United Nations CERF Central Emergency Response Fund

RESIDENT / HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS REPUBLIC OF THE SUDAN UNDERFUNDED EMERGENCIES ROUND 1 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.

The AAR was conducted on 19 January 2017 with participation from all UN CERF partners UNFPA, UNHCR, UNICEF, WFP and WHO.

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 HCT members for review and feedback. Since the Refugee Multi-Sector does not fall under the traditional cluster system, and since the response in White Nile State is not coordinated under the cluster system, it was not discussed with cluster coordinators.

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

YES ☒ NO ☐

The final version of this report has been circulated to relevant in-country stakeholders.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)		
Total amount required for the humanitarian response: $157,928,491		
Breakdown of total response funding received by source	**Source**	**Amount**
	CERF	6,991,425
	COUNTRY-BASED POOL FUND (*if applicable*)	8,043,197
	OTHER (bilateral/multilateral)	67,916,288
	TOTAL	**$82,950,910**

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$)			
Allocation 1 – date of official submission: 15/02/2016			
Agency	**Project code**	**Cluster/Sector**	**Amount**
UNFPA	16-UF-FPA-009	Protection - Sexual and/or Gender-Based Violence	350,000
UNHCR	16-UF-HCR-009	Multi-Cluster - Multi-sector refugee assistance	2,399,995
UNICEF	16-UF-CEF-016	Health	2,535,000
WFP	16-UF-WFP-006	Nutrition	1,000,000
WHO	16-UF-WHO-008	Health	706,430
TOTAL			**6,991,425**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Type of implementation modality	**Amount**
Direct UN agencies/IOM implementation	3,719,529
Funds forwarded to NGOs for implementation	2,899,368
Funds forwarded to government partners	372,528
TOTAL	**6,991,425**

HUMANITARIAN NEEDS

The political conflict that erupted in South Sudan on 15 December 2013 displaced thousands of civilians in South Sudan and continues to cause an outflow of refugees into neighbouring countries, including Sudan. In 2015, Sudan received the largest influx of South Sudanese refugees in the region, with some 109,000 new arrivals recorded that year. Despite the August 2015 signing of the Agreement on the Resolution of the Conflict in the Republic of South Sudan, violations of the agreement were common, as active hostilities continued especially in Upper Nile, Jonglei, and Unity states, prompting ongoing displacement of civilian populations. In addition, as

many as 7.5 million people – nearly two in every three people in South Sudan – were food insecure in 2015, including 3.9 million severely food insecure, while 4.6 million people were estimated to need humanitarian assistance. An additional arrival of about 90,000 South Sudanese were expected in Sudan in 2016, with actual figures closer to 131,000 by the end of the year.

At the beginning of 2016, White Nile state (WNS) hosted nearly 60 percent of South Sudanese refugees in Sudan across seven designated sites and in the host community. Overcrowding in WNS refugee sites was significant and impacted efforts to respond to the needs of refugees. Four of the sites – Al Redis I, Al Redis II, Alagaya, El Kashafa – hosted over twice their capacity. At the end of December 2015, over 10,000 families were waiting for shelter, residing in communal areas such as schools. With no further land available in the existing sites, there was an urgent need to establish new sites to ease the congestion and allow for the distribution of shelters to waiting families.

In light of these challenges, the government identified sites for expansion of services to the refugee population in WNS. This included two small sites (Al Ghana and Anaeem) and one larger site which could be divided into two sites (Al Waral I and Al Waral II). The cost of establishing new sites is high and requires significant investment to ensure sustainable services that meet emergency thresholds. Among these proposed sites, two were prioritized in this CERF grant – Al Waral I and Al Waral II.

Refugee sites in White Nile State in February 2016

Sites	Population HH	Capacity HH	Space available HH	Status
Al Alagaya	2,620	1,020	-1,600	Existing
Dabat Bosin	775	500	-275	Existing
Al Kasafa	3,482	1,402	-2,080	Existing
Al Redis	3,361	1,138	-2,223	Existing
Al Redis II	5,713	2,464	-3,249	Existing
Jouri	2,049	1,111	-938	Existing
Um Sangour	1,355	1,864	509	Existing
Al Waral I	**0**	**1,000**	**1,000**	**New / Not established**
Al Waral II	**0**	**1,000**	**1,000**	**New / Not established**
Al-Ghana	0	1,146	1,146	New / Not established
Anaeem	0	1,088	1,088	New / Not established
Total	19,355	13,733	-5,622	

II. FOCUS AREAS AND PRIORITIZATION

The CERF funds targeted a proposed 2,000 households (HHs) of the over 10,000 HHs waiting for accommodation in overcrowded sites in WNS, as well as the 50,000 refugees who were expected to arrive there in 2016. Prior to receiving the CERF grant, available funding to support existing services was not adequate and as a result, key life-saving services were not meeting emergency thresholds. The aim was to ease overcrowding and build up key existing services to ensure that emergency standards were met and that the absorption capacity within the sites was improved.

The lack of available land hampered the water, sanitation and hygiene (WASH) response by preventing the expansion of services, for example latrine construction. The situation led to significant open defecation which contributed to health risks, particularly given the state of congestion. Across all sites the water supply coverage amounted to only 9 litres per person per day (l/p/d) – less than half the recommended UNHCR standard of 20 l/p/d. Health and nutritional needs of new arrivals was a critical concern with refugees coming from areas in South Sudan where the nutrition situation was dire and health systems were severely curtailed. The results of the mid-upper arm circumference (MUAC) screening conducted between November-December 2015 across the seven sites in WNS revealed 4.3 per cent of the 25,119 children screened suffered from moderate acute malnutrition (MAM) and 0.2 per cent from severe acute malnutrition (SAM). Food security assessments and post distribution monitoring conducted by WFP showed that in some sites in WNS nearly half the population were food insecure, and depending on the site, 49 to 90 per cent of the refugees did not have the means to buy the local food basket. Analysis of the epidemiological situation through weekly clinic reports showed the main morbidities in the sites to be acute respiratory infections (ARI), diarrheal diseases, and malaria.

At the end of 2015, the refugee population in the seven sites was composed of 88% women and children, with some 68% under 18 years Disruption of social networks, exposure to trauma, and high percentage of female-headed households exacerbated the considerable protection risks facing refugee women and children. Specialised psychosocial support and community-based social welfare services were insufficient, as noted throughout regular protection monitoring by UNHCR and partners. Unaccompanied and separated children (UASC) were also a notable concern, with 613 UASC identified in 2015, highlighting a need to reinforce case management systems to support referral of vulnerable children and to build the capacity of child protection networks. Education for the approximately 66,000 school-aged children (6-13 years) in WNS was extremely limited, with schools experiencing overcrowding, insufficient learning materials, and needing more qualified teachers. Schools also suffered from limited WASH facilities, resulting in unhygienic practices that create an unfavourable learning environment, leading to high drop-out rates among refugee children, particularly among girls.

Land provided by the authorities in Al Waral area in El Salam Locality offered an area that could be immediately developed and that held potential for further expansion. Moving forward with development of Al Waral allowed for immediate alleviation of the overcrowding in the existing sites, while in the meantime allowing for ongoing discussions regarding additional land and site development. This CERF grant focused on the development Al Waral I and Al Waral II only because it was easier to develop as a result of its proximity to an existing site (Um Sangour) and the land level which required less work to prepare for the relocation/arrival of new refugees. The smaller sites (Al Ghana and Anaeem) were not be prioritized in this grant because of the limited capacity to expand and resistance from the host community for refugees to live there. It is worth noting that while the original plan for CERF funds indicates Al Waral divided into Al Waral I and Al Waral II, the final decision in consultation with site planner and authorities was to develop the available land as one Al Waral site, with the possibility of obtaining additional land to create an extension Al Waral II.

Sudan has a SHF fund. Whereas White Nile state had been the main recipient of South Sudanese refugees through 2015, a new influx of South Sudanese into the Darfur and Kordofan states beginning in early 2016 meant that the Refugee Multi-Sector (RMS) advocated to focus new SHF funding on these locations, including through the Reserve for Emergencies. South Kordofan and West Kordofan states in particular had critical needs that had not been prioritized for funding, mostly because of challenges to implementation, including access which required more flexible funding that could be used to strengthen infrastructure in host communities. In White Nile state, SHF activities focused mostly on activities not included under the CERF lifesaving criteria, including bolstering livelihoods for refugees and host communities, meeting energy needs for cooking and lighting in a safe and sustainable manner as well as nutrition. Note that an additional CERF Rapid Response allocation was received to address critical life-saving needs for new arrivals in East Darfur.

III. CERF PROCESS

The prioritization process for this CERF allocation was based on extensive consultations with RMS partners (UN agencies, NGOs and government) and the field (RMS partners) in the development of the RRRP 2016, existing inter-agency assessments and joint monitoring. The identified needs and inputs on the suggested approach were collected during focus group discussions, interagency assessment and joint monitoring missions, which formed the basis upon which this grant was conceptualized.[1] Technical sector focal points were asked to coordinate and perform a prioritization exercise focusing on the most pressing gaps and issues in their respective area, and to provide a realistic and well calculated budget, taking into account other funding available. These prioritizations were sent out to RMS and the field for their inputs.

The first iteration of these totalled approximately $35 million for the new sites, existing sites, Khartoum, South Kordofan and West Kordofan states. This was then reviewed by UNHCR taking into account the emergency priorities detailed above and the specific CERF criteria as well as available funding. Given that not all of the most pressing needs could be covered, the prioritization was further narrowed by focusing on new needs, critical and lifesaving activities. The overall process aimed to be transparent and consultative, and has resulted in an agreed allocation which highlights not only the most dire needs of the refugee population, but also ensures advocacy for other complementary funding streams highlighting urgent areas of intervention which could not be covered in this allocation. Of

[1] This includes : On-going health and nutrition screening at the border conducted by the Sudanese Red Crescent Society (SRCS) with support from WFP and UNHCR ; CERF monitoring mission, UNHCR, UNICEF, UNFPA, WHO (January 2016); ES/NFI Rapid Inter-agency assessment missions, UNHCR (October and December 2015); On-going ES/NFI post-distribution missions, UNHCR and partners (January-September 2015); On-going regular WASH monitoring missions, UNHCR and UNICEF; Regional Senior WASH officer monitoring, UNHCR (December 2015); On-going Monthly post- food distribution monitoring, WFP; Joint Health Assessment, Ministry of Health, WHO, UNHCR (May 2015); Monthly/Bimonthly health monitoring, UNHCR; Monthly focus group discussions with children, Ministry of Social Welfare; Education task force team assessment, Education partners and UNHCR (December 2015); Mission feedback from technical experts, UNHCR (Regional Child Protection, GBV Officer and Regional Refugee Coordinator).

particular note, the areas not included in the CERF submission were critical interventions in South and West Kordofan nor funding support for food rations, which equally continued to require funding to ensure continued food assistance support.

This strategy took into account regional planning scenarios, in particular the impact of the situation in South Sudan on the flow of arrivals, the sites that have exceeded capacity and the linkages between activities, while being realistic about what can be achieved within the timeframe and current humanitarian operating environment, and what will achieve the highest impact. The overall strategy was then discussed and endorsed by the RMS and the Humanitarian Coordinator.

The prioritization process for this CERF allocation employed a bottom-up approach after consultation with the field, sectors and partners. Technical focal points were asked to lead a prioritization exercise focusing on the most pressing gaps and issues in their respective area, and to provide a realistic and well calculated budget, taking into account other funding available. These prioritizations were sent out to the RMS and the field for their inputs. The priorities and budgets were reviewed by UNHCR taking into account the 2016 Regional Refugee Response Plan (RRRP) priorities, specific CERF criteria, timeline for implementation and operational context in Sudan. Given that not all of the most pressing needs could be covered, a discussion was held at the RMS and it was agreed that the priority should be to ease overcrowding and focus on key lifesaving activities in the existing sites.

