

YEAR: 2018

**RESIDENT/HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
ANGOLA
UNDERFUNDED EMERGENCIES ROUND 2
DISPLACEMENT
2018**

18-UF-AGO-31870-NR01

RESIDENT/HUMANITARIAN COORDINATOR	PAOLO BALLADELLI
--	-------------------------

REPORTING PROCESS AND CONSULTATION SUMMARY

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

The After-Action Review (AAR) meeting was held on 15 October and the following entities participated in the meeting: UNHCR, UNFPA, WFP and NCA. Other UN Agencies and partner NGOs active in the Lóvua settlement also attended the meeting: UNICEF, FAO, UNDP, Jesuit Refugee Service (JRS) and ADPP (People to People Development Aid).

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

YES NO

The report was discussed in the Inter-Agency meeting for refugee response and discussed within the topic of emergencies in the UNCT meeting held on 9 October.

- 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 final report was shared and discussed between the CERF recipient agencies.

PART I

Strategic Statement by the Resident/Humanitarian Coordinator

Due to the critical situation in Lunda Norte and the need to provide support to the DRC refugees in different areas, this Inter-Agency appeal was launched, enabling UNHCR, WFP, UNFPA and implementing partners to provide primary health care services to 20,155 refugees from DRC in Lunda Norte; to protect the rights and improve the Reproductive Health, including HIV/AIDS prevention, of 6,536 women and girls; to provide basic food requirements for 21,796 refugees in Lunda Norte; and to provide WASH assistance, with focus on water system maintenance, sanitation and hygiene promotion, at the Lóvuá settlement and hosting communities, benefiting 20,235 people.

The strategy pursued allowed the consortium of UN Agencies and implementing partners to respond with effectiveness and efficiency to the most critical needs of the DRC refugees in the Lóvuá settlement and to put in place cooperation mechanisms among the Agencies to reach more beneficiaries, to ensure timely adjustments identified as crucial and secure other funds to support the operation.

1. OVERVIEW

18-UF-AGO-31870 TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)	
a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE	63,881,333¹
FUNDING RECEIVED BY SOURCE	
CERF	2,000,950
COUNTRY-BASED POOLED FUND (if applicable)	0
OTHER (bilateral/multilateral)	0
b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE	2,000,950

18-UF-AGO-31870 TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US\$)			
Allocation 1 – date of official submission: 03/09/2018			
Agency	Project code	Cluster/Sector	Amount
UNFPA	18-UF-FPA-030	Health - Health	150,000
UNHCR	18-UF-HCR-024	Health - Health	450,000
UNHCR	18-UF-HCR-025	Water Sanitation Hygiene - Water, Sanitation and Hygiene	500,947
WFP	18-UF-WFP-049	Food Security - Food Aid	900,003
TOTAL			2,000,950

¹ As per the Angola Inter-Agency refugee Appeal for 2018: <https://data2.unhcr.org/en/documents/download/62930>. This value is higher than the sum of the requirements of the Agencies included in this application (US\$22,096,820), because it includes requirements for other sectors not included in this application.

18-UF-AGO-31870 TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Total funds implemented directly by UN agencies including procurement of relief goods	1,423,746
Funds transferred to Government partners	0
Funds transferred to International NGOs partners	577,204
Funds transferred to National NGOs partners	0
Funds transferred to Red Cross/Red Crescent partners	0
Total funds transferred to implementing partners (IP)	577,204
TOTAL	2,000,950

2. HUMANITARIAN CONTEXT AND NEEDS

Delays in the presidential elections in the Democratic Republic of Congo (DRC), originally scheduled for November 2016, led to political crisis and instability. Opposition groups were adamant to retain their constitutional right to hold elections and vote for a new president, many areas of the country fell into crisis. The outbreak of inter-communal violence in the Kasai region in March 2017, triggered the internal displacement of some 1.3 million civilians and the arrival of over 35,000 refugees into the Lunda Norte Province of Angola until the end of that year. DRC refugee seekers started crossing the Angolan border into Dundo at an initial rate of 300-500 individuals per day and by 2018, due to the volatile situation in the Kasai region, an influx of 50,000 DRC refugees had crossed the border.

As a response to such humanitarian crisis, humanitarian agencies in Angola developed a response plan to assist the refugees. The interagency humanitarian response for the Congolese refugees in Angola, with the support of other humanitarian community members, continues to provide support to the DRC refugees in Lunda Norte in the areas of protection, shelter, livelihoods, food security and nutrition, non-food items, water, sanitation and hygiene (WASH), health including reproductive and mental health, as well as education.

The DRC refugee seekers were initially hosted in two overcrowded reception centres under very poor conditions (Cacanda and Mussugue), and then relocated to a settlement designated by the Government of Angola in Lóvua, located some 100 km from Dundo. As of 20th August 2018, Lóvua settlement hosted 13,874 refugees, 46% less than the population registered on June 2019. The total refugee active population (population receiving food assistance) was 22,624 (- 5.3% than in June 2019), of which 11,438 were women and 11,186 men. Approximately 61% of the refugees was in Lóvua (85% in June 2019), while the remaining Congolese refugees lived in urban areas in and around the city of Dundo. (Source: UNHCR Biometric Registration Update 20 August 2018²).

As of 20 August 2018, the number of registered refugees was 35,837, of which 17,643 were women and 18,194 were men.

Age (years)	Sex		Total
	Female	Male	
0 to 4	3,537	3,407	6,944
5 to 11	3,954	3,743	7,697
12 to 17	2,119	1,945	4,064
18 to 59	7,785	8,689	16,474
60 and over	248	410	658
Total	17,643	18,194	35,837

In the refugee settlement, women and girls inevitably faced unprecedented challenges and were highly vulnerable to life-threatening reproductive ill-health. With lack of access to family planning services, they were particularly exposed to unwanted

² Available at: <https://data2.unhcr.org/en/documents/details/65305>

pregnancy, unsafe abortion, and maternal illness and death. Moreover, they were also exposed to sexual violence by their male peers, particularly in the early days of settlement and exploitation, which exacerbated threats to their health and survival.

Technical assessment / joint assessment mission on food distribution in Lóvua settlement conducted by the protection group in May, 2018, revealed that transacted sex by girls, to get money to buy body lotion, soap and other cosmetic products, was not uncommon. Women and girls were at high risk of rape, sexual assault and its consequences such as unwanted pregnancies, and sexually transmitted diseases (STDs), including HIV and AIDS.

The records from the Women Friendly Spaces collected from May 2018, show that a total of 672 pregnant women were identified in the Lóvua Refugee settlement and nearly 20 deliveries were attended to on a daily basis. Complications related to pregnancy and unsafe childbirth were other major challenges faced by women and adolescent girls in the refugee settlement.

Access to specialised emergency obstetric care could only be reached over 80km away from the camp. Due to the expansion of Lóvua, many villages in the settlement were distant from the existing health centres and many deliveries used to happen before getting to the maternity, generating other complications.

By the time of the application, UNHCR was developing four borehole sites within the settlement and in two host communities. Considering the required time to implement this type of projects, and the number of unexpected delays beyond UNHCR's control, water distribution continued to rely on water trucking for a longer period than initially anticipated. Besides that, water trucking could not be interrupted until these water solar systems were fully in place and operational, as well as until the piping network was completed.

The trucks had been serving all villages in Lóvua refugee settlement and host communities, where the average rate of water use for drinking, cooking and personal hygiene had been of at least 15 litres/person/day in all households. These activities also entailed the replacement of 15 water bladders with water tanks of 5,000 litres. These bladders were installed during the early stages of the emergency, and due to their constant exposure to sunlight, the water had an unpleasant taste.

