

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
ANGOLA
RAPID RESPONSE
DISPLACEMENT 2017**

RESIDENT/HUMANITARIAN COORDINATOR

P. Paolo Balladelli

REPORTING PROCESS AND CONSULTATION SUMMARY

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

AAR was not conducted, but CERF implementation was discussed throughout the response in the Inter-Agency Operational meetings and at the UNCT level.

- 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 ☐

- 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 report was shared and discussed between the sister agencies.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: USD 65,507,610 ¹		
Breakdown of total response funding received by source	Source	Amount
	CERF	10,545,508
	COUNTRY-BASED POOL FUND (if applicable)	N/A
	OTHER (bilateral/multilateral)	17,270,458
	TOTAL	27,815,966

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 31/05/2017			
Agency	Project code	Cluster/Sector	Amount
IOM	17-RR-IOM-024	Multi-sector refugee assistance	100,002
UNDP	17-RR-UDP-006	Common Safety and Security	260,096
UNFPA	17-RR-FPA-030	Health	100,945
UNHCR	17-RR-HCR-018	Food Aid	516,380
UNHCR	17-RR-HCR-016	Shelter	3,522,964
UNHCR	17-RR-HCR-017	Protection	1,546,460
UNICEF	17-RR-CEF-064	Child Protection	500,760
UNICEF	17-RR-CEF-065	Health	992,805
UNICEF	17-RR-CEF-063	Water, Sanitation and Hygiene	1,000,000
WFP	17-RR-WFP-038	Food Aid	1,405,448
WHO	17-RR-WHO-025	Health	599,648
TOTAL			10,545,508

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	8,536,167
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	1,817,079
Funds forwarded to government partners	192,262

¹ As per the Inter-Agency Refugee Appeal 2017, available at: <https://data2.unhcr.org/en/documents/details/57730>

TOTAL	10,545,508
--------------	-------------------

HUMANITARIAN NEEDS

Since mid-2016, a complex emergency has been unfolding in the Kasai region of the Democratic Republic of the Congo (DRC) due to inter-community tensions and clashes between local militia groups, the Congolese armed forces and other groups. The escalation of violence in Kasai in March 2017 triggered the internal displacement of approximately 1.4 million people and the flight of over 35,000 refugees into Lunda Norte Province, Angola. (Source: UNHCR Inter-Operational Update 07 March 2018²).

Refugees arrived exhausted and traumatised, many with visible signs of violence and poor health conditions. They reported to have their belongings taken by different groups on the way to Angola. Pregnant and lactating women, the elderly and children make up most of new arrivals. Many were suffering from diarrhoea, fever and malaria; malnutrition rates were about to increase if food distribution was not activated immediately. The most urgently needs requiring life-saving interventions included food, nutrition, public health, Non-food items, WASH, protection and shelter.

Refugees were initially hosted in two overcrowded reception centres with poor conditions (Cacanda and Mussugue), which were then relocated to the new settlement in Lóvua (90 kilometers from Dundo), process that was completed in the beginning of 2018.

In regards with the numbers of the affected population, refugees started crossing the border into Dundo, Lunda Norte province, in April 2017 at an initial rate of 300-500 individuals per day. Despite the Government of Angola's (GoA) open door policy to welcome Congolese nationals fleeing due to conflict since July 2017, new arrivals have significantly decreased. However, the operation continues to register additional arrivals under family reunification.

As of 31st of March, the number of registered refugees is 35,411, of which 17,418 are women and 17,993 are men.

Age (years)	Sex		Total
	Female	Male	
0 to 4	3859	3743	7602
5 to 11	3757	3569	7326
12 to 17	1976	1774	3750
18 to 59	7,600	84,548	92,148
60 and over	226	359	585
Total	17,418	17,993	35,411

Source: UNHCR Weekly statistics update 31st March 2018

The total refugee active population (population receiving food assistance) is 24,262, of which 12,245 are women and 12,017 are men. Around 56% of the active population is in Lovua, while 44% are based in urban areas. (Source: UNHCR Weekly statistics update 31st March 2018).

The situation in the Greater Kasai region has remained volatile throughout CERF implementation and up to now. The Emergency Relief Coordinator declared an Inter-Agency Standing Committee (IASC) System-Wide L3 Emergency Response for DRC focusing on the Kasai region, Tanganyika and South Kivu provinces on 20 October for a period of six months. Given the current instability in the Kasai region, UNHCR is not facilitating voluntary repatriation of Congolese refugees from Lunda Norte Province to DRC.

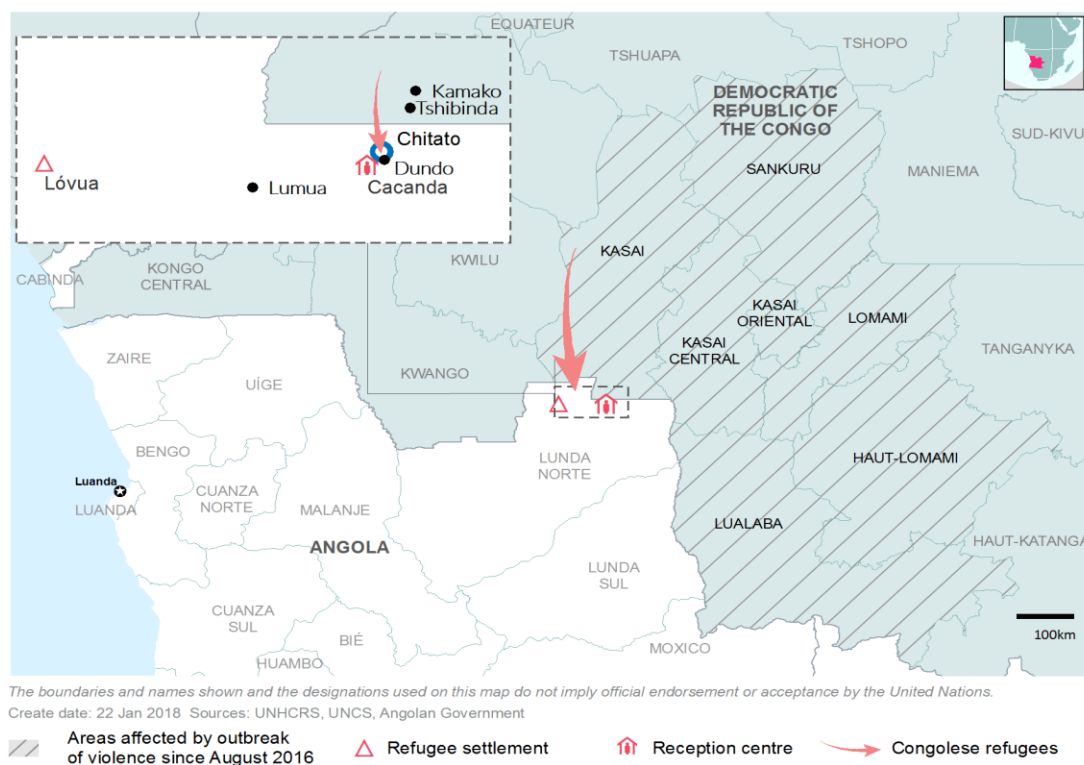
To continue supporting the refugees based in Lunda Norte, an Inter-Agency Appeal was launched in March 2018 with a financial requirement for Angola of 63.9 Million USD and 22 partners involved. The Appeal, which reflects a transition in the response from the emergency to development, including not only emergency activities, but also self-reliance strategies, is part of the DRC Refugee Response Plan, for 8 countries: Angola, Burundi, Republic of Congo, Rwanda, Southern Africa (mainly Malawi and South Africa), Tanzania, Uganda, Zambia.

² Available at: <https://data2.unhcr.org/en/documents/details/62954>

II. FOCUS AREAS AND PRIORITIZATION

The CERF strategic objective for this response was to ensure provision of critical and life-saving assistance to refugees (including women and children) coming from DRC into Lunda Norte (Angola) in key identified sectors. Regarding the prioritisation of sectors, UNHCR from September to October 2016 led the drafting of a Refugee Contingency Plan for the DRC election situation where key response areas were identified such as Protection, Education, Shelter, Food Security, Health and Nutrition, WASH, livelihoods, Logistics and transport and Operational Support. For the CERF proposal the sectors below were selected based on the following criteria: a) CERF life-saving criteria for the sectors of food, shelter and CRIs, WASH, nutrition and Health (including health and nutrition & health and WASH); b) the nature of the emergency, mainly focused on refugees which makes the protection sector crucial for an overall successful response; c) the geographical location of the emergency, which is not accessible directly by plane, makes transportation an indispensable sector for the response; d) the capacity and presence of the UN agencies for rapid deployment of support, commodities and e) political commitment and willingness to collaborate in the response.

In regards with the geographical coverage, in the beginning of the response, two reception centers in Lunda Norte (Angola) were temporally hosting refugees: Cacanda and Mussungue, while a portion of the registered refugees were host in local communities. Since the conditions of both centers were poor, it was jointly decided between the Government of Angola and the United Nations that a new settlement had to be prepared for a long-term period. After a rapid site assessment conducted by UNHCR in May 2017 followed by technical missions, Lovua was identified to be the place build the refugee settlement. Transportation of refugees from the border to the reception centers and then from the reception centers to the new settlement was also prioritized as focus area.



Source: UNHCR Inter-Operational Update 07 March 2018

Among the needs assessment undertaken, a joint rapid WFP/FAO/UNHCR food security and agriculture assessment of refugees was conducted in Dundo in May 2017 which revealed high levels of food insecurity and vulnerability due to displacement and high rates of pre-existing poverty. A majority of the households consumed only one meal per day prior to the provision of WFP food assistance. A rapid market assessment in mid-2017 also indicated the local market could support additional demands for basic food commodities to

diversify the food basket and meet beneficiary dietary preferences but recommended the use of vouchers due to the prevailing macro-economic conditions and associated risks. These assessment findings confirmed the need for the provision of basic food security, nutrition, health and water, hygiene and sanitation needs for all the refugees.

A Health sector assessment was undertaken of which main findings included: High demand for outpatient and inpatient services covering the local population: 1. Pediatric outpatient services in municipal Hospital of Chitato has an average of 300 children; 2. The David Bernardino Hospital which provides surgical and clinical medical assistance has to cover an equivalent of 150 outpatients a day. The estimated population of children under 5 in need of humanitarian aid was reported to be at about 5,000. UNICEF and partners conducted a rapid assessment of the nutritional status of children under five using the MUAC method. Preliminary data from the assessment of 450 children in both reception centres show prevalence rates of 2% for SAM and 6% for MAM. In addition, MSF also conducted another rapid assessment, with the results also revealing SAM case prevalence of 2% among the Cacanda reception center population and 12% in the Mussungue reception center.

In regards with pregnant women and adolescents, there was an estimated number of 1,000 pregnant women with needs related to antenatal care and safe delivery. As in other emergency situations, there was also a potential for increasing cases of sexual violence, exploitations and HIV infection affecting mainly women and girls. Thus, Health project included sexual and reproductive health and GBV prevention and response activities.

A joint protection rapid assessment conducted at the onset of the emergency confirmed need for advocacy for admission of refugees to proper shelter territory as well as the need to have quality registration of refugees both adults and children to identify most vulnerable and inform programmatic responses key to both protection mandated agencies, UNICEF and UNHCR. The joint protection rapid assessment indicated need for immediate targeted interventions on prevention and response to family separation as well as prevention and response to violence, exploitation and abuse of children and women. It was needed to activate a mechanism for family tracing and reunification, establishing case management for unaccompanied and separated children to monitor and find individual interim and long-term solutions. Child Friendly Spaces that act as protection platforms were required as a matter of priority in the two refugee reception centres. A referral system tailored to emergencies was required as well as an articulated prevention intervention for the increasing number of cases of violence. Similarly, there was immediate need to support capacity building efforts for local authorities as well as civil society for a concerted response to the child protection risks and needs on the ground.