A CERF monitoring mission helped to feed into the prioritization of activities put forward for existing sites where levels in key sectors are below Sphere standards. It was agreed that by easing congestion there is a window to try increase standards across sectors in existing sites. Underfunded areas were prioritized as were areas identified during the CERF monitoring mission, including gaps in WASH, Education, the shortage of nutrition supplementary feeding supplies, and the need to expand child protection activities. Nutrition prioritized children under 5 years and pregnant and lactating women (PLW). These two groups are the most vulnerable to acute malnutrition. The gap in nutrition supplies (emergency blanket supplementary feeding programme [eBSFP], transit rations, supercereals) in WNS was also prioritized to ensure sufficient stocks to bring the situation of the existing population up the minimum emergency standards, and in anticipation of receiving and responding to new arrivals. Health prioritized access to basic care for new arrivals. WASH prioritized basic and essential WASH services in the most cost-effective manner, including construction of water and sanitation facilities, solid waste management, drainage systems and vector control. Education prioritized construction of learning spaces, gender-sensitive WASH facilities and provision of learning materials as these had consistently been the most urgent unmet needs. Education also prioritized primary psychosocial support and education in emergencies short-term training for teachers and Parent-Teacher Association (PTA) members. Protection prioritized areas that were critically underfunded, such as provision of reproductive health kits, and response areas that need to be scaled up, such as psychosocial support and community service referral pathways that will enable a more systematic approach to supporting people with special needs (i.e. women and girls at risk, survivors of gender-based violence, elderly, persons with disabilities). Support to the registration, documentation and profiling of the population was also prioritized as this enhances the ability to target and deliver assistance across all sectors. Feedback from beneficiaries during the CERF monitoring mission highlighted the importance of training activities for women, and the need to sensitise communities more on the roles of community centres, child-friendly spaces and community-based child protection networks (CBCPNs), which have been included.

The affected population was continuously involved in the design of the humanitarian response strategy. Through participatory feedback from the community, concerns regarding the size of shelters, the need for more privacy for women, and the lack of space for cooking and child recreation fed into the new design of shelters. Implementing partners selected were already active and established in WNS and familiar with the operational context.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR[1]

Total number of individuals affected by the crisis: 332,885 (as of February 2017)

Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Education	8,000	130	**8,130**	8,000	130	**8,130**	16,000	260	**16,260**

Health	30,518	19,193	**49,711**	29,813	9,905	**39,718**	60,331	29,098	**89,429**
Multi-Cluster - Multi-sector refugee assistance	21,720	11,220	**32,940**	20,040	7,020	**27,060**	41,760	18,240	**60,000**
Nutrition	19,964	13,968	**33,932**	19,441		**19,441**	39,405	13,968	**53,373**
Protection - Child Protection	4,348		**4,348**	4,913		**4,913**	9,261		**9,261**
Protection - Sexual and/or Gender-Based Violence	1,537	6,149	**7,686**	180	40	**220**	1,717	6,189	**7,906**
Water Sanitation and Hygiene	4,744	2,093	**6,837**	3,881	1,782	**5,663**	8,625	3,875	**12,500**

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

BENEFICIARY ESTIMATION

Education: Beneficiaries are estimated based on the teaching, learning and recreational materials distributed to the school children, as well as based on the attendance sheets compiled at the learning spaces set up by UNICEF and its implementing partners. The data is collected daily by partners and compiled monthly; then, it is verified by UNICEF field office through monitoring visits. Data has been validated by the State Ministry of Education (SMoE) through independent monitoring visits to the site. The data collected was also presented and discussed at sector coordination meetings, including both the Refugee Consultation Forum (RCF) facilitated by UNHCR and the education meeting headed by SMoE.

Health: Beneficiaries reached by WHO are estimated based on those who attended the clinic and directly benefited from the curative consultation, ANC and routine immunization services provided to children less than one year age at the clinics directly supported by WHO and vaccinated children through mass immunization campaign against measles, other direct beneficiaries such as trained medical personnel and the number of people who received health education messages on prevention of diseases and household flies and vector control measures targeted under CERF. Beneficiaries reached by UNICEF is derived from the partners' periodic reports (monthly and end of project reports). Health facilities' monthly reports are used to get the total number of people that have benefitted from the different health services provided under the project. This includes: the total number of outpatient consultations, the total number of children that received the different antigens, the total number of pregnant women who received tetanus toxoid and could access skilled birth attendants. For people reached with health messages, the implementing partners' activity reports are used to obtain the figures on the number of beneficiaries. All these reports are reviewed by UNICEF health officers at the field level (White Nile State) and verified at the UNICEF country office (Khartoum) and triangulated with the estimated number of people under 18 years. Beneficiaries reached by UNFPA are estimated based on the number of Emergency Reproductive Health Kits procured and used, as well as the reported number of normal deliveries supported with clean delivery mother and baby kits.

Nutrition: Beneficiaries reached by UNICEF are estimated based on the quantity of Ready To Use Therapeutic Food (RUTF) cartons distributed and used; data of cure, default and death rate are based on the weekly statistics shared by the Ministry of Health and verified by UNICEF. Beneficiaries reached by WFP are estimated based on the quantities of RUSF and Supercereal Plus distributed and used.

Multi-Sector: For site development, relocation and protection under the UNHCR, beneficiaries are reported based on the number of individuals registered by UNHCR and provided with emergency protection assistance in the White Nile state camps.

Protection: Beneficiaries of child protection activities under UNICEF are estimated based on the monthly reports shared by implementing partners, Family Tracing and Reunification (FTR) database and monthly situation reports; in addition, during the programme monitoring, checking of the daily attendances of the Child Friendly Spaces (CFSs) was conducted and reported by community representatives (CBCPNs. Beneficiaries of gender-based violence (GBV) activities under UNFPA are estimated based on the number of women and girls

accessing women friendly spaces and supported with services, the number of Personal Hygiene Kits (PHK) procured and distributed, and the number of women/girls, men/boys sensitized through gender equality trainings and community workshops addressing GBV, RH and gender issues.

WASH: The figures for WASH beneficiaries are estimated from the monthly monitoring reports received from implementing partners and UNICEF field office in Kosti. The reports give detailed information about the number of people, disaggregated by gender, who benefitted from the CERF funding. Double counting is avoided by identifying the number of people who benefitted from more than one WASH intervention and counting them only once.

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING[2]			
	Children (< 18)	**Adults** (≥ 18)	**Total**
Female	30,518	19,193	49,711
Male	29,813	9,905	39,718
Total individuals (Female and male)	**60,331**	**29,098**	**89,429**

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

CERF RESULTS

Overall, CERF partners reached a majority of targets as laid out in the CERF application, both in terms of beneficiaries and outcomes. Some exceptions due to operational constraints are outlined under the respective sections below. The establishment of and relocation of refugees to Al Waral site allowed for the decongestion of Al Kasafa, Al Redis I and Al Redis II sites, and subsequently better absorption of a portion of the additional 3,501 new arrivals received during this time. While these sites are still above capacity, the decongestion resulting from the relocation has increased access for refugees to basic services in these three sites, for example increasing access to safe drinking from an average of 9 l/p/d in February 2016 to nearly 13 l/p/d in December 2016, even in light of ongoing new arrivals.

Refugee sites in White Nile State – Comparison February to December 2016				
Sites	Population HH Feb 2016	Population HH Dec 2016	Capacity HH	Change HH Feb-Dec 2016
Al Alagaya	2,620	4,318	1,020	+ 1,698
Dabat Bosin	775	816	500	+ 41
Al Kasafa	**3,482**	**3,026**	**1,402**	**- 456**
Al Redis	**3,361**	**2,914**	**1,138**	**- 447**
Al Redis II	**5,713**	**4,452**	**2,464**	**- 1,261**
Jouri	2,049	2,460	1,111	+ 411
Um Sangour	1,355	2,269	1,864	+ 914
Al Waral	**0**	**2,601**	**2,000**	**+ 2,601**
Total	19,355	22,856	11,499	+ 3,501

Site development: At the end of the CERF grant implementation, the new Al Waral site hosted more than 2,000 households. While the original proposal for CERF funds indicates Al Waral divided into Al Waral I and Al Waral II, the final decision in consultation with site planner and authorities was to develop the available land as one Al Waral site for the total 2,000 households, with the possibility of obtaining additional land to create an Al Waral II extension. The number of planned beneficiaries therefore remained the same, however the design and set-up of the site differed. During the site development process, UNHCR constructed 200 drainage systems. In addition, UNHCR conducted environmental health and hygiene campaigns, including waste collection and disposal that reached approximatively 6,000 persons in total. UNHCR also established 2 multi-purpose centres (e.g., used for training and registration) and supported with SRCS for ongoing biometric registration (over 10,000 households). Site development activities faced the challenge of receiving authorizations to start, including for registration activities, however, the camp development and relocation process, including the delivery

of planned services for refugees, was completed. The humanitarian community in Sudan in general face such challenges, which are being addressed through a number of advocacy efforts, including by UNHCR where refugees specifically are concerned, and by the Humanitarian Coordinator and OCHA more generally. These challenges need to continue to be highlighted.

Protection: Protection of persons of concern, especially persons with specific needs (PSN) was strengthened through the provision of material support to 500 individuals. Some 9 community-based social care committees were created to support work with children, including youth. In addition, 165 persons were trained on psychosocial support, which is essential for supporting the newly arrived South Sudanese refugees. 8 Community Service offices (2 In Al Waral and 6 in the existing sites) were built to facilitate community mobilization. UNHCR also supported the establishment of 2 youth centres, 2 women centres, ensuring that community mobilisation and other activities were supported. Furthermore, the CERF funds were used to respond to immediate and lifesaving child protection needs. UNICEF and partners focused on addressing the vulnerabilities of UASC, and the psychosocial needs of the new arrivals in White Nile State in the newly establish camp Al Waral, as well as the expanding needs in Alagaya camp and the Alagaya extension. To improve access of UASC to appropriate family based care arrangements, refresher courses were offered to three case workers from the Ministry of Social Welfare (MoSW) and 20 CBCPN members on FTR, which resulted in the reunification or placement into alternative care arrangement of 68 South Sudanese children (20 girls and 14 boys identified in Alagaya, and 18 girls and 16 boys from Al Waral camps) in White Nile. The number of Unaccompanied and Separated Children increased due to the influx of new arrivals, especially on Al Waral camp, as highlighted by the ongoing assessments conducted by the State Council for Child Welfare. Awareness raising activities are still planned to reach targeted 1,000 people, and are pending implementation in Q1 2017 in Al Waral camp. Lower numbers are also attributable to the period of implementation overlapping with the harvest season, resulting in a lower turnout. Following the establishment of two Community based child protection networks (CBCPN), training was conducted for its 20 members from Al Waral and Alagaya; further advanced training was also held for 9 animators on the Convention on the Rights of the Child (CRC), on protection issues, on CFS assessment and management. Support was provided to 42 animators and 7 CFS supervisors in 12 CFS in 7 camps. A total of 9,097 South Sudanese children (378 girls and 338 boys in Al Waral camp through CFS and mobile services; 190 girls and 175 boys in Alagaya camp through mobile services; and 8,016 children through 12 CFS in the existing 7 camps - Jouri; Alagaya 1 and 2; Al Redis 1 and 2; Alkashafa, Um Sangour) were reached by psychosocial activities which include recreational, cultural and sport activities. Children who did not cope with the effects of armed conflicts through the above mentioned activities were additionally catered by the trained CBPCN members on special talks to assess whether they needed specialized psychological support. Further support was also available through the 9 trained animators who conducted regular family visits in Alagaya and Al Waral camps. With regard to GBV, CERF funding allowed UNFPA and partners to provide valuable support for 2 community protection networks and safe spaces (women centres) providing an entry point for vulnerable women and girls to access a range of services (psycho-social support; skills building; referral for medical needs; information, awareness, and sensitization about HIV/AIDs, reproductive health, gender based violence and response. An estimated 1,800 women attended the women's centres, more than 600 above the anticipated beneficiaries. In coordination with UNHCR and SRCS, UNFPA and partners were also able to support the initial distribution of 4,185 personal hygiene kits and provide 2 rounds of replenishment for the items noting the importance of these kits to ensure dignity which in itself also contributed to psycho-social well-being. While there was no discrepancy on terms of activities, there were some adaptations in location shifting some of the GBV support toward Alagaya extension since there were initial delays in preparing Al Waral for all the new arrivals.

