

**RESIDENT / HUMANITARIAN COORDINATOR  
REPORT ON THE USE OF CERF FUNDS  
REPUBLIC OF THE SUDAN  
RAPID RESPONSE  
DISPLACEMENT 2016**

**RESIDENT/HUMANITARIAN COORDINATOR**

**Marta Ruedas**

## REPORTING PROCESS AND CONSULTATION SUMMARY

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

Yes. 10 November, 2016. Participants from UNHCR, IOM, UNICEF, UNFPA, and WFP.

- 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 Humanitarian Country Team (HCT) and Inter-Sector Coordination Group (ISCG) prior to submission to the CERF secretariat.

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

YES  NO

The report was circulated to the members of HCT and ISCG for further circulation to the implementing partners.

## I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response:		
Breakdown of total response funding received by source	Source	Amount
	CERF	9,692,867
	COUNTRY-BASED POOL FUND ( <i>if applicable</i> )	1,697,605
	OTHER (bilateral/multilateral)	11,231,286
	<b>TOTAL</b>	<b>22,621,758</b>

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 22/04/2016			
Agency	Project code	Cluster/Sector	Amount
FAO	16-RR-FAO-012	Food Security - Livelihoods	400,000
IOM	16-RR-IOM-020	Water Sanitation Hygiene	639,978
IOM	16-RR-IOM-021	Emergency Shelter and NFI - Non-Food Items	182,304
UNFPA	16-RR-FPA-019	Health	480,000
UNHCR	16-RR-HCR-018	Emergency Shelter and NFI - Non-Food Items	761,755
UNICEF	16-RR-CEF-044	Health	329,994
UNICEF	16-RR-CEF-042	Water Sanitation Hygiene	1,650,781
UNICEF	16-RR-CEF-040	Education	800,055
UNICEF	16-RR-CEF-041	Nutrition	305,164
WFP	16-RR-WFP-022	Food Security - Food Aid	2,808,000
WFP	16-RR-WFP-023	Nutrition	894,836
WHO	16-RR-WHO-016	Health	440,000
<b>TOTAL</b>			<b>9,692,867</b>

<b>TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)</b>	
<b>Type of implementation modality</b>	<b>Amount</b>
Direct UN agencies/IOM implementation	7,074,264
Funds forwarded to NGOs for implementation	1,011,796
Funds forwarded to government partners	1,606,807
<b>TOTAL</b>	<b>9,692,867</b>

## **HUMANITARIAN NEEDS**

The Jebel Marra massif, straddling Sudan's North Darfur, Central Darfur and South Darfur states, has remained a volatile region since the outbreak of the hostilities in 2003 between the government security forces and Darfur armed opposition movements; the Sudan Liberation Movement (SLA) and the Justice and Equality Movement (JEM). Recurrent clashes are reported almost every year in Jebel Marra resulting in population displacements to the main towns in Central Darfur State (CD) and sometimes in South Darfur camps for internally displaced persons (IDPs). In 2015, during SLA Abdul Wahid faction (SLA/AW) clashes with the Sudan Armed Forces (SAF) in North and Central Jebel Marra localities, more than 50,000 people displaced to Nertiti, Zalingei, Guldo, Boor, Golo, Niscam, Rokoro, Wara, Abounga and Yaga village. Of whom humanitarian agencies were able to reach only 33,000 people with Food, Emergency Shelter (ES)/Non-Food Items (NFIs), Nutrition and Water and Sanitation in Guldo, Funga Suk, Zalingei and Nertiti.

On 16 January 2016, different sources, including United Nations Department of Safety and Security (UNDSS), confirmed fresh clashes between SAF and SLA/AW in Jebel Marra. The displacement was of a scale not seen in recent years within such a short period. An estimated 126,596 civilians (of whom 70,175 have been verified) were displaced as a result. Reports indicated that the ongoing conflict was continuing to cause displacement. Humanitarian actors however were unable to verify reported displacements or ascertain and respond to humanitarian needs triggered by conflict. Of particular concern were unconfirmed reports that up to 70,000 civilians had been displaced in the inaccessible areas of the Jebel Marra including Guldo. Aid organisations prepared a contingency plan for up to 70,000 newly displaced people in Central Darfur. On 8 March, a UN team was able to gain access to Nertiti, but denied access to the IDP camps. In South Darfur, an inter-agency mission on 23 February reported 555 new IDPs from Jebel Marra in Kass IDP camp. The Sudanese Red Crescent Society (SRCS) conducted a rapid needs assessment on 28 February, identifying 835 displaced people from Jebel Marra taking refuge in Deribat. The government's Humanitarian Aid Commission (HAC) stated that the security situation in Deribat was volatile given its proximity to areas of active combat within the Jebel Marra.

The steady influx of people arriving in Jebel Marra prompted the humanitarian community to request funding from the CERF Secretariat for North Darfur locations of Tawilla Locality and Sortony in Kabkabiya Locality where there were no access restraints and also where the highest numbers of displaced people were hosted. The CERF Rapid Response grant was requested to reduce the suffering of the new IDPs and the host communities who are mainly women and children through the provision of food assistance and emergency food production and livelihoods support, therapeutic and supplementary feeding, water and sanitation services, health services and vaccinations, psychosocial support and protection referral pathways, emergency shelter, primary education for displaced children, and tracking and registration of IDPs.

## **II. FOCUS AREAS AND PRIORITIZATION**

In response to the upsurge in conflict that started mid-January 2016 leading to significant displacement from Jebel Marra of an estimated 86,400 people in North Darfur, an inter-agency assessment was conducted by partners on the 2 – 4 February 2016. The partners that participated in the assessment were (UN agencies) OCHA, UNICEF, WFP, UNHCR, UNFPA, WHO, IOM; (government of Sudan) Department of Water and Sanitation, State Ministry of Health (SMoH), State Ministry of Education (SMoE), State Council for Child Welfare (SCCW); (INGO) Oxfam America and Médecins Sans Frontières (MSF)-Spain; (NNGO) Kabkabiya Small Holders Charitable Society (KSCS), Anhar and Al Massar. On 8 March, a UN team was able to gain access to Nertiti, but denied access to the IDP camps. In South Darfur, an inter-agency mission on 23 February reported 555 new IDPs from Jebel Marra in Kass IDP camp.

The SSRCS conducted a rapid needs assessment on 28 February, identifying 835 displaced people from Jebel Marra taking refuge in Deribat. The HAC had stated that the security situation in Deribat was volatile given its proximity to areas of active combat within the Jebel Marra.

Based on these findings, prioritised interventions were targeted to provide emergency relief in Jebel Marra, North Darfur, with a focus on Kabkabiya (Sortony), and Tawilla (Rwanda and Argo camp) and to reduce suffering of 86,400 people from IDPs, mainly women and children by providing life-saving assistance in line with Do No Harm principles and practices. The interventions were delivered through health and nutrition services, shelter and non-food items, water and sanitation, food assistance and emergency livestock services, with two sectors mainstreaming protection (child protection and gender-based violence, GBV) in an integrated manner. The strategy and sectors further prioritised interventions after taking into account that the overall immediate and life-saving needs are in line with CERF life-saving criteria. In response to the most critical needs of some 51,000 displaced the interventions were ranked by priority are as follows;

**Water, Sanitation and Hygiene (WASH):** The WASH interventions contributed to the reduction of mortality and morbidity related to diarrhoea in children by providing and sustaining access to critical life-saving WASH services. This was achieved through providing access to safe water supplies and support for sanitation and hygiene promotion reducing the prevalence of diarrheal diseases in target localities.

**ES/NFI:** The ES/NFI sector ensured timely distribution of life-saving emergency shelter and non-food items to newly displaced people, by providing assistance to people with special protection needs and directly complementing protection activities.

**Food Security and Livelihoods (FSL):** The FSL sector targeted vulnerable and food-insecure IDPs by providing them with life-saving food assistance with the aim of increasing their household dietary diversity and food frequency. In addition to food assistance, the sector provided distribution of fuel efficient stoves (FES) and emergency livestock feed and health support to donkeys.

**Nutrition:** The Nutrition sector interventions aimed at scaling up and strengthening ongoing responses targeting existing, as well as additional, caseloads as a result of new displacements. This included addressing malnutrition related mortality through provision of emergency blanket supplementary food, treatment of acute malnutrition, and provision of infant and young child feeding services specifically supporting lactating mothers to sustain optimal feeding practices. The results of the SMART Nutrition Survey conducted in January 2015, in Central and West Jebel Marra were also used as a reference in design of the response.

**Health and Protection (GBV):** the health sector delivered essential primary health care with emergency reproductive health and child health interventions, replenishment of emergency stockpiles, trauma care to the victims of violence including of GBV, collection of vital health information and public health alert investigations and response verification.

**Protection (Child Protection, CP) and Education:** The protection interventions targeted unaccompanied and separated children, and other most vulnerable children at high risk of abuse and exploitation. The interventions also included an education component of providing access to protective learning spaces and psychosocial support.

By implementing in the same locations and providing assistance to the same beneficiaries, the sectors complemented each other. ES/NFI assistance was essential to the displaced that fled with only the clothes on their backs by providing shelter and blankets against the harsh weather; extreme cold at night and hot sun during the day that could have had a large impact on morbidity especially of children women and the elderly. The kitchen sets were particularly important to the families for cooking the dry rations provided by WFP. Protection was a key issue, particularly in Sortony where an estimated 90 per cent of displacements were women and children with no pre-existing facilities and services. This said the GBV component within protection was streamlined within several sectors; health sector provided trauma care, provision referral services, and psychosocial support; WASH interventions brought water to the population and helped reduce their vulnerability to violence. Child protection activities were integrated with education activities creating a more holistic approach. They included psychosocial support and protection, restoring normalcy and sense of future, reducing risk and vulnerability to sexual and GBV, exploitation, and child labour. Lastly, to address another key protection factor impacting women, FSL integrated the provision and training on FES for women given that many women collected firewood beyond the camps increasing their vulnerability. Furthermore, in coordination with the WASH sector, the beneficiaries benefitted from available safe water, gender segregated and appropriate sanitation facilities at learning spaces and schools. In this coordination architecture other sectors and sections including Nutrition and Health were also key components in maximising impact and reducing the multi-dimensional morbidity and mortality among IDPs.

The Sudan country-based pooled fund; Sudan Humanitarian Fund (SHF) 2016 first round allocation also targeted the critical gaps in response to new displacements in North Darfur as a primary focus of the allocation and localities around the Jebel Marra were consequently highly prioritised. At the time of the allocation this case was presented to the CERF secretariat for Rapid Response funding. The aim was to reflect the complementarity of the CERF funding with the SHF allocation. The SHF response included provision of safe water, sanitary, educational, protection, nutrition, and health facilities.

### III. CERF PROCESS

The prioritisation process was led by the Humanitarian Coordinator and conducted through an inclusive consultative process in field offices, Inter-Sector Coordination Group (ISCG) and Humanitarian Country Team (HCT) both in the field and in Khartoum, with all sectors and agencies involved in the humanitarian response in Sudan, including representatives of the INGO Steering Committee and the National NGO Forum representative (both members of the HCT). Inter-Agency Standing Committee (IASC) sector coordinators were first requested to establish activities and costing for an overall response to 50,000 IDPs in Sortony and Kabkabiya town in Kabkabiya locality and Tawilla for duration of 6 months. At the time, 38,000 displaced persons were reported. With displacement figures evolving, the planning figure was brought from 50,000 to 120,000 which resulted in a \$37.6 million requirement for the response in the specified areas. During ISCG consultations, it was agreed to focus the CERF grant on Sortony and Tawilla in North Darfur, for a four month response to the 86,400 IDPs present at the time of the discussion. Following the notification by IOM to the HC and OCHA on April 7th that the figures were probably lower, an overall figure of 55,000 IDPs is estimated for North Darfur (Kebkabiya including Sortony, Tawilla and Shangil Tobaya localities).

Taking into account this overall response plan, the Sortony assessment report and complementarity with other actors, OCHA proposed priority activities per sector and envelopes per sector. For the envelope estimation, OCHA proposed higher coverage of the needs for the top priority sectors, e.g. 50 to 60 per cent for WASH and ES/NFI sectors, with gradually lower coverage of the needs for less prioritised sectors. Following discussions at the Inter-Sector Coordination Group (ISCG), the recommendations were presented to the HCT after which the HC made a final decision. The primary focus would be on Sortony where needs were highest and through a response that took into account the current nature of the site.

In regards to resource mobilisations efforts, in order to respond to the urgent and critical safe drinking water needs of the newly displaced, the WASH sector mobilised an estimated \$300,000 from START Fund to Plan International and Oxfam America for Tawilla, in addition, some US\$ 209,595 were secured from the USAID Emergency Response Fund (managed by IOM) by Plan International. Oxfam also secured some funds from SIDA for installation of storage tanks in Sortony. The strategic positioning of the SHF prioritised Sortony and Tawilla in North Darfur, and Rokoro and Nertiti in Central Darfur for the SHF 2016 First Standard Round Allocation within the \$29 million envelope. Through a competitive selection, projects were selected to complement CERF funding under this Rapid Response (RR) grant and in addition to the Underfunded grant from 2016.

Gender and protection mainstreaming were integrated throughout a cohesive multi-sectoral response putting into consideration that most of the beneficiaries were vulnerable women and children. Gender-responsive programming was built into the design and locations of WASH facilities, FES stoves were provided to households to protect females from collecting firewood far from the camp. Child friendly centres were to establish safe spaces for women and girls in the community. The location was determined in direct consultation with women and girls. Health care providers were trained on reproductive health integrated packages including clinical management of rape survivors to ensure comprehensive services.

### IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR <sup>1</sup>									
Total number of individuals affected by the crisis: 58,446									
Cluster/Sector	Female			Male			Total		
	Girls (below 18)	Women (above 18)	Total	Boys (below 18)	Men (above 18)	Total	Children (below 18)	Adults (above 18)	Total
Education	4,803	3,507	<b>8,310</b>	4,106	2,560	<b>6,666</b>	8,909	6,067	<b>14,976</b>

<b>Emergency Shelter and NFI - Non-Food Items</b>	23,914	10,214	<b>34,128</b>	12,975	3,897	<b>16,872</b>	36,889	14,111	<b>51,000</b>
<b>Food Security - Food Aid</b>	17,826	17,165	<b>34,991</b>	16,504	14,524	<b>31,028</b>	34,330	31,689	<b>66,019</b>
<b>Food Security - Livestock</b>	19,865	12,165	<b>32030</b>	11,755	7,215	<b>18,970</b>	31,620	19,380	<b>51,000</b>
<b>Health</b>	19,616	10,961	<b>30,577</b>	18,609	9,260	<b>27,869</b>	38,225	20,221	<b>58,446</b>
<b>Nutrition</b>	9,800	7,600	<b>17,400</b>	10,200	0	<b>10,200</b>	20,000	7,600	<b>27,600</b>
<b>Protection - Child Protection</b>	4,803	3,507	<b>8,310</b>	4,106	2,560	<b>6,666</b>	8,909	6,067	<b>14,976</b>
<b>Water, Sanitation and Hygiene</b>	8,274	5,290	<b>13,564</b>	7,337	4,691	<b>12,028</b>	15,611	9,981	<b>25,592</b>

## ***BENEFICIARY ESTIMATION***

The estimation of beneficiaries across sectors and agencies was identified differently. The initial planning figures were difficult to confirm due to access issues. The calculations were done by sector as follows;

**Education**] Beneficiaries were calculated based on attendance at the learning spaces set up by UNICEF and partners. Data was collected on a monthly basis by partners (Ministry of Education and Kabkabya Small Holders Charitable Society) and verified by UNICEF field office through monitoring visits. Beneficiaries were also validated by the State Ministry of Education (SMoE) through independent monitoring visits to Sortony. The data collected, was also widely presented for feedback for the sector partners at the sector coordination meetings headed by SMOE.

**ES/NFI**] Beneficiaries reached are based on the registration lists from community leaders which were then used to cross check with beneficiaries registered by IOM before the Displacement Tracking Matrix (DTM) was stopped in addition to numbers obtained from WFP's headcount exercise. Only new arrivals were targeted during CERF. The beneficiaries targeted are estimated as five per household.

**Food aid**] Beneficiary estimation was based on the IOM reported IDP figures in Sortony and Tawila of over 100,000. In actuality there were close to half that displaced in those two locations. This new information came out during the proposal preparation phase. Instead of reprioritizing to include a large and emerging caseload in Central Darfur (nearly 67,000 IDPs), CERF decided to stay with the original prioritization of N Darfur exclusively. As a result WFP had to go with a six month implementation period and request a no-cost extension in order to consume the funds. This was a critical and worthwhile decision as immediate life-saving support was required.

**Health**] Beneficiary figures were derived from partners' periodic reports (monthly and end of project reports by the Ministry of Health, Anhar and Saeker – National NGOs). Health facilities' monthly reports were used for the total number of people benefitting from the different health services provided. This included the total number of outpatient consultations, the total number of children who received immunization services, and the total number of pregnant women who received tetanus toxoid and were reached by skilled birth attendants. For those reached with health messages, the implementing partners' (Anhar and SMOH) activity reports were used for the data. All reports were reviewed by UNICEF health officers at the field level and verified at the country office level in Khartoum.

**Nutrition**] In the target areas (Sortony camp in Kebkabiya locality and Rwanda and Argo camps in Tawilla locality), 7,600 mothers / care-takers received counselling and support on improved breastfeeding practices and 20,000 children among IDPs under the age of 5

have been screened for malnutrition in their homes. Of these children, 1,300 were treated for severe acute malnutrition thanks to CERF funding. Beneficiary numbers were collected from the feeding centres and verified by UNICEF staff based in Darfur and weekly updates were shared with UNICEF main office in Khartoum, where the total numbers were compiled.

**Child Protection** Beneficiary calculations were based on monthly reports from partners (national NGOs Saeker, Kabkabya Small Holders Charitable Society and the State Council for Child Welfare), Family Tracking and Reunification (FTR) data, monthly situation reports, and through community representatives (CBCPNs). Also, the daily attendance records of the child friendly spaces (CFSs) were verified during programme monitoring.

**WASH** Beneficiaries were calculated based on WFP headcount in April 2016. The figures were then further cross-checked and vetted by the Water and Sanitation Department of the Ministry of Health (WES) and by the SMoH.

<b>TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING<sup>2</sup></b>			
	<b>Children ( &lt; 18)</b>	<b>Adults ( ≥ 18)</b>	<b>Total</b>
<b>Female</b>	17,826	17,165	34,991
<b>Male</b>	16,504	14,524	31,028
<b>Total individuals (Female and male)</b>	<b>34,330</b>	<b>31,689</b>	<b>66,019</b>

## **CERF RESULTS**

Although this project was a complicated operation, the CERF grant positively impacted on the overall status of the IDPs and was used to provide immediate life-saving services through targeted interventions to some 66,019 people in need in the two targeted localities of Tawila and Kebkabiya. 52 per cent were female and 48 per cent were male and some 56 per cent of whom were children.

**Education** UNICEF and partners restored quality education for 5,562 conflict affected internally displaced basic school aged children (57 per cent girls) in child-friendly learning environments through the establishment of 30 temporary learning spaces equipped with 12 gender-sensitive WASH facilities. Also, essential teaching-learning and recreational materials were procured, distributed and made available for the children. A larger number of children than initially planned were reached (initial target was 2,225 children) –higher enrolment in Sortony was thanks to the community awareness activities and peer attendance in the camps that were very successful. To accommodate this new demand, UNICEF used four large tents as learning spaces to ease overcrowding in the two schools.

**ES/NFI** Procurement was completed as planned, the shelter materials and NFIs were transported to the ES/NFI warehouse in El Fasher in May 2016. The ES/NFI assistance targeted and reached some 51,000 individuals (10,200 households) through CERF funding, bringing the total of number of beneficiaries reached in Sortony IDP site in Kebkabiya locality and Rwanda IDP camp in Tawilla locality to some 72,815 (some 14,563 households) vulnerable IDPs. The stocks were distributed to meet the needs of beneficiaries that continuously arrived in the aforementioned locations, and were utilized for new arrivals in other locations (Kebkabiya town, Kebkabiya Locality and Shangil Tobaya IDP Camp, Dar El Salam Locality in North Darfur). All assisted IDPs were assessed to have been displaced from Jebel Marra and in dire need of ES/NFI assistance. The distribution was undertaken by the Implementing Partner (IP) Kabkbiyah Small Charitable Society (KSCS) in Sortony IDP site while in Tawilla Sudan Red Crescent Society (SRCS) undertook the distribution. Both SRCS and KSCS were joined by an IOM team leader, who trained the IPs on the set up of distribution centres, engaging community leaders in the response as key informants and crowd control support, as well as on collecting beneficiary finger prints as proof of receipt of goods.

Distribution missions were followed by Post Distribution Monitoring (PDM) missions; which was an opportunity for IOM, KSCS, SRCS and UNHCR staff to collect feedback from beneficiaries in order to improve distribution missions, improve the contents of the NFI kit as well as collect lessons learned for future responses. One of the main outcomes of the PDM was on the need to have a better



understanding of vulnerability criteria and local markets prior to deploying assistance. Furthermore, in both Sortony and in Tawilla, at least 93 per cent of beneficiaries expressed the need to increase the quantity of some items in the NFI kit, namely the number of sleeping mats (from 2 to 4 pieces), and the number of blankets (from 2 to 4 pieces). A small percentage (13 per cent) of the assisted beneficiaries informed IOM that their household was able to purchase NFIs on their own.

In Sortony, despite the precarious security situation, KSCS and IOM were successfully able to distribute ES/NFI assistance to 1,720 households. IOM and KSCS experienced an estimated 52 per cent reduction in the number of beneficiaries; this may have been as a result of protection concerns and insecurity within the site. Since the establishment of the site, there have been continuous road blocks by armed factions, kidnappings and possibility of armed factions among the IDP community. This combination resulted in the delays to the PDM mission; the first of which was cancelled after the team was confronted by armed factions, the second attempt which was postponed as a result of riots in the camp due to misunderstandings regarding water trucking and finally on the third attempt IOM was successful. During the PDM the team undertook door-to-door assessments across 350 IDP households, the PDM results indicate that a group approached the team and claimed to not have received ES/NFI assistance although being eligible to do so.

**Food Aid|** With other competing funding obligations at the time, the dedicated CERF funding allowed WFP to respond quickly and successfully without compromising the food pipeline. In addition, WFP made use of CERF funds at a critical time during a pipeline break for food commodities and respond effectively to the dire food needs of displaced populations in North Darfur. In addition, the grant contributed to the fast delivery of assistance as WFP was able to establish a storage facility with 800 Mt capacity in Sortony for food prepositioning that helped timely food distribution during rainy season and/or times of insecurity. The response funded by CERF met the urgent needs of the most vulnerable groups with very weak coping mechanism.

**FSL|** CERF funding protected the livelihood assets and restored the food and nutrition security of a total of 51,000 IDPs in Sortony (27,000) and Tawila (24,000) in North Darfur State through accessing veterinary and livestock inputs and services. About 63% of the beneficiaries were women and girls. CERF support was used to provide supplementary feeding, vaccination, deworming and treatment to 9,500 donkeys and 9,500 small ruminants. In addition, 4,000 women were trained in production and use of 8,000 FES as devices for saving energy and hence contributing in reduction of charcoal use and overcutting of trees. Not only that but this activity has contributed to reducing the exposure of women and girls to Systematic GBV associated with fuel wood and charcoal collection. For the implementation of the above-mentioned activities CERF funds were used to procure 310 MT of animal concentrate feed, 6 MT (6,000 kg) of mineral licks, 38,000 doses of veterinary vaccines, 7,100 units of drugs and six kits of veterinary equipment. Through two implementing partners and with support from the State Ministry of Animal Resources, IDP Camp Committees and six Community Animal Health Workers, livestock vaccination and treatment campaigns were completed, reaching and protecting 19,000 animals against the most common epidemic and endemic diseases in the targeted areas.

**Health|** Access to standardized primary health care and referral services was provided to 58,446 IDPs in Sortony and Tawila; 14,466 beneficiaries attended curative consultations in the health facility directly supported by WHO in Sortony, serving the new caseload of IDPs, in addition to 1,673 first visits of Ante Natal Care (ANC). 34 different medical staff categories and Community Health Workers (CHW) were trained on early warning and surveillance of disease to ensure correct measures for case management were in place using the national standard treatment protocols. The skills gained from these trainings attached with surveillance tools in place helped in the investigation of alerts for disease outbreaks along with immediate response measures. IDPs communities in Sortony benefitted from health services through the fixed established clinic in Sortony run by Anhar NNGO which was complemented with other health services provided by UNICEF in Tawila and Sortony; 6000 people attended health awareness/education sessions on community best practices and prevention of communicable diseases. In addition, 29,259 measles doses were used for vaccination of children aged 6 months to 15 years, and the coverage for Measles reached 89% (above the target) while for other antigens such as Penta 3 coverage reached 78 % (when annualized, both coverage rates reached 100 percent). The referral system was supported by SOPs, procedures and transportation means with rented vehicle and trained staff accompanying the patients to El Fasher hospital.

5,915 pregnant women benefitted directly from the procurement and distribution of 34 reproductive health kits for the delivery of maternal and reproductive health services for women (6x kit 6A and 6x kit 6B; 3x kit 11A; 3x kit 11B; 3x kit 12, 6x kit 5, 5x kit 4 and 2x kit 3). In addition to locally produced 1,200 clean delivery and new-born care kits. Emergency Obstetric and Neonatal Care (EMOC) equipment was procured for three health facilities, two in Sortony and Tawilla clinic, to support the establishment of new clean delivery spaces and provision of quality of ANC and pre-natal care (PNC) services. 29 emergency obstetric cases from Sortony and Tawilla benefitted from the available funding to support the referral system. Over 40 per cent of the cases have been subjected to emergency caesarean section (C/S) and 79 per cent of them have given birth to a healthy new-borns. UNFPA has supported the MOH with four seconded midwives; two in Sortony IDP Camp and two in Tawila. The four midwives played an important role in the handling of ANC, PNC and safe deliveries, in addition to support referral of EMOC cases. 40 health care providers were trained in direct cases of maternal death including one clinical management of rape (CMR).

Through this CERF funding, UNICEF, in partnership with the National NGOs Anhar and Saeker, as well as with the SMoH, provided essential primary health care (PHC) services to a total of 58,446 (30,577 females and 27,869 males) IDPs in Sortony and Tawilla. About

37,710 children below 15 years of age were vaccinated against measles and polio. More than 96 per cent (1,830) of the targeted pregnant women received tetanus toxoid at the health facilities. Also, in order to improve family health practices and to enhance utilization of health services, a total of 9,878 mothers and care givers were reached with health messages on essential family practices. The availability of the CERF funds saved the lives of a total of 7,184 girls, pregnant women and, new-borns from the affected population. (2,874 <18, and 4,310 >18) through the provision of the Emergency RH kits, support referral of emergency obstetric cases, and support the capacity building of health care providers to respond to the needs of the affected population. In addition, 18,600 most vulnerable women and girls benefited from the funding allocated to the GBV program

**Nutrition|** In Sortony camp in Kebkabiya locality and Rwanda and Argo camps in Tawilla locality, a total of 20,000 (M=10,200; F=9,800) children were screened for malnutrition in the communities using mid upper arm circumference (MUAC) screenings thanks to the CERF funding. The screening enabled the identification and treatment of 1,300 children affected by Severe Acute Malnutrition (SAM), during the period in the target areas (in addition UNICEF was able to use other funding which made the overall number of identified and treated in target areas 9,100 children). In addition, the project supported the procurement of 1,300 cartons of Ready-to-Use Therapeutic Food (RUTF) for the treatment of SAM. To help prevent malnutrition among young children, counselling and support for maintaining and improving infant and young child feeding was provided, with a focus on maintaining breastfeeding in emergency situations, benefitting a total of 7,600 mothers through 38 Mother Support Groups.

