

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

18-UF-UGA-28526

RESIDENT/HUMANITARIAN COORDINATOR	Rosa Malango
--	---------------------

REPORTING PROCESS AND CONSULTATION SUMMARY

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

The After-Action Review was conducted on 31 January 2019. It was chaired by the Head of the Resident Coordinator's Office and attended by FAO, IOM, WHO, UNHCR, UNICEF, UNFPA, UNDP UN Women, WFP and two NGOs (Implementing Partners) ACORD and Living Earth Uganda. The agencies consulted with their respective sectors.

- 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

While there was no formal meeting of the UNCT to discuss the report, it reflects the honest views of agencies, sectors and implementing partners which were captured at the comprehensive and detailed After-Action Review meeting. It is worth noting that the agency focal points to the CERF UFE process had delegated authority from the heads of agencies of participating agencies. It is important to note that the timing of the report coincided with of two other CERF processes including: the conclusion of the CERF Ebola readiness process and the CERF 2019 UFE application. The AAR provided much of the content of this report. During the compilation of the report the Head of the Resident Coordinator's Office has consulted further with the agency focal points and deputy heads of agencies of participating agencies on their inputs.

- 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

Considering the serious delays with the submission of inputs by some agencies, the submission deadline was missed, and it became a priority to submit the report as soon as completed.

PART I

Strategic Statement by the Resident/Humanitarian Coordinator

With the CERF UFE allocation of US\$ 17 million, agencies were able to target seven under-served refugee settlements in Uganda hosting refugees from South Sudanese and the Democratic Republic of Congo (DRC) with multisectoral interventions to address their acute need in WASH, food, health and nutrition, protection, shelter and non-food items and livelihoods. The needs of refugees in the settlements, including Palorinya, Imvepi, Palabek, Kiryandongo, Kyangwali, Kyaka II and Rwamwanja were identified through rigorous field and sector needs assessments and onsite analysis by humanitarian partners. A total of 727,557 people, including 559,659 refugees, from South Sudan and DRC and 167,898 people from the host communities were targeted to receive assistance through this CERF. Agencies applied the Government's principle of response to refugee needs which stipulates that 70 per cent of assistance goes to refugees and 30 per cent to the host community. Partners were able to provide quality and timely life-saving needs to the most vulnerable South Sudanese and Congolese refugees and host community. CERF funds enabled partners to scale-up response to provide critical life-saving aid to this seriously underfunded emergency, effectively positioning the UN as a trusted strategic partner injecting catalytic funding in between other donor funding cycles. With funding from CERF partners were able to fully achieve the targets they set out to reach. In several cases partners exceeded the implementation targets due to the massive influx, especially of Congolese refugees. Partners provided clean water, food, reversed crude mortality, created child friendly spaces, provided psychosocial support, protection, emergency employment, registration, provided emergency shelter, food, and other critical life-saving support.

1. OVERVIEW

18-UF-UGA-28526 TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)

a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE	792,164,834
FUNDING RECEIVED BY SOURCE	
CERF	16,988,192
COUNTRY-BASED POOLED FUND (if applicable)	0
OTHER (bilateral/multilateral)	302,966,935
b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE	1,112,119,961

18-UF-UGA-28526 TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US\$)

Agency	Project code	Cluster/Sector	Amount
FAO	18-UF-FAO-010	Food Security - Agriculture	784,555
IOM	18-UF-IOM-009	Water Sanitation Hygiene - Water, Sanitation and Hygiene	1,100,000
UN Women	18-UF-WOM-002	Protection - Sexual and/or Gender-Based Violence	500,094
UNDP	18-UF-UDP-005	Multi-Cluster - Multi-sector refugee assistance	597,062
UNFPA	18-UF-FPA-013	Protection - Sexual and/or Gender-Based Violence	1,500,124
UNHCR	18-UF-HCR-013	Multi-Cluster - Multi-sector refugee assistance	4,810,721
UNICEF	18-UF-CEF-031	Protection - Child Protection	595,548
UNICEF	18-UF-CEF-032	Multi-Cluster - Multi-sector refugee assistance	2,100,000

WFP	18-UF-WFP-019	Multi-Cluster - Multi-sector refugee assistance	4,500,000
WHO	18-UF-WHO-012	Health - Health	500,088
TOTAL			16,988,192

18-UF-UGA-28526 TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Total funds implemented directly by UN agencies including procurement of relief goods	8,829,613
Funds transferred to Government partners*	746,439
Funds transferred to International NGOs partners*	5,978,909
Funds transferred to National NGOs partners*	1,433,505
Funds transferred to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	8,158,853
TOTAL	16,988,466

* These figures should match with totals in Annex 1

2. HUMANITARIAN CONTEXT AND NEEDS

The humanitarian situation in Uganda is characterised by a massive refugee presence and continuous arrivals from South Sudan and the DRC. Uganda now hosts up to 1.3 million refugees, the largest refugee caseload in Africa and fifth-largest in the world. The country received an unprecedented influx of refugees in 2016 and 2017, tripling the refugee population to nearly 1.35 million people by September 2017. Women and children represent 80 percent of the refugee population, with some 757,838 children making up 61 percent of all refugees in the country. By June 2018, refugees from DRC were 271,967 had arrived in Uganda of whom 80 percent were women and children.

The Refugee Response Plan estimates that with continued refugee influxes, Uganda is likely to host 1.73 million refugees by the end of 2020, mainly from South Sudan (1.07 million), the Democratic Republic of the Congo (539,000), Burundi (42,000), and other nationalities.

The refugee caseload and new arrivals continues to put enormous pressure on the country's resources, on land, the environment, basic service delivery systems (including health, education, water and sanitation), the humanitarian partners' capacity to respond to the crisis, and on the ability to maintain Uganda's generous good practice refugee policy. Acute needs remain in protection, food assistance, shelter, health and nutrition, WASH and emergency livelihoods. The chronic lack of sufficient resources has required a constant re-prioritization of immediate short-term life-saving measures, such as emergency reception of refugees, emergency shelter, NFIs, and life-saving water provision through water trucking. Notably, phasing out emergency water trucking in new settlement areas will remain a critical focus area going forward.

Low funding continued to hamper response especially food distribution and provision of critical life-saving assistance. Negative cultural practices and the impact of displacement continued to expose children to serious protection risks such as separation from families, psycho-social distress, abuse and exploitation, including child labour, defilement and sexual exploitation. Unaccompanied and Separated Children (UASCs) were among the most vulnerable, especially girls who were at risk of SGBV and early and forced marriages. In addition to this group were Persons with Special Needs. Limited livelihoods opportunities exacerbated violence against women and girls, including sexual exploitation. Other operational challenges included the rapid expansion of settlement areas and related infrastructure needs, such as access roads, establishment of schools and health centres. This came in the backdrop of the fact that the refugee hosting districts are among the poorest districts in Uganda.

Low funding necessitated regular food ration cuts below the minimum standard of 2,100 kcal per person per day. Findings from the 2017 Food Security and Nutrition Assessment (FSNA) for refugees (data collected in October 2017) indicated that malnutrition rates varied between the refugee settlements of the Southwest and West Nile regions. In West Nile settlements, rates of acute malnutrition were apparent with some variations. The global acute malnutrition (GAM) rates ranged from 10.3

percent in Arua to 12.3 percent in Palabek. Based on the World Health Organization (WHO) classification on public health significance for children under 5 years of age, these rates were classified as “serious” and above the emergency nutritional threshold of below 10 percent for GAM.

Other operational constraints sighted in the seven refugee settlements were: reported vaccine stock outs, lack of resources to support health workers to conduct integrated outreaches, lack of vaccine carriers to support outreaches, demotivation of Village Health Teams (VHTs) to mobilize and register all the eligible children due for immunization and Nutrition. UNICEF had proposed to procure vaccines, vaccine carriers and conduct training of health workers.

For child protection, the main gaps existed in critical psychosocial support, case management, inadequate support to UASCs, inadequate access to child friendly spaces and weak community-based child protection systems. A key operational constraint was the high numbers of children per case worker in some cases the ratio was 1:100 on average for case management. For the Child Friendly Spaces (CFS), the ratio per CFS Facilitator/Care giver per child was 1:92. The high number of caseloads and high expectations from community structures working with refugees were a challenge.

Severe constraints and inadequacies remained in the WASH sector. A WASH gap analysis of December 2017, indicated that 16 litres of water was available per person, per day in Palorinya settlement, of which 29 per cent was through water trucking. Although several WASH partners had motorized and upgraded existing water systems, by December 2017 water trucking still accounted for 23 percent of all water provision in the settlements. December 2017 end line KAP survey findings in Bidibidi indicated that only 33 percent of the population reported to have access to all day round water source functionality. 28 percent of the respondents attributed this to non-functionality of most hand pumps. Several villages in the settlements had hand pumps that provided backup options whenever there were outages in motorized water supply. Seasonal reduction in water yields of these hand pump boreholes continued to constrain efforts to deliver adequate safe water. NGO implementing partners operated and maintained water supply systems, which was not good for long-term management and sustainability.

Over 2,000 households were relocated to a newly established settlement in Lama-Moyo following recent flooding in areas of zone 3 in Palorinya settlement, which required additional support to meet WASH needs in the new relocation sites. According to the Inter-Agency WASH coordination mechanisms, over 57 percent of the water sources in Kyaka II were shallow wells, and the Government was discouraging their use because water quantity and quality were highly variable and could not be guaranteed. A shift from shallow wells meant increased pressure on remaining water supply options. As the refugee crisis became inevitably protracted and the refugee influx increases, mechanisms to stabilize the supply of safe water to the growing population became increasingly important as there was a rising demand over these very limited resources and facilities.

In western Uganda, lack of access to safe water and adequate hygiene and sanitation facilities threatened to lead to the rapid propagation of diseases. Nine cases of cholera were reported in Kyaka II on 29 January 2018, eight of those affected were among the new arrivals. Furthermore, there were reported incidences of Acute Watery diarrhoea in Kyaka and Kyangwali late 2017 and the recent suspected cholera outbreak prompted collection of stool samples from patient that showed growth of E. coli on culture and this outcome was testament to the doubtful testing of the water quality conducted in most of the unprotected water sources.

The household sanitation coverage was at 53 percent while over 97 blocks of latrines were required at institutional level. The ratio of hygiene promoters to population was 1:915, with over 131 hand washing facilities required at community level and institutions. The situation was likely to deteriorate rapidly as funds decreased and WASH partners withdrew from the response. Worth noting was also that many latrines in institutions (schools / Health facilities) were still temporary, insufficient and required replacement by permanent latrines and handwashing facilities. Lack of latrines at main market places posed public health risk due to open defecation.

Limited livelihood opportunities especially for women and girls, was a great constraint. Low food production in the general refugee hosting area, woodland loss and land degradation, health risks due to potential transmissible livestock – human disease and conflict on grazing land with the local communities were additional constraints.

Uganda has a good refugee protection environment, providing refugees with freedom of movement, the right to work and establish businesses, the right to documentation and access to national social services. The country pursues a non-camp settlement policy, by which refugees are allocated plots of land for shelter and agricultural production, stretching out over vast territories. Whilst providing the basis for refugee self-reliance in the long run, the settlement approach typically incurs higher up-front costs than that of a camp environment, when basic life-saving provisions are to be established.

However, as partners continued to mobilise and sustain multisector response to the needs of the refugees, the situations in their countries of origin remained unresolved. Since the South Sudan crisis erupted in December 2013, Uganda had received refugees from South Sudan in waves and the arrivals continued as the situation in their country remained fragile with intermittent outbreaks of conflict. The crisis in South Sudan, sharply deteriorated in mid-2016 and sent a massive influx into Uganda. The trend continued in 2018 and is likely to continue in the foreseeable future due to political instability, insecurity and social instability prevailing in the countries of origin, exacerbated by ethnic tensions and in DRC, proliferation of armed groups.

The scenario in DRC, particularly Eastern DRC remains fragile with the presence of many militias targeting civilian settlements. Various opposition groups, including the National Army for the Liberation of Uganda (NALU), the March 23 Movement (M23), and the Mai-Mai militia, continue violent activities in Eastern DRC, spreading insecurity and tensions, and committing violations against civilians. The resurgence of the Allied Defence Forces (ADF) inside DRC in North Kivu and Ituri regions remains of great concern.

This CERF UFE window of almost \$17 million was instrumental in enabling humanitarian partners to scale-up life-saving response to the massive needs.

3. PRIORITIZATION PROCESS

An inclusive and consultative process was adopted led by the Resident Coordinator's Office (RCO) and co-facilitated with UNHCR. Agency heads were asked to designate CERF Focal Points with whom initial guidance and consultations were made through email ahead of the CERF UFE moderated webinar on the prioritisation process. After the webinar, a meeting was called for the prioritisation process which was co-facilitated by the RCO and UNHCR. The following agencies participated in the CERF process UNHCR, WFP, UNICEF, UNFPA, UNDP, WHO, UN Women, FAO and IOM. Consultations were also undertaken through the existing RCM refugee coordination structures facilitated by UNHCR. The 2018 RRP provided the baseline for the discussions.

The prioritisation meeting reviewed agency engagement and CERF funding from 2017 which the meeting noted that the CERF funding for 2017, as a percentage of total funding successfully decreased overall from 2016. The meeting noted that this could demonstrate the success of CERF funding as a catalyst for additional funding.

The meeting reviewed the CERF criteria for funding (rapid response versus underfunded emergency, CERF funds between 10 – maximum 35 percent of the requirements, duplication of activities, and the life-saving criteria). Consensus was reached on the strategic funding approach focused on underfunded settlements which aligns with supporting CERF as a funding catalyst.

Based on the slowdown in new South Sudan refugees, strategic alignment was made with RRP objectives including stabilisation of new settlements, the physical and legal protection of refugees and strengthening of livelihoods support programmes. No education relief is included based on expected large allocations of \$120-\$350 million under "Education Cannot Wait" funding 2018 -2020. For priority setting, all participants shared their evidence of needs and gaps.

By consensus seven locations were prioritised namely, Palorinya was selected by all, Palabek proposed by UN Women because the Office of the Prime Minister asked UN Women to provide SGBV support, Rwamwanja was selected because of maternal mortality rates, Kiryandongo was selected because of negative indicators on maternal health, Kyaka II was selected because of the enormous needs in WASH, Kwangwali was selected because of critical health needs and Imvepi because of poor land

quality. The settlement selection for the CERF UFE was agreed by UN agencies based on an evaluation of the number of partners present per location and the availability of services. The intention is to use CERF funds to catalyse the response of additional UN agencies in the locations, and to ensure services are augmented by UNHCR and partners where they are needed the most. Due to the high volume of influx from South Sudan (June 2016 – 2017 at an average rate of 2000/day) the settlements new hosting some 820,000 refugees were opened too quickly and life-saving services, including protection; primary health care; water, sanitation and hygiene continued to be insufficient, while new settlement plots needed to be opened to receive the ongoing influxes of new arrivals.

Consensus was reached on sector priorities, including protection, food assistance, shelter, health and nutrition, WASH and livelihoods. The meeting went through a table with the prioritised sectors and estimated allocations of the CERF UFE of \$17 million with consideration of the underfunded sectors and other criteria above. The meeting went line by line on planned activities by agencies and collectively tweaked, removed or added the most critical activities.

Agencies made proposals and counter proposals on amounts suggested and at the end of the process they went over the budget by \$4.55 million. At this the co-facilitator asked agencies to cut back or less the table would be shared with the Resident Coordinator for the final budget reduction. The second option was adopted, and the Resident Coordinator reduced the budget by considering the priority one sectors which she noted as Food and WASH, priority two Protection and health and nutrition and third priority shelter and livelihoods.

In summary the prioritisation process included the following steps:

1. Designation of the CERF Focal points by Heads of Agencies;
2. Dissemination of baseline data (the RRP and updates on response and gaps);
3. Consultations with sector leads through the established refugee coordination structures on priorities;
4. Consultation with NGO partners through the inter-agency coordination forum at national level;
5. CERF Focal Points prioritisation meeting – review of scope, context (target population, locations, partners), CERF life-saving criteria, context considerations, RRP Framework and priorities;
6. Priority setting – all participants shared their evidence of needs and gaps and by consensus 7 Settlements were prioritised; six sectors were agreed; activities were developed and responders for each sector agreed;
7. Tentative allocation per sector was made and all participants discussed the rationale for their requests and the allocations. The meeting off shot the budget by \$4.55 million and agreed to refer the table of the suggested allocations to the RC for the final reduction for the application to remain within the CERF allocation to Uganda of \$17 million;
8. The Resident Coordinator made the final cuts and all agencies were appreciative.

The following allocation criteria and frameworks were applied:

- Strategies, priorities and projects identified and included in the 2018 Uganda RRP for refugees from South Sudan and DRC; underlying needs assessments of the RRP;
- Under-served/underfunded Settlements;
- Essential existing life-saving operations which need to continue or need to be expanded were prioritised;
- CERF life-saving criteria, as per standard CERF policies;
- Government of Uganda's refugee policies and frameworks, including Settlement Transformative Agenda.

It is worth noting that all projects included here were based on the Uganda specific refugee model by which interventions contribute to the reliance on local Government service providers, the resilience of hosting communities and of refugee communities themselves. For example, effective water supply systems through motorised wells will benefit both refugees and

the hosting community. Such approaches also give value for money, by reducing unsustainable extremely high cost of water trucking (currently between \$ 200,000 and \$ 400,000 per month).

4. CERF RESULTS

The UN Country Team in Uganda received \$17 million under the CERF Underfunded Emergencies window to respond the life-saving needs of 727,557 people comprised of refugees from South Sudan, the DRC and host communities. Humanitarian partners mounted multisectoral interventions to address acute needs in WASH, food, health and nutrition, protection, shelter and non-food items and livelihoods. They targeted seven settlements of Palorinya, Imvepi, Palabek, Kiryandongo, Kyangwali, Kyaka II and Rwamwanja.

UNHCR and partners provided multisectoral emergency response for refugees in primary healthcare, protection, shelter/site/NFI and WASH. The number of people that benefitted from the project was 570,648, from both the refugees and host communities. A total of 180,313 new arrivals were registered in Uganda in 2018, in addition to 19,756 new births. New arrivals were received, screened, registered and settled in a safe and dignified manner that allowed for effective service provision based on specific needs, including emergency access to safe water. UNHCR reported that on average, the beneficiaries received 24.7 litres per person per day, except in areas where water was being trucked. In this case, they received 15 litres per person per day. A higher number of affected women, men and children reached is due to upgrading two motorised water systems in Imvepi and Bidibidi refugee settlements instead of the one originally planned system. Gender was mainstreamed in all aspects of project planning, design and implementation, monitoring and reporting through Age, Gender, and Diversity Mainstreaming (AGDM). The project provided targeted shelter assistance to vulnerable refugee women and girls as well as single female headed households and Persons with Specific Needs (PSNs).