Education: Through CERF funding, UNICEF and partners restored access to quality education for 17,434 conflict affected refugees and host community school-aged children (46 per cent girls) in child-friendly learning environments. This was possible through the provision of essential teaching, learning and recreational materials as well as the setting up of 30 temporary learning spaces with 20 gender-sensitive WASH facilities. The number of children reached by the project is higher than originally planned; in order to accommodate for the additional demand, double shifts in were organized in schools (one morning and one afternoon shift in each classroom). Also, it should be noted that classrooms are hosting a higher number of children compared to the Inter Agency Network of Education in Emergency (INEE) () minimum standards that were utilized at planning stage (there have been 70 students per classroom, compared to the INEE minimum standard of 50). Also, UNICEF and partners cooperated in building the capacity of 160 (37 per cent women) South Sudanese teachers and volunteers to improve the quality of education for the affected children in the camps of White Nile state. The training covered a range of topics including education in emergencies, psychosocial support and child centred pedagogy. Finally, the capacity of 100 (41 per cent women) PTA members, was enhanced on community mobilisation, girls' education, and role of the PTA in provision of education-in-emergencies.

Nutrition: UNICEF and its partner the SMoH, screened 105,388 under five children among South Sudanese refugees in White Nile state. Out of these screened children, 1,265 suffering from severe acute malnutrition (SAM) were referred to and treated in the Outpatient Treatment Programs (OTPs) in As Salam and Al Gabalain localities and followed up for admission thanks to CERF funding. On the performance of the treatment services, 79 per cent of the children admitted were successfully cured while 16 per cent defaulted; deaths in the OTPs were reported to be less than 1 per cent. Defaulting was associated to the onset of the harvesting season, as well as with open cross movements of refugees from camps to towns and also to other areas outside White Nile. In addition, 9,638 PLW received

counselling on recommended infant and young child feeding practices, at community level through establishing 103 mother's support groups. In terms of Infant and Young Children Feeding, an additional 30 mother's support groups were established (mainly in Redis II and Khor Al Waral camps) contributing to counselling more than 100 per cent mothers than planned (9,638 mothers received counselling compared to 4,677 mothers planned). Furthermore, WFP and partners supported 4,819 children aged 6-59 months and PLW suffering from MAM to access services for treatment, with a cure rate of about 77%. This was achieved through active case-finding carried out in cooperation with the SMoH and distribution of ready to use supplementary food (RUSF) (Plumpy'Sup). Also, 24,246 newly arrived children aged 6-59 months and PLW were enrolled in eBSFP for the prevention of acute malnutrition, receiving a monthly supply of Super Cereal Plus. Finally, WFP and partners provided transit rations for 2,931 children aged 6-59 months and PLW upon arrival at transit centres. WFP experienced a pipeline break of RUSF from March to May in 2016 resulting in a decreased ability to treat patients for MAM and thereby resulting in a lower number of beneficiaries reached versus planned beneficiaries.

WASH: The CERF fund enabled UNICEF to provide some 12,500 (Men: 1,782; women: 2,093; boys: 3,881 and girls: 4,744) refugees and host community members with access to adequate and safe water supply and were reached with hygiene promotion and sensitization activities. This was possible through the provision of water trucking, the construction of one river based compact water treatment plant and water distribution system, as well as through the operation and maintenance activities. Also, over 10,000 (4,500 men and 5,500 women) people could access to safe means of excreta disposal, through the construction of 50 blocks of communal latrines and the activation of the Community Approach to Total Sanitation (CATS) process.

Health: Access of 51,209 South Sudanese and closest host communities in White Nile camps to essential primary health care, WASH interventions and referral services has been ensured. 46,088 beneficiaries attended curative consultation and care in supported by WHO newly established clinic in Al Waral camp and other existing clinics in Jouri, Redis 2, Dabat Bosin and Um Sangour, serving the new caseload of refugees. The total numbers of Anti Natal Care (ANC) reported is 2,048 with first visits. 13 different medical staff categories were trained on early warning, case management and surveillance of disease and 133 Community Health Workers (CHWs) trained and participated in water chlorination, indoor management of breeding sites and vector control. The training was conducted using the national agreed modules and the clinics used the treatment protocols for case management. The skills gained from these trainings together with surveillance tools provided to the clinics, helped in investigation and confirmation of diseases alerts for outbreaks along with immediate response measures. Refugees and host communities in the newly established camp in Al Waral have access to integrated PHC and WASH services through the fixed clinic run by Rafa NNGO complemented with other health services provided by partners funded through other grant windows. 7,950 households attended health awareness/education sessions on community best practices, prevention of vector and water borne diseases and prevention of communicable diseases. In addition to 22,110 measles doses were used for vaccination of children aged 6 month to 15 years, and the coverage for Measles reached 87% less below the target due to refugee movement during the rainy season, while for other antigens such as Penta 3 coverage reached 78 % for 9 months (the annualized coverage of the both vaccines reached 100%). Water quality was ensured with close monitoring and testing for Free Residual Chlorine and biological tests. Referral system was supported by SOPs, procedures and transportation means with rented vehicle and trained staff accompanying the patients to closest hospitals in Kosti and Jabaleen in Coordination with MSF and SRCS. Furthermore, through this CERF funding, UNICEF supported the White Nile SMoH to provide essential primary health care (PHC) services to a total of 60,331 (including 30,518 female and 29,813 male) South Sudanese refugees in eight refugee camps in White Nile. A total of 29,089 of children below 18 years have benefited from the health services provided through this funding. The number of children receiving treatment for pneumonia and malaria was lower than planned, due to the lower caseload reported. Thanks to CERF, the project was able to support the vaccination of 9,929 South Sudanese children below 15 years of age against measles and polio. 1,477 (107 per cent of the target) of South Sudanese refugee infants (under one year of age) received measles first dose alongside 1,625 (118 per cent of the target) children of the same group who were fully immunized for polio. In addition to that, a total of 964 pregnant women received the second dose of tetanus toxoid and were fully immunized. To improve family health practices and enhance utilization of the existing health services, a total of 17,022 mothers and care givers were reached with health messages on the Essential Family Practices (EFP). Finally with regards to reproductive health, UNFPA and partners reached planned outputs through providing material support including medical equipment, basic furniture for one primary health care clinic, and emergency reproductive health kits with medical supplies, drugs and tools for utilization at primary health care level (Al Waral) and referral level (Kosti). Especially with regard to the referral level in Kosti, the host community also benefitted from the availability of essential medical supplies and drugs for obstetric care directly through accessing services and indirectly by scarce resources not being drained at their disadvantage. Al Waral also tapped into available skilled and qualified staff within the refugee community enabling them to serve their own community. This included one medical assistant, one midwife, and one nurse recruited by RAFA from within the refugee community in addition to the staff availed by the Ministry of Health. The project also maximized on integrating Community Midwives by linking them to the clinic to report home deliveries and women with pregnancy danger signs. They were familiar with the impact of the physical displacement on pregnant women. The referral system for obstetric emergency cases benefitted from the project coordination mechanisms between RAFA and SRCS in the context of the camp coordination process. The gap of consumables and supplies which Kosti hospital was facing during 2016 was filled by the project activities and support in term of essential instruments and supplies included in the emergency reproductive health kits.

CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?
YES ☐ PARTIALLY ☒ NO ☐

While CERF allocation process and fund disbursement was relatively quick, there were delays to the delivery of assistance and the implementation of certain activities because of delays that occurred at the Al Waral site selection and development stages. Site development delays meant that the relocation of refugees to the site was delayed. This led to a delay in the implementation of certain activities for both the refugees and host community, such as education and GBV responses, could not be implemented on schedule. The lack of flexibility of CERF funds as it relates to the need for extensions when delays emerge is a challenge. The coordination of relocation to the new sites was difficult, such that the refugees, while willing to relocate, were not willing to relocate in the timeframe the country team required in order to satisfy CERF timelines. Additionally, construction delays and long wait for government approval for registration activities also impeded the country team's ability to ensure fast delivery of assistance to the beneficiaries. Despite this delay in implementation at the planned new site, the quick allocation and fund disbursement from CERF allowed for fast delivery of assistance in the case of certain activities not directly linked to the site development and relocation, including timely and effective nutrition response to 1,265 severely malnourished children because UNICEF was able to rapidly procure 1,300 cartons of RUTF locally. Without CERF funding, lifesaving health interventions could not have been provided in a time sensitive manner, including immunization services and other PHC including Integrated Management of Childhood Illnesses (IMCI) so as to avoid disease outbreaks.

b) Did CERF funds help respond to time critical needs[2]?
YES ☒ PARTIALLY ☐ NO ☐

The prioritization process the country team underwent in the development of the CERF proposal was instrumental in identifying the most time-critical needs for the refugee response in White Nile. The development of a new site at Al Waral was time critical in that the site was required to respond to heightened influxes of newly arrived refugees, which had generated over-congestion at the existing refugee sites. CERF enabled us to meet time-critical needs as it relates to relocation, because the support to site development helped to ensure that all services were in place before the refugee population moved to the new site. CERF funds supported health sector partners to mitigate major outbreaks of Acute Watery Diarrhea (AWD) during the rainy season and also helped respond to time-critical health and nutrition needs such as rapidly mobilizing implementing partners to screen children upon arrival in refugee sites and provide life-saving therapeutic treatment to children suffering from acute malnutrition. This reduced complications and mortality associated with severe acute malnutrition. CERF funding also allowed WHO and health partners to provide time-critical care to mothers and children through the new health facility in Al Waral camp, including provision of essential medical care and ambulatory services 24/7 for referral of emergency obstetric cases. Additionally, Education is an important time-critical need, such that a lack of access results in greater 'time-lost' for learning for refugee and host community children, which carries significant increased protection risk for vulnerable children. With rapidly deployed CERF funding, Education sector partners were able to reduce the 'time-lost' for learning for refugee and host community children by allowing the rapid mobilization of the necessary learning spaces, as well as essential teaching, learning and child centred pedagogy materials that allowed mitigating and averting the negative impact of being out of school.

c) Did CERF funds help improve resource mobilization from other sources?
YES ☒ PARTIALLY ☐ NO ☐

CERF is one of the main sources of funding for the refugee response. The CERF funds positioned agencies on the ground to initiate a response, which helped most agencies to mobilize resources from other sources to respond to newly identified needs. By being on the ground, agencies were able to demonstrate sufficient presence and engagement in the response in order to enhance the credibility of other funding appeals. CERF budget allocations also enabled agencies to complement other initiatives already in place. For example, education sector partners used CERF funds to improve the quality of planned school structures. Where the emergency required immediate life-saving responses, such as with emergency food distribution or drugs provision, CERF funds were used replenish stocks to avoid supply interruptions and ensure complementary between emergency assistance and regular distributions. Additionally, the

[2] 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.).

CERF grant helped to improve the synergy between activities funded by CERF and those funded from different sources, including the US Bureau of Population, Refugees and Migration (BPRM) in the education sector, ECHO in the WASH sector, and Germany in the protection sector.

d) Did CERF improve coordination amongst the humanitarian community?
YES ☐ PARTIALLY ☒ NO ☐

While CERF facilitated coordination among UN agencies for the purposes of the project, it did not necessarily help to improve coordination between other complementary projects on the ground with separate funding. Initial planning on the submission of the CERF proposal required strong coordination among UN agencies to identify gaps, develop appropriate responses and avoid duplication. This required UN agencies to collaborate on various agreements guiding division of labour and accountability for different components of the response. The establishment of these agreements within the coordination of the CERF project has led to significant improvements to the overall coordination within the humanitarian community of the broader refugee response. However, challenges still emerged occasionally in the coordination of complementary projects across the response between actors not operating within the CERF project. For example, health packages and teacher incentives were initially not standardized across partners. While the coordination structures are in place in White Nile, there is still room for improvement to ensure quality of service delivery is maintained across the response in order to avoid tensions between recipients receiving the same kind of service from different response partners operating under different funding. Nevertheless, there are positive examples of improved coordination, for example CERF funding facilitated the coordination among the concerned UN agencies (UNICEF, WHO, UNHCR and UNFPA) and strengthened coordination and improved collaboration with the SMoH in White Nile. For example, coordination meetings between SMoH, UNHCR, UNICEF, WHO and UNFPA were conducted at the field level to monitor and follow up implementation, addressing the gaps and improve the joint planning process. Several supervision missions were conducted to enhance coordination and avoid any overlapping and duplication of efforts. CERF funding also allowed to promote a stronger coordination with Plan Sudan within Al Waral camp as recipients of two different funding streams (i.e. CERF and German Funds), and improved coordination with MOSW and SCCW to coordinate Child Protection efforts. With regards to health, the CERF project facilitated the technical staff costs enabling WHO to ensure that interventions by different partners were coordinated, priorities discussed, and well planned thereby complementing each other. Most of alerts of disease outbreaks were reported by partners and responded through established water and entomological surveillance. Weekly coordination meetings at state and field level have been maintained regularly, Early Warning and Alert Response System (EWARS) reports were prepared and shared timely along with progress made and constraints faced.