**Protection|** 16,800 most vulnerable women and girls at reproductive age in Tawilla and Sortony localities received personal hygiene kits based on vulnerability selection criteria. The women centre in Tawilla served as entry point for women and girls to receive psychosocial support and counselling. UNFPA through Nada Al Azhar trained 30 service providers on psychosocial support and GBV basic concepts; 13 women received individual psychosocial support and counselling. The GBV services map developed for Tawilla locality reflected available services and the focal points. 12 community members were sensitized on GBV referral mechanisms and case management and 50 service providers including social workers trained on GBV referral mechanism and case management. Three community awareness raising sessions for community on GBV activities and referral pathways were conducted; the sessions reached more than 3,000 women, men, girls and boys in Tawilla.

With support of CERF funding, 10 new CFSs were established; three in Sortony, one in Kerkira and six in Tawilla. Psychosocial services (PSS) were provided to 8,909 children (including 4,803 girls) affected by armed conflict and who were displaced to Tawilla and Sortony. In addition, 1,978 children were referred and benefitted from health, WASH, education and nutrition services, while 1,279 benefited from home based PSS in the same locations. The PSS allowed children and their communities to cope with the impact of displacement, mitigate the risks of violence, abuse and exploitation. UNICEF and its implementing partners and in coordination with community based child protection networks in both locations, conducted 58 follow up visits for separated children in Tawilla and 340 in Sortony on children in need of care and protection. 251 people displaced with additional issues were identified and monitored, 100 animators and 30 CBCPNs members received training on the new PSS manual developed by Ahfad University, which resulted in the provision of quality psychosocial activities to children and care givers. The project enhanced integration in delivering services to children between sectors (education, child protection, health, nutrition and WASH) through referral of children to different services using the child friendly spaces as an entry point, developed the mechanism of identification of children's needs at the CFSs and referral to needed services, establishing a linkage with other sector's responses.

**WASH|** The project achieved all the programmed hygiene and sanitation outcomes. A total of 25,592 beneficiaries (6,000 households (HH)) received assistance through water trucking, construction of latrines, and hygiene promotion activities. The reduction in the number of beneficiaries compared to the planning stages of the project is due to the fact that fewer beneficiaries than expected were actually present in the project location; the disaggregated data also reflected a change in the composition of beneficiaries in terms of gender and age, with 53% female and 61% children under the age of 18 receiving assistance. IOM constructed 350 latrines instead of the 250 latrines originally planned, in order to address the heightened sanitation needs of the beneficiaries including soaps distribution to 6,365 HH. The project overachieved in terms of water supply, with regards to both amount of days water was supplied to beneficiaries, and amount of water (beneficiaries received water for 15 extra days, and 25% more water than originally planned). Planned targets were overachieved through working with local partners, thus reducing costs of mobilization and establishment of presence.

CERF funding allowed UNICEF to provide and sustain life-saving WASH services for 21,543 IDPs in Sortony, where big challenges were faced in meeting SPHERE standards for the provision of daily water supply (7.5 lt per person per day). The remoteness of the area, its complete lack of on-site groundwater, the lack of security and recurrent armed attacks, and the lack of willingness by truck owners to deliver water to such a dangerous area, are some of the challenges faced by UNICEF in its response. Through CERF funding, UNICEF was able to supply IDPs with 27,957,000 litres of safe drinking water over eight months, and eventually sustainable WASH solutions were provided to stop most of the daily water trucking operations and shifting water supply to a pipeline that extends for almost 2 km. The pipeline supplies 125,000 litres of safe drinking water daily to IDPs through six distribution points around Sortony, as well as in two CFSs, one clinic and two schools attended by 5,563 children. Through CERF, UNICEF was also able to deliver strong sanitation and hygiene interventions, enhancing the skills of 20 hygiene promoters who were able to reach 13,500 people through 2,700 household

visits. Also, 60 school students as well as 30 children at CFSs benefitted from Child Hygiene and Sanitation Training (CHAST). These efforts resulted in the construction of 500 household latrines and in the rehabilitation of 300, in addition to the installation of 15 latrines at CFSs. UNICEF also placed 20 signboards with hygiene awareness messages at strategic locations. UNICEF, in partnership with the implementation partners, held 165 health education sessions that were attended by 3,300 individuals, and also conducted hygiene promotion campaigns, distributing 56,700 bars of soap and 800 jerry cans. Solid waste and garbage collections were also undertaken, and for this purpose UNICEF distributed 100 rakes, 100 baskets, 100 shovels, 50 wheelbarrows, and excavated six pits for final dumping of solid waste. UNICEF also pioneered the implementation of hygiene promotion campaigns tailored specifically for children through a series of puppet shows at the child friendly spaces. Key sanitation, hygiene and health messages were embedded in these shows, which were attended by over 7,000 children. All these results were achieved, despite the challenges indicated, thanks to the agreement to a three-month no-cost extension of the project approved by the CERF secretariat.

## **CERF's ADDED VALUE**

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

YES  PARTIALLY  NO

CERF funding was the fastest mechanism that enabled partners to deliver rapid and timely assistance to meet the needs of the displaced people that were mainly vulnerable women and children. The CERF enabled a swift response to the demand for safe drinking water as well as the hygiene and sanitation conditions. Expensive water trucking was immediately conducted for more than two months and curbed the rapidly deteriorating public health situation in the new camp due to the poor hygiene and sanitation conditions. Rapid provision of immunization services and other PHC services to the vulnerable children as well as pregnant women helped to avoid any disease outbreaks and reduce morbidity and mortality. This fast-track funding also supported the effective and coherent delivery of assistance to the displaced school-aged children affected by conflict. Within less than one month's time, UNICEF managed to identify all the separated and unaccompanied children, initiate the tracing, establish the CFSs and provide access to PSS. In addition, CERF funds contributed in protecting women and girls from Systematic Gender Based Violence associated with fuel wood and charcoal collection through provision of training in production and use of FES.

### **b) Did CERF funds help respond to time critical needs<sup>1</sup>?**

YES  PARTIALLY  NO

CERF helped all partners respond in an integrated and rapid manner. The newly arrived IDPs overstretched the existing camp capacities. This was quickly alleviated by provision of rapid ES/NFI assistance and improving availability of clean and usable water from 4.58 Litres per day to 9.2 L/c/d. Availability and accessibility of sanitation facilities improved from a ratio of 1:55 persons to 1:23 persons, and hygiene promotion activities brought positive behavioural change to the overall hygiene practices of the beneficiaries. The health facility managed to absorb the caseload from the new waves of IDPs through provision of essential medical care and ambulance services for 24/7 available for referral of emergency obstetric cases. Time sensitive needs like family tracing for the separated children and alternative care were timely supported as well as minimum necessary learning spaces, and essential teaching, learning and child centred pedagogy materials were provided, mitigating and averting negative impact of being out of school in Sortony camp. This enabled children, teachers and affected communities to continue their learning with minimal disruptions due to non-availability of basic facilities. The fund supported time critical response for FSL interventions mitigating the impact of El Nino. It enabled timely provision of the required livestock inputs and services.

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

YES  PARTIALLY  NO

CERF funding helped improve resource mobilisation across some of the sectors. For FSL it was useful in helping to mobilize additional funds for the emergency response in Darfur; the additional resources include OFDA, SHF and FAO internal resources. CERF supported

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<sup>1</sup> 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.).

the kick start of activities while waiting for bilateral funding, thereby meeting the critical life-saving criteria. Furthermore CERF funding was disbursed close to SHF funding which resulted in further assistance being deployed to IDPs from Jebel Marra through the SHF2016 First Standard Allocation. In the health sector, CERF fund used was used for initiation of timely response to health need and then build upon the CERF established clinic to mobilize additional resource from other bilateral donors and SHF

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

YES  PARTIALLY  NO

CERF funding not only enabled rapid assistance but it also enabled a concerted and harmonised deployment of assistance, thereby significantly reducing the possibility of duplication or omission of assistance as a result of poor coordination. For example, at the start of the Jebel Marra response in Tawilla (January, 2016), IOM deployed ES/NFI kits whilst MSF also distributed ES/NFIs from their own stocks (noting that each agency's ES/NFI kit contents has slight variations). Once the CERF consortium was formulated, SRCS became the sole partner undertaking ES/NFI activities and therefore only one type of ES/NFI kit was distributed to IDPs ensuring consistency and improving distribution monitoring. Another good example was within the WASH sector. Due to the remoteness of Sortony and the complex nature of the emergency, coordinating the WASH response presented many challenges. It took some time to ensure sound coordination between the various WASH actors in Sortony, but the sector eventually defined its coordination mechanisms to ensure the complementarity of organizations' respective interventions. UNICEF leveraged its CERF grant to strengthen coordination with government partners, including WES and the SMoH. This partnership proved essential in successfully responding to the WASH emergency in Sortony.

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

The CERF funding played a significant role in establishing basic essential services in Sortony which were generally non-existent. The needs in the area continue, however after the establishment of these services through CERF, bilateral and pooled funds are now complementing with continuation of services. During the AAR it was also acknowledged by the partners that during this CERF round there was improved multi-sector planning.

## V. LESSONS LEARNED

<b>TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u></b>		
<b>Lessons learned</b>	<b>Suggestion for follow-up/improvement</b>	<b>Responsible</b>
To have flexibility to quickly adapt approved proposal if the situation on the ground changes.	Allow more flexibility to revise prioritization quickly taking into account changing and unpredictable situations that are often faced on the ground. The process often takes too long from prioritization to proposal submission that can potentially lead to inefficiencies in allocation of resources.	CERF Secretariat

<b>TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u></b>		
<b>Lessons learned</b>	<b>Suggestion for follow-up/improvement</b>	<b>Responsible</b>
Needs assessment discussions with IDPs were challenging due to the sensitive environment	The involvement of national officers within a sensitive environment was very instrumental in facilitating the assessment, resulting in very detailed feedback.	Sectors
The CERF and SHF coincided therefore it was difficult to ensure that there were no overlaps	To use the SHF Reserve for Emergencies instead of the Standard allocation to ensure complementarities	SHF TU
NNGO KSHC was overwhelmed due to the limited number of NGOs on the ground	Advocate to increase capacity by involving more partners	All
This was a logistically and politically complicated operation	To build on the lessons learned from this response for future interventions	All
Delays with WASH activities due to the difficulty in finding partners willing to work with expensive machinery required for digging boreholes in such a high risk area.	To plan in advance for such setbacks to ensure an integrated and efficient response (it was difficult to plan some of the health activities with the limited WASH services due to the close interrelation of the two elements)	Sectors
UNICEF was not allowed to build classrooms because of the claim that it prevents IDPs from returning. However, UNICEF approached the Ministry of Education which then spoke to the government and convinced them to allow the children to continue their education. The negotiations took one month during which the MoE took a strong position. Finally permission was granted to build classrooms, and meanwhile education was integrated in the engagement of the children	Close collaboration with the relevant line ministries in some cases is helpful in ensuring interventions are successfully completed	Sectors
Delays in progress should be proactively communicated to allow for necessary revisions.	The interim report was instrumental in the progress follow up.	SHF TU

## VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
<b>CERF project information</b>						
<b>1. Agency:</b>	FAO		<b>5. CERF grant period:</b>	28/04/2016 – 27/10/2016		
<b>2. CERF project code:</b>	16-RR-FAO-012		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Food Security - Livelihoods			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Restoring Food Security and Livelihood Protection for Newly Displaced People in North Darfur State					
<b>7. Funding</b>	a. Total project budget:	US\$ 1,560,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 400,000	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 43,309.80	
	c. Amount received from CERF:	US\$ 400,000	▪ <i>Government Partners:</i>			
<b>Beneficiaries</b>						
<b>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).</b>						
<b>Direct Beneficiaries</b>	<b>Planned</b>			<b>Reached</b>		
	<b>Female</b>	<b>Male</b>	<b>Total</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
<i>Children (below 18)</i>	16,125	15,495	31,620	19,865	11,755	31,620
<i>Adults (above 18)</i>	12,015	7,365	19,380	12,165	7,215	19,380
<b>Total</b>	<b>28,140</b>	<b>22,860</b>	<b>51,000</b>	<b>32,030</b>	<b>18,970</b>	<b>51,000</b>
<b>8b. Beneficiary Profile</b>						
<b>Category</b>	<b>Number of people (Planned)</b>		<b>Number of people (Reached)</b>			
<i>Refugees</i>						
<i>IDPs</i>	51,000		51,000			
<i>Host population</i>						
<i>Other affected people</i>						
<b>Total (same as in 8a)</b>	<b>51,000</b>		<b>51,000</b>			
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution,</i>	No discrepancy in the total numbers of beneficiaries. However, the project targeted more women than men. The difference between the planned and reached target is 3,740 women more than planned. One reason for this difference is the fact that the					

<i>please describe reasons:</i>	project activities are more female oriented such as small ruminant rearing, donkey care and fuel efficient stoves.
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CERF Result Framework			
<b>9. Project objective</b>	Improving the food and nutrition security of 51,000 persons among the newly displaced people (at least 50% women and girls) through providing animal health services		
<b>10. Outcome statement</b>	Food and nutrition security of the newly displaced people restored in Sortony and Tawilla in North Darfur State		
<b>11. Outputs</b>			
<b>Output 1</b>	Animals belonging to displaced households are protected from epidemic and endemic animal diseases.		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	No of animals vaccinated and treated against epidemic and endemic diseases	19,500	19,000
Indicator 1.2	No of community animal health workers trained and equipped for delivery of veterinary services	10	6
Indicator 1.3	No of households benefited from the animal health support	8,500 (51,000 people)	8,500 (51,000 people)
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Procurement of 30,000 doses of vaccines, 7,100 units of drugs, and 10 veterinary equipment kits	FAO	FAO
Activity 1.2	Distribution of 30,000 doses of vaccines, 7,100 units of drugs, and 10 veterinary equipment kits	KSCS (18,000 doses of vaccines, 4,260 units of drugs, and 2 veterinary equipment kits) SAEKER(12,000 doses of vaccines, 2,840 units of drugs, and 8 veterinary equipment kits)	KSCS (24,500 doses of vaccines, 4,260 units of drugs, and 3 veterinary equipment kits) SAEKER (13,500 doses of vaccines, 2,840 units of drugs, and 3 veterinary equipment kits)
Activity 1.3	Training of 10 community animal health workers	KSCS (8) /SAEKER (2) in collaboration with the State Ministry of Livestock	KSCS (3) /SAEKER (3) in collaboration with the State Ministry of Livestock
Activity 1.4	Monitoring of animal health activities	FAO	FAO
<b>Output 2</b>	Animals belonging to displaced households are provided with supplementary feeding.		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	No of donkeys provided with supplementary feeding	9,500	9,500
Indicator 2.2	No of households benefited from the supplementary feeding support	5,600	5,000

