

YEAR: 2018

**RESIDENT/HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
ZAMBIA
RAPID RESPONSE
DISPLACEMENT
2018**

RESIDENT/HUMANITARIAN COORDINATOR

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REPORTING PROCESS AND CONSULTATION SUMMARY

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

A CERF After Action Review (AAR) was undertaken on 12 November 2018, chaired by the RC and attended by staff from the Resident Coordinator's Office, IOM, UNICEF, UNFPA and WFP. The draft AAR report was shared with all the UN agencies that received CERF funding for implementation of projects to provide input into the final draft. Agencies also collected input from government entities and implementing partners who worked on the CERF-funded projects.

- 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.

The CERF project was discussed in detail in the UNCT meeting of 17 October 2018, attended by IOM, WFP, UNICEF, UNHCR, FAO, UNIFPA, WHO, UNDP, UNESCO, IFAD, UN HABITAT, UNIC and RCO. The draft CERF report was cleared by the UNCT before submission of the report.

YES NO

- 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 RC/HC CERF Report was shared with all the CERF recipient agencies and their implementing partners, and the government. For the government, the report was shared with provincial and district offices involved in the implementation of the CERF-funded projects.

PART I

Strategic Statement by the Resident/Humanitarian Coordinator

The CERF funding provided a major contribution to the immediate response to the 2017 influx of refugees from the Democratic Republic of the Congo (DRC) into Luapula Province in Zambia and it enabled the opening up of Mantapala refugee settlement and the provision of life-saving interventions for both refugees and host community. Without the CERF funding, this intervention could not have been supported. The trigger for opening up Mantapala was the strategic need to decongest and then close the Refugee Transit Centre at Kenani, which was where the refugee influx was initially accommodated. The CERF-funded projects were in the sectors of WASH, health, protection, education, nutrition and food security. The Delivering as One model that is well established for, largely, development work by the UN in Zambia supported the effective implementation of CERF-funded projects in the emergency humanitarian context that arose. In the development context, it must be noted that it did not prove possible to use the allocation of CERF funding to leverage any additional funding. At the time of writing, the CERF funding remains the only major emergency funding secured, during the CERF-funded period and after.

1. OVERVIEW

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)	
a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE	25,908,748
FUNDING RECEIVED BY SOURCE	
CERF	6,559,772
COUNTRY-BASED POOLED FUND (<i>if applicable</i>) (WFP-US\$ 1,640,000; UNHCR US\$ 6,874,479)	8,514,479
OTHER (bilateral/multilateral)	0
b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE	15,074,251

TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US\$)			
Allocation 1 – date of official submission: 09/01/2018			
Agency	Project code	Cluster/Sector	Amount
IOM	18-RR-IOM-001	Multi-Cluster - Multi-sector refugee assistance	560,002
UNFPA	18-RR-FPA-002	Health - Health	175,103
UNHCR	18-RR-HCR-001	Multi-Cluster - Multi-sector refugee assistance	2,025,521
UNICEF	18-RR-CEF-002	Protection - Child Protection	125,704
UNICEF	18-RR-CEF-003	Education - Education	257,620
UNICEF	18-RR-CEF-004	Nutrition - Nutrition	113,685
UNICEF	18-RR-CEF-005	Water Sanitation Hygiene - Water, Sanitation and Hygiene	1,823,045
UNICEF	18-RR-CEF-006	Health - Health	234,341

WFP	18-RR-WFP-002	Food Security - Food Aid	1,058,885
WHO	18-RR-WHO-002	Health - Health	185,866
TOTAL			6,559,772

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Total funds implemented directly by UN agencies including procurement of relief goods	3,947,076
- Funds transferred to Government partners*	277,762
- Funds transferred to International NGOs partners*	2,276,143
- Funds transferred to National NGOs partners*	6,114
- Funds transferred to Red Cross/Red Crescent partners*	52,677
Total funds transferred to implementing partners (IP)*	2,612,696
TOTAL	6,559,772

* These figures should match with totals in Annex 1.

2. HUMANITARIAN CONTEXT AND NEEDS

The humanitarian context

Since 2015, a small but steady stream of refugees from the Democratic Republic of the Congo (DRC) had been arriving in Zambia. During 2016, a total of 2,893 refugees from DRC were registered. Then, on Wednesday 30 August 2017, 634 Congolese refugees crossed into Zambia in one day, the start of an influx of more than 100 people a day on average; a level of influx of people that continued until early 2018. The main entry point of the new arrivals was through the Chiengi border area, in Luapula province. Luapula Province itself is one of the most remote and poorest provinces in Zambia, with a population of some 1.2 million, 7% of Zambia's population. Nchelenge district, which received most of the refugees, amounts to 16% of the provincial population. Luapula has an under five mortality rate of 98/1000 live births compared to national average of 75/1000 live births, a total fertility rate of 6.4, skilled birth attendance of 59%, HIV prevalence of 9% (ZDHS 2013/2014).

The cause of the crisis

The refugees who started arriving in Luapula in August 2017 were fleeing insecurity and clashes between Congolese security forces, Forces Armées de la République Démocratique du Congo (FARDC) and local militia groups in towns of Pweto, Manono, Mitwaba (Haut Katanga Province), and in Moba and Kalemie (Tanganyika Province). This reflected a wider escalation of violence in multiple locations resulting from the increased polarisation between the opposition and incumbent President Joseph Kabila because of delays and uncertainty at that time relating to the electoral process, causing thousands of people to flee their homes and become either internally displaced or refugees in neighbouring countries including Zambia. At the time when the refugees were arriving, the Inter-Agency Standing Committee (IASC) declared a system-wide L3 Emergency in DRC. The DRC continues to be a complex emergency, particularly in view of the Ebola outbreak suggesting that these refugees would not be returning home soon, and even that more of their compatriots might be expected. Some of the arriving refugees had themselves indicated that this was their second time to flee their homes as refugees into Zambia and that they did not see themselves returning.

Key needs assessment findings

The refugees arriving in Zambia were in urgent need of protection and life-saving assistance including food, water, medical care, shelter and sanitation. Conditions at Kenani Transit Centre, initially established to receive up to 5000 people swiftly became overcrowded, exceeding 12,000, and potentially posed public health risks, especially during the rainy season (October to March). SGBV risks were also increased because of overcrowding. Water supply to the transit centre was insufficient for the increasing population and, despite extensive exploration, new boreholes did not hit water reserves. Cholera is endemic in Nchelenge District and, with the onset of the rainy season, the immediate decongestion of Kenani Transit Centre was imperative.

Composition of affected population

At the time of the CERF application the total number of asylum seekers at Kenani Transit centre had reached 12,178 individuals clustered in 3,799 households. Of these, 52% were females and 48% were males, and 60% were children below the age of 18. Based on then current rates of arrival, it was projected that by the end of March 2018 the number of refugees would reach 25,000 (including 15,000 children, of whom 1,000 could potentially be unaccompanied), numbers based on which the CERF application was submitted.

Key humanitarian data

An Initial Joint GRZ-United Nations Assessment conducted at the transit centre second week of September 2017 revealed problems linked to childhood diseases, pregnancy and childbirth, adolescent health, and HIV infections. As evidence to further illustrate the health case load, as at 16th November 2017, a total of 19 deaths had been reported since the start of the emergency with 9 under 5 years and 10 adults. A total of 12 asylum seekers died at the hospital, including a maternal death, 3 died at the Chiengi border villages (unregistered asylum seekers), and 4 died at Kenani transit centre. At the same period, there were a total of 167 pregnant women recorded on antenatal care registers of which 2 were HIV reactive; 35 women on post-natal care (1 Caesarean Section); 4 on Anti-Retro Viral Therapy; 35 enrolled in family planning; and 11 TB patients on treatment with 6 new (+) initiated on treatment and 5 continuing on TB treatment. There were 2,436 six-months to 14 years olds vaccinated against measles from 12 September to 11 November 2017 while 1,449 children under 5 accessed under 5 clinic services including routine vaccinations, vitamin A supplementation, growth monitoring and deworming.

Main humanitarian consequences

The continued instability in the DRC at the time suggested that humanitarian partners needed to prepare for these flows to continue throughout 2018. The conflicts forced thousands of people in various provinces to flee their homes and becoming either internally displaced or refugees in neighbouring countries. Majority of refugees arrived in weak and generally poor physical conditions after walking long distances and facing multiple displacements. Kenani Transit Centre where the refugees were temporarily hosted was getting congested and facilities insufficient, which put the population at serious risk of water borne disease outbreaks and of contracting other communicable diseases.

Rationale for CERF funding request

The arriving refugees were accommodated at Kenani Refugee Transit Centre in Nchelenge, initially intended for 5,000 people. This limit was twice expanded, reaching over 12,000 people at one point. Government designated a new site, at Mantapala, to accommodate the refugees. Mantapala is a large site able to accommodate higher numbers but at the outset was totally undeveloped bushland. The CERF funding request was triggered by the need to open a new refugee settlement in Mantapala in view of the significant influx of Congolese refugees into the country and provide life-saving services there, which would enable refugees to be relocated from Kenani, decongesting the Transit Centre and ultimately enabling its closure.

3. PRIORITIZATION PROCESS

An initial Joint Rapid Needs Assessment of Kenani Transit Centre by the Government and a UN multi-sectoral team in September 2017 showed that the Centre had a capacity of 10,000 people, which became the trigger caseload to look for an alternative, longer term settlement site to host the refugees. Mantapala site, some 30km from the Transit Centre and 50Km from the DRC border, was identified as suitable by the Government and partners. The needs assessment also revealed problems linked to childhood diseases, pregnancy and childbirth, adolescent health, and HIV infections. Participating Agencies included UNHCR, UNFPA, IOM, UNICEF, UNDSS along with the Government of the Republic of Zambia (Office of the Commissioner for the Refugees/COR). An additional assessment of Mantapala was done by the Government, UN and NGO partners to determine the work needed to turn it into a refugee settlement.

Two livelihoods needs assessments were undertaken in September 2017 by UNHCR, WFP, GRZ (Ministry of Agriculture) and Zambia Red Cross Society; and in November 2017 by FAO, WFP, UNHCR, Carta Czech Republic, World Vision and GRZ-COR). These showed that most of the refugees depended on subsistence farming, fishing and trading as their main livelihood in DRC and identified relevant specific livelihoods interventions that should be considered at the Mantapala settlement.

UNICEF and UNHCR conducted a joint education needs assessment at Kenani transit Camp to ascertain the needs of the refugee children from the DRC and inform the needs at the proposed Mantapala settlement. Gender and age were taken into account based on the disaggregated data gathered in all ten CERF-funded projects.

4. CERF RESULTS

CERF allocated US\$6,559,772 to the UN system in Zambia from its Rapid Response window to respond to the refugee crisis and sustain the provision of life-saving assistance to 25,000 Congolese refugees in Mantapala in Nchelenge district between December 2017 and August 2018. A total of 15,425 refugees and 4,204 host population were reached with various services and interventions supported through the CERF. Specifically, this funding enabled UN agencies, government and other implementing partners to provide education support benefiting 5,016 refugees (2,405 girls and 2,611 boys); food aid to 13,275; nutrition support to 4,286; access to emergency and child protection, including sexual and gender-based violence response services to 11,684; and access to safe water and appropriate sanitation to 11,538 people.

Multi-Cluster Multi-sector refugee assistance (IOM)

IOM, through the CERF grant, provided logistical assistance to 10,277 refugees (5,241 females, 5,036 males; 6,282 children and 3,995 adults) to move in a safe, orderly and dignified manner with their belongings, from Kenani Transit Centre as well as from some border entry points to Mantapala Refugee Settlement. IOM provided fit to travel medical screening for all refugees prior to movement. Refreshments were provided during movements to all refugees. IOM trained 8 staff on Prevention of Sexual Exploitation and Abuse and sensitized 20 service providers on issues of Sexual Gender Based Violence, Diversity and Humanitarian work ethics.

Multi-Cluster Multi-Sector refugee assistance (UNHCR)

The CERF grant enabled UNHCR to respond to basic domestic item needs of 15,425 new arrivals (5,024 households) from point of entry at border reception centres to Kenani Transit Centre and later Mantapala Refugee Settlement. The new arrivals received Core Relief Items, including kitchen sets, blankets, buckets, jerry cans, sleeping mats, solar lamps, mosquito nets and sanitary items. 4,014 plots were demarcated in Mantapala, of which 3,014 were allocated. 2,667 households were provided with emergency shelter support. 366 GBV cases were provided with assistance and referral (domestic violence 299, child violence 33, sexual abuse 20, attempted rape 8, defilement 2, forced marriage (1), incest (1), and child marriage (2). CERF contributed to the construction of a Registration Centre in Mantapala.

Health (UNICEF, WHO, UNFPA)

The CERF grant enabled UNICEF, working with GRZ, UNHCR and Plan International, to construct a semi-permanent health centre, staff house, incinerator, VIP toilet and handwashing facility. It supported Nchelenge District Health Office to deliver preventive, promotive and curative health services for maternal, new-born and child health to both refugee and host community population, reaching 10,592 refugee population including 6,136 children who were immunized against measles. The CERF grant enabled UNFPA and its partners to strengthen Sexual and Reproductive Health (SRH) and Gender-Based Violence (GBV) services at Kenani and Mantapala. UNFPA deployed five midwives, two professional counsellors and procured 19 Reproductive Health (RH) kits, 145 mama packs and 2,645 dignity kits. UNFPA trained 20 personnel in Minimum Initial Service Package (MISP) and 10 in Emergency Obstetric & Newborn Care (EmONC). SRH and GBV services were provided to 7,459 women and young people. 356 institutional deliveries were conducted by skilled health personnel, including 24 cases of obstetric complications that were referred and successfully managed. Through the CERF funding WHO, in collaboration with the Ministry of Health, provided health services ranging from preventive, curative and promotive health services, which resulted in 10,621 refugees accessing health care.

Education (UNICEF)

The CERF grant enabled UNICEF, with the Ministry of General Education (MoGE), Save the Children and Plan International to support construction of 24 classrooms (temporary learning spaces) in Mantapala Refugee Settlement (six classrooms for Early Childhood Education (ECE), 12 for primary and six for secondary education). This resulted in a total enrolment of 5,016 learners, exceeding the planned target of 3,540 by 1,476 learners. Out of the total enrolled, 204 (116 girls and 88 boys), came from the host community, whilst the rest 4,812 (2,289 girls and 2,523 boys) were refugee learners. By category, 1,217 (625 Female) were enrolled in ECE, 3,582 (1,697 Female) in primary and 217 (83 Female) in secondary school education. The new classrooms provided the learners who were learning in open space setting, with safe and secure learning environment that promoted protection and wellbeing as well as access to quality education. UNICEF and its partners supported recruitment and training of 60 personnel, comprising caregivers and teaching staff (33 Congolese volunteer staff and 27 Zambians). The CERF grant enabled provision of 251 small desks for lower primary school children and 251 large desks for upper and secondary school learners by UNICEF, including 24 teachers' tables and chairs.