Partners were able to bring crude and under 5 mortality rates are within acceptable ranges of less than Crude Mortality rate < 0.75/1,000/month and under 5 mortality rates < 1.5/1,000/month. UNICEF created 27 Child Friendly Spaces with 20,574 (11,480 boys and 9,094 girls) the same number received psychosocial and child case management workers were attached to the 27 Child Friendly Spaces. Through this CERF UFE grant, enable UNICEF and partners to reach 21,430 children (11,848 boys, 9,582 girls) with critical child protection services in refugee settlements. Unaccompanied and separated children also benefitted from alternative care services, including placement in foster care and targeted support to families and children. With the generous support of CERF, partners were able to reach 32,589 (98.6% of target) children in refugee hosting districts with essential immunization services. CERF-supported activities include the procurement and distribution of vaccines (40,000 and 45,000 doses of Bivalent oral poliovirus vaccine (bOPV) and measles respectively, in addition to co-financing of 62,000 doses of Pneumococcal conjugate vaccine (PCV), 62,000 of Pentavalent, 34,000 doses of Inactivated Polio Vaccine (IPV) and 8,500 doses of Rotavirus vaccine), and other supplies (including 10 cold boxes, 20 boxes of injectable materials, 300,000 child health cards, 30,000 safety boxes).

UNDP and partners created emergency employment for 2,250 vulnerable households through cash for work activities in two refugee hosting districts. The wages and assets supported the host communities to cope with and recover from the impact of the large influx of refugees in the region and stimulated economic activities and savings. FAO was able to distribute 125.18 MT (100% of the planned target) of assorted seeds (vegetables and staple crop seeds) for direct planting as well as seed multiplication. From the seeds distributed, beneficiary households planted approximately 7,837 acres of agriculture land and produced approximately 11,816,400 KG of vegetables and 7,237,220 KG of staple crops, providing 2-3 months of food for a household size of three and reduced the number of households engaging in negative coping strategies. FAO supported the vaccination of 108,334 poultry against Newcastle Disease and Fowl Pox increasing survival rates from 20% to 80%.

Through this CERF UFE grant, IOM reached a total of 59,583 beneficiaries (32,268 in Palorinya and 27,315 in Kyaka II) through WASH activities in Palorinya and Kyaka II settlements and host communities. The WASH interventions contributed to reducing the water related diseases among refugees in both settlements. In Kyaka II settlement, the high rate of watery diarrhoea among children under 5 years old declined from 64.81% in March 2018 to 24.16% by December 2018; and the watery diarrhoea cases

in Palorinya settlement (both children and adults) reduced from 684 in March 2018 to 251 by December 2018. CERF funding enabled UN Women to reach 23,784 people (17,318 female, 6,331 males, 16,780 refugees and 7,004 host community members) with critical psychosocial and legal aid services. The interventions provided emergency protection for women and girl refugees from South Sudan, particularly in the SGBV response. Through the CERF UFE grant UNFPA reached 476,502 (refugees: 333,552 and host communities: 142,950) with Sexual and Reproductive Health (SRH) and Gender Based Violence (GBV) messages and services as a contribution to achieving increased access to lifesaving sexual and reproductive health. Partners were able to contribute to the system strengthening of the health sector at the district level.

The funds Enabled UNICEF deliver life-saving nutrition interventions to more than 645,000 women and children (123% of target), including 6,087 children under-five years of age who were treated for severe acute malnutrition (SAM). Some 524,434 children 6-59 months were reached with Vitamin A supplementation and 121,274 pregnant and lactating women who received 90+ folic/iron tablets. Other CERF supported activities included the procurement and distribution of essential nutrition supplies (3,053 cartons of ready-to-use therapeutic food, ready-to-use therapeutic foods (RUTF), 200 cartons of F-100, 250 cartons of F-75 and 20 cartons of ReSoMal) and anthropometric equipment (54 scales, 54 height boards, and 100 packs of child Mid-Upper Arm Circumference (MUAC) tapes).

Through CERF funds, WFP distributed in-kind food assistance to 458,878 refugees in the seven prioritised settlements. This represented about 36 percent of beneficiaries who benefitted from food distributions during the CERF grant period. Overall, a total of 1,287,764 refugees, the highest number were reached in 2018 with food assistance. The grant also supported the prevention and treatment of Moderate Acute Malnutrition (MAM) in children 6 to 59 months and Pregnant and Lactating Women (PLW) through targeted supplementary feeding programmes, with 17,050 beneficiaries supported during the CERF period. In the health sector thanks to CERF grant, WHO was able to enroll 428 Village Health Teams into Community surveillance (261 – Lamwo and 167 – Moyo), trained 40 laboratory personnel in safe sample collection and packaging, and averted hospital acquired infection through training of 80 health workers in Hospital Infection Prevention and control. A total of 99 health workers and TB treatment supervisors were oriented in Community-Based Observed Treatment (CBDOTs) a measure critical in promoting adherence to treatment. In addition, the grant support rapid emergency deployment of skilled national health staff for investigation and prompt response to potential outbreak. The project provided most need supplies for health facility use during the critical times of the outbreak.

5. PEOPLE REACHED

Humanitarian partners planned to reach a total of 825,302 people, including 559,659 refugees and 220,324 people in host communities, in seven prioritised settlements. Partners were able to reach all the planned beneficiaries and more especially considering the continued influx of Congolese refugees. They provided multisectoral support in WASH, food, health and nutrition, protection, shelter and non-food items and livelihoods. The projects implemented through this CERF grant were complementary and multisector in nature. It was very difficult to extrapolate and isolate the different number of beneficiaries per sector from the agency reporting, especially for health, protection and WASH for which different components of the sector were spread across three or even four agencies. To provide the best estimates particularly since some humanitarian partners benefitted more people than they had planned for, numbers from different sectors were summarized. For health, figures from WHO of 631,739 reached have been used to give a comprehensive overview of those reached within the sector. Adding those reached by UNHCR, UNFPA, UNICEF and WHO would have gone way over the initially targeted beneficiaries and been difficult to reconcile therefore WHO figures was more representative and comprehensive for use. For food and agriculture sector, the figures used are those from WFP and FAO showing that an approximate 456,628 were reached. For WASH the figures used are from IOM and UNICEF indicating that at least 83,583 people were reached with critical WASH support. For protection figures from UNHCR, UN Women and UNICEF have been used showing that at least 180,313 people benefitted from protection support.

18-UF-UGA-28526 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
Shelter - Non-Food Items	174,048	111,766	285,814	174,048	110,764	284,812	348,096	222,530	570,626
Food Security - Agriculture	194,861	133,344	328,205	161,688	132,209	293,897	356,549	265,553	622,102
Health - Health	186,007	138,556	324,563	192,006	115,170	307,176	378,013	253,726	631,739
Nutrition - Nutrition	0	306,226	306,226	0	0	0	0	306,226	306,226
Protection - Protection	24,582	22,667	47,249	27,121	4,148	32,386	51,703	26,815	78,518
WASH - Water, Sanitation and Hygiene	30,900	24,083	54,983	17,446	23,154	40,600	48,346	47,237	95,583

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

18-UF-UGA-28526 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	0	363,778	363,778	0	363,779	363,779	0	727,557	727,557
Reached	194,861	306,226	374,650	192,006	132,209	359,762	386,867	438,435	825,302

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

18-UF-UGA-28526 TABLE 6: PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY

Category	Number of people (Planned)	Number of people (Reached)
Refugees	559,659	604,978
IDPs	0	0
Host population	167,898	220,324
Affected people (none of the above)	0	0
Total (same as in table 5)	727,557	825,302

6. CERF's ADDED VALUE

a) Did CERF funds lead to a <u>fast delivery of assistance to people in need</u>?		
YES <input checked="" type="checkbox"/>	PARTIALLY <input type="checkbox"/>	NO <input type="checkbox"/>
<p>CERF funds were strategic and catalytic in providing a boost to a seriously underfunded emergency. It enabled agencies to expand coverage to seven underserved settlements including Palabek, Palorinya, Imvepi, Kiryandongo, Kyangwali, Kyaka II and Rwamwanja where they targeted 727,557 people (559,659 refugees and 167,898 people in host communities). CERF funds enabled agencies and their partners to provide multi-sectoral assistance covering food, water and sanitation, health and nutrition, protection, shelter and non-food items and emergency livelihoods. CERF funds enabled WFP to avert pipeline break and was able to restore full rations to refugees.</p>		
b) Did CERF funds help respond to <u>time-critical needs</u>?		
YES <input checked="" type="checkbox"/>	PARTIALLY <input type="checkbox"/>	NO <input type="checkbox"/>
<p>Thanks to CERF funds agencies and partners were able to respond to time-critical needs including food, protection, including child protection as well as upscaling service provision in critical target locations previously not served/underserved. As child protection concerns can have significant impacts on child wellbeing and development, the provision of CERF funds allowed humanitarian partners to meet critical protection needs of children in a timely manner, specifically in under resourced locations. The funds enabled partners to respond to SGBV related matters, provide dignity kits, conduct pregnancy mapping and provide antenatal care, immunise children, and provide nutritional interventions. Partners were able to provide safe water, including through water treatment. Partners were able to tackle sanitation as a public health issue, and effectively used a cash-for-work by having the beneficiaries construct the latrines response as well as provide shelter and non-food items to meet the urgent needs of refugees and host communities across the seven underserved settlements. The funds enabled the creation of emergency employment through cash for work in the livelihoods sector which strengthened social cohesion between refugees and host communities. Agencies were also able to provide seeds and conduct vaccinations of poultry.</p>		
c) Did CERF <u>improve coordination amongst the humanitarian community</u>?		
YES <input checked="" type="checkbox"/>	PARTIALLY <input type="checkbox"/>	NO <input type="checkbox"/>
<p>The CERF fund improved coordination among the humanitarian community who responded using the established refugee response coordination architecture. Consultations with sectors informed the prioritisation of this CERF grant. Through the humanitarian community enhanced linkages between sectors, interactions and division of labour. It contributed to localization strengthening the collaboration with NGOs and Government at the central and District level. It clearly supported and strengthened the seamless link between humanitarian and development nexus. Agencies and partners were able to successfully leverage on existing Government capacity.</p>		
d) Did CERF funds help <u>improve resource mobilization from other sources</u>?		
YES <input checked="" type="checkbox"/>	PARTIALLY <input type="checkbox"/>	NO <input type="checkbox"/>
<p>CERF funds raised the profile of the response enabling agencies to attract funding from other donors. UNICEF for example was able to get funding from ECHO. UNFPA headquarters provided a three-month complementary funding because of the CERF funding.</p>		
e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response?		
N/A		

7. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>	
Lessons learned	Suggestion for follow-up/improvement
The delay in CERF grant disbursement rendered the implementation period too short.	Either do whatever is possible to shorten the CERF application process or extend the implementation period to 12 months upon disbursement because it beats the purpose to have the disbursements 3-4 months into the year clearly with only five months left for implementation.

Earmarking of a certain percentage of CERF funding to towards environmental protection	The environmental impact of the presence refugees is massive. It is crucial that CERF deliberately earmark a percentage of funding disbursed for environmental protection to ensure that partners are upholding the ‘Do No Harm’ principle when it comes to the environment and the environment is integrated in all response.
Need for investment in community engagement to ensure success and maximum impact of CERF projects.	Given that communities are usually the first responders and key actors in saving lives, CERF should consider that a percentage of the funds are earmarked for community engagement.

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Need for agencies to always have the big picture of how interventions build on each other.	Agencies especially in the food and livelihood sector should have discussions for example on how to scale up support from food distribution to household production and cash-for-work.	WFP, FAO and UNDP, all participating agencies
Need to tap in even more to district technical officers	Inclusion on Government at the dsitric level much earlier in the discussion on response and ensuring technical capacities are prepositioned in the prioritised sectors.	All participating agencies
Lack of rightfully skilled partners resulted in FAO resoting to direct implementation.	Mapping of potential once the prioritisation is done is important	All agencies
A contractor nreached the contract resulting in WFP directly implementing food distributions.	Always have contingencies for such an unexpected eventuality	All agencies
Delays in proceesing cases and absence of magistrates which impacted access to justice.	Advocacy with the Government to deploy magistrates to hotspots and strengthening and capacity -building required in this area.	UN Women and UNDP
Some mothers lost their lives because of lack of blood and gaps on referral services	Strengthening and equipping of the few referreal hosipitals and provision of ambulances to faciliate safe and timely transport of cases to referrals.	UNFPA
Cash for work is great for social cohesion	As appropriate partners should consider cash for work as it proved a great unifying factor for refugees and host communities.	All agencies
Lack of linkage with the Government District budget allocation	A more global mapping of sectoral needs and potential funding sources in Districts hosting refugees is required in order to ensure complementarity and adequate response to needs.	All agencies
Delay in land allocation for child friendly spaces	As part of annual planning advocate with Government at the District level to identify in advance land to be used in the future for child friendly spaces.	UNICEF

PART II

8. PROJECT REPORTS

8.1. Project Report 18-UF-FAO-010 - FAO

1. Project Information			
1. Agency:	FAO	2. Country:	Uganda
3. Cluster/Sector:	Food Security - Agriculture	4. Project Code (CERF):	18-UF-FAO-010
5. Project Title:	Assistance to strengthening refugee and host community households' self-reliance, income generation and resilience to food and nutrition insecurity		
6.a Original Start Date:	29/03/2018	6.b Original End Date:	31/12/2018
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	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 9,420,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 2,412,914
	c. Amount received from CERF:		US\$ 784,555
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 39,611
	▪ Government Partners		US\$ 23,709
▪ International NGOs		US\$ 15,902	
▪ National NGOs		US\$ 0	
▪ Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance
<p>FAO and partners distributed 125.18 MT (100% of the planned target) of assorted seeds (vegetables and staple crop seeds) for direct planting as well as seed multiplication. FAO distributed 7.74 MT of vegetable seed kits to 25 800 newly arrived refugee households, 117.3 MT staple crop seeds to 5 650 host community households, 19 500 chicks and 39 MT of poultry feed to 1 950 extremely vulnerable refugee and host community households (equivalent to 7 800 individuals) and provided energy efficient cook stoves to 6 000 extremely vulnerable refugee and host community households. The project assisted 32 100 households in Arua (Imvepi Settlement), Lamwo (Palabek Settlement) and Moyo (Palorinya Settlement) between April and December 2018.</p> <p>From the seeds distributed, beneficiary households planted approximately 7,837 acres of agriculture land and produced approximately 11,816,400 KG of vegetables and 7,237,220 KG of staple crops, providing 2-3 months of food for a household size of 3 and reducing the number of households engaging in negative coping strategies. FAO vaccinated 108,334 poultry against Newcastle Disease and Fowl Pox increasing survival rates from 20% to 80%. The vaccination exercise was supported by the District Local Government through respective District Veterinary Officers. In comparison to indigenous poultry, Kuroilers produce twice as much meat and lay four-times the eggs, begin producing eggs in four months and are a low-intensity livelihood activity ideal for vulnerable households with limited capacity for labour-intensive activities. Energy efficient cook stoves reduced fuelwood demand per year per household from 1.56 tons to 1.09 tons, prolonging availability of current biomass stock.</p>

3. Changes and Amendments

No modifications or amendments were made to the project design. Implementation arrangements were reviewed following feedback from the Office of the Prime Minister (OPM) and a follow up review of performance of initially proposed partners. FAO thus opened a competitive selection process for implementing partners. In two of the districts (i.e. Arua and Lamwo), it was not possible to identify an implementing partner with the necessary technical expertise. Thus, FAO had to directly implement all activities.

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	39,011	47,979	86,990	36,010	27,000	63,010	75,021	74,979	150,000
Reached	35,462	46,073	81,535	42,383	39,306	81,689	77,845	85,379	163,224

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

Category	Number of people (Planned)	Number of people (Reached)
Refugees	105,000	126,148
IDPs	0	0
Host population	45,000	45,029
Affected people (none of the above)	0	0
Total (same as in 4a)	150,000	163,224

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

Out of the 42,500 households targeted, 39,400 households were reached for both refugees and host communities (33,300 refugees and 6,100 host community (Imvepi, Palorinya and Palabek Settlements in Arua, Moyo and Lamwo Districts respectively) who were provided with staple food crop and vegetable seeds. The above target included 1,950 households (1,500 refugees and 450 host community) who were provided with poultry rearing kits and 6,000 refugee households received energy efficient cook stoves. The planned target for poultry was for 6,500 households; however, the allocated budget could not support the procurement of 65,000 chicks (10 per household) to support the target of 6,500 households.

This support to host communities is consistent with Government of Uganda's position of supporting to the host communities to facilitate peaceful co-existence but in other locations.

5. CERF Result Framework

Project objective	To improve food and nutrition security of refugees and host community households through support to and skills enhancement in crop and livestock production and environment conservation.
--------------------------	---

Output 1	Increased availability and diversity of nutritious and short maturing crops among 25,000 refugees and 5,000 host community households			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Change in food consumption patterns (measured by HDDS)	7	4.71	Terminal Project Evaluation

Indicator 1.2	Proportion /% contribution of own production to food consumption of main crops	20	30.96	Terminal Project Evaluation
Indicator 1.3	Number of months of food provisioning met by own production MAHFP	9.4	9.9	Terminal Project Evaluation
Explanation of output and indicators variance:		There are two main reasons that may explain why the achieved HDDs was lower than the target. First, whereas the project supported beneficiaries to grow and consume vegetables and other foods, the evaluation was conducted in the dry/lean season when the availability and diversity of foodstuffs both on the farm and in the market were greatly limited. This may explain the lower HDDS score. In contrast, the baseline was conducted during harvest/wet season where food stuffs are abundant both in the market and on farm. Second, as opposed to the baseline, the end line used a more robust and conservative estimation procedure where HDDS was obtained from food consumption in the last 24 hours at the time of the household interview and not triangulated from food consumption over the last 7 days at the baseline.		
Activities	Description	Implemented by		
Activity 1.1	Mobilisation, identification, selection, sensitisation and registration of potential beneficiaries	FAO and implementing partner (Action Africa Help)		
Activity 1.2	Procurement of assorted seeds for vegetable production and staple food crop seeds for multiplication and income generation	FAO		
Activity 1.3	Distribution of assorted seeds for vegetable production and staple food crop seeds for multiplication	FAO and implementing partner (Action Africa Help)		
Activity 1.4	Training of beneficiaries on vegetable and crop agronomy and related post-harvest handling	FAO and implementing partner (Action Africa Help)		
Activity 1.5	Post-distribution assessments (performance and yield)	FAO		
Activity 1.6	Monitoring field activities	FAO		

Output 2	Increased availability and access to animal protein and income from livestock (poultry) among 5,000 refugees and 1,500 host community extremely vulnerable households			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Increase in proportion of households owning poultry	45	79.31	Terminal Project Evaluation
Indicator 2.2	%Increase in proportion of households consuming animal sources of food (eggs)	20	56.90 Consumed chicken or eggs in the last 12 months	Terminal Project Evaluation
Indicator 2.3	% of targeted households generating income from sale of livestock and livestock products	40	34.48	Terminal Project Evaluation
Explanation of output and indicators variance:		The less than target value of the % generating income from the sale of animal products is because of the limited project implementation duration during which most farmers would not have achieved even the first production from the poultry received in form of eggs and as such would have no products for sale. Poultry farmers also tend to keep their initial egg production for hatching so as to increase their breeding stock than sale them. As such more time is required for the increased proportion of households owning poultry to start selling part of their poultry or their poultry products.		
Activities	Description	Implemented by		

Activity 2.1	Mobilisation, identification, selection, sensitisation and registration of potential beneficiaries from among EVIs and PSNs	FAO and implementing partner (Action Africa Help)
Activity 2.2	Procurement of 3-week old Kuroiler chicks, feeds and vaccines	FAO
Activity 2.3	Distribution of chicks and feeds to identified EVI and PSN households	FAO and implementing partner (Action Africa Help)
Activity 2.4	Vaccination of distributed chicks and other poultry in the host community	FAO and district veterinary officers
Activity 2.5	Training on production and management of chicken	FAO
Activity 2.6	Monitoring and on-spot technical assistance to beneficiaries	FAO

Output 3	Reduced pressure on the environment from woodfuel by increasing access to energy efficient stoves for cooking to 5,000 refugee and 1,000 host community extremely vulnerable households
-----------------	---

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	% of households that use ESTs	65	67.69	Terminal Project Evaluation
Indicator 3.2	# of bundles of woodfuel used per household per month	5	5.8	Terminal Project Evaluation
Indicator 3.3	% household trained on ESTs	30	11.08	Terminal Project Evaluation

Explanation of output and indicators variance:	The project focused on distribution of energy savings stoves but due to project limited resources beneficiaries were not trained on how to locally make the stoves. This may explain why the target proportion of beneficiaries who received training was lower than the project target.
---	--

Activities	Description	Implemented by
Activity 3.1	Mobilisation, identification, selection, sensitisation and registration of potential beneficiaries from among EVIs and PSNs	FAO and implementing partner (Action Africa Help)
Activity 3.2	Procurement of energy efficient cook stoves	FAO
Activity 3.3	Distribution of energy efficient cook stoves to identified EVI and PSN households	FAO and implementing partner (Action Africa Help)
Activity 3.4	Training on clean cooking awareness	FAO
Activity 3.5	Monitoring and on-spot technical assistance to beneficiaries	FAO

6. Accountability to Affected People

A) Project design and planning phase:

Design of this project was informed by conclusions and recommendations drawn from the closing meetings with stakeholders from prior projects as well as feedback received during monitoring visits through prior and ongoing projects that highlighted the gaps in needs (e.g. access to vaccination of poultry to improve survival rate of poultry given high disease prevalence threatening livelihoods). Activities were designed with vulnerable population segments in mind to support dignity and self-sufficiency by formal and informal engagements during site visits.