The WASH-related emergency interventions were structured in three main pillars in the two reception centres (Mussungue and Cacanda) and Lovua Settlement: 1) Safe treated water supply: Water trucking, water treatment and quality control, installation of water infrastructures; 2) Sanitation and Solid Waste Management: Construction of emergency communal latrines and showers, construction of household latrines and showers, liquid and solid waste management; 3) Hygiene: Community engagement, social mobilization and hygiene promotion activities, distribution of hygiene kits, soap and jerry cans distribution.

In May 2017, the UNDSS security assessments identified critical security gaps for Security Common Services implemented by UNDSS, which may eventually enable humanitarian aid workers to deliver critical life-saving support to the persons of concern in Lunda Norte. Safety and security of 200 aid workers was critical prerequisite to providing timely life-saving support to DRC refugees in Lunda Norte. Urgent action was required to ensure a safer working environment for UN and NGO staff and operations, considering the fragile security situation in refugee influx areas; intentions and capabilities of operating militias in the areas; the handling and supplying of the refugees; UN and NGO staff exposure and the UN security management settings.

III. CERF PROCESS

A high level inter-ministerial commission, led by the Ministry of Defense provides overall coordination for the refugee response in Lunda Norte continues. Under this commission, the Ministry of Social Assistance and Women (MASFAMU) leads the humanitarian response in Lunda Norte. At the capital and field operational levels, UNHCR co-leads the refugee response with MASFAMU under established coordination mechanisms and a protection led multi-sectoral approach. Coordination meetings are held on a regular basis and are co-chaired by UNHCR and Government of Angola (MASFAMU) with the participation of UN Agencies such as UNHCR, UNICEF, UNFPA, WHO, UNDP, WFP, IOM and RCO but also other organizations involved in the response, namely: MSF (Doctors without Borders), PIN (People in Need), MAG (Mines Advisory Group), MdM (Medicos del Mundo), NCA (Norwegian Church Aid), JRS (Jesuit Refugee

Service) and Lutheran World Relief, among others. These regular meetings served to continue to jointly monitor displacement and humanitarian conditions, conduct assessments, identify needs and gaps, and intervene with assistance as needed.

The CERF funds served UN Angola to come along for other fund-raising initiatives for the refugee response. An inter-agency appeal was jointly launched between UN and Government of Angola in June 2017, targeting 50,000 affected people, which amounted 65.5 Million USD. 13 organizations took part of the Inter-Agency appeal, namely FAO, IOM, Jesuit Refugee Services, Mines Advisory Group, UNAIDS, UNDP, UNDSS, UNFPA, UNCHR, UNICEF, UNRCO, WFP and WHO. By the end of year, UN Angola received 27.8 Million USD, including the CERF contribution.

In regards of the process of designing the CERF proposal, which was led by UNHCR and closely supported by OCHA Regional Office, gender was mainstreamed throughout the process of design and implementation. Good practices of gender mainstreaming are the work of WFP and UNHCR with communities to establish gender-balanced food management committees, and promoted women's participation in leadership positions to ensure that the needs of women and children were adequately addressed. Moreover, logistics and security issues were addressed with gender sensitive strategies, including setting up shaded areas to ease up queuing during distributions, and considered the potential of harmful coping mechanisms being employed as a result of food insecurity and unequal power dynamics.

During sensitization sessions, refugees were encouraged to register women as the recipients of household entitlements and to have women collect food on distribution days. While men are traditionally seen as the head of household, beneficiaries were encouraged to make decisions jointly over the use of household resources, particularly the assistance received from WFP. In addition to this, UNFPA directly implemented activities for the prevention of GBV together with other sectors, as during food distribution sensitization sessions. Hygiene promotion and gender-sensitive sanitation activities were integral parts of WASH core activities

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: 35,411 ³									
Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Child Protection	3,464	3,910	7,374	4,033	2,732	6,765	7,497	6,642	14,139⁴
Common Safety and Security	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Food Aid	7,151	5,807	12,958	6,871	5,528	12,399	14,022	11,335	25,357

³ Based on UNHCR Weekly statistics update 31st March 2018.

⁴ It includes children and adults who received child protection services and messages/information on child protection including prevention and response to violence. It also includes 2,892 children who attended the Child Friendly Spaces (CFS) weekly during the reporting period. Disaggregated data by gender was only possible from Sept till Dec 2017 : Total 14,139 children and adults were reached ; 7, 497 children of which 3,464 were girls and 4033 were boys. Additionally, 6,642 adults of which 3,910 were adult women and 2,732 were adult men.

Health	7,324	5,787	13,111	7,062	5,502	12,564	14,386	11,289	25,675
Multi-sector refugee assistance	1192	992	2184	1188	1583	2771	2380	2575	4,955
Protection	7,339	5,516	12,855	6,945	5,775	12,720	14,284	11,291	25,575
Shelter	3,156	2,231	5,387	2,956	2,585	5,541	6,112	4,816	10,928
Water, Sanitation and Hygiene	7,469	5,730	13,199	7,076	5,996	13,072	14,545	11,726	26,271

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

BENEFICIARY ESTIMATION

Initial beneficiary planning estimates (20,000 target population and 30,000 affected population) were based on rapid assessments, focus group discussions and interviews with refugee households conducted in May 2017. These planning estimates were later refined based on UNHCR's individual biometric registration data for reliable planning and to identify people with vulnerabilities and specific needs to strengthen the delivery of humanitarian assistance. In addition to this, in order to avoid double counting, sectorial consultations among UN implementing agencies were held to consolidate final numbers of direct beneficiaries of the CERF response.

In regards with the Biometric Identity Management System (BIMS), since the beginning of the emergency, UNHCR set up two registration centers and used BIMS to ensure the registration of all the people of concern (PoCs) on individual basis. BIMS is a centralized worldwide database which uses the biometric technology to ensure that a unique identifier is allocated to only one person. The PoCs were checked against the BIMS database to see if they were already registered before letting them access to the registration interview where the data were collected. A screening was done to refer the case of children or certain adults with specific needs to the protection desks for a proper follow-up and solutions. Upon registration, the PoCs were issued with proof of registration by SME (Angola immigration) to prevent them from harassment and non-refoulement.

UNHCR Biometric Registration system issues a weekly update which is shared with implementing agencies. According to the latest update, as of 31st March 2018, the number of registered refugees is 35,411, of which 17,418 are women and 17,993 are men.

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING ²			
	Children (< 18)	Adults (≥ 18)	Total
Female	7,339	5,864	13,203
Male	7,293	5,775	13,068
Total individuals (Female and male)	14,284	11,291	26,271⁵

⁵ These figures reflect UNHCR's biometric registration of December 8th of 2017

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

The CERF contribution, distributed in 11 projects which were implemented by 7 UN Agencies, namely UNHCR, UNICEF, IOM, UNDP, WFP, WHO and UNFPA, was instrumental to address the life-saving needs of DRC refugees in Angola, in the areas of WASH, Protection, Health and nutrition, Shelter and NFI, Food Assistance, provision of transportation assistance and safety and security for humanitarian workers.

Among the results of the CERF intervention, in the following lines the key achievements are highlighted per sector:

WASH

Regarding safe water supply, the CERF funding contributed to:

- Installation of 39 water distribution points of 5000L and 4 to 6 taps each in Mussungue (3) and Cacanda (9) reception centres, in Lovua settlement (24) and Lovua host communities (3) for a total of 190,000 Litres to 10,841 refugees living in Cacanda and Mussungue reception centres and Lovua settlement through Water trucking from water vendors to Cacanda and Mussungue reception centres and in Lovua settlement.
- Ensured treatment of all water delivered to refugee population. Water was treated with water treatment pills up to 0, 5 to 1mg/l of free residual chlorine, in the water trucks or at the distribution points in installed 5,000 litre bladders.
- Water quality tests: Physical, biological and chemical tests for two Lovua springs and the Lovua river for water trucking
- Water quality monitoring system in place (SOP and team of water quality monitors), through trained teams on a Cash for Work (CFW) basis and with implementing partner (IP).
- Distribution of 14,000 pieces of 20L collapsible containers
- Geophysics surveys for Lovua boreholes

Regarding sanitation and hygiene components, the CERF funds contributed to:

- Construction of gender segregated sanitary blocks in: Cacanda (155 latrines + 64 showers), Mussungue (44 latrines + 32 showers), And in new Louva refugee camp (797 latrines + 227 showers) for 10,841 refugees
- Installation of 178 Hand Washing Facilities at the communal latrines and at the Child Friendly Spaces, at the shelter space for unaccompanied children, the Women Friendly Spaces and in villages as follow: Mussungue (20) and Cacanda (55) reception centres and in Lovua settlement (103).
- Installation of movable communal refuse metallic containers (100L) for solid waste management in Cacanda (20), Mussungue (15), and construction of 88 garbage pits protected against rain and water influx in the new Louva refugee camp.
- Cleaning and disinfection of reception centres and the new Louva refugee camp, particularly sanitary blocks and containers for solid waste management, through "Maintenance Brigades", CFWs in Lovua settlement (44), in Cacanda (22) and Mussungue (11) reception centres were recruited, trained and equipped for the good maintenance of WASH infrastructures (latrines, showers, hand washing, garbage pits and drainage canals).
- An average of 3,000 refugees were reached weekly with hygiene promotion messages in the reception centres and Lovua settlement.
- Distribution of 115,725 bars of soap of 250g each to all registered Lunda Norte refugees.
- Distribution of 360 dignity kits to 360 women and youth girls and 640 latrines hygiene kits in 640 Lovua settlement' household level for 3,200 people. Total of most vulnerable refugees received dignity and latrine hygiene kits is 3,560 people.
- A WASH C4D Knowledge, Attitudes and Practices (KAP) survey conducted by UNICEF in Lóvua and Cacanda reception centres, and Dundo community also confirmed that the majority of the refugees received information about water treatment, handwashing, sanitation and waste management mostly through UNICEF-supported radios and mobilizers. The survey results also guided the social mobilization activities by providing reliable data on the refugees' knowledge, attitudes and practices around WASH issues and consequent behaviours that needed to be changed.

Protection

- UNHCR focused on ensuring safety as had constant advocacy and coordination with Immigration (SME) on access to the territory through the main border points, and conducted regular border monitoring joint visits with the border guards to ensure every asylum seeker have access to safety. On the other hand, through its partner JRS provided legal services to refugees who fall in detention due to lack of documentation, to ensure their release and respect for their refugee status. UNHCR strived to protect refugees' rights, with wide advocacy activities including with local university and a training on protection in emergencies organized in November with all the main branches of local authorities and institutions. In partnership with MASFAMU UNHCR implemented and managed the reception facilities in which individual registration of all new arrivals took place.
- The registration was done with the highest and most developed technology on iris scanning and finger printing standards available. The government of Angola requested technical assistance to register all refugees in Angola after the successful registration operation in Dundo. In partnership with MASFAMU and in collaboration with UNICEF, during the registration process a community services desk was established to screen individuals and identify persons with specific needs (PSN) including persons with disabilities, Unaccompanied and Separate Children (UASC), women at risk and persons with serious medical conditions. This system enabled to identify 721 female heads of household, 32 unaccompanied children who were placed in foster families, 30 older persons at risk, 45 persons with disabilities 27 in serious medical conditions who are receiving due attention.
- By December 2017, 2,892 children had accessed UNICEF supported Child Friendly Spaces (CFS) in DRC refugee's reception centres on a weekly basis. Most of the children have now been relocated to Lovua settlement area, they are benefitting from protection, nutrition screening, birth registration and Early Childhood Development (ECD) activities, including informal learning and play through semi-structured activities.
- Apart from providing recreational and psychosocial benefits, the spaces also served as protection platforms that enabled parents to access information and services on the above-mentioned topics. In the reporting period, 128 unaccompanied and separated children have been identified of whom 87 have been reunited with their biological families and the remaining stay in refugee foster mothers care in Lovua while UNICEF and partners are identifying more durable solutions within Lovua municipality.
- UNHCR supported the establishment of informal education to over 4000 refugee children both in Cacanda and Lovua from primary to early secondary age students. In November a mission from the regional education specialist with the protection team met with the local education authorities to establish formal education for the 2018 school year. UNHCR draft a project to gather donation of books in Portuguese speaking countries to establish a pioneering library in Lovua to support the learning process of Angola's official language to prepare for formal education.
- UNICEF continues to engage with local authorities to strengthen mechanisms for prevention and response to cases of violence, exploitation and abuse of children. A referral pathway for children and women survivors of violence has been established. By end of December 2017, 212 cases of violence and neglect have been referred to competent partners such as Médecins Sans Frontières (MSF), Jesuit Refugee Service (JRS) as well as to statutory services in the province with the involvement of families.
- A total of 259 participants comprising law enforcement agents (border police, military as well as immigration services), Public and Judicial Magistrates, Lawyers, refugee population and civil society were trained on legal protection of children from all forms of violence in partnership with National Children's Institute (INAC) and Centre for Scientific Research and Legal Counsel of the Faculty of Law (CICAJ). INAC with support from UNICEF, implemented a capacity development programme to reactivate and strengthen the child protection networks in the province, benefiting both the refugees and the host communities.
- By end of 2017, three workshops have been held in the province benefiting 186 participants from both civil society and government entities. UNICEF supported the establishment of birth registration services at the refugee reception centres and it is expanding those services to the municipalities of Chitato and Lovua, benefiting the host community as well. To date above 687 Congolese refugee children born in Lunda Norte and therefore within Angola's jurisdiction have had their births registered by the Provincial Civil Registration Office.
- Additionally, community mobilisation and participation has taken place all along this reporting period. Child Protection messages aimed at preventing violence were shared with 18,293 refugees including children themselves by social mobilisers and a community radio.

