# RESIDENT/HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS

# UGANDA

# RAPID RESPONSE

# DISPLACEMENT

# 2018

# 18-RR-UGA-28663

| | |
|---|---|
| **RESIDENT/HUMANITARIAN COORDINATOR** | **Rosa Malango** |

## REPORTING PROCESS AND CONSULTATION SUMMARY

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

The After-Action Review was held on 4 October 2018 and was attended by UNHCR, UNICEF, WFP, UNFPA, ACORD - an Implementing partner for UNFPA, IOM and the Resident Coordinator's Office (RCO).

b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report on the use of CERF funds was discussed in the Humanitarian and/or UN Country Team.

YES ☒ NO ☐

CERF Rapid Response application was discussed at the UNCT meeting of January and February and several emails communications were shared on the subject with the UNCT including the request to have them designate their agency focal points for the process.

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

YES ☒ NO ☐

The report was shared with the CERF recipient agencies for review.

# PART I

## Strategic Statement by the Resident/Humanitarian Coordinator

The overarching objective of the CERF funding request was to aid agencies and partners to kick-start life-saving multi-sectoral emergency assistance and protection for three months to 30,600 newly arrived refugees from the Democratic Republic of Congo (DRC). In line with the Government of Uganda's principle that 70 per cent of assistance goes to refugees and 30 per cent to the host population, 9,000 host populations were also targeted to receive assistance. The refugees were settled in five districts: Hoima, Kisoro, Kanungu, Bundibugyo and Kyegegwa. CERF funds enabled agencies and partner to provide food and non-food items, water and sanitation, emergency shelter, protection and address health needs. The funds lived up the life-saving criteria being pivotal in enabling agencies and partners contain a serious cholera outbreak with a recorded total of 2,120 cases. Unfortunately, there were 44 deaths, however agencies were able to contain the spread of cholera to neighbouring districts. CERF funds were instrumental and catalytic in enabling agencies scale-up the response at the peak of the crisis without jeopardizing the continuing response to the old refugee caseload. The funds aided agencies to absorb the unexpected increased needs that resulted from the exponential influx. By end of March 60,000 Congolese refugees had arrived in refugee settlements in the five districts in west and south west of Uganda exceeding the initial planning figures and by June the number had climbed to 107,000 people. The response showcased CERF rapid response funds as a lifeline source that solidified the UN as a trusted partner in mobilizing emergency funding to assist the Government in face of complex crisis in this case characterised by an influx of refugees and a cholera outbreak. Agencies were able to attract other funding as a result of the seed funding from CERF.

## 1. OVERVIEW

| 18-RR-UGA-28663 TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$) | |
|---|---|
| **a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE** | **24,622,602** |
| **FUNDING RECEIVED BY SOURCE** | |
| CERF | 6,098,619 |
| COUNTRY-BASED POOLED FUND (if applicable) | N/A |
| OTHER (bilateral/multilateral) | 11,354,922 |
| **b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE** | **17,453,541** |

| 18-RR-UGA-28663 TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US$) | | | |
|---|---|---|---|
| **Agency** | **Project code** | **Cluster/Sector** | **Amount** |
| IOM | 18-RR-IOM-003 | Multi-Cluster - Multi-sector refugee assistance | 499,729 |
| UNFPA | 18-RR-FPA-005 | Multi-Cluster - Multi-sector refugee assistance | 499,830 |
| UNHCR | 18-RR-HCR-005 | Multi-Cluster - Multi-sector refugee assistance | 3,300,000 |
| UNICEF | 18-RR-CEF-012 | Multi-Cluster - Multi-sector | 1,099,884 |
| WFP | 18-RR-WFP-007 | Multi-Cluster - Multi-sector refugee assistance | 500,003 |
| WHO | 18-RR-WHO-005 | Health - Health | 199,173 |
| **TOTAL** | | | **6,098,619** |

| 18-RR-UGA-28663 TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$) | |
|---|---|
| **Total funds implemented directly by UN agencies including procurement of relief goods** | **3,802,430** |
| Funds transferred to Government partners* | 486,448 |
| Funds transferred to International NGOs partners* | 1,746,760 |
| Funds transferred to National NGOs partners* | 9,621 |
| Funds transferred to Red Cross/Red Crescent partners* | 40,194 |
| **Total funds transferred to implementing partners (IP)*** | **2,283,022** |
| **TOTAL** | **6,098,619** |

** These figures should match with totals in Annex 1.*

## 2. HUMANITARIAN CONTEXT AND NEEDS

The CERF request was triggered by an upsurge of refugee arrivals from the DRC from December 2017. In about eight days, 6,600 Congolese refugees had arrived in western and southwestern Uganda. 80 per cent of the new arrivals were women and children. The refugees had braved perilous boat journeys across Lake Albert into the fishing villages of Sebagoro and Nsonga in western Uganda. With over 500 people crossing into Uganda on a daily basis higher than the averages anticipated. There was the need to immediately organize reception assistance in new sites of Sebagoro, Nsonga, Kyangwali and Kyaka II and agencies and partners needed to scale-up response urgently to meet the refugees' most basic needs. They were settled in five districts including Hoima, Kisoro, Kyegegwa, Bundibugyo and Kanungu. Humanitarian partners raced against time to provide life-saving assistance at the entry points used by the refugees, paths which had been unused for over 3.5 years. Hundreds of unaccompanied minors and separated children (UASCs) and tens of sexual and gender-based violence (SGBV) survivors who required urgent assistance were identified among the new arrivals. Many cases of malaria were also reported.

The refugees needed urgent multi-sectoral life-saving assistance. There were acute needs in camp coordination and camp management, emergency shelter/NFIs, WASH, food, health, nutrition, and protection. Construction of temporary and semi-permanent facilities and site management were critical to help receive the new arrivals in a dignified manner and improve the delivery of life-saving services at entry points, transit, reception centres, and settlements. Relocation from entry points to transit and reception centres was a key priority and had to take place in the shortest time possible. Provision of shelter materials and household items at settlement level was essential in helping refugees settle, be protected and return to normalcy as soon as possible. Supply of safe drinking water and delivery of sanitation and hygiene services was critical to avoid loss of lives and disease outbreaks. Food assistance was a priority for the new arrivals. Health and nutrition screening were essential to identify, assist and refer cases in need of urgent medical attention, including malnutrition, malaria, HIV/AIDS, tuberculosis and other communicable diseases. Registration and protection screening were key priorities to facilitate effective case management and identification of persons with specific needs including UASCs, dozens of SGBV survivors, pregnant and lactating mothers, persons with disabilities, and the elderly. The CERF funds were catalytic funding to jump-start and bolster the provision of life-saving assistance, including construction of temporary shelter, transportation of the refugees from the transit centres, provision of life jackets for at sea rescue, provision of high-energy biscuits and hot meals at the transit centres, provision water, sanitation and hygiene facilities, provision of NFIs, health and nutrition screening and provision of medicines and medical care, and protection of women, girls and children. Humanitarian partners also planned to respond to multi-sectoral needs of up to 9,000 members of the host population over the period January – March. The host population figure was equivalent to 30 per cent of the 30,600 refugees planned to receive assistance during the three-month time-span.

Continued insecurity in DRC due to intercommunal conflicts and activity of armed groups in Ituri and North Kivu, north-eastern DRC, in addition to alleged incursions then by Ugandan forces in pursuit of rebels from the Allied Democratic Forces (ADF) led to increased movement of refugees. The scenario in DRC continued to be characterized by three mutually reinforcing dynamics: planned elections challenging the establishment, deteriorating economy, and worsening security. Six months prior to the influx of refugees had seen a significant deterioration of the security situation in Eastern DRC with the rise of many militias targeting

civilian settlements. Various armed groups, including the National Army for the Liberation of Uganda (NALU), the March 23 Movement (M23), and the Maï-Maï militia, continued violent activities in Eastern DRC, spreading insecurity and tensions, and committing serious human rights violations against civilians. Three months prior had also seen the resurgence of armed activities by the Allied Defence Forces (ADF) inside DRC in North Kivu and Ituri regions.

Agencies projected then that up to 24,000 refugees would arrive in Uganda between January and March 2018. They projected about 8,000 new arrivals a month. Humanitarian partners planned to respond to 30,600 refugees, including over 6,600 refugees who arrived in December 2017 and 24,000 expected to arrive between January and March 2018.The influx exponentially grew exceeding the planning figures. Daily refugee influx rates averaged between 1,000 and 1,500 refugees per day in February 2018. By March the number of newly arrived refugees reached 60,000 people. A total of 107,000 people had arrived by June 2018. The situation escalated with a cholera outbreak among the new arrivals in February with 2,120 cases recorded and 44 deaths.

## 3. PRIORITIZATION PROCESS

Based on the information received from agencies, sector leads and implementing partners on the ground, UNHCR informed the Resident Coordinator's office (RCO) of the upsurge in the number of refugees and the growing needs including food and non-food items, shelter water and sanitation, health, nutrition and protection. To ascertain the needs, UNHCR conducted a rapid assessment in the districts of Hoima/Kyangwali, Kyegegwa/Kyaka II and Kisoro. The findings indicated that most of the reception centres were receiving on average 600- 1,000 refugees daily and all of them in dire need of life-saving assistance, shelter, food, water, health, immunization for children, nutrition and WASH services. The RCO and UNHCR convened an inter-agency meeting which was attended by UNICEF, UNHCR, WFP, IOM, WHO, UNFPA, UN Women, UNAIDS, FAO, UNDP and UNOPS. Prior to the meeting, UNHCR consulted the sector working groups for further updates and input.

The meeting had frank discussions and reached a consensus on the priority sectors for intervention, including shelter, food security, health, nutrition, water and sanitation and protection. Activities to be covered within these sectors were also discussed. UNHCR, the overall lead agency in this response would provide critical life-saving humanitarian assistance in protection, shelter/site/NFIs, health and WASH to the newly arrived Congolese refugees. UNICEF would provide a life-saving health, nutrition and WASH support and a protective environment where 26,892 women, men and children could recover from trauma and displacement. It would provide immunization for children among the new arrivals and host population amid other interventions. WFP would provide food and nutrition support to the newly arrived refugees. IOM would provide emergency sanitation, hygiene and protection assistance. UNFPA would provide life-saving Sexual and Reproductive Health services including emergency obstetrical and new-born care as well as response to victims of gender-based violence. WHO would put in place emergency measures for communicable disease management and control among the new refugees and the host populations.

With clarity on the sectors, corresponding activities and lead agencies, needs of cross-cutting nature such as logistical or safety related were flagged. The meeting agreed on the lead agencies to respond to the crisis including UNHCR, UNICEF, UNFPA, IOM, WHO and WFP would make sure to mainstream gender and attend to people living with HIV/AIDS and other vulnerabilities. The response was focused in five districts adjacent to DRC, including Hoima, Kisoro, Kanungu, Bundibugyo and Kyegegwa. Some of these districts were the arrival and transit points while others were where the refugees were relocated and settled. UNHCR's Contingency Plan and 2018 Refugee Response Plan informed the decision on the numbers of refugees/host population to be assisted. Agencies and partners had planned for the arrival of 30,600 refugees by March 2018. In light of the Government of Uganda's policy that 70 per cent of the assistance go to refugees and 30 per cent to host population, the meeting reached a consensus to respond to the needs of 9,000 members of the host population. The response would take into consideration disaggregated data by age and gender of the refugees and host population. The meeting discussed and prioritised the activities and indicative budgets. This informed the development of the agency projects.

## 4. CERF RESULTS

The main purpose of this CERF Rapid Response window allocation of US$ 6,098,619 was to enable UN agencies and their partners to kick-start life-saving multi-sectoral emergency assistance and protection for three months to 30,600 newly arrived refugees from the DRC. In line with the Government's principle that 30 per cent of the response to refugee needs is directed to the host population, agencies targeted 9,000 beneficiaries from the host population. The funding enabled agencies and partners to contain a serious cholera outbreak by providing care to 2,120 cholera cases and averting mortality among 1,654 refugees and host populations. Unfortunately, 44 deaths occurred. However, the intervention halted the spread of the outbreak to other communities and districts. CERF funding enabled the distribution to all new arrivals emergency kits in alignment with UNHCR's minimum kit standards and the drilling of four boreholes in four settlement zones with yields ranging between 20m3/hr to 70m3/hr. It enabled the reduction of the risk of propagation of WASH related diseases among refugee communities through increased access to sanitation facilities both at household and institutional level for a total of 20,495 individuals comprising 10,452 females and 10,043 males. Six health facilities in two refugee settlements of Kyangwali and Kyaka were provided with Sexual Reproductive Health life-saving interventions. Food needs of 30,600 refugees were met using this CERF grant. They received high energy biscuits (HEB) upon arrival and hot meals at the reception centres of Nyakabande, Matannda, Ntoroko, Kyaka II and Kyangwali. Some 28,338 women, men boys and girls were reached with WASH, nutrition health and child protection interventions. CERF grant enabled agencies attract funding from other donors such as DFID, ECHO to mention a few. The funding enabled agencies and partners in the end to reach way more people than was planned in the face or an overwhelming number of refugee arrivals which topped 107,000 people by June 2018.

## 5. PEOPLE REACHED

Agencies and implementing partners said the CERF rapid response funding was instrumental in enabling them bolster response with a top priority of receiving and relocating the 30,600 refugees planned for from the border entry points within the shortest possible time. It also helped save the lives of thousands of newly arrived refugees and host population in the face of a deadly cholera outbreak. Because of the CERF funding, agencies and partners were able to contain the spread of the outbreak of which a total of 2,120 cases was recorded. Agencies were able as a result to absorb the impact of the twin crisis of a massive refugee influx and a cholera outbreak without diverting funds from the response to the old refugee caseload. Agencies were able to provide all (100 per cent) newly arrived refugees with high energy biscuits (HEB) at the border crossings. Upon arrival in country, the refugees were served hot meals at the reception centres of Nyakabande, Matanda, Ntoroko, Kyaka II and Kyangwali. A monthly dry food ration was also distributed to the newly arrived in Kyaka II and Kyangwali during the six months. Ready to use supplementary food (RUSF) was also provided to 9,400 children (6-59months) and 2,400 pregnant and lactating women (PLWs), through the blanket supplementary feeding programme (BSFP), an intervention aimed to prevent malnutrition in the initial weeks of the refugees' arrival. Through CERF funding some 15,547 children were screened for malnutrition, 467 (200 boys and 267 girls) children between 6-59 months were treated /cured for SAM. Some 10, 642 children were vaccinated against polio, 15,387 vaccinated against PCV, 15,698 vaccinated against Pentavalent and 23,153 against measles.

