,728	18,908	3,598	22,506
Total	45,693	25,852	71,545	43,339	24,521	67,860
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees	71,545			67,860		
IDPs						
Host population						
Other affected people						
Total (same as in 8a)	71,545			67,860		
<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>	The distribution numbers are from January and February. WFP assisted less beneficiaries than planned due to the fact that there were fewer South Sudanese arriving than anticipated during the reporting period.					

CERF Result Framework			
9. Project objective	Save the lives and protect the livelihoods of refugees from South Sudan through the provision of GFD assistance		
10. Outcome statement	Address the urgent food security needs of 71,545 refugees from South Sudan		
11. Outputs			
Output 1	Full GFD rations are distributed in sufficient quantity, quality and in a timely manner to 71,545 refugees for one month		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Quantity of food assistance distributed, as per cent of planned distribution (disaggregated by type)	1,525 MT (100 per cent)	2,328 MT (153 per cent)
Indicator 1.2	Number of women, men, boys and girl refugees receiving GFD food as per cent of planned	71,545 refugees (100 per cent)	67,709 (95 per cent)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Utilisation of CERF funds for the procurement of food commodities (cereals [1,280MT], yellow split peas [147MT], sunflower oil [73MT] and salt [24MT]).	WFP	WFP
Activity 1.2	Delivery of GFD food assistance in El Redis, Jouri and Al Kashafa relocation sites and Al Alagaya camp in WNS and in Ellery and Abu Jibeiha localities, SKS State.	SRCS and Mubadiroon	SRCS and Mubadiroon
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 general food security status and coping mechanisms while receiving WFP assistance	SRCS, Mubadiroon, WFP and food management committees.	SRCS, Mubadiroon, WFP and food management committees.

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 Metric Tonne (MT) reported is from distributions covering the period of two months (January and February) and thus looks higher than the planned, which was estimated based on 5 week distribution.
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:
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.

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

EVALUATION CARRIED OUT

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 two SPRs for activities implemented under the EMOP (200597) and PRRO (200808) respectively, to be published at the end of March 2016.

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-167	Education	UNICEF	ADRA -The Adventist Development and Relief Agency	Yes	INGO	\$257,512	19-Mar-15	20-Dec-14	The partners started working in December 2014 as UNICEF had an agreement with the same partner in White Nile.
14-RR-CEF-167	Education	UNICEF	MoE-Ministry of Education	Yes	GOV	\$119,560	31-Dec-14	1-Jan-15	
14-RR-CEF-168	Nutrition	UNICEF	MoH - Ministry of Health	Yes	GOV	\$649,233	22-Mar-15	6-Jan-15	UNICEF had a partnership agreement already in place with the MoH so the activities started in January 2015.
14-RR-CEF-168	Nutrition	UNICEF	Rafa (local NGO)	Yes	NNGO	\$9,355	1-Mar-15	2-Mar-15	
14-RR-CEF-168	Nutrition	UNICEF	Almanar (local NGO)	Yes	NNGO	\$7,877	15-Mar-15	16-Mar-15	
14-RR-CEF-169	Water, Sanitation and Hygiene	UNICEF	CAFOD	Yes	INGO	\$299,928	14-Jan-15	1-Feb-15	Delivery of WASH package in refugee camps and host communities
14-RR-CEF-169	Water, Sanitation and Hygiene	UNICEF	Plan Sudan	Yes	INGO	\$184,165	14-Jan-15	1-Feb-15	Delivery of WASH package in refugee camps and host communities
14-RR-CEF-169	Water, Sanitation and Hygiene	UNICEF	WES White Nile State	Yes	GOV	\$105,501	12-Jan-15	20-Jan-15	Operation and maintenance of 3 emergency water supply systems in refugee camps
14-RR-CEF-169	Water, Sanitation and Hygiene	UNICEF	Public Water Corporation	Yes	GOV	\$100,000	12-Jan-15	20-Jan-15	Construction of one water supply system in Alagayya camp

14-RR-CEF-171	Health	UNICEF	Concern	No	INGO	\$134,502	10-Feb-15	13-Mar-15	
14-RR-CEF-171	Health	UNICEF	FMoH	No	GOV	\$96,518	26-Feb-15	1-Mar-15	
14-RR-CEF-171	Health	UNICEF	South Kordofan MoH	No	GOV	\$39,941	24-Feb-15	1-Mar-15	
14-RR-CEF-170	Child Protection	UNICEF	Plan Sudan	No	INGO	\$34,754	8-Jan-15	11-Jan-15	
14-RR-CEF-170	Child Protection	UNICEF	GAH - Global Aid Hand	No	INGO	\$105,726	5-Jan-15	6-Jan-15	
14-RR-CEF-170	Child Protection	UNICEF	MoSW - Ministry of Social Welfare	No	GOV	\$75,000	11-Jan-15	12-Jan-15	
14-RR-WFP-084	Nutrition	WFP	ASSIST	Yes	NNGO	\$33,907	5-Aug-15	16-Feb-15	all instalments have been paid in final payments after process completed
14-RR-WFP-084	Nutrition	WFP	SRCS	Yes	NNGO	\$4,203	25-Aug-15	22-Feb-15	Original invoices submitted in August 2015
14-RR-WFP-085	Food Assistance	WFP	Sudanese Red Crescent Society	No	NNGO	\$32,060	15-Jan-15	15-Dec-14	
14-RR-WFP-085	Food Assistance	WFP	Mubadiroon	No	NNGO	\$9,572	14-Jan-15	15-Dec-14	