Indicator 2.3	MT of animal feed and mineral licks procured and distributed	501	316 (310 animal feed + 6 mineral licks)
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Procurement of 500 MT of animal balanced feed and one MT of mineral licks	FAO	FAO
Activity 2.2	Distribution of 500 MT of animal balanced feed and one MT of mineral licks	KSCS (265 MT of animal feed and 530 kg of mineral lick) /SAEKER (235 MT of animal feed and 470 kg of mineral lick)	KSCS (155 MT of animal feed and 3000 kg of mineral licks) /SAEKER (155 MT of animal feed and 3000 kg of mineral lick)
Activity 2.3	Training of beneficiaries in improved livestock feeding	KSCS/SAEKER in collaboration with the State Ministry of Livestock	KSCS/SAEKER in collaboration with the State Ministry of Livestock
Activity 2.4	Monitoring of supplementary feeding activities	FAO/KSCS/SAEKER	FAO/KSCS/SAEKER
<b>Output 3</b>	Displaced women are trained in the production and use of FES.		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	No of women trained in production and use of FES	4,000	4,000
Indicator 3.2	No of FES produced	8,000	8,000
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Training of women in production and use of FES	KSCS (2,000 women and 4,000 FES) /SAEKER ((2,000 women and 4,000 FES)	KSCS (2,000 women and 4,000 FES) /SAEKER ((2,000 women and 4,000 FES)
Activity 3.2	Monitoring of FES activities	FAO/KSCS/SAEKER	FAO/KSCS/SAEKER

**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:**

No discrepancy in the total numbers of beneficiaries. However, the project targeted more women than men. The difference between the planned and reached target is 3,740 women. One reason for this difference could be attributed to the fact that the project activities are more female oriented ones such as small ruminant rearing, donkey care and fuel efficient stoves. During the implementation it turned out that far more women had arrived in the IDP camps than men; the planning figure was about 31% while the actual was 38.9%.

The project trained and equipped a total of six Community Animal Health Workers (CAHWs) in the two camps (the planned target was 10). The Livestock Committee formed by the project in each Camp decided that three CAHW per camp would be enough for the delivery of the veterinary services. Accordingly six veterinary kits were procured and distributed.

The project procured and distributed more vaccines (38,000 doses) than initially planned (30,000 doses) and also procured less veterinary kits (6 instead of 10). The beneficiaries in Sortony demanded more types of vaccines than initially planned. Based on this the Project procured four types of vaccines instead of three.



The vaccines procured and inoculated included African Horse Sickness, Haemorrhagic Septicaemia, Sheep pox and Peste des petit ruminants (PPR). More vaccines was distributed (24,500 doses) in Sortony than planned (18,000 doses) and in Tawila vaccines distributed was 13,500 doses against 12,000 dose planned initially.

The abrupt increase in the price of animal concentrate feed during the project implementation due to increased demand for animal feed because of El Nino, forced the project to procure 310 MT. In order to strengthen the supplementary feeding and hence the health and production of the targeted livestock the project procured more mineral licks than planned (6 MT versus one MT), enabling FAO and the two partners to reach 5,000 beneficiaries instead of 5,600 planned initially. The veterinary drug distributed through the two implementing partners and under the supervision of both the Ministry of Animal Resources at locality level and the Camp Livestock Committees will be available to provide treatment services on demand basis for the beneficiaries in the two camps after the termination of the project.

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

The project successfully engaged the beneficiaries in the planning, implementation and monitoring of all the project activities through formation of camp committees. The beneficiaries were consulted and participated in the selection of types, quantities and varieties of all livestock inputs. To ensure delivery of better services, FAO contracted two competent national NGOs to implement this project. These NGOs are working in the targeted locations and have produced good results in previous interventions implemented jointly with FAO. Furthermore, FAO provided technical support to these NGOs during implementation and conducted regular joint monitoring visits to targeted locations. Women were the primary focus for certain activities including delivery of services to small ruminants which are primarily managed by women and training in production and use of FES. FAO Staff will continue, using funds from other projects, to monitor these activities.

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

EVALUATION CARRIED OUT

FAO's strategic results framework measures progress in delivering the outcomes and outputs that FAO is committed to achieving and for which the organization is accountable to the governing bodies. FAO is committed to measuring progress on outputs and outcomes of the corporate monitoring framework and to strengthen dialogue with the regions and Strategic Objectives Coordinators (SOCs) and to integrate the work and results delivered by the regional initiatives as well as the main areas of work of the Strategic Objectives.

EVALUATION PENDING

FAO Sudan identified corporate outputs and indicators which are most relevant to the country programme and developed a corporate country indicator matrix against which progress is measured and reported, including those achieved under the CERF projects. In addition, FAO Sudan through the Office of Evaluation (OED) will conduct an overall programme evaluation. A chapter will focus on CERF projects.

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	IOM		<b>5. CERF grant period:</b>	01/05/2016 – 01/11/2016		
<b>2. CERF project code:</b>	16-RR-IOM-020		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Water Sanitation Hygiene - Water, Sanitation and Hygiene			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Emergency life-saving Water, Sanitation and Hygiene Response to displacements in North Darfur due to the Jebel Marra Crisis					
<b>7. Funding</b>	a. Total project budget:	US\$ 1,254,087	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 793,259	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 272,610.15	
	c. Amount received from CERF:	US\$ 639,978	▪ <i>Government Partners:</i>		US\$ 217,499.22	
Beneficiaries						
<b>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).</b>						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (below 18)</i>	6,482	6,228	12,710	8,274	7,337	15,611
<i>Adults (above 18)</i>	11,780	6,510	18,290	5,290	4,691	9,981
<b>Total</b>	<b>18,262</b>	<b>12,738</b>	<b>31,000</b>	<b>13,564</b>	<b>12,028</b>	<b>25,592</b>
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>		<i>Number of people (Reached)</i>			
<i>Refugees</i>						
<i>IDPs</i>	31,000		25,592			
<i>Host population</i>						
<i>Other affected people</i>						
<b>Total (same as in 8a)</b>	<b>31,000</b>		<b>25,592</b>			
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or</i>	There is a discrepancy between the beneficiaries reached versus the beneficiaries planned during the project development stage. This was due to the reduction in the total number of beneficiary reported at the planning stage - 31,000 to 25,592					

<i>the age, sex or category distribution, please describe reasons:</i>	beneficiaries reported following a WFP head count. In terms of disaggregated data with regards to gender, as 53% of the beneficiaries were women, as opposed to the planning figure of 59% of the total. There was also a significant increase in the number of children below 18 years of age assisted, from 41% planned assistance to 61% of assistance reached children under 18 years of age.
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<b>CERF Result Framework</b>			
<b>9. Project objective</b>	To reduce morbidity and suffering among 31,000 IDPs displaced in Tawilla, North Darfur, through the provision of emergency life-saving WASH assistance.		
<b>10. Outcome statement</b>	IDPs and conflict affected communities are protected from suffering related to lack of adequate WASH services.		
<b>11. Outputs</b>			
<b>Output 1</b>	31,000 emergency newly displaced have equitable access to water supply to ensure minimum 7.5L/c/d water quantity per day for 60 days in Tawilla, North Darfur		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of persons provided with sufficient, reliable and safe water for drinking, cooking and personal hygiene (target 7.5l/p/d-sector defined)	27,453 people (covered by MSF and Plan Sudan at the time of writing this proposal)	25,592
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Water tankering, 232,500 litres per day providing a minimum of 7.5 liters of water per person per day for 31,000 people for the duration of 60 days	IOM	NPO
Activity 1.2	Drilling and installation of four temporary water distribution systems to provide water beyond the end of the water trucking for the new IDPs at the minimum rate of 5l/c/p or more	IOM	WES
Activity 1.3	Operation and Maintenance of water schemes for Argo and Rwanda camps	IOM	NPO
<b>Output 2</b>	31,000 people (men and women) have access to adequate sanitation in Tawilla, North Darfur (33.5 persons per latrine ratio)		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Number of people who have access to adequate sanitation (latrines newly built)	31,000	25,592
Indicator 2.2	Number of latrines newly constructed	250	350
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Construct 250 emergency latrines	WASH NGO partner selected through IOM	NPO
<b>Output 3</b>	31,000 IDPs have been reached with hygiene promotion, sensitization, and solid waste management activities		

Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of people reached through hygiene promotion campaigns in Tawilla	31,000	25,592
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Conduct hygiene 10 promotion activities (refreshment training for local hygiene promoters (approximately 300), house-to-house hygiene promotion work that includes Household Water Treatment promotion and jerry can cleaning (target 6,365 HHs), and 10 garbage collection campaigns in collaboration with an NGO partner (selected through an internal procedure), WES, and MoH (mainly in terms of facilitators and mobilization of volunteers manpower)	WASH NGO partner selected through IOM	NPO
Activity 3.2	Distribute soap for 6,365 households	IOM	NPO

**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 project objective: "To reduce morbidity and suffering among 31,000 IDPs displaced in Tawilla, North Darfur, through the provision of emergency life-saving WASH assistance," was achieved albeit with a reduced number of beneficiaries reached, due to fewer beneficiaries being present in project locations as determined by the WFP headcount results.

Thus, Output 1: "31,000 emergency newly displaced have equitable access to water supply to ensure minimum 7.5L/c/d water quantity per day for 60 days in Tawilla, North Darfur," was modified in that fewer people were reached yet the water quantity per day was 9.2L/c/d as opposed to 7.5L/c/d. Instead of 232,500 Litres of water delivered daily for 60 days, 235,467 Litres of water were delivered daily for 75 days. In addition, three water points received operation and maintenance work, two in Rwanda Camp, and one in Argo Camp.

Regarding Output 2: "31,000 people (men and women) have access to adequate sanitation in Tawilla, North Darfur (33:5 persons per latrine ratio)", fewer beneficiaries were reached as fewer than anticipated were actually present. In addition, as 350 latrines were constructed, instead of the planned 250, the ratio of person per latrine was 23:5 as opposed to 33:5. Targets for both outputs were overachieved as effective partnership mechanisms were adopted, through local partners with an established presence on the ground, therefore reducing mobilization costs and re-directing them to operations.

Output 3: "31,000 IDPs have been reached with hygiene promotion, sensitization, and solid waste management activities," was also met, with the same caveat regarding the number of beneficiaries. IOM conducted 10 rounds of hygiene promotion campaigns; carried out refreshment trainings for 300 local hygiene promoters; and through 10 rounds of garbage collection activities including collection and disposal of 25.3 tons of dry waste. IOM also conducted 10 rounds of jerry can cleaning, with 6,100 jerry cans cleaned in total. Finally, 76,380 bars of soap were distributed for 6,365 households.

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

Successful usage of sanitation relies on beneficiaries' understanding of its importance in relation to the general hygiene within the site and their own health. For this reason consultation with beneficiaries was planned for at project design stage about the locations of latrines, and key messages for hygiene awareness campaigns were determined. IOM also conducted hygiene and sanitation consultations with beneficiaries at the onset of the project.

IOM conducted pre-implementation water, hygiene and sanitation consultations with the beneficiaries to determine suitable sites for latrine construction and designs and any vulnerability that needed to be taken into account, with particular attention to the perception of safety and privacy among women. Beneficiaries were asked to recommend locations and designs of latrines to be constructed keeping in mind individuals and households with vulnerabilities. Through its monitoring activities, IOM regularly assessed whether and to what extent the project activities contributed to improvement of beneficiaries' hygiene and sanitation conditions. Hygiene promotion activities ensured that beneficiaries implemented best practices following project completion.

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

EVALUATION CARRIED OUT

A water user survey is being carried out which will serve as an evaluation of the project; the report will be shared with CERF once it is finalized.