The CERF rapid response funding enabled agencies and partners to provide six health facilities with Sexual and Reproductive Health life-saving interventions in two settlements. Six midwives were recruited and supported in conducting 2,915 antenatal care, 765 deliveries, 458 postnatal care and 1,543 family planning services. Referral services were supported with 2 ambulances which facilitated 276 referrals of pregnancy related complications and distributed four delivery beds. Some 76 reproductive health kits and 2,515 dignity kits were given to pregnant mothers. CERF funding enabled agencies to provide increased access to sanitation facilities at household and institutional level to a total of 20,495 individuals including 10,452 females and 10,043 males. Six blocks of 5-stance latrines each, five waste management facilities including three incinerators and one placenta pit were built. A total of 16,300 people were reached through hygiene promotion campaigns. Government officials were supported to provide improved protection assistance of a search and rescue specialists and two rapid pre-deployment trainings on humanitarian border management for 45 participants, including 10 females and 35 males.

| 18-RR-UGA-28663 TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR[1] | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Cluster/Sector** | **Female** | | | **Male** | | | **Total** | | |
| | **Girls** (< 18) | **Women** (≥ 18) | **Total** | **Boys** (< 18) | **Men** (≥ 18) | **Total** | **Children** (< 18) | **Adults** (≥ 18) | **Total** |
| Shelter - Shelter | 10,969 | 8,871 | **19,840** | 10,969 | 8,791 | **19,760** | 21,938 | 17,662 | **39,600** |
| Food Security - Food Aid | 7,209 | 8,397 | **15,606** | 6,927 | 8,067 | **14,994** | 14,136 | 16,464 | **30,600** |
| Health - Health | 11,651 | 8,692 | **20,343** | 12,030 | 7,227 | **19,257** | 23,681 | 15,919 | **39,600** |
| Nutrition - Nutrition | 12,039 | 3,500 | **15,539** | 11,113 | 1,685 | **12,798** | 23,153 | 5,185 | **28,338** |
| Protection - Protection | 7,209 | 8,397 | **15,606** | 6,927 | 8,067 | **14,994** | 14,136 | 16,464 | **30,600** |
| WASH - Water, Sanitation and Hygiene | 11,568 | 7,792 | **19,360** | 10,124 | 8,690 | **18,814** | 21,692 | 16,482 | **38,174** |

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

| 18-RR-UGA-28663 TABLE 5: TOTAL NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING[2] | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | **Female** | | | **Male** | | | **Total** | | |
| | **Girls** (< 18) | **Women** (≥ 18) | **Total** | **Boys** (< 18) | **Men** (≥ 18) | **Total** | **Children** (< 18) | **Adults** (≥ 18) | **Total** |
| **Planned** | 10,969 | 8,871 | **19,840** | 10,969 | 8,791 | **19,760** | 21,938 | 17,662 | **39,600** |
| **Reached** | 26,564 | 17,189 | **43,753** | 26,961 | 17,250 | **44,211** | 53,525 | 34,439 | **87,964** |

[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.*

| 18-RR-UGA-28663 TABLE 6: PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY | | |
|---|---|---|
| **Category** | **Number of people (Planned)** | **Number of people (Reached)** |
| Refugees | 30,600 | 77,898 |
| IDPs | 0 | 0 |
| Host population | 9,000 | 10,066 |
| Affected people (none of the above) | 0 | 0 |
| **Total** (same as in table 5) | **39,600** | **87,964** |

## 6. CERF's ADDED VALUE

**a) Did CERF funds lead to a fast delivery of assistance to people in need?**

YES ☒ PARTIALLY ☐ NO ☐

CERF funds enabled agencies and partners to kick-start response to an upsurge of Congolese refugees into Uganda from December 2017 through March 2018 and beyond. It allowed for provision of immediate life-saving needs of the refugees most of who came in with only the clothes on their backs. As a result of the funding agencies and partners were able to register and relocate newly arrived refugees, construct emergency shelter, supply water and sanitation which helped contain a serious cholera outbreak which resulted in 2,120 cases. The funding enabled the provision of food, including high energy biscuits at the points of refugee arrivals and cooked food at reception centres, crossing points and transit centres. It enabled agencies and partners provide six health facilities with sexual and reproductive health lifesaving interventions in two settlements. Six midwives were recruited and supported in conducting 2,915 antenatal care, 765 deliveries, 458 postnatal care and 1,543 family planning services. Referral services were supported with 2 ambulances which facilitated 276 referrals of pregnancy related complications and distributed four delivery beds. Some 76 reproductive health kits and 2,515 dignity kits to pregnant mothers. Through CERF funding some 15,547 children were screened for malnutrition, 467 (200 boys and 267 girls) children between 6-59 months were treated /cured for SAM. 10, 642 children were vaccinated against polio, 15,387 vaccinated against PCV, 15,698 vaccinated against Pentavalent and 23,153 against measles. CERF funding enabled agencies to provide increased access to sanitation facilities at household and institutional level to a total of 20,495 individuals including 10,452 females and 10,043 males. Six blocks of 5-stance latrines each, five waste management facilities including three incinerators and one placenta pit were built. A total of 16,300 people were reached through hygiene promotion campaigns.

**b) Did CERF funds help respond to time-critical needs?**

YES ☒ PARTIALLY ☐ NO ☐

CERF funding allowed for response to time-critical needs in camp coordination and camp management, emergency shelter, WASH, food, health and nutrition, and protection. Construction of temporary and semi-permanent facilities and site management were critical to help receive the new arrivals in a dignified manner and improve the delivery of life-saving services at entry points, transit and reception centres, and settlements. Relocation from entry points to transit and reception centres was a key priority and had to take place in the shortest possible time. Provision of shelter materials and household items at settlement level was essential in helping refugees settle, be protected and return to normalcy as soon as possible. Supply of safe drinking water and delivery of sanitation and hygiene services was critical to avoid loss of lives and disease outbreaks. Food assistance was a priority for the new arrivals. Health and nutrition screening were essential to identify, assist and refer cases in need of urgent medical attention, including for malnutrition, malaria, HIV/AIDS, tuberculosis and other communicable diseases. Registration and protection screening were a key priority to identify persons with specific needs and undertake effective case management, including UASCs, dozens of SGBV survivors, pregnant and lactating mothers, persons with disabilities, and the elderly. CERF funding was pivotal in helping agencies and partners contain the serious cholera outbreak.

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

YES ☒ PARTIALLY ☐ NO ☐

CERF funding improved the coordination among the UN agencies by using sector fora such as WASH, health and nutrition, which provided an opportunity for wider consultation on key implementation constraints and progress for example, WASH sector coordination meetings, providing an opportunity for wider consultation on key implementation constraints and progress and to reduce duplication with other key partners. Secondly, allocation of resources was done jointly during sector coordination meetings. Community and refugee leaders were involved in establishing the locations for the tap stands and tanks. The grant therefore provided a platform for the UN agencies and partners to evaluate comparative advantages and rationalise. This resulted in better coordination in order for each agency to achieve the maximum with less but building on the synergy of each other.

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

YES ☒ PARTIALLY ☐ NO ☐

CERF funds enabled agencies to attract funding from other sources. IOM was able to receive around $3.6 million funding from ECHO. WFP was able to secure funding from other donors which enabled the agency to provide for more than the 30,600 newly arrived Congolese refugees it had initially planned to respond to. The agency responded to an additional 47,098 refugees. UNICEF received some funding from GAVI which enabled it to organise a mini polio campaign, as well as introduce the Rotavirus vaccine from February to July 2018. Furthermore, UNICEF used CERF funding as a catalytic fund to support the initial response and to demonstrate to other donors the gap. Accordingly, UNICEF attracted funding from DFID, ECHO and Japan among others.

| e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response |
|---|
| CERF funding supported time critical, life-saving needs and reduced the re-allocation of funding support meant for longer term resilience building interventions. CERF was handy and saved agencies and partners time that would have been spent in demonstrating need for vast resources to control the outbreak that was already at hand. The grant was indeed life-saving in this context. |

## 7. LESSONS LEARNED

| TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT | |
|---|---|
| **Lessons learned** | **Suggestion for follow-up/improvement** |
| While the CERF funding was instrumental in kick-starting the response to the increased influx of Congolese refugees, agencies felt that the CERF disbursement process was too long for rapid response. | The Secretariat should find a balance between due diligence and living up to the immediate/rapid nature of the window. |
| Lack of indication of potential amount to be allocated or pre-commitment by CERF Secretariat made it difficult for agencies to seek funding internally to start the response. | CERF should find a way of giving recipients an indication of potential commitments to facilitate their internal reallocation of emergency funds/loans. |
| CERF RR facilitated the organization of prompt provision of life saving interventions over a 6-month period in the context of already overstretched health and WASH services. Thus, children and women fleeing into Uganda were able to receive access to essential health, nutrition and WASH services such as immunization and management of acute malnutrition. The continued provision of these services remains challenging due to short funding cycles of CERF and other humanitarian grants, leading to the inability to effectively expand the capacity of health services to provide continued (uninterrupted) services due to lack of supplies, operating funds and human resources involved in health & nutrition service delivery, as well as maintenance of WASH infrastructure | Multi-year predictable donor funding is essential to address additional resource needs for the refugee response. This support is recommended to be integrated into the national and local government planning processes in order to improve sustainability and ownership, and to ensure adherence to national standards in service provision |
| CERF funding enabled agencies absorb the two-prolonged emergency (massive refugee influx and cholera outbreak) without jeopardizing the continuing response to the old refugee caseload. | Good practice |
| It would be a game-changer if CERF could communicate an indicative figure of potential amount of funds as this would enable agencies to negotiate internally advance funding for the emergency. | CERF Secretariat should find a way to communicate an indicative figure to agencies as it finalises its internal due diligence processes ahead of disbursements. |
| Minimal flexibility is given to agencies at the implementation level | While some agencies commended the flexibility of CERF in allowing them to work with multiple partners they noted that the Secretariat should give agencies the flexibility on the start of projects, change of priorities or reallocation of funds. |

| TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS | | |
|---|---|---|
| **Lessons learned** | **Suggestion for follow-up/improvement** | **Responsible entity** |
| For response to refugee needs, the use of existing refugee coordination structure goes a long way in soothing the process of agreement of priority sectors, activities and budgets. This CERF Rapid Response application started off in December when most agency focal points and partners were away on leave so the RCO and UNHCR then used a bit more ad hoc structure until the return of staff in January. | For any future refugee-related CERF applications the existing refugee coordination structures should be used. | The RCO and all UN agencies |
| The continuing massive influx posed a serious challenge in the overall response. The targeted refugee figures of 30,600 were exceeded right before the disbursement of the CERF Rapid Response Funds. As the agencies began the response the number of refugees has literally doubled. It posed a great dilemma in organizing the response. | Improvement on continuous anticipation and planning figures especially in an evolving crisis such as this is important. | All UN agencies |
| Partnerships with existing structures such as faith groups are very critical in sustaining project interventions. This is due to their permanence and influence in society. | | All UN agencies |
| Joint planning and prioritizaton at the start of the CERF RR process was essential to ensure a coordinated UN response, while avoiding duplication in work by ensuring that each agency adhered to their organizational mandate and role in the response. | Joint monitoring of activities is critical to ensure that the planned activities are implemented according to the plan | All UN agencies |
| It is near impossible to state at the project development stage how many times an ambulance will be used or how many people it will be used to assist. Agencies found that it was impossible to be concrete on what it would Moreover through this response, agencies learnt that ambulances are best hired from entities they have long standing relations with. | Agencies and partners must understand the area of operation. They must assess ahead of time the referral centres, the distances and know on average how many ambulance referrals were made to help them determine what they should ask for for a new project request. | All UN agencies |
| It is important and faster to work with existing capacities at any given location. | Always seek sustainable solutions and work with existing experts, where they are lacking, train and build capacities. | All UN agencies |
| Lack of partners, regulation and safe vessels for water transport | An assessment should be done in advance for available credible insured vendors, safe vessels for water transport e.g. boats etc. | All UN agencies |
| Upon receiving the CERF RR funds UNFPA was able to in turn disburse the funds to its implementing partner in a record three days! | Agencies should learn from UNFPA as a best practice | All agencies |

# PART II

## 8. Project Reports

### 8.1 Project Report 18-RR-IOM-003 - IOM

| 1. Project Information | | | |
|---|---|---|---|
| **1. Agency:** | IOM | **2. Country:** | Uganda |
| **3. Cluster/Sector:** | Multi-Cluster - Multi-sector refugee assistance | **4. Project Code (CERF):** | 18-RR-IOM-003 |
| **5. Project Title:** | Emergency sanitation, hygiene and protection assistance to Congolese refugees | | |
| **6.a Original Start Date:** | 22/01/2018 | **6.b Original End Date:** | 21/07/2018 |
| **6.c No-cost Extension:** | ☒ No ☐ Yes | if yes, specify revised end date: | N/A |
| **6.d Were all activities concluded by the end date?** (including NCE date) | | ☐ No ☒ Yes (if not, please explain in section 3) | |

| 7. Funding | | |
|---|---|---|
| | **a. Total requirement for agency's sector response to current emergency:** | US$ 1,228,000 |
| | **b. Total funding received for agency's sector response to current emergency:** | US$ 4,068,865 |
| | **c. Amount received from CERF:** | US$ 499,729 |
| | **d. Total CERF funds forwarded to implementing partners** | **US$** |
| | of which to: | |
| | ▪ Government Partners | US$ |
| | ▪ International NGOs | US$ |
| | ▪ National NGOs | US$ |
| | ▪ Red Cross/Crescent | US$ |

| 2. Project Results Summary/Overall Performance |
|---|
| IOM was able to provide assistance to a total of 38,174 beneficiaries in Nsonga, Sebagoro and Kyangwali refugee settlement in Hoima, Western Uganda. From January to July 2018, IOM contributed to reducing the risk of propagation of WASH related diseases among refugee communities through increased access to sanitation facilities both at household and institutional level for a total of 20,495 individuals (10,452 females and 10,043 males) as well as enhanced knowledge of adequate hygiene practices. Institutional sanitation facilities built included six blocks of 5-stance latrines each, five waste management facilities including three incinerators and one placenta pit. IOM supported the construction of 3,160 regular household latrines and 200 latrines for EVIs with bathing shelters attached. A total of 16,300 people were reached through hygiene promotion campaigns and hygiene kits were distributed to 1,542 new arrivals along with water purification tablets, "aquatabs." Furthermore, government officials were supported to provide improved protection assistance to new arrivals; 456 refugees stranded on isolated landing sites along Lake Albert were safely transported on boats with the assistance of a Search and Rescue Specialist, and two rapid pre-deployment trainings on Humanitarian Border Management (HBM) for a total of 45 officials (10 female and 35 male) were organized. Rights of refugees and asylum seekers as well as identification of victims of trafficking (VoTs) was also part of the training. IOM organized awareness sessions for 92 participants (27 women and 59 men) on the risks of Trafficking in Persons (TiP) in Kyangwali settlement. The participants included NGO partners, refugee leaders, teachers, police, hygiene promoters as well as faith leaders. |

## 3. Changes and Amendments

IOM assisted 38,174 individuals (approximately 9,534 households), exceeding its planned target of 12,000 beneficiaries by 26,174 individuals in Kyangwali. This was mainly achieved through comprehensive hygiene promotion activities aimed at combating the cholera outbreak in the Kyangwali settlement announced by the Ministry of Health in February 2018. Of the total number of beneficiaries, 19,360 were female, 18,814 were male and only 83 beneficiaries were from the host community. IOM's intervention did not reach the planned 3,600 members of the host population as, in the midst of the cholera outbreak, IOM had to scale-up its hygiene and sanitation activities in the settlement to reduce the risk of propagation of the disease.

