United Nations CERF Central Emergency Response Fund

RESIDENT/HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS UGANDA RAPID RESPONSE EBOLA READINESS 2019

19-RR-UGA-33993

RESIDENT/HUMANITARIAN COORDINATOR	ROSA MALANGO

REPORTING PROCESS AND CONSULTATION SUMMARY	
a. Please indicate when the After-Action Review (AAR) was conducted and who participated.	25 October 2019
The After-Action Review meeting was held on Friday 25 October 2019 at WHO. WHO, UNICEF, IOM, OHCHR and WFP participated. UNHCR didn't attend. Inputs from After Action Review were used to write the preliminary sections of this report.	
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 ☐
N/A	
c. Was the final version of the RC/HC Report shared for review with in-country stakeholders (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?	Yes ☒ No ☐
The CERF was shared with recipient agencies and their implementing partners.	

PART I

Strategic Statement by the Resident/Humanitarian Coordinator
The CERF grant was of utmost importance as it enabled agencies to put in place readiness measures and strengthen areas of weakness and vulnerability which could facilitate the spread of Ebola Viral Disease (EVD). With the grant, agencies trained Village Health Teams, communities and care givers; scaled-up surveillance, improved the quality of disease detection and reporting at health facilities and communities for prompt detection, investigation and reporting of all alerts, suspected and confirmed EVD patients and effective follow up of any contacts. It allowed for provision of life saving and quality case management of all suspected and confirmed EVD cases to minimize risk of spread/improve patient outcomes and support mechanism for prompt safe lab samples handling and transportation. It also supported safe handling of the infectious wastes generated at the Ebola isolation centres, as well as strengthening interagency and inter-sectoral coordination in the implementation of the enhanced readiness efforts at national and district level. The CERF funding allowed for urgent enhancement of risk communication, social mobilization and community engagement, establishment of urgent (Water, Sanitation and Hygiene (WASH) systems and support to the set-up of logistics in five high-risk districts with refugees and host communities which were underserved by the government and other partners' initiatives.

1. OVERVIEW

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)	
a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE	44,493,544
FUNDING RECEIVED BY SOURCE	
CERF	4,304,763
COUNTRY-BASED POOLED FUND (if applicable)	0
OTHER (bilateral/multilateral)	0
b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE	**4,304,763**

TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US$)			
Agency	**Project code**	**Cluster/Sector**	**Amount**
IOM	19-RR-IOM-004	Health - Health	717,544
UNHCR	19-RR-HCR-002	Health - Health	969,738
UNICEF	19-RR-CEF-012	Health - Health	950,044
WFP	19-RR-WFP-009	Logistics - Common Logistics	449,743
WFP	19-RR-WFP-010	Logistics - Common Logistics	499,467
WHO	19-RR-WHO-009	Health - Health	718,227
TOTAL			**4,304,763**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Total funds implemented directly by UN agencies including procurement of relief goods	**3,447,532**
Funds transferred to Government partners*	148,343
Funds transferred to International NGOs partners*	300,111
Funds transferred to National NGOs partners*	115,984
Funds transferred to Red Cross/Red Crescent partners*	292,792
Total funds transferred to implementing partners (IP)*	**857,230**
TOTAL	**4,304,763**

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

2. HUMANITARIAN CONTEXT AND NEEDS

An Ebola Virus Disease (EVD) outbreak was declared in the Democratic Republic of the Congo (DRC) by the Ministry of Health (MOH) on 1 August 2018 in Mabalako health zone, Beni territory in North Kivu Province. The outbreak was confirmed to be separate from the 9th outbreak that ended in Orientale Province in Western DRC, making this the 10th EVD outbreak in DRC. By 2 September 2019, a total of 3,043 cases (2,934 confirmed) with 2,045 deaths, with a case fatality rate of 67 percent, had been reported from nine health zones in three affected provinces in the DRC. Given Uganda's proximity to DRC and the flow of populations between the two countries, a WHO risk assessment rated Uganda as a priority 1 country for preparedness. The high-volume cross-border movements between DRC Ebola-affected provinces and Uganda, transport links, active commercial activities and the influx of Congolese refugees to Uganda due to fragile security situation in North Kivu and Ituri provinces were means by which EVD could spread to Uganda. In August for instance, over 6,400 new arrivals crossed into Uganda seeking refuge from conflict and insecurity in Ituri Province in DRC monthly. The biweekly dashboard produced by the IOM's Displacement Tracking Matrix (DTM) team reported that the demographic composition of the mobile populations crossing borders is mostly adults who move for commercial purposes. Uganda DTM data indicated that 80 per cent of refugees who crossed the border between 22 December 2018 and 5 January 2019 were women and children. Being the primary caregivers both at home and in health facilities, this population is directly associated with an increased risk of transmission.

The first case in Uganda was confirmed on 11 June 2019, when the Ministry of Health of Uganda declared the 6th outbreak of EVD in the country, affecting Kasese district in South Western Uganda. The first case was a five-year-old child with a recent history of travel to the DRC. On the 29 August, a nine-year-old girl of Congolese origin died from Ebola at Bwera, Kasese district, one day after she entered Ugandan territory with her mother. According to the Ministry of Health, she was identified at the Mpondwe screening point and referred to Bwera hospital.

Following the declaration of the EVD outbreak in Uganda, the Government of Uganda intensified surveillance, response and preparedness efforts, including along key points of entry in Arua, where a case was confirmed in Ariwara Health Zone, near the Uganda border. The Ministry of Health for instance activated the National Task Force for Ebola, revised the Uganda Ebola Preparedness and Response Plan and a National Ebola Contingency Plan was developed. The Plan categorized districts into three groups based on the level of the risk assessed. The Rapid assessments of readiness of districts was conducted by WHO, MoH, Centre for Disease Control (CDC) teams and health partners in December 2018. The WHO regional Joint EVD Assessment Mission to Uganda was also conducted in December 2018 (it included WHO, OCHA, Resolve, UNDP, WFP, USAID, UNICEF, DFID and CDC). In surveillance, the assessment highlighted the lack of reliable community-based surveillance and a relatively weak health-facility based surveillance system. It noted the lack of isolation and treatment facilities where Ebola suspected and confirmed cases could be managed, poor infection prevention and control practices, inadequate supply of Infection Prevention and Control (IPC) commodities and supplies.

WHO subsequently recommended the implementation of several strategies to enhance preparedness and prevention of EVD outbreak in the country that included (i) strengthening multi-sectoral coordination, (ii) enhancing surveillance, including active

case finding, case investigation, confirmation of cases by laboratory testing, contact tracing and surveillance at Points of Entry (PoE), (iii) strengthening diagnostic capabilities and ensuring full readiness for an effective case management, (iv) scaling up infection prevention and control support to health facilities and communities, (v) adapting safe and dignified burials approach to the context with the support of anthropologists, (vi) adapting and enhancing risk communication, social mobilization and community engagement strategies, (vii) enhancing psychosocial support to the affected population, (viii) implementing EVD immunization of health providers in high risk areas. The Ministry of Health of Uganda adopted and included all these strategies in its National EVD Preparedness Plan that was revised in October 2018.

With CERF grant, agencies kick-started early action in underserved districts bordering the DRC and scaling up of critical life-saving readiness activities. The districts included Kisoro, Kanungu, Rubirizi, Rukungiri and Kyegegwa. The districts were prioritized because they are key points of entry, with Kanungu being a trade hub and Kyegegwa being a large Congolese refugee settlement and geographically a connection point to other parts of Uganda.