Health and nutrition:

- Since the beginning of 2017, UNICEF and partners screened refugee children under five years old for malnutrition on a weekly basis, identifying 598 cases of moderate malnutrition and 130 cases of severe malnutrition that were subsequently admitted for treatment. 5,000 mothers and caregivers were counselled on good feeding practices for infants and young children.
- UNICEF provided Ready-to-Use Therapeutic Food (RUTF), therapeutic milks (F75 and F100) and essential medicines (including antibiotics, ReSoMal, Vitamin A, Albendazol and Oral Rehydration Salts with Zinc tablets) for SAM treatment.

UNICEF also supported community screening and referral of Moderate Acute Malnutrition (MAM) and SAM cases to Special Nutritional Therapeutic Centres, providing regular household monitoring visits by community agents.

- 260 hot meals to children and caregivers in the UNICEF created Child Friendly Spaces where provided each week, in the framework of the implementation of the full Health and Nutrition component running a community kitchen for malnourished children from 6 to 12 months.
- The emergency routine vaccination programme targeting refugee populations in Lunda Norte began in June in partnership with WHO and the Municipal and Provincial Expanded Programme on Immunisation (EPI) Officials. Vaccinations took place on a weekly basis as the refugees were moved from the reception centres to the Lóvua settlement. By December 2017, 4,132 refugee children aged 1-14 years were vaccinated against measles; 535 against Yellow Fever, and 528 with the combined pentavalent vaccine, DPT/Hep/Hib. More than 1600 women (pregnant or of child bearing age) received tetanus vaccine.
- 60 refugee and Angola Red Cross volunteers were identified and trained on social mobilization and inter-personal communication, as well as on community theatre methodologies to further strengthen refugee engagement. Mobilizers conducted family-to-family communication and theatre activities to promote key messages on the use of latrines and hygiene practices, as well as on breastfeeding, malaria, sexual abuse, family separation, and care for pregnant women.
- UNICEF also set up two community radios in both camps that broadcasted messages in five languages. The radios supported the social mobilisation activities, shared key messages on WASH, protection and healthy behaviours. An inter-agency rapid communication needs survey pointed out that refugees considered the community radio as the most trustable source of information in the reception centres.
- The weekly results indicators confirmed that more than 80% of refugees in both Lóvua and Cacanda could recall the main key-messages on WASH (handwashing, use of latrines and cholera prevention), child protection (prevention of family separation) and health (malaria) which had been promoted by the social mobilizers, comedians and community radios.
- As part of UNICEF's Lunda Norte extended work plan, a training on social and behaviour change communication for emergency preparedness was organized for 32 members of the Province's Civil Protection and Angola Red Cross. A similar training was adapted and conducted at Lóvua municipality for 20 participants, including participants from the administration, religious leaders, traditional authorities, teachers and health clinic staff, as well as refugee social mobilizers.
- WHO responded early in the humanitarian emergency thanks to its provincial Epidemiologic Antenna in Lunda Norte. An early reaction was the purchase and transport of an International Health Emergency Kit (IHEK) to provide Medicine for 10,000 population for three months.
- Trauma Emergency Kit was provided, as an important life-threatening condition was the attack of the refugees with severe muscle-skeletal injuries: more than 58 severe injured cases were reported in the first month of the emergency that needed surgical procedures as amputations, debridement, surgical cleaning and other major specialized trauma interventions.
- With the implementation of medical attention in the Reception Centers WHO in an Agreement with MOH, a team of three national doctors and five national nurses/health technicians provided support to the Reference Hospital designed for the refugees attention in the moderate to severe conditions that need specialized attention or supplementary. A total of 519 attention were provided in the period August to December 2017.
- Technical assistance and logistic support to routine vaccination, together with other health related agencies and organizations, achieved 1085 under five vaccinated in Q3. A suspected measles was outbreak with 14 cases was rapidly investigated and a response campaign was delivered with a total of 287 under five y.o. vaccinated. The presence of a febrile outbreak in the neighbour district of Cuango was attended to discard an event that implied risk of spread to the refugees population.
- UNFPA reached 300 pregnant refugee women with clean deliveries kits at the community health units and hospitals in Lunda Norte, and the kits also benefited the host population. The procurement and distribution of the 2,500 dignity kits enabled women and adolescent girls to engage in community and social activities even during their menstruations;
- 162 GBV cases were reported during the period from July to end of December 2017 and all of them were attended to; GBV and HIV IEC material was produced and distributed; two trainings on GBV and MISP were conducted. 75 people from government, civil society and UN agencies in total attended the training sessions.

Shelter and NFI

The key achievements in the sector of shelters are:

- 10 km of road completed successfully in August 2017 allowing the provision to set up 1093 family tents and the relocation of 3678 refugees in Zone A and B of Lóvua settlement;
- 20.8 km of secondary road were opened manually using refugee labour arrangement;
- The activity involved the removal or uprooting of vegetation in line with the site plan. This included both primary and secondary access roads within the settlement and the villages;

- 1,623 emergency shelters including 1,380 tents and 243 new designed shelters were erected to accommodate 8,812 beneficiaries;
- 48.62 ha of land was demarcated in 4 Zones (26 villages) in the Lóvua settlement by a team comprising a Site planning Officer, a Supervisor and plotters. The designing and plotting enabled the construction of 243 shelters, 208 latrines and 208 showers as well as 104 garbage pits.

Food security:

- Through CERF funding, WFP met the basic food and nutrition requirements of 25,357 refugees, including women, men, boys and girls, against a planned target of 20,000 beneficiaries. 28 percent of the beneficiaries reached were females under 18 years old; 27 percent were males under 18 years; 23 percent were female adults and 22 percent were male adults. A total of 860 metric tonnes of food commodities comprising maize meal, peas, vegetable oil and salt was provided to beneficiaries through monthly food distributions. 43 metric tonnes of fortified food (Super Cereal Plus) was also provided to children 6-23 months as well as children 24-59 months with moderate acute malnutrition (MAM) as part of the acute malnutrition prevention programme. To ensure a holistic approach to prevention of acute malnutrition, WFP also incorporated a nutrition sensitization component that included active case finding through nutrition screening at community level; referrals for further treatment where appropriate; and nutrition sensitisation. WFP delivered this integrated package of care in partnership with UNHCR, UNICEF and other UN and NGO partners.
- As a result of high supply costs for commodities and internal logistics within Angola, the planned quantity of food commodities (1,117mt) and fortified products (50mt) could not be procured. This was due to the limited number of certified commodity suppliers in Angola, that rendered competitive procurement impossible, resulting to higher prices and a lower quantity of 903mt of food and fortified products being procured with CERF funds. To mitigate the high costs of local procurement, WFP only procured the first tranche of commodities locally to ensure timely delivery, while subsequent tranches were purchased regionally and delivered from South Africa through competitive tendering, which proved to be more cost-effective.

Transportation assistance

- 4955 Congolese Refugees were safely transported from the entry point to the temporary reception center and then to the resettlement camp in Lovua together with their luggage and personal belongings.

Security and Safety of humanitarian workers:

- The emergency safety and security project contributed to strengthening safety and security of 200 UN and NGO humanitarian aid workers that are providing life-saving support to DRC refugees in the Lunda Norte province, through emergency safety and security equipment and services. With the CERF grant, UNDSS effectively conducted six security risk assessments, and provided 20 weekly security reports and briefings, while establishing the UN security coordination mechanism at the field level between humanitarian aid organizations and the government authorities. Thanks to the UNDSS support financed by the CERF grant, aid workers and high-level delegations successfully executed their humanitarian activities covering critical 10 sectors smoothly.

CERF's ADDED VALUE

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

YES ☒ PARTIALLY ☐ NO ☐

CERF funds enabled UN to promptly articulate a coordinated response in the prioritized areas. In the beginning of the emergency, UN didn't have presence in Lunda Norte, which required UN Agencies to rapidly send staff to Dundo (Lunda Norte) and establish UN temporary operations center, with the particular case of UNICEF and UNHCR which established continued presence since the beginning of the emergency. For agencies such as WFP, whom did not have an operational presence in Angola prior to the emergency, the CERF funds were critical in supporting the scale up of core operational functions and supply chain infrastructure to deliver timely food assistance to refugees in Dundo and Lovua. The presence of UNHCR in the country, which in the beginning of 2017 was phasing down its office, was enhanced.

Given the initial entry rate of 500 people per day, CERF funds were crucial to allow UN Agencies to timely respond to the life-saving needs of the refugees. Some of the Agencies re-programmed already allocated funds to quickly respond, mainly in the areas of Protection (UNICEF and UNCHR), Health and nutrition (UNICEF, WHO, UNFPA), Food Assistance (UNHCR and UNCHR), Shelter and NFI (UNHCR) and Provision of transportation assistance (IOM). These activities were enhanced as soon as CERF funds were received. Once CERF funds were received, UNDSS (through UNDP) could provide 200 humanitarian aid workers with decent operational conditions in terms of safety and security.

b) Did CERF funds help respond to time critical needs⁶?

YES ☒ PARTIALLY ☐ NO ☐

The CERF funds allowed UN Agencies to guarantee critical needs such access to safe water, to good sanitation infrastructures and to educate good practice of hygiene to refugees, food assistance was provided for 25,357 as well as nutrition prevention for moderate acute malnutrition (MAM) to 1,387 children aged 6-23 months. In that regard, critical gaps from provincial and municipal health authorities for integrated community case management (iCCM) and integrated management of acute malnutrition (IMAM) were addressed throughout the year and thanks to the CERF funds. Health and nutrition emergency supplies were timely deployed and supported screening and treatment of 4,132 children under five years old and routine vaccination of 4,132 refugee children aged 1-14 years. CERF funds allowed protection programmes for refugees, including identification and support to unaccompanied and separated children as well as establish a system for prevention and response to critical child protection issues including a referral pathway for cases of violence.