EVALUATION PENDING

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

TABLE 8: PROJECT RESULTS						
CERF project information						
<b>1. Agency:</b>	IOM UNHCR		<b>5. CERF grant period:</b>	26/04/2016 – 10/11/2016		
<b>2. CERF project code:</b>	16-RR-IOM-021 16-RR-HCR-018		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Emergency Shelter and NFI - Non-Food Items			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Support for emergency shelter and non-food items for newly displaced persons (IDPs) in North Darfur					
<b>7. Funding</b>	a. Total project budget:	US\$ 2,657,346	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 1,746,599	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 40,000	
	c. Amount received from CERF:	US\$ 944,059	▪ <i>Government Partners:</i>			
Beneficiaries						
<b>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).</b>						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (below 18)</i>	16,830	13,770	30,600	23,914	12,975	36,889
<i>Adults (above 18)</i>	11,220	9,180	20,400	10,214	3,897	14,111
<b>Total</b>	<b>28,050</b>	<b>22,950</b>	<b>51,000</b>	<b>34,128</b>	<b>16,872</b>	<b>51,000</b>
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>		<i>Number of people (Reached)</i>			
<i>Refugees</i>						
<i>IDPs</i>	51,000		51,000			
<i>Host population</i>						
<i>Other affected people</i>						
<b>Total (same as in 8a)</b>	<b>51,000</b>		<b>51,000</b>			
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution,</i>	Overall, planned beneficiaries were reached in these two locations, however during distributions it was noted that initial figures planned for Sortony were much lower after verifications conducted primarily by WFP, followed by on site monitoring and post					

<p><i>please describe reasons:</i></p>	<p>distribution monitoring conducted. IOM encountered a 23% beneficiary reduction from planned figures to the figures verified by the assessment team. This was alarmingly high for the site in Sortony where the planned figure at the time of project conceptualization was an estimated 20,000 IDPs. Additionally, there was a significant reduction in the number of male and female adults and a prevalence of children in the site. For Tawilla the opposite was encountered, where beneficiary households were split and the average household size was found to be 3 individuals only.</p> <p>This said the intervention has been able to reach the 10,200 household, some 51,000 people planned.</p>
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CERF Result Framework			
<b>9. Project objective</b>	Ensure timely procurement and provision of needs based, appropriate life-saving emergency shelter and non-food items to people affected by conflict and disaster, returnees, and other vulnerable populations in Tawilla and Sortony, North Darfur. Ensure timely distribution of ES/NFIs to vulnerable newly displaced households in need of assistance, through transportation, distribution and post-distribution monitoring.		
<b>10. Outcome statement</b>	Health and other protection risks are mitigated by the timely distribution of ES/NFIs for protection of IDPs from the elements. Vulnerable IDP households receive life-saving ES/NFI assistance through IOM and partners (KSCS and SRCS) distribution from the ES/NFI sector pipeline		
11. Outputs			
<b>Output 1</b>	Some 51,000 people (10,020 households) newly displaced due to conflict in North Darfur are provided with life-saving NFIs in a timely fashion		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of conflict affected households provided with NFIs from the Common Pipeline	11,000	14,563
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of Emergency Shelter and Non Food Items for the NFI Common Pipeline	UNHCR	UNHCR
Activity 1.2	Manage the delivery and warehousing of ES and NFI in ES/NFI project warehouse in El Fasher	UNHCR ES/NFI Project	UNHCR ES/NFI Project
Activity 1.3	Ensure partners receive and distribute ES and NFI in a timely manner to assessed and verified women, girls, boys and men in need in collaboration with IOM	UNHCR ES/NFI Project	UNHCR ES/NFI Project
Activity 1.4	Participate in PDM exercises	UNHCR ES/NFI Project	ES/NFI M&R Officer
<b>Output 2</b>	Identify vulnerable households and PSN in need of life-saving ES/NFI assistance and provide assistance to 51,000 IDPs (10,020 HHs)		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of verification missions conducted during implementation period	10	10
Indicator 2.2	Number of IDP households provided with ES/NFI	10,020	10,020

	kits		
Indicator 2.3	Number of trucks used to transport pipeline ES/NFIs	10	6
Indicator 2.4	Number of PDMs shared with the ES/NFI sector	5	3
Indicator 2.5	Number of national NGO staff who received refresher trainings	30	32
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Conduct joint verification missions with KSCS and SRCS to identify vulnerable households and PWSN in need of immediate shelter assistance	IOM, KSCS, SRCS	IOM, KSCS, SRCS
Activity 2.2	Distribute ES/NFI kits to vulnerable households identified to be in urgent need of ES/NFIs	IOM, KSCS, SRCS	IOM, KSCS, SRCS
Activity 2.3	Undertake refresher training of national partners in conducting ES/NFI verifications and PDMs	IOM, KSCS, SRCS	IOM, SRCS, KSCS
Activity 2.4	Transport ES/NFI items to distribution sites which are hard to reach	IOM	IOM
Activity 2.5	Complete comprehensive PDM reports after each distribution to be shared with the ES/NFI sector	IOM, KSCS, SRCS	IOM, UNHCR, KSCS, 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:**

IDP camp located in Tawilla locality, North Darfur state, SRCS jointly with an IOM team leader and enumerators were informed by community leaders that the local community was demanding to receive more assistance and that for this reason households decided to split themselves into two or three households with the aim of obtaining more relief items. A list of 6,935 households was provided to SRCS and IOM with the above mentioned communication from the community leaders. This figure of 6,935 households did not match with IOM's verified figures of 4,761 IDPs or WFP's headcount figures. Due to the unreliability of household figures, SRCS, the ES/NFI sector and IOM agreed to not undertake distribution until the households were verified.

With IOM's Displacement Tracking Matrix (DTM) still not being utilized to collect verified data and register households, verification is limited to door to door household assessments, as mentioned in the proposal; this was the contingency plan in the event that the DTM would not be resumed in time. Due to travel permit restrictions the team was unable to conduct door to door assessments and decided to present the findings of the focus group discussions to the locality commissioner.

SRCS and IOM presented the household issue to the locality commissioner who suggested this be discussed with the state HAC commissioner before any action be taken; the issue was then addressed at the state level with HAC and the Area Humanitarian Country Team (A/HCT), pending recommendations from the HAC commissioner. Through continuous lobbying of IOM, the ES/NFI sector lead and the support of the A/HCT, the HAC commissioner agreed on 6 October to grant the team permits to return to Rwanda IDP camp and discuss the deployment of a door to door assessment team which resulted in a new list of 4,157 households. The team verified 4,157 households (completed mid-October). To ensure that assistance was delivered based on adequately verified data IOM requested a no cost extension until 10 November 2016 to ensure that SRCS provided IDPs identified by the assessment team with essential ES/NFI assistance under the supervision of IOM teams; and secondly, that distribution be based on the results of the door to door assessments jointly conducted by IOM and SRCS.

IOM was finally able to deploy a distribution team to Tawilla, on the 27 October, the team distributed assistance to a total of 10,392 IDPs. A PDM team was deployed 2 weeks later to monitor the usage of ES/NFIs and collect beneficiary feedback on the assistance provided.



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

51,000 IDPs were supported through lifesaving NFIs such as kitchen sets, blankets, sleeping mats and jerry cans which allowed IDP households to live in a dignified manner with access to adequate household items to prepare food, and transport and store water. Through the provision of emergency shelter and blankets household members were able to protect themselves from exposure to harsh climate and health threats..

- Of the assisted caseload, 66% persons assisted were composed of vulnerable women and children. Of the beneficiaries assisted, 27% were children between the ages of 0 to 17 years.
- The timely and effective distribution of ES/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. During the distribution missions, the teams did not observe signs of GBV among beneficiaries, however the presence of armed factions in Sortony was duly reported to OCHA and UNAMID for further action to address protection concerns for both camp based populations and humanitarian workers.
- Monitoring and evaluation (M&E) exercises include questions on the appropriateness of the NFI basket and the suitability of items in providing support to re-establishing household dignity. M&E was undertaken through deployment of PDM teams to distribution sites. The PDM in Sortony was undertaken by IOM and KSCS (twice due to access constraints) whilst in Tawilla the PDM was undertaken jointly between IOM, UNHCR and SRCS. IOM's adapted PDM formats were utilized; the PDM forms include essential questions on beneficiary satisfaction with the methodology of assistance provision (if beneficiaries felt sufficiently informed about the beneficiary selection process), quality and quantity of distributed items (to ensure items are sufficient to cover the needs of all household members and to ensure that the quality of items meets local/cultural standards). The ES/NFI sector's Environmental impact plan is considered through advocating for the reduction of packaging material, and encouraging beneficiaries to re-cycle old jerry cans, plastic sheets etc.
- All assessment, verifications and monitoring activities are gender sensitive; focus group discussions for NFIs package composition and allocation include women, men, boys and girls from diverse back grounds. Beneficiary data is disaggregated by both age and gender.

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

EVALUATION CARRIED OUT

No evaluation is planned for this project. To ensure timely provision of assistance and accountability to beneficiaries, both IPs; SRCS and KSCS completed essential distribution reports for the ES/NFI sector. IOM with inputs from IPs developed the overall reports for assessments, distribution and post distribution missions (all of which were implemented under the supervision and guidance of IOM team leaders). PDM was conducted by IPs, UNHCR ESNFI project staff and IOM to collect beneficiary feedback on the provided assistance.

EVALUATION PENDING

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

TABLE 8: PROJECT RESULTS						
CERF project information						
<b>1. Agency:</b>	UNFPA UNICEF WHO	<b>5. CERF grant period:</b>	28/04/2016 – 27/10/2016			
<b>2. CERF project code:</b>	16-RR-FPA-019 16-RR-CEF-044 16-RR-WHO-016	<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing			
<b>3. Cluster/Sector:</b>	Health		<input checked="" type="checkbox"/> Concluded			
<b>4. Project title:</b>	Integrated life-saving essential primary health care and referral services including GBV for the conflict induced new IDPs in Tawilla, and Sortony (North Darfur state)					
<b>7. Funding</b>	a. Total project budget:	US\$ 3,920,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 1,249,994	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 98,962	
	c. Amount received from CERF:	US\$ 1,249,994	▪ <i>Government Partners:</i>		US\$ 148,963	
Beneficiaries						
<b>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).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (below 18)	18,360	12,240	30,600	19,616	18,609	38,225
Adults (above 18)	12,240	8,160	20,400	10,961	9,260	20,221
<b>Total</b>	<b>30,600</b>	<b>20,400</b>	<b>51,000</b>	<b>30,577</b>	<b>27,869</b>	<b>58,446</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs	51,000			58,446		
Host population						
Other affected people						
<b>Total (same as in 8a)</b>	<b>51,000</b>			<b>58,446</b>		
<i>In case of significant discrepancy</i>	At the beginning of the crisis, children below 18 years represented more than 60% of					

<i>between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	the IDPs which explains the discrepancy between the target and the achieved children. Moreover, the modalities used for provision of the Expanded Programme on Immunization (EPI) services (the campaign and the mobile teams) have facilitated reaching more children.
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CERF Result Framework			
<b>9. Project objective</b>	To reduce avoidable mortality and morbidity among 51,000 conflict induced new IDPs in Tawilla and Sortony in North Darfur through improved access to essential PHC and referral services including for GBV and the implementation of vital public health interventions.		
<b>10. Outcome statement</b>	51,000 conflict induced IDPs in Tawilla and Sortony have access to essential primary health care and referral services, including for GBV and are protected from serious public health threats (outbreaks of communicable diseases).		
<b>11. Outputs</b>			
<b>Output 1</b>	51,000 new IDPs have access to free of charge, life- saving primary and referral health care services		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Percentage of targeted IDPs population who have access to a standardised primary health care and referral services.	51,000	58,446
Indicator 1.2	Number of temporary health facilities supported to deliver an integrated PHC package for the targeted new IDPs in North Darfur.	2	2
Indicator 1.3	Number of medical staff trained on universal infection prevention, case management, alert investigation and initial outbreak response.	32	34
Indicator 1.4	Number of health care providers trained on RH integrated package including clinical management of rape survivors (CMR)	40	40
Indicator 1.5	Numbers of mothers and caregivers in Sortony and Tawilla provided with knowledge of at least 5 essential family practices	10,000	9,878
Indicator 1.6	Number of health facilities in targeted location that deliver an essential RH service package	4	4
Indicator 1.7	# GBV referral mechanism supported	1	1
Indicator 1.8	# women and girls safe space supported	1	1
Indicator 1.9	# of women benefitting from women safe space activities including referral to services/PSS/and awareness sessions	600	600
Indicator 1.10	# of procured and distributed hygiene kits to support vulnerable women and GBV survivors	16,800	16,800
Indicator 1.11	# of campaigns (consisting of sessions/activities conducted over a period of 7 to 10 days) to sensitize communities on Gender based Violence and referral pathway	3 campaigns	3

	mechanisms		
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement and distribution of medicines, medical supplies in Sortony and Tawilla to cover about 60,000 populations (MSF caseload excluded) for the curative care of men, women, boys and girls. WHO will procure 23 Rapid Response Kits (RKK) and 3 laboratory reagents kits (PHC level). The RKK includes essential medicines for the treatment of common diseases for adults and children (paediatric formula), as well as micronutrient supplementation for pregnant and lactating women and children below 5 years of age. The kits will be procured internationally; for the start of the project, the Dubai regional stock will be used to avoid delays.	WHO	WHO internationally procured 23 RKK and distributed to implementing partners in Tawilla and Sortony ( MSFE and Anhar), WHO delivered to partners medicines and consumables from the available WHO surge stock which has been recovered after the procured patch received
Activity 1.2	Procurement of reproductive health kits for the delivery of maternal and reproductive health services for women; 600 clean delivery kits, 5 kits each for RH 4, 5, 6A, and 6B; 3 kits 11 A; 2 Kits 11 B; 3 kits 12	UNFPA	5,915 pregnant women benefited directly from the procurement and distribution of 34 reproductive health kits for the delivery of maternal and reproductive health services for women (6x kit 6A and 6x kit 6B; 3x kit 11A; 3x kit 11B; 3x kit 12, 6x kit 5, 5x kit 4 and 2x kit 3) In addition to the locally produced 1200 clean delivery and new-born care kits.
Activity 1.3	Procurement of EMOC equipment for 3 health facilities Sortony, Kabkabiya hospital and Tawilla clinic	UNFPA	Procurement of EMOC equipment for 3 health facilities (2 in Sortony, and 1 in Tawilla) to support the establishment of new clean delivery spaces and provision of quality ANC and PNC services.
Activity 1.4	Procurement and distribution medicines necessary for the implementation of integrated Community case management ; 26 PHC Kits; 100 boxes of Ringer lactate, 22,900 Long-Lasting Insecticide-Treated Net (LLITNs), 21 Integrated Management of Childhood Illness (IMCI) Drug Kits; 27 Oral Rehydration Salt (ORS) cartons; 10,000 Artemisinin -based Combination Therapies (ACTs); 18,000 doxycycline tablets.	UNICEF	UNICEF
Activity 1.5	Operational support for the functioning of 2 temporary health facilities; in Sortony run by Anhar. All clinics will be staffed with qualified medical staff and availability of at least one qualified midwife (female) in each clinic is essential for promoting attendance of pregnant women.	WHO, UNICEF, MOH, Anhar	WHO contracted Anhar for establishment and running of one clinic in Sortony providing full package of PHC elements comprising: case management, ANC, routine immunization, and referral of complicated cases to