Child Protection (UNICEF)

Through this CERF grant, UNICEF and its partners reached 11,684 people (5,988 children and 5,696 adults). A total of 388 Unaccompanied Minors (UAMs) were identified, registered and cared for, and 88 were successfully reunified with their families. Sixty-nine volunteers were trained in identification and monitoring of UAMs and 37 foster parents were trained on the Zambian alternative care guidelines and good parenting in collaboration with the Ministry of Community Development and Social Services (MoCDSS). Four Child Friendly Spaces (CFS) and two Youth Friendly Spaces (YFSS) were established in Mantapala, enabling 5,515 children to access recreational and psycho-social

activities. From CFS and amongst UAM, 572 vulnerable children were identified and referred to specialized services, such as psychosocial support, health, nutrition and Sexual Reproductive and Health (SRH) services. Before relocation of refugees to Mantapala (completed in July 2018), refugee children attended temporary CFS in Kenani transit center. Additionally, 5,696 community members were reached with child protection messages, 717 adult community members were trained in community peer support, whilst 981 refugees in Mantapala actively participated in child protection community-based committee activities. A Child Protection (CP) expert was also deployed in Mantapala for effective coordination of CP interventions. Weekly sector meetings were held to monitor progress.

Nutrition (UNICEF)

Through the CERF grant, UNICEF and its partners provided nutritional screening for acute malnutrition for 3,558 children at Kenani Transit Centre and Mantapala Refugee Camp, out of the planned target of 5,500. Out of the total screened, 291 children were identified, treated and benefited from appropriate malnutrition management. UNICEF also supported procurement and distribution of 400 cartons of Ready to use Therapeutic Foods (RUTF), five cartons of F-100 Therapeutic milk, 10 cartons of F-75 Therapeutic Milk. This contributed towards quality service delivery in the management of Severe Acute Malnutrition (SAM) as well as reduced malnutrition-related mortality and morbidity in children. No stock out of essential commodities for management of acute malnutrition was reported during the implementation period, February to August 2018. To contribute towards improvement of micronutrient status, a total of 364 pregnant women out of the planned 1,625 received iron and folate supplements. An estimated 3,558 children aged 6 to 59 months were reached with vitamin A supplementation, improving their micronutrient status. To enhance service delivery, UNICEF in collaboration with its partners trained 18 health workers and 34 community-based volunteers to provide Infant and Young Child Feeding Counselling services and relevant care for severely malnourished children.

Food Security (WFP)

Through this CERF grant, WFP and its partners provided monthly food assistance to the DRC refugees residing in Kenani Refugee Transit Centre and Mantapala Refugee Settlement, procuring and distributing a total of 954.244 TM of fortified maize meal, 281.950 MT of beans, 59.004 MT of fortified vegetable oil, 10.850 MT of iodised salt, and 19.000 MT of Super Cereal, between April and October 2018. The project reached 13,275 refugees and allowed them to remain food and nutrition secure through the provision of a nutritionally balanced food basket that ensured the minimum daily intake of 2,100 kcal/person. Through post-distribution monitoring exercises, an improvement on the household food consumption score (from 48 percent to 29 percent of female headed house-holds with poor food consumption, and from 42 percent to 29 percent of male-headed households) and on women's dietary diversity was observed. Protein, vitamin A and iron intake had also improved during this time. Negative coping strategies were also seen to have reduced by more than half in all populations, with greater changes observed in female-headed households (21 percent to 8 percent).

WASH (UNICEF)

Through the CERF grant, UNICEF and its partners provided the following services to the refugees in Mantapala Settlement; (i) access to safe and reliable drinking water to an estimated 10,800 refugees, through the drilling of 45 boreholes, of which 44 were equipped with hand pumps and one was mechanized using solar pumping system, (ii) access to improved sanitation facilities to 8,771 refugees through construction of 2,052 households latrines and 2,052 bathing facilities ; and 2,767 through construction of 279 emergency communal latrines. In addition, 11,538 refugees were reached with messages on safe hygiene practices. In this context, 56 refugee volunteers were provided with knowledge and skills to promote safe hygiene practices and 45 community WASH committees were constituted and enabled to manage the provided water supply facilities. These interventions contributed to reduced risk of WASH related diseases among the refugees as well as reduced burden of women and girls in fetching water in a very challenging environment.

5. PEOPLE REACHED

The original projected number of refugees and host population was 25,000, including an estimated 12,500 children. However, based on the actual population of refugees in the camp by 30 July 2018, the target population was revised downwards to 15,000 with a projected number of 7,500 children. In each sector, although the total planned number of people based on the initial projections was not reached, all those actually arriving were provided with needed services. However, in some cases, such as education, the number of individuals reached exceeded the planned numbers. This is because the percentage of actual arrivals of school-going age exceeded the projected numbers and the children were able to be provided with access to the basic safe learning spaces.

Overall, 15,425 refugees were reached through the CERF response with life-saving interventions and services. The number of refugees reached comprised of 7,793 females of which 4,477 were girls below 18 years of age and 3,316 women aged 18 and above. Similarly, 7,632 were male refugees, of which 4,422 were boys below 18 years and 3,210 were men aged 18 and above. There total number of

refugees reached comprised of 8,899 children and 6,526 adults. The local population also benefited from CERF funding. A total of 4,000 local community members accessed preventive and curative health services. Similarly, 204 children from local communities benefited from some form of education support.

Refugees were assigned unique identification numbers by UNHCR, which were also used when providing services and interventions related to the refugees. These unique identification numbers were recorded every time refugees accessed interventions and/or services and this approach prevented double counting as the same identification could not be counted twice or more. This approach was also complemented with service registers which made it easier to identify beneficiaries as well as the services they accessed throughout the response. This also made it easier for agencies to estimate the beneficiaries reached reported in the CERF reports.

TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR¹									
Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Education - Education	2,405	0	2,405	2,611	0	2,611	5,016	0	5,016
Food Security - Food Aid	4,087	2,632	6,719	4,046	2,510	6,556	8,133	5,142	13,275
Health - Health	4,251	3,607	7,858	4,036	2,727	6,763	8,286	6,306	14,592
Multi Sector - Multi-sector	4,477	3,316	7,793	4,422	3,210	7,632	8,899	6,526	15,425
Nutrition - Nutrition	1,822	364	2,186	1,736	364	2,100	3,558	728	4,286
Protection - Child Protection	2,868	3,213	6,081	3,120	2,483	5,603	5,988	5,696	11,684
WASH - Water, Sanitation and Hygiene	3,409	2,398	5,807	3,400	2,331	5,731	6,809	4,729	11,538

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

TABLE 5: TOTAL NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING²									
	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	7,650	5,100	12,750	7,350	4,900	12,250	15,000	10,000	25,000
Reached	5,526	4,776	10,302	5,508	3,819	9,327	11,034	8,595	19,629

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.

TABLE 6: PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY		
Category	Number of people (Planned)	Number of people (Reached)
Refugees	25,000	15,425
IDPs		
Host population	0	4,204

Affected people (none of the above)		
Total (same as in table 5)	25,000	19,629

6. CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to people in need?
 YES PARTIALLY NO

Without CERF funding, the UN agencies would have been challenged to support the Government's humanitarian response in Nchelenge district. CERF funding allowed the UN agencies to promptly respond in delivering life-saving services to 15,425 refugees. Despite a number of challenges, the newly identified site at Mantapala was developed speedily to decongest Kenani Transit Camp and enable well-coordinated delivery of assistance to the refugees. This landmark achievement was a result of the availability of the CERF funds, considering that most agencies had no allocations of humanitarian funds for a refugee response as Zambia is primarily a development context and agencies are postured and resourced accordingly.

b) Did CERF funds help respond to time-critical needs?
 YES PARTIALLY NO

The refugee population was prone to malaria, diarrhoea diseases, including high risk of cholera considering the crowded conditions and ongoing outbreak of cholera in some parts of Zambia. Therefore, the urgent need for access to safe water and appropriate sanitation could not be over-emphasised. Children were also at high risk of malnutrition. The refugees also suffered a variety of injuries and other conditions, which needed urgent attention. Children were found to need vaccination against measles and other routine vaccinations. Likewise, management of common childhood illnesses, malaria prevention and treatment interventions for children and pregnant women were all critically required. Already 12 refugee deaths had been recorded collectively in the nearby villages and in transit camps. The CERF funding enabled the UN, government and partners (NGOs) to respond to these time-critical needs, which averted further loss of lives among the refugees.

c) Did CERF improve coordination amongst the humanitarian community?
 YES PARTIALLY NO

Two levels of coordination helped to ensure that the CERF-funded response worked well even though many agency staff had not previously worked in an emergency humanitarian response environment. First, the operational coordination meetings in the field focused on the effective use of the funds by all agencies represented on the ground, co-chaired by the government and UNHCR. Second, the CERF implementation team in Lusaka was overseen by the Resident Coordinator (RC), specifically looking at the trends of implementation of the CERF funds, querying any emerging deviations, and collectively seeking to unblock challenges where necessary. The CERF Implementation Team prepared the applications for no-cost extensions of the various CERF-funded projects in response to two arising conditions: (i) the number of arrivals tapered off in early 2018 so the numbers of refugees arriving in Zambia did not reach the originally projected numbers of 25,000 refugees; and (ii) actual implementation on the ground was subject to delays because of the exceptionally heavy rainy season, which caused prolonged obstruction of movement including of vital construction materials.

d) Did CERF funds help improve resource mobilization from other sources?
 YES PARTIALLY NO

Despite repeated efforts, it did not prove possible to leverage the CERF funds to raise additional resources to cover the remaining needs during the period of the implementation of the CERF funded projects. Zambia is firmly a development context and agencies are postured accordingly. Development partners in Zambia do not have available humanitarian contingency allocations for Zambia. In addition, the relatively small numbers of this influx, although significant in the local context (amounting to some 10% of the population of the affected district), did not attract international support when set against much larger numbers in other neighbouring countries of the DRC receiving larger numbers of refugees. And, the UNHCR-led Regional Refugee Response Plan for 2018 for countries affected by refugee outflows from DRC did not lead to any resource allocation for Zambia. Meetings with partners in-country led to WFP mobilising some US\$1.64 million of additional funding, which will cover food needs until April 2019. UNICEF continues in negotiation with one partner regarding potential funding for WASH activities extended from an existing development programme for WASH in Zambia.

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

CERF funding enabled agency staff in-country, with little or no previous experience in emergency humanitarian response, to have first-hand practical experience of emergency response, from needs assessment, to the prioritisation and planning stage; operationalising against deadlines; and finally reporting on the CERF-funded projects. Through the CERF projects, already existing partnerships and interactions between the UN system and local government and traditional leaders in Luapula province were further strengthened. The development-humanitarian nexus approach under the Comprehensive Refugee Response Framework under which the CERF-funded projects were implemented ensured that the responsible government line Ministries supported and sustained the provided facilities and/or services, in close coordination with UN in Zambia and other partners.

7. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement
It is possible for different agencies to come together to carry their developmental mandates in a humanitarian emergency environment and respond effectively.	UN Agencies already in-country working under their development mandates can reach across and provide the same services in a humanitarian context – e.g. WASH services: boreholes and latrines being provided under development projects are the same as needed in a newly arising humanitarian situation, so the same expertise can be used rather than bringing in new partners.
The criteria for life-saving should be revisited to include critical activities that are directly linked to saving lives.	Consider allowing CERF funding to cover certain activities that do not qualify under the life-saving criteria but are directly linked to life-saving services or interventions. For example, in the case of Mantapala, training community members as safe motherhood action groups (SMAGs) averted infant and maternal mortality by addressing the culture of home deliveries among this population.
The development-humanitarian nexus CERF approach ensured that the responsible line Government ministries supported and sustained the provided facilities and/or services.	Consider allowing part of the CERF funding to enable government to build in a CERF approach from the very outset.
In a development context, the in-country capacity to respond to emergency situations needs to be strengthened to minimize reliance on coordination from regional level to manage CERF.	Consider what more can be done by way of offering training to more focal points in RCO and agencies on emergency humanitarian response to build up a cadre of staff in country with knowledge of emergency response mechanisms.
Difficulties in striking a balance between available financial resources from CERF and minimum government standards for schools and health posts.	Funding for construction with CERF funding should be harmonized with host government minimum standards for schools and health facilities so that the support is adequate to cover minimum requirements for construction projects in humanitarian emergency response. This could be considered for the potential update of the CERF life-saving criteria.
Mantapala remains as a community, but without livelihood interventions starting early enough, the refugees remain dependent on direct assistance (transfer of food or non-food items, or cash) for longer after the CERF funds are exhausted.	In a development context where CERF funds do not easily lead to the mobilization of additional humanitarian funding, consider for the CERF to provide more funding for a longer period to support the transition from immediate lifesaving activities through the establishment of livelihood interventions, e.g. according to planting/growing seasons, as well as taking into account host country budgeting cycles. This would support the wide aspirations of taking a CERF approach.

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TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
The already existing partnerships and interactions with the local government and traditional leaders in Luapula province helped to build a sustainable response which would have taken longer without this relationship	Participate in various forums and national working groups to continue periodically to interact with government line Ministries, local government and traditional leaders at all levels to nurture the partnerships, including communication of UN achievements to strategic partnerships	RC, RCO, UNCT
Cultural issues should be taken in consideration in designing interventions that go along with the refugee response otherwise associated barriers may impact negatively on the response	Assessments at project design stage should interrogate the cultural issues surrounding the target population and fully incorporate traditional leaders and their staffs, as well as district and ward level authorities.	Responsible agencies
From the onset there is need to create linkages between the refugee response with other development interventions and activities at strategic level to enhance sustainability even after the funding cycle for the response comes to an end	Sustainability should be part of a humanitarian exit strategy for a refugee response such as Mantapala which should link to other development interventions and activities at strategic level especially transitioning to community-level livelihood interventions as well as individual household livelihood interventions	RC/UNCT
Site selection for a refugee settlement camp needs to be guided by some site feasibility studies and/or suitability assessments otherwise selection of a wrong site can be costly to the refugee response	UN side in discussion with host government should ensure that site selection for a refugee settlement camp is guided by an up to date physical mapping and planning survey from the local authorities BEFORE final decisions are made and before camp design and planning begins, to avoid unforeseen problems such as high-water table posing a risk of flooding.	UNHCR/UNCT/RC
Daily transportation of Health Care Providers to and from Mantapala proved to be costly as there was no accommodation for them	Site selection for refugee resettlement should as far as possible take into consideration lodging facilities for health care workers and CERF project staff to minimise transportation cost which could take up financial resources for critical components of the response	UNHCR/UNCT
Involvement of government, traditional leaders and local authorities from the on-set is very critical in creating buy-in and ownership of the response	The government, traditional leaders and local authorities must be involved from inception (project design) and throughout the implementation period for the CERF project	UNHCR/UNCT/RC
Joint problem solving during CERF project implementation is more effective than leaving individual agencies to solve their own problems	The weekly CERF implementation team meetings should be used as vehicle for joint problem solving, which is more effective, as opposed to leaving individual agencies to address their own implementation challenges	UNHCR/UNCT/RC
While temporary shelter (wooden frame and plastic sheeting) was provided to refugees at Mantapala	The refugee settlement could adopt the rhythm of village and community seasonal tasks, including	Project Field Staff

<p>through the response, they should have been encouraged to make bricks using local materials in the dry season to build permanent structures the same way the local community prepared for the rain season</p>	<p>preparations for the rainy season during the dry season such as fired clay brick-making and field preparation. For example, refugees could have been encouraged to make bricks along with local community to enable them to upgrade their temporary shelters in readiness for the rainy season as the temporary shelters have a high risk of being washed away</p>	
<p>Some decisions were made centrally while implementation of activities was done on the ground and led to a few lapses, however, further consultations alleviated further challenges</p>	<p>There is need to improve the reporting links between field staff and UNCT level through submission of weekly briefing and progress update reports to the CERF Implementation team</p>	<p>Operational coordination team in the field/CERF Implementation team in Lusaka/UNCT/RC</p>

