

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
UGANDA
RAPID RESPONSE
CONFLICT-RELATED DISPLACEMENT 2015**

RESIDENT/HUMANITARIAN COORDINATOR

Rosa Malango

REPORTING PROCESS AND CONSULTATION SUMMARY

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

The CERF Rapid Response After Action Review (AAR) process occurred from 6 to 25 April 2016. The process was led by the RC with UNHCR, and all agencies benefiting from CERF funds participated. The process included agency level impact reviews, inter-agency consultations, a formal AAR meeting, and debriefings at the UNCT and inter-agency coordination meetings. The Government of Uganda (OPM) also participated in the AAR process and was briefed on the results of CERF funding.

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

YES NO

The RC led the reporting process on the CERF Rapid Response allocation. The primary responsibility for the after-action review and inter-agency coordination was delegated to UNHCR with on-going support and guidance from the RC's Office. The report was discussed at the UNCT, at the OPM-UNHCR co-chaired inter-agency meeting, and was reviewed by sector specialists.

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

YES NO

The final version of the RC Report was shared widely with all in-country stakeholders and government counterparts.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: 21,854,996		
Breakdown of total response funding received by source	Source	Amount
	CERF	3,238,788
	COUNTRY-BASED POOL FUND (if applicable)	0
	OTHER (bilateral/multilateral)	3,146,758
	TOTAL	6,385,546

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 24 July 2015			
Agency	Project code	Cluster/Sector	Amount
UNICEF	15-RR-CEF-081	Nutrition	229,941
UNICEF	15-RR-CEF-082	Water, Sanitation and Hygiene	210,071
UNFPA	15-RR-FPA-024	Health	165,212
UNHCR	15-RR-HCR-035	Multi-sector refugee assistance	1,492,665
IOM	15-RR-IOM-023	Water, Sanitation and Hygiene	217,590
WFP	15-RR-WFP-049	Food Aid	770,843
WHO	15-RR-WHO-030	Health	152,466
TOTAL			3,238,788

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	1,884,555
Funds forwarded to NGOs for implementation	1,223,686
Funds forwarded to government partners	130,547
TOTAL	3,238,788

HUMANITARIAN NEEDS

Humanitarian Context and Cause of the Crisis

Uganda has received refugees from Burundi since 1995 even though the countries do not share a common border. In December 2014, a notable increase of Burundian refugees into Uganda precipitated an even greater influx beginning in April 2015 due to political and civil unrest in Burundi. These numbers have remained steady through 2016, with an average of 150-250 Burundian refugees crossing into Uganda each week. Between 1 July and 31 December the period of implementation for the CERF Rapid Response allocation, a total of 12,081 Burundian refugees arrived in Uganda. The current Burundian refugee population accounts for 23,773 refugees as of April 2016.

Of those refugees arriving from Burundi prior to April 2015, Refugee Status Determination (RSD) processes were conducted, with over 95 per cent being granted refugee status. However, by May 2015, the Government of Uganda (GoU) began granting prima facie refugee status to all new arrivals from Burundi. In addition to prima facie status, the GoU upholds multiple favourable international protection policies and laws for refugees, including the 1951 Refugee Convention and is party to the 1969 Organization of African Unity (OAU) Convention. These international obligations have also become institutionalized domestically forming the basis for the Refugee Act of 2006 and the Refugee Regulations of 2010. On average, Uganda has hosted over 166,000 refugees since 1961 with Congolese and South Sudanese comprising the majority.

The new arrivals from Burundi declare the fear of harassment, political violence, and civil unrest as well as the desire to reconnect with family and friends as their reasons for seeking asylum in Uganda. As recent political developments in Burundi suggest, an amicable solution to the crisis in the country may deteriorate further before improving, current planning figures expect new arrivals coming to Uganda well into 2016 and even 2017. It is estimated that due to continued political clashes and civil strife, some 30,000 more individuals will have fled Burundi to Uganda by the end of 2016.

The majority of Burundian refugees cross into Uganda at the Mirama Hills Border point along the Uganda/Rwanda border. They are hosted in Nakivale, Oruchinga, and Kyaka II refugee settlements in Southwestern Uganda. Upon reaching Uganda, they are registered, assessed for protection needs, and provided with food, non-food items (NFIs), shelter kits items, and other basic services. They are then allocated plots of land within the settlement where they can construct temporary shelters and participate in small-scale agricultural production.

The overall response is led and coordinated by the Office of the Prime Minister Refugee Department (OPM) together with UNHCR, bolstered and enhanced by effective collaboration among other UN agencies within the Uganda UNCT. These agencies bring their unique comparative advantages and technical capacities with the division of labor clearly delineated through years of collaboration, mutual support, and joint planning and implementation within refugee response across sectors

Affected Population

Multiple populations groups have been affected by increased refugee numbers from Burundi in Uganda, with the Burundian refugees the most deeply affected vulnerable population. Of the total caseload and as of 31 December 2015, 71 per cent of the existing caseload are women and children and 47 per cent are under the age of 18. These vulnerable populations require targeted services to ensure their safety and protection throughout their period of stay within Uganda. Recognition of special protection services, including Sex and Gender Based Violence (SGBV) and Child Protection, as well as targeted healthcare services like reproductive healthcare and maternal and infant nutrition services are of a critical component of the life-response for these populations.

The increased number of refugees in southwestern Uganda places increasing strains upon social services for the host communities living in the vicinity of refugee settlements. In order to address these strains, some UNHCR services like healthcare have been integrated within existing local government mechanisms to ensure increased capacitation of these service providers, and to efficiently deliver quality services to these often equally vulnerable rural populations.

Humanitarian consequences and the need for CERF funding

The consequences of insecurity in Burundi are far reaching—with the humanitarian consequences by far the most salient. Rapid mobilization of humanitarian funding is an essential requirement in order to protect vulnerable populations fleeing the political violence and civil strife in Burundi. The rapid onset and relative surprise of the deteriorating security situation in Burundi has also placed added challenges on humanitarian actors as resources are secured for the response, including those which would have supported other emergencies as is this case in Uganda.

In the areas where CERF Rapid Response funding was allocated in Uganda, CERF funds provided direct life-saving and timely support, ensuring food security, healthcare and nutrition, water and sanitation, reproductive health services, and protection for populations that may not have otherwise received it. A review of the total income for the Burundi refugee response demonstrates, of the USD 6,385,546 received in 2015, CERF funded over 50 per cent of this amount. Thus, CERF served as a principal agent of the life-saving resources provided for 16,808 Burundians received in Uganda by end of 2015 as well as 5,042 host community members. Without CERF funding, the activities and inter-agency interventions described below would not have been possible or would have been severely strained thereby lowering effectiveness and overall quality of the response.

However substantial funding challenges remain and continue to grow as Uganda receives even more refugees from Burundi. Due to these gaps, it is very possible that new arrivals could receive a reduction in the quality of life-saving assistance following the CERF Rapid Response allocation. In Uganda, humanitarian indicators remain only slightly above the minimum SPHERE standards, which present a dangerous life-threatening threshold. Further stretching resources and social services presents an inherent risk that the Burundian response could impact the provision of services for other caseloads in Uganda, including the much larger Congolese refugee group, who are settled in areas in and around the Burundi refugee population. Thus, the continued mobilization of resources for the Burundi response will need to rise in tandem with requirements of other vulnerable populations and persons of concern.

II. FOCUS AREAS AND PRIORITIZATION

CERF Rapid Response Design, Prioritization, and Geographic Areas of Intervention

The CERF Rapid Response allocation was designed in light of and informed by multiple frameworks, needs assessments, and regional strategies to swiftly and efficiently address the Burundian refugee emergency. The primary coordination strategy was built upon the Refugee Response Plan (RRP) for Burundi, which was designed as an inter-agency UN family response to the Burundian refugee emergency and led by UNHCR. Furthermore, these humanitarian assistance interventions were designed and prioritized based upon rapid inter-agency multi-sector needs assessments, consultation with refugees and host communities, and coordination with host government authorities (the Office of the Prime Minister's Refugee Department) and NGO partners at field and Kampala levels.

The Regional RRP for Burundi was formed around the principle needs of the Burundi response with primary attention paid to resource mobilisation and prioritisation tools for rapid and critical life-saving emergency response. For Uganda, some delays occurred in mobilizing initial resources due to the uncertainty of the Burundi crisis's impact on Uganda—with Rwanda and Tanzania were targeted with the largest response needs for the first and second quarter of 2015. However, by end of July 2015, original planning in the RRRP figures for new arrivals from Burundi were adjusted to meet the rapidly increasing arrival rates for Uganda. The RRRP is guided by sector based interventions in seven sectors: 1) Protection; 2) Education; 3) Food Security; 4) Health and Nutrition; 5) Livelihoods; 6) Shelter and NFIs; and 7) Water, Sanitation, and Hygiene (WASH).

Based on scenario planning and refugee arrival trends, UNHCR and OPM developed estimated refugee arrival figures and a sector response plan for the Burundi refugee response in light of the CERF Rapid Response allocation criteria and indispensable intervention areas. Joint prioritisation was conducted with all UN agency partners and IOM, also taking into account assessment conducted by NGO partners, prioritizing the critical needs sectors of Protection, Food Security, Health and Nutrition, Shelter and NFIs, and WASH. This resulted in an estimated refugee arrival figure of 13,565 Burundian refugees during the 6-month CERF RR implementation period. The actual refugee arrival figure during the CERF project period amounted to 12,081 Burundi refugees. In addition, in some sectors

(especially regular services for the entire refugee group present) Burundi refugees who had arrived earlier in the year also benefited from CERF funding, as well as the Ugandan host community as per policies by the Government of Uganda (30 per cent of the assistance has to benefit the hosting community).

The CERF Rapid Response allocation primarily funded activities in Southwestern Uganda where the majority of Burundian refugees are settled. The main district targeted was Isingiro, and the settlements included Nakivale, Oruchinga, and Kyaka II. The Burundian new arrival population that ultimately settled in urban locations (12 per cent of the total caseload) like Mbarara and Kampala only received registration and protection services upon entering Uganda through the CERF Rapid Response Allocation.

Additionally, a gender perspective was included throughout the needs assessment and the project period. This understanding included multi-valent discussions of the needs of women, girls, boys and men in order to generate positive and sustainable outcomes for each of these groups. It was understood from the assessments that in times of crisis, gender roles and dynamics change, and women often resort to negative coping mechanisms that cause SGBV to become more prevalent. These issues were captured in the Burundi refugee response in Uganda, both at the individual programming level in project design and in programme analysis and development, and followed-up upon through targeted monitoring. In Nakivale, Oruchinga, and Kyaka II refugee settlements the existing partners and mechanisms were used to ensure sustainability, and new refugee organizing groups were created during the project implementation period.