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

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
CERF restriction on semi- and/or permanent structures is not aligned to the unique needs of refugee responses, where refugees are unable to 'return' within two years of their initial displacement.	There is a need for at least semi-permanent structures in Sudan, however allowances for permanent structures would be ideal for the refugee context. Given the climate, temporary structures are not cost-effective because they break down quickly and have to be replaced at least every two years. Refugees typically remain at a site for more than three years. Quality of structures is important in this context. Structure maintenance costs could perhaps be integrated into CERF funding.	For CERF consideration
Community participation was positive and engagement was developed through mobilization, proving the worth of investment in community structures.	This can be a basis for ensuring longer-term results and the sustainability of the structures put in place, including care and maintenance of centres.	For CERF consideration
CERF budget allocations should be more closely linked to the needs on the ground.	Budget constraints force agencies to skip over key components of the response. This is particularly relevant for the WASH response, where showers were ommitted because latrines had to be prioritized. The remote location of the site means that no civil infrastructure is in place and so entire new systems have to be developed and monitored. These kinds of functions are not included under CERF, but limit the impact of the response.	For CERF consideration

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
Site development activities faced the challenge of receiving authorizations to start, including for registration activities.	The humanitarian community in Sudan in general face such challenges, which are being addressed through a number of advocacy efforts, including by UNHCR where refugees specifically are concerned, and by the Humanitarian Coordinator and OCHA more generally. These challenges need to continue to be highlighted.	UNHCR / OCHA / HC / HCT
Country team capacity to fulfil CERF requirements requires government commitment.	More engagement with government counterparts to get their commitment to meeting CERF requirements is needed.	UNHCR / UN Agencies
Implementation delays occur where CERF grants require major site development and/or relocation of refugees.	More time should be spent at the planning stage to align agency project timelines with the timeframe of the site development/relocation processes. For example, making sure that the implementation of education activities is not scheduled to begin when the site is still being developed.	UN Agencies
CERF lacks flexibility, as it relates to extensions, so mitigation measures need to be in place to reduce delays.	Conduct more comprehensive risk assessments during the planning process and working as a group to develop mitigation measures to foreseen delay risks.	UN Agencies
During the harvesting season, refugees involved their children which increased the school dropout and nutrition default	This needs to be taken into account in future programming by all partners.	UN Agencies

rates.		
Without enough food supply for the families, RUTF will be shared to feed the rest of the family members.	Advocacy with other sectors to ensure adequate food availability	UNICEF /UNHCR/SMoH/MSF
For different ethnic groups, services should be provided separately to avoid inter-tribal conflict.	Meeting with committee/ community leaders and the tribes leaders. Provide services in all camps.	UN Agencies / Government
The host community accesses the available services, which leads to stretching the project's resources.	Resonable percentage needs to be put for host community in the planning figures	UN Agencies / CERF
Having education services inside the camp facilitates inclusive access to education for refugee children in dynamic contexts.	In the past, education services were set up at the host communities which in some cases far distance and young refugee children could not access to education rresulting in excluding them and became source of tension between host and refugee communities. Having learning facilities inside the camps for refugees facilitated increased access to education and addressed the issues of medium of instruction. Medium of instruction at the host community was Arabic in Sudanese curriculum while refugee children wanted to continue in English. Having learning spaces inside the camps had multiple positive impacts on accessing to education for refugee children.	UN Agencies / CERF

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNFPA	**5. CERF grant period:**	15/03/2016 – 31/12/2016
2. CERF project code:	16-UF-FPA-009	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Protection - Sexual and/or Gender-Based Violence		☒ Concluded
4. Project title:	Essential emergency reproductive health care to vulnerable populations and prevention of and response to GBV in support of South Sudanese refugees in White Nile State		

7.Funding				
	a. Total funding requirements[3]:	US$ 2,500,000	d. CERF funds forwarded to implementing partners:	
	b. Total funding received[4]:	US$ 700,000	▪ *NGO partners and Red Cross/Crescent:*	US$ 47,945
	c. Amount received from CERF:	US$ 350,000	▪ *Government Partners:*	US$ 48,979

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (< 18)	1,045	20	1,065	1,537	180	1,717
Adults (≥ 18)	4,325	280	4,605	6,149	40	6,189
Total	5,370	300	5,670	7,686	220	7,906

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees	5,670	7,706
IDPs		
Host population		200
Other affected people		

[3] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

[4] This should include funding received from all donors, including CERF.

Total (same as in 8a)	**5,670**	**7,906**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	The higher number of people reached is due to a variety of factors including the number of 721 women benefitting from actual ANC/delivery care / PNC services supported through Khor Al Waral; This had not been sufficiently taken into account since the indicator focus on number of clinics supported and number of RH Kits procured. There was a slight discrepancy with regard to indicator 1.3 (Number of normal deliveries supported with clean delivery mother and baby kits). The target was 200 deliveries supported based on the standard demographic calculations for expected delivered among the target population and the contents of 200 clean individual delivery kits within one pre-assembled Kit 2A. Midwives in the target site reported back on a total number of deliveries of 220 against 200 clean individual delivery kits that had been provided. With regard to the GBV component of the project the discrepancies were due to overachieved targets for reasons outlined below. <u>Indicator 2.2. Number of women and girls accessed women friendly spaces in 2 new sites and supported with services (Target: 1,200; Reached: 1,800)</u> The women friendly spaces were designed to support women through various scheduled activities including psycho-social support, skills building, and information and awareness raising sessions. During field monitoring visits, UNFPA realized that the women centres had also started offering other activities such as adult literacy sessions which were organized by volunteers within the refugee community and during hours when no other activities had been scheduled. These activities did not come at a higher cost to the CERF or the implementing partner. Instead the use of the women centre structure and its ownership by the community was maximized. <u>Indicator 2.4. Number of women/girls, men/boys sensitized on gender equality trainings and community workshops addressing GBV, RH and gender issues</u> <u>(Target: F:500, M:200; Reached: F: 730, M:220)</u> During the selection of the participants we received a higher number of nominees who showed an interest in the topic. For instance, a session planned for 25 participants would end up reach an actual number of 30 – 32 people. Per session, the additional beneficiaries could be accommodated by the implementing partner (Jasmar) without additional cost to the CERF.	

CERF Result Framework	
9. Project objective	To prevent excess maternal morbidity and mortality and provide protection assistance through mitigation and response to GBV among South Sudanese refugee new arrivals in WNS in 2016.
10. Outcome statement	Enhanced availability of and access to reproductive health services for South Sudanese refugee new arrivals in new sites with a focus on basic and emergency obstetric care.

11. Outputs			
Output 1	Provision of emergency reproductive health supplies to improve access to life-saving quality maternal and new born health services.		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of health facilities equipped and with supplies to provide quality basic EMOC service	1	1
Indicator 1.2	Number of health facilities supported with CEMOC equipment and supplies to manage obstetric complications	1	1
Indicator 1.3	Number of normal deliveries supported with clean delivery mother and baby kits	200	220
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Procure essential EMOC equipment and basic furniture for 1 primary health care facility	UNFPA	RAFA organization and WHO Equipment and basic furniture was procured for Khor Al Waral clinic, run jointly by RAFA organization and WHO. This supported the provision of basic RH services including ANC, Delivery Care, and Postnatal Care (PNC). A total of 721 women benefitted from ANC services and 78 were deliveries conducted at the clinic (out of a total of 180 deliveries. Supported under this CERF project) The procured equipment included: • BED/LABOUR/DELIVERY (2) • CABINET (2) • EXAMINATION/LIGHT (2) • SCALE/INFANT (2) • SCALE/PHYSICIAN (2) • TABLE/INSTRUMENT (2) • Patient beds and mattresses (4) • Office table and chairs (4)
Activity 1.2	Procure Emergency Reproductive Health Kits and other essential reproductive health supplies for a period of at least 3 months for health facility with a focus on contraceptives, syndromic management of STIs, and clinical delivery assistance for normal vaginal deliveries within the sites	UNFPA	UNFPA Khor Al Waral clinic also received a number of Emergency RH Kits with essential supplies and medicines to provide RH services at the primary care level including ANC, delivery care, special care for newborns, treatment of sexually transmitted infections (STIs), and provision of family planning. Following Kits were procured: • Kit No 2 clean delivery and baby kits (200) • Kit No. 4, Oral and Injectable Contraception (4)

			• Kit No. 5, Sexually Transmitted Infections (STI) (3) • Kit No. 6A, Clinical Delivery Assistance kit - Reusable Equipment (2) • Kit No. 6B, Clinical Delivery Assistance kit - Drugs and Disposable Equipment (2)
Activity 1.3	Procure Emergency Reproductive Health Kits for provision of Comprehensive Emergency Obstetric Care at referral level for management of obstetric complications in Kosti referral hospital	UNFPA	UNFPA Support was provided to Kosti Hospital serving as the higher level referral point of complicated cases that would require treatment and services not available in the Khor Al Waral clinic. This support consisted of a set of RH Emergency Kits with medical supplies, drugs, and equipment required at referral care level to provide basic and comprehensive emergency obstetric care requiring interventions such as caesarean section and other surgical obstetric interventions, and safe blood transfusion. At least30 patients that had been referred from the site to Kosti hospital benefitted from the availability of the procured items. Kits procured and delivered to the hospital included: • Kit No. 11A. Referral level kit for reproductive health (1) • Kit No. 11B Referral level kit for reproductive health (1) • Kit No. 12 (blood transfusion kit (2)
Output 2	Improved availability of and access to GBV prevention and response services for most vulnerable new arrivals in new sites. South Sudanese refugee new arrivals provided with protection assistance through strengthened community protection networks, safe women spaces, strengthened referral pathways and material assistance		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	2 new community women protection networks established and supported	2	2
Indicator 2.2	Number of women and girls accessed women friendly spaces in 2 new sites and supported with services	1,200	1,800
Indicator 2.3	Number of personal hygiene kits sufficient for a period of 9 months procured and distributed	4,185	4,185
Indicator 2.4	Number of women/girls, men/boys sensitized on gender equality trainings and community workshops addressing GBV, RH and gender issues	F: 500 M: 200	F: 730 M: 220
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Support community women protection	State Ministry	Ministry of Social Affairs - Violence Against Women

	networks to respond to protection needs for identification of vulnerable women and girls and referral to services (psycho-social support, counselling, legal aid)	of Social Affairs (SMoSA), Jasmar	Unit (MOSA/VAW Unit) Jasmar
Activity 2.2	Strengthen GBV response capacity by governmental, non-governmental, and civil society actors at locality level through 3 trainings (training on Clinical Management of Rape survivors, psychosocial support, referral pathway, GBV guidelines, and minimum standard for GBV prevention and response in emergency settings) targeting medical staff, social workers and police personnel	SMoSA,	MOSA – VAW Unit (for referral pathway, GBV guidelines, and minimum standard for GBV prevention and response in emergency settings;) Jasmar (Clinical Management of Rape (CMR))
Activity 2.3	Support women/child friendly space to serve as an entry point for women to access awareness sessions, participate in social activities and benefit from vocational skills training	SMoSA, Jasmar	MOSA – VAW Unit (Full activity 2.3 was in MOSA Work Plan and was coordinated with Jasmar)
Activity 2.4	Community awareness raising campaigns, topics will cover, GBV, RH, and HIV/AIDS including men, women, girls, and community leaders (2 locations)	SMoSA, Jasmar	Jasmar (Full activity 2.4 was in Jasmar Work Plan and was coordinated with MOSA)
Activity 2.5	Procurement and distribution of 4,185 basic personal hygiene kits sufficient for a period of 12 months in 3 distribution cycles	UNFPA	UNFPA (Procurement and distribution in coordination with SRCS as the Camp Manager)

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:

With regard to the RH component, the project reached its planned outputs through providing material support (medical equipment, basic furniture for one primary health care clinic, and RH emergency kits with medical supplies, drugs and tools for utilization at primary health care level (Khor Al Waral) and referral level (Kosti).