			El Fasher hospitals for further analysis and care. The contract included 9 qualified medical staff calculated based on the level of care and expected utilization rate of the services.
Activity 1.6	Referral mechanism for the medical emergencies through: a) 24/7 rented vehicle/ for the 2 clinics included in the contracts with the NGOs providing the PHC services	MOH, Anhar, Saeker	WHO provided contract to Anhar included renting of vehicle for transportation of referred cases to El Fasher hospitals
Activity 1.7	Support of the referral care for emergency surgical cases through provision of 2 trauma surgical kits to Tawilla and Kabkabiya referral hospitals; cover the supplies for 400 major and medium complexity surgical operations	WHO	2 trauma kits were procured by WHO and provided to Tawilla and Kebkabiya hospitals run by MOH in addition to 3 mini surgical and 2 diagnostic lab kits to Anhar
Activity 1.8	Referral of EMOC complicated cases from Sortony, and Tawilla hospitals.	UNFPA	UNFPA: 29 emergency obstetric cases from Sortony and Tawilla benefited from the available fund to support the referral system. Over 40 per cent of the cases have been subjected to emergency C/S and 79 per cent of them have given birth to healthy new-borns.
Activity 1.9	Ensure availability of midwives and EMOC seconded staff in referral facilities.	UNFPA and MOH	UNFPA has supported the MOH with four seconded midwives; two in Sortony IDP Camp and two in Tawilla. The four midwives played an important role in the handling of ANC, PNC and safe deliveries, in addition to support referral of EMOC cases.
Activity 1.10	Support refresher training for (40) health care providers on direct cases of maternal death Including one CMR	UNFPA and MOH	UNFPA and MOH: 40 health care providers trained in direct cases of maternal death including one CMR.
Activity 1.11	Training (directly related to project implementation) of 32 new medical staff on case management and infection prevention to ensure quality of care and community participation	WHO and MOH	WHO and MOH: 34 different medical staff (Medical doctors, Medical assistants, Midwives, nurses and CHWs) attended training courses on early warning, case management and surveillance of disease
Activity 1.12	Scaling up and strengthening of referral mechanisms in Tawilla for newly displaced IDPs from Jebel Marra (including mapping of health services and psychosocial support through newly trained front line responders; development of	Nada Alazhar	34 different medical staff ( Medical doctors, Medical assistants, Midwives, nurses and CHWs) attended training courses on early warning, case

	contact list and dissemination to service providers/ service delivery points and communities; sensitize community level focal points about referral mechanisms and available services)		management and surveillance of disease conducted by Nada Alazhar
Activity 1.13	Support one safe space for women in Tawilla IDP camp (the safe space will serve as entry point for women and girls, including GBV survivors, to obtain psychosocial support and counselling and to be referred to other services including clinical management of rape)	Nada Alazhar	12 women trained by Nada Alazhar on GBV case management in referral pathway.
Activity 1.14	Provide psychosocial support to traumatized women and girls including refresher training of social workers as front line responders in Tawilla to identify GBV survivors for subsequent referral to service provision and to strengthen overall mental health	Nada Alazhar	UNFPA constructed one women centre in Tawilla through Nada Al Azhar national organization which served as entry point for women and girls and offered psychosocial support and counselling
Activity 1.15	Raise awareness of community on prevention of and response to GBV and mitigating GBV risks, respond to incidents and eliminate stigma of survivors	Nada Alazhar	UNFPA through Nada Alazhar trained 60 women on psychosocial support, referral pathway and GBV basic concept.
Activity 1.16	Procurement and distribution of 16,800 PHKs to vulnerable women and girls of reproductive age including GBV survivors in Tawilla and Sortony (14,200 in Sortony; 3,000 in Tawilla).	UNFPA	UNFPA: Three community awareness raising sessions for community on GBV activities and referral pathways. The sessions targeted 3,000 women, men, girls and boys in Sortony and Tawilla
Activity 1.17	Monitoring and Reporting	WHO, UNICEF, UNFPA, state and federal MOH, Seaker and Anhar	UNICEF, SMOH, WHO jointly with MOH and partners conducted 5 monitoring missions to Tawila and Sortony to solve the problems on the ground and make recommendations on appropriate actions, findings of the missions were presented during the coordination meeting for corrective measures. EWARS weekly report for communicable diseases and updates to partners was followed.
<b>Output 2</b>	51,000 new IDPs in Tawilla, and Sortony are covered by essential public health interventions through early warning, alert investigations, confirmation and initial response to public health threats for the new caseload not covered by CERF-UF		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>

Indicator 2.1	Percentage of alerts investigated and response initiated within 72 hours from notification	100%	100%
Indicator 2.2	Case fatality rate of outbreaks maintained within accepted international standards	Measles; < 5% Cholera; < 1%	2 alerts of measles outbreak and 3 Acute Jaundice Syndrome were timely investigated and responded to, no deaths reported.
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Support of investigation and confirmation of outbreaks with 2 lab reagents and kits	WHO	2 lab kits and assorted reagents procured and provided to Anhar in Sortony.
Activity 2.2	Conduct joint investigation missions (WHO/SMOH) of alerts of outbreaks with the support of health staff from the health facilities. These missions for alert investigation and outbreak response will cover the new IDPs caseload not covered by the CERF UF that targets the old IDPs caseload. Due to the high vulnerability of the new caseload coming from areas where the public health system is almost inexistent, it is expected to have additional alerts of outbreaks that could not be covered by the CERF UF that focuses on old caseload. Already measles alerts have been investigated and response vaccination campaigns implemented. With rainy season approaching it is expected to AWD, malaria, Viral haemorrhagic Fevers and other water and vector related diseases	WHO, MOH, MSF, Anhar, and Seaker.	WHO together with MOH led 5 alert investigation missions in Tawila and Sortony for reported cases of measles and Acute Jaundice. Samples were collected and sent to Khartoum for confirmation; the result confirmed 2 cases Hepatitis E which were responded to. The surveillance system was strengthened with trainings of staff on case management, provision of medical supplies and community awareness-raising on key family practice issues.
Activity 2.3	Refresher training of 32 new staff (not covered by the CERF UF for the old caseload) in the newly established health facilities in the supported health facilities, on case definition, recording and reporting of morbidities and mortalities, and EWARS.	WHO, MOH	34 medical staff working in Anhar, MSF and MOH clinics in Sortony and Tawila had 5 days trainings on case management and EWARS; the training was facilitated jointly by WHO and MOH.
Activity 2.4	Support response to outbreaks with supplies (3 Diarrheal diseases kits) and community based awareness campaigns for the prevention and control of communicable diseases in response to public health threats	MOH and partners	3 Diarrheal Kits were procured and provided to MOH and Anhar. 3 sessions of community awareness raising; 2 in Sortony old and new IDPs sites and one in Tawila where 6000 people attended.
<b>Output 3</b>	Vulnerable children have access to all EPI vaccines and pregnant women have access to TT vaccines		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	Number of children 6 month to 15 years of age vaccinated for measles and polio vaccination among the new IDPs in the targeted locations (in Sortony, and Tawilla).	10,200	37,710

Indicator 3.2	Coverage of Penta 3 vaccination among IDPs children under one year among the new IDPs in Sortony, and Tawilla.	At least 90%	86%
Indicator 3.3	Coverage of tetanus vaccination among new IDPs pregnant women in in Sortony, and Tawilla.	650 pregnant women	1,830
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Provide routine immunization services to new IDP children under 1 years of age through fixed clinics and outreach services. The vaccines will be provided by UNICEF through MOH, and the vaccinations conducted by the health clinics vaccinators.	Anhar, Seaker, UNICEF and MOH	Anhar, Seaker, UNICEF and MOH
Activity 3.2	Finalize the ongoing vaccination campaign against measles and polio targeting the new IDPs between 6 months and 15 years of age in Sortony. Vaccines provided by UNICEF/MOH, and operational costs by WHO. The implementation and supervisions will be done jointly by all partners present in the field.	MOH, WHO, UNICEF, Anhar, MSF, Seaker, and Al Massar.	MOH, UNICEF, Anhar, MSF, Seaker,
Activity 3.3	Social mobilization campaigns and communication for behaviour change during the two vaccination campaigns in cooperation with SMoH and local NGOs in targeted locations	SMoH- NGO	SMoH, Anhar,

**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 supported clinics in Sortony and Tawila were able to cope with the increased patient caseload and the modalities used for provision of the EPI services (the campaign and the mobile teams) have permitted to enrol children and pregnant women from the IDP camps as well as from the host communities therefore reaching four times more children with measles vaccinations and three times more pregnant women with tetanus toxoid vaccinations than was initially planned. It is important to note here that the CERF allocation has had a very positive effect on the regular routine vaccination program, providing the needed resource injection to organize outreach and mobile vaccination activities in the IDP camps and surrounding communities, and helping to increase the uptake of the program on the ground.

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

The project was implemented in full consultation and participation of the local community (IDPs) and concerned government authorities. The selection of the community volunteers was done by the community in addition to their representation on the supervision and monitoring of the day to day activities of the project. UNICEF and partners were very keen in community participation to enhance community ownership of the programming which will promote sustainability of the programme. Accountability to the affected population was ensured / enhanced especially through formation of committees from the community health volunteers who's being trained to support and facilitate the daily running of the clinic from the side of the community arrangements, maintain the best practices and protection of the clinics.



<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input type="checkbox"/>
Evaluation was not planned. UNICEF and partners ensured the continuous monitoring of all project related activities.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

TABLE 8: PROJECT RESULTS						
CERF project information						
<b>1. Agency:</b>	UNICEF		<b>5. CERF grant period:</b>	10/03/2016 – 31/12/2016		
<b>2. CERF project code:</b>	16-RR-CEF-042		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Water, Sanitation and Hygiene			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Emergency life-saving Water, Sanitation and Hygiene Response to displacements in North Darfur due to the Jebel Marra Crisis					
<b>7. Funding</b>	a. Total project budget:	US\$ 3,150,000	d. CERF funds forwarded to implementing partners:  ▪ <i>NGO partners and Red Cross/Crescent:</i>  ▪ <i>Government Partners:</i> US\$ 1,134,705			
	b. Total funding received for the project:	US\$ 1,800,781				
	c. Amount received from CERF:	US\$ 1,650,781				
Beneficiaries						
<b>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).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (below 18)	4,182	4,017	8,199	6,343	6,223	12,566
Adults (above 18)	7,601	4,200	11,801	6,078	2,899	8,977
<b>Total</b>	<b>11,783</b>	<b>8,217</b>	<b>20,000</b>	<b>12,421</b>	<b>9,122</b>	<b>21,543</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees						
IDPs	20,000		21,543			
Host population						
Other affected people						
<b>Total (same as in 8a)</b>	<b>20,000</b>		<b>21,543</b>			
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution,</i>	The total population of IDPs in Sortony fluctuated slightly over time due to several factors, including but not limited to ongoing conflict in the nearby Jebel Marra area, and seasonal farming needs for manual labourers.					

please describe reasons:

CERF Result Framework			
<b>9. Project objective</b>	Increase equitable access to gender-sensitive improved water and promote hygienic behaviours for 20,000 new IDPs in the Sortony IDPs camp with a particular focus on children and women.		
<b>10. Outcome statement</b>	20,000 new IDPs in the Sortony area have equitable access to lifesaving improved water and practicing enhanced hygienic behaviours		
<b>11. Outputs</b>			
<b>Output 1</b>	20,000 IDPs have equitable and gender-sensitive access to improved domestic water at the rate of 7.5 liters per person per day.		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of IDPs with equitable and gender-sensitive access to improved water at the rate of 7.5 liters per person per day.	20,000	21,543
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Daily trucking of 160,000 litres of portable water to IDP camps for three months	UNICEF, WES	UNICEF, WES
Activity 1.2	Construct five motorized water supply and distribution systems	UNICEF, WES, private sector	UNICEF, WES, private sector
Activity 1.3	Operate and maintain 5 motorized water supply systems for 2 months.	UNICEF, WES	UNICEF, WES
<b>Output 2</b>	20,000 IDPs are reached with equitable and gender-sensitive hygiene promotion interventions and empowered to manage their WASH services.		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Number of IDPs reached with gender sensitive hygiene promotion interventions.	20,000	21,543
Indicator 2.2	Number of IDP representatives trained to manage their WASH services	120	120
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Conduct 16 (four per month) hygiene promotion and cleaning campaigns	UNICEF, MoH	UNICEF, MoH
Activity 2.2	Procure and distribute soap bars and jerry cans	UNICEF, MoH	UNICEF, MoH
Activity 2.3	Train 120 IDP representatives on hygiene promotion, HWT and community management	UNICEF, MoH	UNICEF, MoH

**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:**

No specific discrepancies were noted.

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

UNICEF's WASH response was in line with the AAP, and all beneficiaries' rights, dignity and safety were taken into account and upheld as utmost importance throughout the implementation and beyond. All WASH activities undertaken through CERF were child-friendly, gender-sensitive, and also took into consideration the needs of persons living with disability. Beneficiaries were consulted for each decision related to the implementation of WASH services, with particular attention to matters related to location, gender, and positive socio-cultural norms. UNICEF capitalized on existing community dynamics to find solutions to WASH issues that were as sustainable as possible. IDPs took an active role in the ownership of WASH interventions, notably by taking part in all hygiene promotion activities, soap and jerry can distribution that contributed to enhancing sound hygienic practices and safeguarding their dignity.

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

EVALUATION CARRIED OUT

An evaluation of implemented WASH activities is planned for early 2017. On-going monitoring of all WASH activities was conducted by WES and UNICEF staff throughout the entire duration of the project. UNICEF will share with CERF the report.

