About CMD.................................................................................................................. 5
Annual Report at a glance.............................................................................................. 7
Our Core Competence.................................................................................................. 8
Education & Child protection....................................................................................... 12
Nutrition......................................................................................................................... 31
Food Security & Livelihoods......................................................................................... 39
Health............................................................................................................................. 53
WASH............................................................................................................................. 62
WASH-GBV..................................................................................................................... 72
Success Stories............................................................................................................... 81
Challenges Faced, Lessons Learned & Wayforward.................................................... 91
Financial Overview....................................................................................................... 102
Partners......................................................................................................................... 106

The Team

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Front Cover :  Girl at Udier primary school one of the beneficiaries
               of Education in Emergency at Longechuk County.

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The Rt. Revd, Thomas Tut Gany
Executive Director, CMD
In 2018, the humanitarian situation in South Sudan remained fragile, affecting millions of vulnerable populations. Women and children bore the greatest burden of the crisis. Civilians faced brutal and intense violence, and humanitarian needs continued to compound in severity. People were forcibly displaced – some multiple times – from their homes, livelihoods were disrupted and destroyed, and basic services were depleted or shut down.

As the conflict enters its sixth year since 2013, its effects continue to intensify and expand. The cumulative impacts of the conflict, climatic conditions, collapse of markets and disease outbreaks continued to deepen vulnerability of affected people and compromise recovery and resilience.

More than 5 million people still require food and livelihood support. About 1.9 million people are still displaced into crowded Protection of Civilians (PoC) sites and settlements of internally displaced people, without adequate access to basic services and protection.

Despite the enormity of the challenges, CMD with partners worked tirelessly across the country to reach people in dire need. CMD with partners demonstrated their pivotal role in saving lives and bringing hope to hundreds of thousands of people affected by the crisis. However, as we look ahead to 2019, humanitarian needs remain vast.

I appeal to donors to continue their generous support to CMD, to help saving lives, restore livelihoods, provide protection services and build resilience in 2019.

*Many Thanks and God Bless you all!*

Rt. Revd. Thomas Tut Gany  
Executive Director / CEO
South Sudanese refugees in neighbouring countries

Refugees in South Sudan

Estimated number of IDPs

South Sudan and South Sudanese refugees in neighbouring countries

Source: OCHA and partners, Oct 2017
Christian Mission for Development (CMD) is a registered non-profit, non-governmental, multi-sectoral relief and development organization dedicated to fighting poverty and injustices to reduce human suffering and enhances communities’ livelihoods. CMD was established in the year 2005 and has been in operations, mitigating suffering through provision of lifesaving assistance and holistic social services to most vulnerable communities focusing especially on women, children and youth initiatives; equipping people with skills, knowledge and helps communities rebuild their lives and restore hope through resilient building programmes.

To make tangible impact, CMD works in collaboration with others to build resilient communities with hope to become self-sufficient, and to increase pool of community facilitators with zeal to transform the wider society out of extreme poverty, hunger, illiteracy and diseases, and to improve social amenities, welfare and economic livelihoods.

Over the past years, CMD has established strong organizational policies and management standards. These include a state-of-the-art human resource, financial and procurement management policies that are continuously reviewed with active participation and inputs of CMD staffs, beneficiaries, experts and donors. Staffs have opportunities for furthering their careers through both in-house trainings and sponsorship abroad that equip them with the necessary expertise and skills to deliver on their mandate.

CMD collaborates with others to build communities resilience with hope to become self-sufficient, and to increase pool of community facilitators who can transform the whole society out of extreme poverty, illiteracy and diseases, and to improve social amenities, welfare and economic livelihoods.
Our Vision
CMD envisions empowered, holistically transformed and economically self-reliant communities growing in unity and diversity.

Our Mission
CMD exists to inspire, empower and transform communities through provision of holistic social services while strengthening resilience for self-reliance.

Goal:
CMD aims to enhance access to equitable and holistic services focusing on under-served communities; improving their access to basic livelihoods and building resilience communities.

Our Core Values:
We hold ourselves accountable to our “Vision, Mission, Values, Goals and Objectives”; these are the essence of our internal interactions, and form the foundation for our engagements locally, nationally and globally. Our successes are measured not only by CMD performance but also, and more importantly, by its impact and beneficiaries. To be successful, CMD must remain distinctive, maximize our comparative advantages, and ensure our culture and environment exemplify our values. The organization endeavors to uphold a set of “core values to guide all its undertaking. These values include but not limited to:

Equity and Equality:
CMD believes that people with different needs belong to the community and have equal access to human and financial resources without discrimination. The organization is committed to respecting rights; including women, children and vulnerable individuals’ rights within our society in service delivery.

Respect
CMD upholds respect values within its staff and stakeholders, which includes: beneficiaries, donors and authorities. This is evidenced on our respect to agreements and compliance to systems and procedures.

Professionalism:
CMD believes in recruiting and retaining qualified staff, quality service delivery, continuous learning, skills development and change management.

Integrity:
The organization believe in wholeness in service delivery, character, uprightness and practicing honesty in day today deeds.

Unity and Diversity:
CMD affirms the importance of unity with diversity of race, religion, gender and language in its staff, partners, communities and among all people.

Our Mandate
Our mandate is to support relief and development assistance in South Sudan and expand operations in the East Africa region and the continent of Africa to provide holistic social services to vulnerable communities toward achievement of – “Sustainable Development Goals”
• Strengthening capacities of communities for self-reliance.
• Economic and social development of vulnerable children, youth and women.
• Responding to community needs during emergencies recovery and development.
• Engaging key stakeholders at all levels in policy formulation, implementation and advocacy.
• Addressing discrimination and violence in all its forms against women, children and men.
• Pursuing our mission with integrity, excellence and compassion in service delivery.
Christian Mission for Development with Financing Partners have directly reached more than 368,610 beneficiaries directly including women and children with education in emergency (EIE), Food security and livelihood, Nutrition, WASH, WASH-GBV and primary health care services in the states of Upper Nile, Jongolei and Eastern Equatorial States in South Sudan in the year 2018. CMD currently 281 permanent staff and more than 1,290 temporary staff. Our major areas of operation include the Upper Nile, Jongolei, Eastern Equatorial States of South Sudan.
CMD operates through six specialised programme areas, referred to as Core Competencies. These are Education and Protection, Food Security and Livelihoods, Primary Healthcare, Nutrition, and Water, Sanitation and Hygiene (WASH). The core competencies are mutually reinforcing and adaptable to complex displacement situations.

Education and Child Protection

CMD is the Education in Emergency focal organization for Ayod and Ulang Counties; currently supporting UNICEF funded learning and teaching activities in 64 schools, remunerating over 500 volunteer teachers with beneficiary caseloads of close to 80,000 children.

The education programme focuses on reducing barriers to basic inclusive education, providing relevant quality basic education and enhancing livelihood opportunities.

In collaboration with UNICEF, UNESCO and UNDP, CMD has been able to intervene in “Education in Emergency”, i.e. educating and protecting the young generation entrapped in continued conflict and marginalization in South Sudan. The education program with UNICEF and UNDP funding provides protective and safe access to inclusive education to IDPs, returnees and vulnerable host communities in “Greater Upper Nile Region” in South Sudan.

CMD has integrated safe and protective emergency “Temporary Learning Spaces” (TLS), WASH facilities and recreational spaces in schools. Lifesaving messages targeting school going children and out of school youths on life skills and psychosocial support, girl child education including awareness on early girl child marriages, GBV and HIV/AIDS are evidently being given attention.

CMD seeks to establish and train school-based peace clubs, promote inter-school and community games to enhance tranquillity and to monitor and report cases of violence in schools; train PTAs members on the importance of “Girls Education”, school management and conflict resolution and ensure integration of PSS especially in conflict affected areas and sports for peace and development.
Food Security and Livelihood

The Food Security and Livelihood (FSL) strategy responds to primary needs provision, livelihoods recovery and resilience needs of people affected by displacement by building community asset bases, and capacities to improve resilience and emergency preparedness.

CMD has collaborated with FAO to build on the resilience programming approach, which has enhanced the development of new resilience programming models in South Sudan.

Together with the Education programme, FSL has established a youth response approach and has initiated the refugee employment program with specific focus on private partnership and integration of new information and communication technology.

Water, Sanitation and Hygiene

Water, Sanitation and Hygiene, or WASH, principally involves construction and rehabilitation of latrines, hygiene promotion and provision of clean water through the construction or rehabilitation of boreholes, shallow wells, water pipelines and collection points.

CMD has been providing WASH services to people in different communities through hand pump drillings, maintenance and repairs, hand dug wells and water reservoirs establishments, water purification, chlorine tablets distributions to most vulnerable communities in South Sudan. CMD has trained local pump mechanics, water management committee members/WMCs and hygiene promoters in each of the field location as a mechanism aimed at building resilience and to enhance the capacity of communities.

With this programme, CMD in collaboration with partners address water, sanitation and hygiene and public health needs in both rural and urban areas of our operations.

We promote far-reaching communities’ sanitation and hygiene services; increase community skills and build WASH service providers and health workers capacity to uphold WASH facilities and safeguard proper environmental care, protection and preservation.
Primary HealthCare

Health-Care Services: - Increase access to quality health care services by providing basic health packages and emergency referral services; control the spread of communicable diseases especially in vulnerable communities and enhance supervision and provision of health services delivery to support our health facilities and strengthen local capacity for response. Reduces high rate of acute malnutrition among children under the age of 5 years.

Provision of refresher training for EPI workers, Hygiene promoters, CHWs, and TBAs in all supported health facilities. Improve health infrastructure by constructing new or rehabilitating PHCCs and PHCUs and to strengthen the capacity of key health personnel in communities to improve health service delivery. Promote reproductive health and HIV/AIDS awareness and child survival among the communities.

‘Increase access to quality health care services by providing basic health packages and emergency.’

Our HIV/AIDS programme provides information and services to vulnerable groups while addressing the underlying factors that lead people to make choices that put them at risk of infection. CMD’s HIV/AIDS program is linked and integrated in all CMD programmes, including health/nutrition, education, WASH, FSL and economic development. Through our HIV/AIDS program, we help communities, men, women and children made vulnerable by HIV/AIDS safe; develop peer education and outreach in communities; and increase access to services such as condoms, voluntary counseling and testing, anti-retroviral treatment, and STI prevention and treatment.

We also place additional emphasis and advocacy on reducing stigma and work to ensure economic self-sufficiency amongst PLWHAs. All our planned community based HIV/AIDS Care, Prevention and Poverty alleviation (COPPA) project aims to build a local coordination mechanism model to mainstream HIV/AIDS-related prevention and care with poverty alleviation activities.

Nutrition

This is a relatively new project. The project emerged in the month of January, 2018 after CMD signing contract with WFP and UNICEF for one year. The project is an Emergency Nutrition intervention for IDPs, returnees and vulnerable children (6-59 months), Pregnant and lactating mothers in Ayod County- Jonglei State.

The project relies on supplies from UNICEF/WFP where CMD treats and distributes targeted supplementary foods to children under 5 and pregnant and lactating mothers in Ayod county.

The program involves screening (MUAC and WHZ-score), identify, admission, treatment of Severe and moderate malnourish children and PLW’s, mass outreach screening and distribution of plumpy nuts and plumpy sup.

It also involves increased collaboration in the delivery of nutrition services in the county including SAM and MAM treatment and management with complication.
HIV/AIDS-related prevention and care with poverty alleviation activities to build a local coordination mechanism model to mainstream based HIV/AIDS Care, Prevention and Poverty alleviation (COPPA) project aims to ensure economic self-sufficiency amongst PLWHAs. All our planned community services such as condoms, voluntary counseling and testing, anti-retroviral treatment, and STI prevention and treatment.

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The project relies on supplies from UNICEF/WFP where CMD treats and distributes targeted supplementary plumpy nuts and plumpy sup. and WHZ-score), identify, admission, treatment and management with WFP and UNICEF for one year. The project emerged in the month of January,2018 after CMD signing contract with WFP and UNICEF for one year. This is a relatively new project.

This image is of Happy pupils of Pagil Primary School after receiving scholastic material provided by UNICEF and supplied by CMD.
CMD is the Education in Emergency focal organization for Ayod and Ulang Counties; currently supporting UNICEF funded learning and teaching activities in 84 schools, remunerating over 455 volunteer teachers with beneficiary caseloads of close to 55,000 children.

The education program with UNICEF and UNDP funding provides protective and safe access to inclusive education to IDPs, returnees and vulnerable host communities in "Greater Upper Nile Region" in South Sudan.

CMD in FY 2018 ran four education – six months projects simultaneously. These projects, were successfully performed by CMD and the related partners.

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School Feeding Programs
Ayod, Ulang and Longechuk Counties (Jonglei and Upper Nile States)

- **33,193** targeted
- **41,911** reached
- **1,025,215** funding

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Education in Emergency
Ayod, Ulang and Longechuk Counties (Jonglei and Upper Nile States)

- **79,962** targeted
- **76,982** reached
- **971,834** funding

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Children during school assembly at Kuachtiek Primary school, Wau Payam; Ayod County
CMD is the Education in Emergency focal organization for Ayod and Ulang Counties; currently supporting UNICEF funded learning and teaching activities in 84 schools, remunerating over 455 volunteer teachers with beneficiary caseloads of close to 55,000 children.

The education program with UNICEF and UNDP funding provides protective and safe access to inclusive education to IDPs, returnees and vulnerable host communities in "Greater Upper Nile Region" in South Sudan.

CMD in FY 2018 ran four education projects simultaneously. These projects were successfully performed by CMD and the related partners.

**School Feeding Program**

Integrated Education in Emergency Response through School Feeding, Nutrition Screening and Cholera Prevention for Hunger-affected Children in Ayod County, Jonglei State.

**September 1st 2017 to May 31st 2018**

CMD successfully implemented a 9 Months, 12 Day School Feeding Program (SFP), starting September 1st 2017 to May 31st 2018; reaching 15,020 beneficiaries (including 9,737 boys, 4,795 girls, 342 men and 146 women) against a target of 12,488. The main objective was to reduce short-term hunger and nutritional deficiencies among learners, improve attendance and performance, support local markets where possible, pass on cholera messaging, provide female and youth income-generation and encourage female retention in schools. Overall, one meal per school was provided to 14,532 children and school going youth on condition that they attend school regularly. Further, 146 men and 342 women were involved as Caregivers and Incentivised Project Volunteers.

362 volunteer teachers, cooks and PTAs/SMCs (182 female) were trained on referral mechanisms for protection, nutrition and basic health as complementary assistance to ongoing school activities to help raise awareness among their own families and communities in Gorwai, Pagil and Jiech.

The project estimates 14,532 learners as having been protected against harmful practices. Poor families or families where parents are absent were helped by elevating the strain on the family food supply. The project supported local traders as firewood was locally supplied, expanding their livelihood options. Community contributions were positive. The perceptions of the community regarding SFP are positive and SFP is seen to have contributed to the improvement of both enrolment rates and pass rates. SFP made an important contribution to employment at

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**Enrolment and retention stood at 14,532 against a target of 12,488 learners, a 21 percent achievement above the targets.**

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**Children receiving a hot meal during school hours**
The program helped increase school attendance as children are motivated not to skip school, and in this way are incorporated into the learning environment.

community level (caregivers, cooks and food monitors) and has a direct impact on improvement of food security and reduction of poverty.

The project first introduced dry feeding which involved provision of a packet of biscuits per child each day for the first month before initiating the daily cereal lunch meals that was provided for 5 days a week in targeted 15 schools. The meal choice was aimed at providing about a third of the recommended daily nutrient intakes for energy, protein and fat. CMD utilised the LOGS cluster to help deliver the high tonnage food to the hard to reach locations where accessibility issues were a major challenge, considering the rains and impassible roads.

Alongside cholera messaging in schools and communities, institutional WASH facilities were setup/rehabilitated. 15 hand washing facilities were setup in the targeted schools, 11 latrines were setup or rehabilitated supported by institutional WASH. Six village campaigns were conducted involving school communities and actors in WASH, Nutrition and Food Security and Livelihoods on prevention and early detection of cholera. 5 hygiene clubs were formed in selected five schools to strengthen shared learning amongst children alongside frequent hand washing demonstrations with soap and safe handling of food to reduce diarrhea/cholera episodes.

The project had to contend with additional number of learners who were enrolled in the program resulting from the pull factor effect of food provided in schools. Enrolment and retention stood at 14,532 against a target of 12,488 learners. This was a 21% increase above the targeted number and a 5% increase among female learners. Enrolment of female learners was low, and was attributed to limited access to dignity kits.

Daily cereal meals composing of rice and beans were served during school days saw learner enroll and attend school regularly. Individual food baskets were stretched to cope up with the additional learners with prioritisation done to early school learners especially ECD and lower primary school learners. With the additional learners, challenges of education supplies also arose especially in the lower level classes.

SFP support staff activities were also stretched with need to recruit additional volunteer staffs especially cooks and cleaners, causing budgetary constrains.

The heavy rains experienced in Ayod made accessibility to schools challenging considering the Logistical strains within Ayod, compromising delivery of bulky food supplies in individual targeted schools. This also made it difficult for project staff to move and conduct regular monitoring of SFP activities.

Learners who walked for long hours to school were saved from challenges of attending school while hungry, and those from poor families have greatly benefited from the 9 month SFP intervention. From the daily attendance registers in individual schools, there was consistency of attendance and drop out rates were minimal. Teachers became more involved into learning activities and the community perception towards learning significantly changed for better.
CMD established school feeding structures including SFP kitchens, dining shades and stores in targeted schools. The program helped increase school attendance as pupils were motivated not to skip school, and in this way were incorporated into the learning environment.

Utilisation of meal cards significantly helped track daily attendance of learners in the targeted schools. All registered beneficiaries were issued with meal cards to help monitor daily utilisation besides tracking attendance alongside other data capture tools. This was significant in filtering out new attendants who were then enrolled into the learning program. Meal cards helped CMD plan based on individual schools selected.

Monthly rates provided for each targeted school was based on the number of learners registered and food ratios prepositioned in school stores based on the projections. Teachers and youth food monitors were engaged in managing meal card records and with the help of CMD education officers, created options for CMD to monitor enrolment/ retention and drop out trends.

The ratio of male to female pupils improved. The youths who had dropped out of school enrolled back due to lack of food in the community. For adolescent girls particularly, enrolment improved as compared to the previous learning terms as 4,795 female learners were enrolled. Female learners attending school and benefitting from school feeding meals stood at 33% against a 67% male learners.

Success through provision of emergency school feeding was attributed to continued back to learning campaigns which were conducted complementarily with other learning activities. Discrepancies between levels of attendance and enrolment was reduced through the SFP, reducing instances of abuse and exploitation to learners. More male and female learners continue to benefit from the protective nature of schools including PSS, live saving messages and access to other services.

Daily SFP monitoring reports and reporting from stakeholders indicated that there was an increase in enrolment rates, school attendance, and also transition rates. Learners regular attendance and focussed learning was attributed to the school meals served daily during school days.

Most importantly, the program contributed to children’s daily nutrition requirements. One lunch meal provided to all learners composing of beans served with maize alternated with rice (~5 days a week). Children are now able to sit in class for longer hours and focus on learning. Teachers have also confirmed improved participation of learners and general performance during continuous assessments.

The project was seen as a safety net for children living in poverty and food insecurity. They were protected against harmful practices that would place them at risk of abuse and exploitation. With learners spending longer hours in school, they continued to access the protective factors of schooling.
including Psychosocial support, lifesaving messages and access to other services.

In coordination with Real Medicine Foundation (RMF), the project prioritised identification of malnourished learners for support. Nutrition screening was done in the targeted schools, SAM and MAM cases referred for treatment and follow ups with appropriate care done. Follow up was closely done through nutrition partners and with reports shared indicating improved health / nutrition status of learners. This was complemented through lunch meals to create diversity alongside the nutritional supplements provided. Training of school feeding teachers and caretakers included nutrition screening and referral mechanisms. Awareness on cholera prevention and early detection messages were passed to the communities through the learners and the hygiene clubs which were formed with referrals done to the health and nutrition facilities. WASH infrastructures including latrines and hand washing facilities and provision of soap was done in the targeted schools and regular hand washing demonstrations carried out to ensure best practices are adopted in the targeted schools and communities.

362 participants (150 female and 212 male) including Teachers, Cooks, PTAs and SMC members were trained on referral mechanisms for protection, nutrition and basic health, food handling, cognitive and cholerar prevention. Training was conducted in three different locations (Jiech 157 participants (95 male & 62 Females), Gorwai 112 participants (64 male & 48 females) and Pagil 93 participants (53 male & 40 females).

Identification for malnutrition through screening was done in Ayod through two sessions; at the beginning and a follow up towards the end of the project to monitor the nutrition status of children. This was a coordinated exercise done jointly with RMF in Jiech and Gorwai. CMD worked with RMF and established health and nutrition referral mechanisms for children affected. CMD and RMF teams conducted a weeklong pre-implementation screening targeting school children through MUAC screening and piletaral edema tests during the same week. Cases of SAM and MAM were reported and referred accordingly and regular follow ups done through the RMF team.

Through this program, CMD established 10 new latrines complete installed with hand washing facilities. The standardised latrines were sex segregated for male and female users. Additional five existing latrines in the targeted schools were rehabilitated and marked. CMD complemented WASH program in targeted schools to ensure the establishment of latrines complete with hand washing facilities that are protective, appropriate and gender sensitive.

Hygiene education was conducted in schools including regular demonstration on hand washing practices with soap or alternatives. Soap was supplied in schools and positioned at the hand washing facilities to enable learners always wash their hands before meal times. Cholera messaging was factored at all activities to raise awareness a the school community.

CMD conducted staff orientation on IASC commitments to AAP to all staffs who took part of the project. In order to strengthen feedback mechanisms from communities CMD provided suggestion boxes in all CMD field offices to maximize on inputs from communities. Positive and negative feedback was incorporated into lessons learnt for project improvement. All CMD led assessments had potential beneficiaries taking part in every exercise.

We emphasize transparency in project implementation by directly involving the community in every stage of the project to ensure clear understanding of objectives of the project, expectations and stakeholders. CMD incorporated the Commitments on Accountability to Affected Populations (CAAP) into all relevant statements, policies and operational guidelines including incorporating them in staff inductions.

Staff, volunteers and consultants, both national and international, are provided with adequate and timely inductions, briefings, and clear reporting lines that promote positive organisational behaviours and enable staff to understand their responsibilities, work objectives, organisational values, accountability commitments, key policies and local context. CMD worked with partners and other stakeholders to ensure the needs of the most vulnerable are addressed while upholding all standards of Do No Harm.

Beneficiaries selected for training of School Feeding Program actors involving caregivers, food handlers and cleaners, teachers and local authorities engaged in the project were chosen locally. Their capacity enhancement involved formal training and on job training. Through the trainings, caregivers were trained on cooking methodologies and demonstrations for proper hygiene including water treatment and hand washing conducted.

CMD continues to support the County Education office through joint monitoring of school activities and monthly campaigns to ensure that enrolled children, especially female, are closely monitored and do not drop out of school.
Starting March 20th 2018 to December 31st 2018, CMD set out to provide School Feeding, youth engagement and open livelihood opportunities through multi-sectorial emergency response to reduce hunger and malnutrition, disease and cognitive underdevelopment to enrolled and out-of-school children and youth, support local markets and encourage female retention and spread life-saving nutrition/hygiene.

15,186 learners (9,295 male and 5,891 female) in Ayod and Ulang were reached with daily lunch cereal meals during school days (5-days a week). Of these, 10,215 learners (6,270 male and 3,945 female) were reached in Ayod and 4,971 (3,025 male and 1,946 female) reached in Ulang. The project elevated strain on the family food supply and opened livelihood opportunities to 84 caregivers/cooks and 21 guards who were incentivized.

Against a target of 10,100 learners, the program results indicate 15,186 learners (5,891 female) as having continuously benefitted from school feeding program (5,086 additional
15,186 learners (9,295 male and 5,891 female) in Ayod and Ulang are estimated to be reached with daily lunch cereal meals during school days (5-days a week). 10,215 learners (6,270 male and 3,945 female) have been reached in Ayod and 4,971 (3,025 male and 1,946 female) reached.

15,186 learners (5,891 girls- 39%) were reported to be attending learning by the end of December with 4,556 of those (1,767 female) during the same reporting period. 10,215 learners were reached in Ayod (3,945 female) resulting to 69.9% achievement. Learners reached through the program reported not feeling hungry during school days; improving their concentration and participation in learning activities. Results indicate improved daily nutritional status on learners. Lunch meals were served 5 days a week during school days.

771 active ALP learners (554 male and 217 female) were enrolled utilising the EiE and ALP structures. 21 schools (Ayod-15 and Ulang-6) were provided with school feeding through feeding facilities; including stores, kitchens and dining shades that were established/renovated at the start of the project. Activities started from March-April, first with dry feeding on energy bars and biscuits then followed by lunch cereal meals. Other interventions such as WASH in schools, Nutrition cholera messaging, Health and GBV were integrated in schools alongside key life saving.

Enrollment and retention trends especially for female learners improved with monitoring figures showing sustained attendance and participation in learning activities. Enrollment increased through August (20% increase from 11,959 to 15,186 by December). Support to local markets was upheld with local suppliers engaged as casual labourers and firewood collectors/NFIs suppliers. Surveillance for malnutrition through organised screening in schools where learners were facing severe food shortage was intensified with CMD utilising existing nutrition staff in Ayod and collaborating with GOAL International in Ulang to strengthen output results.
messaging on food handling/rationing and hand washing.

378 PTAs/SMCs, teachers and caregivers (214 women and 173 men) were trained in Ayod and Ulang on referral mechanisms for protection, nutrition, cooking, feeding management in emergency and basic health. Youths were trained and engaged in dissemination of life-saving messages on child protection, nutrition and basic health. Beneficiary identification was based on percentage of children in/out of school, reasons for dropping, nutrition discrepancies and protection concerns for learners.

The 9 months 12 day project activities were completed as planned. In coordination with the LOGS Cluster, delivery of food items across selected project sites in Ayod and Ulang were done through Bor and Rumbek hubs and distribution to schools completed successfully. Food procurement model was through tendering; program was linked with local suppliers in Juba. CMD engaged incentivized caregivers / cooks and trained 105 Youth food Monitors (YFMs) to assist monitor food chain supply in schools. The program complemented and utilized ongoing EiE interventions supporting primary learning and ALP, opening opportunities for youth (especially female) to enrol.

Overall, teachers in schools reached reported improved sustained class concentration levels and participation from learners. Attendance trends for especially female learners improved with teachers registering regular attendance and increased enrollment of first time learners and re-enrollment of out of school children and youth.