B) Project implementation phase:

During implementation, FAO maintained regular communication with key stakeholders through meetings and participation in coordination fora. This engagement of OPM, UNHCR, other UN agencies, district local government, Action Africa Help (implementing partner),

refugees and host communities ensured the timely flow of information to inform planning and decision-making. Information through training activities and routine monitoring was provided to the affected population through their structures (refugee welfare committee and the local council/village/parish and sub-county structures for the host community). When and where appropriate, project feedback has been used to inform the design of subsequent projects.

C) Project monitoring and evaluation:

During formal site visits and routine monitoring visits, FAO staff engaged in group discussions and individual interviews with beneficiary households to understand progress of implementation and how support provided responded to household needs and remaining gaps. This information has been used to inform the design and implementation of subsequent activities to provide lifesaving assistance and to build on activities funded by CERF to link to medium and long-term assistance. The final evaluation is ongoing and will target beneficiary households to measure progress against output and outcome indicators and will engage households through household level surveys and focus group discussions.

7. Cash-Based Interventions	
Did the project include one or more Cash Based Intervention(s) (CBI)?	
Planned	Actual
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
The evaluation is pending, with fieldwork to be completed February – March 2019. The final report is expected to be available by 31 March 2019.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input checked="" type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

8.2. Project Report 18-UF-IOM-009 - IOM

1. Project Information			
1. Agency:	IOM	2. Country:	Uganda
3. Cluster/Sector:	Water Sanitation Hygiene - Water, Sanitation and Hygiene	4. Project Code (CERF):	18-UF-IOM-009
5. Project Title:	Strengthening emergency WASH response for refugees and host communities in Palorinya and Kyaka II settlements		
6.a Original Start Date:	27/03/2018	6.b Original End Date:	31/12/2018
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	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 6,236,719
	b. Total funding received for agency's sector response to current emergency:		US\$ 2,380,000
	c. Amount received from CERF:		US\$ 1,100,000
	d. Total CERF funds forwarded to implementing partners		US\$ 146,431
	of which to:		
	▪ Government Partners	US\$ 0	
	▪ International NGOs	US\$ 0	
	▪ National NGOs	US\$ 146,431	
	▪ Red Cross/Crescent	US\$ 0	

2. Project Results Summary/Overall Performance
<p>Through this CERF UFE grant project, a total of 59,583 (32,268 in Palorinya and 27,315 in Kyaka II) beneficiaries were reached through WASH activities in Palorinya and Kyaka II settlements and host communities. Of the total benefitted population there are 30,703 South Sudanese refugees, 27,315 Congolese refugees, and 1,565 host community members in Palorinya settlement area.</p> <p>As a result, the IOM WASH intervention contributed to reducing the water related diseases among refugees in both settlements. In Kyaka II settlement, the high rate of watery diarrhoea among children under 5 years old declined from 64.81% in March 2018 to 24.16% by December 2018; and the watery diarrhoea cases in Palorinya settlement (both children and adults) reduced from 684 in March 2018 to 251 by December 2018.</p> <p>The project reached 35,049 people with increased water accessibility (Output 1), 8,683 beneficiaries benefited from provision of sanitation facilities (Output 2), and 20,037 benefited from hygiene promotion, hygiene kits distributions (Output 3). Of the all beneficiaries, a total of 4,186 beneficiaries are not counted as they benefited from more than one activity throughout Output 1-3.</p>

3. Changes and Amendments
<p>All project activities were completed and all indicator targets were achieved during the project period.</p> <p>The sharp population increase (27,583 at the proposal stage in March 2018 raised to 81,169 in January 2019) in Kyaka II settlement during the project period required IOM and other WASH partners to respond to urgent WASH needs for the newly arrived refugees. This resulted in a change of priorities, with a higher number of refugee beneficiaries than initially planned. In contrast, the number of host</p>

community beneficiaries decreased. Consequently, this further contributed to a greater number of beneficiaries benefitting from improved access to safe water through the IOM constructed water systems (Output 1, indicator 1.2 and 1.3).

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	19,032	12,168	31,200	17,568	11,232	28,800	36,600	23,400	60,000
Reached	18,900	12,083	30,983	17,446	11,154	28,600	36,346	23,237	59,583

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

Category	Number of people (Planned)	Number of people (Reached)
Refugees	42,000	58,018
IDPs	0	0
Host population	18,000	1,565
Affected people (none of the above)	0	0
Total (same as in 4a)	60,000	59,583

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 number of beneficiaries from refugee communities reached 58,018 against the planned target of 42,000. This over achievement is largely due to the overwhelming number of refugee arrivals, notably Congolese refugees into Kyaka II settlement during the project implementation period. This required IOM and all WASH partners to address urgent WASH needs focusing on the newly arrived refugees. As a result, the number of host community beneficiaries remained 1,565 while initially targeted 18,000. The total number of people reached, 59,583, was slightly below the initially planned of 60,000.

IOM achieved the total number of beneficiary with a small variance of 0.7%.

5. CERF Result Framework

Project objective	To reduce risk of water related diseases among South Sudan and Congolese refugees and host communities in Palorinya and Kyaka II settlements.
--------------------------	---

Output 1	Improved safe and equitable water access (quantity, quality and distance) in a way that is acceptable for Palorinya and Kyaka II settlements			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of water supply systems constructed	2	2	Activity completion reports
Indicator 1.2	Number of households within 1km of safe water	10,000	12,756	Field beneficiary reports
Indicator 1.3	Number of households accessing safe water	10,000	18,778	Field beneficiary reports
Indicator 1.4	Number of trained water committees each with 10 members	12 committees (each committee with 5 male)	20 committees (36 females and 40 males)	Activity reports

		and 5 female representatives))		
Explanation of output and indicators variance:		<p>All the targeted numbers of the indicators were achieved.</p> <p>The number of beneficiary households that benefitted from safe water supply (indicator 1.2 and 1.3) largely exceeded the projections, with reason of the large refugee influx to Kyaka II settlement during the project period. According to UNHCR and OPM refugee population data, the number of refugees in Kyaka II grew from 27,583 (March 2018) to over 81,169 (January 2019).</p> <p>Since the constructed tap stand locations were close to each other, IOM reduced the number of members for each water user committee (from 10 to 3-4 people) and formed more committees (20 committees). This enabled more comprehensive management and coverage of all constructed 35 tap stands by beneficiary communities (indicator 1.4).</p>		
Activities	Description	Implemented by		
Activity 1.1	Motorisation of production well in Palorinya settlement	IOM		
Activity 1.2	Stabilize water supply system in Kyaka II settlement and host community.	IOM		
Activity 1.3	Conduct capacity building on Operation and Maintenance	IOM		
Activity 1.4	Completed facilities handover to government	IOM		

Output 2	Increased access to hygiene and sanitation facilities in Palorinya settlement			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of targeted households with access to safe household sanitation facilities	1,200	1,200	Activity reports IP completion report
Indicator 2.2	Number of blocks of latrines constructed at institutions	4 (2 for female and 2 for male)	4 (2 for female and 2 for male)	Activity completion report
Indicator 2.3	Number of waste collection facilities constructed	2	2	Activity completion reports
Indicator 2.4	Number of school sanitation and hygiene clubs trained	4	4	Activity reports
Explanation of output and indicators variance:		Through the construction of institutional, household and PNS latrines across Zone 3 of Palorinya settlement, IOM achieved all of the indicator targets under this output 2.		
Activities	Description	Implemented by		
Activity 2.1	Construct 4 latrine blocks each with 5 stances at institutions (2 for female, 2 male)	IOM		
Activity 2.2	Procure and install an incinerator (MAK IV Model SS4) at Palorinya health centre for medical waste management	IOM		
Activity 2.3	Sensitize Palorinya health centre staff on medical waste management (inclusive of use of protective gear)	IOM		
Activity 2.4	Construct solid waste facility (with reuse and recycle compartments) for targeted population at Konyokonyo market in Palorinya settlement inclusive of provision of waste collection	IOM		

	and transport equipment and an incinerator for non-biodegradable waste.	
Activity 2.5	Sensitize Konyokonyo market community on use of solid waste facility at Konyokonyo market in Palorinya settlement.	IOM
Activity 2.6	Identify and enhance school sanitation and hygiene clubs (including training School Management Committees and pupils)	IOM
Activity 2.7	Facilitate household latrine construction (inclusive of community sensitization meetings and procurement of digging kits, slabs and other construction materials)	CEFORD
Activity 2.8	Facilitate construction of PSN latrines (inclusive of digging kits slabs, other construction materials and incentives to Youth groups)	CEFORD
Activity 2.9	Construct 4 gender specific laundry decks in Palorinya (2 for female and 2 for male)	IOM

Output 3 Improved sanitation and hygiene behaviour among refugees and members of the host community in Palorinya settlement.

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Percentage of target beneficiaries in Palorinya practicing handwashing	80% (24,000 beneficiaries in Palorinya)	92%	KAP survey
Indicator 3.2	Percentage of targeted population using latrines	70% (21,000 beneficiaries in Palorinya)	97%	KAP survey
Indicator 3.3	Number of hygiene promoters trained	20 (10 female, 10 males)	10	Activity reports IP completion report List of trainees

Explanation of output and indicators variance:

The indicators 3.1 and 3.2 were achieved successfully as a result of hygiene promotion activities through effective deployment of hygiene promoters and faith/opinion leaders, as well as through implementation of music/dance group activities, IEC material distributions, and monthly community campaigns.

The successful hygiene promotion training and hard work of the hygiene promoters enabled all targeted areas to be covered by 10 promoters whereas originally planned 20 promoters (indicator 3.1).

Activities	Description	Implemented by
Activity 3.1	Identify, train, equip and deploy 20 hygiene promoters from the refugee community in Palorinya settlement to conduct hygiene and sanitation promotion activities.	CEFORD
Activity 3.2	Procure and distribute 1000 hygiene kits for affected populations (prioritising vulnerabilities especially women, child headed families and disabled among others)	CEFORD
Activity 3.3	Identify, enhance and equip music dance and drama groups to facilitate comprehensive hygiene education	CEFORD
Activity 3.4	Conduct monthly community hygiene and sanitation awareness and clean up campaigns (with drama groups, faith/opinion leaders taking lead)	CEFORD
Activity 3.5	Support production and use of appropriate IEC materials	CEFORD

Activity 3.6	Support skilling and equipping of 3 women and youth groups (each with 20 members) with soap making and sanitary pad manufacture in Palorinya settlement and host community	CEFORD
Activity 3.7	Support training of faith and opinion leaders on promotion of good hygienic practices.	CEFORD
Activity 3.8	Create awareness through the celebration of both national and international WASH related and refugee/migration days in the settlement.	IOM

6. Accountability to Affected People

A) Project design and planning phase:

IOM engaged refugee and hosting communities in all phases of the program cycle: assessment, implementation and any post-action monitoring. The continued active interventions in Palorinya and Kyaka II settlements since the onset of the crisis enabled IOM to identify the most pressing needs of the refugees and enabled a smooth coordination by IOM with relevant stakeholders, including refugees and host communities, local government offices, UNHCR and other WASH partners.

IOM mobilized beneficiaries to participate actively in decision making processes on water, sanitation and hygiene issues, through consultation with different groups of community leaders, women, men, and children. These engagements enabled the communities, together with the leaders, to decide on the locations for WASH facilities, to prioritise PSNs for household latrine construction support, and to select hygiene promoters. This led to the representation and recognition of the most vulnerable individuals via the feedback and decision-making procedures.

B) Project implementation phase:

During the implementation phase, IOM held focus group discussions and community sensitization meetings with beneficiaries to determine the most urgent WASH needs. These discussions enabled IOM to identify and reorient priorities in project implementation such as: the construction of household latrines, selection of PSN latrine beneficiaries, to identify appropriate sites for installation of tap stands. The continuous engagement of refugees through the project enabled IOM to achieve the construction of household and PSN latrines in line with the needs of beneficiaries while improving the practice of safe hygiene behaviours.

In collaboration with the community, IOM employed refugees and nationals as hygiene promoters (including opinion and faith leaders). Water user committees were established to support the operational maintenance and community mobilization for sanitation and hygiene improvement. Within the 20 committees created and among the 76 members, 36 women were selected to represent their communities.

Moreover, a total of 168 youths were mobilized to engage in PSN latrine construction by cash for work modality in Palorinya settlement. The youths were selected in close consultation with local leadership.

C) Project monitoring and evaluation:

Internal tools were developed to monitor the progress of project activities through data collection, analysis, reporting and feedback. Through these processes, progress against project deliverables was monitored and challenges were identified on a periodical basis. In the field, technical experts in Palorinya and Kyaka II IOM field offices monitored and supervised interventions on daily basis. The field activities were also supported by the Project Manager, technical specialists and an M&E officer from the IOM Head Office in Kampala who undertook regular visits to provide technical supervisions. The field visit reports were created and identified challenges which were discussed within the WASH team to take collective actions.

7. Cash-Based Interventions

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

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

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

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
Cash for work	US\$ 3,600	Multi-purpose cash	Unconditional	Unrestricted
Cash for work	US\$ 2,900	Multi-purpose cash	Unconditional	Unrestricted
Cash for work	US\$ 3,500	Multi-purpose cash	Unconditional	Unrestricted
Cash for work	US\$ 3,200	Multi-purpose cash	Unconditional	Unrestricted

Supplementary information (optional):

200 PSN latrines were constructed through the cash for work approach in Palorinya settlement, implemented by IOM's partner CEFORD. 168 youth members were engaged in the construction. The CBI for PSN latrine construction was selected with the aim to improve livelihoods, to equip knowledge and skills on latrine construction, as well as to increase community participation and sense of ownership of the constructed latrines. This endeavours to reinforce collective responsibility in the maintenance of the constructed sanitation facilities among the beneficiary communities.

Beneficiaries were selected using the standard operating procedures for cash for work programming, which involves community leaders in the selection of workers. To select the youth, leaders considered multiple conditions such as willingness, physical capacity, age, gender balance, socio-economic status, agreement on unit of work, time frame, wage (equal payment for both women and men), and method and interval of payment.

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

IOM did not plan for an end of project evaluation.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.3. Project Report 18-UF-WOM-002 - UN Women

1. Project Information			
1. Agency:	UN Women	2. Country:	Uganda
3. Cluster/Sector:	Protection - Sexual and/or Gender-Based Violence	4. Project Code (CERF):	18-UF-WOM-002
5. Project Title:	Emergency Protection of South Sudanese Refugee Women and Girls		
6.a Original Start Date:	02/04/2018	6.b Original End Date:	31/12/2018
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	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 2,000,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 1,033,187
	c. Amount received from CERF:		US\$ 500,094
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 365,000
	<ul style="list-style-type: none"> ▪ Government Partners US\$ 105,000 ▪ International NGOs US\$ 60,000 ▪ National NGOs US\$ 200,000 ▪ Red Cross/Crescent US\$ 0 		

2. Project Results Summary/Overall Performance
<p>In 2018, CERF funding enabled UN Women Uganda to reach 23,784 people (17,453 female, 6,331 male, 16,780 refugees and 7,004 host community members) with critical psychosocial and legal aid services, in partnership with three NGOs: Refugee Law Project, War Child Canada and TPO. UN Women's intervention provided emergency protection for women and girl refugees from South Sudan, particularly in the SGBV response. The intervention focused on critical psychosocial and legal aid services, which were carried out in line with the SGBV referral pathway in place in Moyo and Lamwo refugee hosting districts.</p> <p>As mentioned above, the population is highly vulnerable (86 percent women and children) and there are high levels of trauma amongst them. The rapid assessment report by TPO in December 2016 showed that 80 percent of sampled South Sudanese refugees had signs of post-traumatic stress disorder and suffered from recurrent distressing memories of the traumatic events they had experienced. This assessment uses WHO mental health tools including a) The SGBV exposure checklist, b) The self-reporting tool and c) the Beck Depression Inventory among others. This level of trauma is not only devastating on individuals, but if not treated with priority can have destabilising results on entire populations. Women bear the burden of supporting families among the South Sudanese, and where they experience trauma as documented in the South Sudanese refugee response, they are less able to stabilise and care for children (who constitute 59 percent of the refugee population) or themselves. They are also unable to benefit from the emergency services available within the response, nor are they able to participate in resilience building and development initiatives around them.</p> <p>UN Women worked with TPO Uganda to deliver psychosocial services to 8,284 individuals (7,167 female, 1,117 males), including psychosocial support at point of entry to Uganda in transit and reception centres, individual, family and group CBT therapy sessions. The support from TPO also included components of leadership development and entrepreneurial training for women post – therapy which helped them build their self-esteem and confidence to engage in refugee affairs around them. This also ensured a more sustainable recovery and empowered the women to pursue work and leadership roles, aiding them in care for themselves and their families. After taking part in the programme, many women spoke of their journey to healing and how they were now able to sleep in peace and no longer</p>

had suicidal thoughts. Post Assessment revealed that 100% of those enrolled had improved and regained significant functioning such as participation and display of confidence, improved hygiene, improved interpersonal relations, willingness to share problems, and the shame and fear displayed before intervention had also dissipated. Some beneficiaries had become community leaders and others got engaged to work with other agencies. For instance, one lady became a leader on the food committee. This programme also worked with families and communities to alleviate risks of domestic and other forms of violence, including Sexual Exploitation and Abuse, contributing to peaceful co-existence and non-violent dispute resolution at family and community levels.