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

YES ☐ PARTIALLY ☒ NO ☐

In addition to the CERF response funds which amounted 10.5 Million USD, UN agencies leaded by UNHCR engaged in the response and partners launched together with the Government of Angola in June an Inter-Agency appeal of 65.5 Million USD for a planned figure of 50,000 refugees, until December 2017. 13 organizations took part of the Inter-Agency appeal, namely FAO, IOM, Jesuit Refugee Services, Mines Advisory Group, UNAIDS, UNDP, UNDSS, UNFPA, UNCHR, UNICEF, UNRCO, WFP and WHO. By the end of 2017, in the framework of this Inter-Agency Appeal, UN Angola received 27.8 Million USD, including CERF contribution. This additional contribution of 17 Million USD targeted mainly food security (WFP) and the sectors covered by UNHCR.

In December 2017, UNICEF mobilized USD 250,000 from Government of Japan for humanitarian funding through Supplementary Budget to sustain a 12 months' assistance in WASH, Health and Nutrition to Congolese refugee situation in Dundo. In addition to that, some agencies managed to mobilize additional resources, such as UNFPA which received contribution from JICA (Japanese International Cooperation Agency) in the form of 50 units of solar lamps.

Other sectors, such as child protection, transportation assistance, safety and security, did not received additional funding.

d) Did CERF improve coordination amongst the humanitarian community?

YES ☒ PARTIALLY ☐ NO ☐

The implementation of the refugee response projects impacted positively on the coordination mechanisms among stakeholders, which where strengthened. In the national level, weekly meetings were held among partners chaired by the Ministry of Social Action, Family and Promotion of Women and co-chaired by UNCHR.

In the field level, similarly weekly meetings were held in Dundo, Lunda Norte where also thematic meetings were organized. CERF-related inter-agency consultations to determine priority needs and gaps and design a coherent and comprehensive multi-agency response helped strengthened coordination among humanitarian and development partners, including identifying synergies and avoid duplications. Such consultations were carried out both during the planning and implementation phase of CERF-supported activities. Moreover, RCO together with OCHA Johannesburg through a monitoring tool, followed up on implementation of CERF projects and produced a Dashboard on CERF implementation.

⁶ 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.).

In the framework of the Inter-Agency Appeal, UNRC together with UNHCR organized diverse meetings with donors with the aim at fundraising but also to share information on the response.

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

The improved coordination between UN, government and the humanitarian community, resulted in a successful implementation of CERF funds, especially in some sectors like WASH, which was led by UNICEF and composed by UNHCR, NCA, PIN, LWF, MSF and DPAAE, in Lunda Norte during the project period. In the case of child protection, CERF funding has allowed for revitalizing the child protection network in the area which is now also benefitting not only refugee children but also children in host communities. Additionally, CERF funding has allowed for capacity building of a number of partners including immigration, social services, law enforcement agents which translates into increased child protection preparedness capacity in this border province. Another successful experience for UNFPA has been the presence of a communication specialist in Dundo helped immensely in sharing the stories and raising the voice of the people we serve in the field.

V. LESSONS LEARNED

The operation presented many lessons learned. The involvement of the RC from the outset was a tremendous advantage and that the approach of ONE UN works, as despite many constraints the operation was very successful and minimised loss of life and permanent disability in a scenario stricken by unspeakable atrocities. On the other hand, contingency planning is a permanent need of the operation despite any risk evaluation, as the situations may be volatile and evolve to conflict unexpectedly. Supply and market assessment is also something to consider in contingency planning as the availability of heavy machinery, construction companies, wood, water trucks, borehole drilling reliable companies are also factors which may be taken into consideration and may have a huge impact in the well-being of refugees in the early stages of an emergency. On the other hand, agencies shall have a roster of Portuguese speaking staff to act immediately in those emergencies as the language skills were key to the success of the operation but UNHCR and other agencies had to overcome this challenge during the deployment of their emergency teams.

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
The Rapid Response window provides emergency grants to life-saving activities. When it comes to the critical support needed in emergency and development nexus, such as livelihoods and social cohesion support, this CERF does not finance. Meanwhile resilient recovery will continue to be unfunded. From New Way of Working (NWOW) perspective, new funding modalities may need to be devised to support humanitarian and development nexus, i.e. Comprehensive Refugee Response Framework (CRRF), World Bank's IDA 18 etc.	OCHA along with humanitarian and development partners will promote the development of new funding modalities to support recovery and resilience-building in the humanitarian-development nexus in advancing the Outcome of the World Humanitarian Summit and NWOW.	OCHA/CERF

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Coordination among the UN in Angola was effective and facilitated smooth implementation of a joint humanitarian response. Inter-agency coordination was maintained at central and provincial levels and this enabled all participating agencies including government to keep stock of challenges, progress and way forward.	Keep the good experience through the UN Disaster Management Team Groups for future humanitarian responses.	Disaster management Team (DMT)
Need for the development of emergency preparedness and response plan/budget or Contingency plans for all at risk provinces	-NPC to work with UN and sectoral departments. - Update each 6 months	DMT/UNHCR on refugee component
Portuguese speaking roster	Follow up with emergency section	UNHCR
CERF funds were disbursed in good time enabling a prompt response to the refugee crisis. Many UN agencies availed of their own resources financial, material and human to increase their responses and in this regard, they were able to combine humanitarian and developmental work during the same period. UN agencies also prepared two refugee appeals and had joint meetings with international partners to seek additional resources for the emergency.	Strengthen collaboration with CERF secretariat. Explore the possibility of having regional appeals to improve the chances of securing funds for the Angola's humanitarian response.	RC/UN Angola
Challenging funding environment in Angola with donors reluctant to provide timely and predictable funding for what is likely to become a protracted refugee situation.	As a mitigation strategy, humanitarian and development partners including UNHCR, WFP and others need to continue engaging in joint regional resource mobilization and advocacy strategies linking Angola's refugee crisis with the larger - and more visible - emergency operation in Kasai including through the Regional Refugee Response Plan for DRC refugees.	UNHCR and WFP
Government leadership at central and provincial levels facilitated the implementation of activities and a frank dialogue prevailed. Joint mission to the field were conducted and high levels meetings maintained throughout the emergency.	Maintain advocacy with Government authorities and build capacity for sustaining the current response.	RCO/UN Angola

That created an open environment for discussion and helped build the partnership needed to ensure adequate delivery of project results.		
Need to improve integrated disease surveillance system, VAM and/or Early warning system	NPC with UN / Sectoral departments.	DMT
Capacity building – institutional and staffing of both UN and Government staffs	NPC with UN / Sectoral departments.	DMT
Low capacities among local government staff with weak coordination among actors at provincial and municipal levels.	From a child protection perspective and in improving our preparedness capacity especially at municipality level, continue to support established child protection networks. This benefits both refugee communities as well as host communities. To be considered given the similarities and often same ethnic groups existing between host and refugee communities. Also in consideration that significant numbers of refugees continue to take shelter with host communities.	UN protection mandated agencies.
In a context of emergency, local NGOs have a crucial role to address low capacities among local government staff and improve coordination among actors.	In order to ensure sustainable service delivery in an emergency context, for both host community and population of refugees, the capacities of local health centres and hospitals needs to be strengthen in partnership with local NGOs operating in the health sector. One strategic tool is the development of a joint work plan between the Ministry of Health and UNICEF including a component of capacity development where the local NGOs can participate as implementer.	UNICEF/ Child Survival and Development Section
The collection of information without disaggregation done by regular health information system generates bottlenecks in the analysis and reporting of beneficiaries' profile.	Based on the CERF proposal, UNICEF and partners to develop an M&E framework jointly with the Ministry of Health at provincial level to assure the inclusion of disaggregation by gender and age groups.	UNICEF/ Child Survival and Development Section
Angola has high supply chain costs for internal logistics and limited lab testing facilities to ensure food quality and safety standards are met.	WFP purchased regionally and established shortlist to service providers to facilitate ocean transport that proved significantly cheaper than overland transport. WFP also established networks with strong service providers and is pursuing an agreement with the Government of Angola to facilitate faster customs clearance procedures for humanitarian cargo.	WFP and GoA
Need for sectoral coordination, identification of pre-positioning of items and delivery as One	NPC with UN / Sectoral departments.	DMT/RCO
Limited infrastructure with respect to warehousing/storage in Lóvua area, resulting in WFP's inability to fully pre-stock food for multi-month periods	WFP augmented in-country storage capacity by installing mobile storage units (MSUs) in Lovua to facilitate pre-positioning of food stocks.	WFP

Limited transport capacity and transport service providers in Dundo and Lóvua, affecting the timely arrival of food.	WFP will establish a shortlist of transport service providers to ensure timely local transportation from Luanda to Dundo and Lovua.	WFP and Transport Service Providers
Lack of certified commodity suppliers in Angola, which prevented competitive procurement and resulted in higher prices and a lower quantity of food purchased.	As a mitigation measure, WFP started procuring food commodities regionally through competitive tendering, which proved to be more cost-effective.	WFP
Constrained human, financial and logistical capacity due to emergency response to refugee influx in Lunda Norte, complex logistical setting with two reception centres, around 90 km apart.	From a child protection perspective, a lesson drawn and to be followed up would be to capitalise on the significant capacity building efforts undertaken in this emergency. It would be beneficial to future emergency efforts to have prepositioned this already built partnerships (NGOs) especially in Angola's border provinces with DRC.	UN protection mandated agencies.

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS							
CERF project information							
1. Agency:		UNICEF		5. CERF grant period:		08.06.17 – 08.12.17	
2. CERF project code:		17-RR-CEF-063. WASH		6. Status of CERF grant:		<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded	
3. Cluster/Sector:		Water, Sanitation and Hygiene					
4. Project title:		Assistance to Refugees Arriving in Lunda Norte from DR Congo by Improving access to adequate sanitation, safe water and education of good practices of hygiene.					
7. Funding	a. Total funding requirements ⁷ :		US\$ 2,500,000		d. CERF funds forwarded to implementing partners:		
	b. Total funding received ⁸ :		US\$ 1,000,000		■ NGO partners and Red Cross/Crescent: US\$ 201,761.13		
	c. Amount received from CERF:		US\$ 1,000,000		■ Government Partners:		
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)		5,200	5,200	10,400	7,469	7,076	14,545
Adults (≥ 18)		5,000	4,600	9,600	5,730	5,996	11,726
Total		10,200	9,800	20,000	13,199	13,072	26,271
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees		20,000			26,271		
IDPs							
Host population							
Other affected people							
Total (same as in 8a)		20,000			26,271		
<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>		While the planning figure of 20,000 people was maintained, the number of refugee population differed between the population in the reception centres and in the host community. While UNICEF was able to reach 10,841 people, approximately 100% of the refugee population in the reception centres with safe water on a daily basis, the remaining refugee population found shelter in the nearby communities and therefore was not counted as recipients of safe water supply in the reception centres. However, UNICEF made sure that the distribution of safe water storage and hygiene items was benefiting both reception centre populations and the refugee families in the host community, reaching 26,271 people.					

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

⁸ This should include both funding received from CERF and from other donors.