Dry feeding which involved distribution of biscuit bars to the beneficiary learners was initiated at the start of the program even as procurement and delivery of food items through the LOGS cluster was underway. On-site feeding facilities including kitchens, stores and feeding shades were established and caregivers/cooks recruited and trained on best practices. The project incentivized 84 cooks and 21 guards, creating a livelihood opportunity for them. Cross cutting activities were effected.

The School Feeding beneficiaries were identified in coordination with local authorities and school committees to ensure that recipients of justified school needs were registered. Beneficiary identification was based on food needs within individual target schools. In order to track beneficiaries and control daily intakes, meal cards were provided to individual beneficiaries and collected during meal times. The practice was key in tracking new enrolment. 10,100 learners were targeted across 21 schools targeted for the program in Ayod and Ulang between March and April with enrollment reported at 11,959 by the end of August, and 15,186 by the end of December.

In order to reduce short term hunger and malnutrition deficiencies amongst learners at the earliest stage of the project, dry feeding using energy biscuits was initiated between March and April. Activities were immediate, first with dry feeding as setup of onsite cooking facilities, procurement and delivery of food supplies was underway through Bor and Rumbek hubs. Screening for malnutrition was conducted for baseline data alongside dry feeding to help establish a more informed change beneficiaries once the main feeding kickedstart. 1 pack of biscuit was provided to each beneficiary per day during the school days.

Standard measures adhering to children safety, protective measures, gender mainstreaming and community engagement were prioritized during setup execution of the SPF. As a standard requirement for school feeding, CMD worked with the local communities in Ayod and Ulang and mobilized local materials to establish school feeding structures in 21 target schools. Facilities including kitchens, stores and dining shades were established even as feeding activities were ongoing.

To ensure ownership, communities were were directly involved in setting up the facilities with CMD applying its handover procedures at the end of the project. Other complimentary facilities including standard latrines complete with hand washing facilities were established through other coordinated funds. School guards and youth food monitors were engaged to help manage the utilization of the facilities beyond the project period.
Through provision of cereal lunch meals to learners in Ayod and Ulang, up to 15,186 learners were reported as benefitting and attending to learning regularly. Lunch meals were provided during school days across the 21 selected schools (15 in Ayod and 6 in Ulang) to all registered learners on provision that they attended school regularly.

CMD continued to provide the planned nutritious meals while also monitoring progress including learners attendance, performance, cognitive development, focus on learning, behaviour change and nutrition growth. The project paid focus on female learners to enrol and remain in learning through regular vigorous campaigns ongoing in the targeted local communities.

The program utilized ongoing ALP interventions in Ayod and Ulang. Selected ALP learners (especially females) were engaged as food monitors while also participating in dissemination of key life-saving messages and encouraging out of school children and youth to enroll.

Overall, teachers in schools reached reported improved sustained class concentration levels and participation from learners. Attendance trends for especially female learners improved with teachers registering regular attendance and increased enrollment of first time learners and re-enrollment of out of school children and youth.

105 youths were trained and involved as food monitors (53 female). 61 youths were selected from ongoing ALP program and trained on food handling and incentivised while disseminating life-saving messages on child protection, Hygiene, health and GBV in schools and local communities. Female youths were preferred to encourage especially girls to enrol and retrained through learning activities.

The YFMs worked in coordination with school heads and caregivers and participated in mobilisation and dissemination of life-saving messages on child protection, Hygiene and GBV in individual schools and local communities.

5 Youths were selected from each school, targeting especially the ALP learners and trained on community mobilization, delivery and storage systems, record keeping and conflict sensitivity. The YFMs were engaged to work together with the school heads and caregivers to ensure proper flow of food in and outside the school stores.
The intervention also takes advantage of the ongoing EIE intervention to help promote a holistic approach to reduce hunger, disease and cognitive underdevelopment amongst the learners.

378 participants (173 male and 214 female), including teachers, PTAs and SMCs from 21 schools were trained on food chain management and governance structures for school feeding on each school. School heads were tasked to ensure proper utilization of the food, ensure standards are adhered to and that project personnel work as planned. Training components also included Hygiene, Food handling, cognitive development and cholera prevention. 84 caregivers and 105 youth food monitors were trained to work in collaboration with the school heads, PTAs and SMCs to ensure coordination of activities and inclusion.

Program activities complemented ongoing EIE intervention. Mobilization activities progressed to ensure out of school children and youth enrolled to learning while benefitting from the protective nature of schools and benefitting from nutritional value of the lunch meals offered in the targeted schools.

The youths also helped in dissemination of key life-saving messages on child protection, hygiene, Nutrition, Health, WASH and GBV in schools and communities. Continuous assessments and feedback from teachers and community in the schools reached indicate a positive impact of school feeding in learning. Learners proved interest in learning with more youths encouraged to join ALP learning. 771 youths (217 female) were enrolled by the end of December with 105 of them directly to help in management of SF activities and dissemination of life-saving messages in schools and local communities.

Complementing SFP into the current EIE and ALP programs opened opportunities for youths to enroll into learning. Vigorous mobilization of especially female learners who previously missed out on school opportunities was implemented in Ayod and Ulang with emphasis on incentivized learning as a basic right, protection against harmful practices, improved family food supply when children/youth and parents attend learning. 771 were enrolled into ALP by the end of the project with the project having reached 92% by the end of August.

32 new and existing teachers (17 female) received training on classroom management and use of improved ALP kits as a complementary assistance training utilizing the ongoing EIE intervention in Ayod and Ulang. 3 day training was done to teachers directly involved in ALP learning and included school heads. Separate trainings were conducted in Ayod (Gorwai and Jiech) while a training was done at Kopout in Ulang.

CMD conducted staff orientation on IASC commitments to AAP to all staffs who took part in the project. In order to strengthen feedback mechanisms from communities, CMD provided suggestion boxes in all CMD field offices in Ayod and Ulang to maximize on inputs from the communities. Positive and negative feedback was incorporated into lessons learnt for project improvement. All CMD led assessments had potential beneficiaries taking part (including project baseline assessment between March and April). CMD emphasized transparency in project implementation by directly involving the community in every stage of the project from planning to ensure clear understanding of objectives of the project, expectations of shareholders.

CMD incorporated the commitments on Accountability to the Affected populations (CAAP) into all relevant statements, policies and operations guidelines including incorporating them in staff inductions. CMD ensured facilitation of the provision of feedback from affected people on the services. Information was made available to the local communities through local translations through mobile megaphones, community meetings. Staff, volunteers and consultants were oriented and clear reporting guidelines shared to promote organizational behaviours and enable staff to understand their responsibilities and work objectives and their responsibility to communities.

Beneficiaries selected for training of School Feeding Program actors involving caregivers, food handlers and cleaners, teachers and local authorities engaged in the project were selected locally. Their capacity enhancement involved formal training and on job training. Through the trainings, caregivers were trained on cooking...
methodologies and demonstrations for proper hygiene including water treatment and hand washing conducted.

CMD continued to support the County Education office through joint monitoring of school activities and monthly campaigns to ensure that enrolled children, especially female, who were closely monitored not to drop out of school. This was part of the sustainability plan to ensure the activities will be sustained beyond the project duration.

Project ownership involved inclusion of community participants during planning and execution of the project. Setup of SF infrastructure was locally coordinated with the community taking part in providing locally available material for setup.

The Community was directly involved in mobilization activities and enlightened through regular campaigns to ensure they understand the need to release children for school.

Youth Food Monitors selected from ALP learners to ensure sustainability and ownership of food resources beyond project duration.

The program worked with HQ and field based staff; engaging expertise from lead implementing agencies within Ayod and Ulang. In Ayod, CMD coordinates with UNICEF, IOM, PAH, CRS and ACF. In Ulang, CMD worked in coordination with GOAL-International, ADRA, ARC amongst other local partners.

CMD participated in weekly security updates in Ayod and Ulang with all the partners working in those locations. Through these forums, partners presented project plans and progress to ensure a coordinated approach to program plans and reduce on duplication. CMDs activities in Ayod cut across 5 major programs including but not limited to Food security & Livelihood, Health, Nutrition, Education alongside WASH.

CMD also worked in consultation with the local authorities in compliance with operational and security policies.

- At the HQ, CMD forms part of the Education Strategic Advisory Group (SAG) and together with other SAG partners helped strengthen policy and implementation of EiE programming in South Sudan.
Emergency School Feeding Program to Crisis-affected Children and Youth in Ayod County-Jonglei State and Longechuk County-Upper Nile State.

September 1st 2018 to May 31st 2019

The program targeted 10,605 learners; results indicate 11,705 learners continuously benefitting (4,211 females); 10% achievement above targets. Increased enrollment of out of school children especially in the ECD and early primary indicated there was need for CMD to increase coverage beyond the initial targets. Mobilization efforts through trained youth food monitors, PTAs, CED and teachers were done. On average, one cereal lunch meal per school day was provided to up-to 11,705 learners through the school feeding structures in Ayod and Longechuk.

Dry feeding involving distribution of biscuit bars to beneficiary learners was initiated at the start of the project even as procurement and delivery of food items through the LOGS Cluster was underway. On-site kitchens were established in Longechuk while rehabs were done in Ayod; caretakers/cooks recruited and trained on best cooking practices. This was complemented by stores and feeding shades setup that enabled storage of food items and protected beneficiaries during feeding times.

The project is incentivizing 84 cooks and 21 guards, creating a livelihood opportunity for them. Cross cutting activities have been effected. CMD envisions additional numbers of out of school children and youth enrolling.

Emergency SFP beneficiaries were identified in coordination with school committees to ensure that recipients of justified food needs were registered. Beneficiary identification was based on food needs within individual target schools. In order to track beneficiaries and control daily intakes, meal cards were provided to individual beneficiaries and collected during meal times. The practice was key in tracking new enrolment. 10,605 learners including 4,454 girls were registered in 21 schools in Ayod and Longechuk at the start of the program. The numbers have so far risen to 11,705 with the numbers anticipated to further increase within the coming months.

CMD continues to support nutritious meals while also monitoring progress of learners including performance, cognitive development, focus on learning, behaviour change and nutrition growth. The project has paid...
attention on female learners to enroll and remain in learning through regular vigorous campaigns ongoing in the targeted local communities. The programs utilise ongoing ALP interventions in Ayod and Longechuk. Selected ALP learners (especially females) are engaged as food monitors while also participating in dissemination of lifesaving messages while also encouraging out of school children/youth to enrol.

84 cooks (21 per school) and community firewood collectors has opened fresh livelihood opportunities and income through this intervention. The cooks/caregivers and firewood collectors are engaged through incentives for labour intensive processing of food in the 21 schools are relies on the school heads to receive and manage the food supplies. Youth food monitors work in coordination with the caregivers to help manage the food supply chain. The youths and caregivers/cooks have been given in-house training on food handling.

CMD collaborates with the local communities in Ayod and Longechuk to provide local materials towards establishing school feeding structures. The program utilized local technicians guided by standard provided guidelines in establishing the kitchens, stores and shades. Male and female youth within the community gained income through the setup/rehab activities. 21 incentivized guards were engaged to guard monthly food ratios stored at the respective schools and reduce losses through misuse/loss through theft.

105 youths were trained and involved as food monitors (53 female). 5 youths engaged from each school community were trained on food handling and incentivised while disseminating life-saving messages of child protection, hygiene, health and GBV in schools and local communities. Female youths were preferred to encourage especially female learners to enrol and retained through learning activities.

CMD program identified and trained 105 youth food monitors (5 per school) in Ayod and Longechuk to help manage the food supply chain in the respective target schools. The YFMs work in coordination with school heads and caregivers and participate in mobilisation and dissemination of life-saving messages on child protection, hygiene and GBV in individual schools and local communities.

The selected youth from each school, targeting especially the ALP learners, and trained on community mobilisation, delivery and storage systems, record keeping and conflict sensitivity. The YFMs were engaged to work together with the school heads and caregivers to ensure proper flow of food in and outside the school stores. 105 youths (53 female) continue to help schools adhere to SFP standards including proper hygiene practices, ratio balance. GBV standards observed in the program and general mobilisation. The intervention also takes advantage of the ongoing EiE intervention to help promote a wholistic approach to reducing hunger, disease and cognitive underdevelopment amongst the learners.

Program activities complement ongoing EiE intervention. Mobilisation activities were done to ensure out of school children enrol to learning while benefitting from the protective nature of schools and benefitting from the nutritional supplements (lunch meals) offered in the targeted schools. The program has already seen 1,859 new learners enrolled above the 10,100 targeted. CMD mobilisation activities are ongoing and expects to increase enrolment and retain learners in the targeted schools. 105 selected youths were trained and engaged to help in mobilisation while disseminating key life-saving messages on child protection, hygiene, health and GBV in schools and local communities.

Integrating school feeding into the current ALP opened opportunities for youth to enrol. Vigorous mobilisation of especially female learners who previously missed out on school opportunities has been ongoing in Ayod and Longechuk with emphasis on incentivised learning as a basic right, protection against harmful practices, improved family food supply when youth/parents and children attend learning including open livelihood opportunities. 726 youths have so far been enrolled into the ALP program with the program expected to surpass the targets at the end of May.

CMD has strengthened mobilisation to help increase enrolment of especially female learner 105 volunteer teachers have been trained on classroom management and use of improved ALP kits as a complementary assistance training utilising the ongoing EiE intervention in Ayod and Longechuk. 3-day training was done to teachers directly involved in ALP learning and included school heads. Teachers and school communities including the PTAs/SMCs were trained on protection, Nutrition, WASH, Life skills and Health to help strengthen integration of cross cutting areas into the project.

CMD conducted staff orientation on IASC commitments to AAP to all staff who took part of the project. In order to strengthen feedback mechanisms from communities CMD provided suggestion boxes in all CMD field offices to maximize on inputs from communities. Positive and negative feedback was incorporated into lessons learnt for project improvement. All CMD led assessments had potential beneficiaries took part in every exercise. We emphasize transparency in project implementation by directly involving the community in every stage of the project to ensure clear understanding of objectives of the project, expectations and stakeholders.

CMD has incorporated the Commitments on Accountability to Affected Populations (CAAP) into all relevant statements, policies and operational guidelines including incorporating them in staff inductions. CMD ensures facilitation of the provision of feedback from affected people on the services.
Information was made available to local communities in local languages through community mobile megaphone radios, forums such as church meetings amongst others. Staff, volunteers and consultants, both national and international, are provided with adequate and timely inductions, briefings, and clear reporting lines that promote positive organisational behaviours and enable staff to understand their responsibilities, work objectives, organisational values.

In coordination with LOGS cluster, delivery of food consignments across selected project sites in Ayod and Longechuk was done through Bor and Rumbek hubs and distributions completed. Food procurement model was through tendering; program linked with local suppliers in Juba.

The program utilises ongoing EiE interventions supporting primary learning and ALP program which opened opportunities for youth (especially female) to enrol. 726 community youth are so far attending ALP in Ayod and Longechuk. 11,705 learners (7,494 male and 4,211 female) in Ayod and Longechuk are estimated to be reached with daily lunch cereal meals during school days (5-days a week).

8,739 learners (5,681 male and 3,058 female) were been reached in Ayod and 2,966 (1,813 male and 1153 female) female) reached in Longechuk. The project elevated strain on the family food supply and opened livelihood opportunities to 84 caregivers/cooks and 21 guards who are incentives. Enrolment and retention trends especially for female learners have improved; Enrolment expected to increase through March–June as mobilisation and incentivised enrolment is ongoing especially for female learners. Support to local markets has been upheld with local suppliers engaged as casual labourers and firewood collectors/ NFI suppliers.

Surveillance for malnutrition through organised screening in schools where learners were facing severe food shortage was intensified with CMD utilising its existing nutrition staffs in Ayod and collaborating with Relief International(RI) in Longechuk to strengthen output results.

21 schools (Ayod-15 and Longechuk-6) are providing school feeding through school feeding facilities- Including stores, kitchens and dining shades. All structures within Ayod County were renovated to meet minimum standards while kitchens and dining shades in 3 schools have been completed in Longechuk. Activities were immediate from September–November, first with dry feeding on energy bars and biscuits then followed by nutritious cereal meals served on school days. Other interventions such as WASH, Nutrition, Cholera messaging, Health and GBV have been integrated in schools alongside key life-saving messaging on food handling / crisis / rationing and hand washing.

168 PTAs/SMCs, teachers and caregivers (72 women, 96 men) have been trained in Ayod and Longechuk on referral mechanisms for protection, nutrition, cooking and feeding management in emergency and basic health. Youths have been trained and engaged in dissemination of lifesaving messages on child protection, nutrition and basic health. Beneficiary identification was based on percentage of children in/out of school, reasons for dropping, nutrition discrepancies and protection concerns for learners.

Beneficiaries selected for training of School Feeding Program actors involving caregivers, food handlers and cleaners, teachers and local authorities engaged in the project were selected locally. Their capacity enhancement involved formal training and on job training. Through the trainings, caregivers were trained on cooking methodologies and demonstrations for proper hygiene including water treatment and hand washing.

CMD continues to support the County Education office through joint monitoring of school activities and monthly campaigns to ensure that enrolled children, especially female, are closely monitored and do not drop out of school. This was part of the sustainability plan to ensure the activities will be sustained beyond the project duration.

Project ownership involved inclusion of community participants during planning and execution of the project. Setup of SF infrastructure was locally coordinated with the community taking part in providing locally available material for setup.

Community members were directly involved in mobilisation activities and enlightened through regular campaigns to ensure they understand the need to release children for school.

Youth Food Monitors selected from ALP learners to ensure sustainability and ownership of food resources beyond project duration.

Schools inspectors training at Mathiang primary; Longechuk County
Education in Emergencies intervention for IDPs, returnees and vulnerable children and school-aged youth in Ayod (Jonglei State) and Ulang County (Upper Nile State)

May 20th 2018 to December 31st 2018

CMD in partnership with UNICEF managed to implement Education in Emergency program in three locations that is Ayod, Ulang and longechuk in the year 2018. The overall target for the 3 locations was 79,962 and by the end of 2018, CMD and partners reached 76,982 beneficiaries directly in the 3 locations giving a percentage of over 100% achievement by the end of 2018.

In Ayod, CMD implemented EIE Program in collaboration with UNICEF in 72 schools; 64 Primary schools, 3 ECD, 3 ALP and 2 Secondary Schools. The project saw enrollment and learning maintained during the year 2018, under UNICEF PCA renewal. Provision of temporary child friendly learning spaces (TLS), which resulted to enrollment of 34,288 (11,442 female) learners against a target of 32,278, with 480 volunteer teachers supporting the project. The project was implemented in close collaboration with the local authorities, CED, WASH partners, Nutrition, Health and CP and community on the ground.

In longechuk, CMD in partnership with UNICEF implemented EIE, that started on the 1st sept 2018 and is to run up to May 2019. By the end of 2018, CMD in partnership with UNICEF had reached and supported 18 schools, 12,343(7,013 Boys, 5,332 girls).
In Ulang, 20 schools were supported, 30,349 people (18,209 boys and 12,140 girls) directly benefitted from the program by the end of 2018. In total, 76,982 (48,068 Boys, 28,914 Girls) beneficiaries were reached by the end of 2018. The program activities are still ongoing.

CMD was funded for School Feeding Program under SSHF for 30 schools spread out in whole the five Payam’s within Ayod County. The SSHF R1 was for 15 schools that ended in December and R2 is still running and it’s closing at the end of May 2019 that is for 15 more schools with a target of 10,000. The SFP has shown high enrollment of learners into schools, improved learners’ retention/regular attendance, improved learners’ concentration and time taken in schools for teaching and learning has also improved. The intervention deterred youths from harmful practices; recruitment into armed forces, early marriages, and sexual exploitation.

Both projects were implemented in close collaboration with CED, Local authorities, church leaders, WASH, Nutrition, Health and PTAs involvement. CMD trained 204 (69 female) PTAs on UNICEF PCA on their roles and responsibilities on EiE project and 237 (91 female) for the SSHF project. These trainings were conducted in different locations within Ayod County (Jiech, Gorwai and Pagil).

CMD also conducted training for 2 days for County education Supervisors. 46 participants (17 female) attended to support monitoring and supervision of schools’ activities in collaboration with CMD field officers. Both the trainings had lifesaving massages on nutrition, GBV/HIV, Protection and Hygiene.

With these trainings the project saw improvement on PTAs activities in EiE project (fencing done, firewood being brought for SFP, children and youths mobilized to schools, increased visits to schools by PTAs’ and attendance to PTAs’ meetings), the collaboration between CED with CMD on EIE monitoring and supervision was successful throughout the year with the use of improved tools designed according to donor requirements.

18 learning spaces were set up in primary schools which meet minimum safety standards (addressing internal, external, environmental and community level threats) to be declared as zones of peace (LSaZoP) across 71 schools supported by CMD in collaboration with UNICEF.

2 learning spaces were set up in pre-primary schools (ECD) that meet minimum safety standards (addressing internal, external, environmental and community level threats) across the ECD schools in Ayod County.

25 classrooms were rehabilitated in ECD. Primary, ALP and Secondary that meet minimum safety standards (addressing internal, external, environmental and community level threats) within the Ayod County in schools supported by CMD in collaboration with UNICEF.

5 schools in pastoralist communities identified and supported for education interventions by provision of teachers’ incentives, teaching and learning materials and supervisory visits done through the project.

All the 71 schools were provided with appropriate support (training of teachers, provision of appropriate TLM, etc.) for children with special needs

CMD in collaboration with CED and local authorities provided 5 special learning spaces (such as mobile schools) established for education of pastoralist children during the year 2018.

35,738 (13,623 female) children received essential teaching and learning materials, including textbooks and other supplementary reading materials in mother tongue and English.

480 (97 female) teachers received essential teaching and learning materials, including textbooks and other supplementary reading materials in mother tongue and English.

71 schools/TLS were established with code of conduct and staff trained on it, with monitoring and supervision ongoing
monthly to confirm the implementation.

12 ECD caregivers (3 female) were trained on classroom management and use of improved ECD kits at Jiech Centre in 2018.

45 (10 female) newly recruited teachers/volunteers (Primary and ALP) were provided with induction training on EiE and basic teaching methodologies during the year 2018.

388 (78 female) primary schools and ECD teachers trained were on Life-skills and peace building to build resilience among conflict affected children in different locations in Ayod County in 2018.

204 (69 female) PTA members were trained on school management and development and implementation of school development plans at Jiech, Gorwai and Pagil locations.

46 (17 female) Number of School Inspectors/Supervisors were trained on supportive supervision and monitoring of quality education

283 (41 female) Number of teachers and education officials were trained at different locations (Jiech, Pagil and Gorwai) and are actively involved in providing mentoring services to schools

375 (61 female) primary schools and ECD teachers trained were on providing in-school psychosocial support and services to conflict affected children, this improved the teacher-student relationship.

232 (25 female) PTA/SMC members, social workers were trained on existing referral pathways and necessary requirements (including confidentiality and Psychological First Aid).

10 clubs made up of Children and Adolescent was established and supported by CMD adolescent support officers at different locations conducted lessons on hygiene/GBV/HIV, importance of girls education. The clubs have been conducting hygiene promotion motions at church, during schools’ assemblies and organizing for football interschool’s competitions.

CMD facilitated grade 8 exams for 26 (1 female) against 27 who enrolled. Only one female failed to appear for the exams in Ayod.
Pastoralist communities education support under education in emergency

EiE intervention in Pastoralist communities in Ayod County by CMD

The communities living in this County have pastoral lifestyle. They do both the cattle keeping and food crop planting depending on the seasons of the year. Despite all effort to make them settle in one place permanently, there is still much movement with cattle among these communities Education, in particular, is affected by these movements. CMD put initiatives to promote education of pastoralist by creating mobile schools, temporary Learning spaces, distribution of teaching and learning materials, volunteer teachers’ trainings, PTA/SMCs. These Pastoralists communities are in very hard to reach areas and it takes 1 to 2 days to reach most of them.

CMD supporting 72 schools with a target of 32,278 (12,911 female) learners under UNICEF PCA that was signed in May and was to run for 20 months. Up to this reporting time the enrollment achieved was 29,793 (8,936 female).

Rehabilitation of temporary child friendly learning spaces (TLS): CMD has been able to rehabilitate 2 temporary child friendly learning spaces (TLS) by the end of August (Panak and Dengeyoy Primary schools) The newly recruited teachers were provided with induction training on EiE and basic teaching methodologies: CMD was able to provide a 3 days (4th to 5th/07/2018) induction training to newly recruited to teachers 2 male in the month of July on EiE and basic teaching methodologies, these were among the 25 newly recruited in the whole of Ayod County.

Teachers trained on life-skills and Peace building to build resilience: Only 25 (4 female) managed to attend the two days training which was done in July 9th to 11th/07/2018.

PTA members were trained on schools management and development and implementation of schools development plans: 15 (5 female) attended a one-day training on the schools management and development and implementation. This was done on the 4th/08/2018.

Schools inspectors/supervisors were trained on supportive supervision and monitoring of quality education: Only 2 male came from these schools attended the training on the 12th/07/2018 amongst others from different schools.

Teachers and Education officials were trained and are actively involved in providing mentoring services to these schools: 17 (3 female) attended from the...
five schools, where we’ve pastoralist communities/schools. The training was done in July 13th to 14th/07/2018.

Teachers were trained on providing in school psychosocial support and services: 25 (5 female) managed to attend the Psychosocial trained which was conducted for 2 days 5th to 6th/06/2018. PTAs/SMC. social workers were trained on referral pathways: 12 (5 female) were trained on the month of June for two days 10th to 11th/06/2018.

What resources were required to implement and what areas of service delivery could be improved?

1. TLS provided are not enough, since these locations have no structures and only few classrooms that we’ve established cannot accommodated the number of children coming to school. More TLS need to be made or provision of big tents to accommodated children during teaching and learning.
2. Text books; The volunteer teachers have low education background and are not able to provided quality services, it’s even worse when there’re no textbooks to support them and to follow up with the South Sudan curriculum.
3. Most of these pastoralist communities depend on open water source, they drink from the same source with the cattle and this has predisposed them to waterborne diseases. Unicef with WASH cluster need to plan for drilling of boreholes in these communities.
4. The EiE program should also focus on ALP/youths initiatives/ Life skills activities, since most learners are underage.
5. Means of communication to ease supervision, monitoring and implementation of the project e.g. cod bikes.

Section 3: Impact of the intervention

These communities started realizing the importance of Education; many children are attending the schools at these locations, girls and boys in these communities do engage in early marriages, with education we have realized adolescent girls and boys attend school, this will also reduced the number of boys joining armed groups.

Teachers are receiving incentives and this has improved the lives of these communities, reducing the number of those joining armed forces, with trainings CMD has conducted, on life-skills, psychosocial support and peace building the tension that has persistently been within the communities has gone down. The communities change and learn to live with each other peacefully. Schools also act as a place for safety for children and youths, with safe and secured learning spaces provided.