Prior to supporting refugees with household latrine construction materials, IOM – in partnership with Hoima District Health Inspectorate (DHI) department and other WASH partners – conducted routine community sanitation and hygiene surveys to identify those communities most at risk. At the onset of the crisis, the absence of management committees for sanitation structures contributed to the poor maintenance and operation of communal latrines and community bath shelters. With the rapidly deteriorating health of the refugee community during the cholera outbreak, IOM scaled-up the construction of household latrines. 3,160 household latrines were constructed as an alternative to communal latrines to contribute towards preventing further spread of cholera. The budget allocated for 20 communal latrines was spent on 360 household latrines, as well as on two communal latrines (one for females, one for males) at the Office of the Prime Minister (OPM) registration centre. The budget intended for the 10 community bath shelters was also used for the construction of 200 bathing shelters attached to each of the 200 Extreme Vulnerable Individual (EVI)-latrines constructed using cash for work.

Taking into account the widespread open defecation in Maratatu C, IOM and DHI decided to conduct Community Led Total Sanitation (CLTS) trainings aimed at creating aversion and disinclination for open defecation practices, subsequently enabling communities to change their sanitation habits. The training targeted faith leaders and established hygiene promoters, making the most of their ability to influence their own communities and ensure sustained behaviour change. A total of 45 sanitation and hygiene promoters (35 male, 10 female) were trained and deployed, of whom 25 were hygiene promoters and 20 were faith leaders. As a result of the trainings and sensitisation and awareness meetings, a total 3,160 household latrines (2,956 in Maratatu, 204 in Malembo C) were constructed by the community members. IOM planned for construction of 2,800 regular household latrines. IOM supported the community with 1,300 latrine digging kits (hoes, spades, pick axes, metallic buckets, ropes)

Furthermore, as a significant number of refugees were stranded on sites along Lake Albert which were inaccessible by road and without adequate assistance or access to basic services, IOM was requested to assist the Marine Police Force (MPF) in the transportation of 456 refugees to Sebagoro, the official landing site. Due to urgency of the response, IOM transported the stranded refugees aboard three safe boats hired using the funds initially budgeted to procure a boat for the MPF.

## 4. People Reached

### 4.a. Number of people directly assisted with CERF funding by age group and sex

| | Female | | | Male | | | Total | | |
|---|---|---|---|---|---|---|---|---|---|
| | **Girls** (< 18) | **Women** (≥ 18) | **Total** | **Boys** (< 18) | **Men** (≥ 18) | **Total** | **Children** (< 18) | **Adults** (≥ 18) | **Total** |
| **Planned** | 3,638 | 2,602 | **6,240** | 3,358 | 2,402 | **5,760** | 6,996 | 5,004 | **12,000** |
| **Reached** | 11,568 | 7,792 | **19,360** | 10,124 | 8,690 | **18,814** | 21,692 | 16,482 | **38,174** |

### 4.b. Number of people directly assisted with CERF funding by category

| Category | Number of people (Planned) | Number of people (Reached) |
|---|---|---|
| Refugees | 8,400 | 38,091 |
| IDPs | 0 | 0 |
| Host population | 3,600 | 83 |
| Affected people (none of the above) | 0 | 0 |
| **Total (same as in 4a)** | **12,000** | **38,174** |

| | |
|---|---|
| In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons: | 38,174 beneficiaries were reached through IOM's project as opposed to the planned target of 12,000. Targets for direct beneficiaries in all age groups were surpassed due to overwhelming numbers of new arrivals received and settled in Kyangwali during the project implementation period. On the other hand, the target for direct beneficiaries from the host community was not achieved due to the overwhelming WASH needs among the new refugees as IOM contributed towards minimizing the risk of propagation of cholera as well as evacuation of stranded refugees from inaccessible landing sites across Lake Albert. |

## 5. CERF Result Framework

| | |
|---|---|
| **Project objective** | To improve emergency sanitation, hygiene and protection assistance to affected Congolese refugees and vulnerable communities |

| **Output 1** | Uganda's immigration and government officials as well as the Marine Police Force (MPF) are able to rapidly respond to a sudden influx in refugees from DRC and abide by international protection guidelines and protocols | | | |
|---|---|---|---|---|
| **Indicators** | **Description** | **Target** | **Achieved** | **Source of verification** |
| Indicator 1.1 | Number of border management officials and first responders trained in basic principles of humanitarian border management, refugee rights and Trafficking in Persons (TiP) prevention deployed to assist new arrivals from DRC at border crossing points | 50 (25 women and 25 men) | 45 (10 women and 35 men). The target of women involved in the trainings was not met due to the limited representation of women in border management. | Training report, participants attendance sheets and invitation letters to beneficiaries (stakeholders) for training. |
| Indicator 1.2 | Number of officials in the MPF deployed to patrol Lake Albert who are aware and follow international protocols in search and rescue operations | 20 (10 women and 10 men) | 5 women and 10 men were trained. The target of women involved in the trainings was not met due to the limited representation of women in the MPF. | Training reports, participants attendance sheet and training modules. |
| Indicator 1.3 | Percentage of boats transporting refugees efficiently identified and intercepted by the MPF, and safely escorted to Sebagoro landing site | 100% | 100% | Activity reports |
| **Explanation of output and indicators variance:** | | All activities were implemented as planned; however, insufficient representation of female members within the government authorities resulted in the training only being able to target a reduced number of women. | | |

| **Activities** | **Description** | **Implemented by** |
|---|---|---|
| Activity 1.1 | Identify border management agencies requiring sensitization in collaboration with UNHCR | IOM in collaboration with UNHCR and Coordinator Prevention of Trafficking in Persons (CoPTIP) under the Ministry of Internal Affairs.<br>Border management agencies included Immigration, Security Officers and local authorities. |
| Activity 1.2 | Conduct a rapid pre-deployment training of border management officials on humanitarian border management, refugee rights and TiP prevention in coordination with UNHCR | IOM trained 45 border management officials including Immigration Officers, RDOs (Refugee Desk Officers), District Police Commanders (DPCs), District Security Officer (DISO), Chief Administration Officer (CAO), Resident District Commissioner (RDC), Local Council leaders and OPM Settlement Commandants. |

| | | |
|---|---|---|
| Activity 1.3 | Organize mass sensitization campaigns on refugee rights and TiP prevention in Kyangwali settlement and host community | IOM/OPM organised and held two sensitization campaign sessions on refugee rights and TiP prevention for OPM staff and partners, such as LWF, AAHI, ARC, NRC, local refugee/opinion leaders, RWC Councils, Police Force, LCs, 1,11, District Community Development Officer (Kikube). The training registered 46 participants, with 16 women and 30 men. |
| Activity 1.4 | Procure life vests and VHF radios to support the efficient operation of the MPF and ease of communication during emergency operations.The radios are required to ensure communication between staff involved in the operation and staff on the ground for the search and rescue operations. It is basic equipment for search and rescue operations as MPF patrols the lake. | IOM/MPF procured seven VHF handsets, 400 life vests and 50 LED headlamp flashlights with extra batteries to support MPF in communication during search and rescue operations. |
| Activity 1.5 | Distribute life vests and VHF radios to support the efficient operation of the MPF and ease of communication during emergency operations | IOM distributed seven VHF handsets, 400 life vests and 50 LED headlamp flashlights to support MPF in communication during search and rescue operations. |
| Activity 1.6 | Deploy operations staff to support the Marine Police in its patrols, to raise awareness and ensure compliance with international protocols on search and rescue operations | IOM deployed one marine consultant with experience in water rescue and recovery to support MPF in search and rescue operations in compliance with international standards.<br>456 refugees were rescued from Nkondo, Huya, Kitebere, Songarawi, Senjojo, Kine and Bususa landing sites on Lake Albert. |
| Activity 1.7 | Support the MPF with IOM operations and health staff during the boat patrols at Lake Albert | IOM supported the MPF with an expert consultant on emergency medical assistance and provided a first aid training for MPF. Moreover, IOM mobilized other health partners like Action Africa Help International (AAHI), Medical Teams International (MTI) and Médecins sans Frontières (MSF) during the transportation of refugees across Lake Albert to provide first aid treatment or provide medical attention as required. |
| Activity 1.8 | Conduct beneficiary satisfaction surveys to ensure protection principles are being upheld by officials | Four beneficiary satisfaction surveys were conducted: 2 in Maratatu and 2 in Kavule.<br>317 refugees participated in the survey (130 girls, 45 women, 120 boys and 22 men). The results showed a need for continuous coordination between OPM and local leadership to gain more information on population movement, especially along Lake Albert. The lack of adequate service delivery, including health and education, also remains a big challenge at the landing sites. |

| **Output 2** | Risks of propagation of WASH related diseases among the refugee population and host communities is reduced through improved access to sanitary facilities and improved hygiene and sanitation practices at Sebagoro landing site and Kyangwali settlement | | | |
|---|---|---|---|---|
| **Indicators** | **Description** | **Target** | **Achieved** | **Source of verification** |
| Indicator 2.1 | Number of latrines constructed at institutions | 6 (3 for women and girls and 3 for men and boys) | 6 blocks of latrines with 5-stances constructed at institutions.<br>• Kinakitaka Primary school (1 block for males and 1 for | Activity completion reports. |

| | | | | |
|---|---|---|---|---|
| | | | females) with school enrolment 950 girls and 1,010 boys<br>• Kagoma reception centre (one block for females and one block for males) to support a population of 2,700 people (2,160 women, 540 men)<br>• One latrine block of five stance latrines (male unit) was constructed in MTI health post in Maratatu B.<br>One latrine block of five stance latrine was constructed at the OPM office premises to serve 20 female staff and approximately 80 refugees who come for daily consultations. | |
| Indicator 2.2 | Number of households with safe access to safe household sanitation facilities | 2,800 (14,000 beneficiaries) | A total of 3,160 household latrines constructed and are in use (2,956 in Maratatu, 204 in Malembo C). | Activity reports, survey reports and WASH indicator reports. |
| Indicator 2.3 | Number of adequate waste management facilities at institutions | 5 | 5 waste management facilities installed.<br>• Two incinerators (Rwanyewawa and Kasonga health centres)<br>• One Placenta pit constructed at MTI health facility in Maratatu.<br>• One garbage bank constructed in Kagoma reception centre.<br>One incinerator and four waste collection bins installed at Kagoma reception centre. | Activity reports and meeting minutes. |
| Indicator 2.4 | Number of individuals reached with hygiene messages | 12,000 (6,000 women and girls and 6,000 men and boys) | 16,300 individuals (8,759 women, 7,541 men). | KAP survey and activity reports |

| | | | | |
|---|---|---|---|---|
| Indicator 2.5 | Number of complete hygiene kits distributed | 1,500 (1,000 to women and girls and 500 to men and boys) | 1,700 (soap, sanitary pads, pants, buckets, potties, Colgate paste/brushes, jerry cans and basins for women and girls, men and boys in Maratatu C/D). | Distribution list and activity reports<br>Key Informant interviews. |
| Indicator 2.6 | Total number of hygiene promoters and faith/opinion leaders deployed | 20 (10 women and girls and 10 men and boys) | A total of 45 sanitation and hygiene promoters (35 males, 10 females) including 20 faith leaders trained and deployed.<br>• Malembo 5 hygiene promoters (4 males and 1 female).<br>• Maratatu 20 hygiene promoters (12 males and 8 female)<br><br>Maratatu: 20 faith leaders (19 males and 1 female). | Daily attendance book and activity reports. |
| Indicator 2.7 | Number of community bath shelters constructed | 10 (5 for male 5 for female) | 200 household bath shelters constructed for the EVIs latrines. | Activity reports, survey reports and<br>list of beneficiaries supported. |
| Indicator 2.8 | Number of latrines for EVIs constructed by beneficiary youth groups | 200 | 200 latrines for EVIs with bath shelters attached constructed in Maratatu C (150) and Maratatu D (50). | Activity reports, survey reports and list of beneficiaries supported. |
| **Explanation of output and indicators variance:** | | WASH related diseases among the refugee population and host communities were reduced through provision of improved access to sanitary facilities and improved hygiene and sanitation practices among refugees at Sebagoro landing site and Kyangwali settlement. Specifically, IOM contributed to reduction of cholera outbreak cases to zero through its emergency sanitation and hygiene interventions. However, targets for indicators 2.2, 2.4, 2.6 and 2.7 were exceeded due to excess population of new arrivals received and provided with WASH services. | | |

| **Activities** | **Description** | **Implemented by** |
|---|---|---|
| Activity 2.1 | Procure 1,300 latrine digging kits, logs and slabs | IOM |
| Activity 2.2 | Distribute1,300 latrine digging kits, logs and slabs to the affected population in Kyangwali settlement. | IOM/Community leaders<br>Distributed and used for household latrine construction in Maratatu and Malembo C sections of Kyangwali settlement. |
| Activity 2.3 | Construct institutional sanitation facilities through pre-identified contractors | IOM |
| Activity 2.4 | Facilitate and supervise construction of communal and household latrines through community youth groups | IOM/Youth groups |