PART II

8. PROJECT REPORTS

1.1. Project Report 18-RR-IOM-001 - IOM

1. Project information			
1. Agency:	IOM	2. Country:	Zambia
3. Cluster/Sector:	Multi-Cluster - Multi-sector refugee assistance	4. Project code (CERF):	18-RR-IOM-001
5. Project title:	Provision of transportation assistance to DRC Refugees in Luapula Province of Zambia		
6.a Original Start date:	02/02/2018	6.b Original End date	01/08/2018
6.c. No-cost Extension	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	if yes, specify revised end date:	31/08/18
6.d Were all activities concluded by the end date (including NCE date)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)		
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$1,593,765
	b. Total funding received for agency's sector response to current emergency:		US\$ 560,002
	c. Amount received from CERF:		US\$ 560,002
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 0
		<ul style="list-style-type: none"> ▪ Government Partners ▪ International NGOs ▪ National NGOs ▪ Red Cross/Crescent 	

2. Project Results Summary/Overall Performance
<p>IOM, through the CERF Rapid Response grant, provided logistical assistance to a total of 10,277 refugees (5,241 females, 5,036 males; 6,282 children and 3,995 adults) to move with their belongings, from Kenani Transit Centre as well as from some border entry points at Chiengi, Mwense and Kaputa, to Mantapala Refugee Settlement in Luapula Province. IOM provided 'fit to travel' medical screening for all refugees prior to their movement. Refreshments were provided during movements to all 10,277 refugees.</p> <p>IOM trained 8 staff on Prevention of Sexual Exploitation and Abuse (PSEA) and sensitized 20 service providers on issues of Sexual Gender Based Violence (SGBV), Diversity and Humanitarian work ethics.</p> <p>The project was implemented in Luapula Province between February and August 2018. At the end of the project a total of 10,277 refugees had been moved in a safe, orderly and dignified manner. Their relocation has enabled them to access lifesaving assistance and livelihood activities provided by other partners in the settlement.</p>

3. Changes and Amendments

Logistical challenges were experienced at the beginning of the project as a result of unusual heavy rainfall that worsened as the project progressed. The heavy rainfall continued beyond what is usually characterized as the end of the rainy season, which seriously affected access to the settlement and conditions for service provision. Moreover, as a result of the heavy rains a portion of the main road between the transit centre and Mantapala Settlement collapsed and effectively stalled many of the activities, including bringing in of any personnel or goods and relocation movements. This compounded the challenges that were already being experienced with major sections of the road being barely passable, particularly for the heavy trucks taking in materials for construction and those for the movement of refugees from Kenani to Mantapala.

This delayed the establishment of service provisions in Mantapala and ultimately limited the number of refugees to be moved in the original timeframe as numbers to be moved depended on the capacity of service provision at the receiving end. Despite these challenges, IOM continued to move smaller numbers of refugees weekly, following mitigating measures put in place by the Office of the Commissioner for Refugees (COR) and United Nations High Commission for Refugees (UNHCR). Due to the smaller numbers being moved, IOM was not going to meet the target by the original timeframe. This necessitated the request for a No Cost Extension (NCE), which was approved by the Emergency Relief Coordinator. Following the approval of the NCE, IOM working with partners devised an acceleration plan which entailed scaling up movements to twice a week, of not less than 1,000 refugees. This helped IOM to meet and exceed its target of providing logistical assistance for the safe and orderly migration of 10,000 refugees.

Secondly, the project had initially anticipated to move approximately 32 per cent of the target population from Chiengi border to Mantapala Refugee Settlement. The distance from Chiengi Border to Mantapala Refugee Settlement via Kawambwa (235km) is considerably longer than from Kenani to Mantapala (130km). However, given the limited arrivals at these entry points during the project timeframe, the majority of the movements under the CERF project originated from Kenani Transit Centre directly to Mantapala Settlement. Due to the shorter distances involved and also established partnerships with services providers under the project, IOM was able to make significant cost savings. This allowed IOM to exceed the original target of 10,000 by an additional 277 refugees.

4. People Reached

4a. 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	3,060	2,040	5,100	2,940	1,960	4,900	6,000	4,000	10,000
Reached	3,193	2,048	5,241	3,089	1,947	5,036	6,282	3,995	10,277

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

Category	Number of people (Planned)	Number of people (Reached)
Refugees	10,000	10,277
IDPs		
Host population		
Affected people (none of the above)		
Total (same as in 4a)	10,000	10,277

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or

There were no significant discrepancy between planned and reached beneficiaries

<i>category distribution, please describe reasons:</i>	
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5. CERF Result Framework

Project objective	To safely transport DRC Refugees in Luapula Province to the Designated Refugee Settlement
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Output 1	Refugees have timely access to safe, orderly and dignified movement from the entry/hosting centres to dedicated settlement site(s).			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of refugees safely moved from reception/ transit centre to the refugee settlement in an orderly and dignified manner	10,000	10,277	Movement Manifest
Indicator 1.2	Number of refugees en route to Mantapala who receive refreshments	10,000	10,277	Movement Manifest
Indicator 1.3	Percentage of refugees referred for special medical assistance during the transportation assistance	1,500	825	Fit to travel Certificates
Explanation of output and indicators variance:		The numbers of those referred for special medical assistance during travel were reduced significantly due to special medical travel arrangements, which included medical escorts, standby vehicle used as ambulance and health points identified for referral en route. Moreover, cases with illnesses were immediately treated and would move on the next movement.		
Activities	Description	Implemented by		
Activity 1.1	Coordinate receipt of manifest from UNHCR/ GRZ and put in place arrangements for travel, notifying relevant partners in advance of departure	IOM, in coordination with Government of Zambia and UNHCR		
Activity 1.2	Carry out safe, orderly and dignified transportation of refugees from reception/ transit site to refugee settlement, including with requisite escorts	IOM		
Activity 1.3	Procurement of biscuits and mineral water for targeted refugees en route to Mantapala	IOM		
Activity 1.1	Identify, assist and refer medical and other vulnerable cases during transportation process	IOM, in coordination with Government of Zambia		
Activity 1.2	Safe handover of refugees to staff at Mantapala for onward assistance and service provision	IOM, in coordination with Government of Zambia and UNHCR		
Activity 1.3	Ensure that all cases are recorded in database, including gender disaggregation and other demographic details	IOM		

6. Accountability to Affected People

A) Project design and planning phase:

Even though the project was designed at the peak of the emergency, a rapid inter-agency assessment was conducted at the onset of the crisis in which IOM participated. The observations and interactions with the new arrivals during this assessment helped to inform the types of logistics required to transport the refugees from Kenani Transit centre to Mantapala Refugee Settlement. For example, by observing and inquiring about the type of personal belongings the new arrival had help to determine the mode of vehicle to use for transportation. The outcomes of the said assessment informed the initial design of the project. As such IOM used the findings to consolidate the immediate life-saving needs of the refugees. In the meantime, IOM continued to interact with UNHCR and the Government of the Republic of Zambia (GRZ) who were in touch with persons of concern making sure that their humanitarian requirements were addressed on a timely basis.

B) Project implementation phase:

The beneficiaries were given clear information on their travel and their destination, and of relevant services to be received upon arrival by UNHCR and other partners. A feedback and complaints mechanism was established where beneficiaries selected at random, were served with satisfactory survey questionnaires when boarding the buses. They were requested to deposit their responses in the settlement joint suggestion box. This box was opened jointly every monthly by the Refugee Officer and other team members from partner organizations. A few responses were received, though all with positive feedback. IOM, however continued to coordinate with UNHCR throughout project implementation in order to confirm and ensure the availability of services (e.g. food, shelter, etc.) and that the services were prepared in line with the number of beneficiaries recorded within the manifest and that special needs (e.g. wheelchair, crutches) were taken into consideration at the final destination.

C) Project monitoring and evaluation:

IOM was part of the CERF implementation team at UN Country Team level. Regular coordination meetings both in Lusaka and in Luapula Province were held to ensure coordination of activities in the field during the implementation period. IOM Lusaka office attended all inter-agency meetings and provided weekly situation and monthly reports to the Resident Coordinators Office.

At the field level, IOM also participated in the inter-agency meetings which served as a platform to monitor the performance of all sectors that were engaged in the response. The project manager, and the operations focal person undertook to review weekly and monthly progress reports and provided feedback to the staff in the field. In addition, field visits were undertaken to ensure smooth implementation of the project. The feedback received from the surveys were also used as a measure to check if the field operations were meeting the beneficiaries' expectations.

7. Cash-Based Interventions

7.a 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 planned	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

1.2. Project Report 18-RR-HCR-001 - UNHCR

1. Project information			
1. Agency:	UNHCR	2. Country:	Zambia
3. Cluster/Sector:	Multi-Cluster - Multi-sector refugee assistance	4. Project code (CERF):	18-RR-HCR-001
5. Project title:	Multi sectoral assistance to Congolese Refugees and Asylum seekers in Nchelenge District (Luapula Province of Zambia)		
6.a Original Start date:	01/01/2018	6.b Original End date	30/06/2018
6.c. No-cost Extension	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	if yes, specify revised end date:	30/08/2018
6.d Were all activities concluded by the end date (including NCE date)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)		
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 32,000,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 8,900,000
	c. Amount received from CERF:		US\$ 2,025,521
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 503,010
	<ul style="list-style-type: none"> ▪ <i>Government Partners</i> US\$ 118,900 ▪ <i>International NGOs</i> US\$ 384,110 ▪ <i>National NGOs</i> ▪ <i>Red Cross/Crescent</i> 		

2. Project Results Summary/Overall Performance

By December 2017, Zambia had received over 12,000 Congolese new arrivals in Nchelenge, Luapula Province, above the existing refugee population of approximately 43,000, for which UNHCR had planned. Through this CERF grant, UNHCR was able to respond to basic domestic item needs of 15,425 new arrivals (5,024 households) right from the point of entry at the border reception centres through to Kenani Transit Centre (KTC) and eventually in Mantapala Refugee Settlement, when it was established. The new arrivals were supported with various Core Relief Items (CRIs), which included kitchen sets, blankets, buckets, jerry cans, sleeping mats, solar lamps, mosquito nets and sanitary items. In addition, a total of 4,014 plots were demarcated, out of which, 3,014 were allocated to refugees that relocated to the newly established Mantapala Refugee Settlement. In the same vein, 2,667 households were provided with emergency shelter support. In terms of SGBV, a total of 366 various cases, which included domestic violence (299), child violence (33), sexual abuse (20), attempted rape (8), defilement (2), forced marriage (1), incest (1) and child marriage (2) were provided with appropriate assistance and referral. CERF also contributed to the construction of a Registration Centre in Mantapala.

3. Changes and Amendments

In terms of actual activities and targets, UNHCR largely remained within what was originally proposed and approved. The only changes/amendments during implementation had to do with modalities for delivery as well as the overall project duration as outlined below:

1. **No Cost Extension** – due to adverse weather conditions experienced during the implementation period in Nchelenge, which resulted in delays particularly related to delivery of items and construction activities, UNHCR had to request for a no cost extension to end implementation on August 30th, 2018, rather than June 30th 2018 as initially planned, which was approved by the CERF Secretariat.
2. **Re-programming** - Shelter construction support and SGBV activities should have been implemented directly by UNHCR as originally planned. However, with time, the growing influx placed increasing pressure on UNHCR’s existing capacity. Hence UNHCR requested a change in implementation arrangements to instead bring in a partner to execute these activities, which was approved by the CERF Secretariat.
3. **Target Population** - UNHCR initially projected to receive 20,000 new arrivals, but only recorded 15,425 individuals, when the population was at its peak in June 2018. However, due to the unpredictability of the situation in Congo, no adjustments were proposed to the overall population target, which was maintained to the end of the project. Notwithstanding, UNHCR was still able to meet its targets for shelter construction, which was actually exceeded by 167 structures. In terms of CRIs (especially sanitary items), even though the beneficiary population turned out to be slightly lower than estimated, all CERF procured CRIs within the budget (which in some cases happened to be less quantities than planned owing to price fluctuations) were distributed.

4. People Reached

4a. 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	6,120	4,080	10,200	5,880	3,920	9,800	12,000	8,000	20,000
Reached	4,477	3,316	7,793	4,422	3,210	7,632	8,899	6,526	15,425

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

Category	Number of people (Planned)	Number of people (Reached)
<i>Refugees</i>	20,000	15,425
<i>IDPs</i>		
<i>Host population</i>		
<i>Affected people (none of the above)</i>		
Total (same as in 4a)	20,000	15,425

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

The proposed number of direct beneficiaries was based on the assumption that there would be a sustained and consistent inflow. However, the number of new arrivals declined from February 2018. Despite this reduction, the situation in Congo remained highly unpredictable; hence the overall target population was maintained throughout the project.

Nevertheless, the project was still able to meet its sub-target population in all other sectors. The only exception was with CRIs (including sanitary items), where less beneficiaries were reached than planned. However, this was offset by the fact that (i) the cost of some items had fluctuated at the time of procurement and therefore less quantities were procured and (ii) in other cases more quantities of procured items were distributed than initially

envisaged, based on actual need. Therefore, all procured CRIs within the budget were distributed to the existing beneficiaries.

5. CERF Result Framework

Project objective	To provide life-saving assistance in all sectors (Protection, Food, Shelter, Health, Nutrition) to Congolese refugees/asylum seekers
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Output 1	Refugees have effective access to protection and life-saving interventions			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# of PoC registered on an individual basis with minimum set of data required	20,000	15,425	Progress database
Indicator 1.2	Extent known SGBV survivors receive appropriate support	Yes/No	Yes	Partner report
Indicator 1.3	Relocation support provided (yes/no)	Yes	Yes	UNHCR report
Explanation of output and indicators variance:		<p>Out of a target of 20,000 individuals, a total of 15,425 individuals (5,024 households) were registered when the population was at its maximum. The situation in the DRC remained precarious, hence the target of 20,000 was maintained to the end of the project. However, this small difference in population was insignificant in affecting CERF targets, which overall were still achieved</p> <p>In terms of SGBV, which did not really have a set target, a total of 366 various cases, which included domestic violence 299, child violence 33, sexual abuse 20, attempted rape 8, defilement 2, forced marriage 1, incest 1 and child marriage 2 were provided with appropriate assistance and referral. CERF also contributed to the construction of a registration centre in Mantapala.</p>		
Activities	Description	Implemented by		
Activity 1.1	Conduct individual biometric registration and documentation for all refugees upon arrival at Transit Centre	Ministry of Home Affairs (MHA) Commissioner for Refugees (COR)		
Activity 1.2	Conduct Border monitoring on daily basis and relocate intercepted asylum seekers to reception centres and/or transit center	UNHCR and Ministry of Home Affairs (MHA), Office of the Commissioner for Refugees (COR)		
Activity 1.3	Provide specialized services to persons with specific needs including child protection and response to SGBV and assistance to persons with disabilities and set up case management systems and referral pathways	CARE Canada		
Activity 1.4	Provide transport from the WFP point of delivery (warehouse) and distribution costs to the refugee population on the site.	Aktion Afrika Hilfe (AAH)		

Output 2	Refugees are provided with transitional shelters and core relief items			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	# of households receiving core relief items	5,000 (4 people per household)	5,024	Progress database

Indicator 2.2	# of PoC receiving shelter support (shelter kits) 2,500	10,000	10,668	Partner report
Indicator 2.3	# of vulnerable HH receiving tents as emergency shelters (12.5%)	625	660	Partner report
Indicator 2.4	# of women receiving sanitary materials	6,800	4,350	Distribution report
Indicator 2.5	Camp coordination and management stakeholders (government, service providers, camp population representatives) participated in preparing the camp site plan (yes/no)	Yes/ No	Yes	Minutes of Inter-agency meetings

Explanation of output and indicators variance:

CERF targets were met and exceeded for shelter support (2,667, which was above the planned 2,500), tents (660 compared to 625) and camp coordination. However, for CRIs, especially sanitary items, less women were reached but with essentially the same number of items that was budgeted because (i) the cost of some items had fluctuated at the time of procurement and therefore less items were actually procured and (ii) in other cases more quantities of procured items were distributed than initially envisaged, based on actual need.