CERF Result Framework			
9. Project objective	To reduce morbidity and mortality related to waterborne diseases and poor hygiene among refugees from DRC arriving in Lunda Norte.		
10. Outcome statement	Improved Water Sanitation and Hygiene services of well-being of the DR Congolese Refugees.		
11. Outputs			
Output 1	Children and women access sufficient water of appropriate quality and quantity for drinking, cooking and maintaining personal hygiene.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of people provided with access to 7.5 l/p/d of chlorinated safe water with at least 1mg/l free residual chlorine.	20,000 (100 %)	10,841 (54, 2%)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Water trucking with local water vendors to both reception centres Cacanda and Mussungue and in Lovua settlement.	Private water vendors, contracted and supervised by UNICEF.	UNICEF/IP/ Protection Civil
Activity 1.2	Water supply by drilling and equipping of borehole in Kakanda reception center, with basic distribution network to public water points. NOTE: Two (2) negative boreholes drilled. Activity not concluded satisfactorily because of very low yield of the local aquifer, which forced to continue with water trucking during the transition period from Kakanda reception centre to having ready Lovua refugee settlement.	Construction company, contracted and supervised by UNICEF	UNICEF with Construction Company
Activity 1.3	Water supply by drilling and equipping of borehole in new Louva refugee camp (total max. capacity 50,000 people, with 20,000 people expected for Phase I), with basic distribution network to public water points. NOTE: Tender and selection of drilling companies almost concluded, but bidding process transferred to UNHCR because of lack of enough resources to conducting the drillings.	Construction company, contracted and supervised by UNICEF	UNICEF with construction companies (activity not realized)
Activity 1.4	Water treatment in supply points of reception centres and new refugee camp, and support to the distribution of household water treatment and storage products (water treatment pills for 6 months + 4 collapsible containers per household). UNICEF will involve skilled refugees to support the above activities (CFW), through a Project Contract Agreement (PCA) with a selected IP	UNICEF in collaboration with the refugee population through cash-for-work (CFW) scheme and implementing partner with suitable capacity and expertise	UNICEF/IP
Activity 1.5	Water quality monitoring system in place (SOP and	UNICEF in collaboration	UNICEF/IP

	team of water quality monitors), through cash-for-work (CFW) scheme and with support from implementing partner (IP).	with the refugee population through cash-for-work (CFW) scheme and implementing partner with suitable capacity and expertise	
Output 2	Children and women access toilets and washing facilities that are culturally appropriate, secure, and sanitary, and are user friendly and gender appropriate		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of population provided with adequate sanitation and hygiene items (hygiene kits)	20,000	26,271
Indicator 2.2	Number of most vulnerable population provided with hygiene items (hygiene kits)	2,000	3,560
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Installation of public sanitary and solid waste management facilities in reception centres and new refugee camp, and distribution of hygiene kits (to most vulnerable population) and soap to the population located in areas with active cholera transmission.	UNICEF in collaboration with the refugee population through cash-for-work (CFW) scheme and implementing partner with suitable capacity and expertise.	UNICEF/IP
Activity 2.2	Maintenance of reception centres through "Maintenance Brigades" of trained and equipped refugees (CFW)	UNICEF in collaboration with the refugee population through cash-for-work (CFW) scheme and implementing partner with suitable capacity and expertise.	UNICEF/IP
Output 3	Children and women are aware on how to properly use and maintain sanitary facilities, and have been reached with hygiene promotion messages.		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of population ending open defecation.	20,000	10, 841
Indicator 3.2	Number of population improving hygiene practices (hand-washing and keeping clean public and private.	20,000	26,721
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Identification of an implementing partner for the hygiene promotion, water and sanitation activities.	UNICEF	UNICEF/IP
Activity 3.2	Hygiene promotion through "C4D Brigades" of	UNICEF in collaboration	UNICEF/IP

	trained and equipped CFWs., theatre group and two radios	with the refugee population through cash-for-work (CFW) scheme and implementing partner with suitable capacity and expertise.	
Activity 3.3	Distribution of 640 latrines hygiene kits and 360 dignity kits for youth girls and women.	UNICEF in collaboration implementing partner with suitable capacity and expertise.	UNICEF/IP
Activity 3.4	Distribution of 115,725 bars of soap of 250g each.	UNICEF in collaboration implementing partner with suitable capacity and expertise.	UNICEF/IP

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:

While the overall planning figure of 20,000 people was maintained, the number of refugee population differed between the population in the reception centres and in the host community. While UNICEF was able to reach 10,841 people, approximately 100% of the refugee population in the reception centres with safe water on a daily basis, the remaining refugee population found shelter in the nearby communities and therefore was not counted as recipients of safe water supply in the reception centres. However, UNICEF made sure that the distribution of safe water storage and hygiene items was benefiting both reception centre populations and the refugee families in the host community, reaching 26,271 people.

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

During the implementation of project period girls and boys, women and men, including those with special needs were consulted through interviews and focus group discussions, KAP surveys and After Action Reviews.
50 Households latrines were constructed by UNICEF' IP in 9 villages of Lovua for 50 people with special needs.
Skilled volunteers refugees were selected and trained to provide specific services such as water monitoring and testing, construction and maintenance of pit latrines, dissemination of WASH-related messages to sensitize the refugee population on best practices and adequate behaviour, being the refugee population and key asset to ensuring proper environmental conditions inside camps, in collaboration with a selected implementing partner (IP) through a Project Contract Agreement (PCA).
WASH Committees were created in 9 villages with gender consideration. The WASH Committees leaders are direct responsible of the maintenance of WASH infrastructures installed in their respective villages, promoting good practices of hygiene and messages related to water borne diseases and Malaria, Social mobilisation and community engagement.

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

EVALUATION CARRIED OUT ☒

UNICEF has conducted an external financial audit to governmental and non-governmental partners in this emergency response operation, with no issues reported by the audit company.

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☐

TABLE 8: PROJECT RESULTS							
CERF project information							
1. Agency:		UNICEF UNHCR		5. CERF grant period:		31/05/2017. 01/12/2017	
2. CERF project code:		17-RR-CEF-064 17-RR-HCR-017		6. Status of CERF grant:		<input type="checkbox"/> Ongoing	
3. Cluster/Sector:		Protection				<input checked="" type="checkbox"/> Concluded	
4. Project title:		Enhance protection of refugees arriving in Angola from DRC					
7.Funding	a. Total funding requirements ⁹ :		US\$ 2,600,000		d. CERF funds forwarded to implementing partners:		
	b. Total funding received ¹⁰ :		US\$ 2,047,220 ¹¹		▪ NGO partners and Red Cross/Crescent: US\$ 1,244,997		
	c. Amount received from CERF:		US\$ 2,047,220		▪ Government Partners: US\$ 46,762.56		
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)		5,200	5,200	10,400	7,339	6,945	14,284
Adults (≥ 18)		5,000	4,600	9,600	5,516	5,775	11,291
Total		10,200	9,800	20,000	12,735	12,620	25,575
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees		20,000			25,575		
IDPs					N.A.		
Host population					N.A.		
Other affected people					N.A.		
Total (same as in 8a)		20,000			25,575		
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:		The calculation of the target was based on the estimates available in beginning of the emergency situation.					

⁹ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹⁰ This should include both funding received from CERF and from other donors.

¹¹ UNHCR received further 13,082,770 USD to respond to the emergency for sectors under its mandate.

CERF Result Framework			
9. Project objective	To enhance the protection of Congolese refugees arriving in Angola.		
10. Outcome statement	20,000 refugees from the DRC arriving in Angola enjoy the right to seek asylum.		
11. Outputs			
Output 1	Protection of refugees improved, access to territory improved and risk of refolement reduced.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of persons of concern refused entry to territory	0	0
Indicator 1.2	Extent border authorities refer asylum-seekers to competent authorities	YES	yes
Indicator 1.3	Community mobilisation strategy developed and implemented	YES	yes
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Refugees at risk identified and individually supported	UNHCR	JRS
Activity 1.2	Provision of services to refugees through UNHCR	UNHCR	WVI
Activity 1.3	Community self-management structures strengthened	UNHCR	WVI/UNHCR
Activity 1.4	Advocacy to ensure borders remain open	UNHCR	UNHCR
Output 2	SGBV risk reduced and community based protection strengthened		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	# Community-based committees/ groups working on SGBV prevention and response	4	4 (SGBV FP, Women, teachers and community leaders)
Indicator 2.2	% identified SGBV survivors receive medical assistance	100%	80% (of the relevant cases received medical assistance although not in time)
Indicator 2.3	% of refugees with disabilities receiving specific support	100%	NA (no case of refugees with disabilities recorded among the SGBV survivors)
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Enabling of participation of community in SGBV prevention and response	UNHCR	JRS (A network of 40

			<i>SGBV/PSEA Focal Points was established; that group is involved in awareness raising and referral of survivors)</i>
Activity 2.2	Establishment of three safe and survivor centered SGBV procedures and coordination mechanisms	UNHCR	UNHCR (An SOPs/SGBV document was drafted in collaboration with Protection actors, an SGBV case conferencing committee is established in Dundo and referral pathway for SGBV cases drafted and disseminated to the refugees and Humanitarians)
Activity 2.3	Provision of specific services for refugees at risk, including with disable people	UNHCR	JRS
Output 3	All new refugee arrivals are registered		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	% refugees registered on an individual basis	100%	100%
Indicator 3.2	# of information campaigns on registration conducted.	4	4
Indicator 3.3	# of trained registration staff	20	23
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Registration of refugees on an individual basis with minimum set of data required	UNHCR	UNHCR
Activity 3.2	Inform refugee population of reasons for registration and procedures.	UNHCR	UNHCR
Activity 3.3	Training of staff to conduct various levels of registration	UNHCR	UNHCR

Output 4	Separation of Children from families is prevented and addressed and family based care is promoted.		
Output 4 Indicators	Description	Target	Reached
Indicator 4.1	% of UASC identified, registered and tracing activated.	100%	100% (it represents 128 UASC identified).
Indicator 4.2	% of cases of UASC followed through case management	100%	100% (it represents 128 UASC identified).
Indicator 4.3	# of spaces for reporting missing children created	2	2 Child Friendly Spaces were created in Cacanda and Mussungue respectively (Gradual replication took also place in new settlement in Lovua).
Output 4 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 4.1	Activate mechanism for family tracing and reunification of unaccompanied and separated children.	UNICEF in coordination with the Provincial INAC and MASFAMU as well as possible implementing partners with the suitable capacity and expertise	UNICEF in coordination with the Provincial INAC and MASFAMU and World Vision International activated mechanism for family tracing.
Activity 4.2	Undertake case management, monitoring and follow up of cases of unaccompanied and separated children.	UNICEF in coordination with the Provincial INAC and MASFAMU as well as possible implementing partners with the suitable capacity and expertise	UNICEF in coordination with the Provincial INAC and MASFAMU and World Vision International established case management, monitoring and follow up of cases.
Activity 4.3	Create a designated space where UASC can register and missing children can be reported. Mobile community outreach workers to inform communities of where information can be accessed.	UNICEF in coordination with the Provincial INAC and MASFAMU as well as possible implementing partners with the suitable capacity and expertise	UNICEF in coordination with the Provincial INAC and MASFAMU and Caritas created a UASC registering and reporting space.
Output 5	Violence, Exploitation and abuse of children and women including GBV are prevented and addressed.		

Output 5 Indicators	Description	Target	Reached
Indicator 5.1	% displaced population reached by protection messages.	70% (it represents 14,000 people).	130% (it represents 18,293 refugees including refugee children).
Indicator 5.2	Number of child protection group members trained.	20	259 participants comprising law enforcement agents (border police, military as well as immigration services), Public and Judicial Magistrates, Lawyers, refugee population and civil society were trained on child protection.
Indicator 5.3	Establishment of referral system tailored for emergency response	1	1 One cross sectoral referral pathway for children and women survivors of violence has been established.
Indicator 5.4	Number of Child Friendly Spaces created.	2	2 Child Friendly Spaces created in Cacanda and Mussungue reception centres respectively. Replication in Lovua settlement.
Output 5 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 5.1	Child Protection messages. VAC Prevention.	UNICEF and partners.	UNICEF delivered child protection messages (including VAC prevention).
Activity 5.2	Train/ activate child protection coordination group and provide technical support for the development of a response plan.	UNICEF.	UNICEF and UNHCR trained coordination group.
Activity 5.3	Support Government and service providers to develop a referral system specifically tailored to emergency response.	UNICEF & protection Partners.	UNICEF and protection partners developed a referral system.
Activity 5.4	Create and operate child friendly spaces that can serve as protection platforms for identification of protection concerns, recreation, delivery of psychosocial support.	UNICEF and implementing partner.	UNICEF and Caritas operated child friendly spaces.
Activity 5.5	Identification of 2 implementing partners.	UNHCR and UNICEF.	UNICEF identified World Vision International and Caritas for implementation of Child Protection components.