The following is a list of sectors priorities within the critical needs sectors identified through the RRRP and under rapid inter-agency multi-sector needs assessments conducted during the CERF planning process.

Sector	Prioritization Rationale
WASH	<ul style="list-style-type: none"> • Access to safe water in the settlement, as well as sanitation at the household and institutional level, and hygiene promotion remains a critical gap. Dignity and hygiene kits are required for new arrivals.
Protection/ Reception Registration	<ul style="list-style-type: none"> • Registration provides refugee status recognition and the right for the refugees to stay and freely move in Uganda as well as provide documentation to prove their status
Child Protection / SGBV	<ul style="list-style-type: none"> • Unaccompanied minors and separated children are of concern and their registration will guarantee targeted assistance, which increases the chances of restoring contact with their families and/or facilitating, tracing, or alternative forms of care pending family reunion. • There is large under-reporting of SGBV issues which can only improve by working with the refugee community and promoting women within the community structure in a way that supports and monitors the reception of services for these groups.
Shelter / NFIs	<ul style="list-style-type: none"> • Existing transit centres need to be strengthened to cope with the influx. Shelter / NFIs kits need to be provided to all new arrivals. Site planning for new settlement areas is required, and new settlement areas need to be made accessible, prepared and basic life-saving services need to be provided.
Health and Nutrition	<ul style="list-style-type: none"> • The poor water and sanitation and the reported outbreak of cholera within Burundian displaced groups are increasingly coming into Uganda, which signals the heightened vigilance for surveillance and WASH. • The health activities will target eliminating maternal death through proper medical care and

	<p>promoting anti-natal care, communicating how to avoid HIV transmission and where to seek treatment.</p> <ul style="list-style-type: none"> • Provision of nutrition supplies and nutrition programmes for under-fives, including screening/identification and treatment will be provided. The nutrition activities for the new arrivals require close monitoring and will contribute to overall protection – particularly for unaccompanied minors.
Food Security	<ul style="list-style-type: none"> • A critical food pipeline break was expected in September 2015 based on the existing population of refugees in Uganda. However, the CERF Rapid Response Allocation was able to avoid this. If WFP had not received the CERF allocation and additional resources were not received, food ration cuts would have occurred.

Funding Assessment and Gaps

The total requirements for the Burundi response roll-out and the continual improvement and updating of life-saving sector amounts to USD 21,854,996 as per the 2015 Burundi Regional Refugee Response Plan. As of the end of 2015, the Burundi response remained abysmally underfunded with only USD 6,385,546 of the required USD 21,854,996 received in 2015. The funding assessment demonstrates a critical gap existed in the resources available to the emergency response for Burundian refugees.

III. CERF PROCESS

Consultative Process and Prioritization of Activities

The CERF grant request was prepared with the overall leadership of the Resident Coordinator's Office, while coordination and prioritisation was carried out by OPM and UNHCR through the existing overall and sector coordination mechanisms. Over the course of the past four years, the inter-agency community in Uganda has developed clear lines of delineation for the division of labor when responding to refugee emergencies, which was also applied to this CERF grant. Through the CERF Rapid Response planning period, each UN agency brought to the table strategic partnerships with NGOs operating on the ground. This identification assisted in streamlining the process of planning and implementation across various activities and ensured that the strengths, knowledge, and know-how of the non-profit sector were also engaged.

During the prioritization of CERF activities, participating agencies conducted joint needs assessments within consideration of existing regional frameworks and policies, followed by prioritization and coordination meetings within the field and at Kampala-level. The outcome of this collaborative process was an agreed upon joint emergency response strategy with clear directives on sector responsibilities and agencies accountable to each. The Burundi RRP was also used a tool for mobilizing and prioritizing CERF activities.

Recognising the importance of meeting the life-saving criteria guidelines while ensuring sustained and relevant support for the Burundi New Arrival population, CERF funding was allocated to five sectors: 1) Protection (Registration, Child Protection, SGBV); 2) WASH; 3) Shelter and NFIs; 4) Health and Nutrition; and 5) Food Security. The following table identifies key activities across each sector and the agency responsible for its implementation. The numbers reflected in this table refer to the original table used in the project proposal and do not reflect the actual outcomes. For further detail on actual outcomes, refer to Narrative Sections 5 and 6.

CERF Sector	Prioritized Activities	Responsible Agency
WASH	<ul style="list-style-type: none"> • Water provision (water tanks for trucking, distribution pipelines, water treatment system) • Household level latrines 	UNICEF IOM
Protection (Registration, SGBV, Child Protection)	<ul style="list-style-type: none"> • Registration (13,565 individuals), identification of and assistance to persons with specific needs, including prevention and response to SGBV. About 77 per cent of all new arrivals are women and children, and 53 per cent are children under the age of 18 years. • Case management of unaccompanied minors and separated children and provision of psycho social and recreational support. 	UNHCR UNICEF
Shelter and NFIs	<ul style="list-style-type: none"> • Site planning and plot demarcation services for the new refugee villages being established in Nakivale settlement (currently there is one village being established and another site identified) as well as shelter and NFIs kits for 13,565 new arrivals. 	UNHCR
Health & Nutrition	<ul style="list-style-type: none"> • Primary health care services through emergency health centres and support to existing health centres; procurement of medicines • Isingiro District: Disease surveillance and ensuring access by the refugees to quality health services. This includes: procurement of cholera kit for new sites; establishment of Village Health Team; and strengthening disease surveillance activities at community and health facility level through training of health workers and community volunteers and provision of surveillance tools. • Vaccination services • Nutrition services • Reproductive health care package: dignity kits and RH emergency kits 	UNHCR WHO UNICEF UNFPA
Food Security	<ul style="list-style-type: none"> • Hot meals at transit camps and 100 per cent of monthly food ration for 13,565 individuals for two months + nutrition security rations for children with GAM and MAM 	WFP

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR ¹									
Total number of individuals affected by the crisis: 21,850									
Cluster/Sector	Female			Male			Total		
	Girls (below 18)	Women (above 18)	Total	Boys (below 18)	Men (above 18)	Total	Children (below 18)	Adults (above 18)	Total
Food Aid	3,886	4,000	7,886	3,929	3,929	7,858	7,886	7,929	15,744
Health	4,954	5,252	10,206	5,399	6,245	11,644	10,353	11,497	21,850
Multi-sector refugee assistance	4,954	5,252	10,206	5,399	6,245	11,644	10,353	11,497	21,850
Nutrition (UNICEF)	6,259	3,212	9,471	6,208	0	6,208	12,467	3,212	15,679
Water, Sanitation and Hygiene (UNICEF)	4,258	3,882	8,140	3,393	3,183	6,576	7,651	7,065	14,716
Water, Sanitation and Hygiene (IOM)	2,858	2,501	5,359	2,917	2,423	5,340	5,775	4,924	10,699
Road Rehabilitation	4,308	4,495	8,803	4,495	5,431	9,926	8,803	9,926	18,729

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

BENEFICIARY ESTIMATION

All UN agencies took rigorous care in identifying the number of beneficiaries receiving services in each of the critical sectors of the project. These beneficiary statistics were based upon careful tabulation of field reports and implementing partner data. These numbers were presented to UNHCR and were cross-checked with official figures given by OPM's Refugee Information Management System (RIMS). To ensure double-counting did not occur and in order to ensure accurate counting across sectors, these figures were again checked and cross-checked by UNHCR. This report was then recirculated to all UN agencies, partners, and government counterparts to ensure accurate reporting.

To ensure double-counting did not occur, it was agreed during the AAR meeting that all beneficiary numbers would be harmonized according to official figures found in RIMS. In order to ensure accurate counting across sectors, the UNCT agreed to count beneficiaries based upon the type of sectoral intervention. In the case of protection, all Burundian new arrivals were registered through OPM's Refugee Information Management System (RIMS), however 12 per cent of those registered went to urban areas, and thus did not received support from any other sector intervention.

In the case of the UNICEF vaccination program and campaign, the CERF grant funded a portion of a much larger project that targeted nearly 30,000 refugees and host community members. This was conducted as a technical medical requirement in order to ensure a large enough portion of the population was vaccinated, thereby protecting the overall integrity of the population's immunity. The beneficiaries targeted through CERF funding are noted in the UNICEF Health and Nutrition project and note only those Burundian refugees and host community members receiving immunizations.

Additionally, the IOM project differed from the planned activities significantly and used a separate beneficiary calculation. This calculation was based upon a separate timeframe for new arrivals (1 August 2015 to 31 January 2016) and the reallocation of funds to accommodate road construction into the settlement. The details of these project changes can be found in the IOM Results Framework

narrative. The difference in implementation periods and thereby beneficiary baselines explains the need for two separate calculations for UNICEF and IOM.

The following table details the accounting methodology behind the beneficiaries reached within each sector.

Beneficiaries Reached by Sector

Sector	Beneficiaries Reached
Protection	<p>12,081 Inclusive of all new arrival Burundian refugees arriving in Uganda between 1 July 2015 and 31 December 2015.</p>
Health & Nutrition	<p>21,850 Inclusive of all Burundian refugees in settlement as of 31 December 2015 and 30 per cent host community.</p>
Shelter & NFIs	<p>11,032 Inclusive of only those Burundian refugees which went to the settlements. 12 per cent of Burundian refugees go to urban areas and thereby do not receive Shelter and NFIs support.</p>
WASH	<p>14,716 (UNICEF Project) Inclusive of all Burundian beneficiaries of WASH project implemented by UNICEF.</p>
	<p>10,699 (IOM Project) Inclusive of all Burundian beneficiaries of WASH project implemented by IOM.</p>
Food Security	<p>15,744 Inclusive of all Burundian refugees in settlement as of 31 December 2015.</p>
Road Rehabilitation	<p>18,729 (IOM Project) Inclusive of all Burundian beneficiaries of the Road Infrastructure project implemented by IOM.</p>

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING (as of January 31st 2016)			
Female	6,332	6,535	12,867
Male	6,605	8,206	14,811
Total individuals (Female and male)	12,937	14,741	27,688

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

CERF RESULTS

Key Outcomes and Achievements / Number of Beneficiaries Reached

The CERF Rapid Response Allocation aligned with key indicators and other sources of operational efficiencies within a humanitarian response. All of these standards are aligned with minimum humanitarian standards.

Due to the multi-sectoral response and the beneficiary populations of each of these sectors, some indicators and sector interventions benefited caseloads beyond the new arrival caseload entering Uganda during the CERF implementation period. The initial CERF Rapid Response proposal accounted for 13,565. Yet, by end of 2015, there were 12,081 new arrivals arriving in Uganda between 1 July 2015 and 31 December 2015. Including sectors that also reached the pre-July 1st existing Burundian caseload and the host community, a total of 21,850 refugees were assisted over the course of the CERF implementation period.