Inter-agency meetings were held monthly, chaired by MHA Commissioner for Refugees (COR), attended by all stakeholders in Kenani and later Mantapala. MHA COR also facilitated the demarcation of a total of 4,014 plots, out of which 3,014 were allocated as at August 31st.

Activities	Description	Implemented by
Activity 2.1	Procure and distribute standard set of core relief items to all refugee families and sanitary materials to women and girls of 13 – 45 age arriving Zambia in accordance with the Distribution protocols	UNHCR
Activity 2.2	Procure and distribute standard shelter materials to all refugee households for construction of temporary shelters on self-help basis.	UNHCR / CARE
Activity 2.3	Assist line ministry for site planning and demarcation of plots at identified refugee settlement as well as putting some of the vital structures (i.e. Save haven for SGBV survivors, registration office, etc) in place	UNHCR / COR
Activity 2.4	Establish coordination mechanism for effective management of activities in the Transit Center and Refugee Settlement	UNHCR / COR

6. Accountability to Affected People

A) Project design and planning phase:

The project was designed after August when the influx began to manifest and there were no other sources of funding available to address the most urgent needs. This was a typical emergency situation characterised by various competing activities, limited UNHCR capacity and therefore no chance to conduct a more structured consultation with the beneficiaries. Thus, a lot of needs were picked up through interaction with the new arrivals in the process of tending to their needs, as well as through observation of the prevailing environment, compared to acceptable standards. In addition, the proposal to CERF was further informed by the country's emergency plan, which had input from many other stakeholders.

B) Project implementation

Mantapala Refugees Settlement, which never existed before CERF, and to a great extent owes its establishment to CERF, makes a very good case study for CERF interventions. Involvement and accountability of the affected population at different levels is described below:

Transparency: The beneficiary population was provided with relevant information through their democratically elected leaders. Monthly meetings were held with these leaders to update them on different activities, projects and partners in the settlement, as well as to give them an opportunity to bring out their views and opinions (collected from the wider population), regarding activities/projects undertaken in the settlement.

Feedback and Complaints: Feedback / Complaint boxes were placed in different locations in Mantapala settlement where affected people report various aspects related to the project. A multi-functional committee was formed to periodically open these boxes and review the issues raised, which are then referred to appropriate cluster sectors for action/feedback. This committee follows-up to ensure that issues raised receive attention.

Participation: Refugee participation in managing affairs is not only through their democratically elected leadership but also directly through various committees and action groups such as the Food Distribution Committees, Community Police, SGBV Community Groups, Child Protection Groups and hygiene promoters. The suggestions and feedback received from the beneficiaries, reviewed in the appropriate stakeholder sector clusters, have been very helpful in strengthening implementation and responding to emerging challenges.

C) Project monitoring and evaluation:

Monitoring of this project during the implementation phase was done through existing structures in the settlement using the following approaches;

Transparency: The beneficiary population was provided with relevant information through their democratically elected leaders. Monthly meetings were held with these leaders to update them on different activities, projects and partners in the settlement, as well as to give them an opportunity to bring out their views and opinions (collected from the wider population), regarding activities/projects undertaken in the settlement.

Feedback and Complaints: Feedback / Complaint boxes were placed in different locations in Mantapala settlement where affected people report various aspects related to the project. A multi-functional committee was formed to periodically open these boxes and review the issues raised, which are then referred to appropriate cluster sectors for action/feedback. This committee follows-up to ensure that issues raised receive attention.

Participation: Refugee participation in managing affairs is not only through their democratically elected leadership but also directly through various committees and action groups such as the Food Distribution Committees, Community Police, SGBV Community Groups, Child Protection Groups and hygiene promoters. The suggestions and feedback received from the beneficiaries, reviewed in the appropriate stakeholder sector clusters, have been very helpful in strengthening implementation and responding to emerging challenges

7. Cash-Based Interventions	
7.a 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?	
As the project is part of the overall UNHCR's programmes, the evaluation will be part of the broader UNHCR post review of activities, which includes an internal and/or external financial audit. In addition, there will be a Participatory Assessment (PA) conducted with the beneficiaries in November 2018, which will be an opportunity to receive feedback on activities implemented under CERF.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input checked="" type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

1.3. Project Report 18-RR-CEF-002 - UNICEF

1. Project information			
1. Agency:	UNICEF	2. Country:	Zambia
3. Cluster/Sector:	Protection - Child Protection	4. Project code (CERF):	18-RR-CEF-002
5. Project title:	Strengthen Protection of Asylum Seekers from DRC		
6.a Original Start date:	01/02/2018	6.b Original End date	31/07/2018
6.c. No-cost Extension	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	if yes, specify revised end date:	31/08/2018
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	Total requirement for agency's sector response to current emergency:		US\$ 250,000
	Total funding received for agency's sector response to current emergency:		US\$ 125,704
	Amount received from CERF:		US\$ 125,704
	Total CERF funds forwarded to implementing partners of which to:		US\$ 82,500
	<ul style="list-style-type: none"> ▪ Government Partners ▪ International NGOs ▪ National NGOs ▪ Red Cross/Crescent 		US\$ 82,500

2. Project Results Summary/Overall Performance
<p>Through this CERF grant, UNICEF and its partners reached 11,684 people (5,988 children and 5,696 adults). A total of 388 Unaccompanied Minors (UAMs) were identified, registered and cared for whilst 88 were successfully reunified with their families. Sixty-nine volunteers were trained in identification and monitoring of UAMs and 37 foster parents were trained on the Zambian alternative care guidelines and good parenting in collaboration with the Ministry of Community Development and Social Services (MCDSS).</p> <p>Following establishment of four Child Friendly Spaces (CFS) and two Youth Friendly Spaces (YFSs) in Mantapala, 5,515 children attended recreational and psycho-social activities. From CFS and amongst UAM, 572 vulnerable children were identified and referred to specialized services, such as, psychosocial support, health, nutrition and Sexual Reproductive and Health (SRH) services. Preceding relocation of refugees (completed in July 2018), refugee children attended temporary CFS in Kenani transit center.</p> <p>Additionally, 5,696 community members were reached with child protection messages, 717 adult community members were trained in community peer support, whilst 981 refugees in Mantapala actively participated in child protection community-based committee activities. A Child Protection (CP) expert was also deployed in Mantapala for effective coordination of CP interventions. Weekly sector meetings were held to monitor progress.</p>

3. Changes and Amendments

The project was granted a no-cost extension by CERF Secretariat in May 2018. This was requested because of the delays in the relocation of refugees from Kenani Transit Center to Mantapala and the heavy rains that affected the transportation of construction supplies and establishment of CFSs and YFSs in Mantapala settlement.

Targets of the project proposal were revised to align with the number of refugees in Luapula Province. In the design phase, targets were set with a projection of 25,000 asylum seekers (15,000 minors) reaching Northern Zambia by March 2018. However, in April 2018, the number of registered refugees only reached 15,310 (with the number of unde-rage reaching 8,814), therefore the target of the indicator # *children enrolled in psychosocial support activities* originally set at 9,000 (representing 60% of the total expected number of children), was revised to 5,500 children. The target of the indicator # *of children at risk/vulnerable children identified and referred to available services or community-based care and support* was revised from 1,020 to 605.

The total number of beneficiaries of the project was reduced from 19,250 to 12,000 (5,500 children and 6,500 adults, 6,750 females and 5,250 male). Despite the reduction in the target population and direct beneficiaries, activities, such as, the set-up of CFSs and YFSs, community-based risk mitigation, and the assistance to vulnerable unaccompanied children were still deemed necessary and were implemented as planned.

4. People Reached

4a. 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
Plann	3,000	3,750	6,750	2,500	2750	5,250	5,500	6,500	12,000
Reac	2,868	3,213	6,081	3,120	2,483	5,603	5,988	5,696	11,684

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

Category	Number of people (Planned)	Number of people (Reached)
Refugees	12,000	11,684
IDPs		
Host population		
Affected people (none of the above)		
Total (same as in 4a)	12,000	11,684

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

The main discrepancy noticed was related to the larger number of boys as beneficiaries compared to girls.

5. CERF Result Framework

Project objective	To Enhance the protection of Congolese asylum seekers in Zambia
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Output 1	Separation of children from families is prevented and addressed and family-based care is promoted			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# of unaccompanied children identified and tracing activated	300	388	Implementing partner weekly registers and weekly reports, field monitoring meetings
Indicator 1.2	# of unaccompanied children receiving interim care support and regularly monitored	250	388	Implementing partner weekly registers and weekly reports, field monitoring meetings
Indicator 1.3	# of children separated reunified	200	88	Implementing Partners identification records
Explanation of output and indicators variance:		The reunification of unaccompanied children was very challenging because of the difficulties in starting the tracing procedures for caregivers residing in the DRC. The International Committee of the Red Cross (ICRC) supported the family tracing process for some of the unaccompanied children, but only 88 children were successfully reunified. All the identified UAM were regularly monitored and followed up by trained volunteers and 37 parents informally fostering unaccompanied children were trained on Zambian fostering guidelines and good parenting.		
Activities	Description	Implemented by		
Activity 1.1	Train 100 volunteers in identification, registration and referral of unaccompanied children	UNICEF and Save the Children		
Activity 1.2	Set up desks for registration and follow up of unaccompanied children	UNICEF and Save the Children		
Activity 1.3	Establish informal interim/alternative care support for unaccompanied children waiting for family reunification	UNICEF and Save the Children		
Activity 1.4	Regularly monitor the conditions of unaccompanied children in interim care settings	UNICEF/ Save the Children/ MCDSS		
Output 2	Violence, exploitation and abuse of children, adolescents and women is prevented and addressed, and psychosocial support has provided to children and care givers			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	# of functional CFSs/Youth Friendly Space	6	6	Implementing partners weekly reports and field monitoring visits reports including pictures
Indicator 2.2	# of children and adolescents enrolled in psycho-social support activities	5,500	5,515	CFS registers
Indicator 2.3	# of children at risk/vulnerable children identified and referred to available services or community-based care and support	605	572	CFS Registers
Explanation of output and indicators variance:		The number of children at risk identified and referred to services was slightly lower than expected. Referrals to school activities was not always regularly tracked, especially in the first months of implementation when CFS volunteers were not yet very familiar with the tracking system for these cases. Once a refresher training on identification and referral for volunteers, the referrals started being regularly tracked.		
Activities	Description	Implemented by		
Activity 2.1	Procure recreational kits and equipment for Child Friendly Spaces	UNICEF		

Activity 2.2	Strengthen 6 CFSs and establish 2 Youth Friendly space that can serve as platforms for identification of protection concerns, recreation, informal education and psychosocial support activities	UNICEF and Save the Children
Activity 2.3	Train 80 CFS and Youth Centres facilitators/ volunteers in basic PSS and safe referrals	UNICEF and Save the Children
Activity 2.4	Establish a basic coordination system for identification and referral of children at risk including procedures for referral at community level and to existing services providers	UNICEF
Activity 2.5	Provide Psychosocial support and basic counselling to vulnerable children and adolescents	UNICEF and Save the Children

Output 3	Community based child protection mechanisms are strengthened			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	# parents trained in peer support and good parenting	612	717	Save the Children monthly report and training reports
Indicator 3.2	# community members reached with child protection messages	6,120	5,696	Save the Children monthly reports, field monitoring visits reports from UNICEF Child Protection Expert
Indicator 3.3	# and % community members participating in child protection groups / support networks to prevent and respond violence against children	816– 13% (of the total adult population)	981	Save the Children monthly reports
Explanation of output and indicators variance:		Fewer community members were reached than anticipated due to the lower overall number of refugees.		
Activities	Description	Implemented by		
Activity 3.1	Train community members (parents) in basic child protection, PSS and good parenting and activate community-based peer support and parents group	UNICEF and Save the Children		
Activity 3.2	Raise awareness on child protection issues among community members	UNICEF and Save the Children		
Activity 3.3	Conduct regular field monitoring visits	UNICEF		

Output 4	Sectors coordination and information management system strengthened			
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	% of population covered by monitoring system	80%	80%	Child Protection Expert Monitoring Reports
Explanation of output and indicators variance:		No variance		
Activities	Description	Implemented by		
Activity 4.1	Set up a basic information management system to collect and monitoring Child Protection programming related data	UNICEF/UNHCR		
Activity 4.2	Set up field-based coordination mechanism for Child Protection actors	UNICEF/UNHCR		
Activity 4.3	Collect and analyse Child Protection data	UNICEF/UNHCR		

6. Accountability to Affected People

A) Project design and planning phase:

During the design phase, UNICEF conducted an assessment of the needs of children and adolescents in the Kenani Transit Center, collecting information through a series of meetings and discussion groups with children, adolescents, and refugee community leaders. In this phase, important feedback from community members was taken into consideration for the design of the project, such as, the need to fence the CFS area, the need to integrate activities for parents in the CFSs in the late afternoon, the suggestions to organise specific activities for pre-school children.

B) Project implementation phase:

During the implementation of the project, UNICEF engaged refugee community members in regular Focus Group Discussion (FGDs) to provide information on the project activities and gather their feedback. The UNICEF Child Protection expert deployed in Mantapala organized regular FGDs with children and youth participating in CFS activities, members of the Child Protection Committees, members of the Parent Teacher Association (PTA) associations, and representatives of refugee leader groups.

UNICEF also took part in the participatory assessment led by UNHCR in February 2018. UNICEF facilitated the FGDs with young people and children. The assessment process included discussion with the refugee community on the protection risks faced by refugee children and adolescents, causes, proposed solutions and capacities among refugee community to respond to those risks. During this exercise, issues, such as, the lower participation of girls in CFS activities was discussed and solutions proposed to further engage girls in activities (such as, changing the activity plan and moving activities in the afternoon for young people so that girls could attend).

C) Project monitoring and evaluation:

Monitoring visits were organized on a weekly basis in Mantapala and Kenani Transit Center. During the monitoring visits, the Child protection Expert engaged with community members, beneficiaries of CFS and YFSs, members of parents' associations and the child protection community members and the volunteers responsible for the centers' activities. Their feedback and suggestions on how to improve the centers' activities were regularly tracked and discussed with the implementing partner (Save the Children) and at the Protection sector meetings.

7. Cash-Based Interventions

7.a 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?

An evaluation of the project was not planned because regular monitoring has been ensured during the implementation of the project. Regular feedbacks were collected on a weekly basis and the project activities adjusted to better serve beneficiaries, and ensure project targets were reached.