CMD held meeting with the local authorities in collaboration with CED, and importance of education was expressed clearly. So pastoralist communities embraced the idea of EiE intervention positively, they were never forced to send their children to schools, they’re the ones who showed the place to put up the TLS, they have always supported in fencing of the school, provision of local materials for TLS establishment and they’ve protected from any theft. Since the start of the program PTAs have always been seen visiting the schools. The same communities helped in volunteer teachers’ selection.
The Nutrition Project emerged in the month of January, 2018 after CMD signing contract with WFP and UNICEF. The project is an Emergency Nutrition Intervention for IDPs, returnees and vulnerable children (6-59 months), Pregnant and lactating mothers in Ayod County- Jonglei State.

The project relies on supplies from UNICEF/WFP where CMD treats and distributes targeted supplementary foods to children under 5 and pregnant and lactating mothers in Ayod county.

The program involves screening (MUAC and WHZ-score), identify, admission, treatment of Severe and moderate malnourish children and PLW’s, mass outreach screening and distribution of plumpy nuts and plumpy sup.

It also involves:

- Increased collaboration in the delivery of nutrition services in the county including SAM and MAM treatment and management with complication.
- Increased access to Vitamin A supplementation. Therapeutic milk F75/100, Deworming through

NIDs as a result of socio-mobilization

Facilitated access to CMD-supported OTPs and TSFP’s for children aged 6-59 months with SAM and MAM.

Increase access to F75/100 for inpatient management of SAM and ensure transition to CMAM using RUTF and to MAM children transition of using RUSF.

The Nutrition Project was pioneered in 2018 and implemented in Ayod by CMD. Within the same year, CMD experienced a number of milestone made by the project, among which include: here are the achievements:

CMD established 6 new sites of Outpatient Therapeutic Program(OTP’s) and 6 Targeted Supplementary Feeding Program(TSFP) in Pagil.

Emergency Nutrition intervention was done for IDPs, returnees and vulnerable children (6-59 months) in Northern Ayod County- Jonglei State. Menime, Normanyang, Wechdeng, Haat and Kandak
CMD established two stabilization centers for admission of children with severely malnourished with medical complication (in Pagil and Kandak)

CMD recruited and trained 36 nutrition staff in different sites (Pagil, Menime, Normanyang, Kandak and Haat).

Managed to form 25 groups of mother to mother support groups targeting the 6 sites with the villages

CMD recruited and trained 8 Community Nutrition Volunteers

We managed to treat 123 children under 5 with SAM with medical complicated admitted and treated in the existing SC

Screened 10,560 under 5 children during community outreach (passive screening and facility screening)

Treated and referred 866 children with SAM, 943 children with MAM and 1,695 PLW’s

2016 mothers/caregivers received IYCF counselling messages at the facility and community level

12,234 children received Vitamin A supplementation

8,300 children received micronutrients of NID during the campaign.

10 monitoring visits done since the project stated till the end of the project.

CMD expanded the project to southern Ayod – Wau payam which started in November to October 2018

Three funds from different donors (UNICEF/WFP/IMA)

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Emergency Nutrition intervention for IDPs, retumees and vulnerable children (6-59 months) in Northern Ayod County- Jonglei State.

The project commenced in Mid of March 2018, involving community leaders, County administration, in-line state ministries, partner organizations and beneficiary communities. The program involved GESS program partners (Food for the Hungry-FH); alongside other cluster approved partners. It also mainstreamed other thematic areas such as Health, Protection and WASH during the first quarter.
CMD mainstreamed Health in Nutrition to provide integrated services at the 6 OTP sites within the facilities (PHCC/PHCU). This was able to provide the flow of services, screening and admission criteria, referral from OTP to TSFP and vice-verse and at the community level for SAM and MAM admissions, and shelter for mothers/caregivers and give health education during follow up visit at the OTP’s and SC sites.

The 6 OTP sites were placed in different locations managed to establish OTP’s in order to increase access to inpatient management of SAM which led to sure transition to CMAM using RUFT. The sites were set-up in Pagil, Wechdeng, Normanyang, Menime (Pagil Payam) Kandak and Haat (Mogok Payam). Construction of two SC with local materials was also done in Pagil and Kandak.

Through the daily new admissions of SAM in the OTP’s, children under 5 (6-59) were identified considering three criteria of admissions (MUAC, WHZ-score and Oedema. The nutrition staff in the facility were able to follow –up the SAM admissions strictly to make sure that the patients improved.

The distribution of Plumpy’ sup/RUFT was given to the SAM cases depending on the how severe the case was and how the patient responded during the revisit/follow up.

For the referral cases of SAM, patients were referred using a RED card either from the community through CNVs and TSFP to OTP and vice versa. SAM admission was done in a systematic way from the OPD starting with triage, WHZ-score.
screening (MUAC) and oedema, appetite test was conducted at the OTP during admission and discharge of SAM cases. The number of SAM admission was high from the on-set of the project, while the number of relapse and defaulters were few.

In Ayod County - Pagil Payam, awareness campaign / outreach of nutrition supervisors was done within the entire Pagil payam for 3 consecutive days, from 28th February, 2018 to 2nd March, 2018 targeting 4 locations (Wechdeng, Menime, Normanyang and Pagil). During the outreach 568 children under 5(6-59months) were reached through mass screening and 32 SAM cases were referred from the community to the established OTP sites for admission.

Distribution of Vitamin A supplement and deworming tablets to 500 children from 6-59months in Wechdeng, Menime, Normanyang and Pagil during the outreach campaign.

In Mogok Payam, Kandak and Haat Mobile outreach of nutrition supervisor was done on 21st April,2018 reaching 300 children under 5(6-59 months) through screening and 21 SAM cases identified and referred to Kandak nutrition site (OTP) for admission.

Distribution of deworming tablets and Vitamin A supplements to 240 children from 6-59 months.

Mother to Mother support groups were identified, group formed and trained on IYCF for 3 days covering the 6 sites each site had 4 mothers from the community forming a group of 25 mothers. The training was conducted on 21st March to 23rd March,2018.

The formed and trained Mother to Mother Support groups always performs daily individual counselling on the importance of IYCF to mothers/caregivers at the OTPs (Pagil, Normanyang, Wechdeng, Menime, Kandak and Haat) before screening and admission starts. Health education was conducted to each mother/caregivers on how to handle children under 5, important of exclusive breastfeeding and hygiene and sanitation.

Through individual counselling most of caregivers/mothers were able to learn and promise and practice exclusive breastfeeding since most of the mothers were not practising it before they were relying on cow’s milk as host communities.

The counselling sessions were schedule to take place daily for 5 days at the OTPs in all sites.

At the OTP level SAM cases were tested for Malaria after MUAC screening and WHZ-score followed by the admission and check-up of other diseases during admission, appetite test was done before admission too then referral of the SAM as per complication.

36 CNV’s were trained on 18th to 20th of March,2018 on
MUAC Screening, how to identify and refer SAM cases at the community level to the facilities (OTP). The trained CNVs team on ground were able to reach the community and identify the SAM case which were referred from the community to the OTP sites for admission targeting host communities and IDP's. Through this the referrals were given red cards at the community level for identification as a referral from the community to the OTP's.

The CNVs were given MUAC tapes to participate in screening during the outreaches and refer the cases identified to the OTP sites.

CNVs made follow up of discharges and identified the defaulters then referred them to the facilities.

The Nutrition staff underwent a five day training from 8th to 13 March, 2018 on CMAM guideline of how to manage SAM/MAM cases at the OTPs and SC. The training included staff from Pagil, Wechdeng, Normanyang and Menime who were mobilized and trained in Pagil.

In Kandak and Haat, staff were mobilized and trained in Kandak PHCU for 5 days too.

The CMD M&E staff visited the field locations in Ayod where OTPs and Stabilization centres had been established. The findings were the 6 OTP’s and SC were functioning and recommended strengthening of operations including follow up of referred cases and observation of nutrition protocols. The number of nutrition staffs were adequate providing services at the facilities integrated to health.

The admission criteria was going on well as per the daily activities at the OTP's. Number of SAM cases were high in daily basis including the referrals. Nutrition officers encouraged to intensify supervision of daily activities.

Against an overall target of 1,020, CMD reached 416 children with SAM cases during the second quarter. 348 SAM cases were managed on the first quarter. More outreaches were planned in Normanyang and Wechdeng. Follow up was done with results expected to surpass targets at the end of the intervention.

The project progress was good in all sites including the admission and referral system from health to Nutrition and from community through CNVs to the Nutrition sites.

In Pagil, SC was established with tents and equipped with 6 mattresses and beds after ACF came to support CMD to run the SC. The OTP/SC program involved GESS program partners (Food for the Hungry – FH); alongside other cluster approved partners. The program also mainstreamed other thematic areas such as Health, Protection and WASH during the first quarter and the second quarter.

CMD mainstreamed health in Nutrition to provide integrated services at the 6 OTP sites within the facilities (PHCC/PHCU). This enabled provision and flow of services, screening and admission criteria, referral from OTP to TSFP and vice-verse and at the community level for SAM and MAM admissions.

387 children under 5 (6-59 months) were reached in the second quarter with micronutrient supplementation. 10 SAM and 26 MAM cases were referred to the OTP sites for admissions and follow up. Social mobilization activities have exposed CMD teams to reach 1+ year children not reached through the first quarter. Alongside micronutrient supplementation, 417 children (6-59 months) received vitamin A supplement and deworming tablets in Wechdeng, Menime, Normanyang, Pagil, Haat and Kandak during the outreach campaign.

Mother to Mother support groups were identified, group formed and trained on IYCF for 3 days covering the 6 sites each site had 4 mothers from the community forming a group of 25 mothers.

Provision of shelter for mothers/caregivers during group sessions on the important of IYCF and health education during follow up visit at the OTPs and SC sites. The shelter provided to the caregiver was constructed using local materials and tent on the roof.

767 mothers/caregivers were able to receive IYCF messages through individual counselling sessions in the OTPs-Pagil, Menime, Normanyang, Wechdeng, Kandak and Haat. These messages brought a strong impact within the communities and health facilities and so SAM cases reduced compared to the last
few months.

Training of men and female involved both IDP’s and host communities within the community and OTP's. The training considered gender so that men can be involved in support women and advising of good practice of IYCF to their wives/women. They were trained on how to identify and refer any severe cases of malnourished child/children to the OTP sites for further management.

Admission of SAM with medical complications are being admitted in the SC in Pagil and Kandak. In Pagil the admission was done in newly established SC constructed by tent, while in Kandak admission was done in the PHCU since the SC was still under construction.

36 CNVs were trained on MUAC Screening, how to identify and refer SAM cases at the community level to the facilities(OTP). The SAM cases identified are being referred from the community to the OTP sites for admission targeting host communities and IDPs. Through this the referrals are being given red cards at the community level for identification as a referral from the community to the OTP's. The CNVs were given MUAC tapes to participate in screening during the outreaches and refer the cases identified to the OTP sites.

Awareness campaign/outreach of nutrition supervisors was done monthly within Pagil payam and Mogok payam through CNVs on ground.
CMAM and SAM Management training was done in the first quarter, the training involved 36 MoH staffs and the nutrition staffs from CMD.

Each month CMD staffs visits all sites and confirms activities are going on well and every month CMD reports internally activity progress reports.

In Pagil the MET team which were partnering with CMD in terms of capacity building setting up of SC pulled out in August and handed over all the nutrition equipment and supplies for both OTP/SC to CMD.

CMD reached 8,390 children in by the third quarter, against the overall target of 17,569 children during active (community) and passive (facility) screening using MUAC and WHZ-score to identify children who are malnourish from the start of the project. In the third quarter, CMD reached 7,002 children during the RRM mission done in Pagil and community outreach at the villages. More outreaches were planned in Normanyang and Wechdeng.

Against an overall target of 1,020, CMD reached 128 children with SAM cases in the third quarter. 348 SAM cases were managed on the first quarter and 1,046 SAM children managed in the second quarter. Nutrition staff engaged during the activity were trained on admission and discharge criteria of both SAM with and without medical complication.

2,981 children under 5(6-59months) were reached in quarter 3 with micronutrient supplementation through the Community Nutrition Volunteers. Social mobilization activities have exposed CMD teams to reach 1+ year children who were not reached during the first and second quarters. Alongside micronutrient supplementation, 2,981 children (6-59 months) received vitamin A supplement during first and second quarter through door to door outreach in Wechdeng, Menime, Normanyang, Pagil, Haat and Kandak during the outreach campaign.

25 groups identified and trained at the start of the project underwent a refresher training to brainstorm on IYCF education to keep them supporting other mothers in the community. The training was done for 3 days (16th to 18th of August) in Pagi involving MtMSG from Menime, Haat, Normanyang, Kandak and Pagil.

238 women and 68 caregivers were reached with IYCF messages through MtMSGs and CNVs during the celebration of WBW. The exercise was done for 7 days through door to door outreach(villages), churches and Markets targeting mothers and caregivers.

Group sessions for mothers/caregivers were conducted on the important of IYCF and health education during follow up visit at the OTP’s and SC sites. 60 mothers/caregivers were reached during the group session in the facility through individual counselling other than mothers reached during WBW.

Admission of SAM with medical complications were admitted in the SC in Pagil and Kandak. Received referral cases from outreaches through CNVs and were managed and treated in the Stabilization centres (Pagil and Kandak) then transferred to OTP.

The refresher training of CNVs was conducted in 7th to 10th August. The training done was based on MUAC Screening, how to identify and refer SAM cases at the community level to the facilities (OTP).

The topics trained were based on the new CMAM guidelines. The CNVs were given MUAC tapes to participate in screening.
during the outreaches (door to door) and refer the cases identified to the OTP sites. Awareness campaign/outreach of nutrition supervisors is ongoing in a weekly base within Pagil payam and Mogok payam through CNV's on ground.

CMAM and SAM Management refresher training was done in the third quarter. It involved 36 MoH staff and the nutrition staff from CMD. The training was conducted from 11th to 15th of August,2018(5 days).

The CMD M&E staff visited the field locations in every quarter while the monitoring officer based in the field keeps on visiting the sites in Ayod where OTP's and Stabilization centres are established. The findings were the 6 OTP's and SC were functioning and recommended strengthening of operations including follow up of referred cases and observation of nutrition protocols.

By the close of the fourth quarter, CMD had reached 15,842 children against the overall target of 17,569 children during active (community) and passive (facility) screening using MUAC and WHZ-score to identify children who were malnourish from the start of the project till the close. During all this quarters (Q1, Q2, Q3, Q4), CMD was been able to reach this target through community outreach at the villages in Wechdeng and Nfronty twice per week.

Against an overall target of 1,020, CMD reached 1020 children with SAM cases during in quarter 4, having managed 348 SAM cases in first quarter, 128 SAM children in the second, 416 SAM children in the third and 128 SAM children treated in last quarter.

3,640 children under 5(6-59months) were reached in quarter 4 and during NID activity with micronutrient supplementation through the Community Nutrition Volunteers. Social mobilization activities have exposed CMD teams to reach 1+ year children who were not reached during the first, second and third quarters. Alongside micronutrient supplementation, 2,981 children (6-59 months) received vitamin A supplement during first and second semester through door to door outreach in Wechdeng, Menime, Nfronty, Pagil, Haat and Kandak during the outreach campaign.

238 women and 68 caregivers were reached with IYCF messages through MtMSG’s and CNV’s during the celebration of WBW in Quarter 4. The exercise was done for 7 days through door to door outreach(villages), churches and Markets targeting mothers and caregivers. Group sessions for mothers/caregivers still going on the important of IYCF and health education during follow up visit at the OTP’s and SC sites.

60 mothers/caregivers reached during the group session in the facility through individual counselling other than mothers reached during WBW.

Each month CMD staffs visits all sites and confirms activities are going on well and every month CMD reports internally activity progress reports.
‘Famine has been formally declared in parts of South Sudan, the United Nations said, warning that war and a collapsing economy have left some 100,000 people facing starvation there and a further one million people are classified as being on the brink of famine.’

“Famine has become a tragic reality in parts of South Sudan and our worst fears have been realised,” said Serge Tissot, the Food and Agriculture Organization (FAO) Representative in South Sudan, in a news release issued jointly with the United Nations Children’s Fund (UNICEF) and the World Food Programme (WFP).

UN Report 20 February 2017
Food Security and Livelihood Support to Vulnerable and Multiple Crises Affected Households in Ayod and Nyirol Counties - Jonglei State.

August 1st 2017 to January 31st 2018

Just like other various parts of the country, the food and nutrition security situation in the counties of Ayod and Nyirol remained fragile since insecurity, effects of economic crisis, displacements, cholera and inaccessibility in the areas continued to exist. The June 2017 IPC alert reported Ayod to be as one of the counties with a high number of persons in need of humanitarian assistance; extreme food gaps with a figure of 20,000 in Ayod out of the 45,000 in Greater
Upper Nile, while in general Jonglei state had the highest population segment facing crisis, emergency and catastrophe with 63%. Acute malnutrition remained a major public health emergency in several parts of South Sudan. Evidence shows that the Global Acute Malnutrition (GAM) prevalence was above the WHO emergency threshold of 15% in Ayod county. The acute malnutrition was expected to deteriorate even further as the peak lean season approached in July. Communities in these counties were facing severe food insecurity and malnutrition cases that needed to be addressed coupled with the collapse of market systems and poor trade flow making the available market commodities too expensive for a common household to afford.

CMD Collaborated with the International INGOS; INTERSOS, OXFAM, CMA in Nyirol, and CRS, BIOAID and WFP in Ayod, during the rapid response mechanism as we were doing the selection of beneficiaries which helped CMD to do quick selection and among the vulnerable individuals, female headed households, pregnant and lactating mothers and also people with disabilities were identified during the processes.

To ensure the maximum impact of the intervention, CMD collaborated with the partners from other clusters like Protection, Nutrition, WASH and Health, where part of WFP and Oxfam work was FSL, hence providing a complementary additive and synergistic effect on the program we were implementing the two counties.

Project implementation was able to cut across other thematic areas such as WASH with activities such as Hygiene Promotion where collaborations were made through our wash program to have activities and massages during the distribution period. item distributions incorporated into activities.

FAO was able to fully supply the inputs during the months of August and September in the locations of Pagil, Kandak, Gorwai and Jiech as per the work plan and in Ayod and also Pulturuk and Lankein in Nyirol county in a timely manner to enable CMD progress with the work timely enough.

CMD successfully mobilized and conducted awareness among the communities of Nyirol and Ayod counties on the program of food security and livelihoods inputs distribution that was intended to benefit 11,500 vulnerable Households from both IDPs and Host communities in Jonglei State whereby all the households benefited from Vegetable seeds, fishing kits and forming tools. Beneficiaries’ HHs were allocated based on the project initiate plans; Ayod 60%; Nyirol 40%; Farmer groups formed and trained and engaging in fishing activities and vegetable seeds plantation using

A total of 6900 HHs were mobilized in Ayod County (Wau,
Pajieck, Pagil, Kurwai, Mogok and Kuachdeng; and 4,600 HHs were mobilized in Nyirol County; (Tut, Chuil, Pading, Thol, Nyambor and Pultzuruk). Recruitment of community mobilizers was done in collaboration with the local stakeholders; community elders and the local authorities that were responsible with the identification and registration of beneficiaries as per the needs and vulnerability.

Those registered were given tokens with numbers assigned to them to be used for identification in the process of distribution. Identification and 100% of the planned target beneficiaries was achieved with CMD successfully mobilizing communities to open up new vegetable gardens among the riverine dwellers to enhance vegetable production among the communities of the two counties. Training was done through establishing farmer field-based schools with demonstration plots where training on vegetable production, from nursery beds preparation to irrigation, pests and weeds control then harvesting and storage. Fishermen were taken through fish hygiene, fish handling, preservation methods to enhance shelf life of their commodities before being able to market them to the communities which are far away from the fishing grounds and others taken to Bor, Juba and Sudan.

Post distribution monitoring was conducted during the months of November, December and January to ascertain the impact of the program and the progress among the beneficiaries as per the intended purpose of enhancing food security.

CMD did awareness campaigns to the communities of Nyirol and Ayod counties involving the local elders, women groups, youth and the local authorities. The communities were explained to clearly what the program entails and what to expect from it and the access of information available to them about the same. AAP principles were adhered to, explaining the purpose of the program, elaborating the beneficiaries’ rights to access information about the program and placing forward their complaints through the authorities, community elders, or CMD field office.

Awareness was done to all levels of beneficiaries, host, IDPs people with disabilities and the elderly. During the activity CMD used banners with the SSHF, FAO and the CMD logo accompanied with the activity description on vegetable seeds, tools and fishing kits distribution in Ayod and Nyirol counties and community meetings.

In collaboration with local authorities, CMD targeted the most vulnerable communities including the displaced and severely food insecure. The project targeted in particular those displaced who have not been absorbed by host communities, and who were congregating in rural areas. Members of the communities hosting the displaced have been also reached. With majority of the displaced being female, more females have been reached so far through the activities undertaken.

CMD gathered information on the (i) humanitarian category of the target beneficiaries (rural crisis affected households, vulnerable food insecure households, returnees and IDPs), and (ii) on the livelihood category of the beneficiary as per the IPC disaggregation (agro-pastoralist, pastoralist, riverine, agro-pastoral/fishing). Beneficiaries were selected and provided with numbered tokens to facilitated identification during distribution.

CMD organized farmer field schools’ demonstration plots in all of the locations along the riverine areas where irrigation could be done for vegetable gardening. Through this onion, collards and other vegetable production techniques were shown to the farmers/agropastalists; seedbed preparing, planting/sowing methods and letter irrigation and transplanting during the trainings. All agreed that vegetable farming would greatly supplement their income and domestic consumption, especially if their farming techniques were enhanced. Others said that were it not for the crisis, they would have kept their seeds and tools. The local authorities were supportive and appreciated the benefits of the project.

In Ayod distribution centers were in Kandak, Jiech, Gorwai and Pagil where the distribution was latter disbursed into the bomas within the respective areas. We were able to reach the vulnerable communities along the Nile river on the islands
which had not been provided with inputs since the year began; Nyawit, Bout, Minime and Pakur amounting to 566 beneficiaries, all benefiting from tools, vegetable seeds and fishing kits. In Nyirol Cmd was able to reach upto Chuil Payam along Sobat river where the communities had been attacked back in august and looted upon. They were distributed with the livelihood kit, benefiting 500 households.

The PDM was done among 726 HH beneficiaries who had benefited from the distribution of vegetables seeds, tools and fishing kits. This also involved the stake holders; community elders, and the local authorities as key informants. We interviewed 407 HH beneficiaries in Ayod and 319 HH beneficiaries in Nyirol counties cutting across the Payams.

Many of the beneficiaries were having a problem being able to arrive to the distribution centers given the heavy rains that had been in the area towards the end of the rainy season in September-October period and the flooded paths coupled with the responsibility of harvesting and drying the sorghum they had planted during the main season. This resulted in delays on distribution given the wet ground that was detrimental to the fishing lines and the seeds. This was also having an effect on the timing in regard to planting of the vegetables since it was shifting into dry season and the areas would eventually dry up leaving only the riverine areas feasible for the cultivation.

In as much as there was some bias in the preference of the items distributed the beneficiaries generally applauded the effort for the assistance they were being accorded. Male beneficiaries preferred more of the fishing kits while the women had the list biased behavior by accepting all the fishing, vegetable and the tools provided.

CMD worked with FAO logistics team to ensure correct inputs and amounts were delivered to the respective filed locations and received per the protocol with the delivery notes and goods received notes signed by our field officers in witness of the local authorities representatives. The waybills were scanned and reported back as required by the logistics cluster.

Registration of the beneficiaries was done in a disintegrated manner i.e. IDPS and Host communities and later by gender and age of the women, men, boys, girls, PWDs, and elderly equally represented beneficiaries in the payams within respectively counties. The names were filled in a list with alongside the token numbers assigned to the household beneficiaries.

During distribution Input inventories were utilized at storage facilities in Ayod and Nyirol to monitor stock in- stock out at every point of distribution. Data collection at the distribution points were done by Community mobilizers then reported to the Field FSL officers and verified by the project manager and signed by the community elder / local authorities after ensuring every beneficiary registered had been distributed with the requires inputs per the standard kit allocation. In addition, capacity assessments were conducted to determine existing skill levels of targeted beneficiaries, in order to design training and assess its impact both immediately following training and periodically throughout the project duration.

The M&E officer was responsible for monitoring and ensuring high quality and timely inputs and activities result to achievements proposed. Standard Indicators were used to measure progress at mid and final stages of the project. The monitoring plan was used to collect and analyze data for strengthening management of the project. At the field level, regular monitoring visits conducted by CMD field staff used cluster-approved systems to measure progress against the work plan and towards achieving the desired results. Data collected from field visits was used to report to the cluster on a monthly basis.

Community participation in project monitoring and evaluation was done which involved utilization of single sex focus groups, same age peer group discussions to obtain accurate feedback from beneficiaries as an accountability mechanism aimed at implementing lessons learnt and avoid repetition of implementation short falls in coming/ongoing projects.

CMD involved key community authorities in the project design and latter implementation with key decisions and expectations laid out. Feedback and
accountability mechanisms were integrated into CMD's strategic plan, project proposals and made available to intended beneficiaries. During the assessment phase of the project, beneficiary discussions were held which included community leaders, elders, school children, youth, women-headed households, child-headed households, and the disabled. Information in local and preferred languages was provided to affected populations, on organizational procedure and manuals that were incorporated AAP standards. Feedback and complaints mechanisms were established through focus groups and existing community structures. Affected populations were fully involved and participate in project planning, adjustment and engagement.

During the community awareness all stakeholders, community, local elders and local authorities were informed of the program and banners printed with the program description and activities to be implemented. This process enabled CMD to identify how the problems faced affected community members differently, and facilitated the project design accordingly. Single sex focus groups were utilized at getting inputs from the various groups. Inter-linkages between food securities; nutrition, GBV and health awareness were done during this project. Men and Women and other vulnerable groups were given beneficiary priority during the project.

Sanitation and Hygiene messages were incorporated into food security and livelihood trainings, campaigns. Encouragement of equity in resource sharing by project beneficiaries was done through direct observation and data gathering by our field staff.

Christian mission for development ensured Women: Women, Single female heads, elderly women and female child household's beneficiaries made the major part of the beneficiaries targeted during the program period, making 53.87% of all the beneficiaries compared with 47% approximated figure among the male beneficiaries. The program aimed to fulfill gender equity during the distribution. This was achieved as per the beneficiary and distribution data collected during the activities held in Nyeri and Ayod counties. CMD gave gender a special concern in this FSL project by assessing gender specific needs and identifying appropriate response to address the particular concern of women, men, boys and girls during the assessment of Food and nutrition needs in the counties of Ayod and Nyeri. IACS guidelines were followed to identify the elderly as part of the beneficiaries.