| | | |
|---|---|---|
| Activity 2.5 | Support construction of 200 EVI latrines through beneficiary youth groups | IOM/Youth groups |
| Activity 2.6 | Handover of completed facilities to government (OPM) | IOM |
| Activity 2.7 | Procure 1,542 hygiene kits | IOM |
| Activity 2.8 | Distribute 1,542 hygiene kits to the affected persons in Kyangwali settlement | IOM |
| Activity 2.9 | Construct 10 gender sensitive community bath shelters | IOM |
| Activity 2.10 | Identify train and equip hygiene promoters, faith/opinion leaders on hygiene promotions | IOM/DHI trained hygiene promoters |
| Activity 2.11 | Conduct house to house and community clean up campaigns | IOM/DHI/Partners<br>In collaboration with DHI and other WASH partners such as Lutheran World Federation (LWF), AAH and Norwegian Refugee Council (NRC), IOM conducted weekly community clean up campaigns for three consecutive months and scaled up safe excreta disposal by constructing household latrines as well as promoting hand washing with soap/ash and water after contact with faecal matter. |
| Activity 2.12 | Procure 500 packs of water purification items | IOM |
| Activity 2.13 | Distribute 500 packs of water purification items (inclusive of training on point of use treatment methods) | IOM/WASH partners provided aquatabs as an alternative option for household water treatment and hygiene promoters were trained point of use water treatment. |
| Activity 2.14 | Support production of appropriate IEC materials | IOM translated into local languages messages on safe excreta disposal on the importance of hand washing at critical times and the consumption of water from safe sources. |
| Activity 2.15 | Distribute IEC materials | IOM distributed 339 IEC materials (329 posters and 10 signposts) containing messages on hand washing, safe excreta disposal, safe water chain and cholera prevention. Additionally, IOM procured 22 mega phones and drama tool kit to facilitate community social mobilization for behaviour change. |
| Activity 2.16 | Support regular water quality monitoring at both water points and household level. | IOM conducted free residual chlorine-monitoring at ten water distribution points as well as in 240 households. The Free Residual Chlorine (FRC) test results showed zero for the household.<br>Follow up sensitization on safe water handling was done during home visit and drinking water treatment using aqua tabs. |
| Activity 2.17 | Conduct beneficiary satisfaction surveys to ensure the services provided are addressing their needs | IOM conducted two beneficiary satisfaction assessments in Maratatu and Kavule where a total of 317 refugees were interviewed. Despite the cultural beliefs and norms, 60 percent of the respondents indicated their sanitation needs being addressed. |
| Activity 2.18 | Conduct focus group discussions to determine the location of WASH facilities where beneficiaries' needs are addressed | IOM, in collaboration with the WASH sector, conducted three focus group discussions to identify and prioritize PSN beneficiaries for household latrine support and to determine the location for installation of water tanks. The focus group discussions were formed by 15 women, 15 men, 8 girls and 6 boys. |

## 6. Accountability to Affected People

A) Project design and planning phase:

IOM engaged the communities in all phases of the program cycle: assessment, implementation and any post-action monitoring. IOM mobilized beneficiaries to participate actively in decision making processes on sanitation and hygiene issues, through consultation with different groups of women, men, girls and boys. These engagements enabled the communities, together with the leaders, to decide the locations for WASH facilities, to prioritize EVIs for household latrine construction support, and to select hygiene promoters. This led to the representation of the most vulnerable individuals in the decision-making procedures.

B) Project implementation phase:

During the implementation phase, IOM held focus group discussions and WASH intervention and community sensitization meetings with beneficiaries to determine the most urgent WASH needs. These discussions enabled IOM to identify and reorient priorities in project implementation such as: in the construction of household latrines over communal latrines as well as communal gender bath shelters, prioritization of EVI latrine support, siting of locations to identify appropriate sites for installation of water tanks and translation of hygiene messages into local languages.

In collaboration with the community, IOM further employed refugees and nationals as hygiene promoters (including opinion and faith leaders) under cash for work arrangements. Three youth groups comprised of 20 males were engaged in the construction of 200 EVIs latrines using cash for work approach.

The continuous engagement of refugees through the response enabled IOM to achieve planned activities such as the construction of 2,956 household latrines and improving the practice of safe hygiene behaviours.

C) Project monitoring and evaluation:

IOM conducted two systematic client satisfaction surveys following the search and rescue of refugees from the isolated landing sites along Lake Albert. One community session was additionally held to identify and prioritize 200 EVIs who could benefit from latrine construction support. IOM also recruited and trained 20 hygiene promoters to support the monitoring of activities at community level. As such IOM has learned the continuous need to engage the beneficiaries to participate in decisions on issues affecting them, as well as facilitate and advocate for continuous engagement of OPM and local leadership along the Lake Albert and the landing sites leaders considering that the lake was the preferred mode of transport in the past months. To ensure sustainability it is crucial to make sure that beneficiaries are part of planning and implementation.

## 7. Cash-Based Interventions

**7.a Did the project include one or more Cash Based Intervention(s) (CBI)?**

| Planned | Actual |
|---|---|
| Yes, CBI is a component of the CERF project | Yes, CBI is a component of the CERF project |

**7.b Please specify below the parameters of the CBI modality/ies used**. If more than one modality was used in the project please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs).

| CBI modality | Value of cash (US$) | a. Objective | b. Conditionality | c. Restriction |
|---|---|---|---|---|
| Cash for work | US$ 6,000 | Sector-specific | Conditional | Unrestricted |

Supplementary information (optional):

IOM hired community volunteers from the refugee and host communities to participate in health and hygiene promotion activities and to provide casual labour during construction activities. These individuals were paid cash for the work done to ensure that beneficiaries benefit to greater extent through supplemental income.

| 8. Evaluation: Has this project been evaluated or is an evaluation pending? | |
|---|---|
| IOM did not plan for an end of project evaluation other than the beneficiary satisfaction surveys. | EVALUATION CARRIED OUT ☐ |
| | EVALUATION PENDING ☐ |
| | NO EVALUATION PLANNED ☒ |

## 8.2 Project Report 18-RR-FPA-005 - UNFPA

| 1. Project Information | | | |
|---|---|---|---|
| **1. Agency:** | UNFPA | **2. Country:** | Uganda |
| **3. Cluster/Sector:** | Multi-Cluster - Multi-sector refugee assistance | **4. Project Code (CERF):** | 18-RR-FPA-005 |
| **5. Project Title:** | Provision of life saving Sexual and Reproductive Health services including emergency obstetrical and new-born care and response to gender-based violence for DRC Refugees in Uganda. | | |
| **6.a Original Start Date:** | 20/02/2018 | **6.b Original End Date:** | 19/08/2018 |
| **6.c No-cost Extension:** | ☒ No ☐ Yes | if yes, specify revised end date: | N/A |
| **6.d Were all activities concluded by the end date?** (including NCE date) | | ☐ No ☒ Yes (if not, please explain in section 3) | |

| 7. Funding | | |
|---|---|---|
| | **a. Total requirement for agency's sector response to current emergency:** | US$ 2,976,000 |
| | **b. Total funding received for agency's sector response to current emergency:** | US$ 499,830 |
| | **c. Amount received from CERF:** | US$ 499,830 |
| | **d. Total CERF funds forwarded to implementing partners** | **US$ 139,506** |
| | of which to: | |
| | ▪ Government Partners | US$ 0 |
| | ▪ International NGOs | US$ 139,506 |
| | ▪ National NGOs | US$ 0 |
| | ▪ Red Cross/Crescent | US$ 0 |

### 2. Project Results Summary/Overall Performance

Through CERF funds, UNFPA and its partners provided six health facilities in two settlements of Kyaka and Kyagwali with Sexual and Reproductive Health lifesaving interventions. Six Midwives were recruited and supported in conducting 2,915 Antenatal care, 765 deliveries, 458 postnatal care and 1,543 family planning services. UNFPA also supported referral services with two ambulances with a total of 276 referrals of pregnancy related complications, and distributed four delivery beds, 76 RH kits and 2,515 dignity kits to pregnant mothers.

Furthermore, 100 per cent of the 124 reported cases of survivors of Gender Based Violence received appropriate care, and four functional women and girls' spaces for psychosocial counselling reached 666 women and girls. In addition, four functional youth spaces were established and 20 peer educators/volunteers trained. The peers reached 2,107 youths with services and livelihood activities. 36 health workers were trained on the Minimum Initial Service Package and 25 health workers were trained in clinical management of rape (CMR) and conducted 40 Training of Trainers (TOT) for health workers on CMR.

In total, the project reached 30,730 people (above the target 25,350) in the two settlements of Kyaka and Kyagwali between February 2018 and August 2018 and has contributed to improving sexual reproductive health/GBV and response services for DRC Refugees in Uganda.

### 3. Changes and Amendments

Not applicable, no significant changes incurred.

## 4. People Reached

### 4.a Number of people directly assisted with CERF funding by age group and sex

| | Female | | | Male | | | Total | | |
|---|---|---|---|---|---|---|---|---|---|
| | **Girls** (< 18) | **Women** (≥ 18) | **Total** | **Boys** (< 18) | **Men** (≥ 18) | **Total** | **Children** (< 18) | **Adults** (≥ 18) | **Total** |
| **Planned** | 4,680 | 9,750 | **14,430** | 3,120 | 7,800 | **10,920** | 7,800 | 17,550 | **25,350** |
| **Reached** | 8,238 | 16,087 | **24,325** | 1,919 | 4,461 | **6,380** | 10,157 | 20,548 | **30,705** |

### 4.b Number of people directly assisted with CERF funding by category

| **Category** | **Number of people (Planned)** | **Number of people (Reached)** |
|---|---|---|
| Refugees | 17,745 | 20,664 |
| IDPs | 0 | 0 |
| Host population | 7,605 | 10,066 |
| Affected people (none of the above) | 0 | 0 |
| **Total (same as in 4a)** | **25,350** | **30,730** |
| 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 | |

## 5. CERF Result Framework

| | |
|---|---|
| **Project objective** | Improving sexual reproductive health/GBV and response services for DRC Refugees in Uganda in 3 months |

| **Output 1** | Women of reproductive age among Congolese refugees and host communities have access to life saving reproductive health services for pregnant and lactating women, adolescent girls and young women. | | | |
|---|---|---|---|---|
| **Indicators** | **Description** | **Target** | **Achieved** | **Source of verification** |
| Indicator 1.1 | 100% of health facilities serving the new arrival refugees are well equipped to provide essential lifesaving interventions in reproductive health including maternal health, and GBV. | 6 | 6 Health centres Mukondo H/c II, Bujubuli H/c III and Fort Portal Regional Referral H/c., Sebagoro Health Centre. Kasonga HC II, Rwenyawa HC III equipped with 4 delivery beds, 76 RH kits.<br>6 Midwives were also recruited to support the above health facilities in conducting 2,915 ANC, 765 deliveries and 458 PNC. The | Health facility registers and Midwives' contracts/ IP report (ACORD, CARE). |

| | | | | |
|---|---|---|---|---|
| | | | midwives were providing 1,543 FP services. Health facilities were further facilitated with two ambulances which were hired one in Kyaka II and Kyagwali settlements. This resulted in 276 referrals of pregnancy related complications. | |
| Indicator 1.2 | All visibly pregnant mothers receive dignity and clean delivery kit | 100% | 100%<br>2,515 dignity kits were distributed to all the 100% pregnant, mothers reached especially the most vulnerable. The balance is in the store to be issued when stock out is reported. And 76 ER kits were distributed to Kyakwali and Kyaka II. | Health facility Store records, UNFPA Delivery reports and Implementing Partner reports. |
| **Explanation of output and indicators variance:** | | N/A | | |

| **Activities** | **Description** | **Implemented by** |
|---|---|---|
| Activity 1.1 | Procure 70 ERH kits ranging from 2A to 11A; 6 HIV testing Kits and 4 delivery beds | UNFPA |
| Activity 1.2 | Distribute 70 ERH kits, 6 HIV testing Kits and 4 delivery beds to 6 health facilities | CARE, ACORD AND UNFPA |
| Activity 1.3 | Procure 3,087 Dignity Kits for pregnant women to improve facility-based deliveries | UNFPA |
| Activity 1.4 | Distribute 3,087 Dignity Kits among pregnant women to improve facility-based deliveries | CARE, ACORD, UNFPA |
| Activity 1.5 | Conduct pregnancy mapping (identification of pregnant mothers) and referral to health facilities for skilled antenatal and delivery services. | ACORD AND CARE |
| Activity 1.6 | Support referral services (Hire, functioning and maintenance of ambulance services for EmNoC). | ACORD AND CARE |
| Activity 1.7 | Procure 12 tents i.e. 4 medical tents (one per new zone in settlements HF) to increase space for service delivery, 8 ordinary tents to function as Youth and Women spaces in Kyaka II and Kyangwali settlements. | UNFPA |
| Activity 1.8 | Support Community mobilization for Maternal Neonatal Health and Adolescent Sexual Reproductive Health among refugees (including orientation of volunteers on sexual reproductive health, pregnancy and condom distribution) | ACORD AND CARE |

| Output 2 | Systems are established to protect women and girls affected by the conflict in DRC from Gender-Based Violence and to provide multi-sectoral care for survivors. | | | |
|---|---|---|---|---|
| **Indicators** | **Description** | **Target** | **Achieved** | **Source of verification** |
| Indicator 2.1 | Functional Referral pathways in all settlements | 2 | 2 Referral pathways supported in Kyaka II and Kyagwali settlements. | Settlements/GBV coordination minutes/IP reports |
| Indicator 2.2 | Reported survivors of rape receive appropriate clinical care within 72 hours of incident. | 100% | 100%<br>124 survivors were reached with services within 72 hours | IMS |
| Indicator 2.3 | Refugee settlements have functional women and girls spaces per zone for psychosocial counselling. | 4 | 4 women spaces in place with five women groups identified for livelihood in Kyaka II. Through the spaces they reached 666 women and girls. | Records of community volunteers/IP reports |
| Indicator 2.4 | Ensure existence of a functional GBV Information Management System in all supported settlements. | 2 | UNFPA supported 2 settlements through its Implementing Partners in IMS data collection. This included data collection and sharing it with UNHCR for IMS. | IMS/ Case management meeting minutes/IP reports. |
| **Explanation of output and indicators variance:** | | N/A | | |

| **Activities** | **Description** | **Implemented by** |
|---|---|---|
| Activity 2.1 | Support the development and/or review process of the multi-sectoral referral pathway. | ACORD AND CARE |
| Activity 2.2 | Identify and train volunteers among the refugees to identify and refer survivors for medical, psychosocial and legal services) | ACORD AND CARE |
| Activity 2.3 | Support orientation of district and health services providers on clinical management of rape survivors, referral pathways basic counselling skills and referral for legal support. | ACORD, CARE AND UNFPA |
| Activity 2.4 | Support medical and basic psycho-social counselling for all women and young girls at risk or that are exposed to GBV | ACORD AND CARE |
| Activity 2.5 | Support GBV case management in all the settlements (identification, clinical management, counselling and referral for legal support services) | ACORD AND CARE |
| Activity 2.6 | Support routine data collection, management and documentation | ACORD AND CARE |

| Output 3 | Adolescents have increased access to comprehensive sexual and reproductive health information and services. | | | |
|---|---|---|---|---|
| **Indicators** | **Description** | **Target** | **Achieved** | **Source of verification** |
| Indicator 3.1 | Number of youth spaces established and functional for SRHR and psychosocial support | 4 | 4 youth spaces were established in Kyaka II and Kyagwali. | Peer educator's records/IP reports |

| | | | | |
|---|---|---|---|---|
| Indicator 3.2 | Number of young people reached with information and services through the youth psychosocial spaces disaggregated by age, sex and type | 1,000 | 2107 youth reached with services and livelihood through the youth spaces. | Peer educator's records/IP report. |
| **Explanation of output and indicators variance:** | | N/A | | |

| **Activities** | **Description** | **Implemented by** |
|---|---|---|
| Activity 3.1 | Strengthen SRHR / GBV information dissemination in youth spaces through music dance and drama, games, video shows, debates and dialogues. | ACORD |
| Activity 3.2 | Identify and train peer educators/volunteers | ACORD AND CARE |