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

1.4. Project Report 18-RR-CEF-003 - UNICEF

1. Project information			
1. Agency:	UNICEF	2. Country:	Zambia
3. Cluster/Sector:	Education	4. Project code (CERF):	18-RR-CEF-003
5. Project title:	Enhance access to quality education for refugees arriving in Zambia from DRC		
6.a Original Start date:	01/02/2018	6.b Original End date	31/07/2018
6.c. No-cost Extension	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	if yes, specify revised end date:	31/08/2018
6.d Were all activities concluded by the end date (including NCE date)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)		
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 2,471,754
	b. Total funding received for agency's sector response to current emergency:		US\$ 240,766
	c. Amount received from CERF:		US\$ 240,766
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 212,890
	<ul style="list-style-type: none"> ▪ Government Partners US\$ 28,336 ▪ International NGOs US\$ 184,554 ▪ National NGOs ▪ Red Cross/Crescent 		

2. Project Results Summary/Overall Performance

UNICEF together with MoGE, Save the Children and Plan International, successfully supported construction of 24 classrooms (temporary learning spaces) in Mantapala Refugee Settlement (six classrooms for ECE, 12 for primary and six for secondary education). This resulted in a total enrolment of 5,016 learners, exceeding the planned target of 3,540 by 1,476 learners. Out of the total enrolled, 204 (116 girls and 88 boys), came from the host community, whilst the rest 4,812 (2,289 girls and 2,523 boys) were refugee learners. By category, 1,217 (625 Female) were enrolled in ECE, 3,582 (1,697 Female) in primary and 217 (83 Female) in secondary school education. The new classrooms provided the learners who were learning in open space setting, with safe and secure learning environment that promoted protection and wellbeing as well as access to quality education.

UNICEF and its partners, further supported recruitment and training of 60 personnel, comprising caregivers and teaching staff (33 Congolese volunteer staff and 27 Zambians). The CERF grant also enabled provision of 251 small desks for lower primary school children and 251 large desks for upper and secondary school learners by UNICEF, including 24 teachers' tables and chairs.

3. Changes and Amendments

At the time of CERF proposal submission (24 January 2018), the expected number of refugees was 25,000, of which 11,800 would be of school-going age and in immediate need for education. Based on this, UNICEF committed to provide education to at least 3,540 or 30% of the 11,800 children, by establishing 24 classrooms (and providing materials, and training teachers). Out of the actual 15,425 refugee population reached, UNICEF delivered the planned interventions targeting 3,540 refugee children. In addition, since the Government of Zambia is committed to provide free education to all children of basic school-going age, currently 4,812 refugee children access education in Mantapala refugee settlement. The above has led to over-achieving the target of reaching 30% of the children.

UNICEF requested and was granted a no-cost extension for a month, from 31 July 2018 to 31 August 2018. This was because delivery of services to refugees in Mantapala was adversely affected by late rains that made access roads to Mantapala completely impassable. Particularly, this affected the movement of construction materials to construction sites and also partly the relocation of refugees from Kenani Transit Centre to Mantapala Settlement. In this extension, no planned targets were affected, although children enrolment rose far beyond the expected target.

4. People Reached

4a. 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	1,805	14	1,819	1,735	14	1,749	3,540	28	3,568
Reached	2,405	0	2,405	2,611	0	2,611	5,016	0	5,016

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

Category	Number of people (Planned)	Number of people (Reached)
Refugees	3,568	4,812
IDPs		
Host population	0	204
Affected people (none of the above)		
Total (same as in 4a)	3,568	5,016

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

As indicated in the third section of this report, the actual number of refugee children that arrived in Mantapala refugee settlement was less than the expected/planned number. But interest in education among the young was overwhelming and hence the outstripping of the planned target by more than one thousand learners. There also seems to have been no certainty of the host population being interested in receiving education among the refugee population but the service has been welcomed by the Zambian population around Mantapala.

5. CERF Result Framework

Project objective	To give children including pre-school age children, girls and other excluded children access to quality education
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Output 1				
Children including pre-school age children, girls and other excluded children access quality education				
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# of children reached by ECD, primary and secondary education programs (access), including children with special needs	TOTAL: 3,540 (min. 1,805 female) - ECE: 223 (min. 114 female) - Primary: 520 (min. 265 female) - Secondary: 437 (min. 223 female)	- Total 5,016 (2,405 female) - ECE 1,217 (625 Female) - Primary 3,582 (1,697 Female) - Secondary 217 (83 Female)	Class Registers
Indicator 1.2	# of pre-primary, primary, secondary classrooms constructed	TOTAL: 24 classrooms constructed - 7 pre-primary - 10 primary - 7 secondary	TOTAL: 24 classrooms constructed - 6 pre-primary - 12 primary - 6 secondary	Physical check and Partner and Ministry of General Education project progress and completion reports
Indicator 1.3	# of children and adolescents benefiting from the sport/music/drama program (access)	660	4,905	Child Protection Registers
Indicator 1.4	# of trainers, caregivers and volunteer teachers trained	TOTAL: 28 teachers (min. 14 female) - 11 ECE caregivers - 10 primary teachers - 7 primary teachers	60 (23 females and 37 male): - 21 ECE (14 teachers and 7 caregivers) - 38 primary school teachers (17 female and 21 male) - 1 (male) secondary school teacher	Training records and reports
Indicator 1.5	# of shared use of ECD/CFS structures	6 shared structures: 4 Child-friendly Spaces and 2 Youth Centers	6 structures: 4 CFSs and 2 Youth Friendly Centres	Child Protection reports and physical checks
Explanation of output and indicators variance:		<ol style="list-style-type: none"> 52% of the refugee population in Mantapala is composed of young people below the age of 18. Child friendly spaces remained a popular place for out of class activities such as, play, games and sporting activities. This was also enhanced by the fact that refugee homes had limited recreational options to offer to children after school. The required number of teachers was almost twice the planned number because the Congolese teachers had to be paired with Zambian teachers. This was done to enhance the quality of teaching and learning and ensure that language was not a barrier to learning. 		
Description		Implemented by		

Activity 1.1	Construction of 24 pre-primary, primary, and secondary classrooms	Plan International and Save the Children International
Activity 1.2	Establishment of ECD centres (facilities, caregivers, ECD facilities and materials)	Save the Children International
Activity 1.3	Procurement of 478 student desks and 24 teacher desks, teaching materials (including 3 ECD kits, 8 Math teaching kits and 145 School-in-a-box) and 27 basic first aid kits	Procurement of 502 student desks, 24 teachers' tables and chairs, teaching materials (including 3 ECD kits, 8 Math teaching kits and 145 school-in-a box) and 27 basic aid kits was procured by UNICEF
Activity 1.4	Conduct social mobilization and awareness activities for teachers, parents and children	Ministry of General Education, Nchelenge District, Plan International and Save the Children
Activity 1.5	Identification and selection of volunteer teachers and caregivers and conduction of capacity building/trainings	Ministry of General Education, Nchelenge District, Plan International and Save the Children
Activity 1.6	Coordination and monitoring of the implementation of planned activities, to ensure quality delivery of services	Ministry of General Education and UNICEF
Activity 1.7	Coordinate with Child Protection sector for coordinated use of infrastructure and cross- participation on relevant trainings (for caregivers, Implementing partners, etc.)	UNICEF

Output 2	Safe and secure learning environment that promote the protection and wellbeing of children established			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	# of classrooms reported meeting national agreed safety standards	24	24	Consultant Engineer's reports
Explanation of output and indicators variance:		None		
Activities	Description	Implemented by		
Activity 2.1	Ensure that school construction follows the national agreed safety standards	UNICEF, Ministry of General Education, Plan International and Save the Children		
Activity 2.2	Develop codes of conduct and implement in learning spaces, to address all forms of violence, sexual exploitation, abuse and discrimination, and include in the capacity building	Ministry of General Education, Nchelenge District, Plan International, Save the Children International and UNICEF		

<p>6. Accountability to Affected People</p> <p><u>A) Project design and planning phase:</u></p> <p>The interventions were designed and planned based on previous experience working in refugee settings in Zambia. During project design, consultations with partners, locally rooted, provided information to ensure cost-effectiveness of the design. Ministry of General Education at all levels (National, Provincial and District), line ministries like Local Government and Home Affairs and the traditional leadership in Nchelenge were involved at various stages of project planning. The wide consultation led to the geographical location of the refugee settlement where education facilities and services were also expected to benefit several Zambian children who otherwise walked long distances to find school. Members of the affected population were consulted through focus group discussions, led by the Refugee Officer and implementing partners, to finalise and validate the response plan of the educational interventions. This contributed to a much-needed sense of local ownership of the schools as well as their effective and sustainable use.</p> <p><u>B) Project implementation phase:</u></p> <p>Refugees have been strongly involved in the implementation of the project in several ways; through contribution of their labour to the construction of the schools and provision of teaching services to learners. Volunteer-teachers were identified, assessed, trained, and remunerated to provide teaching in temporary learning shelters, and later in the constructed classrooms. Through the development of</p>

Parent Teacher Committees (PTCs), parents' involvement and support for the educational activities was provided. In terms of school construction, Plan International and Save the Children managed the works and labour while Ministry of Education at district and provincial levels provided technical designs and supervision. Ministry of General Education also led in the selection and training of both Zambian and Congolese volunteer teachers to prepare them for their work of providing quality education. Refugee Community members participated in the preparation of open learning spaces that became convenient while classrooms were being constructed.

C) Project monitoring and evaluation:

The Ministry of General Education at provincial and district levels along with implementing partners, Plan International and Save the Children, and, UNICEF, provided rigorous project monitoring and support and ensured that both construction of classrooms and learning in open learning spaces were going on as planned. More than this, learning on a daily basis was monitored by the schools' head teachers, who were Zambian volunteer teachers given the responsibility of leading a team of Zambian and Congolese volunteer teachers in providing quality learning as prescribed in the Zambian Revised Curriculum. Congolese volunteer teachers were involved in the monitoring of the construction, as well as in the implementation of education in temporary learning spaces and, eventually, in the classrooms.

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. All volunteers participating in various categories of the project received cash payments for completion of their tasks. This included both volunteer teachers and labour force involved with construction (bricklayers, helpers, carpenters).		
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). Please refer to the guidance and examples above.				
CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
Cash for work	US\$ 28,000	Sector-specific	Conditional	Restricted
<i>Supplementary information (optional)</i>				
<i>Please briefly explain why each CBI modality has been selected and add a brief description of the delivery setup including the role of partners.</i>				
Skilled labour to construct the educational facilities, as well as most of the teaching workforce, was identified from the refugee population and compensated for completing distinct phases of the construction/teaching through an allowance.				

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
No evaluation was planned; however, final inspection of educational facilities has been carried out by a UNICEF-hired engineer and the Provincial Education Resident Engineer along with the implementing partners Save the Children and Plan International, with the purpose of determining if the classrooms were constructed according to plan and design.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

1.5. Project Report 18-RR-CEF-004 - UNICEF

1. Project information			
- To check/uncheck the YES/NO boxes, double click on the grey square box and select the appropriate value ("Not checked" or "Checked") in the pop-up window.			
1. Agency:	UNICEF	2. Country:	Zambia
3. Cluster/Sector:	Nutrition - Nutrition	4. Project code (CERF):	18-RR-CEF-004
5. Project title:	Support Emergency Nutrition Services to DRC Refugee population in Mantapala Resettlement Site		
6.a Original Start date:	01/02/2018	6.b Original End date	31/07/2018
6.c. No-cost Extension	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	if yes, specify revised end date:	31/08/2018
6.d Were all activities concluded by the end date (including NCE date)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)		
7. Funding	a. Total requirement for agency's sector response to current emergency: <i>Guidance: Refer to the project proposal for the amount in 7a.</i> <i>For <u>rapid response</u> requests, this refers to the funding requirements of the requesting agency in the prioritized sector for this specific emergency and the new emergency response phase only.</i> <i>For <u>underfunded emergency</u> requests, this refers to the agency's funding requirements for the corresponding activities in the HRP. If HRP project exists, use the project requirement. Where no HRP exists, 'total project requirement' should reflect the funding requirements of the requesting agency for its humanitarian programme in the prioritized sector.</i>		US\$ \$404, 359
	b. Total funding received for agency's sector response to current emergency: <i>Guidance: Indicate the total amount received to date against the total indicated in 7a above. Should be identical to what is recorded on the Financial Tracking Service (FTS). This should include funding from all donors, including CERF.</i>		US\$113,685
	c. Amount received from CERF:		US\$ 113,685
	d. Total CERF funds forwarded to implementing partners of which to: <i>Guidance: Please make sure that the figures reported here are consistent with the ones reported in Annex 1.</i> <ul style="list-style-type: none"> ▪ Government Partners ▪ International NGOs ▪ National NGOs ▪ Red Cross/Crescent 		US\$ 25,225 US\$ 25, 225

2. Project Results Summary/Overall Performance

Through the CERF grant, UNICEF and its partners provided nutritional screening for acute malnutrition for 3,558 children at Kenani Transit Centre and Mantapala Refugee Camp, out of the planned target of 5,500. Out of the total screened, 291 children were identified, treated and benefited from appropriate malnutrition management. UNICEF also supported procurement and distribution of 400 cartons of Ready to use Therapeutic Foods (RUTF), five cartons of F-100 Therapeutic milk, 10 cartons of F-75 Therapeutic Milk. This contributed towards quality service delivery in the management of Severe Acute Malnutrition (SAM) as well as reduced malnutrition-related mortality and

morbidity in children. No stock out of essential commodities for management of acute malnutrition was reported during the implementation period, February to August 2018,

To contribute towards improvement of micronutrient status, a total of 364 pregnant women out of the planned 1,625 received iron and folate supplements. An estimated 3,558 children aged 6 to 59 months were reached with vitamin A supplementation, improving their micronutrient status. To enhance service delivery, UNICEF in collaboration with its partners trained 18 health workers and 34 community-based volunteers to provide Infant and Young Child Feeding Counselling services and relevant care for severely malnourished children.

3. Changes and Amendments

Overall the expected number of refugees that arrived at the transit centre were 50 per cent less than the projected target. Consequently, key planned interventions could only reach about 50 per cent of the planned targets. A two month no cost extension was requested to allow completion of activities especially those related to service delivery.

4. People Reached

4a. 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	2,816	1,805	4,621	2,684	1,805	4,489	5,500	3,610	9,110
Reached	1,822	364 ¹	2,186	1,736	364	2,100	3,558	728	4,286

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

Category	Number of people (Planned)	Number of people (Reached)
<i>Refugees</i>	9,110	4,286
<i>IDPs</i>		
<i>Host population</i>		
<i>Affected people (none of the above)</i>		
Total (same as in 4a)	9,110	4,286

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

The actual number of refugees present in the camp was less than anticipated number of 25,000. The UNHCR Infographic, August 2018, reported the actual number of refugees from DRC in Luapula Province to stand at 13,957 out of which 10,592 were reported to be at Mantapala settlement.

5. CERF Result Framework

Project objective	To reduce malnutrition-related mortality and morbidity in children under five years of age through improved access to quality service delivery via community-based management of severe acute malnutrition among asylum seekers in Nchelenge district.
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¹ The women were accompanied by their husbands or mail relatives.