CMD analyzed gender-driven division of tasks within Households and communities and the needs of women, men, boys and girls where inputs of fishing kits were given to both genders in a way that those who were unable to use them for fishing can hire the gears and get paid. Collaboration with the local authorities and elders of the communities was done to ensure GBV was nil during the program.

During the farmer field training emphasis on the importance of vegetable farming, production and inclusion in the diet of both the children, elderly and the sick was done to encourage the community appreciate vegetable diet. Health and Nutritional Education on causes of skin /dermatological, oculars and HIV conditions and how they can be prevented through inclusion of vegetable varieties rich in Vitamins, A, B1, B2, B6, B12, C, E, Zinc, Selenium, Copper and ME.

The overall objective of the project was to ensure provision, accelerated availability and access to food amongst most severely vulnerable male and female IDPs and host communities in Ayod and Nyeri counties. This was mainly through; distribution of fishing kits to facilitate food availability and dietary diversification to vulnerable households; Provision vegetable seeds inputs and easy-to-use agricultural tools to facilitate livelihood resource activities hence promoting dietary nutritional rich food sources; promote food utilization and consumption to mitigate occurrences of malnutrition. A multi – sectoral approach is planned for this intervention with WASH and Health programs - while working closely with nutrition partners by strengthening referral pathways.

The overall objective of the project was achieved through the distribution of the livelihood inputs that enhanced access to food sources fish and vegetable to help limit malnutrition and starvation among the displaced and the vulnerable communities. Through this, the communities were able to access highly nutritious vegetables and instant access to fish -protein-rich foods through the use of the fishing kits among the beneficiaries with access to water bodies, rivers and swamps in Nyeri county and Ayod.
Support to recovery of crop and fisheries production in Renk county, former Upper Nile State

January 31st to December 31st 2018

Community mobilization was done in the 5 payams in Renk County in regard to the program. The project components were addressed to the local authorities and the target.

Implementation committees were formed for the respective levels; State level, County level, Payam and Boma level. composed of Agricultural department, RRC, local elders and women, youth and disable persons were all included.

Beneficiary registration was done in collaboration with the implementation committee and the local elders in the respective bomas. The vulnerable house holds were selected and registered. Residents, IDPs and Refugees i.e Payuer and Abayok Bomas of Renk south Payam.

Assorted Crop and vegetable seeds and tools. These were done alongside the seed fair activity. Whereas in some locations this were directed to the farmer field school groups. Establishment of Farmer Field schools was done by the Payam project implementation committee in the respective areas per the plan.

‘A year after averting famine, ‘food insecurity outlook has never been so dire,’ UN warns!’

UN Report - 26 February 2018

Two Fisher Groups were established for the Gergers Payam; namely: Chebakat and Maratiep. Each consisted of 30 members.

Community mobilization was done at all levels state, county, payams and bomas. Formation of implementation committees was done and completed before initiating. These activity was completed with target 3000 beneficiaries from 5 locations reached.

The community mode of communication was Arabic, or such we had to translate the names to English before placing them to the formal registration list provided.

With the onset of the rainy season, movement to the far located
Community mobilization and formation of implementation committees in Gerger and Renk south and

Payams of Jalhak and Chemedi were a challenge given the rough roads hence delays on the planned movement schedules for establishing and training of the Farmer field schools. Training was done subsequently in the month of August.

The inputs provided included Groundnut and Sorghum. The season for simsim and maize the season was over in some locations; Renk North, Renk south, Gerger and Jalhak.

The various crops had varied target planting periods with simsim and maize having the early planting season of June and Sorghum being the last in most of the locations.

Crop and vegetable seeds and tools were distributed to beneficiaries in Renk south, chemedi, gerger and Jalhak before ending the seed fair activity in the month of August. Varieties provided were: Sorghum Alfagadama, Fatarita and Amer (Red sorghum) Ground nut; Sodari Var and Cowpeas; the farmer field school groups were also provided with vegetables seeds; Okra, Eggplant, Collards and Tomatoes.

Training was conducted in the respective locations where the groups were located; Training methods used: lectures, peer discussions and Practical field illustrations. The trainings were conducted by both CMD and CAD in Renk county.

Topics that were covered include: Crop production; Gnut, Sorghum, simsim, maize. Community seed production, Water and soil management, Pest management, Marketing, Agroecological analysis, village saving and loans modalities.

Fisher groups were established in Jalhak, Banjang Boma; Banyjang A and Banjang B fisheries groups. The Banjang area was found to be active in fishing activity with surplus fish being dried for sale to the community and Renk commercial center while some was being taken to the farming sites where the farmers were camping while tending to their crops.

The fishermen also had more than twenty boats on the shores which were used on shared basis to ensure every one is able to go on with the fishing at their convenient time.

Fishing gears composed of twines, hooks and monofilament coils were provided to the groups. This was well received given the challenges they face with frequently damages they incurred during their work in regard to fishing nets.

We were been able to establish the end market prices and the river side fish prices, Dry fish prices and fresh fish prices.

We conducted regular visits to the farmer field schools and the fishery groups and checking the progress of their work.

Monitoring visits were done to groups in Magara, Gerger, Molbok and Payuer.

Identification of pest improved among the farmers as they were able to identify most of the pest in their farms and got knowledge on how to control them using biological method; i.e. Use of crushed Neem tree leaves mixed with ash and water was done.
Hands On Approach

During the months of October to December CMD conducted monitoring visits to the farmer field schools and established the progress as per the activities planned with the farmers.

Farmer Field schools

CMD visited the group members farms to check on the crop status. Much of the farmed Soughum was mature, and drying was the only thing remaining though it took time since the weather was becoming colder. We visited Jalhak and Chemedi farmer filed groups to monitor progress in the location. At the time, some had started harvesting Ground nuts but many were harvesting Simgsim.

Fishery Groups in Banjang, Jalhak Payam

CMD did monitoring of the progress of the fisheries groups in terms of the fish harvesting amounts recording and engaged them on them on the selection of the of sites for conrtuction of the fishing rack and smoking ovens along the river fishing sites of Banjang group A and group B in Jalhak Payarn.

This was done through collaboration with the Elders and the selected group leaders; Agok Kuol and David Abuayi. During the monitoring we also did the selection of the Training participants among the group members 15 from each group with the strategy that they were to train the other members on the fish preservation methods and pubic hygiene practices in fish and marketing.

Fish Pricing

CDM did establish the fish prices at the Banjang fishing sites and those in the Renk town; Suk khebir fish market. Here we discovered that fish did not only come from the Renk county locality but as far as Panyikang, Malakal, Pigi and Khurfulus counties brought in along the White Nile river to reach Renk while more is taken far north to Sudan targeting Khartom Market.
Vegetable groups
Visits were made to Jalhak farmer field schools in Molbok, Jalhak, and later Gerger. Where land preparation and cultivation of some of the vegetables in the fields, Gerger farmer groups have utilised fallow irrigation in their farms to ensure supply of water is sufficient. An approximate of 5 fedans has been utilised to plant tomatoes, eggplant, collards, and okra. More land was yet to be prepared since other group members were still engaged in simsim harvesting. Magara groups were still doing land preparation.

For Molbok and Jalhak groups: Part of the group members had prepared the land and cultivated vegetables whereas more land was yet to be prepared. Okra had been planted but pests are a big challenge to them. They were still in need of Onions, Watermelon, and Cucumber to plant along the river side portions when the water level receded.

Crop Monitoring
The farmers had just started harvesting of groundnuts among those who had early planting while sorghum is in the maturing stage similarly among those who planted early.

As much of the season was gearing into harvesting, challenges of pest control just after harvesting had been raised by the farmers among the groups we had engaged with. Also challenges of low pricing of the produce because many farmers fall into the trap of selling their produce early in the harvesting period hence poor profits and eventual low returns. These was happening as many farmers engaged with the traders even before harvesting the crop from their farms.

Training of The Fisheries Groups
The training was conducted between 22 and 26th November where 30 female and male participants were trained. It took place in Banjang through the support of FAO fisheries consultants. The following topics were covered:
- Varieties of fish available within the fishing sites in Banjang fishing sites along the Nile river.
- Fish handling hygiene/Public health
- Fish preparation
Fish preservation techniques:
- Selecting fish preservation methods per the type of fish and the composition of the fish; fatty fish or just fleshy fish
- Smoking methods and how to make a traditional smoking oven.

The trainees were more averse with the sun drying mode of fish preservation and appreciated the varied methods that were opened up to them on preservation and increasing shelf life for the harvested fish.

Fisheries Training being conducted in Banyjang primary school for the two groups by Willian Ushala (FAO fisheries consultant) and county fisheries officers Thomas Tor - Director

Construction of the Fish Processing Structures

We have already secured the contractor for both the Fish drying racks and the smoking ovens who will proceed with the activities in the selected sites in Banyjang Boma. Purchase of the materials is ongoing; Timber and the metal bars being sourced from Sudan.

The length for the fish drying rack was adjusted to 6 meters for the cost to be accommodated within the available budget. These was due to the high cost of metal bars and timber for the drying racks.
As we approached the close of the year, CMD field officers in collaboration with the county/state agricultural department conducted field visits to the farmer field schools to monitor the progress and understand the challenges they are or may be facing in the activities they were undertaking. The vegetable varieties that have been planted included: Collards, Okra, Eggplants, and Tomatoes.

Vegetable cultivation practices included the use of crushed Neem tree leaves mixed with ash and water to control pests. Identification of pests improved among the farmers as they were able to identify most of the pests in their farms and get rid of them.

Training methods used were lectures, group discussions, and farmer field visits. In Payuer Payam, training was conducted in the month of August in the respective locations where the groups were located.

The vegetables were healthy with no pest attacks, attributed to the dry season where there were mostly little/minimum pest precences and attacks to vegetable.

**Payuer Farmer Field School Visit**

We visited Payuer farmer field school where land preparation was still ongoing, this was going slower than expected though the chairman, Mr. Paulo Gaitano, was confident of the work to be done.

Plans were underway to do the planting of the vegetables in January and February period after they were through with the harvesting of the sorghum crop. There was need for water pumps to enable them irrigate their farms and do the best vegetable cultivation practices.
Vaccination and Treatment activities being conducted in Thol Payam Nyirol county

Provision of Services related to emergency livestock vaccination and treatment to support 10,400 HHs in Jonglei State

November to December 31st 2018

CMD implemented the Emergency Livestock Treatment and Vaccination Program in the counties of Uror and Nyirol targeting 10,400 HH beneficiaries. The program was initiated in November in the two counties. This was done through meetings with the local authorities and local elders. The objectives and activities of the project were discussed with the stake holders in the county; County commissioner, Local elders, and Livestock department officers in the respective counties.

Training of 25 Community Animal Health Workers was done in Uror and Nyirol. The CAHWs had been trained previously and thus we conducted a 7-day refresher training on Animal Health topics i.e; Role of CAHWs. Animal health diseases, Clinical diagnosis, Treatment and drug administration routes and Vaccination. We also trained them on the diseases that affected both human and animals alike; Zoonotic diseases and the risks of feeding on animals that have died of such disease in the community at large.

CMD trained Community Animal Health Workers on the how to do monitoring of the work done using the treatment and vaccination forms provided and the importance of reporting any disease out break within there locality to the Veterinarian and the Livestock department in the county.

Treatment was done in both counties with the drugs collected from FAO Hub in Juba.

CMD was able to reach 548 households, and treatment of 15,837 cattle, 9,636 goats, 1,185 poultry birds and 78 dogs in Nyirol county among the payams of Thol, Pading, Pulturuk and Nyambor, and 351 HH, 11,110 cattle and 12,278 goats in Uror.

CMD reached 854 households with 12,381 cattle, 4459 goats and 2425 poultry birds In the Payams of Pieri, Pulchual, Pathai, Motot, Wikol, Karam And Padiek.

The work was however facing challenges as the animals kept moving to other grazing lands with adequate water supply, for instance those from Uror to Ayod county whereas those in Nyirol moved to Chuil and Ayod, locations that are far. However we worked to ensure we were able to access the locations and achive the targets to ensure that animals are protected against the disease that keep limiting productivity of livestock in the locations.

Community mobilization was done with meetings being held with the local authorities and local elders in the respective county payams and bomas.
The mobilization were two since we had an opportunity of meeting most of the community leaders even those from Uror in Nyirol -Lankein where they had come for a state coordination meeting organised by the commissioners and the Local authority of the State.

Visibility signage was done through the NFI supplied by FAO and the T-shirts and the banner that we had on livestock vaccination campaign.

A 5 day training was done on The Role of a Community Health Worker in the community, livestock health, zoonotic diseases, clinical diagnosis, reporting and treatment.

We distributed the drug kits to the CAHWs and they were been used for treatment in both Uror and Nyirol counties. The treatment was to be done after all kits were distributed to the CAHWs.

A Vaccination campaign was done in Nyirol county.

While we only majored on treatment for Uror County since there is no cold chain facility to support vaccination campaign.

The beneficiaries cut across all the social status, IDPs, but most Livestock was owned by male family members. For this case majority of the names placed down as beneficiaries are male other than women even when the female members are the ones who were in charge of the livestock.
Insufficient health facilities played a big role in the rise of diseases, which have undermined efforts to reduce levels of mortality as a result of disease, malnutrition and unsafe practices.
Multiple displacements of populations, coupled with disease outbreaks, economic hardships and food insecurity all exacerbated the already dire humanitarian situation in parts of Ayod county majorly affecting women and children, who prior to the current situation where already living below globally accepted thresholds in WASH, Health, Nutrition and Food Security. Despite humanitarian interventions, assessment reports from Ayod indicate dire, Health and Nutrition needs far below standards.

Majority of the populations settled in various locations were prone to preventable and curable illnesses; The insufficiency of health units were further exacerbated by increased concentration of IDPs in safe havens, deliberate destruction of health centres by armed forces, breakdown due to lack of supplies and personnel and lack of access by humanitarian actors to carry out routine programming.

Increased caseloads were further strained available facilities, with majority of these
requiring support, management and inputs. Unsafe child birth habits were a common practice. The situation was expected to be compounded by the seasonality of these areas that lie along the Sobat and Eastern flood plains.

Latrine and bathing shelter collapses were inevitable in some areas, which led to public health risks such as cholera outbreaks, and increase in AWDs, malaria, amongst other diseases. Protection risks were increased to girls and women.

Insufficient health facilities played a big role in the rise of diseases, which have undermined efforts to reduce levels of mortality as a result of disease, malnutrition and unsafe practices. Significant disruptions of markets in Ayod were further lessened opportunities of already vulnerable communities to access basic health supplies.

The project was successfully completed, with most of the planned activities implemented.

Ayod County was experiencing excesses of poor healthcare provision as a result of continued fighting, fresh displacement and funding gaps. The 6-month project started on 1st August 2017 until the beginning of the 2018 year. 11,500 direct beneficiaries were targeted through this intervention (Including 4,600 women, 1,840 girls, 3,450 men and 1,840 boys); providing static emergency primary health care services. CMD worked alongside the County Health Department (CHD) in the payams of Wau, Pajiek and Mogok running 5 facilities (2PHCCs and 3PHCU).

Overall, project activities were implemented as planned; ensuring provision of services to the most vulnerable. Activities were scaled up to deal with major causes of mortality among U5C (Malaria, Pneumonia and Diarrhea) alongside providing a holistic package of health including clinical management of cholera cases in the area.

Curative solutions to SAM and provision of basic emergency obstetric and neonatal care were provided through the project. With upsurge of IDP figures due to recent fighting, CMD intensified mass awareness that reached populations in targeted populations. CMD worked alongside other cluster leads- MEDAIR, RMF and IMA ensuring constant availability of minimum stock of essential drugs and SAM treatments. Project supplies were delivered from MOH and IMA, enabling activities to be done as planned with minimal supplies gaps.

The project was to improve access to essential health care for conflict-affected and vulnerable host populations through provision of emergency comprehensive RH commodities (MISP, FP, ANC, safe and clean delivery, PNC, STI); emergency PHC services including EPI, ANC, PNC, HIV/AIDS services and Health Awareness and Education and VCT/PMTCT services in health facilities and community outreaches inline with cluster objective 1.

The project will further prevent, detect and respond to epidemic prone disease outbreaks by availing IDSRR
reports to MOH with focus on Cholera, kala azar, measles, malnutrition, SGBV other disease outbreaks that may occur. Essential clinical health services will be inclusive and implemented with dignity; while trainings will be integrated to provide PSS to vulnerable persons in line with CO1 and CO2.

From the project onset, CMD worked alongside the CHD, mapping out locations that had gaps and dire needs and with facilities non - functional. Provision of improved access to essential health services has been realised in the locations targeted, through availability of outpatient consultations, BemONC services and management of SAM in U5s. CMD further carried out light repairs at the facilities, making them more safe, appropriate and adequate for health care provision. In November and December alone, 5,859 U5s were attended to, with 231 women reporting for ANC for the first time in November and December alone.

EPI campaigns have been organised in Ayod County in collaboration with MOH and UNICEF/WHO, through cold chain and input support from MOH, UNICEF and the health cluster. Through the project, health practices have been improved in the areas due to availability of services.

Voluntary HIV testing and PMTCT services are now carried out within the county. CMD further has carried out health awareness and messaging campaigns in the locations targeted, reaching over 5,000 people. Disease surveillance networks have been established in the payams in direct collaboration with the County Health Department working through the CHD and the community health workers, with the CHD equipped to report online on the EWARS system, for quick response incase of alerts.

The project was monitored through the Ministry of health and Health Cluster’s mandated District Health Information Software (DHIS). DHIS provided data on consultations conducted throughout the project. EPI information for children under 1 year, Pregnant women and Data on reproductive and maternal health. Weekly IDSR reports were submitted to the MOH, monthly DHIS reports and quarterly QSCs. Through this project, preventative and curative care, immunizations, VCT, PMTCT. Obstetric and neonatal care were provided in the facilities targeted.

Data was collected at the facilities by trained personnel with the Clinical Officer in - charge responsible alongside the CHD for collating data. CHWs were trained further on surveillance and deep field data collection. Through these reporting mechanisms, regular data on disease prevalence, consultations, reproductive and maternal health care, communicable diseases, EPI, staff and clinical performances were obtained.

Reporting against HRP indicators was further done on a monthly basis to the cluster. Cluster recommended indicators that align to the HRP objectives were adopted, and progress assessed against these indicators. Monitoring visits have been done to the project sites through which recommendations were adopted to enable more effective program delivery. The project engaged a Monitoring and Reporting officer who worked in hand with the Health Manager to ensure information flow and that the project worked in one with the work plan.

CMD partnered with other Humanitarian Agencies to ensure a coordinated approach in WASH, NUTRITION, EDUCATION and PROTECTION to its programming. CMD consulted with IMA WORLD HEALTH to ensure coordinated health approach to reduce on duplication of activities and increase coverage. CMD also worked closely with the MOH of Ayod County especially through capacity building to increase disease surveillance within the County. UNICEF/WHO offered pipeline technical assistance especially regarding cold chain maintenance.

The County Health Department in Ayod County was central in our implementation process. CMD setup suggestion boxes at the facilities and offices too, for purposes of obtaining feedback from beneficiaries. Feedback forms are also issued at facilities from patients on routine medication/consultation, with oral feedback taken from those unable to read and write. Staff recruitments were done transparently with stakeholders participating in the process, with a balance of gender groups. CMD also constituted single sex focus groups, especially to deal with female health concerns. Feedback was obtained from female beneficiaries regarding services provided, which enabled CMD improve service delivery in the locations targeted.

CMD involved both men, women, boys and girls in any assessments, ensuring that sex and age disaggregated data are captured and women’s participation in decision-making on design of the health service and facilities (incl. health clinics,
mobile units and community-based services); We ensured that the needs of women and girls are discussed through the focus groups and met. CMD also ensured that outcome statements were captured, and the changes for all sex and age groups, while applying gender sensitive indicators agreed upon with the cluster. For example during staff recruitment, we ensured that both male and female nurses were recruited, with the midwifery strictly for women. Admission spaces at the centres were separated for both men and women, coupled with establishment of gender segregated sanitation facilities for men and women.

HIV/AIDS mainstreaming was done through messaging; VCT services provided at all supported facilities. CMD also provided preventative measures for infection, treatment for PLWHIV, as well as PMTCT services in all supported facilities. Environmental protection was upheld, CMD followed health guidelines on medical waste disposal, ensuring negative environmental impact does not happen. Tree planting at designated PHCCs and Us was emphasized ensuring also that setup of structures does not lead to deforestation. Sanitation, Hygiene and Solid waste management areas are positioned far away from water sources, in areas that ensure safety and dignity for beneficiaries, as well as within the facilities.

CMD provided health service delivery at facilities in Wau, Pajiek and Mogok payams. The project supported 3 PHCUs (Kharmun, Padek and Kandak) together with 3 PHCCs in Jiech, Gorwai and Mogok covering SAM cases with medical complications and Clinical management of rape (CRM) aligned with clinical packages. 2 mobile teams were involved; one in Wai through Gorwai and Mogok. Mobile health facilitiers were operated once a week, with key health workers including clinicians, Nurses and CHWs travelling from the PHCCs and PHCUs to provide skilled diagnosis and treatment and treatment as well as RH. A roving Health Coordinator periodically played a supervisory role. At the facilities, Maternal Child Health Workers supported maternal and child health though malnutrition screening of children, provision of ANC and malnutrition of PLWs, and IYCG counselling to all PLWs in coordination with Real Medicine Foundation (RMF) and MEDAIR, nutrition partners on ground. EPI services were provided in jiech, including one mass campaign for deworming conducted in Kharmun, Mogok, Kandak and Padek in line with the National Immunisation Day (NID) facilitated by WHO. 2 rounds of OCV campaigns was conducted in Ayod, areas of within 2 hours of Jiech, Padek, Kandak and Kharumn.

Health education and promotion was carried out amongst communities targeted both at facility and communal level in Padek, Kandak, Kharmun, Jiech, Gorwai and Mogok. Overall, 25,666 persons including 10,266 women both at facility and community level were reached with health education/promotion. These were provided with information regarding preventative medicine and healthy living. Household health education and promotion was given a priority alongside basic disease surveillance, identification and reporting. Community Health Workers also held demonstration episodes of hand washing and water purification procedure with. Altogether 4,270 HHs were reached during the 6 months of the project reaching a total 25,666 individuals.

In Jiech, Gorwai, Mogok, Padek, Kharmun and Kandak, health staffs, selected from the community including representatives from the County Health Department were trained for four days; training covered subjects including emergency preparedness and clinical management of rape. Staffs were facilitated during the trainings and engaged through brain storming in group discussions with aim to empower the local community with knowledge for sustainability and better management of patients.

Surveillance systems were established in Ayod, with the county having one of the highest disease alerts in 2017. This was due to the effectiveness of the surveillance structures established in collaboration with the health department. Malaria contributed to most of the alerts resulting from averages of between 7 and 10 confirmed cases out of about 20 patients visiting the facilities each day. This was followed by AWD alerts especially towards the end of the year 2017, stimulated by rains and contamination resulting from the rain waters in Ayod. CMD strengthened response in Ayod, ensuring constant flow of drug and non-drug supplies to the facilities to facilitate medical procedures. In Coordination with the CHD, close surveillance on disease was prioritised and alerts issued as per the thresholds.

Reports were shared with the MOH, Cluster and WHO and updates on intervention progress shared during the cluster coordination meetings.

AWD management was done at established CTUs. Cholera cases rapidly waned in the county as a result of rigorous preventative measures set up. There were only 2 cases of cholera during the project duration while zero cholera cases were confirmed, with majority of the cases attended to AWDs. CMD was able to bring cases down after 3,856 cases of cholera in Ayod alone by enforcing recommended WASH practises. The intensified hygiene promotion messages package to respond to cholera outbreak response and touching on

Consultation in Gorwai PHCC
comprehensive hygiene behavior-change components, robust integration with health and nutrition interventions, and fully streamlined gender and protection were addressed. A total of 3 CTUs were established in Padek, Kharmun and Jiech. 2 rounds of OCV campaign was conducted in Ayod in the areas of Jiech, Padek, Kandak and Kharmun which proved significant in containing reemergence of new cases.

Two rounds of OCV were carried out in Ayod reaching 9,337 persons in the second round only. 54% of the beneficiaries were women. To prevent further cholera transmission, the IOM rapid response team (RRT) in coordination with the Health Cluster, WHO, UNICEF and CMD, conducted two rounds of OCV campaign in Ayod county. CMD, in response to cholera outbreak in Jiech, Ayod county deployed a health team to Jiech, Ayod for 3 weeks from 25th April to 15th May 2017. A microplane was effected, highlighting a two-rounds plan, HR arrangements, training, transportation and supplies components.

CMD coordinated with the IOM RRT team to ensure the vaccines were transported to targeted field locations and the vaccination campaign was conducted in all areas as detailed in the micro plan. Half day training was provided to all 4 teams at the beginning of the first round campaign. Identification (surveillance), case management, sample collection and coordination was done, and managed a total of 152 cholera cases (80 cases admitted to CTU and 72 in ORP sites), conducted consultations for 3,373 persons with other common illness such as malaria and respiratory tract infections, and reached 8,449 people with health and hygiene key messages.

The campaign lasted for four days in four target payams – Jiech, Padek, Kandak and Kharmun in both rounds. Social mobilization done for 6 days as it started two days prior to the OCV campaign. The Post Campaign Evaluation(PCE) took two full days in all field location.

Quality of health care improved by ensuring essential Clinical health services are inclusive and implemented with dignity targeting specific needs of vulnerable populations and with improved access to psychosocial support and mental health services.

Essential health services have been made available in the county for IDP communities mainly in the areas of Wau, Mogok and Pajiek. Through this, effects of violence and GBV was attended to, through provision of specialised services for SGBV and mental health challenges.

All facilities supported were provided with personnel and services for SGBV, CMR and MHPSS. CMD integrated WASH in the response, as a mechanism to avoid disease spread as a result of poor WASH.

Clinical management of SGBV services were made available at all facilities supported by CMD. Reporting of cases remains a challenge with most of the victims choosing to remain silent. CMD, however worked with Community Action Organisation (CAO) alongside INTERSOS partners who are active Protection partners on ground. Community mythical perceptions of GBV issues as shameful made reporting challenging. Regular education by utilising avenues such as trainings and community / household campaigns proved effective as 3 cases were reported across the facility, all resulting from conflict related abuses with victims referred to GBV partners after treatment. Stigmatisation remains a real challenge in all the locations reached through this programming.

CMD staffs and County Health departments across all targeted PHCCs/Us were trained on clinical management of rape, preparing them on best practices when handling GBV related survivors.

40 cases of SAM in u5s were clinically managed.

WASH facilities consisting of gender segregated latrines, lockable were installed at facilities. These had hand washing facilities installed, with bathing shelters disaggregated by sex established too.