In terms of hygiene promotion, refugees needed to be provided with domestic items to improve their living conditions and to preserve their dignity. In most populated villages, there were on average 70 household latrines installed for a ratio of 7 people per latrine. UNHCR and Sphere standards were met when it comes to guaranteeing correct and safe access to sanitation infrastructures in villages and household plots. However, UNHCR still had to guarantee their access to safe WASH facilities and hygiene promotion activities, including the building of communal sanitary facilities (latrines and showers) and the construction of household sanitary facilities, while ensuring that people is trained in sanitation and hygiene promotion, and provided with household latrine cleaning kits.

Finally, through a market assessment conducted in 2017 findings highlighted that WFP should seek opportunities for increasing household dietary diversity through the introduction of additional protein sources and fresh vegetables.

For these purposes, an Inter-Agency appeal was launched amounting USD 63,881,333.00. However, the funding needs were never fully met, and to strategically respond to the most critical needs with a greater impact in saving lives, only three sectors were included in this grant, namely food security, wash and health (Primary Care and Sexual and Reproductive Health).

The overall objective of the CERF response was to jointly address the most critical needs of refugees with life-saving interventions for a period of 6 months – which included food security, reproductive health, as well as primary healthcare and WASH activities, to be implemented by WFP, UNFPA and UNHCR, respectively. The target population for this response were the 22,624 refugees registered by UNHCR as active refugee population to receive food assistance.

Considering humanitarian standard responses related to health of refugees and migrants, this project sought to improve the primary and mental health care and protection of the refugee population of Lunda Norte, particularly in the Lóvua Refugee Settlement, but also for refugees outside the settlement, through the delivery of quality primary health services and provision of community based mental health and psycho social support (MHPSS) care programs.

This project also aimed to improve the access to sexual reproductive health services, information, as well as enabling the provision of dignity kits and safe clean delivery kits. UNFPA targeted pregnant women, adolescent girls and youth to ensure that they had access to a full package of their reproductive health needs to meet their reproductive rights under public health sector/clusters. The sexual, reproductive health care services were integrated into primary health care interventions, both preventive and curative.

Regarding the food security needs, WFP intended to provide unconditional food assistance to 22,624 DRC refugees, through the provision of voucher and/or food-based transfers to beneficiaries. The CERF application defined that WFP would provide standard food basket to meet the 2,100 kcal per person per day requirement. WFP would also work with partners to incorporate gender-responsive nutrition sensitization messaging during distributions.

When it comes to water and sanitation risks, the response of this project prioritized to address specific needs by: i) providing sanitary (hygiene & MHM kits) materials; ii) water system operations maintained; iii) community and household sanitary facilities constructed; and, iv) hygiene promoted.

3. PRIORITIZATION PROCESS

Since the refugee crisis in 2017, the humanitarian community in Angola continues to provide support to the DRC refugees in Lunda Norte in the areas of protection, emergency shelter, livelihoods, food security and nutrition, non-food items, water, sanitation and hygiene (WASH), health including reproductive and mental health, as well as education. For this purpose, the Angola Inter-Agency Appeal, as part of the DRC Refugee Response Plan, established the funding requirements to cover protection and life-saving interventions, but only 8% of required funds were raised for the operation.

During the prioritization strategy process, the UN Disaster Management Team (DMT) identified two main underfunded emergencies in the country: 1) Refugee Response in Lunda Norte and 2) increased SAM-related deaths in Southern drought-prone provinces. Due to the budget limitation for this CERF-UFE allocation and to maximize its impact, DMT recommended the UNCT to build on the ongoing work of UN Agencies in Lunda Norte and to use the funds to support DRC refugees and hosting communities with the life-saving interventions mentioned previously.

Under the overall multisectoral framework for refugees' response – Angola does not have a cluster system - the DMT identified as the following critical areas: Primary Health Care, Sexual and Reproductive Health, Food Security, WASH, Protection, Nutrition, Logistics, Agriculture and Resilience. Taking the above-mentioned limitations into account and to strategically and jointly respond to the most critical needs of refugees with life-saving interventions for a period of 6 months, the DMT opted to focus the project proposals onto three areas: Food Security, Health (including primary healthcare and reproductive health) and WASH activities, being the implementation of the responsibility of WFP, UNFPA and UNHCR, respectively. The target population for this response were the 22,406 refugees registered by UNHCR as active refugee population.

The key strategic objectives for each sector were the following:

Food Security: Provide basic food requirements for DRC refugees in Lunda Norte

Health: Provide primary health care services to refugees from DRC in Lunda Norte

Health: Protect the rights and improve the Reproductive Health including HIV/AIDS prevention of women and girls in Lóvuá settlement

WASH: Provide WASH assistance, with focus on water system maintenance, sanitation and hygiene promotion, at the Lóvuá settlement and hosting communities

The DMT met regularly to discuss the emergency agenda and coordinate humanitarian response. Building on previous discussions on CERF-UFE, the DMT, composed by Emergency Focal Points of UN Agencies (WFP, UNFPA, UNDP, UNICEF, UNHCR, FAO, IOM, RCO) met twice to identify and agree on the key areas to be targeted by this CERF UFE window, according to the CERF Life-saving criteria, implementation capacity of UN Agencies, and the status of funding received against funds required based on the Angola Inter-Agency Appeal.

The recommendation was followed by consultations and discussions at UNCT level. Although the UNCT recognized the importance to respond to the cases of acute severe malnutrition and relative deaths in the southern provinces, considering the limited amount allocated for UFE to Angola, the UNCT decided to focus UFE efforts for the refugee response in the Lunda Norte Province. This was a strategic approach to ensure impact of limited resources and to address urgent needs to cover the costs of ongoing operations, that otherwise would have been abruptly interrupted. Meanwhile the UNCT gathered information on the nutrition crisis in the Southern Provinces and addressed this crisis through another application to CERF RR.

In addition to this, UNHCR & WFP conducted a Joint Assessment Mission (JAM) during June & July 2018 which showed that refugees in the Lóvua settlement have limited livelihood opportunities and the majority depended almost exclusively on food assistance. Food security needs assessment was conducted while identifying the different needs of women compared to men, and girls compared to boys.

As for the gender and age consideration in the design of the interventions, the response on primary health care services (PHC) and mental health psychosocial support (MHPSS) included clinical psychosocial management with gender approach and promotion of peaceful coexistence and social cohesion within and between refugees and host communities. The project significantly contributed to gender equality, as it gender targeted medical responses provided, with special attention to gender and age appropriate responses.

Similarly, under the project “Protect the rights and improve the Reproductive Health including HIV/AIDS prevention of women and girls in Lóvua settlement” the target actions aimed at promoting women and girls’ access to reproductive health services and other supports which were thought to assist them in providing care and protection to their family and community including men and children. UNFPA is a lead UN agency working to further gender equality and women’s empowerment. Therefore, gender-based violence was a special component of this particular project as it addressed GBV by providing psychosocial support, dignity kits, and promote sexual and reproductive health, and rights.

Considering the special vulnerability of women, children and the elderly, the WASH project considered gender as a cross-cutting issue, having included targeted actions regarding access to and safe use of WASH services. As a cross-cutting issue, the project aimed to address and include women and men needs equitably in all project activities, such as training and recruitment. Also the distribution of MHM kits catered for specific female gender needs.

Based on the Needs Assessment Report on Sexual and Gender Violence in the Settlement of Lóvua (June 2018) developed by UNHCR, activities directed at the prevention of gender-based violence such as improving security at water collection points and privacy in HH latrines, took into account the augmented risk for women, girls and boys to be victims of sexual violence while using WASH services. Likewise, the project aimed to provide technical assistance and foster the participation of women in the design and implementation of WASH services, e. g. regarding location, lighting, and other safety measures to ensure the safety, privacy and dignity of all users.