Output 1	400 children with SAM benefit from appropriate malnutrition management in integrated inpatient and outpatient therapeutic feeding units in, Mantapala, Nchelenge district			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of community volunteers trained on IYCF counselling, SAM active case finding and defaulter tracing.	30	34	Training reports
Indicator 1.2	Duration of RUTF outage (number of weeks) in the therapeutic feeding units in the settlement	0	0	Stores records at District
Indicator 1.3	Number (%) targeted children 6-59 months in the settlement with Severe Acute Malnutrition admitted to therapeutic care.	At least 360 (90%)	291 (80.8% of 360)	Health Facility Records
Indicator 1.4	Number (%) of exits from therapeutic care by children 6 - 59 months who have recovered.	At least 300 (75%)	115 (75%)	Health Facility Records
Explanation of output and indicators variance:		Four more community volunteers were trained making a total of 34 against the planned target of 30. This was necessary to ensure full implementation of Infant and Young Child Feeding counselling services in the communities. With support from CERF funds, there were no stock out of RUTF during the implementation period. For indicator 1.4, the calculation is based on guidance/calculation that those recovered from those that exited and not total children on the programme. Those that recovered were 115 recovered from the 152 exits.		
Activities	Description	Implemented by		
Activity 1.1	Training of 30 community volunteers on IYCF counselling, SAM active case finding and defaulter tracing.	Ministry of Health conducted the training of volunteers		
Activity 1.2	Training of 15 health workers for quality treatment of severe acute malnutrition with medical complications, in health centres and hospitals in Nchelenge district	Ministry of Health conducted the training		
Activity 1.3	Procurement of anthropometric equipment and treatment commodities: RUTF, F-75, F-100, Amoxicilline, Artemether, Mebendazole, Vitamin A capsules, Vitamin A capsules, Scale, Length/height boards, MUAC tapes, Nutrition kit, Inpatient Supplies (takes one week for purchase and one week to be delivered in Nchelenge district), Registers, IYCF Counselling cards, Volunteer visibility/motivation material, Plastic Tables, Plastic Chairs, Tents small size (24sqm) (outpatient care for SAM), Tents big size (72sqm)(outpatient care for SAM) and Laptops.	UNICEF procured supplies and equipment on behalf of the Ministry of Health		

Output 2	Micronutrient status optimized among 1,805 pregnant and lactating women and women and 5,500 children under five years			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number (%) of pregnant women in in the settlement who received iron and folic acid supplements	At least 1,625 (90%)	364 (22.4% of 1,625)	Health Facility Records
Indicator 2.2	Number (%) of children 6-59 months in the settlement who received vitamin A supplement in the past 6 months	At least 4,950 (90%)	3,558 (71.9% of 4,950)	Health Facility Records

Explanation of output and indicators variance:		There were less children and pregnant women in the camp than what was projected at the beginning of the project.
Activities	Description	Implemented by
Activity 2.1	Vitamin A supplementation to 5,500 children aged 6-59 months and deworming for children aged 11-59 months	Health workers in partnership with community volunteers
Activity 2.2	Iron and Folic acid supplementation to 1,805 pregnant and lactating women	Health workers provided service as part of MCH services

Output 3	Timely nutritional assessment and surveillance systems are established			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of screening sessions conducted in the settlement	6	3	Mass screening report, Child Health Week report and Measles campaign report
Indicator 3.2	Number of monthly reports including number of admissions, death rate and RUTF and drugs status in the settlement	6	6	Stock cards at the District Health Office Stores
Explanation of output and indicators variance:		Due to limited human and financial resources, there was a delay in the Ministry of Health planning and designing outreach services that would cover routine monthly screening.		
Activities	Description	Implemented by		
Activity 3.1	Monthly door-to-door nutrition education and screening of all children under five years of age in the settlement	The community volunteers were able to conduct nutrition education and counselling within the community		
Activity 3.2	Routine admission data collection and management	Health workers compiled data at the health facility. Volunteers were able to assist in tallying where required.		

Output 4	Effective leadership and coordination is established for nutrition sector with links to other sector coordination mechanisms on critical inter-sectorial issues. (Note. The costs are not included in the CERF budget)			
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	Number of coordination meetings of the National Nutrition in Emergency Task Force	6	3	Meeting minutes
Indicator 4.2	Two Joint field monitoring visit to Nchelenge district by the National Nutrition in Emergency Task Force are conducted	2	1	Field mission report
Indicator 4.3	Number (%) of coordination meeting attended to by the field nutritionist	90% (6)	83% (5)	Meeting Minutes
Explanation of output and indicators variance:		Coordination Meetings: Three coordination meetings of the National Nutrition in Emergency Task force, out of the planned six were held. Members participated more in the weekly interagency meeting hosted by Commissioner of Refugees and UNHCR. Due to competing priorities, only one out of the two planned Joint Task Force visits was held. A total of five out of the six planned coordination meetings took place in the field to ensure smooth implementation of key planned interventions.		
Activities	Description	Implemented by		

Activity 4.1	Coordination meetings of the National Nutrition in Emergency Task Force	UNICEF in partnership with Ministry of Health
Activity 4.2	Joint field monitoring visit to Nchelenge district by the National Nutrition in Emergency Task Force	National Food and Nutrition Commission in partnership with Ministry of Health
Activity 4.3	Effective participation at field coordination meetings	UNICEF in partnership with Ministry of Health

<p>6. Accountability to Affected People</p> <p>A) <u>Project design and planning phase:</u> Through the Interagency Committee meetings held in Nchelenge (under the leadership of Commissioners of Refugees office and UNHCR), the refugee representatives received information at various stages on the scope of the nutrition response. In addition, the project was designed through consultation with Ministry of Health as well as the Ministry pre-field visits that engaged some of the refugee representatives. In partnership with other stakeholders, the nutrition response was defined to ensure that nutritional needs of the communities were considered. Involvement and consultation of refugees was apparent during the mass screening at the beginning of the project. This involvement was useful in generating feedback for the design of the nutrition response.</p> <p>B) <u>Project implementation phase:</u> The services were provided in collaboration with District Health Office. Capacity building for the community volunteers in Infant and Young Child Feeding counselling and screening for acute malnutrition was conducted. The volunteers increased service provision in partnership with health workers under Ministry of Health and other staff providing services in the camp which included UNICEF, WFP, and World Vision. The refugee volunteers also provided services that included screening new arrivals, counselling at health facility and in community and helping compile monitoring records. Through their involvement, volunteers were able to continuously provide feedback on how to improve service provision.</p> <p>C) <u>Project monitoring and evaluation:</u> The project was monitored using routine administrative data reporting and data was collected using different data collection tools that captured information at the different service delivery points. Data was presented at inter-sector coordination meetings attended by community representatives. The refugee volunteers that were trained on SAM screening were engaged in monitoring through active case finding, follow ups and compilation of records at the health facility. The volunteers were also engaged in discussion of issues, such as, those concerning defaulters and follow ups.</p>
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7. Cash-Based Interventions	
7.a 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 planned.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

1.6. Project Report 18-RR-CEF-005 - UNICEF

1. Project information			
1. Agency:	UNICEF	2. Country:	Zambia
3. Cluster/Sector:	Water Sanitation Hygiene - Water, Sanitation and Hygiene	4. Project code (CERF):	18-RR-CEF-005
5. Project title:	Provision of WASH Services to Congolese Refugees in Mantapala Refugee Settlement		
6.a Original Start date:	01/02/2018	6.b Original End date	31/07/2018
6.c. No-cost Extension	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	if yes, specify revised end date:	31/10/2018
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 6,000,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 1,823,045
	c. Amount received from CERF:		US\$ 1,823,045
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 1,592,312
	<ul style="list-style-type: none"> ▪ Government Partners ▪ International NGOs ▪ National NGOs ▪ Red Cross/Crescent 		<p style="text-align: right;">US\$ 0</p> <p style="text-align: right;">US\$ 1,539,635</p> <p style="text-align: right;">US\$ 0</p> <p style="text-align: right;">US\$ 52,677</p>

2. Project Results Summary/Overall Performance

Through the CERF grant, UNICEF and its partners provided the following services to the refugees in Mantapala Settlement; (i) access to safe and reliable drinking water to an estimated 10,800 refugees, through the drilling of 45 boreholes, of which 44 were equipped with hand pumps and one was mechanized using solar pumping system, (ii) access to improved sanitation facilities to 8,771 refugees through construction of 2,052 households latrines and 2,052 bathing facilities ; and 2,767 through construction of 279 emergency communal latrines. In addition, 11,538 refugees were reached with messages on safe hygiene practices. In this context, 56 refugee volunteers were provided with knowledge and skills to promote safe hygiene practices and 45 community WASH committees were constituted and enabled to manage the provided water supply facilities. These interventions contributed to reduced risk of WASH related diseases among the refugees as well as reduced burden of women and girls in fetching water in a very challenging environment.

3. Changes and Amendments

Initially, the project planned to reach 8,000 refugees with; (i) access to safe water and sanitation services through drilling of 35 boreholes and construction of 2,000 household latrines and bathing facilities and (ii) hygiene promotion, between the period 01 February to 31 July 2018. Subsequently, modifications were made to project targets and duration which were then communicated to and approved by CERF, as per below details:

- (i) Following decrease in drilling cost owing to deployment of partnership modality and changes in the design of sanitation and bathing facilities (to adapt it to the local context and bring the cost down), the number of target boreholes was increased from 30 to 45; household latrines and bathing facilities was also increased from 2,000 to 2,700. Similarly, the duration of the project was extended till 31 August 2018 due to delays in completion of the works owing to heavy rains and accessibility related challenges; and
- (ii) When the construction work commenced after the rainy season, the challenge of high-water table was encountered in several areas of the settlement. This necessitated carrying out a water table survey of Mantapala settlement to delineate the risk zones. Owing to presence of shallow groundwater in Mantapala, the strength of the burnt clay blocks used to construct the substructure and continuously exposed to wet conditions could not be guaranteed. The WASH partners, therefore, agreed to plaster the substructure with cement plaster for already constructed latrines and use cement blocks for the remaining latrines. The change from burnt clay blocks to cement blocks resulted in increased cost and hence a reduction in the number of latrines/bathing facilities from 2,700 to 2,000. Moreover, the duration of project was extended till 31 October 2018 to allow completion of the works which were delayed due to erratic supply of cement blocks.

4. People Reached									
4a. 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	2,448	1,632	4,080	2,352	1,568	3,920	4,800	3,200	8,000
Reached	3,409	2,398	5,807	3,400	2,331	5,731	6,809	4,729	11,538
4b. Number of people directly assisted with cerf funding by category									
Category	Number of people (Planned)					Number of people (Reached)			
Refugees	8,000					11,538			
IDPs									
Host population									
Affected people (none of the above)									
Total (same as in 4a)	8,000					11,538			
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	<p>The final planned target of the number of people to be reached with access to safe drinking water; improved sanitation (through provision of household latrines and bathing facilities); and hygiene education/promotion was 10,800, 8,000, and 10,800, respectively. Against these targets, the actual number of people reached with CERF funding is estimated at 10,800, 8,771 and 11,538, respectively. It may be noted that the overall number of people who benefitted from improved sanitation, including those who benefitted from construction of 279 emergency communal latrines and 204 communal showers, is estimated at 11,538. The higher number of beneficiaries for improved sanitation and hygiene was due to cost savings resulting from effective partnerships with the Non-Governmental Organisations (NGOs).</p>								

5. CERF Result Framework

Project objective	To reduce morbidity and mortality related to waterborne diseases and poor hygiene among Congolese refugees arriving in Mantapala Refugee Settlement
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Output 1	Refugees have access to sufficient water of appropriate quality and quantity for drinking, cooking and maintaining personal hygiene			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of refugees provided with access to at least 15 litres of safe per person per day	8,000	10,800	Project reports
Indicator 1.2	Number of boreholes drilled and equipped	35	45	Project reports
Explanation of output and indicators variance:				
Activities	Description	Implemented by		
Activity 1.1	Launch of tender, tender adjudication and contract award	World Vision Zambia (WVZ)		
Activity 1.2	Drilling, and equipping with hand pumps, of 35 boreholes	WVZ		

Output 2	Refugees have access to sanitation facilities (latrines and bathing facilities) that are culturally appropriate, secure, and sanitary, and are user friendly and gender appropriate			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of refugees having adequate access to improved sanitation facilities	8,000	11,538	Project reports
Indicator 2.2	Number of household latrines constructed	2,000 (4 people per household)	2,052	Project reports
Indicator 2.3	Number of bathing facilities constructed	2,000 (4 people per household)	2,052	Project reports
Explanation of output and indicators variance:		The changes in the design and contribution from the partners resulted in slight increase in the actual number of household latrines and bathing facilities constructed. In addition, construction of communal latrines and bathing facilities allowed higher overall number of beneficiaries to be reached than the planned.		
Activities	Description	Implemented by		
Activity 2.1	Construction of sanitation facilities (2,000 household latrines and 2,000 bathing facilities)	WVZ, Oxfam and Norwegian Church Aid (NCA)		

Output 3	Refugees aware on how to properly use and maintain sanitary facilities, and have been reached with hygiene promotion messages (including handwashing with soap and safe water storage and handling)			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of refugees who received hygiene education and information pertaining to safe hygienic practices	10,800	11,538	Project report
Explanation of output and indicators variance:		Effective partnership and use of refugee volunteers for hygiene promotion helped to reach more beneficiaries than targeted.		
Activities	Description	Implemented by		
Activity 3.1	Hygiene promotion through “community volunteers”	Zambia Red Cross Society (ZRCS)		

6. Accountability to Affected People

A) Project design and planning phase:

Local integration programme in Zambia influenced the way the interventions were designed and planned. The line ministries and local authorities took the lead in the design and planning of the interventions. This was crucial to ensure sustainability of the services when the project came to an end, thus the CERF support played a very catalytic role. Consultations were also held with refugees and host communities through interviews and focus group discussions. For example, the design for the household latrines and bathing facilities was revised to adapt the local standard taking into consideration the locally available construction materials. Similarly, training of pump mechanics and provision of spare parts for water installations, supported by the local authorities has continued.

B) Project implementation phase:

Refugees were strongly involved during the implementation phase of the project in several ways. Skilled volunteers among the refugee community were selected and trained to provide specific services, such as, water monitoring and testing, construction and maintenance of pit latrines, dissemination of WASH-related messages to sensitize the refugee population on best practices and adequate behaviour. For example, onsite orientation training for 90 masons (20 female and 70 male) was conducted enhancing the skills needed for the construction of latrines; 56 refugee volunteers were provided with knowledge and skills to promote safe hygiene practices and 45 community WASH committees were constituted and enabled to manage the WASH facilities.

C) Project monitoring and evaluation:

The overall project monitoring was coordinated through the Commissioner of Refugees (COR), United Nations High Commission for Refugees (UNHCR) and the Nchelenge Town Council in collaboration with the implementing partners. The Nchelenge WASH Coordinator was involved in monitoring and evaluation of the completed WASH activities and the handing over to the beneficiaries. Representatives of the refugees were also involved during the monitoring of the project interventions including monitoring of construction works on sanitation facilities. Community WASH committees, comprising refugee representatives, were also established to enable the refugees monitor and manage the provided water supply facilities.

7. Cash-Based Interventions

7.a 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 for the project is planned. However, UNICEF, partners and the concerned Government agency (Nchelenge Town Council) conducted regular monitoring visits to the project site. UNICEF is making efforts to mobilise additional resources for addressing the WASH gaps in Mantapala refugee settlement as well as in the host communities, and for ensuring the sustainability of the supported interventions.