Water quality tests were done by CMD as part of their WASH response in Ayod. CMD with the support of Hygiene promoters carried out water Quality Monitoring at household level for bacterial presence and chlorine residue test. Turbidity test was also carried out based on need as the project progress. CMD utilised its existing WASH intervention in Ayod to extend services to boreholes serving targeted health units to reduce consumption of contaminated water from nearby boreholes. Additionally, WASH NFIs including PuR/Aquatabs were provided to 2067 vulnerable HH with Purification tablets/ PUR given mostly to those who walk more than 45 minutes to access water points, with patients amongst the beneficiaries. Community Health Workers were involved in carrying life-saving messages.

In Jiech and Pagil PHCCs, drums were stationed as incinerators; enabling all medical wastes to be burnt regularly. Additionally standard waste management pits were dug, complete with barriers in all PHCCs and PHCs. Here, wastes from the health centres/units was collected, separated, and disposed through burning every evening. CMD implemented WASH in Ayod, extending its services, including water testing to the health facilities.

All staff involved in project activities were trained with trainings focussing on cholera case management and prevention, disease surveillance and outbreak response, CMR, MHPSS and safe deliveries.

CMD carried out trainings in Ayod county for staff directly involved in project activities. These included modules on CMR, Disease surveillance and outbreak response, RH and MHPSS.
Provision of emergency health services to internally displaced persons and vulnerable host communities in Ayod County, Jonglei State

March 20 to September 30th 2018

The overall project objective was to reduce mortality in areas of high displacements, high food insecurity, malnutrition and low presence of health facilities. This was done through the cluster-endorsed packages. (Mobile Teams, PHCUs and selected PHCCs fro SAM stabilisation centres and CMR). The project sought to strengthen capacity of the CHCs to detect and manage outbreaks. Linkages with nutrition, WASH, Protection and Education was strengthened through cross cutting activities and referrals. In line with the cluster 2018 specific objectives, the project aimed at; Improving access and scale-up responsiveness to essential healthcare needs of the vulnerable populations by focusing on the major causes of morbidity and mortality. Preventing, detecting and responding to epidemic prone disease outbreaks and promote WASH in health facilities in conflict affected and vulnerable populations, ensure quality essential clinical health services are inclusive and implemented with dignity targeting specific needs of vulnerable populations.

At the start of the project and throughout it's implementation, Ayod county played host to over 50,500 IDPs and a community of 166,334 persons with limited or no health care services. With a target population of 21,429 (12,000 females), the project aimed at improving access to essential health care for conflict affected and vulnerable populations in Ayod through the provision of emergency health services with dignity to IDPs and vulnerable host communities in through mobile teams, PHCUs and selected PHCCs cluster health packages. The areas
of intervention included Jiech PHCC, Kharmun, Mhaar, Padek, Kuachdeng and Normanyang PHCUs. The project also reached communities in the locations of Wechdeng, Wechdeng, Mogok and Wai with emergency health care. Activities aligned with the health cluster clinical packages.

Over 95% of the target was reached in the locations, with OPD consultations at the PHCC and PHCUs exceeding the target by over 20%. The project aimed at reducing mortality in areas of high displacement, food insecurity and malnutrition through which 2,920 children (6 months - 15 years) received measles vaccination. (1,304 boys, 1,646 girls)

CMD working alongside other partners in Ayod, including IMA, UNICEF, RMF responded to 6 alerts within 48 hours in the payams of Wau, Pajiek, Pagil and Kuachdeng. In an aim to strengthen protection of women and girls, SGBV/CMR services were provided at 3 facilities including Jiech PHCC, Kharmun PHCU and Padek PHCU.

CMD provided a comprehensive package, including WASH, Nutrition and livelihood support. 20 health workers have been trained on infection prevention and control and disease surveillance and outbreak response. Our nutrition approach included treatment of children under 5 with SAM. 3,923 cases of malaria were treated with ACT with the program reaching over 30,958 people with health education.

20,462 people (56% female) have received emergency health services in the county, 51.3% of these IDPs, majority of these multiply displaced. Cross cutting needs of women and girls were addressed too, with 1,523 girls receiving MHM and dignity kits, 859 number of women receiving ANC services, 14 referrals facilitated to the nearest county hospital.

As a result of the intervention, health care services have been provided and access eased for displaced populations and vulnerable in Ayod county especially in the locations of Wau, Pagil and Pajiek payams. 17,258 persons were attended to at the facilities only, with majority of these women and children. Through mobile teams constituted, 17 villages were reached with services, mainly in the locations of Wechdieng, Wechdeng, Normanyang, Mogok, Wai, Kharmun, Padek, Kuachdeng and Mhaar. Through these outreaches a total of 3,204 persons were reached, 1,503 of these females.

A total of 20,462 persons were provided with health services; 17,258 of these at the facilities, 3,204 through the mobile teams. 56% of these reached were female.
OPD services were offered at the main PHCC in Jiech and the PHCUs in Kharmun, Mhaar, Padek, Kuachdeng and Normanyang. A total of 17,258 persons were attended to at the facilities in Jiech PHCC and other targeted PHCUs. 7,524 of these were under 5s and 9,734 adults.

CMD carried out routine measles vaccinations at the facility and through outreaches. A total of 2,920 children (6 months to 15 years) were vaccinated. 1,178 number of these at the facility in Jiech through routine immunisation and 1,772 of these through outreaches and campaigns. 120 of these vaccinated in Kuachdeng by the outreach team, 189 in Normanyang and the rest in Kharmun, Mogok and Padek.

The low coverage was due to absence of cold chain in locations of Gorwai and Pagil, with a cold chain only in Jiech.

A total of 6 alerts were reported, 4 of these were guinea worm alerts, which were verified by a team from WHO and Carter centre. 2 of the alerts were AWD alerts, samples brought to Juba and all tested negative for cholera.

Key health personnel underwent training in SGBV/CMR management. Structures and mechanisms to support SGBV/CMR services were set up mainly at Jiech PHCC, Kharmun and Padek PHCUs.

As a capacity building strategy, A number of health workers were trained on infection prevention and control. 12 of these were male and 8 female. Training took place in Jiech.

Through an integrated response, 435 cases of SAM were identified through the facilities, outreaches and campaigns. 320 of these were females, 115 male. Majority of the cases were attended to in Jiech, Wai, Mogok and Kharmun.

A total of 3,923 malaria cases were attended to; 1,648 of these female with more than half of the cases children <5.

A total of 30,958 persons were reached with health education. This included persons reached at the facilities, outreaches, campaigns and institutions. 51.5% of these reached are female.

20 staff were trained on disease surveillance and outbreak response, 12 of these were male.

CMD provided components in conformity to the cluster packages mainly for the PHCC in Jiech. Essential health care packages as defined by the cluster have been provided in the facilities.

The community in Ayod county participated in the design of the project through knowledge, awareness and feedback consultations carried out by field based staff. Through this, CMD identified facilities to support for this particular grant, working closely with the county health department. Focus groups were constituted and the females agreed Jiech PHCC to be the main facility to deal with cases of SGBV+CMR. A suggestion box is set up at the PHCC in Jiech and all CMD office bases within the county.

Achievement sessions were held, with monitoring staff having sessions with local authorities, facility staff as well community leaders and elders.

As a cluster member, CMD worked in collaboration with the cluster and lead agencies to ensure excellent service delivery. This enabled the organisation access inputs, adopt tools, share information and consider best practices. As a result of this, alerts triggered in Ayod county were able to be responded to, such as the guinea worm case in Pagil that was verified by the Carter Centre+WHO. AWD alerts were followed up with samples delivered to Juba to possible cholera cases.

In Jiech, CMD held monthly meetings in participation of key actors such as RMF, IMA, CRS through which comprehensive humanitarian responses were agreed upon. Through coordination, duplication of services was avoided with other partners reaching out to populations in need and ensuring better utilization of resources.
Water, Sanitation & Hygiene
AND WASH - GBV

Emergency WASH response to support Cholera affected Communities including IDPs, Host and Returnees in Ayod, Duk, Kapoeta South and North (Jonglei and Eastern Equatoria States)

CMD in partnership with UNICEF are implementing emergency WASH response to support cholera affected communities including IDPs, host and returnees in Ayod, Duk, Kapoeta South and North targeting 49,310 (29,586 IDPs) for Ayod, Duk - 21,810 (13,086 IDPs), Kapoeta North - 21,340 (12,804 IDPs), Kapoeta South 21,340 (12,804 IDPs) 14,800 children (5,290 girls and 9,510 boys) including WASH in schools activities in Ayod, Duk and Kapoeta North and South. Total Population 113,800 people were targeted under this program starting from the 30th April 2018 to 30th April 2019.

In Kapoeta South 3895 HH reached with CMD 12 messages covering 4 sessions comprising of 11538 individuals reached (1,378 girls, 756 boys, 5750 women, 4216 men) 30 Hygiene promoters trained in Kapoeta South targeting 13 HH per week each totaling to 390 HH in week and 1560 HH in a month targeted in Kapoeta South.

In Kapoeta North achievement in quarter 2 reached 576 HH, 4726 individuals (1127 girls, 1221 boys, 1205 women and 1173 men) reached with hygiene messages having gained access to improved hygiene through adopted 12 messages at least 4 sessions conducted.

In Duk County messages totaling to 10653 individuals (3108 girls, 2292 boys, 3339 women, 1914 men), reached with hygiene messages having gained access to improved hygiene through adopted 12 messages at least 4 sessions conducted.

In Kapoeta North achievement in quarter 2 reached 576 HH, 4726 individuals (1127 girls, 1221 boys, 1205 women and 1173 men) reached with hygiene messages having gained access to improved hygiene through adopted 12 messages at least 4 sessions conducted.

In Ayod 4,335 HH reached in four major operation area of pagil, Mogok, Pajiek and Wau, 16245 individuals reached through Jerican cleaning exercise, water treatment demonstration and House to house visit (4,568 girls, 3598 boys, 5391 women, and 2688 men) reached with hygiene messages having gained access to improved hygiene through adopted 12 messages at least 4 sessions conducted.

In Duk County 3748 HH reached with key messages totaling to 10653 individuals (3108 girls, 2292 boys, 3339 women, 1914 men).

The program activities are still on going until 30th April 2019.
Provision of Emergency WASH Support to IDPs and Vulnerable Host Communities in Ayod, Nyirol and Kapoeta South Counties (Jonglei and Eastern Equatoria States).

August 2017– March 2018

In a span of 8 months (August 2017– March 2018), CMD surpassed target by over 50 % above the project target with an expanded package of life-saving, emergency WASH interventions in the 4 counties that is addressing the evolving needs in the two states. CMD focus was to reduce risk of preventable WASH related diseases as result of widespread lack of safe drinking water, improved sanitation facilities and poor hygiene practices that has affected large proportion of the population in the targeted regions.

In water, more than 41,807 individuals- 17,624 Ayod, 10,496 Kapoeta South, 10,417 Nyirol and 3,270 in Kapoeta North (64% IDPs and 36% people in the host community), with 60% focus on women and girls, directly benefitted from the project through timely access to safe and sufficient quantities of water for drinking, domestic use and hygiene purposes.

Acutely vulnerable communities continue to benefit from the rehabilitation of existing water infrastructure with 40% of the project implemented in Ayod, 30% in Nyirol and 30% in Kapoeta South. Kapoeta North was also targeted by the cluster and CMD reached 654 HH in Kapoeta North County increasing the number of counties under this project to 4 (Ayod, Nyirol, Kapoeta South and Kapoeta North). Project targets at the end after the implementation period 100% with more people projected to have access to improved sanitation even after the project end date. This represented 8,347 Households ( Ayod 3586 HH, Nyirol 2086HH, Kapoeta South 2021HH and Kapoeta North 654HH) as having access to increased, timely and equitable access too safe water, sanitation and hygiene services and behavior change.

Altogether 72 boreholes were rehabilitated within the project period (27 in Ayod, 20 in Kapoeta South, 19 in Nyirol and 6 in Kapoeta North). In Kapoeta South, CMD reached over 37,070 individuals drawn from 6,584HH with hygiene promotion campaign to respond to the cholera outbreak which was far above the target of 16, 000 individuals. The intensified hygiene promotion messages package to respond to cholera outbreak response and touching on comprehensive hygiene behavior-change components, robust integration with health and nutrition interventions, and fully streamlined gender and protection were addressed.

In Ayod Hygiene promotion activities reached 22,274...
individuals from 4690 HH, in Nyirol Hygiene promotion activities had 19,280 individuals reached with CMD 10 messages of Hygiene.

The month of August, September, October was marred with heavy rains and flooding reducing Activities of Latrine construction, however altogether 1137HH reached with sanitation represented by 5,470 individuals. More attention was given to sanitation activities after rains reduced with 100 latrines established in Total by the end of the project (40 in Ayod, 30 in Nyirol and 30 in Kapoeta South).

In terms of Hygiene promotion, CMD achieved more than the overall project target by mid of the project period and thus Household hygiene promotion took a different approach in knowledge assessment filling in the knowledge gaps that existed in the household based on the CMD 10 messages of hygiene. 1137 HH are no longer defecating in the open: expanded comprehensive hygiene promotion has resulted to behaviour change in most of the reached communities.

Improved sanitation amongst households witnessed as a result of improved 100 sanitation facilities (latrines) established. 15000 boys, girls and teachers were also reached through WASH in schools segregated as 9,495 boys, 5,318 girls, 153 men and 34 women covering schools supported by CMD in Ayod.

The main objective of the 8 month project was to reduce occurrence of disease and death amongst food insecure, highly malnourished vulnerable populations due to WASH related diseases by:

- providing timely access to safe and sufficient quantities of water for drinking, domestic use and hygiene purposes meeting SPHERE standards.

- providing access to appropriate and inclusive sanitation and hygiene facilities and services to vulnerable populations in Jonglei and Eastern Equatorial State.
- Fostering behavioral change amongst vulnerable populations to mitigate WASH related disease and practice good hygiene.

IDPS, vulnerable host communities and returnees have safe, easily accessible quantities of water for drinking, cooking, personal and domestic use.

Water points were established / upgraded / repaired / rehabilitated to provide clean, safe, adequate and sustainable water access and increase accessibility based on people per water point.

72 broken down hand pumps/ water points rehabilitated; 7 water points above the target in Kapoeta with 6 in Kapoeta North and 1 extra in Kapoeta South above the target. 2 counties of Jonglei state (27 Ayod and 19 Nyirol) and 2 counties Eastern Equatoria state (20 Kapoeta South & 6 Kapoeta North) in collaboration with the local authorities using CMD trained pump mechanics and community mobilisers.

Identification and registration of broken down hand pumps especially in areas occupied by the vulnerable HHs amongst who are IDPs, returnees and host communities. Factors considered were number of users, their proximity and amount of water borehole produced.

Domestic use was given priority over other uses for water in rehabilitation of boresholes. Where possible, consideration was given to at least 15 litres of water to be available per person per day (l/p/d).

WASH NFIs including PuR/Aquatabs provided to 1320HH in Kapoeta South within the first 3 months and 747 vulnerable HH within the last 3 months of the project with HH receiving 1
bucket with cover, one collapsible Jerrican, 3 bars of Soap and water purification tablets.

Accessibility of targeted locations, timely disbursement of project funds to facilitate the quick-start of the project activities, County Government providing adequate security in areas prone. The overall security status in country remains calm. Effectiveness of logistics between Juba and locations targeted by intervention. Airstrips always remains land-able to UNHAS flights to enable staff pay weekly/monthly visits to the project sites

WASH NFIs including PuR/Aquatabs provided to 2067 vulnerable HH with Purification tablets/ PUR given mostly to those who walk more than 45 minutes to access water points, the supply was for 2 months targeting the heavy rainy season. 1320HH in Kapoeta South received two months supplies within the first 3 months while 747HH received their supply in February 2018. House Holds received 1 bucket with cover, one collapsible Jerrican, 3 bars of Soap and water purification tablets. The areas targeted in Kapoeta South included 7 bomas namely Nanakanak, Nakoringomo, Lokupunanya, Natiriai, Nabile, Logera, Longole and 35 buckets with lid and tap distributed in 7 schools with each school receiving 5 buckets each.

During the RRM CMD in collaboration with UNICEF, reached 6115 HH with WASH NFIs comprising of Soap, filter clothes and Water purification sachets and mosquito nets in Ayod county on 30th November to 3 December 2017. This was carried in 4 locations of Ayod namely Gorwai, Wai, Karmun, and Mogok (NB/ RRM data is not included in under this project to avoid double counting on dash board even though it targeted same beneficiaries.

IDPs, returnees and vulnerable host communities provided with improved access to safe, sanitary, and hygienic living environment through delivery of sanitation services that are secure, sanitary, user-friendly and gender-appropriate. Accessibility of targeted locations, timely disbursement of project funds to facilitate the quick-start of the project activities, County Government providing adequate security in areas prone. The overall security status in country remains calm. Effectiveness of logistics between Juba and locations targeted by intervention. Airstrips always remains land-able to UNHAS flights to enable staff pay weekly/monthly visits to the project sites

100 Gender appropriate and safe Emergency latrines and Hand washing facilities were setup in Ayod , Nyirol and kapoeta South. Flooding and heavy rains slowed down the activities of latrine digging and establishment during the first 4 months of the project. The last 4 months of the project were favorable for latrine digging and construction leading to proper activity coverage with 40 in Ayod, 30 in Nyirol and 30 in Kapoeta.

Vulnerable households were provided with cluster accepted standard hygiene and dignity kits. 500 dignity kits were distributed to 500 adolescent girls in Gorwai 150, Pagil 150 and jiech 200 through CMD partnership with UNICEF under Education in Emergency. Hygiene promoters were also equipped with appropriate knowledge to come up with local approach to dignity kit, focused discussion with men who forms major opinion enforcers on dealing with myths around menstrual cycle was successful.

Through discussion myths were demystified as normal cycle of growth into adulthood, has no implication on livelihood and only proper hygiene should be maintained. Throughout the hygiene promotion exercise the communities were enlightened on the same.

Household Hygiene promotion was given a priority
CMD will maintain presence and coordination after project adoption. CMD adopted 12 messages of hygiene passed to the latrine digging in late July and August and establishment was given to at least 7.5-15 litres of water to be available to pumps especially in areas occupied by the vulnerable HHs with IOM.

The project was monitored by a full time Monitoring and Evaluation Officer who is under supervision from the Programs coordinator. There were monthly visits in the project sites by staff based in Juba together with a full time WASH Officer, field coordinator in Ayod, Nyirol and Kapoeta South counties for the purpose of assessing, measuring the level of achievements and constraints, identify lessons or good practices. CMD activities in Kapoeta North were being monitored from Kapoeta South. SSHF monitoring team also carried out project monitoring in the last quarter of the project.

CMD conducted staff orientation on IASC commitments to AAP to all staffs who took part of the project. In order to strengthen feedback mechanisms from communities CMD provided suggestion boxes in all CMD field offices to maximize on inputs from communities. Positive and negative feedback was incorporated into lessons learnt for project improvement. All CMD led assessments had potential beneficiaries took part in every exercise.

We emphasized transparency in project implementation by directly involving the community in every stage of the project to ensure clear understanding of objectives of the project, expectations and stakeholders. CMD has incorporated the Commitments on Accountability to Affected Populations (CAAP) into all relevant statements, policies and operational guidelines including incorporating them in staff inductions.

CMD ensured facilitation of the provision of feedback from affected people on the services. Information were made available to local communities in local languages through community mobile megaphone radios, forums such as church meetings amongst others. Staff, volunteers and consultants, both national and international, are provided with adequate and timely inductions, briefings, and clear reporting lines that promote positive organisational behaviours and enable staff to understand their responsibilities, work objectives, organisational values, accountability commitments, key policies and local context.

CMD worked with partners and other stakeholders to ensure the needs of the most vulnerable are addressed while upholding all standards of ‘Do No Harm!’

The effects of floods in most locations of Ayod caused accessibility issues, delaying mobility and deliveries into the project locations, with the prepositioned supplies CMD continued with activities even during heavy rains. At the same time CMD made good use of the last 4 dry months of the project from December 2017 to March 2018.

The outbreak of conflict in Nyirol during the month of September and Ayod in the month of November (especially Waat in Nyirol and Wau in Ayod) areas created displacement of huge populations who mostly settled in Lankien and Pajiek causing humanitarian catastrophe and security crisis. The influx also stretched community needs beyond the targeted numbers. CMD in collaboration with UNICEF managed the influx through RRM and mobile outreaches.

Availability of spare parts remains a key issue since the local pump mechanics confirmed the inability to repair the broken pumps without the spare parts. Frequent breakdowns resulting from increased caseloads and exhausted borehole parts were common, with the prepositioned supplies and more deliveries during the dry seasons the situation was addressed.

Physical and social infrastructure in Ayod, Nyirol and remote places of Kapoeta reversed/delayed much of the activities, delaying deliveries into some remote locations. However, dry season activities implementation proved successful even in rough terrain where there exist no road infrastructure.

Beneficiaries selected for training of WASH actors involving hygiene promoters, pump mechanics, Water management committee and local authorities concerned for the project were chosen locally from the beneficiaries. Their capacity enhancement involved formal training and on job training.

This project provided refresher training to 26 local pump mechanics distributed in the three project locations, 80 hygiene promoters and county resource committee to help in management of community resource. During the training CMD emphasized on cost recovery to user for basic maintenance and chain of logistic for supplies needed. Much weight was placed on daily care and routine maintenance of community resource. At the end of the project the water and sanitation facilities were handed over to relevant line ministries.
Emergency WASH support to IDPs and Vulnerable host communities in Ayod, Duk and Nyirol Counties (Jonglei State)

With support from SSHF, CMD proposed and implemented a 6-month project to intensify lifesaving water, sanitation and hygiene services for IDPs and host communities in Ayod, Nyirol and Duk (Jonglei State) with a scope for expanding to other high-need areas within these counties. The project proposed 20% to be implemented in Ayod, 35% in Duk and 45% in Nyirol. The emergency response attained 32% above the targeted of 46,000 individuals in Ayod, Nyirol and Duk in Jonglei state with expanded package of life-saving WASH interventions.

The project activities included provision of clean and safe water and more than 39,629 individuals- 9,208 Ayod (2591 girls, 1859 boys, 3008 women and 1750 men) 13,398 Duk (3813 girls, 2914 boys, 4201 women and 2470 men) and 17,023 Nyirol (4597 girls, 3727 boys, 5150 women, 3549 men). The project proposed to reach 57.2% IDPs and 33.3% people in the host community, with 58.3% focus on women and girls, directly benefited from the project through timely access to safe and sufficient quantities of water for drinking, domestic use and hygiene purposes. 70 boreholes were rehabilitated within the project period, 15 hand pumps rehabilitated in Ayod reaching 1658 HH (2591 girls, 1859 boys, 3008 women, 1750 men) in Duk 25 boreholes rehabilitated reaching 2728 HH (3813 girls, 2914 boys, 4201 women, 2470 men) and 30 rehabilitated in Nyirol reaching 3397 HH (4597 girls, 3727 boys, 5150 women, 3549 men).

A total of 11,001 girls, 8500 boys, 12,359 women benefited from the project besides 7,769 men through access to clean and safe water. An estimated 3,813 people gained access to improved sanitation facilities and are no longer defecating in the open altogether 65 latrines constructed (14 in Ayod, 22 in Duk and 29 in Nyirol. The project met and surpassed intended outcomes in the Ayod, Duk and Nyirol.

End of project targeted 3000 individuals having gained access to improved sanitation and nearly 711 households have access to services with activities including clean and safe water, gender segregated sanitary facilities (latrines and hand washing facility).

CMD directly engaged key project staff in close consultation with the local authorities towards ensuring balance in beneficiary selection and strategic implementation. The local community were involved at all stages of beneficiary selection and site selection. Community members were engaged in provision of cheap labor and volunteer works. Nyirol had high number of IDPs from Uror and Akobo due clashes between government forces and opposition prior to project design, with Lankien county headquarters experiencing influx.

CMD achieved more than the original target of 18,000 people totaling to 40,092 people reached through hygiene messages covering household hygiene promotions and will continue to gain access to clean water for drinking and promote safe acceptable sanitation trends.

CMD directly contributed to strengthening the enabling environment to adopt and sustain the project approach beyond the original intended period by training emergency hygiene promoters to reach the targeted population with emergency WASH services. Trained beneficiaries were identified from the targeted populations and given adequate capacity to manage and mobilize the community as a way of transferring and sharing knowledge on sanitation and hygiene. CMD conducted a rapid assessment to ensure quality standards, maintenance of services and community perception of quality and affordability. CMD with an established presence in Ayod, Duk and Nyirol (Jonglei) granted a platform form integration with existing CMD projects like Education In Emergency Program, health, nutrition and livelihood activities.

The main objective of the 6 month project is to reduce occurrence of disease and death amongst food insecure, highly malnourished vulnerable populations due to WASH related diseases by:

- providing timely access to safe and sufficient quantities of water for drinking, domestic use and hygiene purposes meeting SPHERE standards.
- providing access to appropriate and inclusive sanitation and hygiene facilities and services to vulnerable populations in Jonglei State.
- Fostering behavioral change amongst vulnerable populations to mitigate WASH related disease and practice good hygiene.

70 Water points were established / upgraded / repaired / rehabilitated to provide clean, safe, adequate and sustainable water access and increase accessibility based on people per water point.

Purification tablets/ PUR were given mostly to those who walk more than 45 minutes to access water points, the supply was for two months targeting the heavy rainy period of August and September. 1120HH received two months...
supplies in Ayod and Duk.

70 nonfunctional Water points rehabilitated in collaboration with the local authorities using CMD trained pump mechanics and community mobilisers. Identification and registration of broken down hand pumps especially in areas occupied by the vulnerable HHs amongst who are IDPs, returnees and host communities. Factors considered were number of users, their proximity and amount of water borehole produced. Domestic use was given priority over other uses for water in rehabilitation of boreholes. Where possible, consideration was given to at least 7.5-15 litres of water to be available per person per day (l/p/d) and cattle consideration.

Safe and sufficient quantities of water (SPHERE) have been provided to IDPs. Vulnerable Host communities and returnees for domestic and personal use. Incidences of water borne/diarrheal related diseases and malnutrition reduced as compared to last year during cholera and hunger outbreak.

Provision of WASH minimum package of activities in the three targeted location impacted on the number of SAM/MAM cases reducing significantly as compared to Last year during hunger and cholera outbreak. IPC rating for Ayod improved from 4 to 3 from last year due to combined effort of WASH minimum package and other sectors like health, nutrition, education and food security and livelihood program.

IDPs, returnees and vulnerable host communities provided with improved access to safe, sanitary, and hygienic living environment through delivery of sanitation services that are secure, sanitary, user-friendly and gender-appropriate.

65 Gender appropriate and safe Emergency latrines and Hand washing facilities setup. 14 latrines in Ayod, 22 in Duk and 29 in Nyirol with lockable doors. Women were involved in site selection and design as part of AAP and safety audits.