Regarding the interventions supported by the CERF UFE, humanitarian and development partners have been, since 2017, actively supporting the GoA (Government of Angola) to ensure adequate and effective response to the needs of the DRC refugees. A bi-weekly inter-agency coordination meeting is held in Luanda and, in Dundo, weekly inter-agency meetings ensure a comprehensive and integrated operational response to the refugee situation. Sectorial working group coordination meetings are also organized weekly in Dundo, involving all the implementation partners engaged in the interventions.

4. CERF RESULTS

CERF allocated \$2 million to Angola from its window for underfunded emergencies to address the most critical needs of DRC refugees with life-saving interventions for a period of 6 months in 2019 – which included food security, reproductive health, as well as primary healthcare and WASH activities. This funding enabled UNHCR, WFP, UNFPA and partners to provide primary health care services to 20,155 refugees from DRC in Lunda Norte; to protect the rights and improve the Reproductive Health including HIV/AIDS prevention of 6,536 women and girls in Lóvua settlement; to provide basic food requirements for 21,796 DRC refugees; and to provide WASH assistance, with focus on water system maintenance, sanitation and hygiene promotion, at the Lóvua settlement and hosting communities, benefiting 20,235 people.

Funds received from CERF enabled UNFPA to reach 834 pregnant refugee women with clean deliveries kits, to assist 534 refugee women with skilled birth attendance, averted 584 maternal deaths, to provide medical response to 16 rape survivors in 72 hours (with PEP Kit), and to treat 39 miscarriages among Congolese refugees in Lóvua settlement from December, 2018 to August, 2019. Also, 2,000 dignity kits were distributed to women and girls in reproductive age and 2,359 pregnant women sought ante-natal care.

Through this CERF UFE grant, UNHCR and its partners provided 83,746 awareness sessions with 93,071 PoC reached; 36,810 primary healthcare consultations; 100% of pregnant women screened for HIV/STIs and receiving post-test counselling; 100%

of children screened for malnutrition; 70 staff trained in MPHSS (mental health and psychosocial support) skills; among others. The project assisted a total of 20,155 individuals between October 2018 – July 2019.

These funds also allowed UNHCR and its partners to provide 8 piped water distribution systems, 4 boreholes and 1261 household sanitary facilities/latrines. Under the WASH project, 782 cleaning campaigns were also carried out in the settlement and 15,000 hygienic supplies (kits) were distributed. A total of people 20,235 individuals was assisted between October 2018 – July 2019.

Finally, WFP provided lifesaving food assistance and nutrition messaging to 21,796 refugees (over 51% women and girls) from DRC by enabling them to meet their basic food and nutrition requirements in the time of crisis. Over the implementation period of the project, more than 607 mt of food were distributed, including maize meal, pulses, vegetable oil and salt to cover the 2,100 kcal/person daily energy requirements.

5. PEOPLE REACHED

Beneficiaries of the four interventions were counted separately to allow the identification of the target audience of each project, as there is a significant overlap between the interventions. Despite the challenges of identifying duplicate records, a major effort was made to signal beneficiaries covered by more than one intervention, in particular by identifying the individual beneficiaries (or families) of each project and cross-referencing these data to identify overlap situations. These efforts allowed a good estimation figure for the total number of beneficiaries.

WFP's Food Assistance intervention reached 21,796 refugees based in the Lóvu settlement (a 4% negative difference in reference to the number of people planned), including 11,044 female (mainly under 18) and 12,467 children (57% of total). The calculation was based on the number of people to whom food was distributed during the intervention.

UNHCR's WASH intervention reached 20,235 refugees, of which 50% are women and 58% under 18. The total number of beneficiaries achieved is 46% higher than planned due to the relocation of refugees from urban areas of Dundo to the settlement in Lóvu. Among the 20,235 beneficiaries are 15,000 that received hygienic supplies (kits), 5,438 women identified to be in need of sanitary material (MHM Kits) or 9,000 persons trained in sanitation and hygiene promotion. The total number of beneficiaries calculation is based on the highest number achieved for the People of Concern (PoC) served by the water system.

UNHCR's primary health care services provision to the refugees of the Lóvu settlement reached 20,155 people, 11% less than the planned target audience of the intervention. Such difference is related to the fact that, due to the isolation of the settlement, the partner was only able to assist refugees in the settlement. From the total number of beneficiaries, men and women represent 50% of the population and 57% are children under 18.

UNFPA's assistance ensured improving access to sexual reproductive health services, information, and provision of dignity and safe and clean delivery kits to 6,536 DRC refugees settled in Lóvu. This number is 7% higher than the initially planned due to the higher number of pregnant women seeking reproductive health service (ANC): 2,359 when the planned was 895. The majority of the beneficiaries were adult women over 18 (69%).

18-UF-AGO-31870 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
Food Security - Food Aid	6,375	4,669	11,044	6,092	4,660	10,752	12,467	9,329	21,796
Health - Health	5,858	4,536	10,394	5,687	4,433	10,120	11,545	8,969	20,514
WASH - Water, Sanitation and Hygiene	5,904	4,178	10,082	5,731	4,422	10,153	11,635	8,600	20,235

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

18-UF-AGO-31870 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	6,561	4,877	11,438	6,301	4,885	11,186	12,862	9,762	22,624
Reached	7,821	5,826	13,647	7,296	5,103	12,399	15,117	10,929	26,046

² Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding. This includes some filter in order to exclude significant overlaps and double counting between the sectors.

18-UF-AGO-31870 TABLE 6: PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY

Category	Number of people (Planned)	Number of people (Reached)
Refugees	22,624	26,046
IDPs	0	0
Host population	0	0
Affected people (none of the above)	0	0
Total	22,624	26,046

6. CERF's ADDED VALUE

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

YES

PARTIALLY

NO

With CERF UFE grant WFP provided lifesaving food assistance and nutrition messaging to 21,796 refugees (over 51% women and girls) from DRC, enabling them to meet their basic food and nutrition requirements during the crisis. Through this intervention vulnerable families and their children from the refugee community settled in Lóvuva accessed a nutritional balanced food basket comprising 450gm of maize meal, 60gm of pulses, 25gm of vegetable oil, and 5gm of salt per person per day to cover the 2,100 kcal/person daily energy requirements.

Regarding health, the CERF funds allowed a quick deliver of primary health care services, a timely and appropriate referral for secondary and tertiary medical care, access to sexual reproductive health services, information, and provision of dignity and safe and clean delivery kits.

The CERF UFE funds also allowed a quick delivery of hygiene and sanitation kits, improved access to basic sanitary facilities and access to potable water to the refugee population in the Lóvuva settlement.

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

YES

PARTIALLY

NO

According to the diagnosis implemented beforehand in the refugee settlement, women and girls inevitably faced unprecedented challenges and were highly vulnerable to life-threatening reproductive ill-health. With lack of access to family planning services, they were particularly exposed to unwanted pregnancy, unsafe abortion, and maternal illness and death. Moreover, they were also exposed to sexual violence and exploitation, which exacerbated threats to their health and survival. This funding enabled UNHCR, WFP, UNFPA and partners to create Women-Friendly Spaces and to provide primary health care services to the refugees from DRC in Lunda Norte. It also allowed the protection of the rights and improvement of the Reproductive Health including HIV/AIDS prevention of 6,536 women and girls in Lóvuva settlement.

Access to proper hygiene and sanitation was difficult, and in the place where the settlement was installed by the Government there were no water infrastructures to provide potable water to the population. This funding allowed the provision of potable water to most of the population since the first days in the settlement, as well as the provision of proper sanitation and hygiene conditions, avoiding the prevalence of diseases.

Other time-critical needs such as protection, shelter and food provision were also ensured by the agencies and the partners to the refugees in the settlement, ensuring the safety and protection of all, but also the recovery of the health condition that was, in the vast majority of cases, very critical in terms of nutrition and dehydration.

c) Did CERF improve coordination amongst the humanitarian community?