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:	
Estimated 2,892 children attended child friendly spaces on a weekly basis in the refugee reception centres. CFS were created as protection platforms where protection concerns could be identified and referred to services, where children's families accessed information and children themselves accessed semi structured learning and recreation.	
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
<p>UNHCR applies its methodology of annual or periodical AGDM, which means age, gender, diversity mainstreaming. This methodology allows to listen, recover, compile and evaluate the needs and impressions of all relevant age, gender and diversity groups of population capturing their specific needs and aspirations, which are then used for planning and adjustment of activities. It also allows a constant feedback on the quality of partners' service provision, serves as a complaints mechanism and a dialogue between the humanitarian actors with populations of concern.</p> <p>During the implementation of project period girls and boys, women and men, including those with special needs were consulted through interviews and focus group discussions carried out under the protection cluster. Child Protection mobilisers (74) were identified within the refugee communities themselves and trained to identify and refer child protection cases. Similarly and while ensuring children participation to the extent possible, 9 youth committees were created within the refugees in both Cacanda and Lovua with ages varying from 12 to 18. Total of 61 youth were trained and participated (33 males and 28 females).</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
N/A	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information							
1. Agency:	UNICEF UNFPA WHO			5. CERF grant period:	25/05/2017 - 24/11/2017 (UNICEF) 25/05/2017 - 24/11/2017 (UNFPA) 25/05/2017 - 24/11/2017 (WHO)		
2. CERF project code:	17-RR-CEF-065 17-RR-FPA-030 17-RR-WHO-025			6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded		
3. Cluster/Sector:	Health & Nutrition						
4. Project title:	Supporting emergency health services and nutrition assistance to Kasai DRC refugee population in Lunda Norte province						
7. Funding	a. Total funding requirements ¹² :		US\$ 3,310,000.00	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ¹³ :		US\$ 1,693,390.00	■ NGO partners and Red Cross/Crescent: US\$ 97,423.58			
	c. Amount received from CERF:		US\$ 1,693,390.00	■ Government Partners: US\$ 145,500			
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Total Children (< 18)		6,390	6,457	12847	7,324	7,062	14,386
Total Adults (≥ 18)		3,659	3,494	17,153	5,787	5,502	11,289
TOTAL		10,049	9,951	20,000	13,111	12,564	25,675
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees		20,000			25,675		
IDPs							
Host population							
Other affected people							
Total (same as in 8a)		20,000			25,675		
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:		The national health information system, which was the basis for CERF reporting for health and nutrition intervention in Dundu, doesn't have sex disaggregated data. Therefore, data is based on estimations. The calculation of the target was based on the estimates available in beginning of the emergency. The number of care givers reached correspond to the actual number of primary care givers living in the targeted reception centers.					

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

¹³ This should include both funding received from CERF and from other donors.

	<p>The RH kits were distributed in more health facilities than initially planned. This was because a huge number of refugees remained with the host community and it was important to strengthen the capacity of health centres close to them. It proved to be very difficult to obtain the necessary health statistics from the provincial health directorate. Our reading is that there is lack of systems in place to collect, analyse and share data. This affects reporting, planning and overall track of evidence needed to guide interventions and achieve pre-defined results. UNFPA has fortunately mobilized additional resources which will be applied to improve data collection, analysis and dissemination.</p>
--	--

CERF Result Framework			
9. Project objective	Health and Nutrition assistance to DRC refugees arriving in Lunda Norte		
10. Outcome statement	Health and nutrition of DRC refugees in Lunda Norte is enhanced		
11. Outputs			
Output 1	Integrated disease surveillance in place covering the refugee population and strengthening the existing surveillance system at commune level and ensuring that 2.500 women and girl have access to RH survival stock feed		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Timely report of the main public health events: respiratory infection disease, diarrheal disease, malaria, EPI diseases, epidemic prone diseases and others	>=90% (standard = 90%)	100%
Indicator 1.2	Surveillance at commune level increased their standards	90%	100%
Indicator 1.3	Completeness and timeliness of system	>=90% (standard = 90%)	100%
Indicator 1.4	Number or coverage of dignity kits distributed	2,500	2,500
Indicator 1.5	Number of women and girls attended by professionals on RH	500	500
Indicator 1.6	Number of women and girls seeking RH Services	1,250	1,250
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Implement a local surveillance site in each reception center	MOH - WHO	MOH - WHO
Activity 1.2	M&E of surveillance at Mussugue and Cacanda communes	MOH - WHO	MOH - WHO
Activity 1.3	M&E the surveillance system in the two camps	MSF-MOH-WHO	MSF-MOH-WHO (extended to Lovua)
Activity 1.4	Registration of beneficiaries	UNFPA and Implementing Partners (IPs)	UNFPA and Implementing Partners (IPs)
Activity 1.5	Procurement and distribution of dignity kits	UNFPA and IPs	UNFPA and IPs
Activity 1.6	Advocate for RH Services with Provincial Health Directorate	UNFPA and Provincial Health	UNFPA and Provincial Health

		Directorate (DPS)	Directorate (DPS)
Output 2	Refugee population has access to basic health attention in an ad-hoc health facility in the reception center including provision of Sexual Reproductive Health Information, including GBV and HIV and AIDS		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Increase the Enlarged Programme of Immunization (EPI) disease vaccine coverage up to at least 90% in the under 5 - 4 y.o. population	>90%	96%
Indicator 2.2	Implementation of malaria prevention at vulnerable population (pregnant and under five y.o.)	>90%	17%
Indicator 2.3	Severe and complicated diseases and malnutrition with complication referred on due time to Municipal Hospital	>90%	100%
Indicator 2.4	Number or coverage of GVB cases prevented, survived and referred to available services	6.000	Prevented: 3061 Referred: 162
Indicator 2.5	Number of IEC materials distributed	1 000	1,000
Indicator 2.6	Number of HIV test	350	350 (data provided by MdM)
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Vaccination according to the EPI vaccine preventable disease	MOH-WHO	MOH-WHO-MSF
Activity 2.2	Purchase and distribution of mosquito-nets (LLIN or similar)	MOH-WHO	MOH
Activity 2.3	Implement a reference system for severe and complicated diseases and malnutrition with complication to Hospital level	MSF-WHO	MOH-WHO and MSF-MOH (the reference for severe complicated cases implemented through a DFC with Provincial Directorate) Agreement. The malnutrition implemented with MSF through DFC)
Activity 2.4	Design, production and distribution of IEC materials	UNFPA	UNFPA and MdM
Activity 2.5	Advocate for HIV test with available service	UNFPA and IPs	UNFPA with Provincial Health Directorate of
Activity 2.6	Support to Directorate of Family and Women Promotion to provide GBV services	UNFPA and DIFAMU	UNFPA and DIFAMU
Output 3	Strengthening the Municipal Hospital for attention of severe/complicated ensuring that pregnant women receive assistance by trained staff for safe delivery.		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Severe and complicated cases (including complicated SAM) of refugee population receive attention at the Hospital	150 or 15% of 1,000 pregnancies	100%
Indicator 3.2	Number women received assistance of skilled birth attendance for safe delivery	1000	750

Indicator 3.3	Number of pregnant women life saved	1000	750
Indicator 3.4	Number of new born life saved	1000	Data is not available
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Training of Municipal Hospital in treatment of severe/complicated cases of more prevalent diseases including complicated SAM	MOH-MSF-WHO	WHO 100%
Activity 3.2	Purchase of drugs Kits for attention of severe/complicated cases of SAM, malaria and severe respiratory diseases	WHO	WHO- 80% (in Kits IHEK and Trauma Kits)
Activity 3.3	Provision of safe delivery by skilled birth attendants	UNFPA	UNFPA
Activity 3.4	Procurement and distribution of clean safe delivery kits	UNFPA	UNFPA
Activity 3.5	Monitoring of save delivery kits used	UNFPA and IPs	UNFPA and IPs.
Activity 3.6	Monitoring / evaluation and project report	UNFPA	UNFPA
Output 4	Children and women with acute malnutrition have increased access to appropriate acute malnutrition management		
Output 4 Indicators	Description	Target	Reached
Indicator 4.1	# and % targeted children 6-59 months with Severe Acute Malnutrition admitted to therapeutic care for specified period of time	100% of all identified children 6-59 Months old	100% (it represents 130 children 6-59 months with Severe Acute Malnutrition admitted to therapeutic care).
Output 4 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 4.1	Training of DPS officials on prevention and treatment of severe acute malnutrition (SAM);	UNICEF in coordination with the Provincial Health Department and possible implementing partners with the suitable capacity and expertise	24 mobilizers and 4 health staff were trained on SAM by UNICEF and National Health Department.
Activity 4.2	Procurement and distribution of ready-to-use therapeutic food and therapeutic milk;	UNICEF & selected Partners	UNICEF provided 1.600 cartons of Ready-to-Use Therapeutic Food (RUTF), therapeutic milks (552 boxes of F75 and 360 boxes of F100) and essential medicines (including 1000 bottles of

			amoxicillin oral suspension 125mg/5ml/Bot, 10.055 packs of Vitamin A 200,000IU pac-500, 1.313 packs of Vitamin A 100,000IU pac-500, and 31.100 packs of Oral Rehydration Salts with Zinc tablets) for SAM treatment.
Activity 4.3	Training of community health workers on MAM and SAM screening through MUAC and support related treatment	UNICEF & selected Partners	24 mobilizers were trained to screen 4,132 children under five years old by UNICEF and National Health Department . Procurement and distribution of 19.000 MUAC tapes by UNICEF.
Output 5	Children, women, and adolescents equitably access essential health services with sustained coverage of high impact preventive and curative interventions		
Output 5 Indicators	Description	Target	Reached
Indicator 5.1	# and % of targeted children <2 yrs. fully vaccinated with routine antigens	90% of all identified children in camps who are less than 2-year old	100% (it corresponds to 528 children less than two years)
Output 5 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 5.1	Procurement of mosquito nets and medicines, including paracetamol 100 or 500mg/comp; amoxicillin oral suspension 125mg/5ml/Bot – 100mls; folic acid 5mg tabs 3 packs of 1000; Mebendazole 500mg tab.	UNICEF in coordination with the Provincial Health Department and possible implementing partners with the suitable capacity and expertise	UNICEF procured and distributed 100 mosquito nets, 900 kits of rapid diagnostic test for malaria, 400.000 tablets of paracetamol 100 mg/comp; 10,247 bottles of amoxicillin oral suspension 125mg/5ml/Bot; 20,000 folic acid 5mg tabs; 200.000 tablets of

			Mebendazole 500mg tab.
Activity 5.2	Provision of vaccines such as measles, polio, BCG and yellow fever;	UNICEF & selected Partners	UNICEF procured, distributed and supported vaccination for the following antigens: 4.500 doses of Inactivated polio vaccine, 1.350 doses of DTP-HepB-Hib vac, 900 doses of bOPV, bivalent type 1+3, 450 doses of Measles vaccine, 450 doses of MR vaccine, 1.350 doses of HepB vaccine, pediatric, 5.550 doses of Yellow fever vaccine, 100 doses of BCG vaccine, 4.500 doses of Rotavirus vac
Activity 5.3	Critical health-related training of Municipal Hospital staff as first line of referral	UNICEF & selected Partners	4 health staff trained by National Health Department .
Output 6	Infant and young child feeding practices by care givers improved.		
Output 6 Indicators	Description	Target	Reached
Indicator 6.1	Number or coverage of care givers (including pregnant and lactating women) with 3-4 appropriate knowledge of key family competencies	10,000	5,000 ¹⁴
Output 6 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 6.1	Reproduction and dissemination of C4D materials, including radio spots.	UNICEF & selected Partners	UNICEF established two community radios to broadcast messages in five local languages.

¹⁴ The calculation of the target was based on the estimates available in beginning of the emergency situation. The number of care givers reached correspond to the actual number of primary care givers living in the targeted reception centers.