In addition to support to refugee populations, it is the policy of the GoU to include an additional 30 per cent in support service resources to the host community in areas where refugee settlements exist. Through this policy, healthcare and WASH services offered through UNHCR are linked to national government systems and are indivisible from it. Host community members have access to these services as do the refugees.

The following essential data was used to monitor and inform the progress of the CERF Rapid Response allocation interventions and activities through output, indicators, and project achievements.

Key Outputs

- Water systems - 27 kilometers of water pipelines constructed
- 7 kilometers of access road rehabilitated
- 3,383 household latrines installed
- 16,808 assisted with food rations
- 10,631 new arrivals received shelter kits, NFIs, and land plots
- 12,081 new arrivals were registered through RIMS
- 7 reception center buildings were improved or maintained
- 1,837 Pregnant and lactating women were assisted in delivery and postnatal care
- 100 per cent of SGBV survivors received timely (72 hours) psycho-social and medical support

Indicators and Achievements

- 0.01 Crude Mortality Rate / 10,000 / month - low
- 21.5 liters / person / day – over minimum emergency standard
- 100 per cent of children immunized against polio and vaccinated against measles + host community
- 100 per cent (16,808) of Burundian refugees and 100 per cent (5,042) of host community members had access to health facilities and life-saving medicine
- 4.5-5.5 per cent prevalence of GAM among children <5 years - low
- 93 per cent MAM treatment recovery rate - sufficient
- 100 per cent pregnant mothers mapped and referred to care
- 100 per cent of new arrivals registered (urban and in settlements)
- 100 per cent of new arrivals received shelter kits and NFIs (in settlements)
- 100 per cent of new arrivals received food assistance (in settlements)

Change in the Humanitarian Situation

The humanitarian situation in Burundi remains contentious, impacting all nearby and neighboring countries. In the absence of political solution to end the crisis in Burundi, it is likely that other countries in the Great Lakes Region will continue to see Burundian refugees and asylum seekers. Planning figures for refugee arrivals in 2016 have already exceeded projections, requiring adjustments based upon unprecedented influx numbers. Thus, if any change has occurred with regard to the Burundi refugee emergency, it seems to be away from an amicable solution and towards further displacement.

CERF's ADDED VALUE

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

YES PARTIALLY NO

The CERF Rapid Response allocation led to a fast delivery of essential live-saving assistance to the newly arriving Burundi refugees and Ugandan host communities through the fast release of resources in areas where gaps had previously existed. Without CERF funds, some agencies and implementing partners would not have been able to provide any assistance to new arrivals and would have experienced significant constraints providing ongoing services to refugees who arrived earlier. Due to CERF funds, all settlement locations received substantial improvement in terms of access to life-saving services.

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

YES PARTIALLY NO

The immediacy of the CERF allocation with regard to the Burundi emergency and its developments ensured that gaps that would

¹ Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

have otherwise required increased funding sources and time were not immediately necessary. Thus, CERF served as an essential stop-gap service in the overall emergency response. In all sectors, CERF led to direct life-saving interventions, ranging from the provision of food to healthcare, essential medicines and nutritional supplements to water and sanitation services to protection against violence perpetrated on women and children.

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

YES PARTIALLY NO

CERF funds significantly helped to improve the overall mobilization of resources, including funding from other sources. By addressing the humanitarian needs of the Burundian new arrival caseload, other donors were freed up and able to invest in other beneficial support services to this population and the refugee response in Uganda. Such initiatives as the Settlement Transformative Agenda (STA) and the Refugee and Host Population Empowerment Framework (ReHoPE), which focus on socio-economic and livelihood initiatives for refugees in Uganda, were further bolstered by donors who cited a desire to move away from humanitarian assistance into development.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

CERF assisted the humanitarian coordination mechanism led by the government represented by the Office of the Prime Minister (OPM) Refugee Department and UNHCR. While coordination and division of labour was already in place, CERF further strengthened this by obliging UN agencies to jointly prioritise one shared pool of additional funding. This led to some clarification of division of labour at sector level, in particular in the WASH and health sectors.

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

As noted above, CERF has provided an essential stop-gap measure by providing the initial resources for a coordinated countrywide response to the Burundi emergency in Uganda. During the six-month period of implementation, this has assisted OPM and the inter-agency team with providing coordinated life-saving assistance. The CERF funds have also strengthened the dialogue amongst all stakeholders (OPM, UN agencies, IPs) on the most efficient use of emergency funds.

The existing refugee emergency response coordination mechanisms led by OPM and UNHCR, in combination with the infusion of the CERF allocation contributed to the harmonization of the agency interventions and have supported the creation of synergies between the various agencies on the ground. It has also contributed to a better understanding of each agency's mandate and operational collaboration at the deep field level.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR CERF SECRETARIAT		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Request for review of CERF funding criteria. The current CERF funding criteria do not always correspond to needs and requirements of a non-camp settlement approach like that found in Uganda. Current CERF criteria further reinforce the artificial separation of humanitarian and development interventions, preventing stronger synergies with assistance which could be provided jointly with local government authorities.	Review CERF funding criteria with increased consideration for development approaches in providing life-saving emergency responses.	CERF Secretariat

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Increased consideration for linguistic needs of the Burundian population are essential	Continue to provide programming that considers the cultural and linguistic needs of the Burundian population in the refugee settlements.	UNCT Uganda
Value found strengthening delivery with Village Health Teams (VHTs)	Identify and work with VHTs at all planning and implementation stages, and increase consideration of VHT capacitation through program activities	UNCT Uganda (Health and WASH Sectors)
Improved down-streaming of funding to implementation	Further accelerate releasing funds to implementing partners	UNCT Uganda
Maximise implementation through implementing partners with existing presence in operational areas	Instead of creating new presences, work with existing partners present in operational areas. where possible	UNCT Uganda
Government-led refugee registration processes need to be further strengthened, especially in emergency situations with large influx numbers.	Further increased support to the Government of Uganda (OPM) with refugee registration through RIMS	OPM / UNHCR
The living conditions at the reception centre have improved significantly, though they are still operating above capacity.	Consider infrastructure needs and lasting interventions when conducting improvement of reception centers, given the protracted nature of refugee influxes to Uganda.	UNHCR
Focus group discussions were found to be effective ways at which to determine and recognize and SGBV cases	Continued expansion of SGBV focus groups, including the continued involvement of men in the discussion process	UNHCR; UNFPA
Some training and assistance to partners on using CPIMS is still required, but appears to be improving case and knowledge management when it comes to child protection	Continued support to CPIMS adoption by all relevant stakeholders	UNHCR; UNICEF; NGO partners
The emergency shelter was found to be unacceptable in design and approach due to the low quality plastic sheet, five poles, and string roll used as the roof. For those long-stay refugees facing protracted conflicts in their home countries, the emergency shelter gradually deteriorated due to water leaking from the roof onto the mud-brick walls of the interior. Thus, the current emergency shelter design proved to be unacceptable and hazardous, exposing the refugees to illness (mosquitoes and water-borne ailments) and indignity.	Design and roll-out new semi-permanent shelter strategy	OPM, UNHCR, NGO partners

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS							
CERF project information							
1. Agency:	UNICEF		5. CERF grant period:	01/07/2015 – 31/12/2015			
2. CERF project code:	15-RR-CEF-081		6. Status of CERF grant:	<input type="checkbox"/> Ongoing			
3. Cluster/Sector:	Nutrition			<input checked="" type="checkbox"/> Concluded			
4. Project title:	Emergency humanitarian support to Burundi refugees						
7. Funding	a. Total project budget:	US\$ 580,000	d. CERF funds forwarded to implementing partners:				
	b. Total funding received for the project:	US\$ 229,941	▪ NGO partners and Red Cross/Crescent:		US\$ 0		
	c. Amount received from CERF:	US\$ 229,941	▪ Government Partners:		US\$ 21,515		
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
<i>Children (below 18)</i>		4,170	3,019	7,189	6,259	6,208	12,467
<i>Adults (above 18)</i>		3,698	2,678	6,376	3,212	0	3,212
Total		7,868	5,697	13,565	9,471	6,208	15,679
8b. Beneficiary Profile							
Category		Number of people (Planned)		Number of people (Reached)			
<i>Refugees</i>		13,565		10,452			
<i>IDPs</i>				0			
<i>Host population</i>				5,042			
<i>Other affected people</i>				0			
Total (same as in 8a)		13,565		15,494			
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>		Emergency nutrition services were integrated with immunization services for refugees and reached some host community members who were accessing the existing health services. During the reporting period a national immunization campaign that included Nakivale Settlement increased demand for nutrition and health services to both host communities living near the refugee settlement as well as to the refugees themselves. The intervention was inclusive and targeted all who were eligible for vaccination to facilitate immunity for the					

	affected group of Burundian refugees.		
CERF Result Framework			
9. Project objective	To provide a safe and protective environment for refugees from Burundi.		
10. Outcome statement	Strengthen uptake of nutrition and immunization services in Burundi refugee settlements.		
11. Outputs			
Output 1	Refugee children (7,189) and women (3,698) in Isingiro District receive lifesaving and preventive nutrition services.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Proportion of children receiving Vitamin A supplementation (6 – 59 months) and deworming (1-14yrs).	100%	65% children received Vitamin A & 100% for deworming medication
Indicator 1.2	Proportion (%) of an estimated 2,426 children under 5 years screened for malnutrition.	100%	>100% children
Indicator 1.3	Proportion of children with Severe Acute Malnutrition treated.	80%	90% of cases with SAM treated.
Indicator 1.4	Proportion of pregnant women receiving iron/folic supplementation	60%	86% (3,212) pregnant/lactating women.
Indicator 1.5	Proportion of 75 health workers and 200 VHTs effectively trained on IMAM and IYCF.	50%	>100% (15) health workers trained on inpatient therapeutic care; 75 health workers trained on outpatient therapeutic care; and >100% (258) VHTs trained on community nutrition.
Indicator 1.6	Proportion of an estimated 2,426 children aged (0-59 months) immunized against polio	100%	>100% of children were immunised against measles.
Indicator 1.7	Proportion of children aged (6-14 years) immunized against Measles.	100%	>100% of children aged 6 months to 14 years were immunised against measles.
Indicator 1.8	Number of health workers trained on immunization and surveillance	80 health workers	120 Health workers trained to manage 40 immunisation outreach events.
Indicator 1.9	Number of VHTs trained on social mobilization and community surveillance	120 VHTs	Activity not carried out. Underfunded due to additional vaccines procured.
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Training of Isingiro DHT and health facility staff on IMAM/IYCF.	Isingiro District Local	Isingiro District Health Team (DHT) with