YES

PARTIALLY

NO

The availability of CERF funding prompted the establishment of important coordination mechanisms both at the central (Luanda) and local (Dundo/Lóvua) levels. Sectoral coordination meetings were organized at provincial level, to analyse the implementation of activities, identify threats and challenges, and to plan next steps. Meetings with local authorities were held regularly to support the implementation of activities, reinforce the partnership with the Angolan Government and ensure that the work to achieve the expected results was being conducted.

These sectoral coordination meetings have strengthened communication between partners, allowed a timely identification of constraints in projects implementation and created thematic and geographical synergies. Furthermore, inspired other sectors of the humanitarian intervention to replicate the approach, leading to the creation of other sectoral coordination meetings.

At central level, monthly meetings are held with all the Agencies active in the emergency operation (including FAO, UNICEF, UNFPA and UNDP), Governmental representatives and all the implementing partners (including ADPP, JRS and other NOGs involved in other activities in the settlement). These meetings are more focused on high-level or strategic decision, as well as in the coordination of advocacy efforts with the Government.

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

YES

PARTIALLY

NO

The CERF funds have contributed to improved resource mobilization in Angola, as following:

- United States of America supported the operation with 3,000,000 USD
- Angolan Government contributed with 60,000 USD
- UN Programme on HIV/AIDS also contributed with 30,000 USD for the operation in Lóvua
- Other miscellaneous private donors supported the intervention with a sum of 78,379 USD

The CERF UFE allocation has also given visibility to the humanitarian crisis in Lunda Norte.

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

The coordination mechanisms developed, namely the monthly meetings held in Luanda with all the Agencies, Government and implementing partners involved in the emergency refugee response in Lunda Norte, allowed the creation and support of synergies with other ongoing interventions related to the assistance to refugees in Angola. As example, the debates promoted in the monthly meetings on protection and access to health helped UNHCR and the partners to adjust their strategy for the social assistance and health services provision to the refugees in Luanda, in accordance to the principles and lessons learnt with the emergency response in Lóvua.

7. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>	
Lessons learned	Suggestion for follow-up/improvement
<p>The adoption of the women friendly spaces proved to be a strategy to engage the refugee population appropriately and allowed to tap on their own abilities, skills and resources. Also, by selecting member of the community to engage in the project as social mobilizers the project ensured that the messages were delivered in a language that they knew, framed to relate to their needs and by someone from their own community.</p>	<p>Adoption of women friendly spaces in emergency responses.</p>
	<p>To include members of the refugee communities as social mobilizers of the projects to facilitate the participation of the refugees in the activities of emergency responses.</p>
<p>The project was successful in building refugee community leaders' knowledge on the importance of free condom distribution helped to expand the free condom distribution in Lóvua settlement and increase general knowledge and acceptance of the supplies. Including condom distribution in outreach activities helped some refugees who had felt ashamed to go to WFS (Women-Friendly Space) and clinics to look for condoms and allowed them the ability to retrieve the supplies in a friendly manner at home. 7,000 male condoms were distributed from February to July, 2019.</p>	<p>To invest on building refugee community leaders' knowledge on the importance of free condom distribution as a strategy to support the awareness raising on the importance of using condoms.</p>
	<p>To include condom distribution in outreach activities since the beginning of the emergency interventions.</p>
<p>UNFPA was able to expand partnerships and mobilize additional resources from different sources such as: SUAVE, JICA, Medicos del Mundo and with ADPP, avoiding duplication of efforts and maximizing the humanitarian response.</p>	<p>To raise awareness among the agencies for the need to develop and implement collective strategies with the implementation partners to mobilize complementary resources for the humanitarian operations. Implementation partners can also develop individual efforts to mobilize resources for the post-emergency period.</p>
<p>Lastly, another lesson learned was the fruitful and close collaboration with the Government entities such as the National Directorate for Public Health, Ministry of Social Action and Women Promotion, as well as with Civil Protection. These engagements did not only increase the sense of ownership but have also made the national and local authorities aware of challenges faced and prompt their interest in taking action. Since then, we are working with key governmental entities to include in their plans and strategies responses to emergency/humanitarian situations with a focus on prevention of GBV, dignity of women in reproductive age, promotion of Sexual Reproductive Health, including prevention of HIV.</p>	<p>Ensure that the Agencies involve the Governmental bodies in the different steps of the operation (planning and implementation) to promote their engagement and reinforce the commitment to take action. This should include local authorities, as they are the ones responsible for the post-emergency interventions benefiting both the host communities and the refugees that decide to stay in the hosting country.</p>

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Challenging funding environment in Angola with donors reluctant to provide timely and predictable funding for what is likely to become a protracted refugee situation.	As a mitigation strategy, humanitarian and development partners including UNHCR, WFP and others need to continue engaging in joint regional resource mobilization and advocacy strategies linking Angola's refugee crisis with the larger - and more visible - emergency operation in Kasai, including through the Regional Refugee Response Plan for DRC refugees.	UNHCR and WFP
Angola has high supply chain costs for internal logistics and limited lab testing facilities to ensure food quality and safety standards are met.	WFP purchased regionally and established shortlist of service providers to facilitate ocean transport that proved significantly cheaper than overland transport. WFP also established networks with strong service providers and is pursuing an agreement with the Government of Angola to facilitate faster customs clearance procedures for humanitarian cargo.	WFP and GoA
Limited infrastructure with respect to warehousing/storage in Lóvua area, resulting in WFP's inability to fully pre-stock food for multi-month periods.	WFP augmented in-country storage capacity by installing mobile storage units (MSUs) in Lóvua to facilitate pre-positioning of food stocks. This option can be replicated in other future/similar scenarios.	WFP
Limited transport capacity and transport service providers in Dundo and Lóvua, affecting the timely arrival of food.	WFP will establish a shortlist of transport service providers to ensure timely local transportation from Luanda to Dundo and Lóvua.	WFP and Transport Service Providers
Lack of certified commodity suppliers in Angola, which prevented competitive procurement and resulted in higher prices and a lower quantity of food purchased.	As a mitigation measure, WFP started procuring food commodities regionally through competitive tendering, which proved to be more cost-effective.	WFP

PART II

8. PROJECT REPORTS

8.1 Project Report 18-UF-FPA-030 – UNFPA

1. Project Information			
1. Agency:	UNFPA	2. Country:	Angola
3. Cluster/Sector:	Health - Health	4. Project Code (CERF):	18-UF-FPA-030
5. Project Title:	Improving access to sexual reproductive health services, information, and provision of dignity and safe and clean delivery kits		
6.a Original Start Date:	17/09/2018	6.b Original End Date:	30/06/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
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 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 150,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 150,000
	c. Amount received from CERF:		US\$ 150,000
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 0
	Government Partners		US\$ 0
International NGOs		US\$ 0	
National NGOs		US\$ 0	
Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance
<p>Funds received from CERF enabled UNFPA to reach 834 pregnant refugee women with clean deliveries kits at the community health units and hospitals in Lunda Norte. Funding from CERF was also applied to ensure that women & adolescent girls of reproductive age had their dignity safeguarded, personal hygiene maintained and information about gender-based violence and services provided together with the distribution of the dignity kits.</p> <p>With CERF funding, the protection of the rights and the dignity of the refugee women & girls was exercised while additional resources were mobilized. The CERF funds we were able to secure the procurement of additional 2,000 dignity kits and reach the same number of women and girls ensuring their dignity and mobility during menstruation. UNFPA also applied the funds to procure 215 Emergency reproductive health kits which were placed at two Medicos Del Mundo clinics in Lóvuá Refugee Settlement, to two referral provincial hospitals (Dundo maternity and Samakaka Maternity) and community health units. Medical supplies and the dignity kits were the two products that UNFPA procured most in order to promote safe delivery, the right to dignity for women and adolescent girls and address GBV.</p> <p>UN agencies that received CERF funding engaged in resource mobilization efforts, updating the Refugee Appeal and a proposal to the Japanese Supplementary Budget once again submitted and Agencies were funded. UNFPA once again availed of its internal Emergency Funds through the EF- 85 and obtained additional human and financial resources which were critical to expand the intervention. UNFPA also received a contribution from JICA (24 solar lamps) which were distributed to the refugees. About 850 hygiene kits were also received from SUAVE.</p> <p>SUAVE is a private company that was reached by UNFPA and accepted to donate products to women and girls in reproductive age.</p>

The availability of CERF funding also prompted the establishment of a coordination mechanisms both at the central and local levels. GBV and health sectoral meetings were held regularly. Information about SRH and GBV was shared and there was a good platform for exchange as well as for strategic positioning.