Activity 6.2	Social mobilization and health education activities by community workers.	UNICEF & selected Partners	UNICEF promoted social mobilization and health education messages through family-to-family communication and theatre activities.
Output 7	2,500 women and girl refugees have access to the SRH information and Services in Mussungue and Cacanda in Dundo.		
Output 7 Indicators	Description	Target	Reached
Indicator 7.1	# of dignity kits distributed	2,500	2,500
Indicator 7.2	# of pregnant women who benefited from the use of clean safe delivery kits of pregnant women who benefited with the use of clean safe delivery kits	1,000	300 refugee women + 450 from host population (up to Nov. 2017)
Indicator 7.3	Percentage of pregnant women referred for complications during pregnancy and child birth	1,000	UNFPA: 100%, all complication cases referred by MdM to provincial health facilities
Indicator 7.4	# of GBV cases registered, and referred to available services	540	162 (registration of GBV was delayed at the beginning of the project)
Indicator 7.5	# of GBV cases reached with STI/HIV and SGBV information	100	162
Indicator 7.6	# of dignity kits distributed	2,500	2,500
Output 7 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 7.1	Mapping of visibly pregnant women in the targeted localities	UNFPA and Implementing Partner	UNFPA and MdM
Activity 7.2	Procurement and distribution of lifesaving dignity and delivery kits	UNFPA and Provincial Health Directorate	UNFPA and Provincial Health Directorate
Activity 7.3	Support to referral services for complications of pregnancy and childbirth	UNFPA and Implementing Partner	UNFPA and Provincial Health Directorate
Activity 7.4	Support to referral for SGBV cases	UNFPA and Implementing Partner	UNFPA and MdM
Activity 7.5	Provide IEC materials and information on STI/HIV to the targeted population	UNFPA and Implementing Partner	UNFPA and MdM

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>In regards with UNICEF's activities, one unexpected outcome was the raising of awareness from national and provincial authorities regarding the fragility of the health system at local level and its needs which triggered the development of joint work plans for capacity building and strengthening service delivery, particularly in Lovua municipality.</p> <p>When it comes to WHO's activities:</p> <ul style="list-style-type: none"> - Vaccination campaign was restricted to measles campaign response to the suspected outbreak (was rubella at the end). The routine campaign developed by MOH with support of UNICEF, MSF and WHO was enough. - The implementation of reference for attention of complicated Severe Acute Malnutrition (SAM) prepared initially was not fully implemented due to the low number of SAM (8 in Q3, none reported in Q4) and consequently near zero complicated SAM. The main reason for that were the severe adverse conditions refugees suffered before they arrive to Angola. The data collected by UNHCR verified this situation - Malaria bed-net provided by UNHCR. The MOH planned distribution only possible in January 2018. However, there was a large period the population was on risk. No budget was considered to purchase bed-net - In vaccination WHO supported the routine immunization. As the teamwork (MOH, MSF, UNICEF, WHO) was strong, the activities delivered ensured an enough vaccine coverage and no campaign was necessary nor expenses made - The reference of cases in very severe cases was not possible to be implemented. Other agencies or NGO supported in this regard. WHO support the logistic attention at Luanda side. <p>In regards with UNFPA activities, gathering health statistics from the provincial health directorate has been a challenge. This has impacted on UNFPA's ability to collect evidence for reporting, planning and overall tracking of progress towards the achievement of agreed results. Most of the information activities targeted refugees in Lovua settlement, as Mussungue was closed and refugees were relocated from Cacanda to Lovua (See output 7).</p>	
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
<p>In line with the principle of accountability to the affected population, it is worth-mentioning that the refugees were significantly involved in designing the Health and Nutrition response and their views regarding the appropriateness of interventions were taken into account accordingly. Both environmental and gender issues were also considered during the formulation of the project. Moreover, potential implementing partners with whom UNICEF engaged in partnerships for similar projects in the past, were consulted in order to obtain their advice and discuss a possible collaboration.</p> <p>For the implementation of WHO's related activities, the attentions of patients were provided through personnel contracted by the project but working and directed by the MOH. It is necessary in this situation is necessary to agree with MOH to implement this mechanism permanently according to current politics of this organization as humanization of attention, ensuring it applicability in the case of attention in public hospitals.</p> <p>UNFPA established six focus group discussion with men and women, including adolescents, where done in advance of the project design – and the project was designed to cover some of the needs identified. Through women friendly spaces in Lovua, UNFPA has also been in constant communication with affected women and girls during implementation and monitoring.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
Evaluation was planned for WHO to be carried out in January 2018 (during the No-Cost Extension period). However due to difficulties presented in completing the activities the evaluation was cancelled	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS							
CERF project information							
1. Agency:		UNHCR		5. CERF grant period:		01/05/2017 - 31/10/2017	
2. CERF project code:		17-RR-HCR-016		6. Status of CERF grant:		<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded	
3. Cluster/Sector:		Shelter					
4. Project title:		Provision of adequate shelter and non-food items to Congolese refugees in Angola					
7. Funding	a. Total funding requirements ¹⁵ :		US\$ 5,000,000		d. CERF funds forwarded to implementing partners:		
	b. Total funding received ¹⁶ :		US\$ 3,522,964		■ <i>NGO partners and Red Cross/Crescent:</i> US\$ 272,780		
	c. Amount received from CERF:		US\$ 3,522,964		■ <i>Government Partners:</i> N/A		
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)		5,200	5,200	10,400	3,156	2,956	6,112
Adults (≥ 18)		5,000	4,600	9,600	2,231	2,585	4,816
Total		10,200	9,800	20,000	5,387	5,541	10,928
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees		20,000			10,928		
IDPs							
Host population							
Other affected people							
Total (same as in 8a)		20,000			10,928		
<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>		Refugee relocation from transit centres in Dundo town to Lovua settlement faced delays in 2017, notably due to slow speed of work to open roads in the refugee settlement. However, on 25 February 2018, all refugees that living in Cacanda had been relocated to Lovua. For those living in urban areas, relocation will continue in 2018 for all those who will request for it. Shelters have been provided to all refugees transferred to Lovua.					

¹⁵ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹⁶ This should include both funding received from CERF and from other donors.

CERF Result Framework			
9. Project objective	Provision of essential assistance at reception centres in and around Dundo		
10. Outcome statement	<p>UNHCR established an inter-agency coordination and reporting framework for the operational response. The Agency refurbished two reception centres to accommodate 7,819 refugees; developed a shelter strategy entailing both the emergency and post-emergency period; upgraded shelter conditions at reception centres; supported the construction of communal facilities and at household level, including WASH system with partners to provide daily 20 litres of water per person per jour; with 34 persons per latrine and 48 persons per shower. UNHCR identified, designed and started preparing a settlement to accommodate refugees in adequate conditions. Food and NFIs were also provided to refugees in Cacanda, Lovua and urban area.</p> <p>Regarding domestic needs, refugees received 8,797 blankets; 8,797 sleeping mats; 3,405 jerry cans; 2,121 kitchen sets; 2,121 solar lamps and 1,958 tool kits.</p>		
11. Outputs			
Output 1	Provision of emergency core relief items		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	4000 households needs for basic and domestic items are met	4000	6,664
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Core relief items procured and airlifted	UNHCR	UNHCR
Activity 1.2	Core relief items distributed	UNHCR/JRS	UNHCR/WWI
Output 2	Provision of adequate shelter		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Households in reception centres receive adequate shelter	4000	3,386
Indicator 2.2	Households relocated to identified refugee site receive adequate shelter	4,000	3,144
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Family tents procured and distributed at temporary sites	UNHCR/JRS	UNHCR/WWI
Activity 2.2	Shelter strategy for mid to longer term shelter developed in consultation with POCs	UNHCR	UNHCR

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>The key achievements in the sector of shelters are: • 10 km of road completed successfully in August 2017 allowing the provision to set up 1093 family tents and the relocation of 3678 refugees in Zone A and B of Lóvua settlement; • 20.8 km of secondary road were opened manually using refugee labour arrangement; • The activity involved the removal or uprooting of vegetation in line with the site plan. This included both primary and secondary access roads within the settlement and the villages; • 1,623 emergency shelters including 1,380 tents and 243 new designed shelters were erected to accommodate 8,812 beneficiaries; • 48.62 ha of land was demarcated in 4 Zones (26 villages) in the Lóvua settlement by a team comprising a Site planning Officer, a Supervisor and plotters. The designing and plotting enabled the construction of 243 shelters, 208 latrines and 208 showers as well as 104 garbage pits.</p>	
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
<p>Aside the Field staff, a team comprising a Site planning Officer, a Supervisor and plotters was made available for the sector of shelters as one of the key sectors and especially to meet the accountability to the population of concerns</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
N/A	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS							
CERF project information							
1. Agency:		UNHCR WFP		5. CERF grant period:		10/05/2017 - 09/11/2017 (UNHCR) 10/05/2017 - 09/11/2017 (WFP)	
2. CERF project code:		17-RR-HCR-018 17-RR-WFP-038		6. Status of CERF grant:		<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded	
3. Cluster/Sector:		Food Aid					
4. Project title:		Emergency Food Assistance for DRC Asylum Seekers in Angola					
7.Funding	a. Total funding requirements ¹⁷ :		US\$ 15,215,589 ¹⁸		d. CERF funds forwarded to implementing partners:		
	b. Total funding received ¹⁹ :		US\$ 7,089,516		▪ NGO partners and Red Cross/Crescent: N/A		
	c. Amount received from CERF:		US\$ 1,921,828		▪ Government Partners: N/A		
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)		5,200	5,200	10,400	7,151	6,881	14,022
Adults (≥ 18)		5,000	4,600	9,600	5,807	5,528	11,335
Total		10,200	9,800	20,000	12,958	12,399	25,357
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees		20,000			25,357		
IDPs							
Host population							
Other affected people							
Total (same as in 8a)		20,000			25,357		
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:		Through CERF funding, UNHCR initially and then WFP provided emergency food assistance and nutrition prevention activities to 25,357 beneficiaries against a planned target of 20,000 refugees. The number has increased as the number of refugees entitled for food assistance has increased since the time of submission of CERF application. Refugees living in urban areas have also benefited from the food distribution.					

¹⁷ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹⁸ Based on WFP EMOP (Emergency Operation) from August 2017 to July 2018

¹⁹ This should include both funding received from CERF and from other donors.

CERF Result Framework			
9. Project objective	Refugees in Dundo area are able to meet their basic food and nutrition requirements in times of crisis		
10. Outcome statement	Food security of refugees in Dundo is enhanced by food provision and monitoring.		
11. Outputs			
Output 1	Refugees receive unconditional food transfers in order to meet their basic food and nutrition requirements		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of women, men, boys and girls receiving food	20,000	25,357
Indicator 1.2	Quantity of food provided	1,117mt	860mt
Indicator 1.3	Quantity of fortified food provided	50mt	43mt
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement and transportation of food	WFP/UNHCR	WFP
Activity 1.2	Distribution of food	UNHCR	UNHCR/WVI
Activity 1.3	Beneficiary contact monitoring and Post distribution monitoring	WFP/UNHCR	WFP/WVI

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:	
NA as outcome indicators were not included in the CERF Project Results Framework. At the end of October, the Inter-Agency update gives 34,464 refugees biometrically registered of whom 26, 464 have an active status and received food assistance.	
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
Before food distributions, WFP and UNHCR conduct information sessions on relevant issues to ensure beneficiaries were aware and actively involved in decisions related to assistance received, as well as to enhance the efficient implementation of WFP programmes. These sessions included information on programme objectives, beneficiary selection criteria, implementation modalities, rations to be received, and how to provide feedback and lodge complaints about the programme (using for example the location of feedback boxes).	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
N/A	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS							
CERF project information							
1. Agency:	IOM		5. CERF grant period:	01/05/2017 - 31/10/2017			
2. CERF project code:	17-RR-IOM-024		6. Status of CERF grant:	<input type="checkbox"/> Ongoing			
3. Cluster/Sector:	Multi-sector refugee assistance			<input checked="" type="checkbox"/> Concluded			
4. Project title:	Provision of transportation assistance to DRC refugees in Lunda Norte Province -Angola						
7. Funding	a. Total funding requirements ²⁰ :	US\$ 590.000	d. CERF funds forwarded to implementing partners:				
	b. Total funding received ²¹ :	US\$ 100,002	▪ <i>NGO partners and Red Cross/Crescent:</i> N/A				
	c. Amount received from CERF:	US\$ 100,002	▪ <i>Government Partners:</i> N/A				
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)		1,750	1,650	3,400	1192	1188	2380
Adults (≥ 18)		2,100	2,000	4,100	992	1583	2575
Total		3,850	3,650	7,500	2184	2771	4955
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees		7,500			4,955		
IDPs							
Host population							
Other affected people							
Total (same as in 8a)		7,500			4,955		
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:		The purpose of this project was to provide safe transportation assistance to 7500 Congolese's refugees from the border to the temporary receptions centers established by the government in collaboration with UNHCR in Dundo municipality, Lunda Norte province. The project was well implemented and refugees were transported from the borders to temporary receptions centers Cacanda and Mussungue as well to Lóvua settlement refugees site in safety and dignified manner. However, it was not possible to reach the planned number on the proposal because part of the budget for buses was used to hire trucks to transport refugees' luggage. Additionally, the distance also affected our operating costs as at the beginning of the project IOM estimated 12 km distance from the border to reception center but then it changed to 98 km since refugees it was later necessary to move the refugees from the reception center in					

²⁰ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

²¹ This should include both funding received from CERF and from other donors.