14-RR-IOM-046	Water, Sanitation and Hygiene	IOM	Badya Center for Integrated Development Services	No	NNGO	\$25,100	2-Sep-15	1-May-15	IP implemented the entire activity off of their own savings. Project fund transfer was processed upon the receipt of the final report. Selection process conducted in March. Launch of the activity was withheld until the indicated date when the selected partner cleared the access/technical agreement with HAC.
14-RR-FPA-048	Protection	UNFPA	JASAMAR	Yes	NNGO	\$37,696	21-Apr-15	18-Mar-15	
14-RR-FPA-048	Protection	UNFPA	Almanar	Yes	NNGO	\$18,980	3-Mar-15	16-Mar-15	
14-RR-FPA-048	Protection	UNFPA	Mobadiroon	Yes	NNGO	\$11,409	8-Mar-15	20-Apr-15	
14-RR-FPA-048	Protection	UNFPA	MOSA	Yes	GOV	\$7,441	27-Apr-15	15-May-15	
14-RR-FPA-049	Health	UNFPA	Ministry of health Khartoum	Yes	GOV	\$20,808	18-Mar-15	25-Mar-15	
14-RR-FPA-049	Health	UNFPA	Ministry of health White Nile	Yes	GOV	\$69,255	9-Apr-15	20-Apr-15	
14-RR-FPA-049	Health	UNFPA	Save the children Sweden	Yes	INGO	\$9,105	7-Apr-15	14-Apr-15	
14-RR-HCR-052	Protection	UNHCR	MoSW	No	GOV	\$14,342	9-Dec-14	1-Nov-14	The project activities started as per the signature of a Letter of Mutual Intent in November 2014 to allow the commencement of the project activities. The project partnership Agreement was signed later on.
14-RR-HCR-052	Protection	UNHCR	SRCS	Yes	RedC	\$410,597	29-Dec-14	15-Nov-14	The project activities started in November to speed up the establishment of border reception centers in WNS as per agreement with local authorities

14-RR-WHO-081	Health	WHO	SRCS	No	RedC	\$100,960	6-Apr-15	22-Mar-15	Agreement with NGO signed based on the project proposal. NGO are aware that WHO takes duration of maximum one month from date of signature to transfer the fund.
14-RR-WHO-081	Health	WHO	GAH - Global Aid Hand	No	NNGO	\$14,955	10-May-15	16-Apr-15	Agreement with NGO signed based on the project proposal. NGO are aware that WHO takes duration of maximum one month from date of signature to transfer the fund.

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ADRA	Adventist Development and Relief Agency
ANC	Ante Natal Care
ASSIST	Organization for Voluntary Humanitarian Assistance Program
BNS	Blue Nile State
CFM	Complaint and Feedback Mechanisms
CHW	Community Health Workers
CMAM	Community Management of Acute Malnutrition
CNVs	Community nutrition volunteers
CPs	Cooperating partners
DFID	Department for International Development
e-BSFP	emergency blanket supplementary feeding
ECHO	European Commission's Humanitarian Aid and Civil Protection
EmOC	Emergency Obstetric Care
EFP	Essential Family Practices
ES/NFIs	Emergency Shelter/Non-food Items
EVI	Extremely vulnerable individual
FFW	Food-for-work
FHAC	Federal Humanitarian Aid Commission
FGD	Focus group discussions
FMOH	Federal Ministry of Health
FPDO	Friends of Peace and Development Organization
FSL	Food security and Livelihood Sector
FSMS	Food Security Monitoring Systems
GAH	Global Aid Hand
GDF	General food distributions
GHF	Global Health Foundation
HAC	Government Humanitarian Aid Commission
MAM	Moderate acute malnutrition
MoE	Ministry of Education
MoSW	Ministry of Social Welfare
MUAC	Mid-Upper Arm Circumference
MSF	Médecins Sans Frontières
PDM	Post distribution monitoring
PLW	Pregnant or lactating women
PTA	Parent Teacher Associations
PWSNs	Persons with specific needs
RMS	Refugee Multi Sector
SAM	Severe acute malnutrition
SCS	Save the Children Sweden
SKS	South Kordofan State
SMoH	State Ministry of Health
SPR	Standard Project Report
SRCS	Sudanese Red Crescent Society
TA	Technical agreement with local authorities
TSFP	Targeted Supplementary Feeding Programme
WES	Government Department of Water and Environmental Sanitation

WKS	West Kordofan State
WNS	White Nile State