3. PRIORITIZATION PROCESS

A collaborative and inclusive approach was adapted in the development of the strategy for the CERF EVD application. The office of the Resident Coordinator organized a pre-prioritization meeting on 17 December which was chaired by the RC a.i. During the meeting, agencies present shared what they were already doing, what they would focus on and how much they would require. The total requirements tabled at this meeting was over US$6 million. The pre-meeting recommended that the office of the Resident Coordinator convene the main prioritization meeting the next day. The prioritization meeting was attended by UNFPA, WHO, UNICEF, IOM, UN Women, UNOPS, FAO, OCHA, OHCHR and WFP. Agencies shared once again their proposed interventions and financial requirements as follows:

- UNFPA: support to WHO in training health care workers (particularly for the treatment of pregnant women).
- FAO: animal health related activities at Points of Entry (mapping animals, inspection services, electronic movement system). Joint risk assessment with WHO Ministry of Health and Ministry of Agriculture). $800,000
- UNICEF: psychosocial support, risk communication activities, health related to Infection Prevention and Control (IPC). $1.5 m.
- WFP: provision of storage facilities. Mobile Ebola Treatment Unit (ETU). Provision of food for isolated communities. $700,000
- IOM: Covering Points of Entry, screening, information management (flows) and cross border coordination at the operational level. $1m
- UN WOMEN: psychosocial support, Risk communication (ensuring participation of women, gender analysis, disaggregated data).
- UNOPS: waste management support.
- WHO: Prompt Ebola case detection and reporting at health facility and through community surveillance, Instruction of health workers on advanced care of patients with EVD, prompt safe lab sample handling and transportation and Infection Prevention and Control activities and surveillance. Additional supplies for infection prevention and control and laboratory investigation. Grant amount was $700,000.

The meeting discussed the options presented and agreed to prioritise the following:

- Infection Prevention and Control and waste management (at community and health facility levels, surveillance)
- Strengthening Community engagement (through community mobilization, risk communication, sensitization, surveillance and information).
- Point of Entry Screening, surveillance at health unit and community level.
- Case management (to incorporate interventions for pregnant women), psycho-social support, surveillance and establishment of an ETU).

The priorities selected were informed by the priorities in the Government of Uganda's National Plan for Ebola, gaps reported by agencies and partners at the inter-agency Coordination forum. Agency and partners' capacities was also assessed. It was agreed that agencies which had not been part of the inter-agency coordination group for EVD start attending coordination meetings. Collectively considerations would be made on how the critical areas which have not been factored into the readiness, including in the National Plan would be integrated going forward. One search omission underscored was the monitoring of animal health as potential carriers of the Ebola Virus. The need for a One Health approach was encouraged.

The meeting acknowledged that the specific needs of pregnant women in the face of an Ebola outbreak had also not been considered. UNFPA was asked to share guidelines on screening and case management for pregnant women/girls. It was decided that cross-cutting issues like protection, gender, GBV, HIV/AIDS as well as capacity-building be integrated in the four priority areas of intervention and that the lead agencies in the response would be held accountable for ensuring the overage. It was highlighted that agencies ensure women's participation and that they pay attention to disaggregation of data by gender, sex and age. Five districts were prioritized as focus areas for this CERF funding. These are: Kisoro, Kanungu, Rubirizi, Rukungiri and Kyegegwa.

The meeting agreed that the following agencies will implement the identified priorities: WHO, UNICEF, IOM, WFP and UNHCR. It was stressed that implementing agencies go in ready to further mobilization of resources to continue interventions in the high-risk districts beyond six months. Funding for the agreed areas of intervention was extensively discussed and agreed.

Efficiency and value for money was considered and resulting in the paring down of some of the projects originally proposed. The discussions led to the agreement that WFP would be the main agency to set up the logistics structure and provide support to all the agencies implementing this grant. It was also noted that Harmonized Approach to Cash Transfers (HACT) was in use in Uganda and was used in operations as relevant. Community engagement was considered crucial for finding and preventing Ebola virus disease. Agencies agreed to involve community needs at every stage that is, in the prevention, detection, reporting, case management.

4. CERF RESULTS

CERF allocated US$ 4,304,763 to Uganda from its window of Rapid Response to sustain provision of live-saving response following the declaration of EVD outbreak in Uganda in 2019. This funding enabled UN agencies and partners kick-started early action in underserved districts bordering the DRC and scaling up of critical life-saving readiness activities, directly reaching 1,536,369 people.

- The UNICEF CERF allocation supported the Government of Uganda to implement EVD preparedness activities in the areas of risk communication, social mobilisation and community engagement; psychosocial support with focus on child protection; and infection prevention and control through Water, Sanitation and Hygiene interventions.
- The WFP CERF allocation assisted an estimated total of 1,476,509 people and led to the strengthening of logistics and supply chain capacity of the Government of Uganda and humanitarian actors, this resulted to heightened preparedness. Supported logistics coordination, information management and offered technical support to the Logistics Sub-Committee and partners; attended and produced minutes for 24 LSC meetings; produced 7 ad-hoc information management products; completed the construction of four EVD stores of 120m2 to augment district storage in high risk districts.
- WFP set up a Regional Common Logistics Services Staging Area for Ebola preparedness: recruited the basic team; established two Memoranda of Understanding with MONUSCO and National Medical Stores; availed Basic facilities (office space, storage, and transport); availed white stock of critical EVD response items in Regional Staging Area; established a Long Term Agreement for locally procured personal protection equipment (PPE); held 10 donor/partner outreach briefings

on the Regional Staging Area in four countries; developed three SOPs to support the ability to offer regional common services in the 'readiness' phase (prioritisation of assets, ground handling and customs, and transit area SOPs).

- UNHCR and partners to establish infection prevention control interventions at refugee settlement and high-volume health facilities in Kanungu, Kisoro and Kyegegwa districts through the construction of 11 placenta pits and 13 incinerators. 100 health workers and 300 village health teams were trained on early detection of Ebola Virus Disease through facility and community surveillance in the refugee settlement of Kyaka II and at Nyakabande and Matanda transit centres. District Health Officers were supported a mobile phone and a toll-free line. Chain link fences were installed at Bujubuli Health Centre III and at Sweswe Reception Centre in Kyaka II refugee settlement.
- WHO and partners provided critical assistance reaching over 1.4 million beneficiaries by averting eminent importation of Ebola into the communities. The funding allowed training of 4,984 VHTs who were very instrumental in maintaining daily watch of risk of EVD in the various communities. A total of 04 incinerators were installed at the four sites. The IPC supplies averted health facilities associated infections to many beneficiaries who access services in these districts. A total of 25 specialists were trained on the care of very ill patients with complication of Ebola through a co funding from CERF and Irish Aid. Four Piccolo Biochemistry Analyzers to support this point of care advance case management of EVD cases where also procured. In order to strengthen laboratory sample handling and transportation, 170 lab staff were trained in 05 groups from selected hospitals and beneficiary districts. Four incinerators were constructed at Kabale Hospital, Rubuguri IV, Kambuga Hospital and Bugangari Health Centre IV. EVD dashboard were continuously updated and have been very informative for partner coordination. Short term staff were deployed and are actively interventions in this region through a hub located in Rukungiri districts. Through this hub all the districts in this region are supported.

5. PEOPLE REACHED

Overall, with CERF allocation recipient agencies directly reached 4,354,680. To avoid double counting, the reached people data is based on: (1) UNHCR for refugees reached population; plus (2) IOM actual screening data for adults since it reached the largest "other affected" adult population, (3) UNHCR figures were used since it reached the largest "other affected' boys population and (4) UNHCR figures were used since it reached the largest "other affected' girls population.

These included 72,869 **refugees** and 4,281,811 **other affected persons**. Across gender and age group, directly reached population included 1,762,003 **Men** (≥18); 1,728,568 **Women** (≥18); 424,678 **Boys** (<18) and 439,431 **Girls** (<18). Regarding **persons with disabilities**, 56,800 people (planned 56,800) were reached.

At planning level, the target population was 1,536,369 based on population estimates of the affected regions; there was no data management system in place and the estimations of the flows and potential travellers benefiting from the screening were based merely on observations.

TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY[1]		
Category	**Number of people (Planned)**	**Number of people (Reached)**
Host communities	0	0
Refugees	72,869	72,869
Internally displaced persons	0	0
Other affected persons	1,463,500	4,281,811
Total	**1,536,369**	**4,354,680**

[1] *Best estimates of the number of people directly supported through CERF funding by category.*

TABLE 5: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SEX AND AGE[2]					
	Men (≥18)	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Planned	330,558	358,422	407,958	439,431	**1,536,369**
Reached	1,762,003	1,728,568	424,678	439,431	**4,354,680**

[2] *Best estimates of the number of people directly supported through CERF funding by sex and age (totals in tables 4 and 5 should be the same).*

TABLE 6: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PERSONS WITH DISABILITIES)[3]					
	Men (≥18)	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Planned (Out of the total targeted)	12,149	13,410	14,850	16,391	**56,800**
Reached (Out of the total reached)	12,149	13,410	14,850	16,391	**56,800**

[3] *Best estimates of the number of people with disabilities directly supported through CERF funding.*

TABLE 7a: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (PLANNED)[4]					
By Cluster/Sector (Planned)	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Health - Health	330,558	358,422	407,958	439,431	**1,536,369**
Logistics - Common Logistics	0	0	0	0	**0**

TABLE 7b: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (REACHED)[4]					
By Cluster/Sector (Reached)	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Health - Health	1,762,003	1,728,857	424,678	439,431	**4,354,680**
Logistics - Common Logistics	0	0	0	0	**0**

[4] *Best estimates of the number of people directly supported through CERF funding by sector.*

6. CERF'S ADDED VALUE

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

YES ☒ PARTIALLY ☐ NO ☐

The CERF grant allowed for urgent enhancement of risk communication, social mobilization and community engagement, establishment of urgent WASH systems and support to the set-up of logistics in five high-risk districts with refugees and host communities. CERF grant enabled agencies to reach up more than 1.4 million local population and refugees.

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

YES ☒ PARTIALLY ☐ NO ☐

The EVD outbreak needed immediate response so to overcome the spill over effect. The CERF grant enabled agencies to put in place readiness measures and strengthen areas of weakness and vulnerability which could facilitate the spread of EVD. With CERF grant agencies trained Village Health Teams, communities and care givers; scaled-up surveillance; improved the quality of disease detection and reporting at health facilities and communities for prompt detection, investigation and reporting of all alerts, suspected and confirm EVD patients and effective follow up of any contacts. It allowed for provision of life saving and quality case management of all suspected and confirmed EVD cases to minimize risk of spread/improve patient outcomes and support mechanism for prompt safe lab samples handling and transportation. It supported safe handling of the infectious wastes generated at the Ebola isolation centres, as well as strengthening interagency and inter-sectoral coordination in the implementation of the enhanced readiness efforts at the national and district level.

c) Did CERF improve coordination amongst the humanitarian community?

YES ☒ PARTIALLY ☐ NO ☐

A functional UN coordination forum and the agreed division of labour in the EVD context was instituted and it helped ensure clarity on the roles and responsibilities of partners, strengthen communication with the Government and donors. At National level, coordination meetings were conducted on weekly basis. Similarly, UN agencies coordination meetings were carried out on weekly basis and monthly EVD Situation Reports were produced. The UN agencies conducted a cross border meeting in Goma-DRC looking at EVD cross-cutting issues across international boundaries. Ministry of Health organized an Action After Review on 23 August 2019 to document lessons learned and share good practices in the EVD preparedness and response. The EVD response district task force took leadership in the coordination of response activities in Kasese. Health partners and government carried out monitoring missions to Kasese, Rubirizi, Rukungiri, Kisoro, Kanungu and Ntoroko so as to identify gaps and challenges of Points of Entry (PoEs), and to share good practice with PoEs in EVD affected districts. At District level, coordination meetings were conducted on a weekly basis in the refugee hosting districts.

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

YES ☒ PARTIALLY ☐ NO ☐

CERF funds played a catalytic role. Community engagements were reinforced, especially in Kasese, and an additional USD 46,000 (UGX 170,260,000) funding was received for these activities. UNICEF for instance was able to convince other donors like DFID to provide additional funding towards EVD preparedness activities to cover 24 EVD high risk districts beyond the 5 that were initially funded under CERF.

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

N/A

7. LESSONS LEARNED

TABLE 8: OBSERVATIONS FOR THE CERF SECRETARIAT	
Lessons learned	**Suggestion for follow-up/improvement**
N/A	N/A

TABLE 9: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
Mapping of partners and maintaining updated lists (4W matrix): Knowing who was where, doing what and when, alongside the division of labour facilitated better resource allocation with better coverage of response pillars, while reducing duplication of activities. Joint implementation provided desired synergies and improved quality of interventions especially for risk communication and community engagement with community-based diseases surveillance; infection prevention and control through WASH as an enabler for effective case management among others.	Intensify advocacy for collaborative activities among partners and pillars and provide regular inputs into the interagency, national and subnational mapping exercises.	All recipient UN agencies
A functional UN coordination forum and the agreed division of labour in the EVD context helped ensure clarity on the roles and responsibilities of partners, strengthen communication with the Government and donors	Continue the provision of technical, financial and material support to the Government in the areas of its comparative advantage as per agreed division of labour with other UN agencies; There is need for continued support for coordinated EVD screening, to strengthen EVD case identification, preparedness and response.	All recipient UN agencies
Strong government ownership and leadership at the national and sub-national levels were key to a functional coordination, effective programming, efficient resource allocation and sustainability of investments	Continue to support national and sub-national levels governments to strengthen and integrate preparedness for EVD and other emerging diseases as part of their routine and emergency planning and budgeting processes.	All recipient UN agencies
Overall, strengthening of both IPC infrastructure and practices is required as most health facilities remain inadequately equipped to implement the full SOP for effective IPC. Strengthening IPC through WASH components, integrating IPC case management and IPC WASH training is essential for case management	UN and partners should continue to build capacity of district health teams in IPC through WASH and support their capacity building activities to enable sustainability. UN should invest in durable IPC infrastructure as opposed to reactive IPC measures.	All recipient UN and partners

PART II

8. PROJECT REPORTS

8.1. Project Report 19-RR-IOM-004 - IOM

1. Project Information			
1. Agency:	IOM	**2. Country:**	Uganda
3. Cluster/Sector:	Health - Health	**4. Project Code (CERF):**	19-RR-IOM-004
5. Project Title:	Improving national preparedness and information management for Ebola virus disease surveillance at Ugandan points of entry		
6.a Original Start Date:	01/03/2019	**6.b Original End Date:**	31/08/2019
6.c No-cost Extension:	☐ No ☒ Yes	If yes, specify revised end date:	30/09/2019
6.d Were all activities concluded by the end date? (including NCE date)		☐ No ☒ Yes (if not, please explain in section 3)	
7. Funding	**a. Total requirement for agency's sector response to current emergency:**		**US$ 2,000,000**
	b. Total funding received for agency's sector response to current emergency:		**US$ 1,148,450**
	c. Amount received from CERF:		**US$ 717,544**
	d. Total CERF funds forwarded to implementing partners of which to:		**US$ 238,341**
	Government Partners		US$ 0
	International NGOs		US$ 59,995
	National NGOs		US$ 0
	Red Cross/Crescent		US$ 178,346

2. Project Results Summary/Overall Performance
Through the CERF grant, IOM strengthened national capacities to prevent, detect and respond to the ongoing EVD outbreak at Points of Entry bordering DRC. Six Population Mobility Mapping (PMM) exercises were conducted, and related info-graphics and dashboard containing strategic information on movement of people, high-risk ground crossing, travel routes, risk behaviours, gathering point were produced. Seven Flow Monitoring Points (FMPs) in the identified high-risk ground crossing in Kanungu, Kisoro, Rukungiri and Rubirizi were established. The project strengthened capacities of districts to detect and respond to EVD alerts at PoE through the deployment of 98 screeners at 18 Points of Entry in four districts (Kisoro, Kanungu, Rukungiri and Rubirizi). As result, a total of 2,492,724 individuals were screened on the points of entry. Four Training of Trainers (ToT), benefitting a total of 106 trainers who cascaded trainings for 42 Points of Entry frontline border officers were conducted and thereby reaching a total of 263 screeners in seven districts (Rubirizi, Rukungiri, Kasese, Bundibugyo, Ntoroko, Hoima and Kikube). 250 training packages and tools on EVD screening to 104 PoE in 9 districts were distributed in nine districts.