EVALUATION PENDING

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

TABLE 8: PROJECT RESULTS						
<b>CERF project information</b>						
<b>1. Agency:</b>	UNICEF		<b>5. CERF grant period:</b>	02/05/2016 – 01/11/2016		
<b>2. CERF project code:</b>	16-RR-CEF-040		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Education			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Life-saving protection and education-in-emergencies interventions for newly displaced children in Sortony and Tawilla					
<b>7. Funding</b>	a. Total project budget:	US\$ 6,659,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 800,055	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 241,096	
	c. Amount received from CERF:	US\$ 800,055	▪ <i>Government Partners:</i>		US\$ 88,794	
<b>Beneficiaries</b>						
<b>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).</b>						
<b>Direct Beneficiaries</b>	<b>Planned</b>			<b>Reached</b>		
	<b>Female</b>	<b>Male</b>	<b>Total</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
<i>Children (below 18)</i>	5,890	4,820	10,710	4,803	4,106	8,909
<i>Adults (above 18)</i>				3,507	2,560	6,067
<b>Total</b>	<b>5,890</b>	<b>4,820</b>	<b>10,710</b>	<b>8,310</b>	<b>6,666</b>	<b>14,976</b>
<b>8b. Beneficiary Profile</b>						
<b>Category</b>	<b>Number of people (Planned)</b>		<b>Number of people (Reached)</b>			
<i>Refugees</i>						
<i>IDPs</i>	10,710		14,976			
<i>Host population</i>						
<i>Other affected people</i>						
<b>Total (same as in 8a)</b>	<b>10,710</b>		<b>14,976</b>			
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or</i>	The planned figures in the proposal did not include adults; however the project has reached 6,067 adults (3,507 women and 2,560 men) through the awareness raising campaigns on child protection issues organized in the targeted IDP camps.					

the age, sex or category distribution, please describe reasons:

CERF Result Framework			
<b>9. Project objective</b>	Providing four months lifesaving child protection and education services to 9,600 newly displaced children in Sortony area within Kabkabiya locality in North Darfur		
<b>10. Outcome statement</b>	Key child protection and education mechanisms are functioning in Sortony and 9,600 newly displaced children are provided with timely lifesaving services		
<b>11. Outputs</b>			
<b>Output 1</b>	10,700 newly displaced children are provided with timely lifesaving psychosocial and education support through 10 CFS and 30 Temporary Learning Spaces (TLS)		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	# of established child friendly spaces which are fully functional as per child protection minimum standards established in Sudan	10	10
Indicator 1.2	# of CBCPN members, CFS animators, teachers, and qualified social workers who provide psychosocial support to newly displaced children	100	130
Indicator 1.3	# of children that have participated in gender and age-appropriate structured/modular PSS interventions/activities consistent CPMS and psychosocial package	10,700	8,909
Indicator 1.4	# of vulnerable boys and girls followed-up by and reached by the mobile psychosocial team	1,200	1,600
Indicator 1.5	Number of school aged boys and girls accessing safe learning spaces (one TLS can accommodate 50 children)	3,347 (1,532 boys and 1,815 girls) through double shifting of TLS <sup>2</sup>	5,562 (Boys 2,396, Girls 3,166)
Indicator 1.6	Number of TLS established	30	30
Indicator 1.7	Number of school aged boys and girls accessing gender-sensitive latrines	3,347 (1,532 boys and 1,815 girls) <sup>3</sup>	5,562 (Boys 2,396, Girls 3,166)
Indicator 1.8	Number of gender-sensitive school latrines with water and hand WaSHing facilities established	12	12
Indicator 1.9	Number of children (boys and girls) who have received education-in-emergencies supplies and learning materials	3,347 (1,532 boys and 1,815 girls)	5,562 (Boys 2396, Girls 3166)
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Support establishment and daily running of 8 10 CFS	KSCS and Seaker	KSCS and Seaker
Activity 1.2	Support activation of CBCPN members, CFS animators	KSCS and Seaker	KSCS , Seaker,

<sup>2</sup> Per Temporary Learning Space accommodate 50 children as per the national standards. In this context, with available limited resource, it accommodates more than 50 children to reach registered 3,347 students.

<sup>3</sup> Each drop hole will benefit 50 children as per the national standards. In this context, with available limited resource, it serves more than 50 children to reach registered 3,347 students.

	and social workers CPMS, psychosocial package, MRE, referral mechanism		and SCCW
Activity 1.3	Conduct daily psychosocial activities	KSCS and Seaker	KSCS and Seaker
Activity 1.4	Establish a psychosocial mobile team which reach children at family and community level	KSCS and Seaker	KSCS, Seaker, and CBCPNs
Activity 1.5	Establish gender-sensitive latrines with water and hand washing facilities	KSCS Water provision: coordinated through WASH Section	12 gender sensitive latrines with 4 drops and 12 hand washing
Activity 1.6	Construct TLS meeting INEE minimum and Sudan national education standards	KSCS Water provision: coordinated through WASH Section	30 TLS constructed by KSCS
Activity 1.7	Provide essential education-in-emergencies supplies and recreational material	Procured by UNICEF and distributed in coordination with MoE and KSCS	School-in-a-Box (SIB) 80, 50 Arabic student kits 1-4, 50 Arabic student kits 5-8, 50 teacher kits, 10 recreation kits, 10 Early Childhood Development ECD kits, 40 blackboards , 50 seating mats and 10 tents
<b>Output 2</b>	Around 250 unaccompanied and separated children (UASC) had been reunified and/or placed in alternative care arrangement following a thorough case management, family tracing and successful mediation		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	# of unaccompanied and separated boys and girls identified, documented and provided with feedback on the on FTR process	490	499
Indicator 2.2	% of unaccompanied and separated girls and boys placed in alternative care arrangement	20	19
Indicator 2.3	% of unaccompanied and separated girls and boys successfully reunified with their biological families	80	100
Indicator 2.4	# of most vulnerable UASC provided with reintegration package	100	100
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Deploy a team of trained social workers to identify, document UASC and provide them with feed back	SCCW, SMOsW	KSCS, Seaker, MoSA, SCCW and CBCPNs
Activity 2.2	Conduct placement of UASC in identified and oriented alternative care families	SCCW, SMOsW	KSCS, Seaker, MoSA, SCCW and CBCPNs
Activity 2.3	Conduct reunification of UASC with their biological families	SCCW, SMOsW	KSCS, Seaker, MoSA, SCCW and

			CBCPNs
Activity 2.4	Distribute procured reintegration package to UASC	SCCW, SMOsW	KSCS and Seaker
<b>Output 3</b>	10,700 newly displaced children and their families received lifesaving information on key child protection issues (grave child right violations, FTR, risks of ERW, GBV), survival issues (nutrition, health, hand washing practices) and development issues (dropout from school)		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	# CBCPN members, social workers and CFS animators have capacity to engage with children and their families key child protection, development and survival issues	150	160
Indicator 3.2	# of community awareness initiatives (focus group discussion, house-to-house talk, tea time talk, celebration of event) conducted on key child protection, survival and development issues	25	35
Indicator 3.3	# of children identified with child protection, survival and development issues referred to needed nutrition, health, education, specialised PSS and legal services	180	1,978
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Activate ac # CBCPN members, social workers and CFS animators on key child protection, development and survival issues	KSCS and Seaker	KSCS, Seaker and CBCPN
Activity 3.2	Support community awareness initiatives on prevention and response to key child protection, survival and development issues	CBCPN members, social workers and CFS	KSCS, Seaker and CBCPN
Activity 3.3	Refer to children with issues to required protection, survival and development services	CBCPN members, social workers and CFS	KSCS, Seaker and CBCPN



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

The planned target figures for the Education component in the Sortony response was 3,347 children (1,532 boys and 1,815 girls) This figure was far exceeded with an additional 2,215 children benefited through project resources. Due to the high demand, community awareness activities and peer attendance in the camps were very successful and resulted in the enrolment of more children in Sortony. To accommodate this new demand, UNICEF used four large tents as learning spaces to ease overcrowding in the two schools.

**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 to benefit children and women in all stages of the response. UNICEF and partners included beneficiaries in needs assessments (i.e. assessment conducted since February 2016), programme design, delivery, and monitoring; established open channels of communication for feedback in camp. Participatory processes were used for decision making including group discussion, key informant consultation with community leaders, Parent Teacher Associations (PTAs), and teachers during assessment and project implementation on determining the location for and distribution of number of setting up of learning spaces.

The beneficiaries provided needed data for strategic planning. The parents and youth participated in distribution of essential teaching, learning and recreational kits. Some of them became volunteer teachers/assistants. As a result, the community did shoulder the responsibility of running schools through PTAs. The community also provided labour to complement the activities; specifically the setting up of learning spaces and gender-sensitive WASH facilities. This has contributed to collective learning.

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

EVALUATION CARRIED OUT

No evaluation was planned for this intervention. UNICEF and its partners ensured the close monitoring of the project at all stages.

EVALUATION PENDING

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

TABLE 8: PROJECT RESULTS						
CERF project information						
<b>1. Agency:</b>	UNICEF		<b>5. CERF grant period:</b>	13/04/2016 – 12/10/2016		
<b>2. CERF project code:</b>	16-RR-CEF-041		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Nutrition			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Provision of live saving interventions to Jabal Mara displacement in North Darfur					
<b>7. Funding</b>	a. Total project budget:	US\$ 1,295,120	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 305,164	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 155,602	
	c. Amount received from CERF:	US\$ 305,164	▪ <i>Government Partners:</i>		US\$ 16,846	
Beneficiaries						
<b>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).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (below 18)	9,800	10,200	20,000	9,800	10,200	20,000
Adults (above 18)	7,600		7,600	7,600		7,600
<b>Total</b>	<b>17,400</b>	<b>10,200</b>	<b>27,600</b>	<b>17,400</b>	<b>10,200</b>	<b>27,600</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees						
IDPs	27,600		27,600			
Host population						
Other affected people						
<b>Total (same as in 8a)</b>	<b>27,600</b>		<b>27,600</b>			
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution,</i>	No discrepancies noted.					

please describe reasons:

CERF Result Framework			
<b>9. Project objective</b>	To contribute to prevention of mortality and morbidity associated with acute malnutrition in boys and girls under five years.		
<b>10. Outcome statement</b>	Level of acute malnutrition in boys and girls under the age of five years displaced from the Jebel Marra are kept below WHO emergency threshold level (15%)		
<b>11. Outputs</b>			
<b>Output 1</b>	Internally displaced boys and girls aged 6-59 months access and utilize quality services for treatment of SAM		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of cartons of RUTF procured	1,300	1,300
Indicator 1.2	Number of children with severe acute malnutrition who are treated	1,300	1,300
Indicator 1.3	Number of children under 5 years screened for acute malnutrition	20,000	20,000
Indicator 1.4	Number of children under five years that received Vitamin A supplements	20,000	20,000
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Procure 1,300 cartons of RUTF and distribute to project sites (Sortony and Tawilla)	UNICEF	UNICEF
Activity 1.2	Provide lifesaving treatment services for severe acute malnutrition for malnourished boys and girls newly displaced in Sortony and Tawilla in North Darfur.	UNICEF / SMOH / ANHAR	UNICEF / SMOH / ANHAR/Zulfa/FRDN/CDO
Activity 1.3	Conduct screening for acute malnutrition among newly displaced children in North Darfur	UNICEF / SMOH / ANHAR	UNICEF / SMOH / ANHAR/Zulfa/FRDN/CDO
Activity 1.4	Support Vitamin A distribution in 2 localities in North Darfur for 20,000 children	UNICEF / SMOH	UNICEF / SMOH
Activity 1.5	Procure and distribute RUTF	UNICEF	UNICEF
<b>Output 2</b>	Newly arrived displaced Mothers receive counselling and support to maintain essential breastfeeding practices.		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	25 mothers support groups providing Infant and Young Child Feeding (IYCF) counselling services in Sortony and 13 in Tawilla (total 38) in North Darfur	38	38
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Establish 38 mothers support group targeting 7,600 mothers	UNICEF / SMOH / ANHAR	UNICEF / SMOH / ANHAR/

Activity 2.2	Maintain and supervise the 38 mothers support groups	UNICEF / SMOH / ANHAR	UNICEF / SMOH / ANHAR/
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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:**

A key element for the successful treatment of severe acute malnutrition (SAM) has proven to be not only treating the child but also increasing mothers' awareness about the condition of their children and where they can find the appropriate services to save their children's lives. In North Darfur, many mothers of SAM children were counselled by community members, part of the Mother Support Groups on how they could identify malnutrition signs in their children using MUAC and where the children could be treated. This integrated approach has helped a lot in ensuring the timely referral of very sick children and also in empowering mothers to identify and refer malnourished children.

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

UNICEF has ensured availability of technical support for the nutrition response; as far as possible services under this grant have been made available to IDPs in the areas where they were located. The project has been implemented in full consultation and close participation of the local community (IDPs) and concerned government authorities. The selection of the community volunteers are done by the community in addition to their representation on the supervision and monitoring of the day to day activities of the project. UNICEF and partners are very keen on community participation to enhance community ownership of the programming which will promote sustainability of the programme.

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

EVALUATION CARRIED OUT

No evaluation was planned for this project; UNICEF ensured proper monitoring of the intervention.