## 6. Accountability to Affected People

A) Project design and planning phase:

Following the opening of Kyaka II and Kyagwali settlements UNFPA participated in the inter-agency meetings that informed the agencies of the state of affairs with regard to newly arrived refugees. Implementation planning and review meetings were conducted in consultation with the affected populations through entry meetings and follow-up field monitoring visits by UNFPA and implementing partners (ACORD and CARE). During such visits interviews and/or focus group discussions as well as community dialogues were held with community leaders and members on issues affecting them in the areas of sexual and reproductive health and GBV. The Office of the Prime Minister, as the government agency responsible for the refugee program, as well as the District Local Government authorities were consulted regularly on planned interventions in order to provide leadership on program focus, prioritization, and coordination.

B) Project implementation phase:

Following the opening of Kyaka II and Kyagwali settlement, UNFPA participated in the inter-agency meetings that informed the agencies of the state of the refugees. Implementation planning and review meetings were conducted in consultation with the affected populations through an entry meeting.

C) Project monitoring and evaluation:

UNFPA Country office was able to go for project monitoring through field visits form the country office twice, and regularity by UNFPA field staff. This was complemented by partners conducting monthly field visits to ensure that implementation was on track.

## 7. Cash-Based Interventions

**Did the project include one or more Cash Based Intervention(s) (CBI)*?***

| **Planned** | **Actual** |
|---|---|
| No | No |

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

| | |
|---|---|
| Project evaluation is pending | EVALUATION CARRIED OUT ☐ |
| | EVALUATION PENDING ☒ |
| | NO EVALUATION PLANNED ☐ |

## 8.3 Project Report 18-RR-HCR-005 - UNHCR

| 1. Project Information | | | |
|---|---|---|---|
| **1. Agency:** | UNHCR | **2. Country:** | Uganda |
| **3. Cluster/Sector:** | Multi-Cluster - Multi-sector refugee assistance | **4. Project Code (CERF):** | 18-RR-HCR-005 |
| **5. Project Title:** | Critical Life-Saving Humanitarian Assistance in Protection, Shelter/Site/NFIs, Health and WASH to DRC Refugees in Uganda. | | |
| **6.a Original Start Date:** | 01/02/2018 | **6.b Original End Date:** | 31/07/2018 |
| **6.c. No-cost Extension:** | ☒ No ☐ Yes | if yes, specify revised end date: | N/A |
| **6.d Were all activities concluded by the end date?** (including NCE date) | | ☐ No ☒ Yes (if not, please explain in section 3) | |

| 7. Funding | | |
|---|---|---|
| | **a. Total requirement for agency's sector response to current emergency:** | US$ 12,008,000 |
| | **b. Total funding received for agency's sector response to current emergency:** | US$ 4,297,911 |
| | **c. Amount received from CERF:** | US$ 3,300,000 |
| | **d. Total CERF funds forwarded to implementing partners** | **US$ 2,067,564** |
| | of which to: | |
| | ▪ Government Partners | US$ 473,635 |
| | ▪ International NGOs | US$ 1,588,429 |
| | ▪ National NGOs | US$ 5,500 |
| | ▪ Red Cross/Crescent | US$ 0 |

### 2. Project Results Summary/Overall Performance

All new arrivals from DRC, between February and July 2018, received emergency shelter kits in alignment with UNHCR's minimum kit standards. The demarcation in Kyaka with plots sized 30m x 30m allocated to new arrivals was implemented as planned.

A total of four boreholes were successfully drilled in Kyangwali settlement with yields ranging between 20 m3/hr to 70m3/hr. UNHCR, in collaboration with partners and Ministry of Water & Environment, led the design process for water schemes to cover Maratatu, Kasonga, Kavule and Mombasa settlement zones. Partners mobilized resources from other donors to implement distribution network, storage and installation of solar/hybrid pumping systems. By the end of May, operational partners supporting water trucking pulled out due to shortage of funds, and UNHCR had to cover the gap with CERF funding.
UNHCR reallocated US$ 160,000 planned for motorization of systems on the drilling of four boreholes that were being motorized with other funding sources ($56,000), and for additional water trucking ($104,000).

Health services were provided through static health facilities, mobile clinics and out posts; referral services were available for secondary and tertiary needs. On 23 February, the first case of cholera was confirmed and rapid response activities put in place. The last case was registered on 8 May. A total of 2,120 cholera cases and 44 cholera-related deaths were reported in Kyangwali and 120 cases and 1 death in Kyaka. UNHCR carried out medical screening and Sexual & Reproductive Health/HIV services, routine immunizations and nutrition screenings for new arrivals. Four additional temporary health facilities were constructed and equipped in Kyangwali and one in Kyaka II.

### 3. Changes and Amendments

In its interim report UNHCR indicated the following on the Motorization of water systems:

"Challenge:
1. In Kyangwali, since February 2018, the motorization of water systems was planned in Kavule I, Kavule II and Kasonga. Contrary to expectations, UNHCR and partners were successful in securing other funding for these activities.
2. In Kyaka II, there were delays in the implementation of this activity, making completion before 31 July with the CERF contribution impossible.
3. Instead of developing smaller motorized water schemes, the WASH Working Group decided to combine resources and develop much larger permanent water scheme. Thus, UNHCR, as described in the corrective actions below re-aligned its budget targets on water system motorization ($160,000 in total) accordingly to focus on drilling of boreholes, and emergency time critical water trucking only.

"Corrective action:
The sector adopted a new approach whereby UNHCR conducted geo-physical surveys, drills boreholes and undertake comprehensive designs. Subsequently, because the operation aimed to develop large-scale hybrid (solar with a diesel back-up generator) motorized water schemes serving population upwards of 10,000 individuals and whereby partners cost-shared to implement the different components of each motorized borehole design. This approach required the operation to pool funding from diverse sources (e.g., Kavule I and II and Kasonga water systems). The US$ 80,000 planned under CERF's Rapid Response contribution for motorization by the Danish Refugee Council (DRC) at Kyaka II, and $80,000 planned for motorization by AAH at Kyangwali were not sufficient, as motorization of the Kavule II system, for example, costed upwards of $500,000.

In order to ensure that funds were directed to achieve the objective of water supply in Kyangwali and Kyaka II, UNHCR proposed to re-align the $160,000 planned for motorization of systems to the drilling of four boreholes that were motorized with other funding sources ($56,000), and for additional water trucking ($104,000) in these locations.

Implementation of the indicated change proceeded as follows:

A total of four boreholes were successfully drilled in Kyangwali settlement with yields ranging between 20 m3/hr to 70m3/hr. UNHCR, in collaboration with partners and Ministry of Water & Environment, led the design process for water schemes to cover Maratatu, Kasonga, Kavule and Mombasa zones of the settlement. Partners mobilized resources from other donors to implement distribution network, storage and installation of solar/hybrid pumping systems. By the end of May, operational partners supporting water trucking pulled out due to shortage of funds, and UNHCR had to cover the gap with CERF funding. On average 929m3 and 1129m3 is supplied daily in Kyaka and Kyangwali of which 32 per cent and 34 per cent is by water trucking respectively.

## 4. People Reached

### 4.a Number of people directly assisted with CERF funding by age group and sex

| | Female | | | Male | | | Total | | |
|---|---|---|---|---|---|---|---|---|---|
| | **Girls** (< 18) | **Women** (≥ 18) | **Total** | **Boys** (< 18) | **Men** (≥ 18) | **Total** | **Children** (< 18) | **Adults** (≥ 18) | **Total** |
| **Planned** | 10,969 | 8,871 | **19,840** | 10,969 | 8,791 | **19,760** | 21,938 | 17,662 | **39,600** |
| **Reached** | 10,969 | 8,871 | **19,840** | 10,969 | 8,791 | **19,760** | 21,938 | 17,662 | **39,600** |

### 4.b Number of people directly assisted with CERF funding by category

| **Category** | **Number of people (Planned)** | **Number of people (Reached)** |
|---|---|---|
| Refugees | 30,600 | 30,600 |
| IDPs | 0 | 0 |
| Host population | 9,000 | 9,000 |
| Affected people (none of the above) | 0 | 0 |
| **Total (same as in 4a)** | **39,600** | **39,600** |

| | |
|---|---|
| In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons: | |

## 5. CERF Result Framework

| | |
|---|---|
| **Project objective** | Targeted protection services and emergency response for refugees from DRC in the protection, water, and shelter/site/NFI sectors |

| **Output 1** | Quality of profiling, registration and documentation improved or maintained | | | |
|---|---|---|---|---|
| **Indicators** | **Description** | **Target** | **Achieved** | **Source of verification** |
| Indicator 1.1 | # of persons of concern registered on an individual basis | 30,600 | 30,600 | OPM RIMS |
| Indicator 1.2 | # of refugees relocated from reception centres to settlements | 30,600 | 30,600 | UNHCR |
| **Explanation of output and indicators variance:** | | N/A | | |

| **Activities** | **Description** | **Implemented by** |
|---|---|---|
| Activity 1.1 | Protection monitoring, screening and registration of new refugee arrivals, identification of persons with specific needs and case management | OPM, UNHCR |
| Activity 1.2 | Relocation of refugees from reception centers to settlements. | AIRD, UNHCR |

| **Output 2** | Shelter and infrastructure established, improved and maintained | | | |
|---|---|---|---|---|
| **Indicators** | **Description** | **Target** | **Achieved** | **Source of verification** |
| Indicator 2.1 | # of emergency shelter kits procured | 8,000 | 8,000 | UNHCR MSRP |
| Indicator 2.2 | # of emergency shelter kits distributed | 8,000 | 8,000 | Inter-agency 5W sector reporting matrix for SSSWG |
| **Explanation of output and indicators variance:** | | | | |

| **Activities** | **Description** | **Implemented by** |
|---|---|---|
| Activity 2.1 | Procurement of emergency shelter for refugee families, including site preparation for new refugee settlements and construction of basic semi-permanent reception centres. | UNHCR, DRC, HIJRA, CAFOMI, AIRD, AAH, AIRD |
| Activity 2.2 | Distribution of emergency shelter for refugee families, including site preparation for new refugee settlements and construction of basic semi-permanent reception centres. | UNHCR, DRC, HIJRA, CAFOMI, AIRD, AAH, AIRD |

| **Output 3** | Supply of potable water maintained or increased at transit centres (Kisoro, Matanda, Nyakabande and Sebagoro), reception centres and new settlement zones at Kyangwali and Kyaka II for 30,600 people | | | |
|---|---|---|---|---|
| **Indicators** | **Description** | **Target** | **Achieved** | **Source of verification** |
| Indicator 3.1 | Average # of Litres of potable water available per person per day | 15 l/p/d | 14.1 | UNHCR |
| Indicator 3.2 | # of motorized water systems established | 2 | 0 | |

| Explanation of output and indicators variance: | N/A | |
|---|---|---|
| **Activities** | **Description** | **Implemented by** |
| Activity 3.1 | Provision of emergency potable water at reception and transit centres, and at Kyaka II and Kyangwali settlements (including by water trucking, motorised wells and water distribution systems) according to assessment and design by the WASH Working Group | UNHCR, AIRD, DRC, AAH |
| Activity 3.2 | Establishment of 2 motorized water systems – 1 Kyaka II, 1 Kyangwali | As described above, $160,000 for motorized water systems have been redirected to fund the drilling of four boreholes that are being motorized with other funding sources ($56,000), and for additional water trucking ($ 104,000). |

| **Output 4** | Access to primary health care provided at transit centres, and at reception centres and settlement zones at Kyaka II and Kyangwali settlements, including HIV support | | | |
|---|---|---|---|---|
| **Indicators** | **Description** | **Target** | **Achieved** | **Source of verification** |
| Indicator 4.1 | # of deaths per 1,000 persons per month (Crude Mortality Rate) among refugees at Kyangwali and Kyaka II | < 1.5/1,000/month | 0.3/1,000/month | UNHCR HIS |
| Indicator 4.2 | # of deaths per 1,000 children under 5 per month (Under 5 Mortality Rate) among refugees at Kyangwali and Kyaka II | < 3/1,000/month | 0.72/1,000/month | UNHCR HIS |
| **Explanation of output and indicators variance:** | | N/A | | |

| **Activities** | **Description** | **Implemented by** |
|---|---|---|
| Activity 4.1 | Health screening of 30,600 refugees from DRC upon reception at Kisoro, Nyakabande, Matanda, Sebagoro transit centres | UNHCR, AHA |
| Activity 4.2 | Provision of primary health care, including HIV support at health centres in the Kyangwali and Kyaka II refugee settlements run by AHA and AAH through consultations and diagnosis by trained clinicians, and treatment or referral by nurses, doctors and other medical staff based on diagnosis. Outreach by Village Health Teams (VHTs) will also be extended to the new zones of the settlements to conduct case finding, and referral. | UNHCR, AHA, AAH |

## 6. Accountability to Affected People

A) Project design and planning phase:

All new arrivals, once received at the transit/reception centres, were informed of the emergency shelter kits, including the scaled items per family size, which they were entitled to and would be soon receiving. The distribution of these kits had no specific targeting and was intended for 'blanket PoC coverage'. Therefore, there was no need to sensitise the refugee community about any eligibility or selection criteria. The components of the emergency shelter kits, while not determined in direct consultation with refugees, were chosen with due consideration for familiar building materials used in the DRC, as well as what was locally available and appropriate for rapid temporal construction (i.e. structural frame of wooden poles). For the health response, Community leaders, religious leaders and Village Health Teams (VHTs) from the refugee populations were involved in the identification of the project focus areas on health of the refugees through the involvement in the assessments.