		Government	technical support from national trainers at Mulago Hospital-Mwana mugimu Nutrition Unit
Activity 1.2	Support orientation of VHTs on community nutrition (screening for malnutrition, referral and follow up).	Isingiro District Local Government	Isingiro DHT with technical support from national trainers at Mulago Hospital-Mwana mugimu Nutrition Unit
Activity 1.3	Support social mobilization for micronutrient supplementation and Growth Monitoring & Promotion alongside immunization service delivery during periodic outreaches or child health days.	Isingiro District Local Government	Isingiro DHT
Activity 1.4	Procurement of equipment and supplies to manage malnutrition (RUTF, F100, F75, height boards, weighing scales, MUAC tapes, etc.)	UNICEF	UNICEF procured supplies and delivered to Isingiro DHO while distribution to health facilities was done by Isingiro DHT
Activity 1.5	Training of 80 health workers and 120 VHTs from Isingiro district on EPI surveillance.	Ministry of Health	Ministry of Health
Activity 1.6	Procurement of 7,500 doses of Polio vaccines will be procured to support the routine immunization within the refugee settlements	UNICEF	UNICEF, National Medical Stores, Isingiro DLG
Activity 1.7	Procurement of 7,500 bundles of Measles vaccines will be procured to support immunization of all children aged 6 months to 14 years age to achieve herd immunity.	UNICEF	UNICEF, National Medical Stores, Isingiro DLG
Activity 1.8	Support district local government to implement routine immunization	Isingiro district local government	Isingiro District Local Government

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

UNICEF provided immediate humanitarian support in the form of treatment and preventive nutrition interventions for refugees from Burundi who are settled in Isingiro District (Nakivale and Oruchinga refugee settlements). UNICEF supported establishment of 15 new Outpatient Therapeutic Centres (OTCs) in order to relieve the high demand for services at Nakivale Health Centre. The new OTCs were equipped with height-boards, mid upper arm circumference (MUAC) tapes and weighing scales. UNICEF and partner Mwanamugimu provided additional weighing scales to support Isingiro district nutrition services. UNICEF supported malnutrition screening amongst both boys and girls. UNICEF also supported Isingiro District Health Team and its other partners such as UNHCR through Medical Teams International (MTI) to report on nutrition data using updated Health Management Information system (HMIS) tools.

UNICEF response exceeded the targets in Indicators 1.2 and 1.5 (Proportion (%) of an estimated 2,426 children under 5 years screened for malnutrition and proportion of 75 health workers and 200 village health teams (VHTs) effectively trained on integrated management of acute malnutrition (IMAM) and infant and young child feeding (IYCF) respectively. During District Health Office's planning for implementation, additional hard hit areas that required community support were identified. Immunization and nutrition outreach events were conducted in an integrated manner as planned in the refugee settlements and in host communities. However, from the national HMIS reports and field monitoring trips by UNICEF staff, poor nutrition data entry into DHIS2 has been noted in Isingiro and other districts around the country despite availability of raw data at health facilities. In order to address this gap, UNICEF is currently supporting the Nutrition Unit of the Ministry of Health and all 14 Regional Referral Hospitals, including Mbarara Regional Referral Hospital which supervises Isingiro district, to conduct technical supportive supervision at district and facility level on all nutrition related activities including reporting of data into updated HMIS tools.

Some \$172,184.65 was used to support MOH to procure therapeutic food supplies while the rest (\$21,515.31) was Direct Cash Transfers to Isingiro District Health Office to support district trainings on IMAM (trainings were done by Ministry Of Health's national trainers) and health workers and mobilisation for immunisation campaign.

During implementation of immunization activities, it was noted that the refugee settlements had more children eligible for immunisation services than originally planned. A total of 15,500 doses of Polio were procured. Additional 8,000 doses were procured using other internal resources to ensure that all eligible registered children who presented themselves for the service in the settlement were immunised. Health workers were trained and received allowances in order to implement the immunisation campaign of both Measles and Polio.

Indicator 1.9- Number of VHTs trained on social mobilization and community surveillance was not measured because funding was inadequate to complete the activity due to additional vaccines procured.

Targets for Indicators 1.6, 1.7 and 1.8 (Proportion of an estimated 2,426 children aged (0- 59 months) immunized against polio, Proportion of children aged (6-14 years) immunized against Measles and Number of health workers trained on immunization and surveillance respectively) were reached beyond target because before implementation, all eligible children were registered in all settlements. All registered children aged 0 -59 months qualified for oral polio vaccine (OPV) and children aged 6 months to 14 years all qualified for measles vaccines according to the humanitarian standards as well as to the Government of Uganda policy on displaced or refugee communities.

Implementation of the CERF activities coincided with implementation of National Immunisation Days and Integrated Child Health Days where measles and polio vaccines were administered. In addition, Isingiro District Local Government and UNHCR worked closely with Medical Teams International on immunization and as such all vaccines procured were given to MTI. The district provided health workers and mapped out immunization services points. Monitoring was conducted by Ministry of Health, WHO, UNICEF and UNHCR. Additional reach was obtained through an outreach of services. Services were inclusive to ensure high protective coverage (herd immunity) and reduce the likelihood of vaccine preventable disease outbreak.

Equal access and participation to nutrition and immunization interventions was supported for all boys and girls.

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

UNICEF provided financial support to the district to implement all planned activities under this project using the framework of a "Funding Authorization and Certificate of Expenditure" (FACE) that is used to request, authorise and report on activity implementation. Monitoring of the programme was undertaken and reported on a monthly basis through situation reports specific to the Burundi refugee response. Regular field visits to the refugee settlements were conducted by UNICEF immunization and nutrition staff of the Western Region Zonal office and the Kampala office jointly with Government counterparts, Ministry of Health and WHO (immunisation services) and reports were shared with partners. In addition, UNICEF attended routine sector coordination meetings, which provided an opportunity for wider consultation on key implementation constraints and progress.

The project ensured equal access and participation to nutrition and immunisation services for all boys and girls. Services were brought closer to children, women and men through outreach events. Beneficiaries were engaged during social mobilization to

ensure feedback and social accountability. UNICEF supported the hosting Isingiro District Health Office and health teams to participate in radio messaging and talk shows on malnutrition issues among the refugees and nationals and available nutrition services in Isingiro. Key informants such as technical and political leaders participated in this activity to sensitize communities and encourage buy in.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
A project evaluation was not planned.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNFPA		5. CERF grant period:	11/08/2015 – 10/02/2016		
2. CERF project code:	15-RR-FPA-024		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Health			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Provision of life saving reproductive health services for Burundian refugees					
7. Funding	a. Total project budget:	US\$ 265,212	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 165,212	▪ NGO partners and Red Cross/Crescent:		US\$ 165,212	
	c. Amount received from CERF:	US\$ 165,212	▪ Government Partners:		US\$ 0	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (below 18)	4,170	3,019	7,189	1,067	1,654	2,721
Adults (above 18)	3,698	2,678	6,376	7,148	1,292	8,440
Total	7,868	5,697	13,565	8,215	2,946	11,161
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees	13,565			10,339		
IDPs						
Host population				822		
Other affected people						
Total (same as in 8a)	13,565			11,161		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	The number of beneficiaries for those under 18 was below the number targeted because the tent which served as a youth space was procured and delivered to the settlement three months after the start of the project. The young people that were reached were only those reached in the last three months of the project. The targets for those above 18 years were surpassed because even nationals who were not planned for were reached with the relevant health services.					

CERF Result Framework			
9. Project objective	Improving access to life-saving quality reproductive health care for women and young girls including care for pregnancy, delivery, and delivery complications for new Burundi refugees in Isingiro.		
10. Outcome statement	Refugee women have access to Reproductive health information and services		
11. Outputs			
Output 1	Burundi refugees have access to reproductive health care, emergency obstetric care, skilled birth attendance and HIV prevention		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	100 per cent of pregnant women attended to by skilled health personnel during childbirth.	100% (800)	98% (782)
Indicator 1.2	100 per cent of new mothers receive dignity kits	100%	100% (2,582)
Indicator 1.3	100 per cent of health facilities (3) serving the refugees are well equipped and supplied to provide essential lifesaving interventions in reproductive health including maternal health and HIV.	100% (3)	200% (6)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Provide RH Kits 2A, 3, 5, 6A, 6B, 8, 9, 10, 11A and 11B to 3 Health Facilities	UNFPA	UNFPA/ACORD
Activity 1.2	Procure and distribution of dignity Kits among pregnant women	UNFPA	UNFPA/ACORD
Activity 1.3	Build capacity of health workers on EmONC and use of the Emergency Reproductive Health kits	UNFPA	ACORD
Activity 1.4	Carry-out pregnancy mapping among new Burundian Refugees by refugee volunteers	UNFPA	ACORD
Activity 1.5	Carry-out monitoring and evaluation of the project	UNFPA	ACORD/UNFPA

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

Six health facilities (instead of the three planned) serving Burundian refugees in Nakivale Settlement were equipped and provided with the Emergency Reproductive Health Kits that contain an assortment of supplies and medical equipment. Altogether 93 kits of different types were distributed including 2 cartons of Intra-Uterine Devices (IUD), 5 cartons of pregnancy management complication kits, 5 cartons of suture of tears kits, 2 cartons of vacuum extraction delivery kits, 2 cartons of referral level reusable equipment kits, 3 cartons of rape treatment kits, 20 cartons of clinical delivery assistance kits, 34 cartons of drugs and disposable equipment kits, and 20 cartons of clinical delivery kits were procured and distributed to health facilities in Nakivale and Oruchinga settlements. The health facilities supplied were those facilities in Kibengo, Nakivale, Rubondo, Rulongo and Nshungyezi. It is estimated that these kits will meet the major reproductive healthcare needs of a population of 150,000 people for a minimum of 3 months.

The project supported the recruitment and deployment to Nakivale health center one additional midwife who mitigated the overwhelming workload in the existing health facilities exerted by the increased population following the refugee influx from Burundi. The midwife has conducted 125 deliveries personally, assisted 70 of the 136 referrals obstetric in nature, assisted 992 immunisations and provided Ante-Natal Care (ANC) to 1,437 women.

Provision of supplies, equipment, and additional midwives helped ensure good quality of healthcare service delivery. As a result, 98 per cent of deliveries were conducted safely in these health facilities under skilled care surpassing the target of 80 per cent. It is

also important to note that about 30 per cent of the people served in these health facilities were the host communities who had also taken advantage of the improved quality of health services. Thus, the project achieved more than planned

UNFPA procured and delivered 3,600 dignity kits instead of the planned 2,400 kits. These kits were distributed to Nakivale, Kibengo, Rubondo, Juru, Nshungyezi and Rulongo. All these kits were distributed to new mothers. UNFPA also used other resources to supplement the CERF allocation in order to procure dignity kits that serve all new mothers (refugee and host community) at the target health facilities. Dignity kits ensure that mothers get clean and safe deliveries and they also help attract mothers to seek health facility deliveries. This has helped in achieving higher than planned health facility deliveries.