South Sudanese culture is highly patriarchal and supportive of total male dominance and control. The confluence of these negative cultural values and practices on the one hand and violent conflict and displacement on the other hand created an environment where women and girls became easy victims of heinous conflict-related sexual and gender-based crimes. In Uganda, through support from CERF, 10,721 (6,438 women, 4,148 male) South Sudanese and host community individuals received information and awareness of the acts that constitute violence against women and violations of women's rights through community sensitisation and dialogues. As a result, over 5,359 individuals have come forward to report cases of SGBV and to seek help, 87% are women and girls. This caseload is a seven percent increase since 2017. The second component of UN Women's funding received under CERF is to facilitate access to justice for refugee women and girls. UN Women worked closely with War Child Canada, (WCC) in Lamwo district and Refugee Law Project (RLP) in Moyo district, humanitarian organizations to deliver this component. WCC and RLP, both registered law firms in Uganda, reached 9,062 refugees with various legal aid support services in 2018. CERF funding enabled easier access to emergency legal protection for refugee women including alternative dispute resolution, rights awareness, court representation, help desk and toll-free helpline, legal counselling, mediation, mobile legal aid clinics and referral for other non-legal services. The results from these interventions revealed that legal protection can be a response and a deterrent to SGBV and violent conflict. With increased presence of lawyers and paralegals supporting refugee women and girls in the refugee settlements, offenders and would-be perpetrators of violent crimes against women and girls are constantly reminded that there is no place for them to hide in Uganda.

When legal action is taken, it demonstrates to communities that violence is not tolerated and must be addressed. Recognition of this leads to changes within communities, both in terms of women's awareness of their rights and recognition by men that SGBV is unacceptable. UN Women works with communities to involve both men and women in their awareness raising efforts. This level of awareness and empowerment can also be expected to be taken back to South Sudan when refugees return. UN Women is aware that such awareness and role change presents opportunities for social norm change, and to prevent violent backlash on women, UN Women and partners ensure that all interventions bring men as partners in all conversations.

There is growing recognition of the need for gender-responsive humanitarian action and this is driving increased demand for UN Women's engagement in this area. CERF funding has enabled UN Women to demonstrate its capability to deliver in the humanitarian response in Uganda and has opened the door for funding to UN Women for other components of its work. An example is the support from Norway for the UN Women Flagship LEAP and Women, Peace and Security Programmes. The impact of the funding has also contributed to UN Women's strategic goals at the regional and global level, where a key strategic priority of the UN Women Africa Strategy 2018 – 2021 and Global Strategic Plan is to advance women's leadership, empowerment, access and protection in crisis response (LEAP).

Following widespread allegations of sexual abuse and exploitation of South Sudanese refugee women and girls in Uganda, as well as female humanitarian workers in the South Sudanese response, the UN Resident Coordinator commissioned the development of a Joint UN Action Plan for Preventing and Responding to Sexual Exploitation and Abuse in Uganda. In line with its gender coordination role in the UN system, UN Women co-led with RCO, in collaboration with all UN agencies in Uganda, the development of the PSEA Action Plan. UN Women coordinated the dissemination of the plan to all UN staff and implementing partners in Kampala and field offices. While the adoption of the PSEA Action Plan was an achievement, there is a need for sustained efforts to ensure its implementation – More work is needed with key agencies to ensure all staff, IPs and UN contractors fully understand the new measures. Furthermore, active engagement from the Development Partners will be key for its adoption and integration within the different development and humanitarian interventions at all levels. Through support from CERF, UN Women's involvement in the response has aided in raising awareness of the specific needs of women and girls, and the risks they have faced through implementation of the UN PSEA Action plan including dissemination, training and establishment of community-based mechanisms. UN Women has led in awareness raising around the risks of sexual exploitation and abuse (SEA) and assisted in coordinating efforts to strengthen the prevention of this in operations in Uganda.

In short, by enabling UN Women's presence in the response at a time when funding was not forthcoming, the CERF funding has not only facilitated desperately needed psychosocial and legal services for SGBV survivors but has also enabled UN Women to strategically position itself to push for more gender-responsive humanitarian actions, that better reflects and responds to the needs of women and girls.

3. Changes and Amendments
There were no changes or amendments made in the planned programme.

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	0	16,000	16,000	0	4,000	4,000	0	20,000	20,000
Reached	0	17,453	17,453	0	6,331	6,331	0	23,784	23,784

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

Category	Number of people (Planned)	Number of people (Reached)
Refugees	14,000	16,780
IDPs	0	0
Host population	6,000	7,004
Affected people (none of the above)	0	0
Total (same as in 4a)	20,000	23,784

<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>Through employing a new methodology in awareness raising and community mobilisation, we were able to reach this large increase with the same resources by using more efficient but equally effective approaches that enabled us to surpass our targets and reach the new refugees arriving, for example through the recruitment of community volunteers.</p> <p>Also, through the opening of a new refugee reception centre in Lamwo district (Palabek refugee settlement) our partner TPO were able to provide emergency psychosocial first aid to almost 5,000 newly arrived refugees. This reception centre received higher numbers of refugees than expected due to instability along the route to other open border points into Uganda.</p>
--	---

5. CERF Result Framework

Project objective	Provide emergency protection for women and girl refugees from South Sudan, including SGBV response, in Palorinya and Palabek
--------------------------	--

Output 1	Women and girls in the refugee settlements have increased access to emergency protection including SGBV services			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# of refugee women and girls accessing the psychosocial services offered	18,480	21,764	Partner Report
Indicator 1.2	# of refugee women and girls accessing legal services offered	6,186	7,665	Partner Report
Explanation of output and indicators variance:	Through the opening of a new refugee reception centre in Lamwo district (Palabek refugee settlement) our partner TPO were able to provide emergency psychosocial first aid to almost 5,000 newly arrived refugees. This reception			

		centre received higher numbers of refugees than expected due to instability along the route to other open border points into Uganda.
Activities	Description	Implemented by
Activity 1.1	Provide psychosocial services to SGBV survivors, to include individual and community based counseling and psycho-economic activities	TPO
Activity 1.2	Provide Legal Aid support services to SGBV survivors, including toll free line, mobile aid clinics, referrals, case management and court assistance	Refugee Law Project and War Child Canada

Output 2	Strengthened capacity of existing security mechanisms in the refugee settlements to prevent and respond to SGBV			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	# of men and boys sensitized on SGBV	33,866	39,587	Partner Report
Indicator 2.2	# of refugee leaders trained on PSEA	2,288	4,906	Partner Report
Indicator 2.3	# of refugee leaders trained on gender, GBV and women's/human rights	17,000	16,139	Partner Report and UN Women Annual Report
Explanation of output and indicators variance:		Through employing a new methodology in awareness raising and community mobilisation, we were able to reach this large increase with the same resources though using more efficient but equally effective approaches that enabled us surpass our targets and reach the new refugees arriving, for example through the recruitment of community volunteers.		
Activities	Description	Implemented by		
Activity 2.1	Provide training and awareness-raising for the refugee community leaders on issues of gender, SGBV and women's/human rights	TPO, Refugee Law Project, War Child Canada and UN Women		
Activity 2.2	Conduct awareness raising activities for men and boys to promote the prevention of SGBV	TPO, Refugee Law Project, War Child Canada		
Activity 2.3	Sensitising humanitarian partners on IASC guidelines on protection of sexual exploitation and abuse (PSEA)	TPO and UN Women		

Output 3	Strengthened gender equality coordination mechanisms and gender sensitive humanitarian programming			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	# of participants in coordination forums convened	1,500	1,276	Partner Report
Explanation of output and indicators variance:		The vast distances between district, settlement and zones hampered the ability to support coordination forums as frequently as we had hoped.		
Activities	Description	Implemented by		
Activity 3.1	Provide technical support for the mainstreaming of gender in the different South Sudanese refugee responses	UN Women		
Activity 3.2	Convene Monthly forums that bring together women's organisations in the region to discuss issues and share experiences directly related to women and girl SSD refugees and host communities	War Child Canada and Refugee Law Project		

6. Accountability to Affected People

A) Project design and planning phase:

Assessments were carried out to determine the level of need.

B) Project implementation phase:

UN Women used focus group discussions (FGDs) and explorative surveys in refugee settlements in Moyo and Lamwo and applied consultative meetings with OPM, UNHCR and other humanitarian partners to find out the need at the design, implementation and monitoring periods of the project to ensure accountability to the beneficiaries.

C) Project monitoring and evaluation:

Evaluations determined if the services offered were meeting the beneficiaries' expectations.

7. Cash-Based Interventions

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

Planned	Actual
No	No

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

No evaluation during this period.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.4. Project Report 18-UF-UDP-005 - UNDP

1. Project Information			
1. Agency:	UNDP	2. Country:	Uganda
3. Cluster/Sector:	Multi-Cluster - Multi-sector refugee assistance	4. Project Code (CERF):	18-UF-UDP-005
5. Project Title:	Emergency livelihood support through cash for work for refugees from South Sudan		
6.a Original Start Date:	05/04/2018	6.b Original End Date:	31/12/2018
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 5,875,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 1,500,000
	c. Amount received from CERF:		US\$ 597,062
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 514,994
	<ul style="list-style-type: none"> ▪ Government Partners US\$ 0 ▪ International NGOs US\$ 0 ▪ National NGOs US\$ 514,994 ▪ Red Cross/Crescent US\$ 0 		
2. Project Results Summary/Overall Performance			
<p>Through this CERF UFE grant, UNDP and its partner created emergency employment for 2,250 vulnerable households through cash for work activities in two refugee hosting districts of Arua and Moyo; and trained 37 leaders and 2,250 beneficiaries with VSLA, gender, First Aid, environment, and HIV/AIDS.</p> <p>This cash injection amounting to UGX 1,181,250,000 (approximately \$ 323,630) enabled beneficiaries to cater for some of the most imminent life-saving needs. At the same time, the cash for work activities conducted contributed to the creation and rehabilitation of local infrastructure, including, 207.7 kilometres of rehabilitated roads, 53.3 kilometres of new roads, 2 market stalls and 1 community hall, 2 drainage channels, one recreation ground, 23 garbage pits and one valley dam, which will serve both the refugees and host communities. The wages and assets supported the host communities to cope with and recover from the impact of the large influx of refugees in the region and stimulated economic activities and savings.</p>			
3. Changes and Amendments			
N/A			

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	0	1,688	1,688	0	562	562	0	2,250	2,250
Reached	0	1,688	1,688	0	562	562	0	2,250	2,250
4.b Number of people directly assisted with CERF funding by category									
Category	Number of people (Planned)					Number of people (Reached)			
Refugees	1,575					1,576			
IDPs	0					0			
Host population	675					674			
Affected people (none of the above)	0					0			
Total (same as in 4a)	2,250					2,250			
<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>	There was no discrepancy. Beneficiary selection strictly followed the CERF guidelines.								

5. CERF Result Framework	
Project objective	Deliver emergency livelihood support through cash for work to 2,250 vulnerable households in Imvepi and Palorinya settlements to address live-saving needs

Output 1	Emergency income generated for 2,250 vulnerable households, of which 75% female-headed, through cash for work activities			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of emergency employment created in Imvepi (work days)	33,750	33,750	Beneficiary List
Indicator 1.2	Number of emergency employment created in Palorinya (work days)	33,750	33,750	Beneficiary List
Indicator 1.3	Number of household with no income sources provided with income support (transfer)	2,250 (including 1,688 female-headed households)	2,250 (1,688 Female headed households and 562 male headed households)	Completion Report
Indicator 1.4	Total amount of cash directly injected in the economy (USD)	270,000	323,630	Completion report
Explanation of output and indicators variance:		Since the daily wage rate for the unskilled labour for Moyo district was, unlike in the project document, set as UGX 20,000 as opposed to UGX 15,000, the total amount of cash injected was adjusted accordingly.		
Activities	Description	Implemented by		

Activity 1.1	Support sex-disaggregated data collection, compilation and analysis on livelihood needs and priorities of women and men in refugee and host communities	Living Earth Uganda
Activity 1.2	Community mobilization, beneficiaries' selection and cash for work activities' prioritization	Living Earth Uganda
Activity 1.3	Provision of equipment/inputs for cash for work activities selected by beneficiaries	Living Earth Uganda
Activity 1.4	Provision of immediate, emergency employment opportunities	Living Earth Uganda
Activity 1.5	Provision of life skills training for gender, HIV/AIDS, Environment, VSLA, First Aid for leaders	Living Earth Uganda

6. Accountability to Affected People

A) Project design and planning phase:

At the design stage, Office of the Prime Minister, UNHCR, District, Sub County and parish leaders, and Refugee Welfare Committees were consulted and given relevant information on the project. Views were also sought from potential beneficiaries through community meetings which were incorporated in the project design. For instance, Moyo wages were revised from 15,000/= to 20,000/= per day as a result following the guidelines provided by the district government.

B) Project implementation phase:

Timely information was given to beneficiaries through community meetings, team leaders, village leaders, group leaders, opinion leaders, Refugee Welfare Committees and Local Government structure. Beneficiaries were consulted through community meetings and they preferred payment by Mobile money to bank, which was implemented accordingly. They participated in the selection of CfW activities, and later revised the list by dropping some projects and bringing new ones on board based on their changed needs. Through community meetings, they dropped dam excavation, vegetable gardens and tree planting and replaced them with more roads works, recreation facility, garbage pits and market shades.

C) Project monitoring and evaluation:

Joint monitoring sessions were conducted with district, Sub-county, Office of the Prime Minister (OPM), UNHCR, parish chiefs, and the Refugee welfare committee leaders. LEU Board and Management conducted independent monitoring as well. Exit strategy meetings at Palorinya and Imvepi settlements were held and attended by UNDP, UNHCR, Office of the Prime Minister (OPM), district, Sub County and Parish leadership, Refugee Welfare Committee leaders and leaders of CfW teams. Their views on the project were shared and UNDP will duly take them into consideration for the next project design.

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 the sole intervention in the CERF project			
7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated value of cash that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs).				
CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
Cash for Work	US\$ 323,630	Multi-purpose cash	Conditional	Unrestricted

Supplementary information (optional):

Cash for Work was the selected modality because of its dual benefits. The beneficiaries get temporary employment and associated wages but also, the entire community benefits from the improved community services, such as roads, markets, community centres, and others. The modality helps the beneficiaries to receive unrestricted cash which can be used to meet their life-saving needs.

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

The project will be evaluated as part of UNDP Emergency Response and Resilience Strategy for Refugees and Host Communities strategy and UNDP Country Programme Document.

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

8.5. Project Report 18-UF-FPA-013 - UNFPA

1. Project Information			
1. Agency:	UNFPA	2. Country:	Uganda
3. Cluster/Sector:	Protection - Sexual and/or Gender-Based Violence	4. Project Code (CERF):	18-UF-FPA-013
5. Project Title:	Provision of Sexual and Reproductive Health services including emergency obstetrical and new born care, prevention and response to GBV for refugees		
6.a Original Start Date:	23/03/2018	6.b Original End Date:	31/12/2018
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	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 5,808,650
	b. Total funding received for agency's sector response to current emergency:		US\$ 3,321,290
	c. Amount received from CERF:		US\$ 1,500,124
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 655,143
	<ul style="list-style-type: none"> ▪ Government Partners US\$ 48,544 ▪ International NGOs US\$ 606,599 ▪ National NGOs US\$ 0 ▪ Red Cross/Crescent US\$ 0 		

2. Project Results Summary/Overall Performance
<p>During the period April 2018 – December 2018, UNFPA through the CERF UFE grant reached 476,502 (refugees: 333,552 and host communities: 142,950) with Sexual and Reproductive Health (SRH) and Gender Based Violence (GBV) messages and services as a contribution to achieving increased access to lifesaving sexual and reproductive health. The programme was implemented in the following settlements and their immediate host communities including Palorinya, Imwepi, Palabek, Kiryandongo, Rwamwanja, Kyaka II, Kyangwali. UNFPA was able to contribute to the system strengthening of the health sector at the district level. As an active member of the Health Sector Coordination group at the district level, UNFPA contributed to the establishment of reproductive health working groups in some of the settlements where SRH issues were addressed. UNFPA contributed to the human resource in the health sector whereby 17 midwives were recruited to provide skilled labour in all seven settlements. Through 31 supported health facilities, 18,447 deliveries were assisted within the project period. In addition, 3,725 complicated pregnancies were referred to higher levels of care using the supported ambulance services. 15 medical tents were supplied which increased access to sexual and reproductive health care services. 6808 pregnant mappings were completed and all were linked to service delivery. 96 emergency reproductive health kits were procured and distributed to health clinics, and 6592 dignity kits were distributed to vulnerable mothers giving birth in facilities.</p> <p>Through the CERF grant, adolescents enjoyed increased access to comprehensive SRH information and services through establishing seventeen youth spaces and supporting 186 peer educators, who reached 101,707 youths with youth-friendly services and messages. UNFPA supported 7 functional GBV coordination systems and supported health facilities with 15 post rape kits to assist the clinical management of SGBV survivors in the settlements. In total, 1,437 GBV survivors (1412 female 20 male) were reached with timely services through multi-sectoral care and 43,847 people were reached with GBV messages. In addition, 14 women spaces were established with 43,000 number of women reached. UNFPA increased access to justice for refugees and nationals by establishing special courts by which a total of 134 GBV cases were finalized to conclusion in Western Uganda.</p>

3. Changes and Amendments

CERF funds addressed the critical needs of new arrivals from DRC in the three settlements of Kyaka II, Rwamwanja and Kyangwali as well as existing South Sudanese refugees in four other settlements. While most of the implementation was carried out as planned, UNFPA did experience some challenges with implementation as well as urgent issues which were necessary to respond to. This led to changes in the project from the original proposal as detailed below and a balance of USD 27,191 unspent.

Firstly, there was a change in one implementing partner listed in the original proposal due to slow implementation. The time-sensitive nature of the proposal supported by this CERF grant compelled UNFPA to change partners from CARE to LWF in Kyangwali settlement in order to achieve the expected results within the set time frame. There were no changes in activities, indicators, or outcomes. UNFPA did not inform CERF Secretariat of the change because it was anticipated that the change would not impact the final expected results of the project.

Secondly, access to Comprehensive Emergency Obstetric and Neonatal Care is a concern in the entire West Nile region which is hosting the vast majority of refugees in Uganda, including from Imvepi and Palorinya. To achieve output 1: Women of reproductive age among South Sudanese refugees and host community have access to life saving reproductive health services for pregnant and lactating women, adolescent girls and young women, UNFPA convened in collaboration with MoH and other partners a stakeholder meeting to strengthen functionality of health centre IVs in the West Nile Region to conduct Comprehensive Emergency Obstetric and Neonatal Care (incl. C-section). Outcomes of the meeting included: commitment of resources from various development and health and MoH to functionalize Health centers in the region to offer Comprehensive emergency obstetric and neonatal care. CERF contributed to partial funding of this critical meeting to reduce maternal and infant mortality in the region of intervention. UNFPA did not consult the CERF Secretariat about the modification because the activity was assessed important to achieve the existing output 1 and specifically indicator 1.1. 100% of health facilities serving the refugees and surrounding host community are well equipped to provide essential lifesaving interventions in reproductive health including maternal health, HIV and GBV.