UNFPA used every opportunity to advocate for the prevention of GBV and of dignity and protection of dignity and respect of women and girls. It also ensured that reproductive health was integrated into emergency responses. UN agencies, partners, government and the international community were kept abreast with key results attained, challenges and opportunities concerning the deployment of hygiene supplies, obstetric and family planning supplies, training of personnel and other support given to the DRC refugees. The presence of a communication team from Luanda visiting the site together with the national Director for Women Rights and Gender Equality of the Ministry of Social Action and Women Promotion plus two staff members from this same Ministry in Dundo helped immensely in sharing the stories and raising the voice of the people we serve in the field.

The project funded by CERF ensured 534 refugee women access to assistance of skilled birth attendance, averted 584 maternal deaths, 16 rape survivors had access to medical response in 72 hours (with PEP Kit), and 39 miscarriages were treated among Congolese refugees in Lóvuá settlement from December, 2018 to August, 2019.

3. Changes and Amendments

No major changes to report apart from the survey conducted by all humanitarian actors responding to the refugee crisis conducted in late May, 2019 on the willingness of the refugees to return to their Country of origin – DRC. The survey indicated that 85 % of the refugees showed willingness to return. Later on, this resulted on the voluntary return of the refugees to the Kasai region in the DRC.

4. People Reached

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

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	1,417	4,720	6,137	0	0	0	1,417	4,720	6,137
Reached	2,000	4,536	6,536	0	0	0	2,000	4,536	6,536

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

Category	Number of people (Planned)	Number of people (Reached)
Refugees	6,137	6,536
IDPs	0	0
Host population	0	0
Affected people (none of the above)	0	0
Total (same as in 4a)	6,137	6,536

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

During the implementation period, UNFPA engaged 24 Refugees as social mobilizers who conducted weekly door-to-door outreach activities, and organized awareness raising sessions on the importance of pre-natal and post-natal cares. As result of these community outreach and awareness activities, 2,359 pregnant Women sought and received ante-natal care and 693 attended post-natal cares at Medicos Del Mundo health centres in Lóvuá Refugee settlement. This is the reason why the number of reached people is higher than the planned target.

5. CERF Result Framework	
Project Objective	Improve access to and availability of sexual reproductive health services, information and provision of dignity and safe clean delivery kits to enable life-saving services for adolescent and women refugees in Lóvua Settlement, Lunda Norte Province.

Output 1	1,000 pregnant women have received assistance by skilled staff for safe delivery.			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of women that receive assistance of skilled birth attendance for safe delivery	1,000	534	MdM weekly medical reports, reports from Dundo Maternity and Samakaka Materno Infantil Hospital
Indicator 1.2	Number of maternal deaths averted	895	584	MdM weekly medical reports, Dundo Maternity and Samakaka Materno Infantil Hospital
Explanation of output and indicators variance:		From December 2018 to August 2019, Medicos Del Mundo clinics registered 584 deliveries, out of which 50 deliveries happened at home or on the way to the clinics, and one caesarean delivery resulted in a post-labour death. This difference is justified by an overestimation of the potential deliveries at the proposal development stage.		
Activities	Description	Implemented by		
Activity 1.1	Procurement and distribution of 200 safe clean delivery and 78 assorted RH kits	UNFPA		
Activity 1.2	Monitor on the effective use of the safe clean delivery and RH kits	UNFPA		
Activity 1.3	Document project activities	UNFPA Local Project Coordinator		

Output 2	2895 Adolescent girls, women and pregnant women received specific individual reproductive health services, RH supplies and dignity kits.			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Number of dignity kits distributed to women and girls in reproductive age	2,000	2,000 dignity kits were distributed to women and girls aged from 15 to 18 years old.	UNFPA report, photos and refugees' testimonies
Indicator 2.2	Number of baby/mother kits distributed to visibly pregnant women	895	895 mother and new-born kits were distributed to 895 visibly pregnant.	UNFPA report, photos and refugees' testimonies
Indicator 2.3	Number of pregnant women seeking reproductive health service (ANC)	895	2,359 pregnant women sought ante-natal care	UNFPA reports and MdM weekly medical reports
Explanation of output and indicators variance:		The door-to-door outreach activities and organized awareness raising activities on the importance of ante-natal care carried out the 24 Social Mobilizers contributed to the increase of the number of beneficiaries target initially planned.		
Activities	Description	Implemented by		
Activity 2.1	Procurement and distribution of 895 baby/mother kits	UNFPA		
Activity 2.2	Procurement and distribution of 2,000 dignity kits	UNFPA		

6. Accountability to Affected People	
A) Project design and planning phase:	
Reproductive Health needs assessment constituted the basis for the perception of refugees' needs, which underpinned the design of the project. Moreover, Health and Nutrition Working Groups assessments on Reproductive Health issues in Lóvua Refugee Settlement served	

also as basis for designing and planning the project. Women, Men and Youth Focus group discussions were another important methodology used to get the beneficiaries full participation in the project design and planning phase. The assessments provided the information needed to design strategies that met the refugees needs.

B) Project implementation phase:

24 UNFPA social mobilizers selected from the refugee community were fully engaged in the outreach and awareness raising activities within the refugee villages and zones and visited the beneficiaries on weekly basis during the implementation phase. UNFPA Local Project Coordinator in partnership with the health partners held bi-monthly meetings with refugees' leaders to report on Reproductive Health challenges and other public health issues. 42 solar lamp guardians also known as mama Lumiere constituted the Reproductive Health referral focal points in order to refer Pregnant Women even at night to avoid maternal death. 4 Women Friendly Spaces were installed and operated throughout the project implementation and received around 200 Women daily to discuss and reflect on gender-based violence related issues and Sexual Reproductive Health issues.

C) Project monitoring and evaluation:

UNFPA CO Programme Officer and the Local Project Coordinator were responsible for monitoring the project performance at field level through regular visits to Dundo, Lunda Norte and at MdM health centers in Lóvua settlement, Dundo Maternity and Samakaka Materno Infantil referral hospitals. Additionally, UNFPA Programme Officer attended the Interagency Coordination meetings at central level and the Local Project Coordinator attended all Health and Nutrition Working Group meetings and addressed timely all reproductive health issues. UNFPA Local Project Coordinator in close collaboration with UNHCR Public Health Officer also monitored the performance and the impact of the project. At UNFPA CO level, the evaluation and monitoring process was carried out through analysis of monthly reports and relevant information from UNFPA Local Project Coordinator on humanitarian response and regular visits of UNFPA CO staff at field level.