65 Gender appropriate, lockable latrines and Hand washing facilities setup in Ayod 14, Duk 22 and Nyirol 29. Flooding and heavy rains slowed down the activities of latrine digging in late July and August and establishment during the project during the project period.

Communities and populations have reduced risk of WASH-related diseases, or negative impacts on nutritional status, through access to improved hygienic practices as a result of hygiene promotion activities and improved coordination hygiene initiatives, campaigns organized at county, Payam, Boma, village and household level.

CMD adopted 12 messages of hygiene passed to the community through trained hygiene promoters. 60 hygiene promoters trained 13 in Ayod, 20 Duk and 27 in

Nyirol the messages included Safe Water cycle from source, transportation and storage including house hold water treatment. Excreta Disposal, Solid Waste disposal. Hand washing with soap/ash at critical times, Food Hygiene, Household Hygiene, Personal Hygiene, Menstrual Hygiene and Cholera prevention.

Household Hygiene promotion was given a priority alongside demonstration episodes of hand washing and water purification procedure with each hygiene promoter targeting 13 HH per week raising CMD weekly targets to 780 HH/week. Key messages that featured included cholera prevention messages. Altogether a total of 7394 HHs were reached during the 6 months of the project reaching a total 40,092 individuals. In Ayod individuals reached were 14788 from 2592 HH comprising of 4480 girls, 3695 boys, 4028 women and 2585 men. Duk 12061 individuals reached from 2251 HH represented by 3087 girls, 2531 boys, 3550 women and 2893 men. In Nyirol 13243 individuals reached from 2551 HH comprising of 3624 girls, 3018 boys, 4077 women and 2524 men.

CMD conducted staff orientation on IASC commitments to AAP to all staffs who took part of the project. In order to strengthen feedback mechanisms from communities CMD provided suggestion boxes in all CMD field offices to maximize on inputs from communities. Positive and negative feedback were incorporated into lessons learnt.

Latrine pit lining in Duk and complete shared latrines fitted with ahnd Washing facility.
for project improvement. All CMD led assessments had potential beneficiaries took part in every exercise. We emphasize transparency in project implementation by directly involving the community in every stage of the project to ensure clear understanding of objectives of the project, expectations and stakeholders. CMD has incorporated the Commitments on Accountability to Affected Populations (CAAP) into all relevant statements, policies and operational guidelines including incorporating them in staff inductions.

CMD ensures facilitation of the provision of feedback from affected people on the services. Information were made available to local communities in local languages through community mobile megaphone radios, forums such as church meetings amongst others. Staff, volunteers and consultants, both national and international, are provided with adequate and timely inductions, briefings, and clear reporting lines that promote positive organizational behaviors and enable staff to understand their responsibilities, work objectives, organizational values, accountability commitments, key policies and local context.

CMD works with partners and other stakeholders to ensure the needs of the most vulnerable are addressed while upholding all standards of Do No Harm.

The effects of floods in most locations of Ayod caused accessibility issues, delaying mobility and deliveries into the project locations, with the prepositioned supplies CMD continued with activities even during heavy rains. At the same time CMD made good use of the last 4 dry months of the project from December 2017 to March 2018. The outbreak of conflict in Nyiorl during the month of September and Ayod in the month of November (especially Waat in Nyiorl and Wau in Ayod) areas created displacement of huge populations who mostly settled in Lankien and Pajie resulting in humanitarian catastrophe and security crisis. The influx also stretched community needs beyond the targeted numbers. CMD in collaboration with UNICEF managed the influx through RRM and mobile outreaches. Availability of spare part remains a key issue since the local pump mechanics confirmed the inability to repair the broken pumps without the spare parts. Frequent breakdowns resulting from increased caseloads and exhausted borehole parts were common, with the prepositioned supplies and more deliveries during the dry seasons the situation was addressed.

Physical and social infrastructure in Ayod, Nyoir and remote places of Kapoeta reversed/delayed much of the activities, delaying deliveries into some remote locations. However, dry season activities implementation proved successful even in rough terrain where there exist no road infrastructure.

Beneficiaries selected for training of WASH actors involving hygiene promoters, pump mechanics. Water management committee and local authorities concerned for the project were chosen locally from the beneficiaries. Their capacity enhancement involved formal training and on job training.

This project provided refresher training to 26 local pump mechanics distributed in the three project locations, 80 hygiene promoters and county resource committee to help in management of community resource. During the training CMD emphasized on cost recovery to user for basic maintenance and chain of logistic for supplies needed. Much weight was placed on daily care and routine maintenance of community resource. At the end of the project the water and sanitation facilities were handed over to relevant line ministries.
The overall implementation in Kapoeta is on course. Late and mobility of program staff and beneficiaries. CMD will maintain presence and coordination after project collaboration with the local authorities using CMD trained funds disbursement has dragged some project activities coordination hygiene initiatives, campaigns organized at Flooding and heavy rains slowed down the activities of Monitoring Distribution (PDM), and compile a final report, reaching a total 40,092 individuals. In Ayod individuals • CMD will work with protection actors to prepositioned supplies and more deliveries during the dry The outbreak of conflict in Nyirol during the month of September and Ayod in the month of November (especially quarters of the project.

In water, more than 41,807 individuals- 17,624 Ayod, 11,760 Nyirol, 15,600 Duk, 1,216 Pagil, 300 Pajek, 2,080 Gogrial, 2,360 Wau, 250 Juba. The most targeted locations in Eastern Equatorial South 21,340 (12,804 IDPs) 14,800 children (5,290 girls and 9,510 boys) represented by 984 men, 1158 women, totalling to 3,360 individuals, from the rehabilitation of existing water infrastructure and behavior change.

CMD conducted 3 consultation meeting in the 3 major areas of operation of Ayod,iech Gorwai and Pagil. The purpose of the meeting was to introduce activities supported by UNICEF, involve community participation in the project, selection of WASH volunteers including the the role of the community in site selection for the activities.

2 consultation meeting were also conducted in Duk( Poktab and Padiet) due to administrative structure of the area. Kapoeta South and North consultation meeting included site section and WASH volunteers selection. Introduction of project activities among others came out clear. In Kapoeta South 3895 HH reached with CMD 12 messages covering 4 sessions comprising of 11538 individuals reached (1,378 girls, 756 boys, 5750 women, 4216 men) 30 Hygiene promoters trained in Kapoeta South targeting 13 HH per week each totaling to 390 HH in week and 1560 HH in a month targeted in Kapoeta South. In Kapoeta North achievement in quarter 2 reached 576 HH, 4726 individuals ( 1127 girls, 1221 boys, 1205 women and 1173 men)

In Ayod 4335 HH reached in four major operation area of pagil, Mogok, Pajek and Wau , 16245 individuals reached through Jerrican cleaning exercise, water treatment demonstration and House to house visit (4568 girls, 3598 boys, 5391 women, and 2688 men) reached with hygiene
messages having gained access to improved hygiene through adopted 12 messages at least 4 sessions conducted. In Duk County 3748 HH reached with Key messages totaling to 10653 individuals (3108 girls, 2292 boys, 3339 women, 1914 men).

100 dignity kits distributed to 100 girls of adolescent age in School.

140 hygiene promoters (50 Ayod, 30 Duk, 30 Kapeota South and 30 Kapeota North) trained on key messages on AWD tailored to WASH preparedness and response. Trained HPs are fully community based targeting locations of high cases of AWDs, symptoms of cholera, basic care of CTU/C, chlorination/ disinfection, cholera patient and body management.

Trained HPs were identified from the targeted populations and given adequate capacity to manage and mobilize the community as a way of transferring and sharing knowledge on hygiene & sanitation. CMD through household data forms conducts a rapid assessment to ensure results are monitored, maintenance service and community perception of quality and affordability.

Every hygiene promoter targets 13 HHs per week making our weekly household target to 1820HH with hygiene messages.

10 hygiene promoters were trained on data collection to undertake KAP survey covering knowledge of water chain, Sanitation, environmental and personal hygiene including gender integration in all aspects. 1 survey conducted in 5 bomas of wa payam reaching Karmun, Wai, Nyanapal, Padek and Jiech. Data collected will be analysed and used in scale up like wise to Kapeota South. KAP survey conducted provided a basis for project scale up in the remaining quarters of the project.

8 WASH school clubs formed in Ayod comprising of 14 pupils patronised by 1 male teacher and 1 female teacher. Each club has 7 girls and 7 females in Wau payam 4 School are so far engaged in School WASH Hygiene Club. In Pagil 3 schools supported by UNICEF under hygiene club, in Pajiek 3 School are engaged in School WASH activities and Mogok 2 school are running school WASH activities.

Each school has 7 boys and 7 girls under 1 male teacher and 1 female teacher. Total trained girls 84, boys 84.

5704 pupils involved in active participation under this project with 2304 girls participating in the cavities. A total 6837 pupils reached trough WASH school club activities (3211 Ayod, 1146 Duk, 989 Kapeota South, 1491 Kapeota North) 2616 Girls 4221 boys.

50 HP trained in Ayod 29 female, 15 in Padiet 7 female, 15 poktab 6 female, 30 kapeota south 6 female and 30 kapeota north 7 female all together 140 trained supported by UNICEF in the 3 proposed location.

An estimated 3056 people have gained access to improved sanitation facilities and are no longer defecating in the open in Ayod, Duk and Kapeotas. In Ayod, 132 HH have been verified as open defecation free, representing 661 people, while the project target for Ayod location was 6600 people. In Duk community sanitation household coverage targets 5100 individuals and 1229 persons reached so far more in the 2nd quarter of the project.

Through this intervention, CMD constructed 52 out of 60 communal and institutional latrine (stences) targeted, 12 in Ayod, 20 in Duk and 10 in Kapeota north and 10 Kapeota South reaching a total 3056 individuals reached comprising of 999 women, 782 girls, 636 boys and 639 men. This has significantly provided improved sanitation facilities and reducing open defecation.

Additional 52 hand washing have been established increasing the number of persons per facility. CMD is continuing to build on the results delivered and outcomes achieved in each of the targeted counties through technical support and shared knowledge with the beneficiary communities. 10 Waste disposal point dug and constructed in Duk and 10 in Ayod waste disposal point constructed 2 in Mogok and 3 in Pagil, 3 in Wau, 2 in Pajiek.

Duk 430 HH reached comprising of 2370 individuals (108 girls, 72 boys, 1530 women and 660 men) Kapeota South 915 HH received WASH NFIs 1898 individuals in Kapeota have been reached with WASH NFIs comprising of 28 girls, 15 boys, 831 women and 1024 men CMD is the health focal point having managed 4 CTC/U in Ayod with Calcium Hypochlorite preposition in this location and trained staff at the health facility on control of infection. Trained staff and hygiene promoters are skilled in making various chlorine solution for infection control.

By 18th May, 2017, 13824 beneficiaries had been reached with aquatabs. 4000 beneficiaries received pur Sarchets, 904 individuals were supplied with soap. 60 buckets with tap supplied to schools and institutions.

853 individuals received collapsible Jericans, 258 adolescent girls and women of child bearing age received dignity kits.

CMD being part of National Cholera Taskforce led by MOH,WHO and UNICEF has taken a lead in Cholera response with support of UNICEF. CMD has utilized existing water management committee and most hygiene promoters receiving refresher training including cholera response and well experienced Hand pump mechanics.
Integrated Emergency Water, Sanitation and Hygiene (Wash) Response and Prevention of Gender-based Violence (GBV)

Water and sanitation infrastructures in Kapoeta South was overstretched by the arrival of IDPs and needed to be upgraded or maintained due to the protracted situation in surrounding counties. Significant IDP influxes in areas that were already underserved in terms of access to water and sanitation facilities were creating additional health risks whilst emergency response struggles to meet sectorial standards in time. Self reliance was to be fostered and enhanced in all projects. The increasing demand for natural resources in densely populated areas, coupled with climate change, continued to challenge sustainability of water resources and their exploitation. In 2017, a seasonal cholera epidemic spread to new areas that were previously not affected by outbreaks, placing even more pressure on already vulnerable communities. In the conflict affected areas, most of the water infrastructure was destroyed, making the situation dire.

CMD 2018 WASH response in Kapoeta South targeted 7,500 most vulnerable people of which 5,000 IDPs and 2,500 people affected by crisis, food insecurity (high GAM rates), disease outbreaks, and economic hardships that aggravated the dire situation with a strong focus on the most vulnerable members of the community. The county targeted in Eastern Equatorial (Kapoeta South) had populations of 65,734 people, (NBS, Apr.18 projections) of which more than 10,000 are IDPs in Kapoeta South. (IOM DTM, ’18).

Assessment reports from various targeted locations in Eastern Equatorial state showed dire WASH needs far below standards. REACH snapshots indicated more than half of the populations in Kapoeta relied of unsafe surface water to meet both domestic and livelihood needs with settlements along the river in a cholera hotspot. Children and women bore the rigor of collecting water from far locations due to insufficient water points in the locations targeted, increasing protection risks and unlikelihood of young girls to attend school.

Increased caseloads further strained available sanitation and hygiene facilities, with majority of these requiring rehabilitation and/or upgrade. Unsafe sanitation and hygiene habits were a common practice with open defecation widely visible in areas where large groups of persons were concentrated.

A cholera outbreak in Kapoeta South went on throughout the dry season of 2017; with preparedness required once the dry season closed. Latrine and bathing shelter collapses were inevitable in some areas once rains commenced, which led to public health risks. Protection risks increased to girls and women who had to stray into nearby bushes due to lack of gender appropriate facilities, communal attitudes towards latrine usage and stigma. Insufficient WASH facilities played a big role in the rise of water related and diarrheal diseases, which undermined efforts to reduce levels of malnutrition that were far beyond the WHO thresholds of GAM. This had a contributory effect on food insecurity in these areas, that were expected to deteriorate into Emergency phase according to the latest IPC projection data. (IPC, Jan – Mar 2018).

Periodic access constrains further lessened opportunities of already
vulnerable communities to access basic WASH supplies such as soap, PuR tablets, Hygiene Kits amongst others. WASH services remained far below SPHERE standards, in the targeted county of Kapoeta South. Lack of Hygiene Kits and other WASH NFIs further reduced chances of enrolling girls into institutions of learning in an emergency setting making them more vulnerable to early marriages. (UNHCR, 2018) Provision of emergency WASH services were to reduce likelihood of deaths; provide a platform for community settlement and provision of other lifesaving services.

5,060 people were reached with NFIs 2,550 buckets, 2000 Jerri cans, and 600 cartons of soap, 1000 cartons of purification sachets and 21 rolls of filter clothes. 3,060 people received buckets, soap, pure and filter clothes. 1,000 people also received collapsible Jerri cans, pure, filter cloths and soap. 5,342 people reached through hygiene promotion. 20 Hygiene promoters were trained on key hygiene messages. Demonstrations on water turbidity tests, Aquatabs and pure sachets usage, menstrual hygiene, cholera messages, chlorine preparation and disinfectant. Each hygiene promoter targeting 30HH per week.

20 enumerators were trained and involved in data collection for 4 days in Kapoeta South (Kapoeta Town, Pwata, Loneleya, Machi 1 and 2 and Morungor) during the baseline assessment within 60 households. 108 incentivized WMCs (64 women) were activated/selected among the water users. 27 WMCs members (9 female) were trained and engaged to carry out management of 3 boreholes in Kapoeta.

40 members of hygiene clubs were trained on proper waste disposal, hand washing with clean water and soap/ash, personal hygiene, safe water practices, food hygiene, WASH diseases including cholera and diarrhea.

CMD was active in the WASH Cluster, and a member of the South Sudan WASH Steering Committee and Advisory Group. As an organization, CMD took lead of the WASH response and coordination mechanism in Kapoeta alongside UNICEF and IOM, providing information and feedback to State Focal Points in EES. CMD, also a member of the Health and protection clusters, worked closely with county structures with direct involvement of the communities.

CMD, as a strong cluster member, regularly engaged with the cluster teams through monthly meetings at County and National levels. CMD was also focal through its membership in the WASH Steering and Advisory Group during strategic meetings.

CMD managed IOM supplies in Kapoeta and coordinated with State IOM teams and other partners to ensure coordinated supplies chain supply in Kapoeta.

The overall objective of the project was to provide safe, adequate and dignified WASH services to vulnerable communities in Kapoeta South.

There were four major components of the WASH Project:

- Ensuring the targeted population in the targeted locations had safe access to safe water sources, and distribution of water purification tablets.
- Ensuring that targeted people in the targeted locations had access to sanitation facilities that were appropriate to gender and culture.
- Ensuring that targeted women, men, and children were protected from outbreaks of communicable diseases and accessed knowledge on improved hygiene practices, including cholera prevention.
- Mainstreaming gender equality, Prevention of Gender-Based Violence (GBV), inclusion of persons with disabilities and accountability to the affected population.

Hygiene promoters were trained and engaged with targets of 30HHs per month each. Hygiene promoters were engaged to reach households and individuals within communities and institutions, spreading life-saving messages aimed at improving access to safe water and enhance community awareness on safe sanitation and hygiene practices in order to prevent and mitigate WASH-related issues. The project focused on sensitive groups such as health facilities, schools and GBV referral areas and persons with disability with limited access to safe water supply, unsafe sanitation and hygiene practices, and poor sanitation coverage and support health education among school learners.

WASH in institutions resulted to formation of Hygiene clubs, which were effective in creating awareness in schools by sharing hygiene messages at schools and homes.

CMD with guidance from IOM carried out a Gender Sensitive baseline survey in Kapoeta South with tools designed and methodology to ensure that the team conducting the assessment included women and all were trained on gender and GBV programing. Training on data collection tool took 1 day for a team of 20 persons at the daily rate of $10 /person per day, while assessment took $5 wages per person for 5 days.

A baseline assessment was carried out in Kapoeta South between 27th June to 2nd July 2018. 20 enumerators were trained and involved in data collection for 4 days including through observation and conducting interviews to selected respondents within 60 households. Kapoeta Town, Pwata, Loneleya, Machi 1 and 2 and Morungor.
CMD trained 108 WMCs, selected among the water users with 60% women representation for 3 days at rate of $ 10 per day. WMC will be paid $5 per sitting and will expected to have 2 sittings in a month. A total of 5 sitting within the six months of the project. CMD acquired Well sounder, Generator and Sub-mersible pump through this project. Plastic pipes, splicing kit, insulating tape and other accessories were also be acquired.

108 incentivized WMCs (64 women) were activated/selected among the water users. Training was conducted to 21 WMC members with specific attention to hygiene at water points. CMD utilized IOM Water Management training manual for WASH and GBC.

CMD conducted CLTS trigger with host community and provided capacity building training in latrine construction in Nakanak. Nakwasingira, Loneleya and Napatait payams, two bomas in each of these payams were be selected. CMD coordinated a follow to monitor the progress of CLTS activities and worked out a clear hand over to the local authorities the progress of the work.

CMD carried out a KAP survey in the 5 Payams of Kapoeta South. These were carried out at the onset of the program and before launching hygiene promotion approaches. Second phase of KAP survey was carried out in the last month of the project to assess whether information disseminated was put to practice. KAP survey was done by the hygiene promoters to reduce cost on data collection. CMD provided refresher training to hygiene promoters with special focus to cholera response and prevention. 20 hygiene promoters 60% women were trained and engaged with each hygiene promoter targeting 30HH per week.

20 hygiene promoters were trained, covering Longeleya, Kapoeta town, Katiko, Moruongor, Nongolotom, Palakal C. Hygiene promoters were trained on key hygiene messages. Demonstrations on water turbidity tests, aquatabs and pure sachets usage, menstrual hygiene, cholera messages, chlorine preparation and disinfectant. The promoters were incentivized. 5,342 people were reached through hygiene promotion. Each hygiene promoter targeting 30HH per week.

CMD targeted 2 schools in Kapoeta South with school WASH programs. 40 pupils were trained on School WASH program. 20 pupils in each of the schools. They were trained on school hygiene messaging through drama, songs and skits. The composition of school WASH Club had two teachers (1 male, 1 female), 10 boys and 10 girls. During seven days training the pupils and teachers were given incentives of SSP 300 per day per person and teachers $ 5 per day as form of motivation. Menstrual Hygiene Management was addressed to girls in schools of reproductive ages before distribution of Hygiene kits.

1500 HH were targeted for WASH NFI based on needs during the assessment. CMD conducted training to the beneficiaries on proper use of WASH NFIs. Safety audits were carried out to reduce chances of Sexual Exploitation and Abuse (SEA) and GVB during distribution. Registration of beneficiaries took into account Sex Age Disability Disintegrated (SADD) data to reach more vulnerable members of the community including PLW. With support of hygiene promoters CMD carried post distribution monitoring which included Chlorine residue test to households that received water purification tablets.

WASH NFIs distribution targeted the displaced persons from Boma County to Kasengor Payam of Jie County and the host community. Beneficiaries, mainly displaced women after Murle attacks reported in Boma county and received 2,550 buckets, 2000 Jerri cans, 600 cartons of soap, 1000 cartons of purification sachets and 21 rolls of filter clothes. Distribution was done at Kasiengor and Lopeat. 4,060 people in Kasiengor received WASH NFIs including 3,060 people who received buckets, soap, pure and filter clothes. 1,000 people also received collapsible jerricans, pure, filter cloths and soap.

In Lopeat payam, 3,040 people received WASH NFIs. Provision of these NFIs was a relief to about 5,060 people who had been burdened after sudden displacement from Murle attack. Basic assessments conducted indicated that the number of the displaced people from Boma county was greater than the host community living in Kasiengor, promoting urgent action from CMD.

Prior to the distribution, demonstration training of Pure was conducted of proper treatment of water with the standard ratios. Gender sensitivity was adhered to with CMD team diversifed to include female staffs/support staff. Selection of beneficiary was more sensitive of age and gender.

CMD with the support of Hygiene promoters carried out water Quality Monitoring at household level for bacterial presence and chlorine residue test. Turbidity test was also carried out based on need as the project progress. This did not require additional staffing as water quality test was included in the hygiene promoter's manual training. However CMD needed to buy a Bactoscope (bacteriological Field Test kit for Drinking water) that could sample 200 families who stay away from safe water sources.

CMD worked with IOM to adopt best practices and standards in relation to GBV prevention. Alongside guidelines from the protection cluster and sector leads, community engagement was key to reducing incidences of GBV amongst the populations targeted. 40% of the staff directly involved in the project at field level were females, including WASH officers.

CMD used a code of conduct that every staff abides to, with areas such as gender equality, equal opportunities policy for recruitment and retention, procedures for sexual exploitation and abuse well articulated. Staff
ToRs included gender mainstreaming and GBV mitigation responsibilities. CMD worked with protection partners in Kapoeta, ensuring referral mechanisms are functional, harmonizing messaging and approaches to response.

CMD and IOM build capacity of IP through training sessions and sub activities as below:

1. **WASH staff and partners had knowledge and skills to apply GBV mainstreaming guidelines, psychosocial first aid and protection from sexual exploitation and abuse**
   - Conducted staff capacity needs assessment on knowledge, attitudes and practices on gender equality, PSEA and gender-based violence, including mainstreaming into WASH programming
   - Created a training package for gender, GBV and PSEA mainstreaming in WASH
   - Accountability to affected populations
   - Deliver training to partners

2. **IOM Training and capacity building of implementing partners for GBV Prevention and Response services**
   - Trainings sessions with Implementing Partner
   - Strength capacities to respond

Training manuals and tool kits for WASH-NFI distribution, Water Management Committees training and Hygiene promotion training incorporated GBV to provide specific guidance to sensitive groups such as women and the elderly. Selection of beneficiaries followed violence, gender and WASH criteria. This WASH program improved gender equality with roles previously perceived as belonging to male being shared. Selection of Hygiene promotion and Water Management committees was prioritized for women, to help close gaps and create affectivity since women were more involved in WASH-related activities than men. CMD prioritized female staff directly involved in implementation of the project and engaged its entire staff through ascending on code of conduct agreements.

CMD worked closely with sets of locally recruited individuals, who constituted to form WMCs and pump mechanics with adequate representation of women. Involvement of local authorities and support to them enabled and paved way for smooth handover at the close of the project. CMD worked with IOM in the execution of the following activities;
- Training of WMC to manage the boreholes.
- Training of community pump mechanics for O & M.
- Use of locally available materials for sanitation practices

On – ground presence has been sustained in the location, while strengthening working relations with the CHDs and community based water management committees. Incentives are provided to hygiene promoters who have been allocated particular areas within every location.

CMD trained all 108 WMC members (64 female). 21 Water Management Committees with 9-members each (3 female) were trained and engaged to manage 3 boreholes so far. CMD completed training of WMCs and after which the community was able to manage through existing local management committees. CMD maintained presence and coordination after project closure.

The overall implementation in Kapoeta was done. Late funds disbursement dragged some project activities outside plans. Security within operational locations was normal except for arrival of fresh IDPs displaced persons from Boma County to Kasengor payam of jie County after Murle attacks reported in Boma County. CMD however responded by distributing NFIs to the IDPs. About 5,060 beneficiaries were reached through distributions on NFIs.

CMD adhered to M&E requirements of donor, with a staff dedicated to monitoring and evaluation working closely with program managers, officers and support staff. CMD team conducted a baseline assessment at the start of the project to give an informed response to programming.

CMD WASH officer and Program manager visited the project activities to help strengthen implementation. Activity reports were shared with IOM and recommendations discussed regularly.

- Conducted staff capacity needs assessment on knowledge, attitudes and practices on gender equality, PSEA and gender-based violence, including mainstreaming into WASH programming
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Integrated Emergency Water, Sanitation and Hygiene (WASH) Response and Prevention of Gender-based Violence (GBV)

Christian Mission for development (CMD) with funding support from IOM responded to provide an intervention for 6 month focusing on lifesaving water, sanitation and hygiene services for IDPs and host communities in Ayod targeting the 4 payams high with numbers of IDPs coupled with limited WASH infrastructure and essential WASH supplies. The response proposed to reach 10,000 (W: 4,500 M: 800 G: 3,500 B: 1,200) individuals in the targeted payams. CMD focus was to reduce risk of preventable WASH related diseases as result of widespread lack of safe drinking water, improved sanitation facilities and poor hygiene practices that affected large proportion of the population in the targeted payams of Ayod.

The response integrated prevention of gender based violence in all programming. In water 5 boreholes out of 20 were repaired reaching more than 3,871 individuals - 1,505 Wau, 885 Pajiek, 1,481 Mogok (55% IDPs and 45% people in the host community), 2 boreholes in Wau payam, 1 in Pajiek and 2 in Mogok were repaired with 60% focus on women and girls, directly benefitting from the project geared towards timely access to safe and sufficient quantities of water for drinking, domestic use and hygiene purposes.

Acutely vulnerable communities continued to benefit from the rehabilitation of existing water infrastructure with activities well spread throughout the 4 targeted payams of Wau, Mogok, Pajiek and Pagil. Kuacheng Payam was not targeted under this project due instability in the area however the displaced population from Kuacheng were integrated in Wau and Pajiek payam. For sustainability of the project, CMD with support of IOM trained 5 water management committees comprising of 45 individuals (30 women, 15 men) equipped with skills to manage water points.