A 24-hour ambulance referral service was maintained to serve all refugee settlements and ensure timely evacuation in the event of medical emergencies including maternal health emergencies. As such, there were at least 77 referral cases with maternal complications, which were treated at the nearest health facilities.

UNFPA procured 2 tents which served as youth spaces for the Burundian refugees. 2,721 young people were reached through these spaces. In the youth spaces, young people were given SRH/SGBV information and condoms.

100 per cent (5) of SGBV survivors referred were given timely (72 hours) access to support services. Awareness creation, sensitisation, and dialogues on SGBV prevention and response were conducted for the refugees. UNFPA also supported the development and distribution of the referral pathways among the Burundian refugees.

A refresher training was conducted for clinical management of rape cases for a total of 40 people. 26 health workers (clinical officers, midwives, nurses, and counsellors), 6 police officers (2 female / 4 male), 5 social workers (4 female / 1 male), 1 OPM staff, and 2 staff from AHA and LWF.

100 per cent of pregnant mothers (400) mapped and referred to care including Ante-Natal Care (ANC) and delivery.

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

UNFPA participated in the inter-agency assessment organized by OPM and UNHCR in which UNFPA led the health sector assessment. The findings of the assessment indicated that staff of all categories including midwives needed support for HIV, reproductive health, and family planning, which should be included among the minimum services provided in an emergency. Implementation planning and review meetings were conducted in consultation with the beneficiaries through an entry meeting and follow-up field monitoring visits were conducted by both UNFPA and implementing partner ACORD. During such visits interviews and/or focus group discussions as well as community dialogues were held with community leaders and members on issues affecting them in the areas of reproductive and maternal health and SGBV. The Office of the Prime Minister, as the government agency responsible for the refugee program, as well as the District Local Government (DLG) authorities were consulted regularly on planned interventions in order to provide leadership on program focus, prioritization, and coordination.

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

EVALUATION CARRIED OUT

The period of project implementation was short and therefore, no formal evaluation was carried out. However monitoring and regular support supervision was conducted both by the implementing partner and by UNFPA. Clear recommendations from the reports and visits were acted upon e.g. Program review meetings were through regular sector meetings by the relevant partners and by the office of the Prime Minister and UNHCR through the Inter-Agency meetings at field level and central level.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNHCR		5. CERF grant period:	01/07/2015 – 31/12/2015		
2. CERF project code:	15-RR-HCR-035		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Multi-sector refugee assistance			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Protection and emergency assistance for new refugee arrivals from Burundi					
7. Funding	a. Total project budget:	US\$ 13,443,490	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 4,792,665	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 932,608	
	c. Amount received from CERF:	US\$ 1,492,665	▪ <i>Government Partners:</i>		US\$ 88,109	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (below 18)</i>	4,170	3,019	7,189	4,954	5,399	10,353
<i>Adults (above 18)</i>	3,698	2,678	6,376	5,252	6,245	11,497
Total	7,868	5,697	13,565	10,206	11,644	21,850
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>		<i>Number of people (Reached)</i>			
<i>Refugees</i>	13,565		Protection	12,081 ²		
			Health & Nutrition	16,808 ³		
			Shelter & NFIs	11,032 ⁴		
<i>IDPs</i>						
<i>Host population</i>			Health & Nutrition	5,042 ⁵		
<i>Other affected people</i>						

² Inclusive of all new arrival Burundian refugees arriving in Uganda between 1 July 2015 and 31 December 2015.

³ Inclusive of all Burundian refugees in settlement as of 31 December 2015.

⁴ Inclusive of only those Burundian refugees which went to the settlements. 12 per cent of Burundian refugees go to urban areas and thereby do not receive Shelter and NFIs support.

⁵ Calculated as 30 per cent of total Burundian refugee population living in Uganda as of 31 December 2015.

Total (same as in 8a)	13,565	21,850
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	<p>Please note that for CERF reporting purposes, the operation only accounted for new arrivals during the CERF proposal implementation period. Additionally, in some sectors, Burundian refugees from the case load before the proposal implementation were supported as well as a 30 per cent ratio of host community members.</p> <p>All inclusive, the total number of beneficiaries of was 21,850 as of 31 December 2015.</p>	

CERF Result Framework			
9. Project objective	To assist 13,565 new arrivals on their arrival in Uganda and will provide them with basic humanitarian assistance including access to shelter, health, basic domestic items and protection.		
10. Outcome statement	13,565 new arrivals are protected through the provision of shelter, primary health care, and specific registration and profiling, SGBV and child protection services		
11. Outputs			
Output 1	13,565 new arrivals have access to core relief items including shelter materials		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	percentage of households whose needs for basic domestic items are met	100%	100% of total newly arrived refugees during CERF project implementation period.
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of NFIs	UNHCR	UNHCR
Activity 1.2	Distribution of NFIs	UNHCR and ARC	UNHCR, ARC, and AIRD
Output 2	13,565 new arrivals have access to shelter materials and plots of land		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	percentage new arrivals have access to shelter materials	100%	100%
Indicator 2.2	percentage new arrivals have access to plots of land for shelter and self-reliance	100%	100%
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Procurement of Shelter Items and NFIs	UNHCR	UNHCR / AIRD
Activity 2.2	Distribution of shelter items and NFIs	UNHCR and AIRD	UNHCR / AIRD
Activity 2.3	Demarcation and distribution of land to new arrivals	OPM	OPM
Output 3	13,565 new arrivals have access to primary health care		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Crude Mortality Rate (per 1000 of the population)	0	0.01

	per month)		
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Hire of essential health centre staff	MTI	MTI
Activity 3.2	Maintenance of settlements health centres	MTI	MTI
Output 4	13,565 new arrivals have access to essential drugs		
Output 4 Indicators	Description	Target	Reached
Indicator 4.1	100 per cent new arrivals have access to essential drugs	100%	100% of total refugees from Burundi in 2015.
Output 4 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 4.1	100 per cent new arrivals have access to essential drugs	UNHCR	UNHCR
Output 5	13,565 new arrivals have access to protection through individual registration and profiling		
Output 5 Indicators	Description	Target	Reached
Indicator 5.1	# of new arrivals registered on an individual basis	13,565	12,081 (100% of total newly arrived refugees during CERF project implementation period.)
Indicator 5.2	All refugees arriving during CERF project implementation period (July to October are registered (estimate at least 10,000, at about 2,500 new arrivals/month)	100%	100% of total newly arrived refugees during CERF project implementation period.
Output 5 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 5.1	Government capacity increased to undertake timely emergency registration under dignified conditions for refugees (waiting shades, equipment for registration process management and implementation)	OPM	OPM
Activity 5.2	Conduct registration and profiling of refugees on a daily basis	OPM	OPM
Output 6	13,565 new arrivals have access to SGBV services		
Output 6 Indicators	Description	Target	Reached
Indicator 6.1	percentage of refugee population aware about support services for survivors of SGBV and how to access them	100%	100%
Output 6 Activities	Description	Implemented by	Implemented by

		(Planned)	(Actual)
Activity 6.1	Identification, assistance and referral of vulnerable women and children, SGBV survivors to health centres and psycho-social counselling and other referral services	UNHCR and ARC	UNHCR and ARC
Activity 6.2	Support vulnerable women in safe houses	UNHCR and ARC	UNHCR and ARC
Output 7	8,139 children have access to child protection services		
Output 7 Indicators	Description	Target	Reached
Indicator 7.1	8,139 children have access to child protection services	100%	100%
Output 7 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 7.1	Identification, assistance and referral of children (including unidentified and separated children etc.) to health centres and psycho-social counselling and other referral services.	UNHCR and ARC	UNHCR and ARC
Activity 7.2	Support vulnerable children in safe houses	UNHCR and ARC	UNHCR and ARC

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

The aftermath of the attempted coup d'état in Burundi and the contested re-election of the incumbent president generated a large increase in violence in Burundi, resulting hundreds of thousands asylum seekers and refugees fleeing into neighbouring states (Rwanda, Tanzania and Uganda), including 12,081 Burundians into Uganda between 1 July and 31 December 2015.

In order to address the time-sensitive and life-saving needs of the Burundian refugee influx population, the CERF Rapid Response allocation assisted UNHCR in providing life-saving assistance to 12,081 new arrivals from Burundi between 1 July 2015 and 31 December 2015, and benefitted an additional 4,727 Burundi refugees previously in country, and another 5,042 host community members. The project operated in three sectors: 1) Protection, 2) Health and Nutrition, and 3) Shelter and NFIs. A breakdown by sector beneficiaries can be found above. All of new arrivals received Burundian new arrivals were provided with basic humanitarian assistance including transportation support, registration, access to shelter, health, basic domestic items and protection.

The project was implemented in the three refugee settlements receiving Burundian refugees: Nakivale, Kayaka II, and Oruchinga. For UNHCR, ever increasing refugee arrivals stretched the existing response mechanisms across all sectors funded by the CERF Rapid Response allocation, however, these challenges were weathered.

The following is an overview of the three sectors targeted with the CERF Rapid Response Funds.

Protection

Registration

Upon arrival in Uganda, all new arrivals were registered through the Office of the Prime Minister's Refugee Information Management System (RIMS). OPM was further assisted in capacitation and strengthening of RIMS through UNHCR protection staff. Each of these new arrivals were received and supported through the Transit Centre (TC) in Isingiro District. UNHCR and partners conducted border monitoring and engaged border officials along the Uganda/Rwanda border known as Mirama Hills Border Point where the majority of Burundian refugees enter into Uganda.

Weekly head counts of new arrivals were conducted at Kabazana Reception Centre to inform planning needs. Identification of protection needs was conducted systematically and plans were made for plot allocation prior to new arrivals being settled. The

Kabazana Reception Centre was assessed for current capacity strength in order to establish the resident capacity to inform the response for increase refugee arrivals.

These new arrivals all received a comprehensive package of life-saving NFIs, Health and Nutrition services and materials for constructing an emergency shelter. Additionally, these new arrivals also received plots of land to build their shelter upon. Protection including the physical security of the refugees and community services provided, with special attention to the most vulnerable including unaccompanied/ separated children, female heads of household, survivors of SGBV and persons with disability.

SGBV

An average of three cases of SGBV were reported in Nakivale Settlement in each month of the implementation period (July to December 2015) with all SGBV survivors supported.

Weekly community sensitization meetings were conducted at the reception center and in villages where new arrivals were settled. These meetings covered Ugandan Laws as well as available services within the settlement. Awareness creation on the referral path ways, child protection, and SGBV formed key part of the messages of the sensitization.