7. Cash-Based Interventions				
7.a Did the project include one or more Cash Based Intervention(s) (CBI)?				
Planned		Actual		
No		No		
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
None	US\$	N/A	N/A	N/A
Supplementary information (optional): N/A				

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
No evaluation of this project planned.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.2 Project Report 18-UF-HCR-024 – UNHCR

1. Project Information			
1. Agency:	UNHCR	2. Country:	Angola
3. Cluster/Sector:	Health - Health	4. Project Code (CERF):	18-UF-HCR-024
5. Project Title:	Provide primary health care services to refugees from DRC in Lunda Norte		
6.a Original Start Date:	21/09/2018	6.b Original End Date:	30/06/2019
6.c. No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
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 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 1,789,785
	b. Total funding received for agency's sector response to current emergency:		US\$ 2,239,785
	c. Amount received from CERF:		US\$ 450,000
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 236,000
	Government Partners		US\$ 0
International NGOs		US\$ 236,000	
National NGOs		US\$ 0	
Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF UFE grant, UNHCR and its partners provided 83,746 awareness sessions with 93,071 PoC reached; 36,810 primary healthcare consultations; 100% of pregnant women screened for HIV/STIs and receiving post-test counselling; 100% of children screened for malnutrition; 70 staff trained in MPHSS (mental health and psychosocial support) skills; among others. The project assisted a total of 20,155 individuals between October 2018 – July 2019.

Considering humanitarian standard responses related to health of refugees, this project aimed at improving the primary and mental health care and protection of the refugee population of Lunda Norte, particularly in the Lóvua Refugee Settlement, through the delivery of quality health services and provision of community based mental health and psycho social support (MHPSS) care programs. The project addressed the general refugee population in the settlement, host communities and refugees with specific needs: unaccompanied and separated children, single parents, refugees with serious mental health conditions, SGBV/IPV survivors, elderly and those with disabilities.

3. Changes and Amendments

No changes and/or amendments were requested.

4. People Reached									
4.a Number of people directly assisted with CERF funding by age group and sex									
	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	6,561	4,877	11,438	6,301	4,885	11,186	12,862	9,762	22,624
Reached	5,858	4,177	10,035	5,687	4,433	10,120	11,545	8,610	20,155
4.b Number of people directly assisted with CERF funding by category									
Category	Number of people (Planned)					Number of people (Reached)			
Refugees	22,624					20,155			
IDPs	0					0			
Host population	0					0			
Affected people (none of the above)	0					0			
Total (same as in 4a)	22,624					20,155			
<p>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</p> <p>The difference related to the number of refugees benefiting from the intervention comes from the fact that the partner assisted only refugees in the settlement. MdM have only reported official assistance to refugees that reside in the settlement (in this case 20,155). 22,624 is the number of active population, which means that 2,469 refugees reside in urban areas of Lunda Norte and therefore were not directly assisted by MdM since they did not have residency status in Lovua settlement, where clinics are installed. Nonetheless, MdM has assisted these 2,469 indirectly whenever needed.</p>									

5. CERF Result Framework	
Project Objective	Health status of the population improved

Output 1	Access to primary health care services provided or supported			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Extent persons of concern have access to primary health care	20,362 or 90%	20,155	MdM Reports
Indicator 1.2	Access of PoC to NGO or faith-based primary health care facilities ensured (yes/no)	yes	yes	MdM Reports
Indicator 1.3	# of full-time psychiatric staff for mental health	1	1	MdM Reports
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 1.1	Preventive and curative PHC consultations are taken by the refugees	MdM		
Activity 1.2	Women refugees are taking ANC and PNC services	MdM		
Activity 1.3	New cases of mental health identified and receive required support	MdM		

Output 2	Referral mechanisms established			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	# of persons referred to secondary and tertiary medical care	500	500	MdM Reports
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 2.1	Referral inside Dundo are available and coordinated between the PHC facility to the SHC facility	MdM		
Activity 2.2	Serious cases are referred to Luanda for further support	MdM		

Output 3	Access to essential drugs provided			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	% essential medicines internationally procured with CERF contribution	30%	30%	MdM Reports
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 3.1	Purchase of medicines and medical supplies for use in health clinics, items identified by partner (MDM) with support from the UNHCR Public Health Coordinator	MdM		

6. Accountability to Affected People

A) Project design and planning phase:

The engagement of affected people in the design and implementation of this project is an important aspect to be analyzed. The community-based approach through community health workers is key to health care outcomes. Since many of these community health workers are also refugees, they are capable to liaise with health services and the community, overcoming cultural barriers and harmful social norms.

B) Project implementation phase:

The participation of refugees and persons of concern in activities related to the planning, implementation, monitoring and evaluation of the project, implemented by MdM, is consistent with UNCHR commitment to accountability to affected population, and the community-based protection approach. The views, concerns and capacities of women, men, boys and girls of all ages and backgrounds affected by the project were taken into consideration through regular participatory, appropriate feed backs and complaints mechanisms.

C) Project monitoring and evaluation:

Monthly meetings with community leaders, health workers, project coordinators and UNHCR took place in order to address specific health issues, recognize knowledges (to include traditional and popular practices) and build collective strategies to improve the quality of health services.

7. Cash-Based Interventions

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

Planned	Actual
No	No

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
None	US\$	N/A	N/A	N/A
Supplementary information (optional): N/A				

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
No evaluation planned for this project.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.3 Project Report 18-UF-HCR-025 - UNHCR

1. Project Information			
1. Agency:	UNHCR	2. Country:	Angola
3. Cluster/Sector:	Water Sanitation Hygiene - Water, Sanitation and Hygiene	4. Project Code (CERF):	18-UF-HCR-025
5. Project Title:	Improving the provision of safe water, sanitation and hygiene at the Lóvuá Refugee Settlement and in hosting communities		
6.a Original Start Date:	20/09/2018	6.b Original End date	30/06/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
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 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 3,100,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 3,500,947
	c. Amount received from CERF:		US\$ 400,947
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 283,051
	Government Partners		US\$ 0
International NGOs		US\$ 283,051	
National NGOs		US\$ 0	
Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF UFE grant, UNHCR and its partners provided 8 piped water distribution systems; two fully operational boreholes and two others to be operational as of September; 1,261 household sanitary facilities/latrines constructed; 782 cleaning campaigns carried out in the settlement; among others. The project assisted a total of people 20,235 individuals between October 2018 – July 2019.

The main objective of the proposed humanitarian assistance was to provide an effective response to urgent and immediate needs. Specifically, it entailed preventing the escalation of cases of transmissible diseases among refugees, and protection of the most vulnerable (such as children, pregnant and lactating women, and disabled). The CERF project addressed key identified needs that put populations at immediate sanitary risk, focusing on individuals located in the Lóvuá Refugee Settlement. For that reason, all WASH components have been prioritized to address specific needs by: i) providing sanitary (hygiene & MHM kits) materials; ii) water system operations maintained; iii) community and household sanitary facilities constructed; and, iv) hygiene promoted.

3. Changes and Amendments

No changes and/or amendments were requested.

4. People Reached									
4.a Number of people directly assisted with CERF funding by age group and sex									
	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	4,023	2,830	6,853	3,880	3,141	7,021	7,903	5,971	13,874
Reached	5,904	4,178	10,082	5,731	4,422	10,153	11,635	8,600	20,235
4.b Number of people directly assisted with CERF funding by category									
Category	Number of people (Planned)			Number of people (Reached)					
Refugees	13,874			20,235					
IDPs	0			0					
Host population	0			0					
Affected people (none of the above)	0			0					
Total (same as in 4a)	13,874			20,235					
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:				Number of beneficiaries achieved is higher than planned due to relocation of refugees from urban areas of Dundo to the settlement in Lóvua. During the implementation period of the project, and according to the needs of the target population, it was possible to train more people in sanitation and hygiene promotion, to distribute more hygienic supplies (kits) and to serve more people through the water system.					