Thirdly, the issue of lack of access to justice for SGBV survivors was repeatedly highlighted at settlement level and at national GBV Coordination meetings. In order to achieve the output 3 of this project: "Systems are established to protect women and girls affected by the conflict in South Sudan and DRC from gender based violence and to provide multi-sectoral care for survivors", UNFPA supported the Justice, Law and Order Secretariat (JLOS) to finalize to conclusion, 134 GBV cases at High court level in Western Uganda (catchment area including Kyaka II and Rwamwanja). UNFPA did not consult the CERF Secretariat about the modification because the activity contributed to the output 3 and existing activity 3.8 of "Supporting GBV case management in all the settlements (identification, clinical management, counselling and referral for legal support services in the original proposal however with a new partner (JLOS).

Fourthly, at the beginning of the year, UNFPA committed to support Adjumani district with ambulance and midwifery services for the first six months with its core resources in the anticipation that additional funds will be mobilized for the last six months. However, due to delayed commencement of activities in one of the settlements under CERF, it was foreseen that not all CERF funds would be spent and it had not been possible to mobilize additional resources. The two critical interventions (ambulance services and midwives) could not be sustained after the first 6 months by other partners. Given that these interventions significantly contribute directly to Output 1 of this programme, UNFPA decided to re-programme the funds required to cater for ambulance services and midwives as well as 700 dignity kits to incentivize health facility delivery.

Finally, the procurement costs for the programme increased to ensure achievement of Output 1, particularly indicator 1.1: 100% of health facilities serving the refugees and surrounding host community are well equipped to provide essential lifesaving interventions in reproductive health including maternal health, HIV and GBV. And indicator 1.5: All visibly pregnant mothers receive dignity and clean delivery kit. Because of an increased number of health clinics in the target areas (31 vs 28) more ERH kits were procured (96) as opposed to the 90 at proposal stage. A significantly increased number of deliveries (18,447 vs 6408) increased the number of dignity kits procured (from 3505 to 6592) and also prompted the need for 6 additional medical tents to be used for post-natal care, antenatal care etc. Low stocks of basic protection items such as surgical gloves were also procured to achieve output 1. To achieve output 2 and 3, particularly indicator 2.2, 2.4 and 3.3, 6 additional tents was procured and set up for the establishment of youth spaces/ women safe spaces. UNFPA did not consult the CERF Secretariat about the modification because the activity was deemed necessary to achieve the outcomes as stipulated above.

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	65,480	185,526	251,006	72,755	145,511	218,266	138,235	331,037	469,272
Reached	40,278	190,043	230,321	61,429	184,752	246,181	101,707	374,795	476,502
4.b Number of people directly assisted with CERF funding by category									
Category	Number of people (Planned)					Number of people (Reached)			
Refugees	422,345					333,552			
IDPs	0					0			
Host population	46,927					142,950			
Affected people (none of the above)	0					0			
Total (same as in 4a)	469,272					476,502			
<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 overall number of people reached was greater than anticipated due to increased access of health facilities by beneficiaries. The RH kits and Dignity kits covered more health facilities than targeted allowing for a wider reach. The discrepancy of reaching more host population than refugees compared to initial targets can be explained by the refugee settlements being located within the national catchment and government structures. Integrated outreaches, male involvement and community outreaches were successful in reaching out to men and boys and thus increased the number of males assisted.</p>									

5. CERF Result Framework	
Project objective	Improving sexual reproductive health and GBV Prevention and Care services for South Sudanese and Congolese Refugees in Uganda in nine months

Output 1	Women of reproductive age among South Sudanese refugees and host community have access to life saving reproductive health services for pregnant and lactating women, adolescent girls and young women.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	100% of health facilities serving the refugees and surrounding host community are well equipped to provide essential lifesaving interventions in reproductive health including maternal health, HIV and GBV.	28	31 health facilities provided essential lifesaving interventions with 17 skilled midwives recruited, 7 ambulances supported, 15 medical tents, 96 ERH kits, 6592 dignity kits and 32 delivery beds procured and distributed	Health facility registers and Midwives' contracts/ IP report (ACORD, LWF, CARE) and delivery notes
Indicator 1.2	100% of pregnant women attended to by skilled health personnel during childbirth	100% (6408)	18,447 pregnant mothers were assisted to deliver safely in	Health facility registers

			health facilities by skilled health personnel in clinics supported by CERF funding	
Indicator 1.3	Number of new FP users among the target refugees	1,842	5,509 new FP users (refugees and national) in activities/clinics supported by CERF funding	Health facility registers
Indicator 1.4	Number of condoms distributed	239,760	136,913 condoms were distributed to the 7 settlements	Health facility Store records, UNFPA Delivery reports and IP reports
Indicator 1.5	All visibly pregnant mothers receive dignity and clean delivery kit	N/A	6,592 (35.7%) mothers delivering in health facility deliveries received dignity kits after childbirth in health facilities	Health facility Store records, UNFPA Delivery reports and IP reports
Explanation of output and indicators variance:		<p>Women of reproductive age were able to receive most of the services indicated in the project proposal. Thirty-one health facilities were reached, which was higher than the targeted 28 health facilities.</p> <p>UNFPA invested strongly in the community mobilization and pregnancy mapping, which contributed to the increased number of pregnant women delivering in health facilities. Increasing the number of clinics supported by the grant also increased the number of total deliveries. The budget for midwives could cater for deploying 17 midwives and not 7 as stipulated in the original proposal which is also expected to have increased the number of health facility deliveries.</p> <p>Less condoms were distributed due to a shortage in stores at some settlements. UNFPA mobilized condoms from the national warehouse to have them delivered to the settlements with reported shortages, but the final amount was still below the initial targeted amount of distribution due to delays in procurement.</p> <p>The support given towards the community SRH integrated outreaches contributed greatly to an increase in new FP users reported.</p> <p>While UNFPA invested heavily in the dignity kits, it was not possible as planned to distribute dignity kits to all mothers who delivered in the health facilities because of an almost 3-fold number of pregnant women delivering in supported facilities compared to the planned number. We thus had to imply vulnerability criteria by which we could cover at least all new arrivals and teenage mothers.</p> <p>The targeted number of health facilities was 28 but with distribution of Emergency Reproductive Health (ERH) kits and support through capacity building, UNFPA supported an extra 3 health facilities from Parolinya Settlement in Moyo district.</p> <p>UNFPA invested strongly in the community mobilization and pregnancy mapping which contributed to increased number of pregnant women delivering in health facilities.</p>		

Less condoms were distributed and this is because for a couple of months there were no condoms in some of the settlements and UNFPA had mobilize condoms from the national warehouse to have them deliver to the settlements.

The support given towards the community SRH integrated outreaches contributed to an increase in the FP new users reached.

While UNFPA invested heavily in the dignity kits, it was still not possible to distribute dignity kits to all the mothers that delivered in the supported health facilities because this was almost three-fold the expected number.

Activities	Description	Implemented by
Activity 1.1	Procure ERH kits	UNFPA
Activity 1.2	Distribute ERH kits to health facilities	UNFPA
Activity 1.3	Recruit and support 7 midwives to 1-Kiryandongo, 1-Rwamwanja, 1-Palabek, 1-Imvepi, 1 Palorinya, 1 Kyakall and 1 Kyangwali	ACORD, LWF, CARE, Local government
Activity 1.4	Procure dignity Kits for pregnant women to improve facility-based deliveries	UNFPA
Activity 1.5	Distribute dignity Kits among pregnant women to improve facility-based deliveries	ACORD, LWF, CARE, Local government
Activity 1.6	Conduct pregnancy mapping and referral to health facilities for skilled antenatal and delivery services	ACORD, LWF, CARE, Local government
Activity 1.7	Support referral services (Hire, functioning and maintenance of ambulance services).	ACORD, LWF, CARE, Local government
Activity 1.8	Provide 7 medical tents (one per new zone in settlements HF) to increase space for service delivery.	UNFPA
Activity 1.9	Support provision of integrated SRH/FP/HIV services through outreaches within the settlements.	ACORD, LWF, CARE, Local government
Activity 1.10	Adapt, print and distribute IEC materials on maternal Health and Family Planning and for Adolescent SRH	ACORD, LWF, CARE, Local government
Activity 1.11	Support Community mobilization for Maternal Neonatal Health and Adolescent Sexual Reproductive Health among refugees (including orientation of volunteers on sexual reproductive health, pregnancy and condom distribution)	ACORD, LWF, CARE, Local government

Output 2		Adolescents have increased access to comprehensive sexual and reproductive health information and services.		
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	100% of refugee settlements have functional mechanism for mobilizing (youth groups, drama groups, and peer educators) to address Adolescent sexual Reproductive Health needs by establishing and equipping youth spaces; by ensuring that young people have access to adolescents, sexual and reproductive health information and services; identifying and skilling peer educators and community volunteers to carry our community out reaches and	100%	100% of refugee settlements have functional youth spaces, with 17 functional youth spaces that provided recreation activities like drama, games, information sharing through peer educator's integration	IP reports

	mobilization; engaging young people in games and drama activities as a way to occupying them productively while disseminating information and services; supporting the development of innovative solutions in skills building, business training, mentorship, health services and information.		of skills building at the youth spaces	
Indicator 2.2	Number of youth spaces established and functional	17	17 youth spaces were established and functional	IP reports
Indicator 2.3	Number of peer educators trained in ASRH disaggregated by sex (ten per youth space)	200	186 peer educators trained on ASRH, HIV, GBV, skills training.	IP reports
Indicator 2.4	Number of young people reached with information and services through the youth spaces disaggregated by age, sex and type	138,235 G:65,479 B: 72,755	30,977 youth reached with information and services through the youth spaces	IP reports
Indicator 2.5	Number of young people reached with SRH information and services through outreaches disaggregated by age, sex and type.	138,235 G:65,479 B: 72,755	101,707 (Male 40278 and Female 61429) youth reached with information and services through the out reaches.	IP reports
Indicator 2.6	Proportion of young people utilizing integrated MNCH services (ANC, PNC, FP, STI)	70%	31% (25553) of all who utilised the integrated MNCH services were below 18 years	Health facility registers, IP reports
Explanation of output and indicators variance:		<p>The number of youths reached with services and information was less than targeted mainly because of a delayed start in implementation by one of our partners (CARE) but also because of overestimations of the figure under indicator 2.4. More youth spaces than planned were established with an effort to increase the reach.</p> <p>The target of 70% of young people utilizing integrated Maternal, newborn and child health (MNCH) services (ANC, PNC, FP and STIs) shall be seen in light of the definition of youth. Youth is normally defined as 15-24 years of age, yet it was only possible to get the figure for below 18 years which naturally is significantly lower as the median age for fist child in 18-19 years.</p>		
Activities	Description	Implemented by		
Activity 2.1	Procure and equip 7 youth spaces in the settlements	UNFPA		
Activity 2.2	Identify and train peer educators/volunteers	ACORD, CARE, LWF		
Activity 2.3	Support peer educators to conduct community mobilisation and sensitisation for SRH/GBV services	ACORD, CARE, LWF		
Activity 2.4	Procure and distribute dignity kits for adolescent girls	ACORD, CARE, LWF		
Output 3	Systems are established to protect women and girls affected by the conflict in South Sudan from gender-based violence and to provide multisectoral care for survivors			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	100% of refugee host districts have functional coordination systems and	7	There were 7 functional coordination systems	IP reports

	mechanism for prevention and response to GBV (SOPs, Referral pathways, coordination meetings)		at settlement level and one at national level where UNFPA was co-chair. UNFPA supported the development of SOPs, referral pathways, harmonised IEC materials and all the coordination functions per the minimum standards in all 7 settlements.	
Indicator 3.2	100% of reported survivors of rape receive appropriate clinical care within 72 hours of incident.	100%	100% of reported survivors of rape reached with Clinical management of rape services within 72 hours. This was facilitated by a training of 25 service providers in Clinical management of rape	IP reports
Indicator 3.3	100% of refugee settlements have functional women and girls spaces per zone.	100%	100% refugee settlements have functional women safe spaces reaching out to 19,046 women (Psychosocial activities, case management, skills training, information sharing)	IP reports
Indicator 3.4	Good practices documented (one per sector)	2	Two good practices documented	Reports
Indicator 3.5	Existence of a functional GBV Information Management System in all supported settlements.	7	7 settlements supported by IPs to enter in the GBV IMS	IP reports
Explanation of output and indicators variance:		Before the CERF Grant, Rwamwanja and Kyaka II settlements had GBV task forces that were meeting only on quarterly basis, and through this grant, UNFPA led the establishment of GBV working groups as well as led the process of generating TORs for the working groups which now meet on a monthly basis. UNFPA also led the process of generating SOPs (division of roles, referral pathways etc.) in Rwamwanja, Kyaka II and Kyangwali settlements.		
Activities	Description	Implemented by		
Activity 3.1	Enhance GBV multi sectoral coordination system and mechanisms including SOPs and referral pathway (development or review), coordination structures and meetings	ACORD, CARE, LWF		
Activity 3.2	Identify and train volunteers among the refugees to identify and refer survivors for medical, psychosocial and legal services)	ACORD, CARE, LWF		

Activity 3.3	Mobilize communities for GBV risks mitigation including male involvement.	ACORD, CARE, LWF
Activity 3.4	Produce, print and distribute IEC materials on GBV among women, girls and men	ACORD, CARE, LWF
Activity 3.5	Establish and support functionality of safe women spaces (7) in the settlements for GBV prevention and referral activities for women and girls.	ACORD, CARE, LWF
Activity 3.6	Support training of district and health services providers on clinical management of rape survivors, SOPs, referral pathways basic counselling skills and referral for legal support.	ACORD, CARE, LWF
Activity 3.7	Support medical and basic psycho-social counselling for all women and young girls at risk or that are exposed to GBV	[ACORD, CARE, LWF
Activity 3.8	Support GBV case management in all the settlements (identification, clinical management, counselling and referral for legal support services)	ACORD, CARE, LWF
Activity 3.9	Support routine data collection, management and documentation through information management officer.	ACORD, CARE, LWF

6. Accountability to Affected People

A) Project design and planning phase:

The design of the programme took into consideration rights-based programming and sought to ensure that DRC and South Sudanese refugees enjoyed their rights by participating fully in decisions that affected them, their family members and communities. Refugees and host population nationals were provided information through IEC materials, outreaches, pregnancy mappings and community meetings. Due to the time-sensitive nature of the emergency response, UNFPA used evidence-based practices and involved partners and local government in the project design phase in order to implement quickly, which resulted in little feedback from crisis-affected people during the design phase, however approaches were based on needs assessments conducted in settlements. The UNFPA designed programmes that utilized a community-based and facility-based approach for provision of SRHR/GBV services and was guided by principles of equality and participation.

B) Project implementation phase:

UNFPA identified volunteers from among the refugees utilizing UNHCR records and working with refugee leaders. Selected refugee leaders and volunteers were oriented on different SRHR and GBV issues including the referral pathway, and they guided others on where to seek services. Thus, DRC and South Sudanese refugees were beneficiaries, active participants and volunteers, empowering them throughout the implementation process. They were engaged to conduct information dissemination, house to house pregnancy mapping, and GBV screening in the settlements.

C) Project monitoring and evaluation:

The refugees were integrated in the daily monitoring of the programme with weekly and biweekly interactions with NGO and UNFPA staff respectively, sharing progress of implementation and challenges. Information from the affected population is included in the monthly situational reports and quarterly reports submitted to UNHCR, OPM, and UNFPA Regional Office. UNFPA and Partners conducted routine monthly and quarterly support supervision and monitoring of the project activities. Adjustments were made based on feedback from beneficiaries and partners, such as slow implementation due to stock-outs or lack of staffing by one of our partners, as reported above. These adjustments enabled UNFPA to provide the best services possible to affected populations in the communities.

7. Cash-Based Interventions	
Did the project include one or more Cash Based Intervention(s) (CBI)?	
Planned	Actual
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
There has been no evaluation carried out with none pending for this CERF project because evaluation of the project was not provided for in the grant application.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.6. Project Report 18-UF-HCR-013 - UNHCR

1. Project Information			
1. Agency:	UNHCR	2. Country:	Uganda
3. Cluster/Sector:	Multi-Cluster - Multi-sector refugee assistance	4. Project Code (CERF):	18-UF-HCR-013
5. Project Title:	Targeted protection services and emergency response for refugees in primary healthcare, shelter/site/NFI and WASH		
6.a Original Start Date:	20/03/2018	6.b Original End Date:	31/12/2018
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	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 470,580,499
	b. Total funding received for agency's sector response to current emergency:		US\$ 198,191,436
	c. Amount received from CERF:		US\$ 4,810,721
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 3,940,025
	<ul style="list-style-type: none"> ▪ Government Partners US\$ 334,400 ▪ International NGOs US\$ 3,605,625 ▪ National NGOs US\$ 0 ▪ Red Cross/Crescent US\$ 0 		

2. Project Results Summary/Overall Performance
<p>Through the CERF UFE grant, UNHCR and its partners provided protection services and emergency response for refugees in primary healthcare, shelter/site/NFI and WASH. The number of people that benefitted from the project was 570,648, from both the refugees and host communities. This is out of the 1,190,922 refugees that Uganda hosted in 2018. A total of 180,313 new arrivals were registered in Uganda in 2018, in addition to 19,756 new births, some of whom benefitted from the project. The project was implemented in Parlorinya, Imvepi, Rwamwanja, Kyangwali, Palabek, and Kyaka II refugee settlement.</p> <p>New arrivals are received, screened, registered and settled in a safe and dignified manner that allows for effective service provision based on specific needs, including emergency access to safe water. On average, the beneficiaries received 24.7 litres per person per day, except in areas where water was being trucked. In this case, they received 15 litres per person per day. Those that were relocated to settlements were registered (including identification of specific needs) and relocation assistance which included: non-food items; emergency shelter kits; and access to safe drinking water was provided. Interventions related to reduction of Global Acute Malnutrition and anaemia, especially among the South Sudanese refugees were made.</p> <p>Gender is mainstreamed in all aspects of UNHCR's project planning, design and implementation, monitoring and reporting through Age, Gender, and Diversity Mainstreaming (AGDM). With regards to this specific project, the provision of targeted shelter assistance to vulnerable refugee women and girls as well as single female headed households, comprise a primary intervention of the Persons with Specific Needs (PSN) shelter intervention. Additionally, during the registration process, vulnerable women and girls are identified and referred to the relevant response pathways to ensure individualized support, which includes all gender considerations. Identification of SGBV victims starts at the point of entry into Uganda when refugees undergo the registration process. SGBV victims are immediately referred to appropriate support services.</p>

3. Changes and Amendments

Shelter:

- There was need to revise the initial design of the semi-permanent shelters for Persons with Special Needs (PSN). This was needed in order to allow for alternative roof designs (due to certain problems with grass thatch), in order to improve the level of privacy for occupants and to allow for varying family sizes.
- As a remedial action, a revised semi-permanent PSN shelter design was developed for Palorinya refugee settlement. This included two shelter sizes (one for a family of 1-3 people and another for 4-5 people). The design included corrugated galvanized iron sheets for roofing and an internal partition for better privacy. In addition, the shelter teams in Palabek and Imvepi refugee settlements sought district government approval for contextualized modifications to the semi-permanent PSN shelter design.