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

1.7. Project Report 18-RR-CEF-006,18-RR-FPA-002,18-RR-WHO-002 – UNICEF, UNFPA, WHO

1. Project information			
1. Agency:	UNICEF UNFPA WHO	2. Country:	Zambia
3. Cluster/Sector:	Health - Health	4. Project code (CERF):	18-RR-CEF-006 18-RR-FPA-002 18-RR-WHO-002
5. Project title:	Support to Emergency health services to DRC Refugee population in Luapula Province		
6.a Original Start date:	29/12/2017 (UNICEF) 06/02/2018 (UNFPA) 29/12/2017 (WHO)	6.b Original End date	28/06/2018 (UNICEF) 05/08/2018 (UNFPA) 28/06/2018 (WHO)
6.c. No-cost Extension	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	if yes, specify revised end date:	31/10/2018
6.d Were all activities concluded by the end date (including NCE date)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)		
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 3,089,272
	b. Total funding received for agency's sector response to current emergency:		US\$ 595,310
	c. Amount received from CERF:		US\$ 595,310
	d. Total CERF funds forwarded to implementing partners of which UNICEF sub-granted US\$111,491 and UNFPA sub-granted US\$52,083		US\$ 286,576
	<ul style="list-style-type: none"> ▪ Government Partners ▪ International NGOs ▪ National NGOs ▪ Red Cross/Crescent 		US\$ 105,301 US\$ 52,158 US\$ 0 US\$ 6,114

2. Project Results Summary/Overall Performance
<p>UNICEF worked with the Ministry of Health (MoH), UNHCR and Plan International to construct a semi-permanent health centre, staff house, incinerator, VIP toilet and handwashing facility. Also supported the Nchelenge District Health Office to deliver preventive, promotive and curative health services for maternal, new-born and child health to both refugee and host community population, reaching a total of 10,592 refugee population including 6,136 children immunized against measles.</p> <p>Using the CERF grant, UNFPA and its partners strengthened Sexual Reproductive Health (SRH) and Gender Based Violence (GBV) services at Kenani Transit Centre and Mantapala Refugee Settlement. UNFPA deployed five midwives, two professional counsellors and procured 19 RH kits, 145 mama packs and 2,645 dignity kits. UNFPA trained 20 personnel in MISP and 10 in EmONC. SRH and GBV services were provided to 7,459 women and young people. A total of 356 institutional deliveries were conducted by skilled health personnel including 24 cases of obstetric complications that were referred and successfully managed.</p>

Through the CERF funding WHO in collaboration with Ministry of Health provided health services ranging from preventive, curative and promotive health services which resulted in 10,592 refugees accessing health care.

3. Changes and Amendments

At the time of CERF proposal submission (24 January 2018), the projected number of refugees and host population was 25,000 with an estimated 12,500 children. These targets were revised to 15,000 for the total population (refugee and host), with an estimated population of 7,500 children – as per approved no cost extension dated 28th August 2018.

Due to increased need for life saving interventions among the refugee population than initially planned, the project built capacity of an additional 41 health care providers to equitably deliver quality gender sensitive integrated SRH/HIV/GBV services.

During the initial months of the project, pregnant women were reluctant to deliver at health facilities due to cultural myths and misconceptions. The low number of institutional deliveries recorded informed the mass sensitization undertaken by SMAGs on the importance of antenatal care and delivering in a health facility. This led to an improvement in the performance of the indicators; however, the target could not be met during the project timeframe.

The number of dignity kits procured and distributed was more than what was planned due to competitive pricing that enabled the additional purchase within the budgeted amount.

The number of workers trained in MISP was less than planned as the project prioritized the training of refugee volunteers in safe motherhood activities and adolescents as peer educators. This was necessitated by the low number of pregnant women delivering in health facilities as well as increasing the utilization of ASRH services among adolescents.

The number of personnel trained on integrated health sector response for GBV survivors was less than planned as the project prioritized the training of refugee volunteers in safe motherhood activities and adolescents as peer educators.

During the relocation from Kenani transit centre to Mantapala refugee settlement, health care providers reported losing some of the records of adolescents and young people receiving SRH/HIV/GBV information and referral services resulting in only capturing data from the physical records found at the health facility in Mantapala.

The cholera outbreak that the country experienced from 16th September 2018 strained both the Ministry of Health and the WHO country office such that some of the activities could not be implemented as planned. The other lifesaving items that were planned to be procured using the CERF grant were not available in the accredited supplier list for WHO and this meant to source for the items from other suppliers and the process thereof required more time.

4. People Reached

4a. 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	7,650	5,100	12,250	7,350	4,900	12,250	15,000	10,000	25,000
Reached	4,251	3,607	7,858	4,036	2,727	6,763	8,286	6,306	14,592

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

Category	Number of people (Planned)	Number of people (Reached)
Refugees	25,000	10,592

IDPs		
Host population		4,000
Affected people (none of the above)		
Total (same as in 4a)	25,000	14,592
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	The project planned to reach approximately 7,500 (30%) of the expected refugee population (25,000) comprising women of reproductive age and adolescents. UNFPA met 99% (7,459) of its targeted population. However, based on the actual population of refugees in the camp by 30th July 2018, the target population was revised downwards to 15,000, including an estimated 7,500 child population, which was reflected in the no cost extension request. Notwithstanding these changes, the life-saving health activities were implemented as planned and successfully reached the target population of 14,592 refugees, including an undetermined number from the host community. It is important to note that the administrative data does not disaggregate by refugee and host community.	

5. CERF Result Framework	
Project objective	To Prevent and manage life-threatening health conditions of the refugees at Mantapala settlement

Output 1	Refugee population (25,000) at the transit and settlement area have access to high impact essential preventive and curative health services for children adolescents and women			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	%Children under 15 years vaccinated against Measles	11,875	6,753/5,302	Ministry of Health- Nchelenge District Health Office - Health Management Information System Records
Indicator 1.2	# Children below 12-23 months fully covered with routine EPI vaccine doses.	3,465	384/1,589	[Ministry of Health- Nchelenge District Health Office - Health Management Information System Records]
Indicator 1.3	% of Severe and complicated disease referred to hospital level	438	438/438	Ministry of Health- Nchelenge District Health Office - Health Management Information System Records
Indicator 1.4	Proportion of affected population exposed to key health education, promotion messages	17,500	17,122/10,592	Ministry of Health- Nchelenge District Health Office - Health Management Information System Records
Indicator 1.5	% affected population reached and provided with information on prevention, care	15,000	6,753/10,592	Ministry of Health- Nchelenge District Health Office - Health Management Information System Records

	and treatment of HIV			
Explanation of output and indicators variance:		<p>1. Indicator 1.1: CERF target of 11,875 children was based on a total population of 25,000 refugees, which included an estimated 12,500 children. Based on the actual population at the settlement, the estimated number of children eligible for immunization was revised to 7,050. The results presented here are for both the refugee population and the host community population, while the denominator is for the refugee population excluding the host community population, thus the above 100% coverage.</p> <p>2. Indicator 1.2 The CERF target for this age group (of 3,465 children) was based on a total population of 25,000, including an estimated 3,850 children aged 12-23 months. Based on the refugee population at the settlement, the estimated number of children eligible for immunization in this age group is 1,589 In addition. It was observed that the majority of the refugee children arrived at the settlement already over the age of 3 months and had not been vaccinated as scheduled. Given that these children missed the earlier antigens, they did not qualify to be counted as fully immunized even after receiving the routine vaccine. While at the settlement, they were given the full schedule of vaccines, which by definition of the indicator (# Children below 12-23 months fully covered with routine EPI vaccine doses) did not qualify to be reported under this indicator.</p> <p>3. Indicators 1.3 & 1.4: These indicators are reported cumulatively on weekly basis for number of people in the affected population who are reached with key messages through one-on-one door-to-door activities as well as group activities conducted in the community and at the health facility during Maternal and Child Health activities. The reporting is based on the number of people attending the group sessions in addition to the one-on-one activities. Consequently, there is double counting that affects this result as there are no unique identifiers for reporting on each individual reached with messaging, especially through group sessions</p>		
Activities	Description	Implemented by		
Activity 1.1	Vaccination of children below 15 years (10,200 children) against Measles. The Ministry of Health has been providing and will continue to provide vaccines for children using their buffer stocks. UN will be informed, in case of extra needs	This activity was implemented by Nchelenge District Health Office and health workers at the settlement clinic; all under the Ministry of Health.		
Activity 1.2	Vaccinate all children under 2 years (3,465) as per routine vaccination schedule	This activity was implemented by Nchelenge District Health Office and health workers at the settlement clinic; all under the Ministry of Health.		
Activity 1.3	Orientation of 30 health staff and 60 community health workers to deliver high impact lifesaving health services for children adolescents and women	This activity was implemented by Nchelenge District Health Office.		
Activity 1.4	Social Mobilization and health education including HIV prevention among refugee population	This activity was implemented by Nchelenge District Health Office, health workers at the settlement clinic and Community Health Workers.		
Activity 1.5	Procurement of essential medicines Interagency Health emergency Kit, medicines, equipment, consumables, guidelines, stationery)	Procurement was undertaken by UNICEF.		

Output 2				
Improved availability of Sexual and Reproductive Health, HIV, and GBV services for women and young refugees at Mantapala Refugee Settlement in Nchelenge district				
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Proportion of targeted health-care providers with capacity to deliver quality, gender-sensitive integrated SRH/HIV/GBV services (including antenatal, postnatal, family planning, sexual gender-based violence)	16	57	Training reports Monitoring reports
Indicator 2.2	Proportion of pregnant among the refugees delivering in health facilities Percentage of births attended by skilled health among refugees	1,055	356	Delivery registers
Indicator 2.3	Number of women and girls of reproductive age, among refugees, that receive dignity kits	2,045	2,645	Monitoring reports
Indicator 2.4	Number of humanitarian workers trained in the Minimum initial service package for reproductive health in humanitarian settings	30	20	Training report
Indicator 2.5	Number of health workers, community volunteers and police officers trained on integrated health sector response for GBV survivors	30	22	Training report
Indicator 2.6	Proportion of targeted adolescents and young people receiving SRH/HIV/GBV information and referral to services in the transit center	54,000	3,464	Facility registers
Explanation of output and indicators variance:		The project re-prioritized selected activities within the approved CERF budget and work plan in order to meet the demand for life saving interventions among the refugee population. This resulted in variances between planned and actual targets as detailed in the Changes and Amendments section above.		
Activities	Description	Implemented by		
Activity 2.1	Mobilize and deploy 4 midwives and two professional counsellors to support provision of reproductive health, HIV, and SGBV services.	Luapula Province Health Office, Nchelenge District Health Office		
Activity 2.2	Procure, preposition and distribute 1,977 dignity kits for targeted women and girls	UNFPA		
Activity 2.3	Procure medical supplies, commodities, equipment and relevant furniture for improved Reproductive Health service delivery	UNFPA		
Activity 2.4	Train and mentor 30 health care providers in the transit Centre and the surrounding health facilities in rights based high impact SRH/HIV/SGBV interventions	UNFPA, Luapula Province Health Office, Nchelenge District Health Office		
Activity 2.5	Identify and build capacity of 50 adolescents and young people as peer educators on sexual and reproductive health and rights.	UNFPA, Luapula Province Health Office, Nchelenge District Health Office, PPAZ		

Activity 2.6	Undertake community engagement interventions including sensitization campaigns, community dialogue meetings, etc on gender-based violence, HIV/AIDS, teenage pregnancy, family planning, institutional delivery by skilled attendant, and the need for women's timely access to services.	Nchelenge DHO Staff and SMAGs
Activity 2.7	Train health workers, community and police officers on integrated health sector response for GBV survivors in a timely manner	UNFPA, PPAZ
Activity 2.8	Establish youth friendly services and safe spaces at the transit centre in close collaboration with UNICEF for the provision of SRH/HIV/GBV information and services as well as GBV prevention and response	Luapula Provincial AIDS Agency
Activity 2.9	Build capacity of 30 humanitarian workers in the Minimum initial service package for reproductive health in humanitarian settings	UNFPA, Luapula Province Health Office, Nchelenge District Health Office

Output 3	Integrated disease surveillance and response (IDSR) in place covering the refugee population and strengthening the existing surveillance system at provincial, district and health facility level			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of joint monitoring missions for malaria interventions	3	3	Reports
Indicator 3.2	Proportion of staff trained in IDSR/IHR	>80% of staff in the targeted Nchelenge (50)	77 health workers (100%)	Technical Activity Reports
Indicator 3.3	Proportion of community health workers (CHW)/community volunteers oriented in IDSR/IHR	100% of CHWs in the targeted Nchelenge (100)	100%	Report
Indicator 3.4	Proportion of community/traditional leaders oriented in health emergencies	>90% of traditional leaders	100%	Report
Explanation of output and indicators variance:		All targets were met with any variations		
Activities	Description	Implemented by		
Activity 3.1	Undertake joint malaria monitoring missions by UN Agencies in health (UNICEF/WHO/UNFPA) with MoH (NMEC)	The WHO staff deployed in the region made a bi-monthly visits in partnership with the MoH		
Activity 3.2	Training of 50 staff in IDSR/IHR at all levels in the districts (Kwambwa/Nchelenge/Chiengi)	More than 50 staff were trained covering the targeted areas in Kwambwa, Nchelenge, Cheingi, Mansa due to the Ebola Virus Disease, Cholera, Polio and Measles outbreak threats from the neighbouring country using additional funds from the WHO/AFRO support.		
Activity 3.3	Orientation of CHWs/community volunteers (approx. 100) in IDSR/IHR	Both the refugee settlement and host communities had community-based volunteers trained to ensure enhanced disease surveillance at community level for early detection and response to any occurrences		
Activity 3.4	Orientation of community/traditional leaders in health emergencies	All the community leaders within the settlement and host community were oriented.		

6. Accountability to Affected People

A) Project design and planning phase:

UNICEF consulted the Government of Zambia (through Ministry of Health and Ministry of Home Affairs), UNHCR, The Zambia Red Cross, Africa Action Health and Plan International, to design the delivery of life saving health interventions initially in the Kenani Transit camp and later in the Mantapala resettlement area. The traditional leadership offered the land for the resettlement area in consultation with host community, while the refugees' opinion was sought on the suitability of the resettlement area before its development commenced. At project assessment and design stage, boys and girls, men and women as well as persons with disabilities were consulted through interviews and focus group discussions to determine urgent SRH and GBV needs of the refugee population. The information was used to develop appropriate life-saving interventions.

UNFPA: At this phase an initial Joint GRZ-United Nations Assessment was conducted at the points of entry, transit Centre and resettlement camp in the second week of September 2017 and highlighted problems linked to child hood diseases, pregnancy and childbirth, Adolescent health, and HIV infections. To further illustrate the health case load, as at 16th November 2017, a total of 19 deaths were reported since the start of the emergency with 9 under 5 years and 10 adults. 12 died at hospital, including a maternal death, 3 died at the Chiengi border villages (unregistered asylum seekers), and 4 died at Kenani transit centre.

The Mantapala refugee resettlement had no health facilities to access quality integrated health services which put the population at risk of ill health, disease outbreaks and contracting other communicable diseases and possible death. Initial assessment also indicated some of the refugees were arriving with pre-existing conditions of poor health and the strain of long travel often without food, water and other basic needs.