5. CERF Result Framework	
Project Objective	Population live in satisfactory conditions of sanitation and hygiene and have access to potable water

Output 1	Sanitary (hygiene & MHM kits) materials provided.			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	# of persons receiving hygienic supplies (kits)	7,000	15,000	NCA reports
Indicator 1.2	# of focus groups conducted as part of participatory assessments covering elements to be included in hygiene kits and women's preferences on distribution of sanitary materials (MHM Kits).	10	57	NCA reports
Indicator 1.3	# of women identified to be in need of sanitary material (MHM Kits).	6,137	5,438	NCA reports
Indicator 1.4	# of women receiving MHM kits	6,137	5,438	NCA reports
Explanation of output and indicators variance:		For Indicator 1.1: Number of beneficiaries achieved is higher than target due to relocation of refugees from urban areas of Dundo to the settlement.		
Activities	Description	Implemented by		
Activity 1.1	Procurement of hygiene and MHM kits.	NCA		
Activity 1.2	Distribution of hygiene kits.	NCA		

Activity 1.3	Distribution of MHM kits.	NCA
Activity 1.4	Establishment of focus groups to conduct participatory assessments in order to determine the number and elements to be included in hygiene and MHM kits.	NCA

Output 2	Functioning water system operations maintained			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Average # of litres of potable water available per person per day	20	15	NCA reports
Indicator 2.2	# of water tanks installed (5,000 lts each).	15	12	NCA reports
Indicator 2.3	# of People of Concern (PoC) served by water system	14,000	20,235	NCA reports
Explanation of output and indicators variance:		<p>For Indicator 2.1: The average rate of water use for drinking, cooking and personal hygiene has been of at least 15 litres/person/day in all households, and not 20 litres/person/day as initially planned. Once boreholes are fully operational, the rate is expected to increase.</p> <p>For Indicator 2.2: The number of water tanks installed ended up being lower than expected because pumping capacity had to be reduced to be able to pump the 5,000 litters as planned.</p> <p>For Indicator 2.3: Number of beneficiaries achieved is higher than target due to relocation of refugees from urban areas of Dundo to the settlement.</p>		
Activities	Description	Implemented by		
Activity 2.1	Water supply: (i) through water points; (ii) water treatment; (iii) set-up of water distribution points;	NCA		
Activity 2.2	Quick repairing of water taps and water tanks. These activities are implemented in a very short time.	NCA		
Activity 2.3	Water system monitoring and maintenance	NCA		

Output 3	Community and household sanitary facilities constructed.			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	# of communal sanitary facilities (latrines and showers) constructed	12	13	NCA reports
Indicator 3.2	# of household sanitary facilities/ latrines constructed	1,152	1,261	NCA reports
Indicator 3.3	# Persons trained in sanitation and hygiene promotion in collaboration with local authorities and external partners.	6,480 people	9,000	NCA reports
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 3.1	Construction of communal and household sanitary facilities/ latrines	NCA		
Activity 3.2	Training sessions on sanitation and hygiene promotion.	NCA		

6. Accountability to Affected People

A) Project design and planning phase:

Since the beginning of project design and planning, community participation was set up as a significant component in order to promote the proper management and maintenance of water supply and sanitation facilities. As part of the project, refugees were informed of the consequences of poor hygiene practices to minimise dangerous behaviour that could affect the whole community (potential epidemics or outbreaks).

B) Project implementation phase:

During implementation phase, WASH committees were created, trained and equipped to mobilize people to maintain and guarantee the correct use of WASH facilities. Those committees were able to transmit a series of key messages related to handwashing practices. The rate suggested was 1 promotor for 500 people, who were volunteers identified among the refugee population.

C) Project monitoring and evaluation:

For monitoring activities, UNHCR engaged with other WASH partners and regional/national entities, in coordination events (not funded with CERF resources) to monitor activities in the settlement and within the Dundo and Lóvuá municipalities.

7. Cash-Based Interventions

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

Planned	Actual
No	No

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
None	US\$	N/A	N/A	N/A

Supplementary information (optional):
N/A

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

No evaluation planned for this project.

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

8.4 Project Report 18-UF-WFP-049 - WFP

1. Project Information			
1. Agency:	WFP	2. Country:	Angola
3. Cluster/Sector:	Food Security - Food Aid	4. Project Code (CERF):	18-UF-WFP-049
5. Project Title:	Emergency Food Assistance for Refugees from DRC in Angola		
6.a Original Start Date:	24/09/2018	6.b Original End Date:	30/06/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
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 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 17,888,445
	b. Total funding received for agency's sector response to current emergency:		US\$ 7,669,130
	c. Amount received from CERF:		US\$ 900,000
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 58,153
	Government Partners		US\$ 0
	International NGOs		US\$ 58,153
National NGOs		US\$ 0	
Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF UFE grant, WFP and its partners provided lifesaving food assistance and nutrition messaging to some 21,796 refugees (over 51% women and girls) from DRC by enabling them to meet their basic food and nutrition requirements in the time of crisis. The food basket comprised 450gm of maize meal, 60gm of pulses, 25gm of vegetable oil, and 5gm of salt per person per day to cover the 2,100 kcal/person daily energy requirements. Over the course of the year, a slight and gradual decline was observed in the number of beneficiaries receiving food. This was partly due to a stabilisation of the political and security situation in DRC, with some refugees opting for spontaneous return, but also the result of forced repatriation of some by the Angolan government, under the terms of "Operacao Transparencia".

The Post Distribution Monitoring data for the 2nd quarter of 2019 showed an increase in the number of households with an acceptable Food Consumption Score (FCS) for both male and female headed households. However, there was a slight increase in the number of households with poor FCS in both male and female headed households. When asked what coping mechanism beneficiaries adopted when experiencing food shortages, more than 90% of the households indicated that they limited portions, while 80% of the households reduced the number of meals per day. A significant number of households also borrowed food from relatives. This was caused by the suspension of registration and issuance of new refugee cards by the Angolan Government. Under the new policy to fight corruption and diamond trafficking (the main economic activity in the region), the Government no longer accepted the registration of new refugees, leaving several people undocumented and, consequently, without access to some services.

3. Changes and Amendments

No changes and/or amendments were requested.

4. People Reached									
4.a Number of people directly assisted with CERF funding by age group and sex									
	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	6,561	4,877	11,438	6,301	4,885	11,186	12,862	9,762	22,624
Reached	6,375	4,669	11,044	6,092	4,660	10,752	12,467	9,329	21,796
4.b Number of people directly assisted with CERF funding by category									
Category	Number of people (Planned)					Number of people (Reached)			
Refugees	22,624					21,796			
IDPs	0					0			
Host population	0					0			
Affected people (none of the above)	0					0			
Total (same as in 4a)	22,624					21,796			
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:			N/A						

5. CERF Result Framework	
Project Objective	Refugees are able to meet their basic food requirements in times of crisis

Output 1	Refugees receive unconditional food transfers to meet their basic food requirements			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of women, men, boys and girls receiving food	22,624	21,796	Monthly Distribution Reports
Indicator 1.2	Quantity of food provided	674mt	607.976mt	Procurement and logistics-related documentation
Explanation of output and indicators variance:		The number of refugees who attended monthly food distributions was lower than what was planned.		
Activities	Description	Implemented by		
Activity 1.1	Procurement and transportation of food	WFP, UNHCR and WVI		
Activity 1.2	Distribution of food	WFP, UNHCR and WVI		
Activity 1.3	Beneficiary contact monitoring and Post distribution monitoring	WFP and WVI		

6. Accountability to Affected People

A) Project design and planning phase:

Following the principles of Accountability to the Affected Populations, WFP ensures that beneficiaries are well informed about their rights, food distribution plan, entitlements, and have access to confidential and functional complaint and feedback mechanisms at inter-agency level (ToR finalized). Food Management Committees and Refugee Help Desk comprising both female and male refugee representatives are providing an avenue to the beneficiaries to share their feedback and express views on the service delivery.