In order to address SGBV in the community, discussions on power imbalances between the sexes were held with both male and female Burundian refugees. Those who participated in the awareness raising sessions and focus group discussions agreed that men more often exert power over women and this leads to issues within the family and the greater society. Those men that participated agreed to be more conscious of their behavior towards women. A survey of the implementation period suggested a monthly average of 200 Burundian refugees participates in these discussions. All SGBV cases were managed through the Refugee Welfare Councils (RWCs). In addition to health assistance and psychological support, all SGBV survivors were supported through additional household and shelter items. On-going monitoring mechanisms ensures these women continue to receive support as needed.

Additionally, there are a total of six safe houses available for women and children with two of the houses in active use and a third being prepared for handover to UNHCR.

Child Protection

All unaccompanied and separated children arriving from Burundi during the implementation period were registered. Over 200 children received Best Interest Assessment (BIA) and/or Best Interest Determinations (BID) throughout the period of implementation of the project, which were systematically introduced and managed through the Child Protection Information Management System (CPIMS). In total, 219 child protection cases were identified (89 UAMs, 26 children at Risk and 104 SC).

Additionally, an average of 200 children per month were regularly attending Child Friendly Spaces in the settlement and at the Kabazana Reception Center. Sensitization on the rights of children, and information on child abuse, violation and exploitation was conducted at the reception center and in the settlement villages in Nakivale, Kayaka II, and Oruchinga.

Child Protection Committees were established and remain functional in all 12 of the new villages where Burundian new arrivals are settled.

Persons with Specific Needs

A joint Persons with Specific Needs (PSNs) verification exercise was conducted by OPM, UNHCR and partners to identify categories of vulnerabilities and needs among the new Burundian arrivals. A total of 276 (218 female & 58 male) PSNs were identified and supported with food, clothes, registration services, and medical attention.

The following Protection milestones were achieved during the course of this project:

1. 100 per cent of new arrivals were registered
2. 100 per cent of SGBV survivors received timely psycho-social and medical support
3. 100 per cent of children had access to child protection services
4. 100 per cent of Persons with Specific Needs were identified and support with special services

Health and Nutrition

The project ensured that the health facilities in Nakivale, Kayaka II, and Oruchinga remained sufficiently stocked with medical supplies and drugs, adequate staff, and met regulations on health provider building capacity. All of these interventions were provided in light of the existing national healthcare system.

In order to ensure, timely provision of services, three temporary health structures (Miseria, Ruhoko and Kabazana Reception Centers) were established as an outreach post to provide services in closer to the community. To assist with the influx, fourteen staff were hired to support the Burundian emergency response.

Health indicators remained within acceptable ranges, including key mortality and service uptake health indicators. Malaria, respiratory tract infections, water diarrhoea, skin infections, and eye conditions were found to be the leading causes of morbidity during the implementation period. The operation mobilized resources including treatment professionals and medicines to ensure that each of these conditions would remain readily treatable. Nutrition indicators also remained within acceptable ranges with children admitted for treatment of Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) above SPHERE standards.

The following Health and Nutrition milestones were achieved during the course of this project:

1. 100 per cent of new arrivals had access to health facilities
2. 100 per cent of new arrivals had access to emergency life-saving medicines

Shelter and NFIs

All Burundian new arrivals received shelter materials in order to build a temporary emergency shelter. This shelter allocation included a plastic tarpaulin sheet for the roof, five roofing poles, mudbricks for walls, and a string roll to assemble the ceiling. Additionally, the refugees receive a tool allocation to assist in the building process. Most refugees construct their own shelters, however, PSNs are supported in the construction of their shelter through labour grants and other means.

Additionally, over the course of the project, substantial rehabilitation of transit centers registration location was conducted. Infrastructure at the reception centres in Nakivale, Kyaka II, and Oruchinga were all improved. These improvements raised the living standards of the transit and reception centers and decongested these locations.

All newly arriving refugees received NFIs, which included three blankets, two saucepans, five plastic plates and cups, fifteen bars of soap, two plastic bins, two jerry cans (20 litres), three sleeping mats, and two mosquito nets.

The following Shelter and NFIs milestones were achieved during the course of this project:

1. 100 per cent of new arrivals received NFIs
2. 100 per cent of new arrivals received shelter materials
3. 7 reception centre buildings/structures were improved or maintained

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

The annual Age Gender Diversity Mainstreaming (AGDM) assessment was undertaken in October 2015 in Nakivale. This diversity mapping considered age, sex, gender, nationality, locality, vulnerability, and minority groups, taking an analytical approach by reviewing previous AGDM assessments (2014). This work was conducted comprehensively among all new Burundian arrivals in Nakivale and involved training of participants in the AGDM process, who also helped conduct the process, and compile and analyze results. The assessment was undertaken by UHNCR, OPM, and implementing partner staff who interacted with the refugee and host community using focus group discussions and spot observations. These observations were further included in the planning

and implementation of the project.

UNHCR conducts all community services activities in coordination with the Refugee Welfare Committees (RWCs). The RWCs ensure accountability to vulnerable populations through monitoring of the refugee population and the needs of PSNs. Additionally the RWCs empower refugee leaders to bring needs and concerns of the community to the attention of UNHCR and implementing partners. Thus, the RWCs ensure accountability to overall programming issues, which can then be reinforced in future designs or inform the implementation of on-going projects.

Furthermore, during the project implementation and monitoring, the field and Kampala-level held regular meetings with the Office of the Prime Ministers and all implementing partners to ensure all activities aligned with their expected outcomes. In areas where, increased capacitation was required, UNHCR worked with those implementing partners to ensure timely provision of services and address gaps where necessary. OPM and IPs benefitted from this partnership and showed marked improvement through the delivery of these services through their own resources and mechanisms e.g. RIMS.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
<p>Due to funding constraints and the 6-month length of the project implementation, a formal evaluation was not included as a project outcome. However, it is the policy of UNHCR to conduct rigorous informal monitoring and evaluation of all project activities to ensure accountability and efficiency is occurring at every stage of the implementation process. Throughout the project cycle, the field was regular engaged by the headquarters in Kampala to ensure challenges were being met and resources mobilized. Additionally, to facilitate this dialogue, sector specialists were contracted throughout the project life cycle, addressing the unique needs of their specific sectoral discipline. Recommendations linked to these discussions were clearly implemented throughout the course of the project and served as an important “lessons learned” approach for further coordinated emergency response.</p>	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	IOM		5. CERF grant period:	11/08/2015 – 10/02/2016		
2. CERF project code:	15-RR-IOM-023		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Water, Sanitation and Hygiene			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Emergency Household-Level Sanitation Assistance to Burundian Refugees in Uganda					
7. Funding	a. Total project budget:	US\$ 941,200	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 217,590	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 0	
	c. Amount received from CERF:	US\$ 217,590	▪ <i>Government Partners:</i>		US\$ 0	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
<i>Children (below 18)</i>	4,170	3,019	7,189	4,308	4,495	8,803
<i>Adults (above 18)</i>	3,698	2,678	6,376	4,495	5,431	9,926
Total	7,868	5,697	13,565	8,803	9,926	18,729
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
<i>Refugees</i>	13,565			18,729		
<i>IDPs</i>						
<i>Host population</i>						
<i>Other affected people</i>						
Total (same as in 8a)	13,565			18,729		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>		IOM assisted 18,729 refugees as part of the Road Rehabilitation project opposed to the 13,565 that it originally planned to assist. The increase in beneficiary figures can be explained by the road rehabilitation that was undertaken and was not originally planned for in the project proposal as well as the implementation dates which are different new arrival figures than those of the other UN agency projects (see beneficiary table in Section IV: CERF Results and Added Value). Originally, IOM planned to assist 235 extremely vulnerable individuals (EVIs) through its WASH interventions. However, during the project implementation, IOM assisted 41 additional individuals (for a total of				

276 EVIs) as per the request of UNHCR. Additionally, IOM assisted 10,699 individuals under the WASH project as opposed to 13,565 because some households had less members than the planning figure of five members per household.

CERF Result Framework			
9. Project objective	Prevent the loss of life of Burundian refugees by ensuring access to household-level sanitation		
10. Outcome statement	Burundian refugee households have latrines and hand-washing facilities and are sensitised about the importance of hygienic practices.		
11. Outputs			
Output 1	Household latrines and hand-washing facilities for more than 3,000 households within four months		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of households with all the necessary materials to construct household latrines and hand-washing facilities	3,363 households	3,363 households + 210 households with communal latrines (see below)
Indicator 1.2	Percentage of beneficiary extremely vulnerable individual (EVI) households that have a functional household latrines	100% of EVI assisted households	100% of EVI assisted households
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procure and distribute materials for household latrines and hand-washing facilities	IOM	IOM with support from American Refugee Committee
Activity 1.2	Identify EVI households that will benefit from this intervention	IOM	IOM and UNHCR
Activity 1.3	Procure local labour and assist EVI household to construct latrines and hand-washing facilities	IOM	IOM
Activity 1.4	Provide technical support and guidance to non EVI households to construct their own latrines	IOM	IOM
Output 2	Community hygiene promotion for more than 3,000 households within four months		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Availability of IEC material in at least one Burundian local language	Yes	Yes (IEC material translated to Kirundi and Kiswahili)
Indicator 2.2	Number of households that have been sensitised on hygiene and sanitation with approaches tailored specifically to the distinct attitudes and practices of men, boys, women and girls.	3,363 households	3,363 households
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Translate information material to Kirundi	IOM	IOM

Activity 2.2	Hire and train community hygiene promoters (50 per cent women)	IOM	IOM
Activity 2.3	Visit households and provide guidance on latrine construction as well as general sensitisation on hygienic practices	IOM	Village Health Teams (VHTs)

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

Since 2012, IOM had been hiring community hygiene promoters, mostly from within the refugee community, to carry out hygiene sensitisation for its WASH projects. However, upon the request of UNHCR, IOM and other WASH actors engaged village health teams (VHTs) to carry out this task for this project. In Uganda, VHTs offer a range of primary health care services including sensitisation. The aim of using VHTs to respond to the hygiene sensitisation needs of Burundian refugees was to avoid creating parallel structures that would not be sustainable after the end of emergency projects. Most VHTs engaged in the project were Burundian refugees who had previously been recruited by District health authorities and health partners.