Especially with regard to the referral level in Kosti, the host community also benefitted from the availability of essential medical supplies and drugs for obstetric care directly through accessing services and indirectly by scarce resources not being drained at their disadvantage.

Khor Al Waral also tapped into available skilled and qualified staff within the refugee community enabling them to serve their own community. This included one medical assistant, one midwife, and one nurse recruited by RAFA from within the refugee community in addition to the staff availed by the SMOH.

The project also maximized on integrating Community Midwives by linking them to the clinic to report home deliveries and women with pregnancy danger signs. They were familiar with the impact of the physical displacement on pregnant women. The referral system for obstetric emergency cases benefitted from the project coordination mechanisms between RAFA and SRCS in the context of the camp coordination process. The gap of consumables and supplies which Kosti hospital was facing during 2016 was filled by the project activities and support in term of essential instruments and supplies included in the emergency reproductive health kits.

With regard to the GBV component, the project allowed valuable support for 2 community protection networks and safe spaces (women centres) providing an entry point for vulnerable women and girls to access a range of services such as psycho-social

support; skills building; referral for medical needs; information, awareness, and sensitization about HIV/AIDs, reproductive health, gender based violence and response.

In coordination with UNHCR and SRCS the project was also able to support the initial distribution of 4,185 personal hygiene kits and provide 2 rounds of replenishment for the items noting the importance of these kits to ensure dignity which in itself also contributed to psycho-social well-being.

While there was no discrepancy in terms of activities, there were some adaptations in location shifting some of the GBV support toward Alagaya extension since there were initial delays in getting the planned site ready for all the new arrivals.

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

UNFPA and its implementing partners (SMoH, SMoSA/VAW, Jasmar) have been engaged in the South Sudanese Refugee Response since early 2014. We have accumulated feedback from the affected communities and their needs throughout our project support. Data from previous support in the same state fed into planning and programming for this particular response.

In terms of delivery of results in line with work plans and agreed upon budgets there has been regular monitoring and reporting ensuring accountability for the planned results. With regard to WHO and RAFA organization which jointly support Khor Al Waral clinic which received equipment and basic furniture through this project, UNFPA also followed-up on delivery and actual utilization within the clinic.

UNFPA and the IPs engaged in a series of consultations with beneficiaries to ensure the support provided was in response to their needs. Consultations were carried out through established community networks such as women protection networks and other community participation mechanisms. MoSA had also deployed a social worker who was in constant contact with the refugee community in the target site and collected feedback on needs and preferences through beneficiary interviews, and meetings.

In addition, UNFPA had regular planned and ad-hoc monitoring visits to the targeted location using observation, interviews, and meetings as a verification mechanism to ensure that affected population received the assistance they needed. For instance, female refugees accessing services in the women centres suggested to include more activities in the centres (e.g. literacy classes), they shared concerns over sustainability of support (e.g. when the material inputs for handicraft and other skills activities were all consumed), and also commented on the need for more food diversity especially for pregnant and lactating women. Not all of the feedback could necessarily be accommodated immediately within the response but should be taken into account for follow-up projects and continued support.

With regard to the distribution of personal hygiene kits, this CERF grant supported provision throughout 9 months targeting the same 4,185 registered women and girls through 3 distributions. Camp coordination and women protection networks were involved in the distribution and also introduced post-distribution survey forms

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
UNFPA does not usually evaluate stand-alone projects but carried out mid-term and end-term country programme evaluations. With regard to individual projects, they are subject to HACT audits for implementing partners that implement over a certain amount or are considered high risk.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNHCR	**5. CERF grant period:**	10/03/2016 – 31/12/2016
2. CERF project code:	16-UF-HCR-009	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Multi-Cluster - Multi-sector refugee assistance		☒ Concluded
4. Project title:	Provision of lifesaving assistance to South Sudanese refugees in White Nile State		

7.Funding			
	a. Total funding requirements[5]:	US$ 54,209,391	d. CERF funds forwarded to implementing partners:
	b. Total funding received[6]:	US$ 15,219,614	▪ *NGO partners and Red Cross/Crescent:* US$ 1,704,534
	c. Amount received from CERF:	US$ 2,399,995	▪ *Government Partners:* US$ 68,772

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (below 18)	21,720	20,040	41,760	21,720	20,040	41,760
Adults (above 18)	11,220	7,020	18,240	11,220	7,020	18,240
Total	32,940	27,060	60,000	32,940	27,060	60,000

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees	60,000	60,000
IDPs		
Host population		
Other affected people		

[5] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

[6] This should include funding received from all donors, including CERF.

Total (same as in 8a)	**60,000**	**60,000**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	N/A	

CERF Result Framework			
9. Project objective	Ensuring establishment of new sites, enhanced protection, and increased access to WASH, for South Sudanese refugees in WNS		
10. Outcome statement	Establishment of new sites in WNS which helps decongest existing sites and improves standards and allow the immediate relocation of 2,000 HHS from existing sites and increase the overall capacity of the refugee response to absorb 50,000 refugees expected in 2016. Protection concerns are identified and addressed for South Sudanese refugee children in old and new sites. New arrivals are registered and better targeted for assistance. Protection concerns are identified and addressed for South Sudanese refugees in the existing and new sites, including by building community capacity to enhance a favourable protection environment. WASH will be undertaken to establish sanitation and hygiene within the new sites for new arrivals.		
11. Outputs			
Output 1	400 UASC are provided with alternative care arrangements and provided with material support in Al Waral/new sites, Um Sangour, Al Redis 1 & 2, Dabat Bosin, Alagagya, Alkasahfa sites		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	# of registered unaccompanied children in alternative care who are receiving regular monitoring visits	360	360
Indicator 1.2	# of Best Interest Assessments (BIA) conducted	400	500
Indicator 1.3	# of foster care families identified and trained	140	140
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Material support to UASC and the foster care families (clothes and shoes for the UASC)	MoSA	UNHCR / MoSA
Activity 1.2	Best Interest Assessments (BIA) conducted for UASC in foster care and children at risk	MoSA	UNHCR / MoSA
Activity 1.3	Regular follow up and monitoring for UASC in foster care by 45 community volunteers	MoSA	UNHCR / MoSA
Activity 1.4	Training for 45 community volunteers to conduct foster care follow up	MoSA	UNHCR / MoSA
Activity 1.5	Training for 14 social workers to conduct BIAs	MoSA, UNHCR	UNHCR / MoSA
Activity 1.6	Training for 140 new foster care families on alternative care guidelines	MoSA, UNHCR	UNHCR / MoSA
Output 2	Provision of psychosocial support to South Sudanese refugees		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	# of persons trained on psychosocial support	165	175

Indicator 2.2	# of persons of concern identified and referred to specialized mental health services through Basic Health Unit	20	20
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Training of 45 social workers/community services staff; 30 community leaders; 20 camp management staff, 60 community volunteers and 20 health staff on psychosocial support	UNHCR (DIMARSI)	UNHCR / Ahfad University
Activity 2.2	Establish 8 Community Services offices	MoSA	UNHCR / MoSA
Output 3	Biometric Individual registration of 50,000 new arrivals		
Output 3 Indicators	**Description**	**Target**	**Reached**
Indicator 3.1	# of new arrival South Sudanese refugees registered	10,000	10,191
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	Individual biometric registration campaign in each site	SRCS, UNHCR	UNHCR / SRCS
Output 4	Establishment of new sites for 10,000 South Sudanese refugees in WNS		
Output 4 Indicators	**Description**	**Target**	**Reached**
Indicator 4.1	# of South Sudanese Refugees transported/residing in new sites	10,000	10,000
Indicator 4.2	# children attending school in new sites	8,000	8,000
Indicator 4.3	# of youth centres established and functioning	2	2
Indicator 4.4	# of security centres established and functioning	2	2
Indicator 4.5	# reception facilities established and functioning	2	2
Indicator 4.6	# of community services offices established and functioning	8	8
Output 4 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 4.1	Cost of constructing Child Protection Community Services offices (includes 1 office for child protection, 1 office for community services) in two sites	MoSA	MoSA
Activity 4.2	Cost of construction for extension of Child Protection office to include 1 Community services office in 4 existing sites	MoSA	MoSA
Activity 4.3	Transportation of 10,000 individuals to new sites (50 persons per trip)	SRCS	SRCS
Activity 4.4	Transportation of luggage for 10,000 individuals to new sites (luggage for 50 persons per trip)	SRCS	SRCS
Activity 4.5	Solar lights for new sites (international procurement and installation on site costs)	SRCS	SRCS
Activity 4.6	Cost of labour for site development	SRCS	SRCS
Activity 4.7	Construction of 3 Women's Community Centre and	SRCS	SRCS

	rehabilitation of 4 Women's Community Centre in new and existing sites		
Activity 4.8	Construction of 2 schools in new sites	SRCS	SRCS
Activity 4.9	Backfilling and development of internal road in Alayaga and Dabat Bosin	SRCS	SRCS
Activity 4.10	Construction of security office in new sites	SRCS	SRCS
Activity 4.11	Construction of 2 Multi-Purpose Centre for registration and training	SRCS	SRCS
Activity 4.12	Construction of 2 Youth Centre	SRCS	SRCS
Activity 4.13	Construction of reception facility in new site	SRCS	SRCS
Activity 4.14	Installation of solar lights	SRCS	SRCS
Activity 4.15	Installation of solar system	SRCS	SRCS
Activity 4.16	Construction of Community Meeting Centre	SRCS	SRCS
Output 5	144 solid waste management campaigns conducted in the two new two camps		
Output 5 Indicators	**Description**	**Target**	**Reached**
Indicator 5.1	# latrines empties	100	100
Indicator 5.2	# of people reached with solid waste management campaigns	6,000	6,000
Indicator 5.3	# of drainage system constructed	200	200
Output 5 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 5.1	Construction of drainage systems: Drains from pipes will be set up from water points to safe locations and where possible outside the camp.	UNHCR/CAFOD	UNHCR/CAFOD
Activity 5.2	Undertake 144 solid waste collection and disposal campaigns in the new camps	UNHCR/CAFOD	UNHCR/CAFOD
Activity 5.3	Establishment of WASH committees to help facilitate the mobilization of communities and the smooth management and community ownership of the WASH facilities	UNHCR/CAFOD	UNHCR/CAFOD
Output 6	Establishment of community services to identify and assist persons with specific needs		
Output 6 Indicators	**Description**	**Target**	**Reached**
Indicator 6.1	# of vulnerability assessments conducted for persons with specific needs	2,200	**2,311**
Indicator 6.2	# of persons with specific needs who received support	500	500
Indicator 6.3	# of community-based social care committees established	9	9
Output 6 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 6.1	Provision of capacity building for community services staff, including training-of-trainers and on vulnerability assessment	ASSIST	ASSIST
Activity 6.2	Mapping of service providers in each site and maintain up to date information	ASSIST	ASSIST
Activity 6.3	Conduct vulnerability assessment for persons with specific needs	ASSIST	ASSIST

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's outcomes were all achieved in full and within the timeframe of the grant.

This grant aimed to establish a new site in WNS to help decongest an existing seven sites and improve standards and allow the immediate relocation of 2,000 HHs.