B) Project implementation phase:

During the implementation of distributing emergency shelter kits, feedback was received from refugees and field staff in relation to the standard number of wooden poles distributed per family/kit. The quantity initially provided was deemed insufficient to build a shelter big enough to house up to 5 people and many refugees were causing damage through deforestation as they searched for additional poles. Thus, the official distribution scale was modified and the total number of wooden poles per household were increased. Refugee VHTs were used in mapping and mobilising communities for health services such as vaccination campaigns, sensitization and awareness campaigns, mosquito nets distribution and nutrition screening during health outreaches in the community.

C) Project monitoring and evaluation:

While no CERF-specific evaluation was planned for this project, on 12 July, a joint monitoring exercise was conducted in Kyangwali, by a technical team from UNHCR, OPM, HDLG, African Initiatives for Relief and Development (AIRD), Humanitarian Initiative Just Relief Aid (HIJRA), Action Africa Help Uganda (AAHU) and NRC. The objective was to inspect the status of all partners' ongoing construction projects, such as roadworks, WASH infrastructure (e.g. septic tanks) and communal facilities (e.g. communal shelters in the reception centre). Defects were recorded, and recommendations were made as to how to facilitate retention payments (where applicable) and, for practical completion, the final payment to the contractor. UNHCR shelter officers were regularly in the settlement to record any cases of dilapidated emergency shelters in urgent need of repair/replacement. Pending stock availability, these individual households were assisted, to the extent possible, with extra plastic tarpaulins or other required materials to ensure their emergency shelters were habitable. The beneficiary population were used to collect data on community health from their communities and were employed as community volunteers. Village health meetings were held monthly to gather information from the beneficiaries who provided feedback on the services they receive.

## 7. Cash-Based Interventions

**Did the project include one or more Cash Based Intervention(s) (CBI)?**

| Planned | Actual |
|---|---|
| No | No |

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

No CERF-specific evaluation was planned for this project. Monitoring and evaluation was based on regular reports and observations by the partners and local authorities (i.e. OPM and District Local Governments) during joint monitoring activities, and on direct observation and ongoing assessments by UNHCR (e.g. on the spot visits to project sites, supportive supervision, UNHCR Multi-functional Team approach to monitoring), and the verification of target achievements and related financial expenditures with set objectives. Monitoring activities were carried out at various levels (i.e. settlement, zone, block, household) by partners implementing UNHCR Project Partnership Agreements (PPAs) signed in tripartite between UNHCR, OPM and each respective implementing partner. These agreements served to govern and monitor activities implemented with CERF RR funds and stipulated the parameters of the project activities, the timeframe for implementation and related modalities, including narrative and financial reporting. UNHCR's technical experts evaluated projects based on UNHCR standards by sector, cost-benefit analyses, current market

EVALUATION CARRIED OUT ☐

| | |
|---|---|
| prices, observed quality of the final product, and refugee acceptance. Evidence on project quality and progress gathered during joint monitoring and evaluation visits was captured in quarterly field monitoring/verification reports that are compiled, filed and maintained by the UNHCR Project Control Section.<br>Discussions between partners on how to improve service delivery took place in regular bilateral meetings, but also multilaterally at sector working group meetings and in joint review activities. Pilot projects presenting new designs and prototype models to refugees and focus group discussions conducted with refugees followed the Age, Gender, Diversity Mainstreaming participatory approach and gathered feedback on how to improve projects and services for the refugee community. Feedback from these discussions was shared in reports and also as presentations at sector working group meetings to ensure that the necessary changes were adopted and processes put in place to produce cost-effective results that satisfy the refugee community. Actions agreed by partners for these improvements and changes were captured in the minutes of all sector meetings which were shared by UNHCR with all involved partners.<br>UNHCR also conducted regular joint field monitoring missions, which included verification of regular financial and narrative reporting and performance verification according to UNHCR rules and regulations. The daily field monitoring and supportive supervision conducted by UNHCR staff was done with guidance from technical specialists and support from each operational Sub-Office as well as the Representation Office in Kampala, the Regional Service Centre in Nairobi, and Headquarters. Joint verification by UNHCR, OPM and partners was done according to partner work plans (included in each PPA) and through field monitoring plans (developed at each office and at the Representation Office in Kampala).<br>Situation reports were submitted by all UNHCR Field Offices to their respective Supervising Office on a weekly basis. The Representation Office shared twice weekly (emergency context), and bi-weekly external situation reports with partners and submitted internal reports to various headquarters by sector and situation. | EVALUATION PENDING ☐<br><br>NO EVALUATION PLANNED ☒ |

## 8.4 Project Report 18-RR-CEF-012 - UNICEF

| 1. Project Information | | | |
|---|---|---|---|
| **1. Agency:** | UNICEF | **2. Country:** | Uganda |
| **3. Cluster/Sector:** | Multi-Cluster - Multi-sector | **4. Project Code (CERF):** | 18-RR-CEF-012 |
| **5. Project Title:** | Multi-sector response to the escalated refugee influx from the Democratic Republic of the Congo | | |
| **6.a Original Start Date:** | 01/01/2018 | **6.b Original End Date:** | 30/06/2018 |
| **6.c. No-cost Extension:** | ☒ No ☐ Yes | if yes, specify revised end date: | N/A |
| **6.d Were all activities concluded by the end date** (including NCE date) | | ☐ No ☒ Yes (if not, please explain in section 3) | |

| 7. Funding | | |
|---|---|---|
| | **a. Total requirement for agency's sector response to current emergency:** | US$ 1,099,884 |
| | **b. Total funding received for agency's sector response to current emergency:** | US$ 1,086,717 |
| | **c. Amount received from CERF:** | US$ 1,099,884 |
| | **d. Total CERF funds forwarded to implementing partners** | US$ 47,476 |
| | of which to: | |
| | ▪ Government Partners | US$ 3,162 |
| | ▪ International NGOs | US$ 0 |
| | ▪ National NGOs | US$ 4,120 |
| | ▪ Red Cross/Crescent | US$ 40,193 |

### 2. Project Results Summary/Overall Performance

The CERF RR funding supported implementation of WASH, Health and Nutrition interventions to enable UNICEF to deliver lifesaving interventions in refugee hosting areas and local governments. UNICEF reached 28,338 women, men, boys and girls arriving through various entry points on Uganda DRC border, above the target of 26,892. This was due to an increased number of refugees than anticipated during the RRP process. Below are some of the achievements:

- 7,500 refugees accessed at least 20 litres per person per day of clean water.
- 11,919 refugees were supported with latrine construction.,
- 2,000 households had appropriate sanitation through pit latrines construction,
- 10,642 (5,215 boys and 5,427 girls) against polio virus under 1 year
- 15,387 (7,540 boys and 7,847 girls) against Pneumococcal Conjugate Vaccine (PCV) under 1 year
- 15,698 (7,692 boys and 8,006 girls) against Pentavalent vaccine under 1 year
- 23,153 (11,113 boys and 12,039 girls between 6 months to 15 years) against Measles.
- 15,547 children were screened for malnutrition
- 467 (200 boys and 267 girls) Children 6-59 months treated/cured for SAM.

UNICEF reached planned targets within each of the WASH, Nutrition, Health and child protection interventions.

### 3. Changes and Amendments

No changes or amendments were made to this project

## 4. People Reached

### 4.a Number of people directly assisted with CERF funding by age group and sex

| | Female | | | Male | | | Total | | |
|---|---|---|---|---|---|---|---|---|---|
| | **Girls** (< 18) | **Women** (≥ 18) | **Total** | **Boys** (< 18) | **Men** (≥ 18) | **Total** | **Children** (< 18) | **Adults** (≥ 18) | **Total** |
| **Planned** | 10,502 | 3,213 | **13,715** | 10,090 | 3,087 | **13,177** | 20,592 | 6,300 | **26,892** |
| **Reached** | 12,039 | 3,500 | **15,539** | 11,113 | 1,685 | **12,798** | 23,153 | 5,185 | 28,338 |

### 4.b Number of people directly assisted with CERF funding by category

| **Category** | **Number of people (Planned)** | **Number of people (Reached)** |
|---|---|---|
| Refugees | 20,707 | 22,670 |
| IDPs | 0 | 0 |
| Host population | 6,185 | 5,668 |
| Affected people (none of the above) | 0 | 0 |
| **Total (same as in 4a)** | **26,892** | **28,338** |

| | |
|---|---|
| In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons: | Initially UNICEF had set targets based on 2018 Refugee Response Plan (RRP), however during the project implementation period the new DRC refugees had surpassed the 2018 RRP targets thus achieving high coverages. |

## 5. CERF Result Framework

| | |
|---|---|
| **Project objective** | To provide a life-saving health, nutrition and WASH support and a protective environment where 26,892 women, men and children can recover from war trauma and displacement. |

| **Output 1** | Immunization services for 20,592 children amongst the host and refugees from DRC. | | | |
|---|---|---|---|---|
| **Indicators** | **Description** | **Target** | **Achieved** | **Source of verification** |
| Indicator 1.1 | # of children immunized against Polio | 11,880 (95 per cent) | 10,642 (90%) | HMIS |
| Indicator 1.2 | # of children immunized against Measles. | 20,592 (95 per cent) | 23,153 (112%) | HMIS |
| Indicator 1.3 | # of children vaccinated with Penta/DPT | 11,880 (95 per cent) | 15,698 (132%) | HMIS |
| Indicator 1.4 | # of children vaccinated with PCV | 11,880 (95 per cent) | 15,387 (130%) | HMIS |
| Indicator 1.5 | # of children vaccinated with Rotavirus vaccine | 11,880 (95 per cent) | | HMIS |
| **Explanation of output and indicators variance:** | | Initially UNICEF had set targets based on the 2018 Refugee Response Plan (RRP). However, during the project implementation period the new DRC refugee arrivals surpassed the 2018 RRP targets, thus leading to higher number of children reached with several services. There was under achievement on polio coverage because at the start of the response Hoima District Local Government targeted children only children under 1 years old at the point of entry, instead of all children under 5 years (Humanitarian response targets children under 5 years). The targeting protocol was quickly corrected however led to an under achievement in the results. However, UNICEF through | | |

| | |
|---|---|
| | Gavi support has planned a mini-campaign to reach the remaining children with polio antigen. There were Gavi-initiated delays in the introduction of the new Rotavirus vaccine from February to July 2018. Thus, while all the preparatory activities have been completed by July 2018, the vaccination only started in August 2018. |

| Activities | Description | Implemented by |
|---|---|---|
| Activity 1.1 | Procurement of vaccine vials for Polio, Measles, Penta/DPT, PCV and Rotavirus. | UNICEF |
| Activity 1.2 | Immunization of children at transit centres and in refugee hosting districts. | District Local Governments |
| Activity 1.3 | Support to Village Health Teams to register and track defaulter children in the refugee settlements. | District Local Governments |
| Activity 1.4 | Monitoring and supervision of activities. | MOH |

| **Output 2** | 6,455 children under the age of five years screened and 117 children treated for malnutrition. | | | |
|---|---|---|---|---|
| **Indicators** | **Description** | **Target** | **Achieved** | **Source of verification** |
| Indicator 2.1 | Number of children 6-59 months assessed using MUAC | 6,455 | 15,547 (241%) | HMIS |
| Indicator 2.2 | Children 6-59 months treated/cured for SAM | 75 per cent (117) | 414 per cent (484) | HMIS |
| **Explanation of output and indicators variance:** | | The Influx of DRC refugees surpassed the target set in 2018 RRP. Additionally, the prevalence of SAM was higher among the new arrivals than among the population living in the settlement, as shown in the HMIS data. The period between April and June 2018 saw an increased influx of refugees from DRC, in addition more children were screened during this time. In the same period, a cholera outbreak increased the cases of SAM. | | |

| Activities | Description | Implemented by |
|---|---|---|
| Activity 2.1 | Procurement of equipment and supplies to facilitate District Local Governments implementation of IMAM and IYCF. | UNICEF |
| Activity 2.2 | Nutrition screening of children among the new arrivals at transit centres and in refugee settlements. | District Local Governments |
| Activity 2.3 | Counselling of caregivers amongst the refugees and the host communities on infant and young child feeding and key family care practices. | District Local Governments |

| **Output 3** | 10,000 women, men and children amongst the Congolese refugees in Kyaka II and Kyangwali settlements have access to improved WASH services. | | | |
|---|---|---|---|---|
| **Indicators** | **Description** | **Target** | **Achieved** | **Source of verification** |
| Indicator 3.1 | # of refugees accessing at least 20 litres per person per day. | 7,500 | 7,500 | Monitoring reports |
| Indicator 3.2 | # of refugees supported with latrine construction | 10,000 | 11,919 | Activity reported |
| **Explanation of output and indicators variance:** | | The number of people reached exceeded the target due to the saving realised from the construction of the motorised water system using “optimal design” which was not yet finalized by UNHCR at the time of writing the proposal. Therefore, an additional 1,919 refugees benefitted. | | |

| Activities | Description | Implemented by |
|---|---|---|
| Activity 3.1 | Construction of one motorized water supply system serving Congolese refugees in Kyangwali settlement. | Private Contractor (Sumadhura Technologies Ltd) |
| Activity 3.2 | Provide access of latrines to 2,000 household Households are provided with a latrine kits for self-construction (those with special needs are provided assistance). | Uganda Red Cross |
| Activity 3.3 | Distribution of 2,000 latrine slabs and other construction equipment | Uganda Red Cross |
| Activity 3.4 | Provision of Hygiene Promotion in Kyaka II settlement in Kyegegwa District | Uganda Red Cross |

## 6. Accountability to Affected People

A) Project design and planning phase:

During project design, a series of consultations were held with UN agencies, officials from the Office of the Prime Minister - Department for Refugees, district local government officials DRC hosting areas, Uganda Red Cross an implementing partners. In addition, UNICEF and implementing partners worked with refugee representatives' (Village health teams) at the settlement level to plan for immunization, nutrition services and other health interventions. In addition, selected refugees have been trained as Village Health Team workers and assist in social mobilization during immunization, and delivery of health services including follow up.