In hygiene promotion, 5,556 individuals were reached from 1,135 households comprising of 1,479 girls, 1,297 boys, 1,527 women and 1,253 men. Under this partnership CMD established 7 communal latrines, 2 in Wau payam, 2 in Gorwai and 3 in Mogok reaching 290 individuals from 64 households comprising of 67 girls, 55 boys, 96 women and 72 men.

Proposed Project targeted (2000 individuals) with sanitation infrastructure by the end of the implementation period and was expected to surpass the target individuals planned for improved access to sanitation to ensure timely and equitable access to safe water, sanitation and hygiene services and behavior change through the CLTS activities targeting major settlement areas.

CLTS trigger targeted 3 locations with administrative setups namely Jiech, Pagil and Gorwai. CMD carried out CLTS trigger in Jiech in two phases; CLTS concept was introduced to Chiefs, payam leaders, church leaders, teachers and other opinion setters like women & youth groups. Second phase involved community gathering that attracted more than 259 individuals (39 girls, 18 boys, 147 women and 55 men). 77 HH were registered to dig and use their own latrine and CLTS committee was formed comprising of 3 women and 2 men.

CMD is active in the WASH Cluster, and a member of the South Sudan WASH Steering Committee and Advisory Group. As an organization, CMD took lead of the WASH response and coordination mechanism in Ayod and currently co – lead in Kapoeta alongside UNICEF/IOM providing information and feedback to State Focal Points in Jonglei and EES respectively. CMD is also a member of the Health and protection clusters, and works closely with county structures with direct involvement of the communities.

The overall objective of the project is to provide safe, adequate and dignified WASH services to vulnerable communities in Ayod County.

There were four major components of the WASH-GBV Project were:

1. Ensuring the targeted population in the targeted locations have safe access to safe water sources.

2. Ensuring that targeted people in the targeted locations have access to sanitation facilities that are appropriate to gender and culture.

3. Ensuring that targeted women, men, and children are protected from outbreaks of communicable diseases and have knowledge of improved hygiene practices, including cholera prevention.

4. Mainstream gender equality, Gender-Based Violence (GBV), inclusion of persons with disabilities and accountability to affected populations in WASH activities.

5. Address water, sanitation, hygiene and gender dynamics, vulnerability and related protection risks affecting the targeted populations in Ayod.

CMD with guidance from IOM carried out a
gender-sensitive baseline assessment; (with tools, design and methodology, to ensure that team conducting the assessment included women on the team, and all were trained on gender and GBV aspects) in Ayod county in the locations of Wau payam – Jiech and surrounding Bomas, Pagil Payam and Pajiek payam – Gorwai boma and surrounding areas. A one-day training for the data collectors was done, in Jiech, Pagil and Gorwai at $10/day. Selection of the data collectors ensured balance of male and female inclusion, with training tailored to cover topics on GBV, PSS and AAPs.

Each of the assessments took 3 days, requiring a team of 10 persons per day at the daily rate of $5 per person per day.

With support of IOM monitoring & Evaluation Office Julius Suka Wani, CMD selected 14 enumerators for vetting and training. 10 individuals were selected and trained. However only 4 smart phones were available for data collection hence 4 out of 10 trained enumerators were tasked to collect data in Mogok, Wau and Pajiek Payam with over 70 samples data collected per each of the targeted payams except for Pagil due to cancelation of airstrip on UNHAS landing zones. KAP survey report was provided separately. The enumerators worked for 17 days inclusive of training days and movement to various payams for data collection and back to Jiech. This was paid by CMD within the IOM budget.

CMD carried out safety audits prior to the borehole rehabilitations in Ayod county, with works consisting of change of spare parts and platform repairs using cement, meshes, gravel and sand. Funds from IOM were used to procure slabs, cement, meshes, gravel and sand, with CMD working with the community to provide local materials for the super structures, labour and fencing arrangements of the water points.

A total of 20 Boreholes were planned in the locations of Wau, Pajiek, Pagil, Pajiek and Mogok Payams. Rehabilitations was done in collaboration with stakeholders including local authorities, community representatives, with women and girls in particular for decision making to ensure ownership of the community of the intervention, and as a means of fostering a smooth exit strategy at the close of the project and as well as ensure participatory prioritization of water needs.

5 boreholes were repaired in Ayod 2 in Wau, 2 Gorwai and 2 in Mogok. With the support of the Water Management committees, CMD engaged trained pump mechanics to carry out the work of borehole repair in jiech centre. 25 pump mechanics trained through previous projects were engaged even as refresher training was planned. Activity achievement was at 25% by the end of August as 5 boreholes had been repaired to serve approximately 806HH, 3871 individuals (1108 girls, 739 boys, 1182 women and 842 men).

In Pajiek with support of IOM, CMD repaired 1 borehole serving 885 individuals from 201HH comprising of 237 girls, 178 boys, 259 women and 211 men. In Mogok 2 boreholes were repaired reaching 1481 individuals from 295 HH(402 girls, 291 boys, 430 women and 350 men) and 2 boreholes were repaired in Wau reaching 1505 individuals from 310HH (469 girls, 270 boys, 493 women and 273 men). Hygiene promoters selected under this program were selected from the targeted population with previous experience and training in hygiene. During Cholera response in Ayod 2017, CMD trained 140 hygiene promoters from various payams of Ayod and were assigned with duty to propagate hygiene messages to help combat cholera.

Refresher training for Pump mechanics were scheduled for the next quarter of the project. Pump mechanics engaged by CMD had prior knowledge on BH repair. The pump mechanics were engaged even as refresher trainings were planned.

25 pump mechanics were trained to handle the task of local rehabilitation of boreholes and 180 WMC members. The selection criteria for the pump mechanics varied per location, with 30% female inclusion mandatory per site. Existing pump mechanics were considered for refresher trainings, with new female recruits also included. A 7-day training was done for each of the locations, with each of the locations having at least one female trained as a pump mechanic. A female representation of a minimum of 40% was considered for the WMCs. Gender sensitive training methodologies for female and male pump mechanics and WMCs was adopted, considering sensitivity for engagement to reduce possible risks of engagement.

CMD developed mechanisms for systematic feedback and sharing of information through committees, with water quality monitoring mandatory for every water point rehabilitated. In order to ascertain continuity of the services at project closure, pump mechanics and WMCs tagged to a particular village were from that locality to ascertain presence at project closure.

Each committee consisted of 9 members from jiech centre borehole, Wau jiech, Riang, Mogok and Cheuk boreholes. 30 female 15 males were selected and trained for 3 days, topics covered included roles and responsibilities of WMC, Gender and WMC, Operation & maintenance, Budgeting and book keeping, Hygiene & water safety, conflict management and action plan developed. With minimum follow up and guidance to the trained Water Management Committee (WMC) by CMD WASH Officers, the effectiveness of the committee was enhanced.

CMD engaged the community in the construction of 80 communal latrines in Ayod in the locations of Wau (25), Pajiek (25), Pagil (20) and Mogok (10). Due to the nature of soil, lining of each of the latrines was done, with the option of using iron sheets as lining material considered. Slabs procured were used, with super structure made of locally obtained materials provided by the community. Latrines were iron sheet roofed, with stances arranged and established on a
M:F ratio of 1:2 with engagement of women and girls in the design and location, ensuring agreement on protection and dignity aspects, as well as access for people with disabilities/young children/elderly.

Care and maintenance of the pit latrines was a responsibility of both female and male persons from the community, with greater participation of males required since role was traditionally for women, with the hygiene promoters recruited and trained tasked to take lead and oversight. Communities were provided with materials for the super structures including poles and grass. Establishment of the latrines was community led, to ensure access, safety, dignity, care and maintenance.

Under the partnership, CMD established 7 communal latrines over the last 3 months, 2 in Wau payam, 2 in Gorwai and 3 in Mogok reaching 414 individuals from 85 households comprising of 104 girls, 77 boys, 141 women and 92 men. Project targets at the end of the implementation period was 80 latrines distributed in the 4 targeted Payams (25 in Wau, 10 in Mogok, 25 Pajiek and 20 Pagil) with more people having access to improved sanitation even after the project end date with access to increased, timely and equitable access to safe water, sanitation and hygiene services and behavior change.

In Pajiek 124 individuals gained access to communal latrines from 21 HHs (37 girls, 22 boys, 45 women and 20 men). Due to delay in delivery of supplies until the onset of rains, latrine digging exercise reduced to avoid water logging in pit holes before construction, however the rain reduced early than expected creating a better opportunity to accelerate latrine digging. CMD was certain 73 standard latrines were to be completed within the remaining time. For every 1 male latrine, there were 2 female latrines. The latrine construction exercise was distributed with each of the 4 targeted payams. Delivery of construction material to the targeted payams was planned.

The following activities were carried out towards CLTS implementation in parts of Ayod County in locations where communities are relatively stable, with no likelihood of displacement. Triggering was done in phases with Pagil payam singled out for the initial phase.

- Participatory sessions in the communities (including triggering) in Pagil payam.
- Training and Capacity Building Sessions in latrine construction

CLTS trigger in Jiech. With the support of IOM Monitoring and Evaluation staff, Julius Suka Wani and CMD WASH Manager, meeting with community leaders comprising of Chief, Payam administrator, church leaders was held to introduce the concept of CLTS. Community leaders gladly accepted the concept of CLTS and called community meeting for the trigger. 17 community leaders (3 women) were in attendance and 259 individuals responded to the call of local authority CLTS meeting (39 girls, 18 boys, 147 women and 55 men). The trigger outcome was positive with 77HH registered to dig and use latrines. 5 member committee formed for mobilization, monitoring and follow up, 3 months was set as preparation stage. CMD had enhanced follow up with CLTS committee to ensure proper mobilization including reporting on progress.

Trigger targets were 77 HHs translated into latrine making the CLTS trigger target to be 77 latrines using local materials. However there was community request for subsidy with slabs and pit lining materials.

CMD carried out a KAP survey in Jiech and surrounding areas, Pagil and surrounding areas, and Gorwai and surrounding areas, at baseline, midterm and end line level to assess knowledge of communities about hygiene promotion methods and practices. A total of 20 hygiene promoters were planned for, to do household and communal outreaches including missions to cattle camps far away from communal settlements amongst other activities after a 3 days basic training. Modules included topics on GBV, PSS and AAPs. 60% of the HPs were female.

Due to the pastoral nature of the populations and migratory patterns usually caused by adverse weather effects, CMD deployed a methodology of mobile teams of hygiene promoters targeting mainly cattle camps, where WASH standards were usually compromised due to lack of boreholes and latrines with HHs sharing same water sources with animals resulting in high cases of AWDs. Each HP reached 30 HHs per week.

20 Hygiene promoters were recruited at the onset of the program and given training by WASH officers in various locations (5Wau, 5 Pajiek, 5 Pagil and 5 Mogok) Most of the people recruited have experience and had received Hygiene promotion training in the previous projects.

10 (5 Wau & 5 Mogok) hygiene promoters were trained for 3 days 6 women, 4 men (3 female from mogok payam 2 male and 5 promoters for Wau payam 2 male). Topics covered included Safe water at source, transportation, storage and household treatment, excreta disposal, House hold waste disposal, Hand washing at critical times with soap/ ash and safe water, Food hygiene, Household hygiene, personal Hygiene, Cholera message and chlorination/ disinfection and finally menstrual hygiene. Pajiek hygiene promoters training was done. Pagil hygiene promoters training was scheduled for 1st week of November 2018

In hygiene promotion, 5,556 individuals were reached from 1,135 households comprising of 1,479 girls, 1,297 boys, 1,527 women and 1,253 men in Pagil, pajiek Wau and Mogok Payams. In July, 1420 individuals were reached with hygiene messages from 284HH (371 girls, 325 boys, 392 women and 332 men) in Pagil, pajiek Wau and Mogok Payams. August 3109 individuals were reached from 609 HH (790 girls, 706 boys, 894 women and 719 men) in Pagil, pajiek Wau and Mogok Payams. September 1027 individuals were reached from 243 HH (318 girls, 266 boys, 241
women and 202 men) in Pagil, Pajiek Wau and Mogok Payams.

CMD facilitated the formation of hygiene clubs tasked with hygiene promotion in schools with inclusion of both boys and girls and carried out training for school boards, parents and students to reinforce hygiene promotion in schools. 15 schools were targeted with a population over 9,000 children in Ayod county. These conducted regular messaging on WASH issues within the schools, through various methodologies including drama sessions.

CMD distributed MHM kits to adolescent girls in schools targeted – with a target of 2,000 girls over a period of 6 months. Delivery of WASH NFIs and Hygiene kits was done by IOM. Registration of beneficiaries was done with villages lacking boreholes prioritized. Extremely vulnerable individuals including SAM, MAM and PLWs were also prioritized during registration. CMD distributed Hygiene kits to Adolescent girls in schools and trained Hygiene promoters who were of childbearing age.

15 schools in Ayod were mobilized and Hygiene clubs formed. Jiech Primary School training conducted comprising of 7 boys, 7 girls 1 female teacher and 1 male teacher. UNICEF WASH in school training model was used covering Hand washing at critical times, excreta Disposal, Use of safe water, Personal Hygiene for boys and girls, WASH in school and WASH beyond school. Training took 6 days. Training was planned for the remaining schools in the next quarter of the project.

Safety audits were carried out, measures to reduce risks of SEA and GBV to be taken for distributions and Distribution of WASH NFIs. Training was done on proper utilization of WASH NFIs.

2,000 HHs were provided with WASH NFIs, with training on usage done before and during the distribution exercise. Selection of beneficiaries was based on assessments done to ascertain vulnerability. IOM carried out a PDM exercise in the locations reached in Ayod County.

Beneficiaries’ registration was done in Ayod with Wau, Pajiek and Mogok marked for distribution of WASH NFIs and hygiene kits. CMD consulted the local authorities and WASH partners in Ayod to reduce on duplication possibilities.

IOM trained CMD and worked closely with both frontline staff in the field to adopt best practices and standards in relation to GBV prevention. Alongside guidelines from the protection cluster and sector leads, CMD involved community engagement strategy to reducing incidences of GBV amongst the populations targeted. CMD worked towards ensuring 40% of the staff directly involved in the project at field level were female, including the WASH Officers. CMD has a code of conduct that every staff abides to, with areas such as gender equality, equal opportunities policy for recruitment and retention, procedures for sexual exploitation and abuse well articulated. Staff ToRs included gender mainstreaming and GBV mitigation responsibilities. CMD worked with protection partners in Ayod, ensuring referral mechanisms were functional, harmonizing messaging and approaches to response.

In the 1st Quarter of this project, CMD worked closely with sets of locally recruited individuals, who were constituted to form WMCs and pump mechanics with adequate representation of women. Involvement of local authorities and support to them enabled and paved way for smooth handover at the close of the project.
The former Ulang County falls in the Latjor State of the SPLA-IO administrative structure or Upper Nile State of the SPLA-IG structure. Originally the country was sub-divided into 7 Payam; Ulang, Nyangore, Doma, Yomding, Barmach, Yoke and Ying. Under the new structure, all the Payams have been upgraded into counties.

CMD in collaboration with Unicef is supporting Education in Emergency Program since 2015 to date. All the above Payams have schools supported by CMD with a total number 27,472 (11,227 girls) learners, with 170 volunteer teachers supporting the project. The project is implemented in close collaboration with the local authorities, CED, WASH partners, Nutrition, Health and CP and entire community on the ground.

CMD has conducted volunteer teachers training on Life Skills, PSS, Peace Building, and Pedagogy at different quarters of the project.

Chuol Thoat Both (in black T-Shirt on the left side) is a volunteer teacher at Kopuot Primary School since August 2016 having surrendered his gun and uniform from Malakal Military Baraks, when SPLA-IG soldiers attacked SPLA-IO at the location and many lost lives. Chuol Thoat elaborates how he lost colleagues, and escaped narrowly.

“I can not risk again, that would have been my end, we’ were over 1000 soldiers, 50% lost their lives, many with injuries with no medical attention, I only got bruise as I fell down escaping into some ditch. I joined military after losing my brothers in early 2015, with an intention of revenging back and ensuring I kill as many as possible but now I realized that I was doing nothing and I was in the process of also losing my own life. I had not married, already I had lost two of my brothers, and their families remained with no one to support them.

Now that I’m teaching supporting the children of late brothers, even if the money is little. I am now married with two children. I appreciate the work done by CMD in collaboration with Unicef. I have been trained on how to teach, and by teaching I have improved my English language. as I teach I also get knowledge. I have enrolled in ALP program in Level 3 and next year I’ll be sitting for my national exams and get certificate.

I have mobilized most children in my community to school even my late brothers’ children are all in school, because I got knowledge from the trainings on peace building that, war benefits us with nothing. I have left anger, and work of revenge, am looking forward to a better future, after completing my national grade 8/ Level 4 exams I’m intending to proceed on with education until I complete my forth form”.

This is an experience that many have gone through, and with lack of knowledge on the importance of education; many lost their lives in Ulang County and South Sudan.
The humanitarian crisis in South Sudan deepened and spread, causing tremendous pain and suffering for millions of people across the country. At the beginning of the year, the humanitarian community was responding to a crisis largely concentrated in the Greater Upper Nile region. Food insecurity and malnutrition were at unprecedented levels, diseases widespread, and displacement of populations massive.

January-April 2018 IPC alert estimates combined populations of up to 51,000 people to face Famine and Emergency (IPC Phases 5 and 4) acute food insecurity in Ayod and Ulang respectively. 25,000 people in Ayod were one step below famine (IPC Phase 4) and 25,000 in Ulang would be in Emergency (IPC Phase 4). Ayod showed Critical levels of Global Acute Malnutrition (GAM 15.0%-29.9%) while Ulang expected to reach Critical levels of acute malnutrition by the end of April in protracted absence of humanitarian assistance.

**PROJECT ACTIVITIES**

CMD is the Education in Emergency focal organization for Ayod and Ulang Counties; currently supporting Unicef funding learning and teaching activities in 72 schools in Ayod and 20 schools in Ulang and SSHF supporting 15 schools with school feeding in Ayod and 6 schools in Ulang Counties.

CMD remunerated 480 volunteer teachers at Ayod and 170 in Ulang with beneficiary case load of 30,474 learners (13,896 female) having been enrolled into learning in Ayod; deterred from harmful practices amongst highly vulnerable communities such as recruitment into armed groups and early marriages of girls within the localities. 19,971 learners (6,989 female) continue to gain access to learning in Ulang. Emergency tailored teacher training modules are being utilized in trainings, with gains achieved through this intervention.

CMD is providing emergency schools feeding to a target of 10,100 children and youth to promote incentive enrolment and attendance to learning. The provision of emergency school feeding program is to reduce risks of cognitive underdevelopment and malnutrition, and provide access to safe and protective environments for children and youth. The multi-sectoral emergency intervention seeks to increase learners’ attendance, encourage female retention, support local markets, and provide female and youth

“Nowadays, once I get to bed, I sleep soundly, which never used to happen after the lose of my husband, I have money to buy small things for my children like clothes and shoes and even for myself” says Nya-Duer.
income-generation and spread lifesaving nutrition and hygiene practices. This has complementary assistance to ongoing activities in schools already supported at Ulang and Ayod Counties.

The intervention seeks to make learning spaces protective against harmful practices, help poor families and families where parents are busy or absent by elevating strain on the family food supply, improve learners’ concentration/performance reduce short-term hunger and nutritional deficiencies. The program engages incentivised local caretakers/cooks, trained on food handling and Community Participation Approach (CPIA). Incentivised youth food monitors are trained and involved to assist monitor the food chain supply in target schools in coordination with school heads/PTAs/SMCs.

We have Elizabeth Nyateny Duer, a widow since July 2016. Her late husband was a soldier, and during the July 2016 crisis in Juba, he happened to lose his life in the line of duty. Nyateny was left with 5 children. She is one of the very active parents at Jiech Primary School, with 4 of her children learning at the school. She testifies to the support she has enjoyed since the coming of SFP in Jiech Primary School.

“Since my husband died, I was left without anything, my children had been used to good life, but after their father’s death, food was not easy to get. I was forced to look for any kind of work to get them food. They would not attend school daily, especially after spending nights without food. The following day would become difficult for me to send them to school. Now with SFP, my life and that of my children has changed. I appreciate work done by CMD in collaboration with SSHF.”

Elizabeth who prefers being called Nya-Duer (Nya means daughter of Duer) normally escorts her children to school, and ensures they are in class. She then looks for minor work at school, like the TLS next to her she had just repaired by mudding the wall both inside and outside and got paid.

She also participates in bringing firewood at the school and she says this has driven the memories of her late husband away. “Nowadays, once I get to bed, I sleep soundly, which never used to happen after the lose of my husband, I have money to buy small things for my children like clothes and shoes and even for myself” says Nya-Duer.

During this crisis in South Sudan, many homes have been left either child headed or woman headed. Most children especially boys drop out of schools to look for minor jobs, same to girls getting married between the age of 13 and 14 years, so that their parents may get something to eat. With SFP lives of many families have turned around as that of Elizabeth Nya Duer above. It’s CMD deepest desire that, more than 15 schools which now have SFP be increased if not in all 72 schools to improve education in the community as well as life-standard of the community get driven from poverty to meaningful standards, at least to bring hope for future.

This doesn’t apply to Ayod County alone but even to Ulang and most communities in South Sudan.

“"The intervention seeks to make learning spaces protective against harmful practices, help poor families and families where parents are busy or absent by elevating strain on the family food supply, improve learners’ concentration/performance reduce short-term hunger and nutritional deficiencies. ""
Through the Education in Emergency (EiE) program, CMD organized ‘Promotion of the Girl Child’s Education’ group meetings in five Payams, targeting the parents, especially women. The main agenda was to address factors that hinder girls in the community from attending school, so as to come up with suitable, fast and lasting solutions that would increase on the intake, regular attendance and retention of school going girls and youth in the community in school.

The main factors that came out were:
- Traditional and cultural believes.
- Lack of understanding of importance of girls education.
- Wrong perceptions including ‘girls get spoiled if they’re learned.’
- Women lack support at home especially young mother.
- Early marriage.
- Perception of the girl child as a property to be traded for bride price.

Angelina Nyathuol Chan (in photo above), an active PTA member at Nyagore Primary School, who has her children and grand children at the school, is one of the many women who never got the chance to attend school, but loves education.

Nyangore Primary is one of the schools in Ulang, which has the highest number of adolescent girls, and the total number of learners in this school is 1,239 (765 boys and 474 girls) from P1 to P8.

Angelina Nyathuol Chan (centered with yellow headclothe), with the Women group during meeting organized by CMD Education Manager on promotion of Girls Child Education at Ulang Koppuot P/S.

The community of Ulang County, Upper Nile State, testify that their State is currently a much better place to live and raise their families, since the introduction of EiE and other project by CMD.

**A Better Place**

“Am proud of my my son who left the gun, and is busy teaching. He can support his family with the money he gets every month from CMD in collaboration with UNICEF Education Project,” Angelina says with a smile.
Angelina who is also called Nyatuol said if CMD didn’t reopen schools, by now no child could be studying. Most of the boys got traditional marks as early as 13 years, as an initiation into adulthood, deemed fit ‘to do what adults do.’ Most girls were married off at 14 to 15 years. She indicated that there existed a lot of divorce cases, which were a result of forced marriages. Many mothers to the young girls had nothing at all to do help themselves and girls had become a source of wealth to the community. Parents would opt to give out their daughters in order to get dowry as income.

Most girls were married off at 14 to 15 years. She indicated that there existed a lot of divorce cases, which were a result of forced marriages.

When asked about what she meant by ‘to do what adults do,’ she said, marrying and joining armed forces to protect the community from their enemies. Nyatuol continued saying that not only boys, join military, but even teachers and every unemployed man in the community, apart from those employed by NGOs.

She complimented the great work that CMD in collaboration with UNICEF continues to do in supporting education; citing that most of the people employed as teachers have left guns. “My own son who used to be a teachers at Kopuot Primary School before war, left teaching and joined war in Malakal in 2014,” she says. She mentions other three teachers, and their parents names, who she reckons as strong fighters. She says they have come back, they’re decided to leave gun. Sorrowfully, many who went to the war died.

She indicates that the teachers who came back from war are not teaching in Nyangore Primary School only, but also Barmach Primary School, Kopuot Primary School, and many others within Ulang County and beyond. “Am proud of my my son who left the gun, and is busy teaching. He can support his family with the money he gets every month from CMD in collaboration with UNICEF Education Project,” Angelina says with a smile. “I cannot advise my son to join war ever again, not after the way I saw people loss lives.”

When asked to comment about girls and boys in the community, in connection to education, Angelina says it’s too much that she is not able to say it all. She however comments on the positive impact the trainings and community awareness CMD has done for a period of two years now. “Our minds have been opened up, we have been enlightened on the importance of education, and we have come to realize that only education can help us. Most of the guns are now redundant. We thought that with guns we could get whatever we want in life, but we were wrong. We have come to understand that education is power and is able to make us get what we desire for life” Angelina said.

“We didn’t have girls at all, especially in 2016, only those very young like 3 to 5 years old, but now, there are many 10 years and above are many in school,” she says she pointing at the some of the girls present during the meeting. She is happy that the communities are able to allow their daughters to go to school, though still hesitate, but with some sensitization, they’ll be able to understand.
Angelina says with this knowledge that she has received, she will make sure all girls in her surrounding will go to school. Angelina said they have always received education supplies from UNICEF through CMD, which enables the teaching and learning to go on. She said most girls fail to attend school not only due to traditional practices, but also due to lack of hygiene kits. They would attend regularly if they would be provided with hygiene kits. This would promote their girls and even female teachers to embrace education.

“Last term my daughter became position 4 out of 14,” she says with a big smile in her face, after she had been talking with very serious face. She said, “I want her to continue with her studies and no one should interrupt her ever!” She says some of her daughter’s age mates have joined her daughter in school and now there are 8 girls of her daughters’ age and some older than her attending school due to her efforts.
Gatwang Kulang Gatjang was born in war torn country of South Sudan. He is just 2 years survived from killer disease Pneumonia, diagnosed and treated with skilled health care providers in CMD supported primary health care center. He lives in Gorwai village southern Ayod with the family.

The mother, (Nyabieli Nyaluak Mathot) says they used to walk for more than seven (7) days to access primary health services with sometime cruise along River Nile in local made canoes up to Old Fangak for treatment of server Pneumonia and other epidemic prone outbreaks, which claims lives of under-fives if not managed at an early episode.

The mother thanks CMD health program’s commitment for providing health care services and establishment of health facility in the location which the community receives treatment without trekking for long distances again.