Water trucking:

- The need to continue water trucking in Palabek and Rwamwanja refugee settlements was largely overcome before the start of the implementation period by the establishment and extension of sustainable water systems. Therefore, funding for water trucking targeted at Palabek and Rwamwanja could not be absorbed in the locations specified.
- In order to contribute to the overall objective of increasing and maintaining supply of potable water, in the interim report, UNHCR proposed to adjust the geographical targeting of the total USD 1,320,000 funding for water trucking as follows: Palorinya refugee settlement (USD 600,000); Imvepi refugee settlement (USD 520,000); Kyaka II refugee settlement (USD150,000); and Rwamwanja refugee settlement (USD50,000). Funding for water trucking in Kyaka II only started in August 2018, as the period from 1 February until 30 July was covered by the CERF Rapid Response Fund.

Health:

- There was high prevalence of of Global Acute Malnutrition (above 10%) among the settlements hosting South Sudan refugees. These included: Arua (10%); Palorinya (11%); and Palabek (12%) classified as “SERIOUS” as per World Health Organisation (WHO) classification.
- There was a high prevalence of anemia in all the refugee sites targeted. Prevalence of anemia among children 6-59 months was above 40%, which is classified as critical.

Remedial actions under health:

- Pregnant and lactating women received additional rations to prevent malnutrition, and community screening of malnutrition in the community as well as at the health facilities was conducted.
- Anemia screening and micronutrient supplementation as well as the malaria programme were strengthened, with additional commodities such as: Long Lasting Insecticide Treated Nets (LLINs); medicine; and rapid test kits.

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	174,048	111,766	285,814	174,048	110,764	284,812	348,096	222,530	570,626
Reached	174,048	111,766	285,814	174,048	110,764	284,812	348,096	222,530	570,626

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

Category	Number of people (Planned)	Number of people (Reached)
Refugees	438,961	438,961
IDPs	0	0

Host population	131,665	131,665
Affected people (none of the above)	0	0
Total (same as in 4a)	570,626	570,626
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	Provide protection services and emergency response for refugees from DRC, specifically for receptions, water and shelter.
--------------------------	---

Output 1	Quality of profiling, registration and documentation improved or maintained; refugee reception and relocation at Kyangwali and Kyaka II			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	% of persons of concern registered on an individual basis	100%	100%	BIMS and Progress Version 4 database
Indicator 1.2	# of refugees relocated from reception centers to settlements	20,000	20,000	BIMS and Progress Version 4 database
Explanation of output and indicators variance:		In the case of Kyangwali refugee settlement, all refugee are registered at Kyangwali Reception Centre before being allocated plots of land. The refugees in Kyaka II refugee settlement are registered at Nyakabande Transit Centre, then allocated plots of land in Kyaka II.		
Activities	Description	Implemented by		
Activity 1.1	Protection monitoring, screening and registration of new refugee arrivals, identification of persons with specific needs and case management	OPM, UNHCR		
Activity 1.2	Relocation of refugees from reception centers to settlements.	AIRD		

Output 2	Shelter and infrastructure established, improved and maintained			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	# of KM critical access roads maintained (Imvepi and Palorinya)	95	95	UNHCR Monthly reports
Indicator 2.2	# of PSNs supported with shelter construction and assistance	4,000	2,927	UNHCR Monthly reports
Explanation of output and indicators variance:		4,000 PSN shelters were set as the target. However, only 2,927 were built. This is due to the changes in the design of some of the PSN shelters in Palorinya, Palabek and Imvepi refugee settlements, which resulted into a higher unit cost, affecting the overall cost and number of shelters built. In addition, some of the shelters had latrines built, which was not part of the initial plan. Approval of some of the shelter designs by the district authorities was done during the rainy season, which affected construction timelines and changes. Lastly, there was no construction of PSN shelters in Kiryandongo refugee settlement.		

Activities	Description	Implemented by
Activity 2.1	Rehabilitation of critical access roads to enable service provision to the refugee settlements, including time-critical water trucking, food assistance and social services	AIRD
Activity 2.2	Provision of shelter for PSN refugee households (Imvepi, Palorinya, Kyaka II, Kyangwali, Rwamwanja, Palabek, Kiryandongo)	PWJ in Imvepi and Palorinya refugee settlements AIRD in Kyaka II refugee settlement LWF in Palabek and Rwamwanja refugee settlements HIJRA and NRC in Kyangwali refugee settlement.

Output 3	Supply of potable water increased or maintained			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Average # of Liters of potable water available per person per day	15 l/p/d	15 l/p/d	UNHCR Monthly reports Knowledge Attitude Practise (KAP)
Explanation of output and indicators variance:		In the settlements mentioned, the refugees received an average of 24.7 litres per person per day, except where water trucking was taking place. In the case of water trucking, the refugees received 15 litres per person per day.		
Activities	Description	Implemented by		
Activity 3.1	Provision of emergency potable water at Palorinya, Imvepi, Rwamwanja and Palabek	NRC in Palorinya refugee settlement DRC in Imvepi refugee settlement LWF in Rwamwanja refugee settlement.		

Output 4	Primary Health Care			
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	Crude Mortality Rate	< 1.5/1,000/month	0.1/1,000/month	Health Information System
Indicator 4.2	Under 5 Mortality Rate	< 3/1,000/month	0.2/1,000/month	Health Information System
Explanation of output and indicators variance:		Crude and Under 5 mortality rates are within acceptable ranges of less than Crude Mortality rate < 0.75/1,000/month and under 5 mortality rate < 1.5/1,000/month.		
Activities	Description	Implemented by		
Activity 4.1	Provision of primary health care, including HIV support	African Humanitarian Action (AHA) in Rwamwanja refugee settlement IRC in Palabek refugee settlement AAH in Kyangwali refugee settlement		

6. Accountability to Affected People

A) Project design and planning phase:

UNHCR works with implementing and operational partners to ensure a 'do no harm' conflict sensitive and rights-based approach to project design, implementation and monitoring following the age, gender, diversity mainstreaming participatory approach that includes beneficiary participation in the design and feedback on the interventions. UNHCR Uganda applies the Refugee Coordination Model, which outlines roles and responsibilities, offers an inclusive platform for planning and coordinating refugee operations, and clarifies coordination modalities in relation to wider humanitarian system.

B) Project implementation phase:

UNHCR and the Office of the Prime Minister (OPM) provide the overall coordination structure for project implementation in response to refugee needs. At the Kampala level, UNHCR and OPM coordinate the refugee interventions with the district local governments and humanitarian partners, providing policy guidance for implementation and response. Also at the Kampala level, an interagency meeting (co-chaired by UNHCR and OPM) takes place monthly (weekly in case of an influx / emergency context), while countrywide sectorial meetings take place on a quarterly basis (and weekly in the emergency contexts), co-chaired by UNHCR and the relevant line ministries/district authorities.

At the field level, UNHCR has Sub Offices in Arua, Adjumani, Moyo, Yumbe, Mbarara and Hoima while OPM maintains corresponding Refugee Desk Offices. These offices work together to coordinate activities at the district level with the district local governments (DLGs) and within the refugee settlements. UNHCR, OPM, and all implementing partners have permanent presence at the refugee settlements, and coordinate via monthly meetings (weekly in the emergency context), which review the implementation progress of all partner activities. In addition, sector meetings are held to review activity implementation by sector and develop detailed sector 3Ws to avoid duplication of activities. Within the UN Country Team, UNHCR leads the coordination mechanism for the refugee emergency.

An inter-agency Feedback, Referral and Resolution Mechanism (FRRM), was piloted in October 2018 and launched in January 2019. It is meant to enhance the existing information sharing system in refugee settlements and provide safe, accessible and reliable communication channels to refugees and asylum seekers.

C) Project monitoring and evaluation:

Monitoring and evaluation is based on regular reports and observations by the partners and local authorities, and on direct observation and ongoing assessment by UNHCR (e.g. on the spot visits to project sites, supportive supervision), and the comparison of achievements and related financial expenditures with set objectives. Monitoring activities are carried out at various levels (i.e. settlement, household) by partners implementing Project Partnership Agreements (PPAs) signed in tripartite between UNHCR, OPM and each respective implementing partner. These agreements serve to govern and monitor activities implemented with CERF Rapid Response funds and stipulate the parameters of the project activities, the timeframe for implementation and related modalities, including narrative and financial reporting. UNHCR's technical experts evaluate projects based on UNHCR standards by sector, cost-benefit analyses, current market prices, observed quality of the final product, and refugee acceptance. Evidence on project quality and progress gathered during joint monitoring and evaluation visits is captured in quarterly verification reports that are compiled, filed and maintained by the UNHCR Project Control Section. UNHCR verifies financial and narrative technical reports and expenditures annually through an independent external auditor.

Discussions between partners on how to improve service delivery take place in regular bilateral meetings, but also multilaterally at sector working group meetings and in joint review activities. Pilot projects presenting new designs and prototype models to refugees and focus group discussions conducted with refugees follow the Age, Gender, Diversity Mainstreaming participatory approach (which includes refugees and host communities) and gather feedback on how to improve projects and services for the refugee community. Feedback from these discussions is shared in reports and also as presentations at sector working group meetings to ensure that the necessary changes are adopted and processes are put in place to produce cost-effective results that satisfy the refugee community. Actions agreed by partners for these improvements and changes are captured in the minutes of all sector meetings which are shared by UNHCR with all involved partners.

UNHCR also conducts regular joint field monitoring missions, which include verification of regular financial and narrative reporting and performance verification according to UNHCR rules and regulations. The daily field monitoring and supportive supervision conducted by UNHCR staff is done with guidance from technical specialists and support from each operational Sub-Office as well as the Representation Office in Kampala, the Regional Support Hub in Nairobi, and Headquarters. Joint verification by UNHCR, OPM and partners is done according to partner work plans (included in each PPA) and through field monitoring plans (developed at each office and at the Representation Office in Kampala).

Situation reports related to this emergency response are submitted by all UNHCR Field Offices to their respective Supervising Office on twice weekly basis, and data on arrivals is updated daily. For the more stable operations, situation reporting is conducted monthly. The Representation Office shares twice-weekly (for DRC situation) external situation reports with partners and submits internal reports to various headquarters by sector and situation.

UNHCR, OPM and partners discuss and share lessons learned at regular and extra-ordinary planning and coordination meetings following the Refugee Coordination Model (depicted below). The lessons learned are documented and shared in the minutes of each sector meeting. Partners have been sharing information via email lists and also through the Uganda Refugees Web Portal available at: <http://www.ugandarefugees.org>

7. Cash-Based Interventions	
Did the project include one or more Cash Based Intervention(s) (CBI)?	
Planned	Actual
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
No CERF-specific evaluation was planned for this project. For more information please see paragraph c under section 6.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.7. Project Report 18-UF-CEF-031 - UNICEF

1. Project Information			
1. Agency:	UNICEF	2. Country:	Uganda
3. Cluster/Sector:	Protection - Child Protection	4. Project Code (CERF):	18-UF-CEF-031
5. Project Title:	Protecting children affected by humanitarian situation through child protection systems strengthening		
6.a Original Start Date:	01/01/2018	6.b Original End Date:	31/12/2018
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	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 8,550,013
	b. Total funding received for agency's sector response to current emergency:		US\$ 2,920,233
	c. Amount received from CERF:		US\$ 595,548
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 434,361.53
	<ul style="list-style-type: none"> ▪ Government Partners US\$ 0 ▪ International NGOs US\$ 434,361.53 ▪ National NGOs US\$ 0 ▪ Red Cross/Crescent US\$ 0 		

2. Project Results Summary/Overall Performance
<p>Through this CERF UFE grant, UNICEF and partners reached 21,430 children (11,848 boys, 9,582 girls) with critical child protection services in refugee settlements in Moyo, Lamwo, Kyegegwa, Hoima, Arua, Kiryandongo and Kamwenge districts. 6,961 children (3,538 boys, 3,423 girls) and their families benefitted from individual case management services, including direct support and referrals; 3,556 (1,857 boys, 1,699 girls) unaccompanied and separated children (UASC) benefitted from alternative care services, including placement in foster care and targeted support to families and children.</p> <p>This project supported the provision of recreational and psychosocial support activities for refugee children from South Sudan and the DRC in 27 Child Friendly Spaces (CFS). The intervention aimed to ensure that all vulnerable refugee and host community children had access to protective services through training/mentoring case workers, engagement of community-based structures, upgrading and operation of 24 CFS, and construction of 3 CFS. Activities included structured play, life skills and peace-building activities, peer-to-peer support and other recreational activities to strengthen children's resilience and well-being. Follow-up monitoring visits were conducted to Unaccompanied and Separated Children (UASC) to monitor and support them in alternative care arrangements. Group and dialogue sessions with foster parents and caregivers were conducted to strengthen parenting skills and quality of care.</p>

3. Changes and Amendments
<p>There were no changes or amendments from the original proposal or project plans. However, UNICEF and partners faced a number of challenges requiring attention during project implementation:</p> <ul style="list-style-type: none"> – The construction of three new CFS (bringing the total of CFS to 27) was done in full collaboration with district officials, OPM and host communities. Partners ensured throughout the process that all stakeholders were involved and in agreement with the land selected. While critically important, reaching agreements with district officials, OPM and host communities took longer than anticipated which

led to delays in the construction of new child friendly spaces (CFS). To mitigate the effects of construction delay, UNICEF and partners offered recreational and psychosocial support activities in tents in the interim.

- The situation of children having to walk long distances to access activities in CFS continues to persist in some areas; in Kyaka for example, there are only 2 CFS in 9 zones serving many children. In order to address this, additional CFS would need to be established.
- Low attendance to Child Protection Committee (CPC) meetings were recorded in some cases which affected the follow up of cases supported by CPC members. Consultations with community members have proved useful in ensuring continuous participation in the CPC, therefore the implementing partners worked closely with and through community leaders to increase awareness of the importance of the CPC meetings.
- Fear of Ebola increased tension and anxiety among staff and volunteers in the DRC settlements. This affected the progress of activities, especially timely case follow-up and management as the caseworkers avoided to visit some locations where incidences of Ebola were suspected (to date there are no confirmed cases of Ebola in Uganda). In order to address this, the implementing partners secured funding and were able to train and sensitize over 1,000 staff and volunteers on Ebola, including modes of transmission, risks and how to prevent infection. This included child protection staff, case workers, CFS Facilitators and Child Protection Committee members. This helped to reduce fear of infection and to prevent any further impact on child protection case management.

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	19,845	0	19,845	20,655	0	20,655	40,500	0	40,500
Reached	9,582	0	9,582	11,848	0	11,848	21,430	0	21,430

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

Category	Number of people (Planned)	Number of people (Reached)
Refugees	36,450	19,079
IDPs	0	0
Host population	4,050	2,351
Affected people (none of the above)	0	0
Total (same as in 4a)	40,500	21,430

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

Overall, the project achieved what it set out to do: To ensure that comprehensive child protection services are available in 27 targeted zones in seven settlements. This included ensuring that 27 CFS provided regular community-based psychosocial support to children in the targeted zones and that case workers supporting child protection case management were attached to the CFSs in all 27 targeted zones. All children in need of services in response to sexual violence reported in target areas benefitted from support in line with their needs. In addition, Child Protection Committees in targeted zones were supported to strengthen prevention and response at community level.

Nevertheless, there were challenges in reaching the anticipated numbers of children. The main reason for reaching fewer numbers than targeted was a reduction in influx of refugees in 2018 compared to 2017. While there is still a substantial demand for additional child protection services, the CFS can only reach the children in its surrounding vicinity. Reaching more children would need the establishment of additional CFS, which was not

	covered under this grant. In addition, land allocation for construction of three of the CFS was done by district officials, OPM and host communities. To reach an agreement with all stakeholders involved in the allocation process took more time than anticipated, resulting in delays to the start of regular activities. Once land allocation was completed, activities started in tents in the interim. Achievements include all children reached by UNICEF through CERF and matching UNICEF funds in targeted districts.
--	---

5. CERF Result Framework

Project objective	All children affected by the humanitarian crisis access protection services which include provision of psychosocial support, case management, referrals and follow up for specialised care.
--------------------------	---

Output 1	40,500 (20,655 boys and 19,845 girls) refugees and host community children provided with psychosocial support including case management and identification, registration and placement of unaccompanied and separated children under appropriate alternative care arrangements.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Establishment, Upgrading and ensuring the functionality of 27 Child Friendly Spaces (CFS) in the seven refugee settlements of Palabek, Palorinya, Kyaka II, Kyangwali, Imvepi and Rwamwanja.	27 CFS with 40,500 (20,655 boys and 19,845 girls)	27 CFS with 20,574 (11,480 boys and 9,094 girls)	Implementing Partner's Progress Reports
Indicator 1.2	Number of children in humanitarian situations benefitting from psychosocial support at the Child Friendly Spaces.	40,500 (20,655 boys and 19,845 girls)	20,574 (11,480 boys and 9,094 girls)	Implementing Partner's Progress Reports
Indicator 1.3	Number of children at risk of violence, abuse and exploitation identified and provided with appropriate and timely services through effective case management.	12,800 (6,144 boys and 6,656 girls)	6,961 (3,538 boys and 3,423 girls)	Implementing Partner's Progress Reports
Indicator 1.4	Number of unaccompanied and separated children including the new and old caseloads who receive appropriate alternative care services including follow up.	3,416 (1,756 boys and 1,660 girls)	3,556 (1,857 boys and 1,699 girls)	Implementing Partner's Progress Reports
Indicator 1.5	Number of children (girls and boys) and women who received multi-sectoral support in response to consequences of sexual violence in humanitarian situations.	725 (145 boys and 580 girls)	68 (8 boys and 60 girls)	Implementing Partner's Progress Reports
Explanation of output and indicators variance:	<p>Overall, the project achieved what it set out to do, to ensure that comprehensive child protection services are available in 27 targeted zones in seven settlements. This included ensuring that 27 CFS provided regular community-based psychosocial support to children in the targeted zones and that case workers supporting child protection case management were attached to the CFSs in all 27 targeted zones. All children in need of services in response to sexual violence reported in target areas benefitted from support in line with their needs. In addition, Child Protection Committees in targeted zones were supported to strengthen prevention and response at community level.</p> <p>Nevertheless, there were challenges in reaching the anticipated numbers of children. The main reason for reaching fewer numbers than targeted was a reduction in influx of refugees in 2018 compared to 2017. While there is still a substantial demand for additional child protection services, the CFS can only</p>			

reach the children in its surrounding vicinity. Reaching more children would need the establishment of additional CFS, which was not covered under this grant. In addition, land allocation for construction of three of the CFS was done by district officials, OPM and host communities. To reach an agreement with all stakeholders involved in the allocation process took more time than anticipated, resulting in delays to the start of regular activities. Once land allocation was completed, activities started in tents in the interim. Achievements include all children reached by UNICEF through CERF and matching UNICEF funds in targeted districts.