	Dundo to Lóvua. This shift did not allow rental buses to make additional trips on the daily price that was initially agreed.
--	--

CERF Result Framework			
9. Project objective	To provide safe transportation assistance to DRC Refugees in Lunda Norte Province		
10. Outcome statement	4955 Congolese Refugees were safely transported from the entry point to the temporary reception center and then to the resettlement camp in Lovua together with their luggage and personal belongings.		
11. Outputs			
Output 1	Refugees have timely access to safe and dignified movement from the entry/hosting centres to dedicated settlement sites.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of refugees to have access to safe movement	7500	4955
Indicator 1.2	Number of refugees referred for special medical assistance during the transportation assistance	15%	0%
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Register and provide safe transportation assistance	IOM- Operations Unit	IOM- Operations Unit
Activity 1.2	Identify and provide assistance and Report medicals cases during transportation process	IOM-Operations Medical staff	N/A
Output 2	Asylum seekers/Refugees assisted and moved in safe and dignified manner		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of asylum seekers registered and manifest prepared	7500	4955
Indicator 2.2	Number of asylum seekers/Refugees transported in dignified manner with their belongings	7500	4955
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Sign agreement with bus companies	IOM-Operations	IOM - Operations Department
Activity 2.2	Procure bottle of water for refugees	IOM-Operations	IOM – Operations Department
Activity 2.3	Prepare travel manifest	IOM-Operations	IOM – Operations department
Activity 2.2	Provide transportation assistance as per the manifest	IOM-Operations	IOM – Operations department
Activity 2.3	Procurement and distribution of office equipment	IOM-Operations	IOM Operations

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>There were no discrepancies in terms of the activities established in the project proposal. Therefore, taking into account of the volume of the luggage's carried by refugees IOM had to hire truck companies to transport the luggage from the receptions centers to Lóvua. The truck rental for the transportation of refugee luggage was added in within transportation line. This has consequently affected the funds that were initially allocated to buses for the transportation of refugees in general.</p>	
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
<p>On regular basis IOM ensured that all beneficiaries were well informed of their movement in time to allow them to prepare themselves prior to departure date. In addition, IOM coordinated regularly with UNHCR and MINARS including other partners during the transportation process to ensure that all the logistics was organized when the refugees arrived at the resettlement center.</p> <p>To ensure that IOM was constantly aware of overall coordination to better inform the refugees about the transportation details, the organization was also part of the Refugee's Coordination Mechanism both at central and provincial level and attended regularly the refugees' coordination meetings.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
N/A.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS							
CERF project information							
1. Agency:		UNDP		5. CERF grant period:		09/06/2017 - 08/12/2017	
2. CERF project code:		17-RR-UDP-006		6. Status of CERF grant:		<input type="checkbox"/> Ongoing	
3. Cluster/Sector:		Common Safety and Security				<input checked="" type="checkbox"/> Concluded	
4. Project title:		Strengthening safety and security of Humanitarian workers					
7. Funding	a. Total funding requirements ²² :		US\$ 627,236		d. CERF funds forwarded to implementing partners:		
	b. Total funding received ²³ :		US\$ 260,096		<div> <div>▪ NGO partners and Red Cross/Crescent:</div> <div>N/A</div> </div>		
	c. Amount received from CERF:		US\$ 260,096		<div> <div>▪ Government Partners:</div> <div>N/A</div> </div>		
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)					N/A	N/A	N/A
Adults (≥ 18)					N/A	N/A	N/A
Total				0	N/A	N/A	N/A
8b. Beneficiary Profile							
Category		Number of people (Planned)			N/A		
Refugees					N/A		
IDPs					N/A		
Host population					N/A		
Other affected people					N/A		
Total (same as in 8a)					N/A		
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:		N/A					

²² This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

²³ This should include both funding received from CERF and from other donors.

CERF Result Framework			
9. Project objective	Strengthening safety and security of 200 UN and NGO humanitarian aid workers, providing life-saving support to 20,000 DRC refugees in Lunda Norte, through emergency safety and security equipment and services in a six-month timeframe.		
10. Outcome statement	Contribute to enabling a safer and more secure environment, in which humanitarian agencies can reach 20,000 DRC refugees and effectively deliver crucial and life-saving assistance in refugee influx areas of Lunda Norte.		
11. Outputs			
Output 1	200 UN and NGO humanitarian aid workers have access to improved Security Common Services implemented by UNDSS in Lunda Norte.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Enable effective delivery of humanitarian aid through provision of quality security risk assessments (SRA)	6 SRAs (priority areas will be identified by HCT)	6 SRA (Dundo, Eastern region, Cacanda camp, Warehouse in Lóvua, and Lóvua resettlement area)
Indicator 1.2	Increase security information sharing and cooperation on security issues through regular security briefings at UN Area Security Management Team (ASMT) and INGOs meetings	20 - weekly briefings provided at ASMT and INGO meetings	20 weekly security briefing shared during ASMT and interagency meetings
Indicator 1.3	Ensure situational awareness and effective operational planning through security reporting (daily, weekly, alerts)	120 daily situation reports & 20 weekly security reports to be issued + alerts in a timely manner when required	* 20 weekly SITREPs; * 5 Security advisories distributed by email and dedicated WhatsApp group
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Recruitment and deployment of 2 Emergency Security Advisors to Lunda Norte.	UNDSS Field Security Coordination Officer (FSCO)	UNDSS FSCO (1 FSCO on ground (LSA has not been recruited))
Activity 1.2	Conduct Security Risk Assessments and distribute respective documents	UNDSS FSCO	UNDSS FSCO
Activity 1.3	Establish and hold regular security briefings at UN and INGO meetings.	UNDSS FSCO	UNDSS FSCO
Activity 1.4	Built effective security cooperation with host country officials	UNDSS FSCO	UNDSS FSCO
Activity 1.5	Establish effective security information collection and reporting mechanisms.	UNDSS FSCO	UNDSS FSCO
Activity 1.6	Compile Daily Sitreps, Weekly reports and alerts - and share these effectively.	UNDSS FSCO	UNDSS FSCO
Activity 1.7	Conduct of 4 Security Awareness Training (SAT) courses	UNDSS FSCO	UNDSS FSCO

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:	
With an approval by the OCHA CERF Secretariat dated 13 November 2018, the initially planned daily Situation Reports (SITREP) was eliminated and only weekly SITREPs were maintained due to the small number of security incidents.	
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
<p>During the project design and planning phase, in conducting security risk assessments in refugee influx areas in Lunda Norte by 12 May 2017, due consultations were held by UNDSS with all relevant UN and NGO humanitarian workers and refugees as well as local authorities.</p> <p>Throughout the project implementation phase, by utilizing the established security coordination mechanisms in Lunda Norte and Luanda, UNDSS duly informed UN and NGO workers assisting DRC refugees of the strengthened Security Common Services provided in the refugee influx areas. During security briefings at interagency meetings (UN + INGOs), the UNDSS's FSCO reported activities and support offered, always respecting the confidentiality and privacy of involved UN and/or entities (in case of security incidents). Periodical reports on safety and security were provided by UNDSS to the UN RC/DO and the UNCT to ensure quality service delivery by UNDSS meet the needs of humanitarian aid workers.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
N/A	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
17-RR-CEF-065	Health	UNICEF	NNGO	\$97,424
17-RR-CEF-063	Water, Sanitation and Hygiene	UNICEF	INGO	\$201,878
17-RR-CEF-065	Child Protection	UNICEF	NNGO	\$20,504
17-RR-CEF-065	Child Protection	UNICEF	INGO	\$156,211
17-RR-CEF-065	Child Protection	UNICEF	GOV	\$46,762
17-RR-CEF-065	Child Protection	UNICEF	NNGO	\$24,562
17-RR-WHO-025	Health	WHO	GOV	\$145,500
17-RR-HCR-016	Protection	UNHCR	INGO	\$1,043,720
17-RR-HCR-017	Shelter & NFI	UNHCR	INGO	\$272,780

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AFPO	UN Agencies, Funds, Programmes and Organizations
ANP	Angolan National Police
BIMS	Biometric Identity Management System
CCC	Core Commitments for Children
CERF	Central Emergency Response fund
CFS	Child Friendly Space
CHW	Community Health Worker
CICAJ	Centre for Scientific Research and Legal Counsel of the Faculty of Law
CP	Child Protection
CRRF	Comprehensive Refugee Response Framework
DIFAMU	Direcção Provincial da Família e Promoção da Mulher/Provincial Directorate of Family and Women
DFC	Direct Financial Cooperation
DMT	Disaster Management Team
DO	Designated Official
DPEA	Provincial water and energy directorate
DPS	Direcção Provincial de Saúde/Provincial Directorate of Health
DRC	Democratic Republic of Congo
ECD	Early Childhood Development
FAO	Food and Agriculture Organisation
FSCO	Field Security Coordination Officer
FTR	Family Tracing and Reunification
GAM	Global Acute Malnutrition
GBV	Gender Based Violence
GoA	Government of Angola
HC	Humanitarian Coordinator
IIMS	Multiple-Indicator Cluster and Health Survey (Portuguese acronym)
IMAM	Integrated Management of Acute Malnutrition
INAC	National Children's Institute

IP	Implementing Partner
IRA	Respiratory Infectious Diseases (Portuguese acronym)
IYCF	Infant and Young Child Feeding
JICA	Japanese International Cooperation Agency
JRS	Jesuit Refugee Services
LWF	Lutheran World Federation
MAG	Mines Advisory Group
MASFAMU	Ministry of Social Assistance and Women
MdM	Medicos del Mundo
MINARS	Ministério de Assistência e Reinserção Social
MOH	Ministry of Health
MSF	Doctors Without Borders (Portuguese acronym)
MUAC	Mid-Upper Arm Circumference
NCA	Norwegian Church Aid
NGO	Non-Governmental Organization
NPC	National Civil Protection
NWOW	New Way of Working
OCHA	Office for the Coordination of Humanitarian Affairs
PCA	Partnership Cooperation Agreements
PIN	People in Need
PoC	People of concern
PTPA	Outpatient treatment center for acute malnutrition (Portuguese acronym)
RC	Resident Coordinator
RCO	Resident Coordinator's Office
SAM	Severe Acute Malnutrition
SWOT	Strengths, Weakness, Opportunities and Threats
UASC	Unaccompanied and Separated Children
UEN	Inpatient treatment center for acute malnutrition (Portuguese acronym)
UN	United Nations
UNCT	United Nations Country Team
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children's Emergency Fund
VAC	Violence against Children
WASH	Water and Sanitation Hygiene
WFP	World Food Programme
WHO	World Health Organization
WVI	World Vision International