As mentioned in the re-programming request submitted to CERF, IOM identified cost-savings during the project implementation period. These funds were used to rehabilitate 7.2 km of a road that connects Kabazanga and Nyakagando sections with Kyebale C section of the settlement. The poor state of this road was preventing partners from delivering life-saving assistance to refugees. The re-programming request mentioned that IOM would rehabilitate 10 km of road; however, the scope of the work had to be cut back in order to fit within the organization's budget. The following activities were carried out to rehabilitate the road:

- Clearing and grubbing
- Removal of topsoil
- Shaping of existing roads
- Repair to damaged road sub-grade
- Clearing and shaping existing side drains
- Construction of new side drains
- Construction of concrete pipe culverts
- Graveling works

As mentioned in the re-programming request, IOM met 100 per cent of its WASH commitments in addition to the road rehabilitation.

In addition, to the planned outputs IOM also donated plastic sheeting for the construction of 40 communal latrines and 40 bathing shelters to prevent open defecation and spread of WASH related diseases among first arrivals. These latrines and bathing shelters benefited 210 households (630 individuals) settled in the new village of Kankizi in Juru. Moreover, upon the request of WASH partners, IOM procured 220 cartons of bar soap for new arrivals to support with household hygiene needs.

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

Project design

- Local refugee leaders and refugees were consulted during the needs assessment.
- Local refugee leaders were consulted to find out what materials to use for latrine construction.

Project implementation stage.

- Local refugee leaders and host community leaders were involved in the identification of local labour for the construction of the household latrines.
- Local refugee leaders were involved in the identification of the persons of concern and in identifying household needs. Local leaders were involved in the distribution of the project items.
- Refugee leaders, village health teams (composed of refugees) and household members were involved in community dialogue to develop household-level strategies for improved sanitation and hygiene.
- The local refugee community especially youth were involved in the construction of the EVI household latrines, they were

selected by the refugee leaders and the broader refugee community.

Monitoring :

- Local refugee leaders were involved in the confirmation of the status of construction of the latrines and in verifying latrine finalization of EVI beneficiaries.

The village health teams who are part of the community monitoring team were involved in weekly data collection which helps to analyse and measure the level of performance of the project in terms of output and results.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
A formal evaluation was not contemplated in the project proposal due to financial and time constraints. However, IOM carried out continuous monitoring throughout the lifecycle of the project and made adjustments as required.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	IOM		5. CERF grant period:	11/08/2015 – 10/02/2016		
2. CERF project code:	15-RR-IOM-023		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Water, Sanitation and Hygiene			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Emergency Household-Level Sanitation Assistance to Burundian Refugees in Uganda					
7. Funding	a. Total project budget:	US\$ 941,200	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 217,590	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 0	
	c. Amount received from CERF:	US\$ 217,590	▪ <i>Government Partners:</i>		US\$ 0	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (below 18)</i>	4,170	3,019	7,189	4,308	4,495	8,803
<i>Adults (above 18)</i>	3,698	2,678	6,376	4,495	5,431	9,926
Total	7,868	5,697	13,565	8,803	9,926	18,729
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>	13,565			18,729		
<i>IDPs</i>				0		
<i>Host population</i>				0		
<i>Other affected people</i>				0		
Total (same as in 8a)	13,565			18,729		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>		IOM assisted 18,729 refugees as part of the Road Rehabilitation project opposed to the 13,565 that it originally planned to assist. The increase in beneficiary figures can be explained by the road rehabilitation that was undertaken and was not originally planned for in the project proposal as well as the implementation dates which are different new arrival figures than those of the other UN agency projects (see beneficiary table in Section IV: CERF Results and Added Value). Originally, IOM planned to assist 235 extremely vulnerable individuals (EVIs) through its WASH interventions. However, during the project implementation, IOM assisted 41 additional individuals (for a total of				

	276 EVIs) as per the request of UNHCR. Additionally, IOM assisted 10,699 individuals under the WASH project as opposed to 13,565 because some households had less members than the planning figure of five members per household.
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CERF Result Framework			
9. Project objective	Prevent the loss of life of Burundian refugees by ensuring access to household-level sanitation		
10. Outcome statement	Burundian refugee households have latrines and hand-washing facilities and are sensitised about the importance of hygienic practices.		
11. Outputs			
Output 1	Household latrines and hand-washing facilities for more than 3,000 households within four months		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of households with all the necessary materials to construct household latrines and hand-washing facilities	3,363 households	3,363 households + 210 households with communal latrines (see below)
Indicator 1.2	Percentage of beneficiary extremely vulnerable individual (EVI) households that have a functional household latrines	100% of EVI assisted households	100% of EVI assisted households
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procure and distribute materials for household latrines and hand-washing facilities	IOM	IOM with support from American Refugee Committee
Activity 1.2	Identify EVI households that will benefit from this intervention	IOM	IOM and UNHCR
Activity 1.3	Procure local labour and assist EVI household to construct latrines and hand-washing facilities	IOM	IOM
Activity 1.4	Provide technical support and guidance to non EVI households to construct their own latrines	IOM	IOM
Output 2	Community hygiene promotion for more than 3,000 households within four months		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Availability of IEC material in at least one Burundian local language	Yes	Yes (IEC material translated to Kirundi and Kiswahili)
Indicator 2.2	Number of households that have been sensitised on hygiene and sanitation with approaches tailored specifically to the distinct attitudes and practices of men, boys, women and girls.	3,363 households	3,363 households
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Translate information material to Kirundi	IOM	IOM

Activity 2.2	Hire and train community hygiene promoters (50 per cent women)	IOM	IOM
Activity 2.3	Visit households and provide guidance on latrine construction as well as general sensitisation on hygienic practices	IOM	Village Health Teams (VHTs)

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

Since 2012, IOM had been hiring community hygiene promoters, mostly from within the refugee community, to carry out hygiene sensitisation for its WASH projects. However, upon the request of UNHCR, IOM and other WASH actors engaged village health teams (VHTs) to carry out this task for this project. In Uganda, VHTs offer a range of primary health care services including sensitisation. The aim of using VHTs to respond to the hygiene sensitisation needs of Burundian refugees was to avoid creating parallel structures that would not be sustainable after the end of emergency projects. Most VHTs engaged in the project were Burundian refugees who had previously been recruited by District health authorities and health partners.

As mentioned in the re-programming request submitted to CERF, IOM identified cost-savings during the project implementation period. These funds were used to rehabilitate 7.2 km of a road that connects Kabazanga and Nyakagando sections with Kyebale C section of the settlement. The poor state of this road was preventing partners from delivering life-saving assistance to refugees. The re-programming request mentioned that IOM would rehabilitate 10 km of road; however, the scope of the work had to be cut back in order to fit within the organization's budget. The following activities were carried out to rehabilitate the road:

- Clearing and grubbing
- Removal of topsoil
- Shaping of existing roads
- Repair to damaged road sub-grade
- Clearing and shaping existing side drains
- Construction of new side drains
- Construction of concrete pipe culverts
- Graveling works

As mentioned in the re-programming request, IOM met 100 per cent of its WASH commitments in addition to the road rehabilitation.

In addition, to the planned outputs IOM also donated plastic sheeting for the construction of 40 communal latrines and 40 bathing shelters to prevent open defecation and spread of WASH related diseases among first arrivals. These latrines and bathing shelters benefited 210 households (630 individuals) settled in the new village of Kankizi in Juru. Moreover, upon the request of WASH partners, IOM procured 220 cartons of bar soap for new arrivals to support with household hygiene needs.

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

Project design

- Local refugee leaders and refugees were consulted during the needs assessment.
- Local refugee leaders were consulted to find out what materials to use for latrine construction.

Project implementation stage.

- Local refugee leaders and host community leaders were involved in the identification of local labour for the construction of the household latrines.
- Local refugee leaders were involved in the identification of the persons of concern and in identifying household needs. Local leaders were involved in the distribution of the project items.
- Refugee leaders, village health teams (composed of refugees) and household members were involved in community dialogue to develop household-level strategies for improved sanitation and hygiene.
- The local refugee community especially youth were involved in the construction of the EVI household latrines, they were

selected by the refugee leaders and the broader refugee community.

Monitoring :

- Local refugee leaders were involved in the confirmation of the status of construction of the latrines and in verifying latrine finalization of EVI beneficiaries.

The village health teams who are part of the community monitoring team were involved in weekly data collection which helps to analyse and measure the level of performance of the project in terms of output and results.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
A formal evaluation was not contemplated in the project proposal due to financial and time constraints. However, IOM carried out continuous monitoring throughout the lifecycle of the project and made adjustments as required.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	WFP		5. CERF grant period:	01/07/2015 – 31/12/2015		
2. CERF project code:	15-RR-WFP-049		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Food Aid			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Emergency Food Assistance to new Burundian Refugees					
7. Funding	a. Total project budget:	US\$ 1,675,937	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 770,843	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 45,608	
	c. Amount received from CERF:	US\$ 770,843	▪ <i>Government Partners:</i>		US\$ 0	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (below 18)</i>	4,170	3,019	7,189	3,886	3,929	7,815
<i>Adults (above 18)</i>	3,698	2,678	6,376	4,000	3,929	7,929
Total	7,868	5,697	13,565	7,886	7,858	15,744
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>	13,565			15,744		
<i>IDPs</i>				0		
<i>Host population</i>				0		
<i>Other affected people</i>				0		
Total (same as in 8a)	13,565			15,744		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	The actual number of beneficiaries receiving food assistance included all Burundi refugees in the settlements between 1 January 2015 and 31 December 2015.					