District breakdown:	Male	Female	Totals
Lamwo	433	427	860
Moyo	657	697	1,354
Kiryandongo	2,350	1,701	4,051
Arua-Imvepi	2,179	1,761	3,940
Hoima	3,115	1,793	4,908
Kamwenge	3,000	3,081	6,081
Kyegegwa	114	122	236
Totals	11,848	9,582	21,430

Activities	Description	Implemented by
Activity 1.1	Ensuring the functionality of 27 CFS through; (A) Ensuring the functionality of 27 CFS through; Construction of 4 new CFS in Palabek (2), Palorinya (1) and Kyaka II (1) refugee settlements, including operations & maintenance and staffing, logistics and administration. (B) Upgrading of 4 old CFS in Kiryandongo refugee settlement including operations & maintenance and staffing, logistics and administration. (C) Operations and maintenance of 19 old CFS in Kyangwali (6), Imvepi (2) and Rwamwanja (11) refugee settlements including operations & maintenance and staffing, logistics and administration.	UNICEF and Implementing Partners (Save the Children and Lutheran World Federation)
Activity 1.2	Provision of psychosocial support to children through structured play and recreational activities, strengthening community-based child protection mechanisms, monitoring and reporting of child protection issues at 27 Child Friendly Spaces including new ones and those to be upgraded.	UNICEF and Implementing Partners (Save the Children and Lutheran World Federation)
Activity 1.3	Number of children at risk of violence, abuse and exploitation identified and provided with appropriate and timely services through effective case management.	UNICEF and Implementing Partners (Save the Children, Lutheran World Federation, District Local Governments in targeted districts)
Activity 1.4	Identification of unaccompanied and separated children, placing them in appropriate alternative care arrangements and ensuring follow up.	UNICEF and Implementing Partners (Save the Children and Lutheran World Federation)
Activity 1.5	Strengthen and support community-based child protection mechanism for prevention and response to violence, abuse and exploitation of children using the referral system.	UNICEF and Implementing Partners (Save the Children and Lutheran World Federation)

6. Accountability to Affected People

A) Project design and planning phase:

Information to affected populations was provided during community dialogue forums. Participants included local government leaders, community members and members of the Child Protection Committees (CPCs) and Refugee Welfare Committees (RWCs). Information was also provided during regular meetings with foster parents, CPCs, and children in the CFS. Specific attention was placed on vulnerable groups, especially during community meetings. Communities were informed on the level of funding support, together with information on the specific donor providing support and the period of that support. UASCs placed in alternative care were specifically targeted and the information provided to them adapted to their needs. Partners continued to increase efforts to engage with other vulnerable groups, such as with caregivers providing support to children with disabilities, to ensure response strategies in place meet specific needs and demands.

B) Project implementation phase:

On an ongoing basis, views received from meetings held with the community structures formed the basis of the community approaches being adopted for implementation. Gaps identified during review meetings with community-based structures and children informed the design of the project. Project beneficiaries were involved in implementation through review meetings and meetings with children at the CFSs. Despite this step taken towards meeting the specific needs of the affected population during the design stages, there still remains a gap in bringing the voices into all stages of decision making and to consistently incorporate the voices of persons with specific needs.

C) Project monitoring and evaluation:

UNICEF and implementing partners have robust feedback and complaint mechanisms that are ingrained within the Monitoring, Evaluation, Accountability and Learning Strategies. The purpose of feedback mechanisms is not limited to listening but also involves using the information received to improve programmes, and ultimately to see improvements in the implementation strategies.

Most feedback was collected through review meetings with community-based structures, foster parents and meetings with children. The feedback received through these platforms was shared with sub-programme managers and the project management team and appropriate actions were taken. Feedback from the community structures was collected through various strategies among them being dialogue sessions, CPC and RWC review meetings, suggestion boxes, U-Report, and through direct conversations with partner staff.

Involvement of the community in the handling of cases at community level has also proven very beneficial and was a product of constructive feedback received from a community.

7. Cash-Based Interventions

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

Planned	Actual
No	No

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

N/A	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.8. Project Report 18-UF-CEF-032 - UNICEF

1. Project Information			
1. Agency:	UNICEF	2. Country:	Uganda
3. Cluster/Sector:	Multi-Cluster - Multi-sector refugee assistance	4. Project Code (CERF):	18-UF-CEF-032
5. Project Title:	Emergency Humanitarian Support through Health, Nutrition and WASH interventions		
6.a Original Start Date:	01/01/2018	6.b Original End Date:	31/12/2018
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	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 0
	b. Total funding received for agency's sector response to current emergency:		US\$ 0
	c. Amount received from CERF:		US\$ 2,100,000
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 953,177
	▪ Government Partners		US\$ 226,606
▪ International NGOs		US\$ 726,571	
▪ National NGOs		US\$ 0	
▪ Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance
<p>Within the overall coordinated UN response under the guidance of ReHoPE, the Government's Settlement Transformation Agenda, the Comprehensive Refugee Response Framework and the grand bargain commitments, UNICEF partnered with the Government of Uganda and UNHCR, using the CERF Underfunded contribution, to strengthen the provision of life saving interventions to the refugees, including the newly arriving ones (at transit and reception centres).</p> <p>UNICEF's interventions included the procurement of vaccines and support to essential immunisation services in refugee hosting districts (output 1), the strengthening of WASH services including motorization of wells and construction water distribution systems (output 2), and the procurement and distribution of life-saving nutrition supplies, for the management of Severe Acute Malnutrition (output 3). Planned results were overall achieved, with some results over-achieved, in response to the high influx of DRC refugees during the implementation period. Other humanitarian donors' resources were used to supplement the CERF funding whenever needed.</p> <p>Health: With the generous support of CERF, UNICEF contributed to reach 32,589 (98.6% of target) children in refugee hosting districts with essential immunization services. CERF-supported activities include the procurement and distribution of vaccines (40,000 and 45,000 doses of bOPV and measles respectively, in addition to co-financing of 62,000 doses of PCV, 62,000 of Pentavalent, 34,000 doses of IPV and 8,500 doses of Rotavirus vaccine), and other supplies (including 10 cold boxes, 20 boxes of injectable materials, 300,000 child health cards, 30,000 safety boxes).</p> <p>WASH: UNICEF contributed to improving access to water, sanitation and hygiene services for 24,000 people (133% of target) from refugees and host communities. Activities implemented with CERF support include the construction of a solar powered system in the Rhino camp refugee settlement, serving 12,000 people, the upgrade of two water systems in the Imvepi and Bidibidi refugee settlements, serving approximately 24,000 people, as well as the construction of latrines and promotion of good hygiene practices.</p>

Nutrition: UNICEF contributed to the delivery of life-saving nutrition interventions to more than 645,000 women and children (123% of target), including 6,087 children under-five years of age who were treated for severe acute malnutrition (SAM), 524,434 children 6-59 months who were reached with Vitamin A supplementation and 121,274 pregnant and lactating women who received 90+ folic/iron tablets. CERF-supported activities include the procurement and distribution of essential nutrition supplies (3,053 cartons of ready-to-use therapeutic food, RUTF), 200 cartons of F-100, 250 cartons of F-75 and 20 cartons of ReSoMal) and anthropometric equipment (54 scales, 54 height boards, and 100 packs of child MUAC tapes). UNICEF also supported District Local Governments (DLGs) to implement nutrition screening and education.

3. Changes and Amendments

During the implementation period, Uganda faced an unexpected influx of refugees from the Democratic Republic of Congo (DRC), including through the entry points along the shores of Lake Albert (Kikuube), Kisoro and Ntoroko districts. These districts were supported with health (vaccines) and nutrition supplies and capacity building of health workers to provide the newly arriving refugees with lifesaving health and nutrition services including measles and polio vaccination, nutritional screening, oral rehydration salts, micronutrients (iron/folic acid) supplementation for pregnant mothers, SAM treatment supplies (RUTF). As part of the support, the severely malnourished children were immediately referred for further case management to specific nutrition programmes, prior to being relocated to the transit sites.

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	173,306	109,680	282,986	136,169	105,379	241,548	309,475	215,059	524,534
Reached	267,461	107,189	374,650	256,973	102,789	359,762	524,434	209,978	734,412

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

Category	Number of people (Planned)	Number of people (Reached)
Refugees	367,174	514,088
IDPs	0	0
Host population	157,360	220,324
Affected people (none of the above)	0	0
Total (same as in 4a)	524,534	734,412

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, Uganda continued to receive high numbers of DRC refugees in Kyegegwa (Kyaka II), Kyangwali (Kikuube/Hoima) and Imvepi (Arua) which explains the overachievement for some indicators, especially around WASH and Nutrition. In two out of the seven CERF districts (Hoima and Lamwo), UNICEF expanded the scope with complementary funding from ECHO.

5. CERF Result Framework

Project objective	To support 524,534 women, men and children affected by the refugee influx in Uganda.
--------------------------	--

Output 1	Immunization services for 33,067 children amongst the host and refugees in selected districts hosting refugees (Moyo, Lamwo, Kiryandongo, Kyegagwa, Hoima and Arua).			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	% & # of children immunized against Polio	31,414 (95 per cent)	46,493 (148%)	HMIS
Indicator 1.2	% & # of children immunized against Measles.	32,520 (95 per cent)	45,539 (140%)	HMIS
Indicator 1.3	% & # of children vaccinated with Penta/DPT	31,414 (95 per cent)	33,034 (108%)	HMIS
Indicator 1.4	% & # of children vaccinated with PCV	33,414 (95 per cent)	42,021 (126%)	HMIS
Indicator 1.5	% & # of children vaccinated with IPV	33,414 (95 per cent)	40,910 (120%)	HMIS
Explanation of output and indicators variance:		The positive variance was achieved because of (1) Intensified community mobilisation; (2) Focused integrated outreaches (3) Well organised Child Health Days (CHD's) in October 2018; (4) No vaccine stock-outs during the period; (5) higher than expected influx of refugees (predominantly children).		
Activities	Description	Implemented by		
Activity 1.1	Procurement of vaccines; bOPV, PCV, Penta and Measles for vaccination of up to 33,067 children (refugees and host population).	UNICEF procured the vaccines through the UNICEF Supply Division. District Local Governments of Moyo, Lamwo, Arua, Kiryandongo, Hoima, Kamwenge and Kyegagwa districts conducted the immunization services to the target children.		
Activity 1.2	Procurement of 10 cold boxes and 120 vaccine carriers for to ensure safety of the vaccines and 30,000 child health cards for each child who vaccinated.	UNICEF procured cold boxes and vaccine carriers through the UNICEF Supply Division and supported the distribution to the districts of Moyo, Lamwo, Arua, Kiryandongo, Hoima, Kamwenge and Kyegagwa.		
Activity 1.3	Monitoring and supervision of expanded programme in immunization interventions	Ministry of Health of Uganda led the monitoring and supervision of the immunization programme activities with technical and financial support from UNICEF, WHO and UNHCR.		

Output 2	Refugees in Imvepi and Bidibidi refugee settlements have improved access to WASH services			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of additional refugees in Bidi bidi refugee settlement provided with at least 20 litres of water per person per day	18,000	24,000	Monitoring and activity reports
Indicator 2.2	Number of additional households in Bidi bidi and Imvepi refugee settlements supported with household latrine construction	3,000	2,550	Monitoring and activity reports
Indicator 2.3	% of targeted refugee population who are aware of safe hygiene practices.	80%	88%	Monitoring and activity reports
Explanation of output and indicators variance:		A higher number of affected women, men and children reached is due to upgrading two motorised water systems in Imvepi and Bidibidi refugee settlements instead of the one originally planned system.		

Activities	Description	Implemented by
Activity 2.1	Construction of one solar powered motorized water supply system	Water Mission
Activity 2.2	Upgrading of one solar powered motorized water supply systems	OXFAM / Water Mission Uganda
Activity 2.3	Operation and maintenance of solar powered systems	OXFAM / Water Mission Uganda
Activity 2.4	Support construction of 3000 household latrines targeting 15,000 refugees	OXFAM / Water Mission Uganda
Activity 2.5	Construction of 10 institutional latrines	OXFAM
Activity 2.6	Hygiene promotion targeting 15,000 refugees	OXFAM / Water Mission Uganda

Output 3 524,534 (80%) children under 5 years have access to Vitamin A supplementation and deworming, 89,572 (50%) pregnant women have access to iron/folate supplementation and 3,647(80%) children under 5 years treated for SAM.

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	% & # of projected annual caseload of children 6-59 months with Severe Acute Malnutrition receiving appropriate treatment	3647 (80% of the anticipated SAM caseload)	6,086	HMIS
Indicator 3.2	% & # of children aged 6–59 months covered with two doses of vitamin A supplementation and deworming medication.	524,534 (80% of children 6- 59 months)	524,434	HMIS
Indicator 3.3	% & # of pregnant and lactating women receiving 90+ iron/folic supplementation	89,572 (50% of pregnant women)	121,274	HMIS

Explanation of output and indicators variance: Higher prevalence of SAM among the newly arriving refugees as compared to the population already living in the settlements led to the over achievement of this target. The focused antenatal and postnatal care services organized for target population led to more pregnant and lactating women having received 90+ Iron/folic tablets.

Activities	Description	Implemented by
Activity 3.1	Financial and technical support to build capacity of facility-based nutrition health workers and VHTs IMAM.	District Local governments, Regional Referral Hospitals in Arua, Gulu, Kabarole and Hoima.
Activity 3.2	Financial and technical support for implementing integrated outreaches and bi-annual CHDs for micronutrient supplementation (includes Vitamin A, Iron and Folic acid), deworming	District Local governments, Regional Referral Hospitals in Arua, Gulu, Kabarole and Hoima.
Activity 3.3	Technical and financial support through DLGs on community level resource persons (VHTs, SCDOs, etc) to promote and monitor key family care practices.	District Local governments, Regional Referral Hospitals in Arua, Gulu, Kabarole and Hoima.
Activity 3.4	Procure therapeutic supplies (RUTF, F100, F75, Resomal)	UNICEF

6. Accountability to Affected People

A) Project design and planning phase:

During the project design, a series of consultations were held with UN agencies, officials from the Office of the Prime Minister - Department for Refugees, Ministry of Health, district local government officials, representatives (Village health teams) of refugee settlements, the Uganda Red Cross, Oxfam and Water mission implementing partners. These continued and well-organized consultations enabled UNICEF to plan for immunization, nutrition and other health interventions with strong accountability at all levels of implementation.

Throughout the implementation period, gender mainstreaming was at the very front of the project. All women and girls were targeted for immunization services such as administration of TT and HPV vaccines. In addition, the WASH intervention had a strong focus on women and children with improved access to water at schools and within homesteads and specific attention was given to ensure that women and girls have easy access to water to avoid the long distances travels which could expose girls and women to violence or abuse. Reducing distances to fetch water, was especially important to avoid the risk of abuse and violence against women and girls. UNICEF supported the establishment and training of the water user committees to ensure social accountability by supporting safe and reliable collection of water. The committees provided a platform for beneficiaries' engagement and feedback.

B) Project implementation phase:

UNICEF attended the routine WASH, nutrition, and health sector coordination meetings, providing an opportunity for wider consultation during the project implementation phase at both national and subnational level. This contributed to avoid duplication of activities among partners and UN agencies. At district level, UNICEF worked with the district local governments and other partners for effective and timely implementation of activities for achieving the desired results.

C) Project monitoring and evaluation:

To ensure accountability, monitoring of the project was undertaken and reported monthly through programme visits and situational reports. UNICEF also focused on regular review of the project achievements and milestones through regular field visits by the programme staff. UNICEF staff based in Gulu and Mbarara Zonal Offices provided regular monitoring, and quarterly joint monitoring visits were also conducted by UNICEF technical staff based in Kampala.

7. Cash-Based Interventions

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

Planned	Actual
No	No

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

No evaluation was conducted during the implementation period.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.9. Project Report 18-UF-WFP-019 - WFP

1. Project Information			
1. Agency:	WFP	2. Country:	Uganda
3. Cluster/Sector:	Multi-Cluster - Multi-sector refugee assistance	4. Project Code (CERF):	18-UF-WFP-019
5. Project Title:	Food and nutrition support to refugees in Uganda		
6.a Original Start Date:	22/03/2018	6.b Original End Date:	31/12/2018
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	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 245,082,168
	b. Total funding received for agency's sector response to current emergency:		US\$ 90,208,702
	c. Amount received from CERF:		US\$ 4,500,000
	d. Total CERF funds forwarded to implementing partners		US\$ 1,101,955
	of which to:		
	▪ Government Partners		US\$ 0
	▪ International NGOs		US\$ 854,568
	▪ National NGOs		US\$ 247,387
	▪ Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance

WFP provided in-kind food assistance to 458,878 refugees in the settlements of Palabek, Palorinya, Imvepi, Kiryandongo, Kyangwali, Kyaka II and Rwamwanja targeted by the CERF grant. This represented about 36 percent of beneficiaries supported by WFP in all refugee settlements during the CERF grant period. Overall, WFP supported 1,287,764 refugees, the highest number reached in 2018. The grant also supported prevention and treatment of Moderate Acute Malnutrition (MAM) in children 6 to 59 months and Pregnant and Lactating Women (PLW) through targeted supplementary feeding programme, with 17,050 beneficiaries supported during the CERF period in settlements targeted by the CERF. On average, MCHN reached about 46,000 beneficiaries every month in the settlements targeted by the CERF grant. About 11,840 children and PLWs received nutrition assistance through the blanket supplementary feeding programme in Kyangwali refugee settlement. All the funds allocated and released to WFP were utilized within the approved grant period.

3. Changes and Amendments

Due to shortfall in the General Food Distribution (GFD) pipeline, WFP reprioritized the grant to procure sorghum and vegetable oil that was not planned for in the funding proposal. The reprioritization resulted in a reduction of 77mt of CSB++ being procured. Overall however, WFP procured 6,310.93 MTs instead of the 5,366.78 MTs planned. In February 2018, the Office of the Prime Minister (OPM) and the United Nations High Commission for Refugees (UNHCR) began biometric verification of all refugees residing in the thirteen refugee settlements and the capital, Kampala. From March to October 2018, 1.15 million refugees were verified, representing 75 percent of the 1.4 million refugees registered in the previous refugee information management system.

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	164,783	170,099	334,882	122,748	102,029	224,777	287,531	272,128	559,659
Reached	159,399	87,271	246,670	119,305	92,903	212,208	278,704	180,174	458,878
4.b Number of people directly assisted with CERF funding by category									
Category	Number of people (Planned)					Number of people (Reached)			
Refugees	559,659					458,878			
IDPs	0					0			
Host population	0					0			
Affected people (none of the above)	0					0			
Total (same as in 4a)	559,659					458,878			
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:			WFP reached 82 percent of the expected beneficiaries. This was due to a reduction of the number of refugees registered, a result of the verification done in 2018 mentioned in section "3. Changes and Amendments" above.						