3. Changes and Amendments
While waiting for the approval of the CERF funding, some of IOM's planned activities, which were also critical gaps indicated in the proposal submitted to CERF, were covered by partners - Infectious Disease Institute (IDI) and Centre for Disease Control and Prevention (CDC). These included training of trainers, cascade trainings for Points of Entry screeners and orientation of border agency officials

deployed at Points of Entry in Kisoro and Kanungu. Following the recommendations from Ministry of Health, in order to avoid duplication and cover gaps in other priority districts, IOM submitted an official no-cost modification requesting the following changes:

- Substitution of trainings in Kisoro and Kanungu with training in Kasese and Ntoroko;
- Extension of trainings to Hoima and Bundibugyo;
- Mentoring extended to Kasese and Ntoroko with possibility to extend to Hoima and Bundibugyo if funding allows;
- Deployment of one data analyst to Ntoroko to support the districts in coordinating the training and mentoring in Kasese and Ntoroko;
- Deployment of one data analyst to Kampala to support the Ministry of Health/Equal Opportunity Commission (EOC) and coordinate activities in the additional zones of intervention.

The request for no-cost modification was granted and IOM successfully implemented the activities in the other priority districts.

IOM submitted a second no-cost modification, requesting the extension of the project period for one additional month in order to regain the time lost in the preparatory phase caused by the issue above. The no-cost extension was granted, and IOM successfully concluded all activities on the 30th September 2019.

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Health - Health				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	2,510	2,350	743	1,030	**6,633**
Total	**2,510**	**2,350**	**743**	**1,030**	**6,633**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	**0**

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Health - Health				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	1,747,705	1,712,750	146,702	169,100	**3,776,257**
	0	0	0	0	**0**
Total	1,747,705	1,712,750	146,702	169,100	**3,776,257**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**

Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	**0**

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	When the project started, there was no data management system in place and the estimations of the flows and potential travellers benefiting from the screening were based merely on observations. It is thanks to the CERF project that a robust system of data management was put in place. The data on people reached are based on individual headcounts and registrations at the PoEs and this explains the discrepancy with the initial estimates. Persons crossing through points of entry with screening operations in place received orientation when required and were screened based on temperature check, signs and symptoms as well as eventual support and referral, where appropriate.

5. CERF Result Framework

Project Objective	To enhance the GoU's capacity to prevent, detect and control the outbreak of Ebola virus disease (EVD) and other health risks at the borders

Output 1	Improved targeting of preparedness and public health response strategies with comprehensive population mobility-related information			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Number of population mobility mapping and flow monitoring reports distributed to government counterparts and relevant stakeholders	12	12	Population Mobility Mapping reports
Indicator 1.2	Number of PoE assessment reports distributed to government counterparts and relevant stakeholders	6	6	Assessment Reports, Monitoring & Mentorship reports
Explanation of output and indicators variance:		N/A		
Activities	**Description**	**Implemented by**		
Activity 1.1	Conduct population mobility mapping (PMM) in key border locations to inform public health interventions	IOM and District Health Teams		
Activity 1.2	Train enumerators on data collection and flow monitoring in key border locations to inform public health interventions	IOM		
Activity 1.3	Conduct flow monitoring at the local level through regular participatory meetings to acquire full information on mobility pathways and volume.	IOM		
Activity 1.4	Map and update information related to preparedness (including staffing, infrastructures, referral) at border locations through the PoE assessment	IOM, Ministry of Health, District Authorities and Humanitarian OpenStreetMap		
Activity 1.5	Improve information management capacities at PoEs through developing mobility-related database and hiring dedicated district data analysts	IOM, Ministry of Health, District Authorities and Uganda Red Cross Society		

Output 2	Improved capacity to effectively prevent, detect and manage EVD and other health risks through improved coordination, reinforced screening, training for border and health personnel and enhancement of basic PoEs, infrastructure and equipment

Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Number of screeners trained on EVD screening and PoE Health Surveillance Toolkit	72	369	Participants list Training reports Trainees database
Indicator 2.2	Number of border agency officers who are trained on Health, Border & Mobility Management	124	140	Participants list Training reports
Explanation of output and indicators variance:		The target was overachieved as a result of moving the training to the PoE locations. Moving the screeners out of PoE would have affected the screening operations and not all staff would have been able to attend. 106 trainers were trained in the EVD screening and PoE Health Surveillance Toolkit, including the district health team, health workers, Red Cross field staff. 263 screeners were trained through cascade training; the trainings were conducted at PoE and all screeners in the 42 active PoE were trained. 140 border officials, District Health Teams were trained through cascade trainings.		

Activities	Description	Implemented by
Activity 2.1	Develop and distribute training packages and tools on EVD screening and PoE health surveillance Toolkit	IOM
Activity 2.2	Conduct a ToT for 12 screener supervisors on EVD screening and PoE Health Surveillance Toolkit	IOM, Ministry of Health, UNICEF
Activity 2.3	Roll out trainings of 60 screeners on EVD screening and PoE Health Surveillance Toolkit	IOM, Ministry of Health, Uganda Red Cross Society, District Health Team
Activity 2.4	Conduct a ToT for 24 border officials on Health, Border & Mobility Management	IOM
Activity 2.5	Roll out trainings for 100 border agencies' officers on Health, Border & Mobility Management	IOM, Ministry of Health, Directorate of Citizenship and Immigration Control

Output 3	Improved public health emergency management capacity by strengthening cross-border, national and local coordination			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 3.1	Number of coordination meetings held at the PoE, district and national level on PoE coordination	18	16	District stakeholders reports and Cross border reports
Indicator 3.2	Number of monitoring missions at PoEs conducted jointly with Ministry of Health and District Health Teams using a standardized supervision checklist	8	41	Ministry and District Reports
Explanation of output and indicators variance:		The budget of the last four cross border meeting was merged in order to organise a national one with a wider audience. The monitoring missions are counted by District. The initial missions involved only 4 districts, while after the No Cost extension of the project, other 5 districts were added in the monitoring plan. The coordination meetings constituted 12 district level stakeholders' meetings, 3 district level and 1 national level cross border meeting.		

Activities	Description	Implemented by
Activity 3.1	Establish a coordination on PoE surveillance to identify and link focal points at the district and local level	IOM

Activity 3.2	Organize Integrated Border Management operational coordination meetings at PoEs	IOM and District Authorities
Activity 3.3	Support Ministry of Health and District Health Teams (DHTs) in conducting regular monitoring	IOM, Minister of Health and District Health Teams

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

IOM worked with Ministry of Health, the districts local leadership, border agencies and implementing partners to ensure that the most affected population, particularly those majorly exposed to the risk of contracting the virus, were prioritised. This included providing data breakdowns by age, gender and vulnerability in order to provide more adequate response to the specific needs of different population groups. Local communities and particularly women were encouraged to take up duties as screeners and were involved in the capacity building activities including trainings, coordination, mentoring and monitoring missions.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

The project reinforced the district leadership in the management and coordination of the response. IOM presented the project to the Ministry of Health and the District Task Forces in the district. The choice of the location was made in order to involve the frontline workers including screeners recruited from the community from the first steps and proceed together in the analysis of needs and definition of responses. District Health Teams were then involved in the micro-planning including the participatory mapping and the monitoring missions to the PoE to ensure compliance, continuous coordination and supervision.

The District Task Forces met on a weekly basis to coordinate and provide critical feedback on ongoing interventions at PoE, including support to vulnerable groups, gender sensitivity and compliance to ensure quality screening. In order to discuss the specific issues and recommendations related to PoE, IOM supported district stakeholders' meetings where stakeholders in the most affected areas have been empowered to recognise signs and symptoms as well as to use the correct referral mechanism; challenges regarding EVD prevention at community level were discussed and addressed. The meetings involved community local leaders, youth leaders, women group leaders, religious leaders, leaders of persons with disability, local school leadership and security personnel .and other partners who actively participated in the discussions

the local recruitment of enumerators and screeners reinforced the involvement of the most-at-risk communities and their awareness vis-à-vis the risk and the measures put in place to limit the spread of the virus. The recruited screeners and enumerators engaged as frontline workers were persons residing and from within the communities where the PoEs and screening activities were located to ensure gender inclusiveness, 50% of the screeners and enumerators engaged were female.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

IOM introduced the project to the district including the interventions that would be delivered during implementation and detailing the responsibilities and roles of the staff supporting project implementation. IOM supported the districts coordination meetings which provided a platform for evaluation and feedback regarding ongoing activities. Action from the meetings including gaps at the PoE were then transmitted to the National Task Force for further action. The Data Analysts deployed in the districts were also trained on data protection principles and cascaded the information to the District Health Teams.

	Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.	Yes ☐ No ☒
	N/A	
	Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.	Yes ☐ No ☒
	N/A	
	Any other comments (optional):	
	N/A	

7. Cash Transfer Programming	
Did the project include one or more Cash Transfer Programming (CTP)?	
Planned	**Achieved**
No, IOM didn't use cash transfer activities	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
Evaluation was not planned given the short implementation period for the project, and the budget.	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

8.2 Project Report 19-RR-HCR-002 - UNHCR

1. Project Information			
1. Agency:	UNHCR	**2. Country:**	Uganda
3. Cluster/Sector:	Health - Health	**4. Project Code (CERF):**	19-RR-HCR-002
5. Project Title:	Targeted Ebola preparedness activities in Refugee hosting districts		
6.a Original Start Date:	21/01/2019	**6.b Original End Date:**	20/07/2019
6.c No-cost Extension:	☐ No ☒ Yes	If yes, specify revised end date:	20/10/2019
6.d Were all activities concluded by the end date? (including NCE date)		☐ No ☐ Yes (if not, please explain in section 3)	

7. Funding		
	a. Total requirement for agency's sector response to current emergency:	**US$ 5,969,738**
	b. Total funding received for agency's sector response to current emergency:	**US$ 5,969,738**
	c. Amount received from CERF:	**US$ 969,738**
	d. Total CERF funds forwarded to implementing partners of which to:	**US$ 180,861**
	Government Partners	US$ 0
	International NGOs	US$ 180,861
	National NGOs	US$ 0
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

The CERF Rapid Response grant enabled UNHCR and its partners to establish effective Infection Prevention Control (IPC) interventions at refugee settlement and high-volume health facilities in the three districts Kanungu, Kisoro and Kyegegwa through the construction of 11 placenta pits and 13 incinerators, all completed and ready for use. All supported health facilities provided health services that benefitted both refugees and host communities. UNHCR supported and built the capacity of the refugee hosting district leadership to enhance preparedness and strengthen response capacities. 100 health workers and 300 village health teams were trained on early detection of Ebola Virus Disease through facility and community surveillance in the refugee settlement of Kyaka II as well as at Nyakabande and Matanda transit centres. To strengthen and improve the coordination and surveillance, and to dispel rumours of suspected Ebola cases at the district level, each District Health Officer from Kanungu, Kisoro and Kyegegwa districts was supported with one mobile phone and a toll-free line. Chain link fences were installed at Bujubuli Health Centre III and at Sweswe Reception Centre in Kyaka II refugee settlement. UNHCR procured critical supplies for IPC and recommended essential medicines in Ebola preparedness.

The number of beneficiaries was an estimate both at planning and reporting moment, which is unavoidable given that in particular host community members benefiting from UNHCR's activities can only be estimated using statistics which are not updated routinely.

3. Changes and Amendments

In the original submission, UNHCR proposed the development of semi-permanent infrastructure at the points of entry into Uganda. However, given the frequency of haemorrhagic fever outbreaks in Uganda, the Ministry of Health insisted that the proposed screening centres at Bunagana, Nteko, Busanza and Ishasha Points of Entry should be permanent infrastructure and not the semi-permanent infrastructure offered by UNHCR under the CERF allocation. Due to the Ministry's requirement to construct permanent structures with the higher costs involved as well as due to the delay in completion of the Ministry of Health's designs, UNHCR was not able to complete the

‘Construction of screening shelters at Bunagana, Nteko, Busanza and Ishasha Points of Entry’. The same applied to ‘Construction of accommodation spaces to reduce congestion and overcrowding in Refugee Transit Centers in Kanungu and Kisoro’. A reprogramming exercise was undertaken in consultation with the Ministry of Health and implementing partners; and reallocation of funds, and a no-cost extension were requested and approved by CERF.

Reprogramming of the budget was further driven by a shift in the priorities of the Ministry of Health and UNHCR following the confirmation by Ministry of Health and the World Health Organization (WHO) on 11 June 2019 of the first case of Ebola Virus Disease in Uganda related to the current outbreak in the Democratic Republic of the Congo.

The budget line for procurement of ‘Supplies for infection prevention and control’ was increased because the needs were assessed as requiring additional procurements of these supplies. The budget line for procurement of ‘Recommended essential medicines in Ebola preparedness’ was increased to address a shortage in medicines. Procurement of 1 thermo-scanner for Ministry of Health was added to the budget to support Point of Entry screening at the DRC-Uganda border. Installation of fencing (chain link) at Sweswe Reception Centre and at Bujubuli Health Centre in Kyaka II was added to improve crowd control, which ultimately contributes to infection prevention and control. The budget for training of Community Health Workers, Humanitarian workers and health workers was increased because more individuals were trained than originally planned. The budget for the Africa Humanitarian Action (VHT community surveillance) was reduced because there were drop-outs of some VHT members, and there was a delay in implementation.

Construction of 12 incinerators, 12 placenta pits and 1 block of latrines at a high-volume Health Centre III were added as targets to improve infection prevention and control. The implementation of these measures was ultimately marginally changed to 11 placenta pits and 13 incinerators since the gap of incinerators lacking at selected health facilities needed to be more urgently bridged while one of the selected Health Centres already had one placenta pit. The latrines block could not be built as the selected contractor would have required 3 to 4 months for the completion of the structures going beyond the CERF implementation period. This activity has been replaced by the procurement of medical supplies (70 infrared thermometers, 80 sets of personal protective equipment and 250 boxes of examination disposable gloves). The planned latrine will be constructed with other sources of funding.

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Health - Health				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	14,298	16,107	21,418	21,046	**72,869**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	299,930	329,940	403,260	370,510	**1,403,640**
Total	**314,228**	**346,047**	**424,678**	**391,556**	**1,476,509**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	**0**

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)					
Cluster/Sector	Health - Health				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	14,298	16,107	21,418	21,046	**72,869**
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	299,930	329,940	403,260	370,510	**1,403,640**
Total	**314,228**	**346,047**	**424,678**	**391,556**	**1,476,509**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	**0**

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	N/A

5. CERF Result Framework	
Project Objective	Infection prevention and control strengthened at the settlement and high-volume health facilities in Kisoro, Kanungu and Kyegegwa

Output 1	Infection prevention and control strengthened at the settlement and high-volume health facilities in Kisoro, Kanungu and Kyegegwa			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Number of health facilities with adequate infection prevention practices	40	40	Certificate of completion work
Indicator 1.2	Number of health facilities with isolation facilities	40	10	UNHCR Public Health
Explanation of output and indicators variance:		In the reprogramming request, construction of 12 incinerators, 12 placenta pits and 1 block of latrines at a high-volume Health Centre III were added to improve infection prevention and control. The implementation of these measures was ultimately marginally changed to 11 placenta pits and 13 incinerators since the gap of incinerators lacking at selected health facilities needed to be more urgently bridged while one of the selected Health Centres already had one placenta pit. The latrines block could not be built as the selected contractor would have required 3 to 4 months additional for the completion of the structures going beyond the CERF implementation period. This activity has been replaced by the procurement of medical supplies (70 infrared thermometers, 80 sets of personal protective equipment and 250 boxes of examination disposable gloves). The latrine will be constructed with other funding.		

	Due to the limited timeframe for implementation, the reprogramming request further adjusted the target for number of health facilities with isolation facilities and the corresponding budget from 40 to 10, which was achieved.