CERF Result Framework			
9. Project objective	The main objective of the project is to meet 100 per cent food needs for 13,565 new Burundian refugees for two months		
10. Outcome statement	Stabilized or improved food consumption and nutrition over assistance period for targeted households and/or individuals		
11. Outputs			
Output 1	100 per cent food assistance provided to 13,565 new Burundian refugees for two months		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Food consumption score (FCS) • 80 per cent of targeted households / individuals have at least borderline food consumption disaggregated by sex of household head.	80%	100%
Indicator 1.2	Daily average dietary diversity • 80 per cent of targeted households /individuals consume at least 3 food groups on average per day disaggregated by sex of household head	3 food groups / day for 80% of households	5 food groups / day for 100% of households
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Food distributions targeting 13,565 new Burundian refugees	Samaritans Purse NGO	Samaritans Purse NGO
Activity 1.2	Conduct Food Basket Monitoring (FBM)	Hunger Fighters NGO	Hunger Fighters NGO
Activity 1.3	Conduct Post Distribution Monitoring (PDM)	Hunger Fighters NGO	Hunger Fighters NGO
Output 2	Nutrition support provided to 1,357 malnourished children under 5		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Prevalence of acute malnutrition among children under 5	<10% GAM	5.6% GAM
Indicator 2.2	MAM treatment mortality rate (%)	<3%	0%
Indicator 2.3	MAM treatment recovery rate (%)	>75%	89%
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Screen for MAM	UNHCR NGO partner – Medical Teams International	UNHCR NGO partner – Medical Teams International
Activity 2.2	Procurement of food supplements	WFP	WFP
Activity 2.3	Food distributions targeting 1,357 malnourished children	Samaritans Purse to MTI	Samaritans Purse to MTI

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:	
<p>Not Applicable -</p> <p>The project outcomes are averaged results generated from the comprehensive food security and nutrition assessment conducted by UNHCR, WFP and UNICEF in Nov-December 2015 for Nakivale, Oruchinga and Kyaka II settlements hosting the Burundi refugees during the CERF grant period.</p>	
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
<p>WFP jointly with its partner Samaritan's Purse and other key stakeholders, UNHCR and the Government conducted sensitization and training of beneficiaries, Food Management Committees (FMC) and Refugee Welfare Council (RWC) on their ration entitlements, roles and responsibilities and food distribution system. The beneficiaries are informed in time of the days of the distribution and food basket composition and any delays or changes in the rations due to pipeline gaps if any.</p> <p>During the period of the project, Samaritan's Purse (food distribution partner) provided information on information boards or banners indicating the food entitlement per person per day/month at every distribution point. Furthermore, on a monthly basis, Hunger Fighters conducted food basket monitoring (FBM) to assess if the beneficiaries were receiving their rightful entitlement and if the distribution process is efficiently managed. Post Distribution Monitoring (PDM) was conducted by WFP during the period to assess utilization of the food received at the household level.</p> <p>During food distribution, WFP and its partner ensures a functional complaints management desk which is supported by OPM and UNHCR. Food Management Committees and Refugee Welfare Council leaders also support in registration of complaints at community level and refer to the relevant stakeholders. Majority of refugees know where to report their concerns. Beneficiary complaints are recorded and follow-up action taken by the relevant agency as the complaints are not limited to food relation issues only.</p> <p>Beneficiaries, through the supervision of the FMCs, participate in the offloading food and loading food balances during distributions. The beneficiaries also participate in identification of the most vulnerable through participating in verification exercise and special consideration is provided to the extremely vulnerable individuals (elderly, pregnant and lactating women) during food distribution. The opinions of beneficiaries are sought during the post-distribution meetings every month and their proposals are taken into account by the partner to improve the food distribution process.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
WFP food assistance to the new Burundi refugees was funded by CERF and other donor contributions so it was not possible to undertake a separate evaluation for the CERF specific portion of the support. However, the comprehensive Food Security and Nutrition Assessment provided some indication of the impact of the CERF on the settlements hosting the new Burundi refugees.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	WHO		5. CERF grant period:	01/07/2015 – 31/12/2015		
2. CERF project code:	15-RR-WHO-030		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Health			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Emergency health response to refugees influx from Burundi					
7. Funding	a. Total project budget:	US\$ 1,102,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 152,466	▪ NGO partners and Red Cross/Crescent:		US\$ 0	
	c. Amount received from CERF:	US\$ 152,466	▪ Government Partners:		US\$ 20,923	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (below 18)	4,170	3,019	7,189	4,954	5,399	10,353
Adults (above 18)	3,698	2,678	6,376	5,252	6,245	11,497
Total	7,868	5,697	13,565	10,206	11,644	21,850
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees	13,565		16,808			
IDPs			0			
Host population			5,042			
Other affected people			0			
Total (same as in 8a)	13,565		21,850			
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	New refugee arrivals continued during the project period which increased the requirements and attendance for health services.					

CERF Result Framework			
9. Project objective	Improved access to emergency primary health care by the 13,565 refugees from Burundi		
10. Outcome statement	Reduced avoidable morbidity and mortality among the Burundian refugees		
11. Outputs			
Output 1	Early detection , reporting and responding to disease outbreaks from among the 13,565 refugees from Burundi (within 24 hours)		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Completeness and timeliness of weekly IDSR reporting from health facilities to MoH increased to >90 per cent	>90%	81.4%
Indicator 1.2	All suspected case of diseases of epidemic potential investigated within 24 hours	<24 hrs	Fill in
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Training 60 health workers drawn from health facilities in the district of Isingiro on the new IDSR module, (health workers in the refugee hosting areas)	WHO and DHO	WHO and DHO (84 Hws were trained)
Activity 1.2	Print and distribute IDSR reporting tools to the health facilities in Isingiro	WHO	WHO (151 copies)
Activity 1.3	Support the office of the DHO to conduct support supervision to the non-reporting health facilities.	WHO	WHO
Activity 1.4	Identification and training of 120 VHTs	WHO, MOH and DHT	WHO, MOH, and DHT (150)
Activity 1.5	Provision of VHT kits to the 120 VHTs and support their activity by providing monthly allowance of USD 10 to the VHTs	WHO	WHO (150)
Activity 1.6	Support monthly VHT review meetings of the 120 VHTs	WHO	WHO (150)
Activity 1.7	Print and distribute 200 surveillance tools to the health facilities in the refugee hosting areas	WHO and DHT	WHO and DHT (200)
Activity 1.8	Four monthly support supervision by the DHT to the lower health units	DHT & Health facilities	DHT and Health facilities
Activity 1.9	Procure and donate 4 microscopes to health facilities in the refugee hosting areas	WHO	Procurement was reassessed based on local needs. 15 beds and 20 mattresses were supplied to the local health facilities instead of the 4 microscopes.
Output 2	Access to quality emergency primary health care services through the existing health facilities, outreach programs and community health services		

Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Per capita utilization of health services by refugees	Greater than 1	Greater than 2.4
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	On-job training of health worker on case management of diseases of epidemic potential	WHO	WHO
Activity 2.2	Printing and distribution of treatment guidelines, Algorithms etc to health facilities in the refugee hosting areas	WHO	WHO (350 Copies)
Activity 2.3	Conducting/supporting integrated outreach services from health facilities to the refugee community	DHT & health facilities	DHT and Health facilities
Activity 2.4	Conduct support supervision by the DHTs to lower health centres to ensure provision of quality services and to reduce staff absenteeism	DHT	DHT
Output 3	Disease outbreaks from among the refugees population responded to effectively		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Case Fatality rates of outbreak	Maintained within the acceptable range.	Maintained within the acceptable range. No outbreak was reported.
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Strengthen laboratory through procurement and donate 4 microscopes to 4 health facilities	WHO	WHO (128 health workers were trained)
Activity 3.2	Support transportation of laboratory specimens for confirmation to the Central Public Health laboratory and Uganda Virus Research Institute	WHO	WHO (All suspected samples were supported for investigation)
Activity 3.3	Print and distribute guidelines, standards to the refugee hosting districts	WHO	WHO (Printed Ebola case management guidelines, 200 Cholera guidelines)
Activity 3.4	Procurement of 2 IAESHK	WHO	WHO (50 sets were procured to support outbreak investigations)

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

Most of the refugees visited the health facilities more than twice a year. Health facilities are therefore congested. This could be attributed to their increased vulnerability to diseases. Based on the local requirements among health staff in the field, flexibility was made to mentor staff on cold chain maintenance in order to ensure potency of the vaccines. A total of 128 health workers from lower level health facilities including from the refugee settlements were instructed on the techniques of cold chain maintenance for vaccines. The number of Village Health Teams (VHTs) engaged increased from 120 to 150 to compensate for the few numbers of

health workers and the limited access to basic services and information in the settlements. Various actors as well required services and information to be delivered quickly to the community in the context of low health workforce strength. IDSR reporting rates greatly improved but fell below the targets attributed to change in reporting tools, network fluctuation and heavy workload on the staff at the health facilities.

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

Government represented by Isingiro District Local Government who are the primary hosts of the Refugees were involved in project design, implementation and monitoring. Isingiro District Health Office was supported to conduct routine monitoring and supervision of the implementation of the projects. Refugee participation was achieved through engagement of the VHTs who were trained and equipped to contribute to the health of their communities. Feedback was possible from the VHTs through the monthly meetings. WHO staff conducted routine trips to the settlement, interacted with the residents and receive feedback from the leaders.

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

EVALUATION CARRIED OUT

Evaluation was not conducted given the very short timeline for activity implementation and as well because this was not provided for in the project.

EVALUATION PENDING

NO EVALUATION PLANNED

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
15-RR-HCR-035	Multi-sector refugee assistance	UNHCR	GOV	\$88,109
15-RR-HCR-035	Multi-sector refugee assistance	UNHCR	INGO	\$169,406
15-RR-HCR-035	Multi-sector refugee assistance	UNHCR	INGO	\$50,283
15-RR-HCR-035	Multi-sector refugee assistance	UNHCR	INGO	\$712,919
15-RR-WHO-030	Health	WHO	GOV	\$20,923
15-RR-FPA-024	Health	UNFPA	NNGO	\$165,212
15-RR-CEF-082	Water, Sanitation and Hygiene	UNICEF	INGO	\$80,258
15-RR-CEF-081	Nutrition	UNICEF	GOV	\$19,517
15-RR-CEF-081	Health	UNICEF	GOV	\$1,998
15-RR-WFP-049	Food Assistance	WFP	INGO	\$41,276
15-RR-WFP-049	Food Assistance	WFP	NNGO	\$4,332

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAP	Accountability to Affected Populations
AGDM	Age Gender Diversity Mainstreaming
ARC	American Refugee Committee
ANC	Ante-Natal Care
BIA	Best Interest Assessment
BID	Best Interest Determination
CPIMS	Child Protection Information Management System
DHO	District Health Officer
DHT	District Health Team
DLG	District Level Government
EVI	Extremely Vulnerable Individuals
FACE	Funding Authorizaiton & Certification of Expenditure
FBM	Food Basked Monitoring
FCS	Food Consumption Score
FMC	Food Management Committee
GAM	Global Acute Malnutrition
GoU	Government of Uganda
HMIS	Health Management Information System
IMAM	Integrated Management of Acute Malnutrition
IDSR	Integrated Disease Surveillance and Response
IPs	Implementing Partners
IUD	Intra-Uterine Devices
IYCF	Instant Young Child Feeding
MAM	Moderate Acute Malnutrition
MoH	Ministry of Health
MTI	Medical Teams International
MUAC	Mid Upper Arm Circumference
NFIs	Non-Food Items
OAU	Organization for African unity
OPM	Office of the Prime Minister
OTC	Outpatient Therapy Centre
PDM	Post Distribution Monitoring
PSN	Persons with Special Needs
ReHOPE	Refugee and Host Population Empowerment
RH	Reproductive Health
RIMS	Refugee Information Management System
RRP	Refugee Response Plan
RRRP	Regional Refugee Response Plan
RSD	Refugee Status Determination
RUTF	Ready-to-Use Therapeutic Food
RWC	Refugee Welfare Council
SAM	Severe Acute Malnutrition
SGBV	Sexual and Gender-Based Violence
STA	Settlement Transformative Agenda
TC	Transit Centre
WASH	Water, Sanitation & Hygiene