This has been achieved with the result that overall in WNS there has been an increase in the capacity of the refugee response.

At the start of the year, due to lack of individual biometric registration, there was only an estimate available of the number of refugees in White Nile State. As of March, with some certainty, UNHCR could account for some 70,000 refugees in WNS in the existing 7 camps. By year end the number in WNS was 116,000, including living in host communities. There was an estimated increase of over 30,000 refugees during the year. At the time of the proposal design UNHCR estimated there were additional refugees in WNS, but post-registration there was a decrease in the estimated population.

The outputs for the project remained valid despite the overall number of beneficiaries targeted. Protection concerns were identified and addressed for South Sudanese refugee children in old and new sites. New arrivals were registered and better targeted as a result, particularly the assistance for vulnerable case and persons with special needs. A more favourable protection environment was also supported for South Sudanese refugees in the existing and new sites through the building of community capacity, and structures. WASH remained a critical activity and was undertaken with sanitation and hygiene campaigns within Al Waral for new arrivals.

Selected activities were delayed while pending the authorisations, but the overall objective of establishing a new site was achieved within the grant period and contributed to the decongestion of the existing seven other sites.

Relocation began in May 2017, and the overall impact has been a significant increase in the quality of the sites which have benefitted from decongestion.

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

In the frame of the activities implemented under this project, beneficiaries were consulted and community leaders fully involved. UNHCR applied its mainstreamed approach to age, gender and diversity through all activities, including agreements with partners. Capacity building training and a series of focus group discussions were conducted with the beneficiaries from the South Sudanese refugees residing in the existing White Nile sites, including women, girls, boys, men, elderly, disabled persons and others. This assisted in ensuring their situation was better reflected in UNHCR's programming, including identification and response to persons with specific needs.

Regular field monitoring visits by field staff also individually consulted with refugees, with sensitivity to the environment in which UNHCR and partners are working, and ensuring that minimal risk is created for beneficiaries and do no harm principle.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
No evaluation was planned for this intervention.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNICEF	**5. CERF grant period:**	10/03/2016 – 31/12/2016
2. CERF project code:	16-UF-CEF-016	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Health, Nutrition, WASH, Education and Protection		☒ Concluded
4. Project title:	Provision of lifesaving assistance to South Sudanese refugees in White Nile State		

7.Funding			
	a. Total funding requirements[7]:	US$ 18,604,594	d. CERF funds forwarded to implementing partners:
	b. Total funding received[8]:	US$ 6,252,960	▪ *NGO partners and Red Cross/Crescent:* US$ 802,991
	c. Amount received from CERF:	US$ 2,535,000	▪ *Government Partners:* US$ 184,771

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (below 18)	35,529	31,770	67,299	30,518	29,813	60,331
Adults (above 18)	6,900	1,912	8,812	19,193	9,905	29,098
Total	**42,429**	**33,682**	**76,111**	**49,711**	**39,718**	**89,429**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees	73,611	60,331
IDPs		
Host population	2,500	29,098
Other affected people		
Total (same as in 8a)	**62,500**	**89,429**

[7] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

[8] This should include funding received from all donors, including CERF.

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	The number of beneficiaries reached is greater than the planned due to the fact that Children from the host community have also benefited from the services provided to the SSRs.

CERF Result Framework			
9. Project objective	Ensure access to education, health, WASH, nutrition and protection for South Sudanese refugees moved to the new sites in WNS; and critical gaps are addressed in education, health and nutrition in the existing areas.		
10. Outcome statement	Health: Under–five refugee children are protected against measles and polio outbreak and treated from the common childhood illnesses (diarrhoea, Malaria, and ARIs). Nutrition: Levels of acute malnutrition in under-five children (boys and girls), pregnant and lactating women in refugee communities, is kept below WHO emergency threshold level of 15%. WASH: 12,500 refugees and host population are using improved drinking water sources and sanitation facilities and have information on improved hygiene practices. Education: Access to education restored to 16,000 (50 per cent girls) primary school-aged children through safe learning spaces in WNS. Child Protection: Protection concerns are identified and addressed for refugee children in old and new sites.		
11. Outputs			
Health Output 1	21,450 refugee children have equitable access to immunization services protecting them against measles and polio outbreaks		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of children under 1 year of age receiving the first dose of measles vaccine	95% (21,450)	98.7%
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Procurement of vaccines and cold chain equipment	UNICEF	UNICEF
Activity 1.2	Basic training for 20 vaccinators on vaccine management and best practices	SMoH	SMoH
Activity 1.3	Conduction of EPI outreach sessions	SMoH/NGOs	SMoH/NGOs
Health Output 2	21,450 refugee children have access to prevention and treatment for common childhood illnesses		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Number of children under five years receiving ORS and Zinc supplement for treatment of diarrhoea	6,435	6,700
Indicator 2.2	Number of children under five years receiving appropriate Antibiotic for treatment of pneumonia	4,290	3,670
Indicator 2.3	Number of children under five years receiving Antimalarial within 24 hours of onset of symptoms	700	580
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Procurement of medical kits and supplies	UNICEF	UNICEF

Activity 2.2	Training of 24 health care providers on integrated community case management (ICCM)	SMoH	SMoH
Activity 2.3	Provision of basic health care at community and health facility levels	SMoH	SMoH
Activity 2.4	Procurement of medical kits and supplies	SMoH/NGOs	SMoH/NGOs
Nutrition Output 1	Children aged 6-59 months access and utilize quality services for treatment of SAM		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of newly arriving South Sudanese children with severe acute malnutrition who are treated	1,216	1,265
Indicator 1.2	Proportion of children discharged cured, defaulted and died from CMAM programs	Cure >75%, Default <15%, Mortality <5%	Cure Rate 78.7% , Default Rate 15.9% and Death Rate 0.57%
Indicator 1.3	Number of children under 5 years screened for acute malnutrition	11,694	11,694
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Procure and distribute RUTF, F75, F100 and routine drugs supplies.	UNICEF	UNICEF
Activity 1.2	Provide lifesaving treatment services for severe acute malnutrition for malnourished boys and girls	UNICEF / SMoH / MSF	UNICEF / SMoH / MSF
Activity 1.3	Conduct screening for acute malnutrition among new arrivals of refugee children	UNICEF / WFP / SMoH / MSF	UNICEF / WFP / SMoH / MSF
Activity 1.4	Support Vitamin A distribution for newly arrived refugees in sites	UNICEF/SMoH	UNICEF/SMoH
Nutrition Output 2	Newly arrived South Sudanese refugee mothers receive counselling and support to maintain essential breastfeeding practices.		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Number of caregivers receiving infant and young child feeding (IYCF) counselling	4677	9,638
Indicator 2.2	Number of mothers support groups providing Infant and Young Child Feeding (IYCF) counselling services in target localities	Additional 47[9]	Additional 77[10]
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Establish 47 mothers support group targeting 4,677 mothers	UNICEF/SMoH	UNICEF/SMoH

[9] Target is number of MSGs to be established in addition to baseline number. This additional number will cater for new arrivals especially in the new camps.

[10] The number of mothers' support groups is established based on need. The achievement on the number of caregivers receiving IYCF counselling was possible through conduction of the counselling at the health centers where under-five children were screened and treated for severe acute malnutrition.

Activity 2.2	Maintain and supervise the 47 mothers support groups	UNICEF/SMoH	UNICEF/SMoH
WASH Output 1	10,000 refugees and 2,500 hosting community members in new sites have access to 15 l/p/d of sustainable, equitable and gender sensitive improved water supply.		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Population of refugees and hosting community members with access to 15 l/c/d of improved water supply	12,500 (6,800 females and 5,700 males)	12,500 (6,800 females and 5,700 males) refugees (10,000) and hosting community members (2,500) have access to 15 l/c/d of improved water supply
Indicator 1.2	Number of persons per water tap	100	Every 100 persons are currently being served per one tap
Indicator 1.3	Number of refugees and hosting community members trained in Community Management Operation and Maintenance	60 (30 males, 30 females)	52 (25 males, 27 females trained in Community Management Operation and Maintenance
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Truck and distribute improved water using bladders for 10,000 refugees in new sites for three months	UNICEF/WES	UNICEF/WES
Activity 1.2	Construct one river based compact water treatment plant and water distribution system for 10,000 refugees and 2,500 hosting community members in new sites area	UNICEF/WES	UNICEF/WES
Activity 1.3	Conduct 2 Community Management Operation and Maintenance courses for the targeted refugees and hosting communities	UNICEF/WES	UNICEF/WES
Activity 1.4	Supervise and monitor the progress of interventions in terms of quantity and quality.	UNICEF/WES	UNICEF/WES
Activity 1.5	Conduct 4 Community Management Operation and Maintenance courses for the targeted refugees and hosting communities	UNICEF/WES	UNICEF/WES
Activity 1.6	Supervise and monitor the progress of interventions in terms of quantity and quality	UNICEF/WES	UNICEF/WES

WASH Output 2	10,000 refugees and 2,500 hosting community members in area of new sites use sustainable, equitable and gender sensitive improved sanitation facilities and practice proper hygiene as per the emergency Sphere standards.		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Number of refugees with access to safe means of excreta disposal	10,000 (5,500 females and 4500	10,000 (5,500 females and 4,500

		males	males have access to improved sanitation services
Indicator 2.2	Number of refugees using one latrine drop hole (SPHERE standard: 1:50)	50	50 refugees are using one latrine drop hole
Indicator 2.3	Number of open defecation free hosting communities	3 (representing 2,500 community members)	3 open defecation free communities (representing 2,500 community members)
Indicator 2.4	Number of refugees and host community members reached with hygiene messages and sensitization activities	12,500 (6,800 females and 5,700 males)	12,500 (6,800 females and 5,700 males) were reached with hygiene messages and sensitization activities
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Construction of 50 blocks of communal latrines (4 drop holes)	UNICEF/SMoH	UNICEF/SMoH
Activity 2.2	Implementation of CATS process in the selected six host communities	UNICEF/SMoH	UNICEF/SMoH
Activity 2 .3	Hygiene promotion activities through home visits, general lecture in water points and markets, community-based general cleaning campaigns, community drama, song, women group discussion	UNICEF/CAFOD	UNICEF/CAFOD
Education Output 1	At least 1,500 refugees and host community children (50% girls) in the targeted areas are provided with 30 learning spaces, drinking water yard and 20 gender sensitive latrines complete with water and hand washing facilities		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	No. of school aged boys and girls accessing safe learning spaces	1,500 (750 boys and 750 girls)	4,243 (2,326 boys; 1,917 girls)
Indicator 1.2	Number of children (gender segregated) accessing drinking water and gender-sensitive school latrines complete with water and hand washing facilities	1,000 (boys 500; girls 500)	4,243 (2,326 boys; 1,917 girls)
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Construct learning spaces meeting INEE minimum and Sudan national education standards	11MoE and ADRA	SMoE & ADRA
Activity 1.2	Construct gender-sensitive school latrines with water and hand washing facilities	MoE and ADRA	SMoE & ADRA
Output 2	At least 16,000 conflict affected and host community children (50 per cent girls) are assisted with essential education-in-emergencies supplies		