5. CERF Result Framework	
Project objective	Improve the food security and nutritional status of refugees in Uganda

Output 1	Refugees receive food assistance to meet their basic food and nutrition needs			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Quantity of food commodities procured	4,990 MT	6,010.40	WFP's procurement records in WINGS
Indicator 1.2	Quantity of food commodities distributed	4,990 MT	6,010.40	WFP Country Office Monitoring and Evaluation Tool
Indicator 1.3	Number of beneficiaries receiving in-kind food assistance	559,659	458,878	WFP's country office monitoring and evaluation tool
Explanation of output and indicators variance:		WFP re-prioritised the CERF grant to procure sorghum and vegetable cooking oil for general food assistance, to cover up a pipeline shortfall. More commodities for general food assistance were procured since the cost of sorghum and vegetable oil is lower than CSB+ that was planned in the funding proposal.		
Activities	Description	Implemented by		
Activity 1.1	Procurement of food commodities	WFP		
Activity 1.2	Distribution of food commodities to refugees	WFP's Cooperating Partners		

Activity 1.3	Food basket and post distribution	WFP
--------------	-----------------------------------	-----

Output 2	Stabilized or improved undernutrition rates among children aged 6-59 months and pregnant and lactating women			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Quantity of food commodities procured	377 MT	300	WFP's procurement records in WINGS
Indicator 2.2	Quantity of food commodities distributed	377 MT	300	WFP Country Office Monitoring and Evaluation Tool
Indicator 2.3	Number of new admissions for nutrition assistance	37,000	11,925	WFP's country office monitoring and evaluation tool
Explanation of output and indicators variance:		Less food was procured and distributed due to reprioritisation of the grant to procure sorghum and vegetable oil for general food assistance.		
Activities	Description	Implemented by		
Activity 2.1	Procurement of food commodities	WFP		
Activity 2.2	Distribution of food commodities to targeted beneficiaries	WFP's Cooperating Partners		
Activity 2.3	Food basket and post distribution monitoring	WFP's Cooperating Partners		

6. Accountability to Affected People

A) Project design and planning phase:

WFP is committed to ensure accountability to affected populations and during the design stage, affected populations were consulted through their community leadership structures like the Refugee Welfare Councils, Food and Cash Management Committees. The affected populations were informed about their entitlements which are communicated verbally and also displayed at food distribution centres during distribution days.

B) Project implementation phase:

WFP and cooperating partner staff were trained on accountability to affected populations, protection and gender during a three-day training, to ensure all activities met internationally agreed standards before, during and after implementation.

The toll-free beneficiary helpline also ensured affected populations were fully consulted and empowered to inquire about or report on WFP assistance. Through the helpline, beneficiaries were able to seek for information about WFP programming for example the distribution dates, register complaints, have their complaints addressed and receive feedback on their complaints. The helpline provided real time information used to inform decision making and improve programming.

During distributions, WFP and partners ensured the presence a complaints desk where beneficiaries can report issues of concern and receive guidance and support to resolve the expressed concerns.

Affected populations were also informed about ongoing programme changes for example changes in cooperating partners, changes in the food distribution modality from group distribution to individual household scooping distribution and use of biometric verification for food collection. This was done through community sensitization meetings conducted by WFP and Cooperating partner staffs.

C) Project monitoring and evaluation:

WFP conducted 4 mobile Vulnerability Analysis and Mapping (mVAM) surveys in the period March – December 2018. WFP also conducted 3 Post Distribution Monitoring (PDMs) in the refugee settlements.

The percentage of households with acceptable food consumption increased from 53 percent at baseline (March 2018) to 59 percent in the third quarter, corresponding to the harvest season and then reduced to 46 percent in the fourth quarter as food stocks decreased following a poorer harvest season. Similarly, the dietary diversity score increased in the third quarter and reduced in the final quarter as indicated in the table below.

Monitoring conducted in October reported that 96 percent of the households received information about the distribution and 83 percent of the beneficiaries receiving food using the new procedures reported to be satisfied with the distribution process. Waiting time for beneficiaries to receive assistance reduced from 34 percent in March to 9 percent in October with the introduction of the new distribution procedures. Beneficiaries showed increased satisfaction with the quality of WFP assistance received from 75 percent in March to 82 percent in October. Decisions on entitlement use at household level was mostly (60 percent) made by women.

7. Cash-Based Interventions

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

Planned	Actual
No	No

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

<p>The executive board approved M&E plan for the CSP (2018-2022) approved evaluations for Strategic Outcome 5 and 6 and for an overall "Country Portfolio Evaluation". The CPE will include an evaluation of the refugee response, however a date for the CPE has not yet been established. In addition, a Review of the refugee response is planned for 2019, and a mid-term Review of the CSP is planned for late 2019 or early 2020.</p>	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.10. Project Report 18-UF-WHO-012 - WHO

1. Project Information			
1. Agency:	WHO	2. Country:	Uganda
3. Cluster/Sector:	Health - Health	4. Project Code (CERF):	18-UF-WHO-012
5. Project Title:	Provision of emergency health assistance in underserved settlements in Uganda		
6.a Original Start Date:	02/04/2018	6.b Original End Date:	31/12/2018
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	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 1,187,120
	b. Total funding received for agency's sector response to current emergency:		US\$ 999,173
	c. Amount received from CERF:		US\$ 500,088
	d. Total CERF funds forwarded to implementing partners of which to:		US\$7,880
	<ul style="list-style-type: none"> ▪ Government Partners US\$ 7,880 ▪ International NGOs US\$ 0 ▪ National NGOs US\$ 0 ▪ Red Cross/Crescent US\$ 0 		

2. Project Results Summary/Overall Performance
<p>Through this CERF underfunded grant, WHO and its partners enrolled 428 Village Health Teams into Community surveillance (261 – Lamwo and 167 – Moyo), trained 40 lab personnel in safe sample collection and packaging, and averted hospital acquired infection through training of 80 health workers in Hospital Infection Prevention and control. A total of 99 health workers and TB treatment supervisors were oriented in CBDOTs a measure critical in promoting adherence to treatment. Further the grant support rapid emergency deployment of skilled national health staff for investigation and prompt response to potential outbreak. The project provided most need supplies for health facility use during the critical times of the outbreak.</p>

3. Changes and Amendments
N/A

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	186,007	138,556	324,563	192,006	115,170	307,176	378,013	253,726	631,739
Reached	186,007	138,556	324,563	192,006	115,170	307,176	378,013	253,726	631,739

4.b Number of people directly assisted with CERF funding by category		
Category	Number of people (Planned)	Number of people (Reached)
Refugees	485,953	485,953
IDPs	0	0
Host population	145,786	145,786
Affected people (none of the above)	0	0
Total (same as in 4a)	631,739	631,739
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	Provision of emergency health assistance in underserved settlements in Moyo, Arua, Kiryandongo, Kamwenge and Lamwo

Output 1	Essential supplies for outbreak investigation and response are in place as required			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of persons diagnosed with outbreak prone diseases per 100,000 population	3.5 per 100,000	No patients diagnosed with outbreak prone conditions	MoH, Health Management Information System
Indicator 1.2	Number of death due to outbreak prone disease per 100 cases	0	0	MoH, Health Management Information System
Indicator 1.3	Number of beneficiaries attending OPD at least once	people	Over 631,739	Outpatient Department record
Explanation of output and indicators variance:		Refugees seek Outpatient Department services on average 4 times per year, so the number of times attended were much high that the target. However, the program supports early health seeking behaviour as a means to interrupt spread of outbreak prone diseases.		
Activities	Description	Implemented by		
Activity 1.1	Procurement of life saving commodities and materials for communicable disease management and control	WHO		
Activity 1.2	Distribution of the lifesaving commodities and materials	WHO		
Activity 1.3	Conduct health education sessions on outbreak prone diseases	District		

Output 2	Competent health staff with appropriate skills to manage infectious diseases available for action in the targeted settlements/districts			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of health staff equipped with appropriate skills for outbreak management	175	150	Activity reports
Indicator 2.2	Proportion of health workers with appropriate knowledge retention at 9 months	85% (140)	80%	Supervisory reports
Indicator 2.3	Percentage of outbreaks notified to the district within 24 hours	100 %	100%	MoH, Health Management Information System
Indicator 2.4	TB treatment success rates	75%	70%	Annual Health Sector performance report
Explanation of output and indicators variance:		TB success rates remain challenged by high mobility among the refugees.		
Activities	Description	Implemented by		
Activity 2.1	Organise orientation with health workers on infectious disease management	WHO		
Activity 2.2	Print training materials	WHO		
Activity 2.3	Conduction orientation of health workers and treatment supervisors on TB Community Based Direct Observation Therapy Short Course (CB DOTs)	National TB Leprosy Program/District		
Activity 2.4	Conduct feedback and supervision follow of the trained health workers	National TB Leprosy Program/District		

Output 3	Community early emergency warning and outbreak control measures are up to date in all the targeted settlements			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of VHTs trained and equipped	300 (100 Arua top up, 100 Lamwo & 100 Moyo)	420	Training reports
Indicator 3.2	Number of VHTs adhering to immediate reporting requirements	300 (100 %)	420 (100%)	District reports
Indicator 3.3	Number of VHTs reporting to the Health Facilities Quarterly	240 (80 %)	300(100%)	District report
Explanation of output and indicators variance:		Number of VHTs reporting to health facilities has been high due to the early engagement vigour. Motivators will be required to sustain this vigour.		
Activities	Description	Implemented by		
Activity 3.1	Organise orientation sessions with 300 selected VHTs from new settlements/hosting sub counties on Community Based Disease Surveillance including awareness on SGBV	Districts/WHO		
Activity 3.2	Conduct feedback and supervision meetings with the VHTs	Districts		

Output 4	Laboratory confirmation capability for common outbreak prone pathogens in place are regional hospitals that serve refugees			
Indicators	Description	Target	Achieved	Source of verification

Indicator 4.1	Turnaround time of samples referred to reference laboratories	12 hours	Over 24 hours	Chain of custody records at UVRI
Indicator 4.2	Number of reference laboratory reporting stock-outs of lab reagents for dangerous pathogen diagnosis	0 out 4 labs	1	Lab stock cards
Explanation of output and indicators variance:		Turnaround time has remained above 24 hours due to transport problems in the national hub system used to transport samples to reference laboratory.		
Activities	Description	Implemented by		
Activity 4.1	Conduct mentorship of staff at the regional hospitals	MoH/WHO		
Activity 4.2	Procure of laboratory reagents	WHO		
Activity 4.3	Distribution of lab reagents	WHO		

Output 5	Outbreaks effectively managed and control			
Indicators	Description	Target	Achieved	Source of verification
Indicator 5.1	Proportion of outbreaks responded to within 24 hours	100 %	There was no outbreak	MoH, Health Management Information system
Explanation of output and indicators variance:		No outbreaks		
Activities	Description	Implemented by		
Activity 5.1	Conduct simulation exercise with the outbreak response teams	Not conducted		
Activity 5.2	Emergency deployment of skilled health staff from National and district level for outbreak response	MoH/WHO		

6. Accountability to Affected People

A) Project design and planning phase:

Accountability to the affected people was a key consideration in the project. The project preceded a comprehensive WHO/MOH joint assessment in September 2017. The assessment included extensive consultation with the refugee hosting district leadership, field staff interfacing daily with refugees, field staff from the Office of the Prime Minister and focus group discussions with representatives of the refugees/Village Health Teams. Use of this information allowed tailoring the interventions to the perspectives expressed by the beneficiaries. During implementation of the project, consultation was made with the District Health Officers of the beneficiary districts to ensure that perspectives of the refugees and host communities is considered.

B) Project implementation phase:

The project declared in the Health and Nutrition sector meeting and Ministry of Health was involved in its implementation. Beneficiary districts will be informed of the grant and will participate in the process of microplanning the delivery of the interventions and its implementation. Direct financial transfer was done to Lamwo districts which empowered the district the implementation of the project. Village volunteers; the VHTs which are from among the refugees and host communities were included in the project. Supplies and materials provided as part of this project were labelled appropriate and whenever possible explained to beneficiaries.

C) Project monitoring and evaluation:

Every mentorship and orientation engagement of health workers, district officials and village health teams included a provision of evaluation and feedback and these will be incorporated in the activity report. Action was taken on major observations arising from this feedback as is from the overall project evaluation exercise.

7. Cash-Based Interventions	
Did the project include one or more Cash Based Intervention(s) (CBI)?	
Planned	Actual
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
This item is essential but was not provided for in the budget.	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input 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-UF-FAO-010	Agriculture	FAO	NNGO	\$15,902
18-UF-FAO-010	Agriculture	FAO	GOV	\$23,709
18-UF-IOM-009	Water, Sanitation and Hygiene	IOM	NNGO	\$146,431
18-UF-WOM-002	Protection	UN Women	NNGO	\$200,000
18-UF-WOM-002	Protection	UN Women	INGO	\$60,000
18-UF-WOM-002	Protection	UN Women	GOV	\$105,000
18-UF-UDP-005	Livelihoods	UNDP	NNGO	\$514,994
18-UF-FPA-013	Gender-Based Violence	UNFPA	GOV	\$48,543
18-UF-FPA-013	Health	UNFPA	INGO	\$7,158
18-UF-FPA-013	Gender-Based Violence	UNFPA	INGO	\$67,672
18-UF-FPA-013	Health	UNFPA	INGO	\$137,842
18-UF-FPA-013	Gender-Based Violence	UNFPA	NNGO	\$153,409
18-UF-FPA-013	Health	UNFPA	NNGO	\$155,383
18-UF-FPA-013	Gender-Based Violence	UNFPA	INGO	\$45,812
18-UF-FPA-013	Health	UNFPA	INGO	\$39,323
18-UF-HCR-013	Health	UNHCR	INGO	\$186,825
18-UF-HCR-013	Health	UNHCR	INGO	\$186,825
18-UF-HCR-013	Health	UNHCR	INGO	\$186,825
18-UF-HCR-013	Water, Sanitation and Hygiene	UNHCR	INGO	\$460,000
18-UF-HCR-013	Water, Sanitation and Hygiene	UNHCR	INGO	\$200,000
18-UF-HCR-013	Water, Sanitation and Hygiene	UNHCR	INGO	\$200,000
18-UF-HCR-013	Water, Sanitation and Hygiene	UNHCR	INGO	\$460,000
18-UF-HCR-013	Shelter & NFI	UNHCR	INGO	\$100,000
18-UF-HCR-013	Shelter & NFI	UNHCR	INGO	\$225,131
18-UF-HCR-013	Shelter & NFI	UNHCR	INGO	\$965,700
18-UF-HCR-013	Shelter & NFI	UNHCR	INGO	\$69,135
18-UF-HCR-013	Shelter & NFI	UNHCR	INGO	\$45,440
18-UF-HCR-013	Shelter & NFI	UNHCR	INGO	\$314,724
18-UF-HCR-013	Shelter & NFI	UNHCR	INGO	\$5,000
18-UF-HCR-013	Housing, Land & Property Rights	UNHCR	GOV	\$100,000
18-UF-HCR-013	Protection	UNHCR	GOV	\$234,400
18-UF-CEF-031	Child Protection	UNICEF	INGO	\$297,956
18-UF-CEF-031	Child Protection	UNICEF	INGO	\$136,404
18-UF-CEF-032	Multi-sector refugee assistance	UNICEF	GOV	\$47,142
18-UF-CEF-032	Multi-sector refugee assistance	UNICEF	GOV	\$1,336
18-UF-CEF-032	Multi-sector refugee assistance	UNICEF	GOV	\$36,666
18-UF-CEF-032	Multi-sector refugee assistance	UNICEF	GOV	\$29,409
18-UF-CEF-032	Multi-sector refugee assistance	UNICEF	GOV	\$24,725
18-UF-CEF-032	Multi-sector refugee assistance	UNICEF	INGO	\$384,593
18-UF-CEF-032	Multi-sector refugee assistance	UNICEF	GOV	\$2,460
18-UF-CEF-032	Multi-sector refugee assistance	UNICEF	GOV	\$39,712
18-UF-CEF-032	Multi-sector refugee assistance	UNICEF	INGO	\$326,705
18-UF-CEF-032	Multi-sector refugee assistance	UNICEF	GOV	\$18,183
18-UF-CEF-032	Multi-sector refugee assistance	UNICEF	GOV	\$11,224
18-UF-CEF-032	Multi-sector refugee assistance	UNICEF	INGO	\$4,635
18-UF-CEF-032	Multi-sector refugee assistance	UNICEF	INGO	\$10,638
18-UF-CEF-032	Multi-sector refugee assistance	UNICEF	GOV	\$16,050
18-UF-WFP-019	Food Assistance	WFP	INGO	\$99,997
18-UF-WFP-019	Food Assistance	WFP	INGO	\$100,000

18-UF-WFP-019	Food Assistance	WFP	INGO	\$100,000
18-UF-WFP-019	Food Assistance	WFP	INGO	\$56,727
18-UF-WFP-019	Food Assistance	WFP	INGO	\$100,000
18-UF-WFP-019	Food Assistance	WFP	INGO	\$100,000
18-UF-WFP-019	Food Assistance	WFP	INGO	\$100,000
18-UF-WFP-019	Food Assistance	WFP	INGO	\$197,842
18-UF-WFP-019	Food Assistance	WFP	NNGO	\$147,387
18-UF-WFP-019	Food Assistance	WFP	NNGO	\$99,999
18-UF-WHO-012	Health	WHO	GOV	\$7,880

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ACORD	Agency for Co-operation in Research and Development
AAH	Action Africa Help
AIRD	African Initiatives for Development
AGDM	Age, Gender, and Diversity Mainstreaming
bOPV	Bivalent oral poliovirus vaccine
CfW	Cash-for-Work
CFS	Child Friendly Space
CBDOTs	Community-Based Observed Treatment
CEFORD	Community Empowerment for Rural Development
CPCs	Child Protection Committees
DLGs	District Local Governments
ERH	Emergency Reproductive Health
FP	Family Planning
FGDs	Focus group discussions
FSNA	Food Security and Nutrition Assessment
GBV	Gender Based Violence
GFD	General Food Distribution
GAM	Global Acute Malnutrition
HDDS	Household Dietary Diversity Score
FRRM	Inter-agency Feedback, Referral and Resolution Mechanism
IEC	Information, Education and Communication
IPV	Inactivated Polio Vaccine
IRC	International Rescue Committee
IP	Implementing Partner
JLOS	Justice, Law and Order Secretariat
KAP	Knowledge Attitude Practise
LEU	Living Earth Uganda
LWF	Lutheran World Federation
LEAP	Global Strategic Plan is to advance women's leadership, empowerment, access and protection in crisis response (LEAP)
MNCH	Maternal, newborn and child health
MAM	Moderate Acute Malnutrition
MUAC	Mid-Upper Arm Circumference
MVAM	Mobile Vulnerability Analysis and Mapping
OPM	Office of the Prime Minister

PSNs	Persons with Specific Needs
PWL	Pregnant and Lactating Women
PPAs	Project Partnership Agreements
PCV	Pneumococcal conjugate vaccine
PDM	Post Distribution Monitoring
RUTF	Ready-to-use therapeutic foods
REHoPE	Refuge and Host Population Empowerment
RLP	Refugee Law Project
RWC	Refugee Welfare Committees
RCO	Resident Coordinator's Office
RH	Reproductive Health
SRH	Sexual and Reproductive Health
SAM	Severe Acute Malnutrition
TPO	Transcultural Psychosocial Organization
UASC	Unaccompanied and Separated Children
VHTs	Village Health Teams
VSLA	Village Savings & Loans' Association
WCC	War Child Canada
WINGS	WFP Information Network and Global System