WHO: The UN system in collaboration with government continued to explore avenues of mobilizing resources to cover the financing gaps required to provide urgent life-saving interventions for the population. The Ministry of Health at all levels was involved in the planning and execution of planned activities. Initial involvement of the beneficiaries of services was done through interviews with the affected communities using rapid assessments methodologies and were continued being consulted throughout the implementation period. Implementing partners, in this case MoH and other line ministries were involved in the design of the response and provided input in the design and planning of the emergency response to ensure smooth running of the routine services and refugee response. Civil Society involvement through the Zambia Red Cross was established and was strengthened throughout further planning and implementation. The UN system will further sustain its role in providing technical guidance on planning, implementation, monitoring and reporting, as well as supporting capacity building of health care workers and community volunteers, facilitating procurement of medicines, commodities, supplies and equipment, to mention a few]

B) Project implementation phase:

UNICEF: During implementation, weekly coordination meetings led by Government ensured all partners were kept abreast and also received the views of refugees as gathered by the Refugee Officer from the Representatives of Refugees. In these meetings, actions and/or adjustments required by each partner were agreed upon and reported on in the subsequent meeting. Both refugees and host community residents participated in the activities under this project as either volunteers or recipients of services offered at the health facility. All the activities under the project were and continue to be led by the Government of Zambia's Ministry of Health through the Nchelenge District Health Office

UNFPA: Humanitarian response was provided in collaboration with the Luapula Provincial Health Office (PHO) and Nchelenge District health Office (DHO). Selected volunteers from the refugee population were trained as Safe Motherhood Action Group (SMAG) members while adolescents and young people were trained as peer educators. In addition, community volunteers were engaged as members of the dignity kits distribution committee, provided screening services, mobilized the refugee population and disseminated health messages.

WHO: The CERF funding supported the implementation of key preventive, curative and promotive health services in terms of reproductive, maternal, new born, child, adolescent and HIV health interventions and integrated diseases surveillance for the DRC refugees in Nchelenge district as well as in the new resettlement zone in Mantapala. This immediate response period under the CERF funding was

intended to cover a period of six months and targeted the refugee population located in the camps/transit Centre. The key strategy was to strengthen the capacity of existing government health personnel and institutions to deliver quality services to achieve effective coverage of the host community and additional number of persons due to the influx of refugees.

With the CERF funds, the UN, in close collaboration with Provincial and District health office provided the affected population with the following:

Positioning skilled health staff in the affected districts to support sector coordination and linkages with other sectors such as WASH, Nutrition for provision of services, coordinate with the government on required capacity building of health staff, undertake situation analysis, planning and monitoring for action, management of drugs, commodities and medical supplies, as well as rapid detection and response to emerging threats of disease outbreak;

Build capacity of health staff and community health workers through re-orientation to deliver high impact life serving health services for new born, children adolescents, young people and women through facility, population and community-based health activities. These included:

- Measles vaccination and Vitamin A supplementation and deworming medication
- Routine Immunization to children
- Provision of LLIN for each family for malaria prevention will be provided by UNHCR
- Management of pneumonia, malaria and diarrhea
- Family Planning services for women of child bearing age
- Antenatal Care for pregnant women
- Emergency Obstetric and New-born care
- Procurement of essential medicines, commodities, supplies and equipment for quality integrated health care delivery
- HIV prevention and treatment, including counselling and testing, identification of HIV infected children and pregnant women for PMTCT services and continuation of ARVs as much as possible. Paediatric HIV testing will also be included with nutrition screening and other child survival interventions as appropriate as part of the routine national health programme
- Integrated disease/Maternal and Perinatal death surveillance interventions
- Conduct behaviour Change Communication interventions

The provision of services adhered to the CERF life-saving criteria by making sure services are provided immediately as the refugees enter the transit site through screening, identifying those in need and offering immediate services required for survival including referral for those who require referral services]

C) Project monitoring and evaluation:

UNICEF: The Ministry of Health's Nchelenge District Office kept records of all health interventions through the District Health Information Officer, with whom the UN agencies and partners produced weekly bulletins circulated through UNHCR Health Officer to all partners on a weekly basis.

UNFPA: The project was monitored through service delivery data collected from health facilities and complemented by data obtained from joint monitoring trips undertaken by UNFPA, PHO and DHO. This information was used to track progress and inform programme action.

WHO: Field visits were conducted at least every two months in collaboration with the ministry of health. The UN agencies were also holding regular meetings to share reports and monitor the project performance

7. Cash-Based Interventions	
7.a Did the project include one or more Cash Based Intervention(s) (CBI)?	
Planned	Actual

No	No
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8. Evaluation: Has this project been evaluated or is an evaluation pending?	
No evaluation was planned, however UNICEF, UNFPA and WHO in collaboration with implementing partners conducted periodic spot checks to the project site to assess the effectiveness and efficiency of the humanitarian response.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

1.8. Project Report 18-RR-WFP-002 - WFP

1. Project information			
1. Agency:	WFP	2. Country:	Zambia
3. Cluster/Sector:	Food Security - Food Aid	4. Project code (CERF):	18-RR-WFP-002
5. Project title:	Integrated Support to the food insecure DRC Refugee/Asylum Seekers in Luapula and Northern Provinces of Zambia		
6.a Original Start date:	01/01/2018	6.b Original End date	30/06/2018
6.c. No-cost Extension	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	if yes, specify revised end date:	31/10/2018
6.d Were all activities concluded by the end date (including NCE date)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)		
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 8,000,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 3,110,000
	c. Amount received from CERF:		US\$ 1,058,885
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 33,186
	<ul style="list-style-type: none"> ▪ Government Partners ▪ International NGOs ▪ National NGOs ▪ Red Cross/Crescent 		<p style="text-align: right;">US\$ 0</p> <p style="text-align: right;">US\$ 33,186</p> <p style="text-align: right;">US\$ 0</p> <p style="text-align: right;">US\$ 0</p>

2. Project Results Summary/Overall Performance

Through this CERF RR grant, WFP and its partners provided monthly food assistance to the DRC refugees residing in Kenani Refugee Transit Centre and Mantapala Refugee Settlement, procuring and distributing a total of 954.244 MT of fortified maize meal, 281.950 MT of beans, 59.004 MT of fortified vegetable oil, 10.850 MT of iodised salt, and 19.000 MT of Super Cereal, between April and October 2018.

The project reached 13,275 refugees and allowed them to remain food and nutrition secure through the provision of a nutritionally balanced food basket that ensured the minimum daily intake of 2,100 kcal/person. Through post-distribution monitoring exercises, an improvement on the household food consumption score (from 48 percent to 29 percent of female headed house-holds with poor food consumption, and from 42 percent to 29 percent of male-headed households) and on women's dietary diversity was observed. Protein, vitamin A and iron intake had also improved during this time. Negative coping strategies were also seen to have reduced by more than half in all populations, with greater changes observed in female-headed households (21 percent to 8 percent). This was achieved during the period of increased influx of DRC refugees fleeing from Haut-Katanga and Tanganyika provinces.

3. Changes and Amendments

The initial approved food basket for the refugees consisted of cereals, pulses, oil and salt, as well as a supplementary feeding component of Super Cereal and Super Cereal Plus for children under 5 and pregnant and lactating women with moderate acute malnutrition. However, as the result from a Nutrition Rapid Assessment, led by UNICEF and the Zambian National Food and Nutrition Commission released in May 2018, showed a GAM rate of 5.3% (WHZ), below the high rates initially reported. As such, WFP did not start a supplementary feeding programme. In April 2018, WFP, through the UNHCR requested the CERF secretariat for the reprogramming of the funding from Super Cereal Plus into additional 169 MT of fortified maize meal, 30 MT of beans, and 2 MT of Super Cereal to add on the nutrient content of the general food basket. Finally, WFP proposed to procure and distribute 1,332 MT of food, from which 1,032 MT were fortified (fortified maize meal, fortified vegetable oil, and Super Cereal).

At the same time, the prolonged distributions of food due to the heavy rain, and the reduction in the new arrivals indicated that the number of refugees in need for food assistance would not reach the initially estimated 25,000. Based on the demographic trends, WFP also requested for the reduction on the target assisted population from 25,000 to 15,500, and an extension in time to allow for the distribution of the procured food. Both the re-programming and the extension were approved by the CERF secretariat.

As the number of registered refugees continued to decrease, WFP made a new request for no-cost extension, until 31 October 2018 which was approved, giving WFP the time to distribute the remaining food balance, and contributing to the refugees' food security for two additional months.

4. People Reached

4a. 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	9,087	4,180	13,267	5,663	6,070	11,733	14,750	10,250	25,000
Reached	4,087	2,632	6,719	4,046	2,510	6,556	8,133	5,142	13,275

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

Category	Number of people (Planned)	Number of people (Reached)
Refugees	25,000	13,275
IDPs		
Host population		
Affected people (none of the above)		
Total (same as in 4a)	25,000	13,275

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

As the actual number of refugees from DRC was below the projected figures at the time of writing the proposal, the initial target of 25,000 refugees was not met. WFP requested the CERF secretariat for a re-programming and no-cost extension of the project (on 30/04/2018) to reflect this reduction and established the new target of 15,500 refugees to receive food assistance. With UNHCR's data clean-up following the closure of the transit centre and establishment of the settlement, the number of eligible beneficiaries was found to be 11,033 by September 2018. It was after the closure of the Kenani Transit Centre that the number of refugees had its major reduction. The 13,275 refugees received food from WFP in June 2018 (in Mantapala Settelement and Kenani Transit Centre).

5. CERF Result Framework	
Project objective	To provide Congolese refugees/asylum seekers with their basic food and nutrition requirements through a General Food Distribution mechanism

Output 1	Refugees receive unconditional food transfers in order to meet their basic food and nutrition Requirements			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of women, men, boys and girls receiving food	25,000	13,275	Cooperating Partner Monthly Distribution Reports
Indicator 1.2	Quantity of food provided	1,227 MT	1,325.048 MT	Cooperating Partner Monthly Distribution Reports
Indicator 1.3	Quantity of fortified food provided	964 MT	1,032.23 MT	Cooperating Partner Monthly Distribution Reports
Explanation of output and indicators variance:		The variance in indicator 1.1 is explained under the section 4b . Due to variations in commodities' price, WFP procured an actual of 1,325.048 MT of food (instead of the planned 1,227 MT), and 1,032.23 MT of fortified food (instead of the planned 964 Mt).		
Activities	Description	Implemented by		
Activity 1.1	Procurement and transportation of food	WFP		
Activity 1.2	Distribution of food	WFP/UNHCR/AAH		
Activity 1.3	Beneficiary contact monitoring and Post distribution monitoring	WFP/UNHCR/AAH		

6. Accountability to Affected People
<p><u>A) Project design and planning phase:</u></p> <p>A Food Committee was established early in the food assistance response. This committee was responsible not only to assist the food distribution itself, but also to communicate with the refugees prior and post distribution, transmitting information regarding distribution schedules and location, and collecting feedback from the refugees in the transit centre and settlement back to WFP, UNHCR, and AAH. As an example, through the committee and monitoring activities, WFP received feedback on the preference for pulses by the refugee population. As a result, the distribution of cowpeas was discontinued and with the CERF grant, WFP distributed locally produced beans.</p> <p><u>B) Project implementation phase:</u></p> <p>On a monthly basis, pre-distribution meetings were held between WFP, UNHCR, AAH, the Officer of the Commissioner of Refugees (Ministry of Home Affairs), the Food Committee and the refugee leaders. The practice was to meet the week prior to the distribution to discuss and agree on the distribution procedures and disseminate any relevant information. The Food Committee and the refugee leaders were responsible to pass on the information to the refugee population. During this meeting, issues related to the quantity and quality of the food, as well as any potential protection issue are also shared and discussed.</p> <p>Complaints and suggestions were received/shared through 3 main platforms: 1) Protection working group, 2) pre-distribution meetings, 3) suggestion boxes placed in key areas of the settlement (since September), and managed by the protection sector. While WFP has always been responsive to refugees and partners complaints and suggestions, WFP is now in the process of establishing standard operational procedures to keep record of all complaint's suggestions and action/feedback provided.</p> <p>Cooking demonstration activities were introduced to assist refugees on identifying other ways of preparing the food items received from WFP. This activity also served as a platform to talk about potential issues related to the food provided and discuss complementary ways to improve food and nutrition security (through linkages with WASH and health/nutrition, for example).</p> <p><u>C) Project monitoring and evaluation:</u></p>

Adding to the food-basket monitoring that takes place at every monitoring, three Post-Distribution Monitoring (PDM) exercises were conducted: March, June, and September 2018. The PDM gathered information not only on the use of the food distributed, but also on matters of protection and security related to accessing and/or preparing the food, dietary practices, transfer modalities' challenges and preferences, coping mechanisms used in situations of food shortage, and knowledge about existing supporting and accountability mechanisms. The results of the PDMs have guided WFP and its partners to improve the process of the food distribution and identify gaps where WFP and other partners can better assist the refugee population.

7. Cash-Based Interventions	
7.a 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?	
There was no evaluation planned	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
18-RR-HCR-001	Multi-sector assistance refugee	UNHCR	INGO	\$366,350
18-RR-HCR-001	Multi-sector assistance refugee	UNHCR	INGO	\$17,760
18-RR-HCR-001	Multi-sector assistance refugee	UNHCR	GOV	\$118,900
18-RR-CEF-002	Child Protection	UNICEF	INGO	\$82,500
18-RR-CEF-003	Education	UNICEF	GOV	\$28,336
18-RR-CEF-003	Education	UNICEF	INGO	\$184,554
18-RR-CEF-004	Nutrition	UNICEF	GOV	\$25,225
18-RR-CEF-005	Water, Sanitation and Hygiene	UNICEF	INGO	\$781,170
18-RR-CEF-005	Water, Sanitation and Hygiene	UNICEF	INGO	\$498,136
18-RR-CEF-005	Water, Sanitation and Hygiene	UNICEF	INGO	\$260,329
18-RR-CEF-005	Water, Sanitation and Hygiene	UNICEF	RedC	\$52,677
18-RR-CEF-006	Health	UNICEF	GOV	\$59,333
18-RR-CEF-006	Health	UNICEF	INGO	\$52,158
18-RR-FPA-002	Health	UNFPA	GOV	\$45,968
18-RR-FPA-002	Health	UNFPA	NNGO	\$6,114
18-RR-WFP-002	Food Assistance	WFP	INGO	\$1,718
18-RR-WFP-002	Food Assistance	WFP	INGO	\$6,826
18-RR-WFP-002	Food Assistance	WFP	INGO	\$12,371
18-RR-WFP-002	Food Assistance	WFP	INGO	\$12,271

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAH	Africa Action Help
CFS	Child Friendly Space
CERF	Central Emergency Response Fund
COR	Commissioner of Refugees
DRC	Democratic Republic of Congo
ECE	Early Childhood Education
ECD	Early Childhood Development
EmONC	Emergency Obstetric Care
EPI	Expanded Programme on Immunization
FARDC	Forces Armees de la Republique Democratique du Congo (FARDC)
GAM	Global Acute Malnutrition
GBV	Gender Based Violence
GFD	General Food Distribution
LLIN	Long Lasting Insecticidal Nets
MAM	Moderate Acute Malnutrition
MISP	Minimum Initial Service Package
MT	Metric Ton
MoH	Ministry of Health
PDM	Post-Distribution Monitoring
RUTF	Ready-to-use therapeutic food
SAM	Severe Acute Malnutrition
SMAG	Safe Motherhood Action Group
SRH	Sexual and Reproductive Health
UNHCR	United Nations High Commission for Refugees
WFP	World Food Programme
WHZ	Weight-for-Height Z-score
NCA	Norwegian Church Aid
NGO	Non-Governmental Organization
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Children Fund
VIP	Ventilation Improved Pit Latrine
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WVZ	World Vision Zambia
YFS	Youth Friendly Space
ZRCS	Zambia Red Cross Society