11 MoE is providing technical supports

Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of conflict affected children (boys and girls) who have received essential education-in-emergencies and recreational materials	16,000 (8,000 boys and 8,000 girls)	17,403 (9,311 boys; 8,092 girls)
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Provide essential education-in-emergencies supplies	MoE and ADRA	SMoE & ADRA
Education Output 3	At least 160 teachers and 100 parents teachers members trained on education in emergencies training and psychosocial support		
Output 3 Indicators	**Description**	**Target**	**Reached**
Indicator 3.1	Number of education service providers trained in conducting in education in emergencies and psychosocial supports	160 (80 females) teachers and 100 (50 female) PTA members	Teachers: 160 (59 Female) and PTA members: 100 (41 Female)
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	Conduct crash course to teachers on education-in-emergencies and psychosocial support	MoE and ADRA (potential partner)	MoE and ADRA
Activity 3.2	Conduct crash course to PTA members on education-in-emergencies and psychosocial support	MoE and ADRA	MoE and ADRA
Child Protection Output 1	300 separated and unaccompanied children benefit from timely family tracing and reunification and referral to UNHCR for appropriate alternative care arrangements in new sites and Alagaya		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of unaccompanied and separated children identified	300	68
Indicator 1.2	Number of identified unaccompanied and separated children referred to UNHCR for placement in alternative care arrangement	200	68
Indicator 1.3	Number of identified unaccompanied and separated children reunified	100	0
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Technical and operational support to the state level networks supporting family tracing and reunification at the national level targeting new and existing refugees	UNICEF NCCW, SCCW, MOSW, Plan International/CDF	UNICEF NCCW, SCCW, MOSW, CDF
Activity 1.2	Awareness raising and strengthening community networks to respond to protection needs through CBCPN for new and existing refugees	UNICEF, NCCW, SCCW, MOSW	UNICEF NCCW, SCCW, MOSW, CDF
Child Protection Output 2	7,500 boys and girls benefit from psychosocial and group counselling (Alagaya, new sites)		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	# of children who benefit from PSS through CFS	7,500	9,097

Indicator 2.2	# of children identified and referred to specialized mental health care services	150	0
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Support establishment and running of 3 new Child Friendly Spaces for new and existing refugees	Plan Sudan/CDF, SCCW, MoSW	SCCW, MOSW, CDF, Plan
Activity 2.2	Support day to day provision of psychosocial services, recreational, sport and cultural activities through established child friendly spaces and trained volunteers and social workers (18 animators, 30 community volunteers and 6 social workers) on PSS and CP targeting new and existing refugees.	Plan Sudan/CDF, SCCW, MoSW	SCCW, MOSW, CDF, Plan
Activity 2.3	Procurement of supplies including recreational kits and support the running of the CFS (3 shifts per day) for new and existing refugees	UNICEF	UNICEF
Child Protection Output 3	Established 3 CBCPNs (30 members) are able to effectively identify and prevent viola tions against children, strengthen referral and response mechanisms and awareness raising of 1,000 community members conducted.		
Output 3 Indicators	**Description**	**Target**	**Reached**
Indicator 3.1	# of active community-based protection networks	3	2
Indicator 3.2	# of vulnerable children followed by community based child protection networks	150	68
Indicator 3.3	# of people reached through awareness-raising sessions on child protection issues such as child recruitment, SGBV and other emerging child protection issues including mine-risk education.	1,000	96
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	Support establishment of community based child protection networks for new refugees	Plan Sudan/CDF, SCCW, MOSW	SCCW, MOSW, CDF, CBCPN
Activity 3.2	Conduct awareness raising sessions through community based child protection networks members with focus on child protection issues such as child recruitment, SGBV, MRE and other emerging child protection issues for new and existing refugees.	Plan Sudan/CDF, SCCW, MOSW	SCCW, MOSW, CDF, 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:

In terms of Infant and Young Children Feeding, an additional 30 mother's support groups were established (mainly in Redis II and Khor Al Waral camps) contributing to counselling more than 100 per cent mothers than planned (9,638 mothers received counselling compared to 4,677 mothers planned).

The number of children receiving treatment for pneumonia and malaria was lower than planned, due to the lower caseload reported.

The number of Unaccompanied and Separated Children increased due to the influx of new arrivals, especially on Al Waral camp, as highlighted by the ongoing assessments conducted by the State Council for Child Welfare. Awareness raising activities are

still planned to reach targeted 1,000 people, and are pending implementation in Q1 2017 in Al Waral camp. Lower numbers are also attributable to the period of implementation overlapping with the harvest season, resulting in a lower turnout.

UNICEF, in coordination with the Ministry of Health and the psychologist association and trauma centre is working on the Referral pathway to specialized services (ongoing).

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 are very keen in community participation to enhance community ownership of the programming which will promote sustainability of the programme. Effective monitoring and reporting systems had been established to track progress monthly for greater accountability. Monthly reports are submitted through the UNICEF field Office in Kosti and reviewed and analysed at the UNICEF country office in Khartoum. Feedback is provided to the Field team in Kosti to improve coverage and quality of response. In addition, UNICEF Country Office in Khartoum conducted regular field monitoring visits to the affected population in White Nile jointly with the Field Offices and Government counterparts. Through these field visits, UNICEF interacted with beneficiaries, listened and addressed pertinent concerns. The target population is normally interviewed by the health workers after receiving health and nutrition services to ensure their satisfaction with the service provided.

WASH interventions have ensured the Accountability to Affected Population (AAP) through ensuring the SSRs and hosting communities' rights, dignity and safety during the planning and implantation the project. Water points and latrine adequacy, accessibility, privacy and security were realized to ensure the refugees and hosting community rights to adequate, accessible, improved and secured water and sanitation services with focus on women and girls. The refugees were empowered to manage their WASH services and also trained and participated in the hygiene promotion interventions. Lesson learnt from the different monitoring trips and feedback from the targeted refugees and hosting communities were used to enhance the project performance.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
No evaluation was planned for this intervention.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	WFP	**5. CERF grant period:**	10/03/2016 – 31/12/2016
2. CERF project code:	16-UF-WFP-006	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Nutrition		☒ Concluded
4. Project title:	Provision of critical nutritional support to South Sudanese refugees in White Nile State		

7.Funding			
	a. Total funding requirements[12]:	US$ 42,895,444	d. CERF funds forwarded to implementing partners:
	b. Total funding received[13]:	US$ 1,065,554.75	▪ *NGO partners and Red Cross/Crescent:* US$ 301,371
	c. Amount received from CERF:	US$ 1,000,000	▪ *Government Partners:* US$ 11,189

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (below 18)	13,011	13,011	26,022	14,117	13,594	27,711
Adults (above 18)	3,853	40	3,893	4,330		4330
Total	16,864	13,051	29,915	18,447	13,594	32,041

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees	29,915	32,041
IDPs		
Host population		
Other affected people		
Total (same as in 8a)	**29,915**	32,041

[12] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

[13] This should include funding received from all donors, including CERF.

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	An increase in beneficiaries served is a result of new arrival. In April 2016 a new camp, Al Waral, was established, also contributing to the increased number of beneficiaries served.

CERF Result Framework			
9. Project objective	To prevent mortality and morbidity associated with acute malnutrition in children under 5 years and pregnant or lactating women		
10. Outcome statement	Levels of acute malnutrition in girls, boys and PLW in targeted refugee communities is kept below emergency level (15%)		
11. Outputs			
Output 1	Children aged 6-59 months and PLW access and utilize services for the treatment of MAM		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number children and PLW treated for MAM	7,330 (6,944 CU5 and 386 PLW)	4,819 (4,385 CH5 and 434 PLW)
Indicator 1.2	Proportion of children discharged cured, defaulted, and died from CMAM programs.	Cured >75% Death <3% Defaulter <15%	Cure 77.7% Death 0.3% Defaulter 20.6%
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Active case-finding carried out for acute malnutrition among the SSR	WFP/ SMOH/GAH	WFP/ SMOH
Activity 1.2	Distribute RUSF (Plumpy'Sup) for MAM treatment	WFP/ SMOH / GAH	WFP/ SMOH
Output 2	All newly arrived children aged 6-59 months and PLW are enrolled in eBSFP for the prevention of acute malnutrition		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Number of Children aged 6-59 months and PLW receiving a monthly supply of Supercereal Plus	22,484	24,246 (1,353 PLW 11,034 F and 11,859 M)
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Identify and enrol eligible children and women	WFP / SRC	WFP / SRC
Activity 2.2	Procure and transport Supercereal Plus for eBSFP	WFP	WFP
Activity 2.3	Distribute a monthly ration of Supercereal Plus to all enrolled U5 and PLW	WFP / SRC	WFP / SRC
Output 3	Children aged 6-59 months and PLW receive transit ration upon arrival at the transit centres		
Output 3 Indicators	**Description**	**Target**	**Reached**
Indicator 3.1	Number of newly arrived children 6-59 months and pregnant and lactating women who receive transit ration	3,780	2,931

Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Identify and enrol eligible children and women	WFP/SRC	WFP/SRC
Activity 3.2	Procure and transport RUSF to all transit centres	WFP	WFP
Activity 3.3	Distribute a monthly ration of RUSF to all newly arriving children 6-59 months and PLW	WFP/SRC	WFP/SRC

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:

WFP experienced a pipeline break of ready to use supplementary food (RUSF) from March to May in 2016 resulting in a decreased ability to treat patients for moderate acute malnutrition and thereby resulting in a lower number of beneficiaries reached versus planned beneficiaries.

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

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

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

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
No evaluation has been planned due to the recent occurrence of the Joint Assessment Mission (JAM) and the SENS, both of which were conducted towards the end of 2016.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	WHO	**5. CERF grant period:**	22/03/2016 – 31/12/2016
2. CERF project code:	16-UF-WHO-008	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Health		☒ Concluded
4. Project title:	Provision of critical health and WASH interventions for refugees in White Nile State		

7.Funding			
	a. Total funding requirements[14]:	US$ Fill in	d. CERF funds forwarded to implementing partners:
	b. Total funding received[15]:	US$ Fill in	▪ *NGO partners and Red Cross/Crescent:* US$ 42,528
	c. Amount received from CERF:	US$ 706,430	▪ *Government Partners:* US$ 58,817

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (below 18)	14,790	14,210	29,000	16,402	15,140	31,542
Adults (above 18)	12,600	8,400	21,000	10,144	9,746	19,890
Total	27,390	22,610	50,000	**26,546**	**24,886**	**51,432**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees	42,000	41,500
IDPs		
Host population	8,000	9,932
Other affected people		
Total (same as in 8a)	**50,000**	**51,432**

[14] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

[15] This should include funding received from all donors, including CERF.

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	Increased access of host communities due to improved quality of health services in addition to availability of free medication.

CERF Result Framework			
9. Project objective	Ensure access to essential PHC and public health interventions, including environmental health (vector control and water quality) for the South Sudanese refugees in the new sites in WNS while filling in the urgent critical health gaps in the existing sites.		
10. Outcome statement	Health services for the South Sudanese refugees in WNS are expanded to cover the newly arrived 50,000 people applying health cluster standards. An integrated package of emergency health services including treatment of common illnesses, provision of medicines free of charge, emergency maternal, reproductive and child health, and health awareness care is available for the new refugees accommodated in the new sites and in the existing camps in White Nile. Alerts of public health threats are monitored, investigated and controlled. Public health interventions to respond to the existing risks and vulnerabilities to cover 50,000 people (42,000 new refugees and 8,000 from the host community), including vaccination campaigns, effective water quality monitoring and correction measures and vector control campaigns.		
11. Outputs			
Output 1	Timely access for 50,000 people (42,000 newly arrived South Sudanese refugees and 8,000 from the host community) to affordable life- saving primary and referral health care services is ensured		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Percentage of targeted population (South Sudanese refugees and adjacent host communities) who have access to integrated primary health care and referral services.	95% (45,000 people)	100 %
Indicator 1.2	Number of new health staff and community health workers trained on case definition and management, and universal infection prevention at health facility level; 50 CHW (1 CHW /1000 target population) and 12 Health workers recruited for the new clinic.	62	76
Indicator 1.3	Utilization rate of the health services provided by the newly established clinic.	At least 1 consultation/person per year (at least 37,500 consultations)	The utilization rate was slightly above the cluster indicator at 1.2
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Establish a semi-permanent clinic in the newly established camps, including curative care area, maternal and child health space, fence, latrines, incinerator, shaded area for nutrition and vaccination and solar panel to provide energy for all the functions of the clinic.	WHO	A new clinic in Waral camp is established using corrugated iron sheet, equipped and furbished to provide good working environment, medical equipment were procured, provided. The clinic designed considering the privacy of special group as