Throughout the implementation period gender mainstreaming was crucial to the project. Given that women and girls are responsible for fetching water, the project increased water supply at schools and within homesteads to reduce distances to fetch water. Shorter distances reduced the risk of gender-based violence and abuse. Water user committees were established and trained to ensure social accountability by supporting safe and reliable collection of water. The committees provided a platform for beneficiaries' engagement and feedback.

B) Project implementation phase:

UNICEF attended the routine WASH, nutrition, and health sector coordination meetings, providing an opportunity for wider consultation during the project implementation phase. This reduced on duplication of activities among partners and UN agencies.

C) Project monitoring and evaluation:

To ensure accountability, monitoring of the project was undertaken and reported monthly through Situation Reports specific to the DRC refugees. Monitoring field visits were conducted by UNICEF staff based in Gulu and Mbarara Zonal Offices, and one quarterly joint monitoring visit was conducted by UNICEF staff based in the Country Office in Kampala.

## 7. Cash-Based Interventions

**Did the project include one or more Cash Based Intervention(s) (CBI)?**

| Planned | Actual |
|---|---|
| No | No |

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

| | |
|---|---|
| No evaluation was conducted during the implementation period | EVALUATION CARRIED OUT ☐ |
| | EVALUATION PENDING ☐ |
| | NO EVALUATION PLANNED ☒ |

## 8.5 Project Report 18-RR-WFP-007 - WFP

| 1. Project information | | | |
|---|---|---|---|
| **1. Agency:** | WFP | **2. Country:** | Uganda |
| **3. Cluster/Sector:** | Multi-Cluster - Multi-sector refugee assistance | **4. Project Code (CERF):** | 18-RR-WFP-007 |
| **5. Project Title:** | Food and nutrition support for refugees from the DRC in Uganda | | |
| **6.a Original Start Date:** | 01/02/2018 | **6.b Original End Date:** | 31/07/2018 |
| **6.c. No-cost Extension:** | ☒ No ☐ Yes | if yes, specify revised end date: | N/A |
| **6.d Were all activities concluded by the end date?** (including NCE date) | | ☐ No ☒ Yes (if not, please explain in section 3) | |

| 7. Funding | | |
|---|---|---|
| | **a. Total requirement for agency's sector response to current emergency:** | US$ 1,302,429 |
| | **b. Total funding received for agency's sector response to current emergency:** | US$ 802,426 |
| | **c. Amount received from CERF:** | US$ 500,003 |
| | **d. Total CERF funds forwarded to implementing partners** | **US$** 18,825.05 |
| | of which to: | |
| | ▪ Government Partners | US$ 0 |
| | ▪ International NGOs | US$ 18,825 |
| | ▪ National NGOs | US$ 0 |
| | ▪ Red Cross/Crescent | US$ 0 |

### 2. Project Results Summary/Overall Performance

From February to July 2018, WFP assisted 77,000 refugees from Democratic Republic of Congo (DRC) to meet their food needs using the UN CERF 2018 Rapid Response funding. Refugees were served with high energy biscuits (HEB) at the border crossings, and upon arrival in country, hot meals were served at the reception centres of Nyakabande, Matanda, Ntoroko, Kyaka II and Kyangwali. The management of hot meals at the receptions and transit centres was directly coordinated by UNHCR. WFP also distributed a monthly dry food ration to the newly received refugees who were settled in Kyaka II and Kyangwali during the six months.
WFP provided ready to use supplementary food (RUSF) to 9,400 children (6-59months) and 2,400 pregnant and lactating women (PLWs), through the blanket supplementary feeding programme (BSFP), an intervention aimed to prevent malnutrition in the initial weeks of the refugees' arrival. Upon allocation of land by OPM, WFP then followed up and assisted 1,100 children (6-59 months) and 435 PLWs through the targeted supplementary feeding programme (TSFP) to treat children and PLWs diagnosed with moderate acute malnutrition (MAM) and to avoid deterioration into severe acute malnutrition. In addition, WFP also reached 8,300 children (6-23months) and 8,700 PLWs through the Mother and Child Health Nutrition (MCHN) Programme to prevent chronic malnutrition and stunting.

### 3. Changes and Amendments

Hot meals were not served at Bubukwanga reception centre since it was not operational around the time of the refugees' arrival, WFP staff remained present at all the other reception centres that were receiving refugees.
The MCHN programme was only implemented in Kyangwali until after the completion of the BSFP. The health facilities within the zones of Kyaka II were found with low capacity to admit high numbers of beneficiaries as such the BSFP activities were not implemented in the settlement. The BSFP beneficiaries in Kyangwali received Plumpysup (RUSF) while the beneficiaries registered for the MCHN and TSFP received SuperCereal Plus for children. SuperCereal, vegetable cooking oil and sugar was distributed to the PLW. Through the implementation of the MCHN amongst the refugees, there was registered increase in the access to reproductive and child health services.

## 4. People Reached

### 4.a Number of people directly assisted with CERF funding by age group and sex

| | Female | | | Male | | | Total | | |
|---|---|---|---|---|---|---|---|---|---|
| | Girls (< 18) | Women (≥ 18) | Total | Boys (< 18) | Men (≥ 18) | Total | Children (< 18) | Adults (≥ 18) | Total |
| **Planned** | 7,209 | 8,397 | **15,606** | 6,927 | 8,067 | **14,994** | 14,136 | 16,464 | **30,600** |
| **Reached** | 23,531 | 15,189 | **38,719** | 23,928 | 15,250 | **39,179** | 47,459 | 30,439 | **77,898** |

### 4.b Number of people directly assisted with CERF funding by category

| Category | Number of people (Planned) | Number of people (Reached) |
|---|---|---|
| Refugees | 30,600 | 77,898 |
| IDPs | 0 | 0 |
| Host population | 0 | 0 |
| Affected people (none of the above) | 0 | 0 |
| **Total (same as in 4a)** | **30,600** | **77,898** |

| | |
|---|---|
| In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons: | WFP reached more refugees than initially planned due to higher number of influx from DRC. This was made possible with CERF and funding from other donors. |

## 5. CERF Result Framework

| | |
|---|---|
| **Project objective** | Improve access to food for 30,600 refugees |

| **Output 1** | Refugees receive food to meet their basic food and nutrition needs | | | |
|---|---|---|---|---|
| **Indicators** | **Description** | **Target** | **Achieved** | **Source of verification** |
| Indicator 1.1 | Quantity of food commodities procured | 606.496 MT | 613.15 MT | WFP's Corporate Monitoring and Evaluation Tool (COMET) and WINGS. |
| Indicator 1.2 | Quantity of food commodities distributed | 606.496 MT | 613.15 MT | COMET and WINGS |
| Indicator 1.3 | Number of beneficiaries receiving in-kind food assistance | 30,600 | 77,898 | UNHCR's Biometric Information Management System (BIMs) & OPM's Refugee Information Management System (RIMs). |
| **Explanation of output and indicators variance:** | | WFP procured an additional six mt of food using the UN CERF funding to avert any likely ration cuts that could have resulted from the increased refugee influx. WFP also used funding from other donors to procure more food for the new arrivals. Overall, WFP reached more beneficiaries than planned because the actual number new arrivals surpassed what UNHCR had initially projected. | | |

| Activities | Description | Implemented by |
|---|---|---|
| Activity 1.1 | Procurement of food commodities | World Food Programme |
| Activity 1.2 | Distribution of food commodities to targeted beneficiaries | • Samaritan's Purse International Relief<br>• World Food Programme<br>• UNHCR<br>Note: WFP terminated the contract with Samaritan Purse in February 2018. In March 2018, WFP directly distributed food distribution in settlement areas where Samaritan Purse was present to include Kyangwali and Kyaka II. |

| Output 2 | Stabilized or improved undernutrition rates among children aged 6-59 months and pregnant and lactating women | | | |
|---|---|---|---|---|
| **Indicators** | **Description** | **Target** | **Achieved** | **Source of verification** |
| Indicator 2.1 | Quantity of food commodities procured | 150 MT | 80.22 MT | COMET and WINGS |
| Indicator 2.2 | Quantity of food commodities distributed | 150 MT | 80.22 MT | COMET |
| Indicator 2.3 | Number of beneficiaries receiving nutrition assistance | 7,497 | 18,079 | COMET |
| **Explanation of output and indicators variance:** | | Slightly more beneficiaries were diagnosed with malnutrition than anticipated. The additional Supercereal purchased under the General Food Assistance arrangement was also distributed to refugees during the BSFP, MCHN and TSFP activities. | | |

| Activities | Description | Implemented by |
|---|---|---|
| Activity 2.1 | Procurement of food commodities | World Food Programme |
| Activity 2.2 | Distribution of food commodities to targeted beneficiaries | Africa Humanitarian Action (AHA)<br>Action Africa Help (AAH)<br>Medical Teams International (MTI) |

## 6. Accountability to Affected People

A) Project design and planning phase:

During the project design and planning phase, WFP developed and displayed visibility materials that included posters, business cards and spot messages to promote the use of the helpline among the beneficiaries. Through the helpline, WFP receives and manages feedback and complaints in the refugee response while maintaining confidentiality for the whistle blowers. Along with the cooperating partners (CPs) and the established community committees (Refugee Welfare Committee, Food Management Committees and local leaders), beneficiaries were encouraged to register complaints, feedback or make inquiries. There has been a steady increase in the number of calls from 204 calls registered in February 2018 to 1,200 calls in July 2018.

B) Project implementation phase:

In March 2018, OPM and UNHCR initiated a refugee verification exercise as a mechanism of increasing transparency and accountability in the refugee operation. By July 2018, over 688,000 refugees had been verified with UNHCR's Biometric Identity Management Systems (BIMS). During the verification exercise, WFP's helpline served as a reference point as the inter-agency helpline is set up.

WFP introduced new food collection procedures in Lubole, Imvempi, Palabek, Kiryandongo, Nakivale, and Oruchinga since verification had been completed in these settlements. With the new procedures, refugees are systematically validated by scanning the eye iris and fingerprints of each beneficiary before their food entitlement is distributed at WFP's food distribution points (FDPs). At each food distribution, a UNHCR-managed litigation desk ensures that all eligible refugees are able to have their cases reviewed and cleared in case their BIMS profile is not accurate. The extremely vulnerable individuals/households (EVI/EVHs) have the flexibility to nominate another person to collect their food ration, with the alternatives also registered in BIMS for improved oversight. WFP is also supporting the verification exercise with the construction of food assistance collection sites, which also serve as verification centres.

From May to June 2018, WFP and Humanity & Inclusion (HI) conducted an assessment that aimed to gauge the levels of access to WFP food assistance among persons with disabilities and older persons in Uganda. Observations made during the review noted that there were complaints about inadequate presence of persons with disabilities elderly sensitive shelters, waiting areas, sanitation facilities, which was coupled with long waiting times at food distribution points. However, the assessment team noted that most of these challenges had been addressed by the new food assistance collection procedures of individual scooping and biometric verification. The time it takes to collect food has drastically reduced from an average of 3 hours to 30 minutes.

C) Project monitoring and evaluation:

WFP's Analysis, Monitoring and Evaluation Unit will be conducting a Food Security and Nutrition Assessment (FSNA) from October to December 2018 in all the settlement areas. WFP and other stakeholders conduct FSNAs twice a year. To complement the annual FSNA, WFP conducts mobile vulnerability analysis and mapping (mVAM) monthly and post-distribution monitoring (PDM) exercise every quarter.

## 7. Cash-Based Interventions

**Did the project include one or more Cash Based Intervention(s) (CBI)*?***

| Planned | Actual |
|---|---|
| No | No |

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

The impact of providing of life-saving food assistance to the new refugees in Kyaka II and Kyangwali settlement areas was evaluated through the joint FSNA, WFP's PDM and mVAM exercises.

The FSNA exercise that was conducted in October 2017 established that the average Food Consumption Scores (FCS), an indicator used to measure dietary diversity and the frequency of food intake at household level, for beneficiaries in thirteen settlements was 37 per cent. The lowest FCS was registered in Koboko (14 per cent), Kyangwali (19 percent) and Kyaka-II (22 per cent). In addition, the January to March 2018 PDM report indicated that whereas 3 per cent of the households across the settlements achieved a high Dietary Diversity Score (DDS) and 51 percent a medium dietary diversity score, Kyaka-II still registered the lowest dietary diversity score.

The low FCS and DDS in Kyangwali and Kyaka II reflect the likelihood that the majority of the new refugees depend highly on WFP food assistance. No mVAM assessments were conducted in Kyaka-II and Kyangwali in the period for the CERF funding. Under the current mVAM contract with Ipsos, data is only collected from Rwamwanja, Nakivale, Bidibidi, Rhino Camp, Kiryandongo and Palorinya settlements. WFP will review the contract framework to include other settlement areas.

The FSNA findings also revealed that GAM rates in the refugee settlements in South West were within the acceptable limits taking in consideration the emergency nutrition thresholds. The rates were found at 4.0 per cent for Kyaka II and 3.2 per cent compared to the average 10 per cent across all the settlements. On the contrary, Kyangwali settlement registered the highest prevalence of stunting among children below 5 years across the refuge settlement estimated at 33 per cent which is classified as "serious".

EVALUATION CARRIED OUT ☒

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☐

## 8.6 Project Report 18-RR-WHO-005 - WHO

| 1. Project Information | | | |
|---|---|---|---|
| **1. Agency:** | WHO | **2. Country:** | Uganda |
| **3. Cluster/Sector:** | Health - Health | **4. Project Code (CERF):** | 18-RR-WHO-005 |
| **5. Project Title:** | Institution of emergency measures for communicable disease management and control among the new refugees from the DRC and the host communities | | |
| **6.a Original Start Date:** | 20/02/2018 | **6.b Original End Date:** | 19/08/2018 |
| **6.c. No-cost Extension:** | ☒ No ☐ Yes | if yes, specify revised end date: | N/A |
| **6.d Were all activities concluded by the end date?** (including NCE date) | | ☐ No ☒ Yes (if not, please explain in section 3) | |

| 7. Funding | | |
|---|---|---|
| | **a. Total requirement for agency's sector response to current emergency:** | US$ 1,187,120 |
| | **b. Total funding received for agency's sector response to current emergency:** | US$ 599,173 |
| | **c. Amount received from CERF:** | US$ 199,173 |
| | **d. Total CERF funds forwarded to implementing partners** | **US$ 9,651** |
| | of which to: | |
| | ▪ Government Partners | US$ 9,651 |
| | ▪ International NGOs | US$ 0 |
| | ▪ National NGOs | US$ 0 |
| | ▪ Red Cross/Crescent | US$ 0 |

### 2. Project Results Summary/Overall Performance

Through this CERF rapid response grant, WHO and its partners provided care to 2,120 cases of cholera, averted mortality among 1,654 refugees and host population and prevented spread of the outbreak to other communities and districts. A total of 160 VHTs were trained in Community based surveillance in Kyangwali settlement and surrounding host communities to provide prolonged vigilance in these cholera-prone areas. The project provided most need supplies for health facility use during the critical times of the outbreak.