B) Project implementation phase:

WFP is committed to ensure that gender and protection are factored in during project monitoring. Thus, monitoring activities are designed to track achievements on gender equality, decision-making and empowerment of women as well as to ensure beneficiaries' protection and accountability of WFP staff and cooperating partner. WFP presents indicative data disaggregated by the gender of the head of household. Regular house visit, focus group discussions with refugee representatives and members of Food Management Committees are held to gauge successes and opportunities to improve activities and entitlements.

C) Project monitoring and evaluation:

WFP field monitor carries out distribution monitoring and process monitoring during food distribution days. The information is used by WFP to ensure that food distributions start on time, meet WFP standards for safety and protection, and support partners to resolve technical issues in the ground. Issues identified during the monitoring are compiled in a tracking sheet and reported to WFP Field and Country Offices.

After the distribution of entitlements and completion of activities, WFP through its cooperating partner collects quarterly Post Distribution Monitoring (PDM) data to explore the effects of assistance on beneficiaries and assess household food security and coping strategy usage. PDM also identifies assistance utilisation and access to other sources of assistance, household income and expenditures, and accountability and protection issues. PDM results are sampled to allow for a statistically representative comparison across all WFP assistances types, and geographically, among beneficiary households in the settlement.

The recent PDM conducted July-19 showed an increase in the number of households with an acceptable Food Consumption Score (FCS) for both male (59.12%) and female (61.20%) headed households. However, there was a slight increase in the number of households with poor FCS in both male (26.35%) and female (27.87%) headed households. When asked what coping mechanism beneficiaries adopted when experiencing food shortages, more than 90% of the households indicated that they limited portions, while 80% of the households reduced the number of meals per day.

7. Cash-Based Interventions

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

Planned	Actual
No	No

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
None	US\$	N/A	N/A	N/A

Supplementary information (optional):

N/A

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

The project has not been evaluated. A project evaluation is planned for 2021.

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
18-UF-HCR-024	Health	UNHCR	INGO	\$236,000
18-UF-HCR-025	Water, Sanitation and Hygiene	UNHCR	INGO	\$283,051
18-UF-WFP-049	Food Assistance	WFP	INGO	\$58,153

ANNEX 2: Success Stories

1. Project 18-UF-FPA-030 - UNFPA

Project Title: Improving access to sexual reproductive health services, information, and provision of dignity and safe and clean delivery kits

Cluster/sector: Health

Country: Angola

Start date: 17/09/2018

End date: 30/06/2019

Implementing partners: UNFPA



Fig. 1 – During conflict, the most intimate – and taboo – health needs of women and girls are often overlooked. Marie Anny, 13, is one of 7,000 women and girls of reproductive age in Angola's Lóvuá refugee settlement)

“I had my first period here at the settlement,” said Marie Anny, 13, whose family now lives in the Lóvuá settlement, home to over 14,000 Congolese refugees. “I had no idea what was happening. For me, that day was sad and shameful.”

Stigmas surrounding menstruation have existed across cultures and history. And it's not uncommon for women and girls to internalize these destructive myths.

Around the world, the idea that menstruating women and girls are unclean contributes to their exclusion not only from family life, but from education and employment. In some places, isolation and expulsion from the home can be dangerous, exposing women and girls to extreme weather and sexual violence. In others, the onset of menstruation is associated with child marriage, which heightens the risk of adolescent pregnancy and life-threatening complications before, during and after childbirth.

Displacement magnifies these afflictions and the conditions in the settlement are a challenge for the refugees, especially girls and women. “When I'm menstruating, I usually use strips of absorbent cloth, but in the settlement, it is difficult to get this cloth,” Marie Anny told UNFPA.

Marie Anny is the recipient of one of over 8,000 UNFPA dignity kits distributed to women and girls in the Lóvuá settlement. The kits contain essential hygiene items such as sanitary pads, underclothes, soap, toothbrushes and toothpaste.

UNFPA works with partners to deliver dignity kits to women and girls around the world – in schools and in women's and girls' safe spaces. These safe spaces provide more than sexual and reproductive health services.

Supported safe spaces also offer culturally sensitive counselling, legal support and vocational training to women and girls displaced by conflict, including victims of gender-based violence. Safe spaces can provide opportunities for women and girls to build their knowledge about other forms of sexual and reproductive health and rights as well, like HIV prevention and gender equality.

With more than 7,000 women and girls of reproductive age in the Lóvuá settlement, unmet needs for sexual and reproductive health services are mounting.

For Marie Anny, the dignity kits help to keep her healthy, safe and confident. “I take better care of my hygiene when I get the kit,” she added.

Link: <https://www.unfpa.org/news/%E2%80%9Ci-had-no-idea-what-was-happening%E2%80%9D-%E2%80%93-menstrual-health-needs-surge-refugees>



Fig. 2 – Refugees receive UNFPA dignity kits in the Lóvuá settlement

2. Project 18-UF-WFP-049 – WFP

Project Title: Emergency Food Assistance for Refugees from DRC in Angola

Cluster/sector: Food Security - Food Aid

Country: Angola

Start date: 24/09/2018

End date: 30/06/2019

Implementing partners: UNHCR; World Vision International

Laurent Rogero, 51-year-old father of 12 and a native of Bilomba, a village in the province of Kasai Central, DRC is currently taking refuge in Lóvua settlement in Lunda Norte, Angola. He recounts that his family was well received when the refugees crossed over the DRC-Angola border. To him the most important human needs were covered, which are a place to live in and food to eat.

Laurent, a farmer by trade, is saddened with the fact that not all members of his family receive food. His household comprises of seven members, but only six qualify to receive food because they are yet to pass through the family reunification process. As a father, he feels the hardest time he faces is when the food finishes and the family has no other means to get more food. He states that the food distributed by WFP only lasts two weeks.

His eldest daughter, who is married and lives with her husband and children in another plot, featured on the photo below, was at his plot at the time of the interview, in search of something to eat. As the family waits to receive food on the appointed General Food Distribution dates, the young women needed to feed herself to continue to breastfeed and feed her elder daughter.



Fig. 3 – Laurent Rogero (second from right)



Fig. 4 – Laurent's eldest daughter (female sitting on chair)

As Laurent looks at his children eating, he recounts how thankful he is to have the option to harvest horticulture crops cultivated in their kitchen gardens, collect seasonal protein-rich caterpillars in order to sell and also for household consumption. Mr Laurent points out how blessed he is to seven other adult children with whom food can be shared.

The above success story featured based on the support provided to the refugee family under WFP's food assistance and UNHCR's livelihoods assistance programme implemented by World Vision International and Lutheran World Federation respectively.

Both projects are implemented to provide live saving food and livelihoods assistance to the refugees residing in Lóvua settlement, Lóvua Municipality, Lunda Norte Province, Angola.

WFP provided live saving food assistance to 21,796 refugees during project period.

ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ADPP	People to People Development Aid
DMT	Disaster Management Team
DRC	Democratic Republic of Congo
EF	Emergency Funds
FCS	Food Consumption Score
GBV	Gender-based Violence
GoA	Government of Angola
JAM	Joint Assessment Mission
JICA	Japan International Cooperation Agency
JRS	Jesuit Refugee Service
MdM	Médicos del Mundo
MHM	Menstrual Hygiene Management
MHPSS	Mental Health and Psycho Social Support
NCA	Norwegian Church Aid
PDM	Post Distribution Monitoring
PEP	Post-Exposure Prophylaxis
PHC	Primary Health Care
PoC	Persons of Concern
RCO	Resident Coordinator's Office
SAM	Severe acute malnutrition
SGBV/IPV	Sexual and Gender-Based Violence / Intimate partner violence
SRH	Sexual and Reproductive Health
STI	Sexually transmitted infections
ToR	Terms of Reference
WASH	Water, Sanitation and Hygiene
WFS	Women-Friendly Space
WVI	World Vision International