			women and children. WHO contracted Kandeer Engineering Company for the work.
Activity 1.2	Provision of medicines and medical supplies to cover 50,000 people for a period of 9 months (Rapid Response Kits (RRK), Interagency Emergency Health Kits (IEHK), Diarrheal Diseases Kits (DDK), and surgical supplies for referral).	WHO	WHO procured 49 RRK and 2 DDKs internationally and provided to the partners. Rafa organization received 14 kits for full running of the clinic in Waral camp, while other partners; SRCS, MOH and GHF have complemented their stock in addition to other sources. Other consumables and surgical supplies were procured locally and replenished
Activity 1.3	Provide integrated PHC package, including curative, ANC, PNC, FP, normal delivery, immunization for new arrivals, growth monitoring and identification of malnutrition, health promotion, and referral.	TBD	The established clinic in Waral camp run by Rafa NNGO continue providing the full range of PHC services comprises; case management, ANC, Immunization, normal delivery and referral of complicated cases to nearby hospitals, the provision of services at other 5 clinics: Jouri, Dabat Bosin, Redis 2, Um Sangour and Alagaya was also ensured through availability of enough staff and medications matching the needs per camps and surrounding host communities
Activity 1.4	Training of new health staff (at new clinic) and new Community Health Workers (CHW) on case definition and management, infection prevention, IMCI, EWARS.	(Sudanese Red Crescent Sociatey (SRCS), Global Health Foundation (GHF), or State Ministry of Health (MOH))	Training of 63 CHW from 8 clinics run by MOH, MSF, SRCS, GHF and Rafa, have been conducted along with clinics health promotion for attendants
Activity 1.5	Monitoring and supervision.	WHO with MOH	WHO jointly with MOH and partners conducted 23 monitoring missions to 8 camps (Waral, Jouri, Kashafa, Redis1, Redis 2, Um Sangour, Dabat Bosin and Alagaya) to monitor the implementation of health and WASH intervention; to solve the problems on the ground

			and recommend on appropriate actions, findings of the missions were presented during the coordination meetings for corrective measures. EWARS weekly report for communicable diseases and updates to partners was followed.
Output 2	The collection, analysis and dissemination of critical health information to monitor health situation and disease trends is effective and used for tailoring of an adequate and timely identification, prevention and control of outbreaks through expansion in existing camps to cover new arrival (new CHW that will be selected and trained) and to establish in the new planned camp		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Percentage of alerts of outbreaks investigated and response initiated within 72 hours from notification.	100%	100%
Indicator 2.2	% of EWARS reports timely submitted and disseminated.	95%	98%
Indicator 2.3	Number of newly arrived children (6 month to 15 years of age) vaccinated against measles	25,500	22,110
Indicator 2.4	Number of households (new arrival) reached with health awareness messages on prevention and control of water borne diseases	At least 8,000 HH	7,950
Indicator 2.5	Case Fatality rate for epidemic prone diseases within agreed international rates	Measles < 5 %	All alerts of outbreaks (5) reported were investigated, lab results showed no confirmation of any outbreaks
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Training of 12 new health staff on EWARS alert investigation and initiation of response and recording and reporting of morbidity data.	WHO	Training of 12 medical staff on case management and definition, infection preventions, outbreak investigation, EWARS reporting is facilitated by WHO and MOH using standard training module.
Activity 2.2	Collection, centralization, analysis of health data.	WHO, MOH and partners	All 8 clinics have submitted the EWARS weekly reports which have been analysed by WHO and MOH and shared with stakeholders
Activity 2.3	Conduct missions for investigation of alerts, collection of samples, identification of sources, active case finding, and development of response plan.	WHO, MOH, partners (Health, and WASH)	5 investigation mission were conducted on measles and VHF alerts, samples of water and stools were collected and analysed at public health lab
Activity 2.4	Conduct mass vaccination campaign for the new arrivals	WHO, UNICEF,	Measles vaccination is

	against measles and polio jointly with UNICEF (procurement of vaccines), MOH and partners targeting children bellow 15 years of age (25,500 children).	MOH, health NGOs	implemented jointly with UNICEF, MOH, SRCS, GHF and Rafa for 3 days targeted children 6 month to 15 years; 22,110 (87%) were covered.
Activity 2.5	Conduct health awareness for prevention/control of outbreaks (water borne diseases).	WHO, MOH, partners	WHO supported MOH and SRCS on implementation of awareness raising for prevention and control of water borne and related diseases implemented by CHW whom selected and trained earlier
Output 3	Systematic water quality monitoring covers 50,000 people (42,000 new South Sudanese refugees and 8,000 from host community) including at the newly established camps in WNS.		
Output 3 Indicators	**Description**	**Target**	**Reached**
Indicator 3.1	% of the weekly water quality monitoring reports timely received from the newly established camp and corrective measures to improve the water quality implemented.	95%	94%
Indicator 3.2	Number of community volunteers and supervisors trained on water quality monitoring, maintenance of water sources, and household safe water management in the new refugee camp.	70	70
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	Training of the community volunteers in the new camps and among new arrivals in other camps.	WHO	The community volunteers were selected from the respective camps' communities, opportunity has been given equally for men and women to meet the gender sensitivity, the national training module for training of volunteers was followed, and the trainings were facilitated by MOH, SRCS senior facilitators.
Activity 3.2	Conduct water quality missions for collecting samples.	Community volunteers, WHO and MOH	19 missions by WHO jointly with MOH Environmental Health Officer have been conducted for collection and testing of water samples to check the quality of water, FRC and biological tests are done using the portable kits, samples also being sent to central water lab in Kosti.
Activity 3.3	Printing and dissemination of information, education & communication materials IEC for communities (water	WHO for printing, and community	Up to 5000 pcs of posters and leaflets were produced

	source management, household safe water management) and guidelines for volunteers.	volunteers for dissemination within communities.	on prevention of water borne and related diseases and water source management, the IEC were also used during the awareness sessions in the clinics, water points and public areas.
Activity 3.4	Conduct water testing using the portable kits procured with previous funding by already trained staff to conduct Free Residual Chlorine, biological tests, turbidity.	MOH	WHO supported MOH to maintain the water testing to ensure the quality of water provided to the refugees and host communities in the 8 camps the Free Residual Chlorine was within normal range
Output 4	Integrated community vector control activities covers 50,000 people (42,000 new South Sudanese refugees and 8,000 from host community) in WNS for the prevention and control of vector borne diseases.		
Output 4 Indicators	**Description**	**Target**	**Reached**
Indicator 4.1	Number of integrated vector control campaigns.	16	17
Indicator 4.2	Number of entomological sentinel sites established in the newly established camps in WNS.	3	3 sites in Waral Camp
Output 4 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 4.1	Training of 70 community volunteers from within the 42,000 new arrivals on integrated community vector control to cover the integrated vector control activities in the new camps.	WHO	WHO, MOH and SRCS
Activity 4.2	Conduct integrated vector control campaigns with a focus on pre- and during rainy season and guided by the entomological surveillance results as per WHO guidelines, including indoor spraying, fogging, and breeding sites elimination.	Community volunteers, WHO, field partners, and MOH	WHO, MOH, SRCS and community volunteers; insecticide was availed from WHO and MOH beyond this grant and the results of the entomological surveillance was used for planning of vector patterns and methodology of spraying
Activity 4.3	Establish 3 entomological surveillance sites within the new camps.	MOH and WHO	MOH and WHO established 3 sentinel sites in Waral to cover both refugees and host communities linked and complemented with other existing sites in 7 camps.
Activity 4.4	Printing and distribution of health education material to be distributed during vector control campaigns.	WHO and community volunteers	WHO printed and disseminated up to 100 posters on vector control and prevention of diseases and control using the community volunteers

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 clinic supported by CERF has received full operation support contracted to Rafa NNGO, the clinic established/maintained according with cluster standards for coverage and packages. An essential package of emergency services including treatment of common illnesses, emergency obstetric services, and antenatal care and post-natal care, EPI provided to refugees and host communities, the improved package of services and availability of qualified staff resulted in increased utilization rate of the consultation to 1.2.
- Continued availability of essential emergency medical supplies supported with enough qualified staff remained as asset for continuation of services in Waral camp and other existing clinics in Jouri, Redis 1,2, Dabat Bosin, Um Sangour and Alagaya
- All targeted children (6 month to 15 years) in the targeted sites vaccinated for measles and other antigens against vaccine preventable diseases
- All alerts of outbreaks were timely investigated, results were analysed. Cholera Oral Vaccine (OCV) was also conducted during the implementation of this grant as complementarity measure to cut the transmission and reduce the possibility of cholera importation from South Sudan where the outbreak is already declared. The OCV coverage was 96% within two rounds in WN camps.

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

The refugees and the host communities in White Nile Camps were involved and consulted during designing of the project, community leaders meetings, considered for evaluation of the services and satisfaction of the beneficiaries with provided services.

Accountability to the affected population was ensured especially through formation of committees from the community health volunteers who are 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.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
No evaluation for stand-alone projects are typically planned within regular WHO monitoring and supervision; however, WHO was part of the Joint Assessment Mission (JAM) mission led by UNHCR and WFP to White Nile camps, where CERF was a key window for funding.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US$
16-UF-HCR-009	Multi-sector refugee assistance	UNHCR	INGO	$175,661
16-UF-HCR-009	Multi-sector refugee assistance	UNHCR	INGO	$91,942
16-UF-HCR-009	Multi-sector refugee assistance	UNHCR	GOV	$68,772
16-UF-HCR-009	Multi-sector refugee assistance	UNHCR	RedC	$1,436,931
16-UF-CEF-016	Nutrition	UNICEF	GOV	$99,018
16-UF-CEF-016	Nutrition	UNICEF	INGO	$10,291
16-UF-CEF-016	Education	UNICEF	NNGO	$637,448
16-UF-CEF-016	Child Protection	UNICEF	GOV	$35,017
16-UF-CEF-016	Child Protection	UNICEF	GOV	$3,706
16-UF-CEF-016	Child Protection	UNICEF	NNGO	$78,627
16-UF-CEF-016	Health	UNICEF	GOV	$13,640
16-UF-CEF-016	Water, Sanitation and Hygiene	UNICEF	NNGO	$76,625
16-UF-CEF-016	Water, Sanitation and Hygiene	UNICEF	GOV	$1,648
16-UF-CEF-016	Water, Sanitation and Hygiene	UNICEF	GOV	$31,742
16-UF-FPA-009	Protection	UNFPA	GOV	$48,979
16-UF-FPA-009	Protection	UNFPA	NNGO	$47,945
16-UF-WFP-006	Nutrition	WFP	RedC	$301,371
16-UF-WFP-006	Nutrition	WFP	GOV	$11,189
16-UF-WHO-008	Health	WHO	GOV	$16,817
16-UF-WHO-008	Health	WHO	NNGO	$42,528
16-UF-WHO-008	Health	WHO	GOV	$42,000

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ANC	Antenatal care
ARI	Acute respiratory infections
AWD	Acute watery diarrhea
BPRM	Bureau of Population, Refugees and Migration
CATS	Community Approach to Total Sanitation
CBCPN	Community-based child protection networks
CFS	Child Friendly Spaces
CHW	Community Health Worker
CMR	Clinical Management of Rape
CRC	Convention on the Rights of the Child
eBSFP	Emergency blanket supplementary feeding
EFP	Essential family practices
EWARS	Early Warning and Alert Response System
FTR	Family tracing and reunification
GBV	Gender-based violence
HH	Household
IMCI	Integrated management of childhood illnesses
INEE	Inter Agency Network of Education in Emergency
l/p/d	Litres per person per day
MAM	Moderate acute malnutrition
MoSW	Ministry of Social Welfare
MUAC	Mid-upper arm circumference
OTP	Outpatient treatment program
PHC	Primary health care
PHK	Personal hygeine kits
PLW	Pregnant and lactating women
PNC	Postnatal care
PSN	Persons with specific needs
PTA	Parent-Teacher Association
RCF	Refugee Consultation Forum
RMS	Refugee Multi-Sector
RRRP	Regional Refugee Response Plan
RUSF	Ready To Use Supplementary Food
RUTF	Ready To Use Food
SAM	Severe acute malnutrition
SMoE	State Ministry of Education
SMoH	State Ministry of Health
SMoSA	State Ministry of Social Affairs
SRCS	Sudanese Red Crescent Society
STI	Sexually transmitted infection
UASC	Unaccompanied and separated children
WASH	Water, sanitation, and hygiene
WNS	White Nile state