The facility benefits approx. 31,000 people by providing lifesaving health services among the 166,000 population of Ayod county. Gorwai PHCC is one of the 15 health facilities established by CMD in Ayod county through the support of various donors like South Sudan Humanitarian Fund and IMA World Health after war erupted in South Sudan.

Several communities in South Sudan are in dare need of health services and have limited access to health facilities after destruction and vandalism of health structures during 2013 skirmishes. CMD Health providers are working with communities and patients to provide better access, improved patient experience, and more stable, sustainable primary health care services in Ayod County as a whole.
Meet a glowing baby and a happy mother. Baby Nyahoth Kuajien Mayom 30 months old, is among the several children in Ayod county whose parents live in difficult moments where to access health services is a night mare since South Sudan skirmishes began, health facilities infrastructure was demolished and have to walk long distances to access health services.

She was rushed to one of CMD supported health facilities funded by UNICEF RRHP program. She young Nyahoth suffered from convulsions, fever, vomiting and acute watery diarrhea. On laboratory blood tests, she was confirmed malaria positive on microscopic examination. She was quickly admitted and infused with quinine drip where she was monitored and also rehydrated from the diarrheal episodes.

After two days she was discharged on oral medication to continue with from home. The Mother was happy and explains her joy through the smile she wears in her bright face. ‘I never thought my baby will become this healed again, thank you CMD and UNICEF for the service you are giving to our community’.

The community benefits from the RRHP program by CMD through the support of UNICEF funding, several children and women are reached and lives are changed from disease engulfed community to healthy and peaceful communities.
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Nyawech is a baby girl of 14-months-old and sixth child in the family, born in Kuolit village, 5 kilometres west of Pagil Centre. She had a self-limiting illness acquired in April this year, that caused her an episode visits to the facility. Nyawech was one among other children captured during the screening on our weekly outreach to nearby villages in our nutrition activities catchment areas.

Upon arrival on our OTP site in Pagil PHCC Nutrition department, examination of the child indicated severely wasted health with wrinkle skin, baggy pan, intractable vomiting, poor appetite that lead to poor feeding, hypoglycaemia, persistent diarrhoea, lethargy, respiratory tract infection and pyrexia with a high temperature of 38.9 degrees Celsius.

The anthropometric measurements done showed that Nyawech suffered from Severe Acute Malnutrition (SAM) with medical complications with admission criteria of MUAC: 9.5mm, Weight 5.0kgs and height 70.9 and z score was <-3SD. The child was in OTP for duration of 6 weeks until the opening of Stabilization Centre (SC) in Pagil. She was admitted in SC on 14/June/2018 and was later discharged back to OTP on 6/July/2018, after three (3) consecutive weeks in SC with impressive weight gains with MUAC of 114 mm, weight 9.7kgs, height 70.7cm and z score was >-3SD all medical complications were resolved drastically.

Parents remarks on discharge
Mother: "I couldn’t believe that my 14 months old daughter (child) could come back to life, this is unbelievable but now I am convinced that there is nothing more important than the treatment in the facility..." says the Mother.

Hygiene and sanitation learned
I am very impressed about the hygiene and sanitation services offered and learned during my stay in SC. I am now well-equipped with the knowledge on hygiene and sanitation learned that shall enable me to know the frequency of breastfeeding, how to clean the baby’s bottom after passing the stool or defecating, how to care for feeding utensils and how to make the variety of food/diet for the baby or the children.

Father:
“I would like to offer my especial thanks to CMD for saving the life of vulnerable communities in different parts of the country of South Sudan and beyond. I am indebted to CMD in particular for saving the life of my daughter. Without CMDs health and nutrition services in Pagil, I would have lost my daughter miserably, hence, I have now realized the importance of hygiene and nutrition, and I will be a health and nutrition messenger to my fellow community members”

Praise the Lord
Strength in Unity

Gerger Farmer Field Group breaks even with Vegetable Farming

The Gerger Farmer Field Group in Renk County are part of farmer groups that CMD in partnership with FAO, in collaboration with the World Bank and the government of South Sudan supported under the food security program.

The group was initiated in July and worked on vegetable farming led by Mr. Makol Gatluak. They were able to cultivate 5 fedans with: Okra, onions, Amaranthus and Egg plant.

They were able to harvest Okra 6 bags every 10 days, that was sold in the Renk market and some is taken up by the group members for their families.

They were able to access vegetables during the dry season and supplement their diets with the much-needed vitamin source foods hence reducing the malnutrition cases in the populations in the location.

Gatluak says it has enabled the members to establish a savings from the earnings they get though the sales of the vegetable and they are very great full of the support.
While executing the programs in 2018, CMD with partners experienced several challenges along the way. These did not however hinder the progress of the programs.

CMD turned these would be ‘stubling blocks’ into ‘stepping stones,’ and carried on with the good work.

There were also a lot of learning points along the way, lessons that were well learnt, and hence paved way for a steady way forward.
Challenges

1. Transportation of education supplies to Ayod, the PCA signing in May, at a time when rains started and fixed wing that were the main means of transport charter flights could not land. The charter flights which were already chartered, by CMD had in quarter 1 were inadequate, leading to a balance of supplies at Unicef warehouse.

2. Some schools could not continue manage to operate daily due to lack of teaching and learning materials

3. There was lack of textbooks, especially for new Projects like ALP and Secondary Schools.

4. Establishment of structures delayed due to logistical issues of materials to the locations in Ayod.

5. Due to economic crisis, prices charged for labor work and local materials like poles, went beyond measure and much of time was consumed in bargaining.

6. When the school-feeding program ended, there was a probability of children not attending to schools as they were.

7. Very young children accompanied their siblings to school due to feeding and since the ECD kits had been brought to the locations, children became so stubborn and disturb learning of the rest.

8. Learning and teaching materials were never enough and classes were overcrowded especially lower classes.

Lessons

- The development of organisation policy on school feeding to guide school feeding was fundamental in proper coordination of activities towards achieving SP goals.

- Explore different procuring options and modalities to allow the SFP to benefit more small holder farmers and other private sector involvement.

- Integrate school feeding activities within other school health and nutrition interventions for a more cost effective strategy to support positive educational and nutrition outcomes.

- Community involvement in project implementation improves programming and meeting the needs of the most vulnerable.

- Gender sensitive focus groups, gender beneficiaries’ caseloads all were identified as good practice in reaching the most vulnerable.
When most of the children feed at school, the search for food is reduced and families put them at risk of sexual abuse. Mothers go out in search of food sources, thus putting them at risk of protection risks i.e. the girls and their parents to send their daughters to schools.

The strategy is pivotal in reducing emotional wellbeing of children in schools and attendance, thus contributing to lowering the risk of abuse and child exploitation, including child labor, sexual violence, early marriages and recruitment into armed groups for children currently enrolled and out of school.

-SFP created livelihood opportunities for women, while being in their community as cooks and helpers in on-site kitchens. This acted as a tool for motivating girls to learning, since most schools lacked female teachers, which was a barrier for most parents to send their daughters to schools.

-Women also played crucial role in community sensitization on life massages on child protection, hygiene, health, nutrition and GBV, has part of PSS. Skills for Life and Peace building being taught in the schools.

-The emergency school-feeding program supports learners’ retention in schools and keep them away from harm, especially girls who are more vulnerable as they have to support and contribute to household food needs.

Way Forward

1. Unicef needs to support in transportation of Education supplies, due to weight and higher number of learners CMD is supporting.

2. If IP is supposed to transport the supplies on their own, consideration on timing, since during rainy season, implementation becomes a challenge since charter flights cannot land.

3. Unicef in collaboration with Education Cluster and Ministry support the IP on textbooks issue especially Secondary textbooks for South Sudan that is not easy to find.

4. Emergency school feeding program should not be a short-term project.

5. More funds should be set aside for TLS establishment.

6. Teachers incentives should be increased since they work longer hours than before, they leave after all children have eaten and kitchen cleaned and closed.

7. The communities living in Ayod County have pastoral lifestyle. They do both the cattle keeping and food crop planting depending on the seasons of the year. Despite all effort to make them settle in one place permanently, there is still much movement with cattle among them. CMD in collaboration with Unicef need to implement mobile schools, because the pastoralists are moving with the seasons.
**Education & Child Protection Program Strategy For 2019**

CMD intends to improve national, sub-national and community capacity to protect and provide quality basic education services to children and adolescent by 2019; below are the plans in place to achieve our goals.

**Ayod County: 71 schools**

CMD target 34,288 (13,715 female); Primary- 33,638 (13,118 girls); ALP-151 (60 female); ECD- 422 (169 girls); Secondary- 77 (31 female); 480 teachers (435- Primary, 15-ALP, ECD 15, Secondary 15; 192 (77 female) PTAs; 50 CED/Local authorities (15 female).

**Ulang County: 20 schools**

CMD target 30,349 learners (12,140 female); Primary- 28,831 (11, 820 girls); ECD 910 (393 girls); ALP 574 (235 female) Secondary 68 (20 female); 170 teachers; 148 – Primary, 15 ECD, 15 ALP, 10 Secondary

**Longechuk County: 20 Schools**

CMD target Primary 10,465 (4,395 female); ALP 1,350 (580 female); ECD 3,500 (1,610 female)

Teachers140; Primary 96 (32 female) ALP 24 (5 female); ECD 20 (9 female); PTAs 100 (40 female) CED 32

The main program strategy for CMD’s education sector in 2019 is to maintain the vital increased scale of Education in Emergencies (EiE) through provision of critical and timely injection of resources into emergency school meals to reduce risks of cognitive underdevelopment and malnutrition; and provide access to safe and protective environments where crisis-affected children can obtain and retain essential lifesaving WASH and nutrition messaging.

Looking forward to a smooth transition from emergency response to early recovery and development, CMD is positioning itself in 2019 as a national leader in pastoralist education. Pastoralists are regarded as an important part of the economy and an integral part of South Sudan’s national identity. CMD intends to develop a Pastoralist Education Strategy that will include two key components on ECD & Youth Skills Development.

The strategy will position CMD to be a game-changer, not just a player, in providing education to pastoral communities both in pre- and post-market South Sudan; effectively responding to the needs of the labor market and social equity in terms of how and in which direction the young generation of South Sudan develops; and engaging parents in understanding the importance of early childhood development and in supporting their child’s development.

Improved Temporary Learning Spaces (iron sheet roofing, increased ventilation by half scatting of the walls with iron sheet, the photo below is having timbers used for wailing, us will use iron sheet). This will reduce the expenses on rehabilitation, use of local poles will be reduced and the structures will serve for longer period compared to the one we had done in the last years. This will be safe and secured by fencing the schools with the local materials and learning spaces improved with desks for learners’ comfort during lessons.

Figure 1: Sample of the improved TLS CMD is going to establish in 2019

CMD intends to improve on the standard of Teachers trainings, with well-standardized training materials, to enable better output to learners.

CMD intend to improve in our reporting system, ensuring timely precise reports with good photos.

CMD intends to improve on monitoring and supervisory visits, by improvising tools that will be used in line with our donors’ requirements.

CMD intends to improve on its field filling system and documentation both at Juba and field level.

CMD intends to intensified Follow up of EiE activities; teachers performance, records at the school (use of class registers, teachers’ attendance, classroom management).

Collaboration with other humanitarian actors, CED, Local Authorities will be improved for smooth running of the programs at different locations.

Increase community involvement on EiE activities, through PTAs, local authorities trainings on their roles and responsibilities.
Food Security

Challenges

1. Many farmers were stuck with the believe on chemical pest management.

2. Vegetable groups kept asking for powered pumps to facilitate irrigation come cultivation time.

3. There were requests for more varieties of vegetables, Onion and Water melons.

4. The locations for the field groups were far apart hence movement difficulties in accessing all the groups on schedule periods.

5. The okra variety provided to the farmers was not the preferred variety; per the taste and processing. They preferred the Kerari variety even though it was very susceptible to pests. Despite this, we encouraged them to cultivate the okra and reduce loses due to pests.

7. Tomatoes variety that was provided to the farmers in Gerger do not like it; in regard to the small size but liked its taste and resistance to pest.

8. The local authorities and community complained in regard to the time we were initiating the seed fair. It was into the season and crops like simsim and maize were past season. But we are able to do fairs on Groundnut and Sorghum. Cowpeas was expensive and also scarce to get among the traders.

9. Engaging traders in areas of Renk, Gerger and Chemedi was difficult since they expect upfront payment. However, we got two able traders to facilitate the seed fair in these areas.
10. Jalhak was facilitated well with both traders and farmers involved in the seed fair. Although some distribution centres are far, organising the seed fair was a bit challenging given the rough road and we having to move from Renk town, distance of 3 hours.

11. Transportation difficulties due to rainfall since the roads were rough. We manage the issue by being flexible on planning to ensure the work goes on other reachable areas.

12. The fishing items were not enough for all group members that were registered in the respective locations.

13. There was no available local costructor in the locations to be engaged in the costruction of the Fishing structures and thus we have to outsource from Renk town.

14. Some of the farmer groups memers were having pumps but they were not operational due to lack of pipe hence some had improvised the use of tapulins into pipe for pumping water from the water points to the farrows.

Lessons

The Humanitarian situation slightly improved through with need for improvement on the humanitarian efforts placed through out the year especially with the uncertainty in regard to conflict resolution among the warring political factions in the country as a whole.

There was still need for the program in the respective counties but with emphasis on crop seeds provision. These can be done on time and with the preferred variety of seeds provided to the community to limit complains of otherwise poor varieties being provided to them with low production results.

Through such efforts the community will be able to harvest and store enough food grains and reduce the food insecure situation to a more insignificant level. The population of Nyirol and Ayod was largely dependent on fishing and riverine vegetable production during the dry season for food security in there households apart from livestock rearing activities that are common to all.

The conflict strongly disrupted the livelihood of the Agro-pastralists and fishermen mainly due to disruption of flow of trade, security, displacements. The flooding that had occurred in the counties during the planting season had affected the production of the main cereal crops; sorghum and maize.

Demand on fishing kits among the community was high since nearly every house hold is involved in fishing and during the dry season it makes most of their dietary intake hence the prices go high. By providing these inputs, it will help solve access and lower the price for fish commodities.

Farmer field schools: Vegetable production needed to be improved in the communities of both Nyirol and Ayod counties to be able to improve the dietary diversity in the community and limit malnutrition and nutrient deficiency specific illness i.e. skin infection, blindness and retarded growth among toddlers and infants. Efforts made by WFP are also felt in the areas and in combination the synergistic effect of the interventions will soon be viable among the populations.

The riverine areas were being utilized by the communities for vegetable production. This especially realized among the Ayod islands that were hard to reach and Nyirol along the swamps in Thol payam, Nyambor and Pulturuk areas.

Access to the necessary inputs: The communities however are locked away from supply of inputs that can be purchased from the neighboring counties and countries. Thus leading to increased prices for the commodities that are able to get into the counties i.e. Sorghum which by the harvest acquired in the last season can’t take them through the lean season.
Health

Challenges

Risks were identified through a rigorous SWOT analysis exercise involving all stakeholders including key beneficiary representatives. This involved looking at both internal and external factors that pertain to the success of the project. Risks involved around security, access, availability of inputs such as drugs and emergence of epidemics in the area of operation. Mitigation measures were put in place which included collaboration with local authorities, prepositioning of supplies, and rigorous monitoring.

The Polio project, found CMD in a transition period of taking over five countries and one Island from different partners, it was not been easy to get the reports on time from the counties supervisors; the process of receiving reports from the field was slow in July.

Review meeting at partner level led us to late reporting and lack of August report from Island county due to late recruitment of the staff.

Late reporting due to Review meeting at partner level affected August report. from Island county due to late recruitment of the staff

Delayed recruitment of Island staffs due to changes in travel plans

Accessibility challenges to project sites due to rains and flooding.

Lack of communication means at island county

Lack of printers for Fangak, Islands, Piggi and Uror counties.

Lack of tvisiblity kits and protective gear for new staff.

Delay in sending report from the field due to internet in September report almost in 4 locations

Uncoordinated approach to routine immunization in Ayod Collection of samples and validation still delayed/ not done in some Counties resulting from disconnect with WHO teams.

Delays/ ignorance by CS’s in taking samples once suspected AFP cases are reported by PAs and late reporting due to poor internet services in the counties.

Delay in quarter money release from CGPP was a challenge, also communication gap still not improved especially in Pieri due to low internet from Tearfund

Abrupt disappearance of Nyirol CS together with CBS motorbike and thuraya has led to no reports being submitted from the county

Report from Nyirol was submitted late due to newly recruited CS who was not fully aware of the compilation of the report and also internet shortages.

Report from Uror was submitted late due to Chistmas break that let internet closed by partner on the ground
Lessons

During the project tenure, participation of communities was seen as key to the success of the project. Through feedback mechanisms that were set up, the quality of the services offered was greatly improved especially at the facilities. Majority of the health response in Greater Upper Nile was affected by challenges around logistics and staffing, with CMD adopting a practice of adequate prepositioning based on needs, local staff recruitment and enlisting volunteers ready to carry on with health care provision at the close of the project.

CMD put all five counties supervisors in to one communication channel accept Island supervisor who was recruited. A CBS Project Officer who oversaw CBS activities was on board and such an identified gaps/challenges were closed since PO was to travelled to the Island via Pangak for quick recruitment of the staff and capacity build them to start implementing CBS activities in the Island.

The review meeting was rectified all knowledge gaps from CS.s during reporting right from KIs to WHO. The review meeting rectified all knowledge gaps from CS.s during reporting right from KIs to WHO.

Island staff (4PAs and 1 CS) recruited towards the end of the month.

The Project was to utilize CSs and PAs to conduct regular supervision in areas cut off.

Explore alternative channels including traditional and radio means as a short time solution. Explore long-term solutions including thuraya.

CBS tools are to be printed in Jubal and sent to the field locations. For Ayod and Nyirol Counties, CBS tools should be printed within CMD bases.

CMD finance team to facilitate procuring visibility/protective gear in line with the budget lines.

CMD engaged partners including NH and TearFund over a possibility of shared internet in affected locations and awaiting MOU to be signed for a coordinated utilization of internet and enhanced reporting.

CMD was to meet with LiveWell and a common response plan agreed.

Consultant to support teams designs a 2019 microplan.

Consultant to engage WHO on possible way forward where there is laxity or WHO staff non-existent.

Few CS's who delayed on reporting cases to Juba were engaged and reminded of the need to report following the sensitivity of reporting timelines and consequent action.

CMD engaged NH and TearFund on possibility of shared Internet and MOU processes was discussed.

Cash was sent to the field immediately after receiving them from CGPP.

New CS posted in the county to cover CBS activities. Motorbike recovered though decisions pending on authorities regarding the purchaser. Authorities in Uror closely followed up on Thuraya suspected to have been sold to an individual in Uror.

CS was taken through how to compile monthly and narrative report and submit to Project Officer before 5th of the next month.

MOU status was followed up with Tearfund at Juba level although they had low opinion of signing the agreement, HR is on it now hopefully it's done this time to avoid such challenge.

CMD health staffs training on IMCNI in Gorwai PHCC
Nutrition

Challenges

there were delays on receiving weekly and monthly reports from other locations since the sites were far from each other and not easy to access for the areas within the island like Menime and Haat.

Limited resources on the budget straining regular outreach activities to provided services to communities’ hours walk from the main facilities.

Limited resources hence less recruitment of staff causing straining in activities especially at the stabilization centres.

Lack of food for mothers hampering continuity during their visits to Pagil and Kandak SCs; CMD engaging WFP to provide food for mothers through the new stocks.

Additional tents were needed for shelter for caregivers/ mothers during health education and distribution.

Nutrition supplies in Ayod County-Pagil and Mogok payams were not delivered on time. This made the project to slow down due to shortage of the supplies which were available.

Children under 5 years awaiting CMAM and WFH/L
Way forward

Additional number of Thuraya’s, internet and computers for the locations which are in the island like Menime and Haat are required.

Additional funding is needed since the project is new and the budget was small, need of scaling up well which was costly starting from human resource, especially at the OTP’s and SC’s sites.

CMD to engage WFP to provide food for the mothers in the SC in its new stock request.

Supplies need to be delivered on time since the project is emergency and before the rainfalls.

Increase access of Infant and Young Feeding in Emergencies (IYCF-E) to mothers and caregivers through social mobilization, individual counselling and group discussion by CNVs’s and PLW’s groups at community level and Nutrition workers at community and health facility level respectively.

Management of Severe and Moderate Acute Malnutrition through screening and admission services in static, outreach and Rapid Response Mechanism and increase access to nutrition services in the county.

Increased Situation Analysis through joint SMART surveys at county level and mass screening at community level.

Transition to new CMAM guidelines to new recruited nutrition staffs, MoH and CNVs through capacity building for active case finding;

Establish/rehabilitate 10 OTP’s/TSFP sites (Pagil, Thuop, Kandak, Bajack, Normanyang(outreach), Menime, Lualdiu, Yian, Jabaar, Kuachdeng) and ensure quality service delivery is provided through strengthening referral system and linkage through other nutrition services and sectors.

Ensure early prepositioning of the nutrition supplies to all identified sites.

Overall management and coordination;

Training workers on prevention and treatment of moderate acute malnutrition;

Frequent Monitoring CNV, nutrition staffs and supervisor’s/officers activities

Ensure timely, accurate and credible information sharing of program activity;

Ensuring safe and dignified participation by beneficiaries in program activity

Implement complaint and feedback mechanisms

Recruit and train new staff since the project has expanded and make them understand the new CMAM guideline treatment and management of SAM/MAM children under 5, PLW’s and SAM with medical complications

Establish and rehabilitate 1 existing stabilization centers(Pagil) and set 3 new ones in Yian, Bajack and Thuop in Ayod

Recruit and train 4 nutrition supervisors and officers to move and monitor nutrition activities to the sites

Identification of the nutrition constraints that can hinder the implementation of nutritional interventions within Ayod County.

Ensure good implementation and timely reporting to all donors

Aim at the targets and avoid delay implementation

Timely attend meetings/cluster meetings at the state, county and national level
Water, Sanitation and Hygiene

Challenges

Physical and social infrastructure in Ayod was likely to cause delay to much of the activities especially during heavy rains. CMD was preposition suppliers to support during the rains Duk and Ayod. Ayod supplies were mainly by air, airstrips can be used even during rains will be utilised.

Security situation in the program areas deteriorated to levels that hindered implementation.

Local authorities unwilling to support project activities

Women and girls were not actively engaged in most program activities

Lessons

Community involvement in project implementation improves programming and meeting the needs of the most vulnerable.

Gender sensitive focus groups, gender beneficiaries' caseloads all have been identified as good practice in reaching the most vulnerable.

Prepositioning of supplies helped during the project cycle even when there were accessibility challenges resulting from rain and floods.

Way Forward

Areas targeted were assessed with future security outlook unlikely to hamper activities.

Local authorities were involved in every stage of project execution, as vital stakeholders in the project.

There was need to involve women and girls from the onset of the project, to build confidence, ownership and sense of value/importance to project success.

CMD should always maximise on dry session period to carry out latrine digging.

Establish school Hygiene clubs in hard to reach areas of Ayod

Hand Washing demonstration and water treatment episodes in major centres was a vital need.

Household Hygiene promotion including hygiene promotion in schools should be carried out oftenly.

Extensive Rehabilitation of water points is required.

Close follow up on undelivered NFIs and pending requests for different site should be done.
Christian mission for development in 2018 received a total of 4,747,292.52 USD in Education, Food security, WASH, Nutrition and Health funding from UNICEF, SSHF, coregroup, FAO,IMA, IOM and WFP this enable CMD to meets its targeted beneficiaries.

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</tr>
<tr>
<td>4</td>
<td>FAO</td>
<td>256,003.00</td>
<td>0.00</td>
</tr>
<tr>
<td>5</td>
<td>IMA</td>
<td>193,089.17</td>
<td>0.00</td>
</tr>
<tr>
<td>6</td>
<td>IOM</td>
<td>200,000.00</td>
<td>0.00</td>
</tr>
<tr>
<td>7</td>
<td>WFP</td>
<td>70,042.00</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>4,747,292.52</strong></td>
<td><strong>2,751,000.00</strong></td>
</tr>
</tbody>
</table>

Based on the table above, a total of 4,747,292.92 USD and 2,751,000.00 SSP was recieved by the end of 2018.

Based on the chart above, CMD received the highest funding from SSHF (UNDP) totalling up to 2,045,186 USD.
Based on the pie-chart, SSHF contribution was up to 43% of the total funding in 2018.

The table below shows funding received per program in 2018.

<table>
<thead>
<tr>
<th>Program</th>
<th>Funding(USD)</th>
<th>Funding in (SSP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>2,254,039.57</td>
<td>0.00</td>
</tr>
<tr>
<td>WASH</td>
<td>822,751.54</td>
<td>0.00</td>
</tr>
<tr>
<td>FSL</td>
<td>374,228.10</td>
<td>0.00</td>
</tr>
<tr>
<td>Health</td>
<td>649,310.14</td>
<td>0.00</td>
</tr>
<tr>
<td>Nutrition</td>
<td>536,379.00</td>
<td>2,751,000.00</td>
</tr>
<tr>
<td>GBV-WASH</td>
<td>200,000.00</td>
<td>0.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4,836,708.35</strong></td>
<td><strong>2,751,000.00</strong></td>
</tr>
</tbody>
</table>

Based on the table above, Education program received the highest funding in 2018.
Based on the chart above nutrition program received both SSP and USD funding and education received the highest funding.

**Pie Chart Showing Percentage of Funding Received per Program**

- **Education, 47%**
- **WASH, 17%**
- **Nutrition, 11%**
- **Health, 13%**
- **FSL, 8%**
- **GBV-WASH, 4%**
The table below shows the targeted funding in 2018 against the received funding in 2018:

<table>
<thead>
<tr>
<th>Program</th>
<th>Target Budget</th>
<th>Funding Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Security</td>
<td>512,820.00</td>
<td>374,228.10</td>
</tr>
<tr>
<td>Education</td>
<td>1,144,550.00</td>
<td>2,254,039.57</td>
</tr>
<tr>
<td>WASH</td>
<td>1,075,737.00</td>
<td>822,751.54</td>
</tr>
<tr>
<td>WASH-GBV</td>
<td>0.00</td>
<td>200,000.00</td>
</tr>
<tr>
<td>Health</td>
<td>803,000.00</td>
<td>649,310.14</td>
</tr>
<tr>
<td>Nutrition</td>
<td>550,000.00</td>
<td>536,379.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4,086,107.00</strong></td>
<td><strong>4,836,708.35</strong></td>
</tr>
</tbody>
</table>

Based on the table above, a total of 4,086,107.00 USD was targeted funding for 2018 by the end of 2018, a total of 4,836,708.35 USD was received making a percentage of over 100% of the target.
CMD works in partnerships with both local and international relief and development actors, Government line ministries, institutions, faith-based and community-based organizations with whom we share a common goal.

Thanks to Our Partners and Donors