### 3. Changes and Amendments

Hospital beds and mattresses were procured but based on needs as advised by UNHCR the supplies were distributed between Kyangwali, Kyaka and Kamwenge HCIV. The enrolment of the VHTs into Community Surveillance was also disrupted by the Cholera outbreak and the overwhelming influx of refugees. As a result, only Hoima was covered by the training of additional VHTs. Available budget was not adequate to cover Kyegegwa.

## 4. People Reached

### 4.a Number of people directly assisted with CERF funding by age group and sex

| | Female | | | Male | | | Total | | |
|---|---|---|---|---|---|---|---|---|---|
| | **Girls** (< 18) | **Women** (≥ 18) | **Total** | **Boys** (< 18) | **Men** (≥ 18) | **Total** | **Children** (< 18) | **Adults** (≥ 18) | **Total** |
| **Planned** | 11,651 | 8,692 | **20,343** | 12,030 | 7,227 | **19,257** | 23,681 | 15,919 | **39,600** |
| **Reached** | 11,651 | 8,692 | **20,343** | 12,030 | 7,227 | **19,257** | 23,681 | 15,919 | **39,600** |

### 4.b Number of people directly assisted with CERF funding by category

| **Category** | **Number of people (Planned)** | **Number of people (Reached)** |
|---|---|---|
| Refugees | 30,600 | 30,600 |
| IDPs | 0 | 0 |
| Host population | 9,000 | 9,000 |
| Affected people (none of the above) | 0 | 0 |
| **Total (same as in 4a)** | **39,600** | **39,600** |
| 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 | |

## 5. CERF Result Framework

| | |
|---|---|
| **Project objective** | Increase access to life-saving commodities and measures for outbreak management in response to the new influx of DRC refugees in the districts of Kyegegwa and Hoima |

| **Output 1** | Emergency measures for response to outbreaks in place through availability of life-saving commodities and skills in place | | | |
|---|---|---|---|---|
| **Indicators** | **Description** | **Target** | **Achieved** | **Source of verification** |
| Indicator 1.1 | Number of attack rates for outbreaks | 3.5 per 100,000 | 6.9 per 100,000 | Cholera sitrep |
| Indicator 1.2 | Number of deaths per 100 population | 0 | 2.1 per 100 cases | Cholera Sitrep |
| Indicator 1.3 | Number of new OPD attendants screened for outbreak prone diseases (active triage) | 39,600 people | Over 70,000 | OPD records |
| **Explanation of output and indicators variance:** | | The outbreak emerged among the refugees that were at the reception centre and newly settled in plots, with per capita water availability of less than 7 litres per day. Communities depended on open water sources, attack rates were very high and health facilities to care for the cholera patients were grossly outstretched. Many refugees came already with severe cholera symptoms and at different informal entries across Lake Albert and in some places with no existing health facilities or health workers. This resulted in the transmission and fatalities observed in the outbreak. To note is that most of the fatalities occurred in the communities especially among host communities which already had historical health systems challenges. | | |

| Activities | Description | Implemented by |
|---|---|---|
| Activity 1.1 | Emergency procurement of commodities and materials for communicable disease management and control | Procured and distributed 2 IEHK kits, 3 cholera peripheral kits, 6 malaria modules, 3 malaria modules peripheral and 1 VHF kit.<br><br>These supplies were very useful in the control of Cholera in the Kyagwali refugee settlement. |
| Activity 1.2 | Distribution of the emergency supplies | Distributed cholera supplies and other medicines to Hoima/Kyangwali and Kyaka Kyegegwa refugee settlement. |
| Activity 1.3 | Organise and conduct cholera instruction to health workers | Support the Ministry of health to train 30 health workers in Cholera case management in Hoima. |
| Activity 1.4 | Emergency mobilization of skilled health workers for outbreak response | Deployed the rapid response team from the central level 4 times and 1 time to Kyegegwa to control the cholera outbreak. |
| Activity 1.5 | Conduct health education sessions on outbreak prone diseases | WHO deployed a Health education expert team which supported Hoima district throughout the outbreak period. This team conducted intense community education which contributed to behaviour change and control of the outbreak. |
| Activity 1.6 | Supervision and follow up on frontline health workers | Supervision of frontline health workers was maintained throughout the project period and until the outbreak was controlled. At each time, WHO maintained 1 epidemiologists to work with the district to oversee implementation of the interventions. |

| **Output 2** | Village Health Teams effectively enrolled into Community based Events | | | |
|---|---|---|---|---|
| **Indicators** | **Description** | **Target** | **Achieved** | **Source of verification** |
| Indicator 2.1 | Number of VHTs trained and equipped | 100 % (100) | 160 | Training report |
| Indicator 2.2 | Number of VHTs adhering to immediate reporting requirements | 100 % (100) | 80% | Health facility meeting reports |
| Indicator 2.3 | Number of VHTs reporting to the Health Facilities Quarterly | 80 % (80) | 80 | Health facility meeting reports |
| **Explanation of output and indicators variance:** | | Influx of new refugees increased exponentially in Kyangwali settlement. This resulted in requirements for than 100 VHTs based on the 1 VHT per 1000 standard. Host population – refugee interventions also necessitated that we include additional VHTs from the host population. | | |

| Activities | Description | Implemented by |
|---|---|---|
| Activity 2.1 | Organise orientation sessions with all selected VHTs from new settlements/hosting sub counties on CBDS including awareness on SGBV | Community Based Surveillance Training was conducted. The trainers factored in gender during selection and training of the VHTs. |
| Activity 2.2 | Dissemination of guidelines and job ads for VHTs from new settlements. | All the VHTs were provided with handbooks and Community Case definition charts. |
| Activity 2.3 | Procurement of materials & supplies for facilitating the work of the VHTS from new settlements | VHTs were provided with Gumboots, T shirts and caps. |
| Activity 2.4 | Distribution of materials & supplies for facilitating the work of the VHTS from new settlements | Materials were provided to all the VHTs. |

| | | |
|---|---|---|
| Activity 2.5 | Conduct feedback and supervision meetings with the VHTs | Follow up is ongoing through each of the facilities to which the VHTs are attached. |

## 6. Accountability to Affected People

A) Project design and planning phase:

Assessments conducted by UNHCR which detailed the needs and requirements was considered in the planning for the interventions. The refugees hosting districts were consulted and their opinion used to refine the proposal. Epidemiological profile of the area was analysis for both the incoming and host population to better understand the risk.

B) Project implementation phase:

Funding in this project was declared in the Health and Nutrition sector meeting and implementation extensively involved the Ministry of Health, districts. Implementation of the project was conducted jointly with the hosting districts. This ensured that the needs of both the refugees and host population was catered for in planning and implementation. Outbreak response was coordinated through the District Task Force with membership drawn from the district leadership, humanitarian agencies, religious leaders and Officer of the Prime Minister. This multisectoral and multidisciplinary representation ensured that the needs of all the population affected by the crisis was comprehensively explored and addressed. Daily review of the situation was conducted and the decision on next steps reached. The outbreak was controlled in both the refugee settlement and among the host population.

During implementation, village volunteers selected by refugees themselves where included in the implementation as part of the implementers. Consultation with humanitarian agencies involved in the day to day interactions with the refugees and host communities was sorted and the interventions adjusted as required. In the implementation of the Community Based Surveillance through the VHTs, a stake-holders consultation meeting was conducted, health staff involved in the management and supervision of the VHTs at the primary health care facilities were convened and were given an in-depth explanation of the program. A microplanning trip which involved visiting the training sites, speaking with the leaders at the settlements and host communities regarding the upcoming activity and assessing the suitability of training sites was conducted. The refugee involvement was through their provision of outside catering services during the trainings to provide some income to those undertaking small scale businesses.

C) Project monitoring and evaluation:

Every mentorship and orientation engagement of health workers, district officials and village health teams included a provision of evaluation and feedback that was incorporated in the activity report. Action was taken on major observations arising from this feedback.

## 7. Cash-Based Interventions

**Did the project include one or more Cash Based Intervention(s) (CBI)*?***

| **Planned** | **Actual** |
|---|---|
| No | No |

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

| | |
|---|---|
| Evaluation of the project was not provided for in the grant application. | EVALUATION CARRIED OUT ☐ |
| | EVALUATION PENDING ☐ |
| | NO EVALUATION PLANNED ☒ |

## ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

| CERF Project ID | Cluster/Sector | Agency | Partner Type | Total CERF Funds Transferred to Partner US$ |
|---|---|---|---|---|
| 18-RR-HCR-005 | Protection | UNHCR | GOV | $358,632 |
| 18-RR-HCR-005 | Housing, Land & Property Rights | UNHCR | GOV | $115,003 |
| 18-RR-HCR-005 | Water, Sanitation and Hygiene | UNHCR | INGO | $169,998 |
| 18-RR-HCR-005 | Shelter & NFI | UNHCR | INGO | $90,084 |
| 18-RR-HCR-005 | Shelter & NFI | UNHCR | INGO | $105,912 |
| 18-RR-HCR-005 | Shelter & NFI | UNHCR | INGO | $5,500 |
| 18-RR-HCR-005 | Shelter & NFI | UNHCR | NNGO | $5,500 |
| 18-RR-HCR-005 | Common Logistics | UNHCR | INGO | $205,869 |
| 18-RR-HCR-005 | Water, Sanitation and Hygiene | UNHCR | INGO | $68,003 |
| 18-RR-HCR-005 | Water, Sanitation and Hygiene | UNHCR | INGO | $211,477 |
| 18-RR-HCR-005 | Multi-sector refugee assistance | UNHCR | INGO | $133,000 |
| 18-RR-HCR-005 | Housing, Land & Property Rights | UNHCR | INGO | $200,000 |
| 18-RR-HCR-005 | Health | UNHCR | INGO | $157,224 |
| 18-RR-HCR-005 | Health | UNHCR | INGO | $241,362 |
| 18-RR-CEF-012 | Multi-sector refugee assistance | UNICEF | RedC | $40,194 |
| 18-RR-CEF-012 | Multi-sector refugee assistance | UNICEF | NNGO | $4,121 |
| 18-RR-CEF-012 | Multi-sector refugee assistance | UNICEF | GOV | $3,162 |
| 18-RR-FPA-005 | Gender-Based Violence | UNFPA | INGO | $38,651 |
| 18-RR-FPA-005 | Health | UNFPA | INGO | $47,878 |
| 18-RR-FPA-005 | Health | UNFPA | INGO | $48,472 |
| 18-RR-FPA-005 | Gender-Based Violence | UNFPA | INGO | $4,505 |
| 18-RR-WFP-007 | Food Assistance | WFP | INGO | $11,082 |
| 18-RR-WFP-007 | Food Assistance | WFP | INGO | $7,743 |
| 18-RR-WHO-005 | Health | WHO | GOV | $9,651 |

## ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

| | |
|---|---|
| **AAH** | Action Africa Help International |
| **ACORD** | Agency for Cooperation in Research and Development |
| **AHA** | Africa Humanitarian Action |
| **AIRD** | Africa Initiatives for Relief and Development |
| **ARC** | American Refugee Committee |
| **BIMS** | Biometric Identity Management Systems |
| **BSFP** | Blanket Supplementary Feeding Programme |
| **CAFOMI** | Care and Assistance for Forced Migrants |
| **CAO** | Chief Administration Officer |
| **CMR** | Clinical management of rape |
| **CLTS** | Community Led Total Sanitation |
| **COMET** | Corporate Monitoring and Evaluation Tool |
| **CoPTIP** | Coordinator Prevention of Trafficking in Persons |
| **DRC** | Danish Refugee Council |
| **DDS** | Dietary Diversity Score |
| **DHI** | District Health Inspectorate |
| **DLG** | District Local Government |
| **DPCs** | District Police Commanders |
| **DISO** | District Security Officer |
| **EVI** | Extremely Vulnerable Individual |
| **EVHs** | Extremely Vulnerable Housholds |
| **FCS** | Food Consumption Scores |
| **FSNA** | Food Security and Nutrition Assessment |
| **FRC** | Free Residual Chlorine |
| **HIMS** | Health Information Management System |
| **HBM** | Humanitarian Border Management |
| **HIJRA** | Humanitarian Initiative Just Relief Aid |
| **HI** | Humanity & Inclusion |
| **KAP** | Knowledge, Attitude and Practices |
| **LWF** | Lutheran World Federation |
| **MAM** | Moderate Acute Malnutrition |
| **MCHN** | Mother and Child Health Nutrition |
| **mVAM** | Mobile vulnerability analysis and mapping |
| **MPF** | Marine Police Force |
| **MSF** | Médecins sans Frontières |
| **MTI** | Medical Teams International (MTI) |
| **MSRP** | Management System Renewal Project |
| **NRC** | Norwegian Refugee Council |
| **OPM** | Office of the Prime Minister |
| **PCV** | Pneumococcal Conjugate Vaccine |
| **PDM** | Post-Distribution Monitoring |
| **PLWs** | Pregnant and Lactating Women |
| **PPAs** | Project Partnership Agreements |
| **RUSF** | Ready to Use Supplementary Food |
| **RDC** | Resident District Commissioner |
| **RDOs** | Refugee Desk Officers |

| | |
|---|---|
| **RIMS** | Refugee Information Management System |
| **SSSWG** | Space Safety and Sustainability Working Group |
| **TiP** | Trafficking in Persons |
| **ToT** | Training of Trainers |
| **TSFP** | Targeted Supplementary Feeding Programme |
| **VHTs** | Village Health Teams |
| **VoTs** | Victims of trafficking |
| **WINGS** | WFP Information Network and Global Systems |