EVALUATION PENDING

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	WFP		<b>5. CERF grant period:</b>	13/04/2016 – 12/12/2016		
<b>2. CERF project code:</b>	16-RR-WFP-022		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Food Security - Food Aid			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Life-saving food assistance and livelihood support to IDPs and vulnerable households affected by conflict in Jebel Marra					
<b>7. Funding</b>	a. Total project budget:	US\$ 10,700,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 10,700,000	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 69,576	
	c. Amount received from CERF:	US\$ 2,808,000	▪ <i>Government Partners:</i>			
Beneficiaries						
<b>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).</b>						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (below 18)</i>	27,194	26,126	53,320	17,826	16,504	34,330
<i>Adults (above 18)</i>	24,080	8,600	32,680	17,165	14,524	31,689
<b>Total</b>	<b>51,274</b>	<b>34,726</b>	<b>86,000</b>	<b>34,991</b>	<b>31,028</b>	<b>66,019</b>
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>		<i>Number of people (Reached)</i>			
<i>Refugees</i>						
<i>IDPs</i>	86,000		66,019			
<i>Host population</i>						
<i>Other affected people</i>						
<b>Total (same as in 8a)</b>	<b>86,000</b>		<b>66,019</b>			
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution,</i>	The planned beneficiary figure was based on IOM initial registration figures in the first months of displacement (January to March), while 'achieved figures' is the actual number of beneficiaries WFP assisted after doing headcount to target the correct					

<i>please describe reasons:</i>	number of beneficiaries. Soon after IOM registration, some IDPs with greater coping mechanisms might have moved to towns like Kebkabiya, El Fasher and other towns in central Sudan seeking better livelihood opportunities.
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CERF Result Framework			
<b>9. Project objective</b>	Save lives and protect the livelihoods of Jebel Marra IDPs in North Darfur through the provision of General Food Distribution (GFD)		
<b>10. Outcome statement</b>	Address the urgent food needs of 86,000 newly arrived IDPs		
<b>11. Outputs</b>			
<b>Output 1</b>	Full GFD rations are distributed in sufficient quantity, quality and in a timely manner to 86,000 beneficiaries for two months		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Quantity of food assistance distributed, as % of planned distribution (disaggregated by type)	3,064 MT (100%)	3,154 MT
Indicator 1.2	Number of women, men, boys and girl refugees receiving GFD food as % of planned	86,000 (100%)	66,019 (77%)
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Utilization of CERF funds for the procurement of food commodities (2,754 MT cereals, 310 MT pulses)	WFP	WFP
Activity 1.2	Distribution of GFD food assistance in Sortony and Tawila	Sudanese Red Crescent Society	Sudanese Red Crescent Society
Activity 1.3	Carry out Distribution Monitoring (DM) during distributions and Post Distribution Monitoring (PDM) between 2 – 3 following distributions 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	WFP	WFP

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

Because of the extension received, a total of 3,154 MT of food was distributed through September 2016; which is above the target amount of 3,064 MT (the difference of 90 MT was covered with other resources).

The numbers of targeted beneficiaries were lower as planned due to corrected figures following IOM verification exercise and the movement of populations (as explained above).

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

Prior to project implementation WFP worked closely with local leaders in the first months after displacement to put together an appropriate list of beneficiaries. In doing so, WFP formed four food aid management committees in Tawilla and one in Sortony with women represented in each committee to sensitize food entitlements, duration of distribution and locations of distribution sites considering the general conditions in and around the camps.

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

EVALUATION CARRIED OUT

An initial evaluation field mission has been conducted at WFP level and by FSL sectors. The findings and outcome from the field mission are yet to be released. The report will be shared with CERF.

EVALUATION PENDING

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

TABLE 8: PROJECT RESULTS						
CERF project information						
<b>1. Agency:</b>	WFP		<b>5. CERF grant period:</b>	15/03/2016 – 15/11/2016		
<b>2. CERF project code:</b>	16-RR-WFP-023		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Nutrition			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Emergency nutrition response to new influx of IDPs from the Jebel Marra into North Darfur					
<b>7. Funding</b>	a. Total project budget:	US\$ 2,590,259	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 2,590,259	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 31,543	
	c. Amount received from CERF:	US\$ 894,836	▪ <i>Government Partners:</i>			
Beneficiaries						
<b>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).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (below 18)	10,557	10,143	20,700	9,048	8,680	17,728
Adults (above 18)	7,763		7,763	1,255		1,255
<b>Total</b>	<b>18,320</b>	<b>10,143</b>	<b>28,463</b>	<b>10,303</b>	<b>8,680</b>	<b>18,983</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees						
IDPs	28,463		18,983			
Host population						
Other affected people						
<b>Total (same as in 8a)</b>	<b>28,463</b>		<b>18,983</b>			
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution,</i>	The planned figures were based on IOM information of some 63,000 IDPs, this was an estimation made while HAC was facing access challenges at that time, however actual beneficiaries after WFP's verification were less than 30,000.					



please describe reasons:

CERF Result Framework			
<b>9. Project objective</b>	To prevent morbidity and mortality associated with acute malnutrition in community affected by conflict and displacement in North Darfur		
<b>10. Outcome statement</b>	Increased access to services for treatment and prevention of moderate acute malnutrition		
<b>11. Outputs</b>			
<b>Output 1</b>	A total of 2700 children and 1013 Pregnant and Lactating Women (PLW) moderately malnourished have been identified through community screening and treated with nutrient food.		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Treatment of MAM in identified children U5 and PLW	U5: 2,700 PLW: 1,013	U5: 3,351 PLW: 294
Indicator 1.2	Performance of treatment as per SPHERE standard	Cured > 75% Default < 15% Death < 3%	Cured: 88.6% Default: 8.1% Death: 0.3%
Indicator 1.3	Screening and referral at community level	24,750 (20% of U5 and 7.5% for PLW)	21,565 (U5: 18260 PLW: 3305)
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Purchase and transport of specialised nutritious products and food	WFP	WFP
Activity 1.2	Screening and referral for acute malnutrition, community mobilisation, defaulter tracing and counselling	WFP through SEAKER and ANHAR	WFP through SEAKAR and ANHAR
Activity 1.3	Distribution of specialised nutritious food for the treatment of MAM. A total of 30.74 MT of Ready to Use Supplementary food (RUSF).	WFP through SEAKER and ANHAR	WFP through SEAKAR and ANHAR
<b>Output 2</b>	To contribute to an improvement in the nutritional status of 21037 children and PLW in Sortony and Tawilla		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	100% of under five children and PLW received Emergency Blanket Supplementary Feeding Programme (e-BSFP) ration of two months	24,750 U5/PLW	15,338 (14,377 U5 & 961 PLW)
Indicator 2.2	90% of under-five caregivers received basic message on food utilization and consumptions.	22,275 caregivers	13,614 (61.1%)
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Purchase and transport of specialised nutritious products and food	WFP	WFP
Activity 2.2	Screening and filtering targeted beneficiaries	WFP through SEAKER and ANHAR	WFP through SEAKER and ANHAR

Activity 2.3	Distribution of specialised nutritious food for the targeted beneficiaries. . A total of 186.71 MT of Ready to Use Supplementary food (RUSF).	WFP through SEAKER and ANHAR	WFP through SEAKER and ANHAR 37.6 MT of assorted specialized nutrition commodities
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<b>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:</b>	
As mentioned above.	
<b>13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:</b>	
<p>WFP is highly committed to ensuring Accountability to Affected Populations (AAP), and focused on the following three core AAP areas: Participation, Information provision and Complaint and Feedback Mechanisms (CFM) during this project.</p> <p>1) Participation of beneficiaries: WFP used a community-based participatory approach to involve the target population in the design, implementation, and monitoring and evaluation of the project. Community outreach workers ensured adequate participation and involvement of beneficiaries through focus-group discussions</p> <p>2) Information provision: 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 volunteers, who are part of the target community and accessible to our beneficiaries at all times. Additionally, our cooperating partners and field monitors, who are regularly present in target communities, played a key role in disseminating key information such as any delays in food deliveries, changes in ration sizes or targeting criteria before, during and after distributions.</p> <p>3) CFM: Distribution monitoring by cooperating partners and post distribution monitoring by WFP field monitors were some of the regular channels the beneficiaries could utilise to provide feedback or make a complaint</p>	
<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input type="checkbox"/>
The assessment of the nutritional situation falls under the mandate of the SMOH and UNICEF as the Nutrition Cluster leads, however screening activities were conducted by WFP's partners on the ground for referral purposes in addition M&E unit conducted an evaluation of services including GFD and e-BSFP in all North Darfur newly displaced areas and findings expected to be released soon. The report will be shared with CERF.	EVALUATION PENDING <input checked="" type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

## ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
16-RR-CEF-040	Child Protection	UNICEF	NNGO	\$79,198
16-RR-CEF-040	Child Protection	UNICEF	NNGO	\$161,898
16-RR-CEF-040	Child Protection	UNICEF	GOV	\$82,670
16-RR-CEF-040	Education	UNICEF	GOV	\$3,296
16-RR-CEF-040	Education	UNICEF	GOV	\$2,828
16-RR-WFP-022	Food Assistance	WFP	RedC	\$69,576
16-RR-WHO-016	Health	WHO	NNGO	\$35,397
16-RR-WHO-016	Health	WHO	GOV	\$60,980
16-RR-FPA-019	Health	UNFPA	GOV	\$51,651
16-RR-FPA-019	Health	UNFPA	NNGO	\$16,731
16-RR-CEF-044	Health	UNICEF	NNGO	\$46,834
16-RR-CEF-044	Health	UNICEF	GOV	\$36,332
16-RR-FAO-012	Livelihoods	FAO	NNGO	\$20,012
16-RR-FAO-012	Livelihoods	FAO	NNGO	\$23,297
16-RR-CEF-041	Nutrition	UNICEF	NNGO	\$39,637
16-RR-CEF-041	Nutrition	UNICEF	NNGO	\$74,515
16-RR-CEF-041	Nutrition	UNICEF	NNGO	\$21,450
16-RR-CEF-041	Nutrition	UNICEF	NNGO	\$20,000
16-RR-CEF-041	Nutrition	UNICEF	GOV	\$16,846
16-RR-WFP-023	Nutrition	WFP	NNGO	\$10,916
16-RR-WFP-023	Nutrition	WFP	NNGO	\$20,627
16-RR-FPA-019	Protection	UNFPA	NNGO	\$59,098
16-RR-IOM-021	Shelter & NFI	IOM	NNGO	\$20,000
16-RR-IOM-021	Shelter & NFI	IOM	RedC	\$20,000
16-RR-IOM-020	Shelter & NFI	IOM	NNGO	\$272,610
16-RR-IOM-020	Water, Sanitation and Hygiene	IOM	GOV	\$217,499
16-RR-CEF-042	Water, Sanitation and Hygiene	UNICEF	GOV	\$1,134,705

## ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAP	Accountability to Affected Populations
ACT	Artemisinin-based Combination Therapies
A/HCT	Area Humanitarian Country Team
ANC	Ante Natal Care
Anhar	Anhar For Peace, Development And Humanitarian Work Organization
AWD	Acute Watery Diarrhea
BSFP	Blanket Supplementary Feeding Programme
CAHWs	Community Animal Health Workers
CBCPN	Community Based Child Protection Network
CD	Central Darfur
CDO	Cooperation and Development Organization
CFM	Complaint and Feedback Mechanism
CFSS	Child Friendly Spaces
CHAST	Child Hygiene and Sanitation Training
CHW	Community Health Workers
CMR	Clinical Management of Rape
CP	Child Protection
CPMS	Child Protection Minimum Standards
C/S	caesarean section
DM	Distribution Monitoring
DTM	Displacement Tracking Matrix
e-BSFP	Emergency Blanket Supplementary Feeding Programme
ECD	Early Childhood Development
EFP	Essential Family Practice
EMOC	Emergency Obstetric Care
EPI	Expanded Programme on Immunization
ERW	Education through Regional Working
EWARS	Early Warning and Alert Reporting System
FES	Fuel Efficient Stoves
FRDN	Fasher Rural Development Network
FTR	Family Tracing and Reunification
GBV	Gender based Violence
GFD	General Food Distribution
HAC	Humanitarian Aid Commission
HCT	Humanitarian Country Team
HH	Households
HWT	Household Water Treatment
IDP	Internally Displaced Person
IMCI	Integrated Management of Childhood Illness
INEE	Inter-Agency Network for Education in Emergencies
IOM	International Organization For Migration
IASC	Inter-Agency Standing Committee
ISCG	Inter-Sector Coordination Group
IYCF	Infant and Young Child Feeding
JEM	Justice and Equality Movement
JM	Jebel Marra
KSCS	Kabkabiya Small Holders Charitable Society
L/c/d	Litres per capita per day
L/p/d	Litres per person per day
LLITN	Long-Lasting Insecticide-Treated Net
M&E	Monitoring and Evaluation

MAM	Moderate Acute Malnutrition
MoE	Ministry of Education
MoH	Ministry of Health
MSF	Médecins Sans Frontières
MSGs	Mother Support Groups
MT	Metric Ton
MUAC	Middle-Upper Arm Circumference
NGO	Non-Governmental Organization
NPO	National Planning Organization
OCHA	Organization for the Coordination of Humanitarian Affairs
OED	Office of Evaluation
OFDA	Office of US Foreign Disaster Assistance
OPT	Outpatient Treatment Center
ORS	Oral Rehydration Salt
PDM	Post Distribution Monitoring
PHC	Primary Health Care
PHK	Primary Healthcare Kit
PHP	Primary Health Care
PLW	Pregnant and Lactating Women
PNC	Post Natal Care
PPR	Peste des petit ruminants
PSS	Psycho-Social Support
PTA	Parent Teacher Association
RH	Reproductive Health
RR	Rapid Response
RRK	Rapid Response Kits
RUSF	Ready to Use Supplementary Food
RUTF	Ready to Use Therapeutic Food
Saeker	Name of Local NGO
SAF	Sudan Armed Forces
SAM	Severe Acute Malnutrition
SCCW	State Council for Child Welfare
SHF	Sudan Humanitarian Fund
SIB	School-in-a-Box
SLA	Sudan Liberation Movement
SLA/AW	Sudan Armed Forces Abdul Wahid faction
SMART	Standardized Monitoring and Assessment of Relief and Transitions
SMoE	State Ministry of Education
SMoH	State Ministry of Health
SMoSW	State Ministry of Social Welfare
SOCs	Strategic Objectives Coordinators
SRCS	Sudanese Red Crescent Society
TLS	Temporary Learning Spaces
TT	Tetanus Toxoid
UASC	Unaccompanied and Separated children
UNAMID	United Nations African Mission in Darfur
UNICEF	United Nations' Children Fund
WASH	Water, Sanitation and Hygiene
WES	Department for Water and Sanitation (Ministry of Health)
WFP	World Food Programme
Zulfa	Zulfa Organization for Development