Activities	Description	Implemented by
Activity 1.1	Procure Personal Protective Equipment and supplies for health facilities serving refugees and high-volume district facilities	UNHCR
Activity 1.2	Distribute Personal Protective Equipment and Supplies in health facilities serving refugees and high-volume districts	UNHCR, District Health Officers (DHOs) in Kanungu, Kisoro, Kyegegwa
Activity 1.3	Provide tents/structures for isolation of alert cases at the high-volume health facilities	UNHCR
Activity 1.4	Installation of incinerators, placenta pits as well as provision of waste bins and bin liners at the transit, reception centres and health facilities	UNHCR

Output 2	Minimum Point of Entry package (temperature screening, isolation of alerts and suspects, hand hygiene, decontamination, availability of Personal protective Equipment, Transport for referrals, Communication, use of data tools and human resource) provided at the selected ground crossing points in Kisoro and Kanungu as per the National Ebola Preparedness Plan.			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	Percentage of official high volume PoEs that have semi-permanent shelters	100% (4/4)	N/A	N/A
Indicator 2.2	Number of occupants per standard shelter	100	N/A	N/A
Indicator 2.3	Proportion of the official PoEs that has a standard package	100% (4/4)	100%	UNHCR Public Health
Explanation of output and indicators variance:		In the original submission UNHCR proposed the development of semi-permanent infrastructure at the points of entry. However, given the frequency of haemorrhagic fever outbreaks in Uganda, the Ministry of Health insisted that the proposed screening centres at Bunagana, Nteko, Busanza and Ishasha Points of Entry should be permanent infrastructure and not the semi-permanent infrastructure offered by UNHCR under the CERF allocation. Due to the Ministry of Health's requirement to construct permanent structures with the higher costs involved as well as due to the delay in completion of the designs, UNHCR was not able to complete the 'Construction of screening shelters at Bunagana, Nteko, Busanza and Ishasha Points of Entry'. The same applied to 'Construction of accommodation spaces to reduce congestion and overcrowding in Refugee Transit Centers in Kanungu and Kisoro'. A reprogramming exercise was undertaken in consultation with the Ministry and implementing partners and re-programming and a no-cost extension was requested and approved by CERF. Reprogramming of the budget was further driven by a shift in priorities of the Ministry of Health and UNHCR following the confirmation by Ministry of Health and the World Health Organization (WHO) on 11 June 2019 of the first case of Ebola Virus Disease in Uganda related to the current outbreak in the Democratic Republic of the Congo. Procurement of 1 thermo-scanner for Ministry of Health was added to the budget to support Point of Entry screening at the DRC-Uganda border. Installation of fencing (chain link) at Sweswe Reception Centre and at Bujubuli Health Centre in Kyaka was added to improve crowd control, which ultimately contributes to infection prevention and control. The locations were changed		

	from Busanza collection centre and Matanda transit centre due to reassessment of priorities and feasibility within the given budget.

Activities	Description	Implemented by
Activity 2.1	Upgrade the emergency PoE screening shelters to semi-permanent structures at the Bunagana, Nteko and Busanza to facilitate the screening of cross-border populations including new refugees at the border.	N/A
Activity 2.2	Install fencing at Busanza collection centre and Matanda transit centre to improve their isolation	UNHCR at Sweswe RC and Bujubuli HC
Activity 2.3	Increase the accommodation spaces to reduce congestion and overcrowding at Nyakabande and Matanda Refugee Transit Centres in Kisoro and Kanungu districts	N/A
Activity 2.4	Provide a minimum package of PoE interventions for 6 months at the 4 mains points of entry in Kisoro and Kanungu	UNHCR, District Local Governments (DLG) Kanungu & Kisoro

Output 3	Mechanisms for early detection of Ebola Virus disease instituted through facility and community surveillance in the refugee settlement and transit centres			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 3.1	Number of Health workers trained	100	100	Progress report & participant list
Indicator 3.2	Number of village health teams provided with stipend in the refugee settlement	300	300	AHA & VHTs reports
Indicator 3.3	Number of districts with toll free lines to improve surveillance	3	3	Delivery note from the supplier and acknowledgement note from DHOs
Explanation of output and indicators variance:		N/A		

Activities	Description	Implemented by
Activity 3.1	Emergency training of community health workers, health facility workers in Ebola surveillance	UNHCR, AHA
Activity 3.2	Provide allowances for the District surveillance officers to intensify community-based surveillance, reporting and investigation of alerts.	UNHCR
Activity 3.3	Provision of toll-free phones for Kisoro, Kanungu and Kyegegwa to timely respond to alerts	UNHCR

Output 4	Increase refugee community awareness and vigilance through Ebola risk communication			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 4.1	No. of information, education communication materials printed	20,000	2,163	UNHCR Public health
Indicator 4.2	No. of Community-based worker involved in the peer-to-peer information dissemination	200	200	UNHCR Public health
Explanation of output and indicators variance:		Indicator 4.1: More durable yet more expensive PVC material was used, hence lower numbers (1,463 PVC and 700 paper type)		

Activities	Description	Implemented by
Activity 4.1	Sensitize refugees on signs, symptoms and prevention of Ebola	AHA
Activity 4.2	Provide risk communication materials in Kyaka II refugee settlement in Kyegegwa districts as well as Nyakabande and Matanda refugee transit centres	AHA

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

UNHCR worked with implementing and operational partners to ensure a 'do no harm' conflict sensitive and rights-based approach during the design part of the project. Refugee communities nominated their village health team representatives who were trained, equipped and remunerated to work in these communities. These village health team members served to train and sensitize communities, conduct house-to-house surveillance visits and refer community members to the health facilities. The project design, implementation and monitoring followed the age, gender, diversity mainstreaming participatory approach that includes beneficiary participation in the design and feedback on the interventions. UNHCR Uganda and the Office of the Prime Minister applied 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.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

In response to the outbreak in the DRC, Uganda's Ministry of Health activated the National Task Force, revised the Uganda Ebola Preparedness and Response Plan – classifying 20 high risk category I districts and 8 moderate risk category II districts based on their proximity to the outbreak location, presence of refugees – and started monitoring the continued influx of refugees (some from North Kivu province) as well as the many cross-border movements and activities happening between the DRC and Uganda due to trade and cross-border markets. UNHCR Uganda is a member of the National and District level task forces and is required to contribute to the national response. Because of the many entry points between Uganda and the DRC, Uganda heightened the alert to all the border districts with the DRC, including refugee host and transit districts. However, only 5 districts have been prioritized by the Ugandan government due to limited resources. As a member of the National Task Force, UNHCR was asked to support the refugee entry and hosting districts that are initially not part of the priority districts. With this responsibility, UNHCR supported 8 other refugee entry or hosting districts to develop their Ebola preparedness plans with the District Task Forces activated but these still have gaps.

Village Health Teams (VHTs) were actively engaged in planning, implementation, monitoring and providing feedback from the community. Each village is represented by a VHT in line with Ministry of Health guidelines (VHT strategy). The VHTs were continuously consulting with their community members as well as sensitizing the community of the interventions including creating awareness on Ebola and its prevention.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

UNHCR and protection partners work with the Refugee Welfare Councils and community-based health workers (village health teams) to sensitize persons of concern and provide one-to-one peer messages. In addition to conducting standard discussion sessions at community level, there are an increasing number of creative initiatives being applied to disseminate protection-related information within and among communities across the refugee settlements in Uganda. These consist of cultural activities including theatre performances, sports events bringing together youth from both refugee and host communities, integrated village meetings, radio talk shows, community policing for awareness-raising and dissemination of key messages, inter-school debates, consultative workshops/meetings, message banks, child parliament.

	Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.	Yes ☒ No ☐
	A key accountability mechanism and risk mitigation measure are systems to receive feedback – including comments, suggestions and complaints. These create the opportunity for UNHCR and partners to hear directly from refugees, to understand the protection risks they face, and to gauge the effectiveness of delivery of services. The Feedback Referral and Resolution Mechanism (FRRM) is an Inter-Agency common service which seeks to enhance and improve two-way communications between persons of concern to UNHCR (PoCs) and assistance organisations, creating a better informed and more accountable protection environment. Through integrating protection desks, community reporting structures, complaints/suggestions boxes, email services and toll-free refugee helpline into one umbrella mechanism which records and tracks all referrals through the systems online platform, the FRRM improves case management systems and Inter-Agency coordination	
	Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.	Yes ☒ No ☐
	The FRRM also provides a reliable, accessible and affordable means of communication with PoCs; enables UNHCR and partners to effectively manage feedback, queries and complaints from PoCs in Uganda and to provide timely responses to their concerns; provides a safe, confidential system for reporting misconduct, including sexual exploitation and abuse (SEA), fraud and corruption; increases accountability to PoCs, creating a better protection environment	
	Any other comments (optional):	
	N/A	

7. Cash Transfer Programming

Did the project include one or more Cash Transfer Programmings (CTP)?	
Planned	**Achieved**
No	No

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

No CERF-specific evaluation was planned for this project.	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

8.3. Project Report 19-RR-CEF-012 - UNICEF

1. Project Information			
1. Agency:	UNICEF	**2. Country:**	Uganda
3. Cluster/Sector:	Health - Health	**4. Project Code (CERF):**	19-RR-CEF-012
5. Project Title:	Multi-sectoral Mitigation of high-risk EVD outbreak in Uganda		
6.a Original Start Date:	01/01/2019	**6.b Original End Date:**	01/07/2019
6.c No-cost Extension:	☒ No ☐ Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		☐ No ☒ Yes (if not, please explain in section 3)	

7. Funding		
	a. Total requirement for agency's sector response to current emergency:	**US$ 4,662,264**
	b. Total funding received for agency's sector response to current emergency:	**US$ 3,703,721**
	c. Amount received from CERF:	**US$ 950,044**
	d. Total CERF funds forwarded to implementing partners of which to:	**US$ 310,477**
	Government Partners	$76,781
	International NGOs	US$ 119,250
	National NGOs	US$ 0
	Red Cross/Crescent	US$ 114,446

2. Project Results Summary/Overall Performance

Overall, the CERF grant enhanced Uganda's capacity to prevent, detect and effectively respond to EVD spread from DRC to Uganda in the five targeted districts of Kanungu, Kisoro, Kyegegwa, Rubirizi and Rukungiri. It enhanced community awareness and knowledge on EVD prevention and control for over 421,577 people, with key messages on EVD prevention, signs of infection and care seeking, including 239,497 through household visits and 182,080 through community meetings. To achieve this result, UNICEF supported the training of an estimated 1,000 Village Health Team (VHT) volunteers who were key for implementing interpersonal communication activities through home visits and community meetings.

The CERF grant enhanced capacity at district level to provide psychosocial support and protection services to children, families and communities. UNICEF reached over 150 district staff and para social workers for orientation on the identification of protection concerns in EVD outbreaks and on psychosocial support provision to EVD affected children, families and communities.

3. Changes and Amendments

No amendment was done.

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)					
Cluster/Sector	Health - Health				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	75,934	83,816	92,809	102,441	**355,000**
Total	**75,934**	**83,816**	**92,809**	**102,441**	**355,000**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	12,149	13,410	14,850	16,391	**56,800**

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)					
Cluster/Sector	Health - Health				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	89,796	99,492	110,453	121,836	**421,577**
Total	**89,796**	**99,492**	**110,453**	**121,836**	**421,577**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	12,149	13,410	14,850	16,391	**56,800**

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	Overall 421,577 people were reached with EVD messages through interpersonal communication, including 239,497 through household visits and 182,080 through community meetings (see Tables 2 and 3). This represents 118 per cent of the planned target due to the attempts to cover broader geographical areas especially in Kanungu District. Additionally, 31,685 people were reached through the same process, these included: 26,744 children in Kanungu and Kisoro; 4,873 (2,420 M and 2,453 F) school children in Kyegegwa, Rubirizi and Rukungiri; and 68 members of local drama groups Kyegegwa, Rubirizi and Rukungiri.

5. CERF Result Framework	
Project Objective	To enhance Uganda's capacity to prevent, detect and effectively respond to Ebola Virus Disease spread from DRC to Uganda in five target districts of Rubirizi, Rukungiri, Kanungu, Kisoro and Kyegegwa

Output 1	Enhanced community awareness and knowledge on EVD prevention and control			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	# of people reached with key health/ educational messages (including Refugees and Hosts in Refugee hosting Districts as well as high risk districts for disease outbreaks)	355,000	421,577	project and activity reports
Indicator 1.2	# of VHTs oriented on risk communication and social mobilisation for EVD prevention and control	1,000	1494	project and activity reports
Explanation of output and indicators variance:		Uganda Red Cross Society (URCS) and Lutheran World Federation (LWF) trained 907 and 587 volunteers respectively, thus overpassing the target of 1,000. Additional volunteers were trained using savings from other activities and the contribution from the implementing partners such as LWF		

Activities	**Description**	**Implemented by**
Activity 1.1	Conduct household visits sensitizing families on Ebola prevention and control and promote hygiene and sanitation	URCS and LWF
Activity 1.2	Conduct community dialogues/meetings with community groups (churches and mosques, marketplaces, taxi/boda-boda/bus stages, fishing communities) on EVD prevention and control	URCS and LWF
Activity 1.3	Orientation and engagement of VHTs on risk communication and social mobilisation for Ebola	URCS, Lutheran World Federation
Activity 1.4	Orientation and engagement of community influencers (MPs, community opinion leaders, elders, political/traditional/religious/cultural leaders, traditional healers) on risk communication and social mobilisation for Ebola	URCS, Lutheran World Federation
Activity 1.5	Technical support to planning, implementation and monitoring of Risk Communication and Social Mobilization (RCSM) activities	District Task Force, District Health Team, LWF and URCS

Output 2	Enhanced capacity at district level to provide psychosocial support and protection services to children, families and communities.			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	Number of district staff and para social workers oriented on the identification of protection concerns in EVD outbreaks and on psychosocial support provision to EVD affected individuals, families and communities.	150	2,429	District reports

Explanation of output and indicators variance:	A total of 2,429 para-social workers and district staff were trained against the 150 planned. This includes 234 district staff (102 female, 132 male) from the five targeted districts and 1,462 para-social workers (652 female, 810 male). The overachievement is linked to the change in strategy for capacity building, whereby a larger district team were reached through a Training of Trainer approach to roll-out the intervention to a larger number of para-social workers. Through this approach, an additional 562 (242 female, 320 male) district staff and 171 para-social workers (62 female, 109 male) from neighbouring districts were trained, including in Kasese which was the epicentre of the EVD outbreak

Activities	Description	Implemented by
Activity 2.1	Support training of para-social workers, volunteers and district personnel on the identification of protection concerns for children in EVD outbreaks and the provision of psychosocial support and care for affected children, families and communities	UNICEF District Local Governments
Activity 2.2	Technical support to planning, implementation and monitoring of psychosocial support activities at district level	UNICEF District Local Governments

Output 3	Support Emergency Preparedness for EVD prevention and infection control through WASH			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 3.1	# of Health facilities (health centres, hospitals) equipped with WASH facilities in the reporting year only, with UNICEF direct support	4	4	District Reports, UNICEF field visits, supervision and monitoring reports
Explanation of output and indicators variance:		N/A		

Activities	Description	Implemented by
Activity 3.1	Support emergency rehabilitation of water supply facilities in selected health centres/hospitals in EVD high risk districts	Private Contractor
Activity 3.2	Rehabilitation of sanitation facilities in EVD high risk health centres and hospitals to meet minimum standard operation requirements as per Uganda National Plan	Private Contractor
Activity 3.3	Technical support to WASH assessment, planning and monitoring of infections prevention and control activities; and technical oversight for WASH rehabilitation work in priority health facilities	UNICEF District Local Governments

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

Accountability to the affected/targeted population was ensured through involving the beneficiaries in the selection of community volunteers to ensure that credible people are selected. In addition, community members and selected local authorities and religious leaders actively participated in the dialogue meetings, pretesting and translation of Information Education and Communication materials as well as EVD-related radio talk shows.

	Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?
	Yes. Activities were implemented in line with the District Local Government strategy aligned to the national EVD plan, coordinated by both national and subnational levels. With CERF funding, UNICEF and partners facilitated a timely response to community fears, rumours and myths through direct interaction, outdoor dramas, songs, question and answers skits and role-plays. A total of 10 drama groups were trained (two per district). Drama groups enabled communities to understand the risks and implications of an EVD outbreak and the importance of preventing EVD at both the individual and communal levels. The 100 trained drama artists continue to serve as 'champions' and 'change agents' deployed to convey messages on EVD and address myths, rumours and misconceptions.
6.b	**IASC AAP Commitment 3 – Information, Feedback and Action**
	How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?
	UNICEF ensured close collaboration and information sharing with District Local Governments throughout the design, planning, implementation and evaluation phase of the interventions. People's representatives such as local council and opinion leaders were involved in the selecting volunteers who implemented the community component. Feedback from district staff and volunteers on activities was provided and incorporated in subsequent activities to address community concerns.
	Did you implement a complaint mechanism (e.g. complaint box, hotline, other)?Briefly describe some of the key measures you have taken to address the complaints. Yes ☐ No ☒
	N/A
	Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes ☒ No ☐
	UNICEF has a zero-tolerance policy to Sexual Exploitation and Abuse (SEA) and is committed to preventing and addressing cases of sexual exploitation and sexual abuse in line with the United Nations Secretary-General's bulletin on special measures for protection from sexual exploitation and abuse (ST/SGB/2003/13)[i]. The strategy emphasizes a system-wide approach focusing on providing immediate assistance with a victim centred approach, engaging civil society and other external partners as well as raising awareness on the issue. It applies to UNICEF staff and all its related personnel (UN staff members, consultants, individual contractors, UN Volunteers, experts on mission, implementing partners). UNICEF is committed to providing an environment that is safe for anyone who UNICEF has contact with, including staff, volunteers and beneficiaries. All UNICEF staff in Uganda have completed online and in person training on prevention of sexual exploitation and abuse (PSEA) and a UNICEF Uganda PSEA Action Plan has been developed to further strengthen PSEA within UNICEF Uganda and implementing partners. Implementing partners received training on PSEA in 2018 and all Partnership Cooperation Agreements (PCAs) have been amended to include a clause on PSEA in line with the UN Protocol on Allegations of SEA involving implementing partners. An internal PSEA Task Force consisting of PSEA Resource Persons from across sections has been created and is overseeing the implementation of the Action Plan. UNICEF is also closely contributing to the inter-agency PSEA taskforce chaired by the Resident Coordinator and comprised of key agencies and other implementing partners to strengthen and scale up our programmes to prevent and respond to sexual exploitation and abuse. PSEA Resource Persons from across sections in UNICEF will support strengthening PSEA in UNICEF's programmes in the EVD preparedness and response and with relevant Civil Society Organisation (CSO) partners. This will include ensuring that CSO partner staff benefits from training or refreshers on PSEA and that key awareness-raising messages are included in interventions with beneficiaries to ensure safe programming.
	Any other comments (optional):
	N/A

7. Cash Transfer Programming	
Did the project include one or more Cash Transfer Programmings (CTP)?	
Planned	**Achieved**
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
No evaluation was planned	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

8.4. Project Report 19-RR-WFP-009 - WFP

1. Project Information			
1. Agency:	WFP	**2. Country:**	Uganda
3. Cluster/Sector:	Logistics - Common Logistics	**4. Project Code (CERF):**	19-RR-WFP-009
5. Project Title:	Enhancing Ebola prevention and response preparedness through logistics support.		
6.a Original Start Date:	01/02/2019	**6.b Original End Date:**	31/07/2019
6.c No-cost Extension:	☐ No ☒ Yes	If yes, specify revised end date:	30/09/2019
6.d Were all activities concluded by the end date? (including NCE date)		☐ No ☐ Yes (if not, please explain in section 3)	

7. Funding		
	a. Total requirement for agency's sector response to current emergency:	**US$ 8,320,966**
	b. Total funding received for agency's sector response to current emergency:	**US$ 1,690,507**
	c. Amount received from CERF:	**US$ 449,743**
	d. Total CERF funds forwarded to implementing partners of which to:	**US$ 0**
	Government Partners	US$ 0
	International NGOs	US$ 0
	National NGOs	US$ 0
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

Through the CERF grant, WFP supported logistics coordination, information management and offered technical support to the Logistics Sub-Committee and partners; attended and produced minutes for 24 Logistics Sub Committee (LSC) meetings; produced 7 ad-hoc information management products; In the process of completion of constructing 4 EVD stores of 120m2 to augment district storage in 4 high risk districts selected by MOH (Kasese, Kabarole and Mbarara and Hoima). The stores have self-sufficient power generation and ventilation up to 27 degrees; 'continued provision of Transport & Last-Mile Delivery to partners, 278 transport requests fulfilled on behalf of WHO, UNICEF, URCS, SCI and MoH (832 Last mile deliveries were made); 5 trucks were made available for EVD related transport services; provided (1770m2) storage for partners' EVD items. Partners included WHO and UNICEF; Installed one tent in Kisoro hospital for isolation of EVD suspected cases.

The project indirectly assisted an estimated total of 1,476,509 people and led to the strengthening of logistics and supply chain capacity of the Government of Uganda and humanitarian actors, this resulted to heightened preparedness hence enabling the two successful responses to Ebola outbreak and further preventing Ebola from crossing into Uganda. The project was implemented in Hoima, Kabarole, Kasese, Mbarara, Kisoro, and Kanungu districts of Uganda between March and September 2019.

3. Changes and Amendments

The project was initially meant to be implemented in Rubirizi, Kanungu, Rukungiri, Kisoro and Kwegegwa districts. However, following the Ebola outbreak in Kasese in June 2019, the MOH through the National Task Force (NTF) advised partners to concentrate response and preparedness efforts in Kasese and its neighbouring districts. The MOH also requested WFP to construct the EVD stores in Hoima, Kabarole, Kasese and Mbarara.

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)					
Cluster/Sector	Logistics - Common Logistics				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	0	0	0	0	**0**
Total	**0**	**0**	**0**	**0**	**0**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	**0**

4.b. NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)					
Cluster/Sector	Logistics - Common Logistics				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	0	0	0	0	**0**
Total	**0**	**0**	**0**	**0**	**0**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	**0**

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	The project indirectly benefited to 1,476,509 people (346,047 men, 314,228 women, 242,678 boys and 391,556 girls)

5. CERF Result Framework	
Project Objective	To augment the logistics and supply chain capacity of the Government of Uganda and humanitarian actors to prevent Ebola from crossing into Uganda and to help strengthen Ebola preparedness through supply-chain related support

Output 1	Logistics coordination with logistic information management and technical support provided to partner through the deployment of WFP staff			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	# of logistics subcommittee meetings minutes	10	24	Minute reports
Indicator 1.2	# of staff dedicated to the EVD preparedness efforts	3	4	Staff organogram
Indicator 1.3	# of dedicated humanitarian logistics coordination meeting convened monthly	1	4	Minutes reports
Indicator 1.4	# of ad-hoc information management products provided monthly	2	8	Information management products
Explanation of output and indicators variance:		More logistics meetings and logistics coordination activities were organized to enhance preparedness and later due to the two EVD outbreaks in Uganda in June and August 2019, these resulted to exceeding the target.		
Activities	**Description**		**Implemented by**	
Activity 1.1	Co-chair the MOH lead EVD logistics subcommittee meeting on behalf of humanitarian partners		WFP	
Activity 1.2	Deploy dedicated staff for EVD preparedness		WFP	
Activity 1.3	Humanitarian supply and logistics working group convened for emergency preparedness activities.		WFP	
Activity 1.4	Providing logistics, information management products reflecting partners needs in a rapidly moving operation		WFP	

Output 2	Storage facilities and technical support including but not limited to providing MOH with mobile storage public health emergency dedicated in the affected area			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	# of storage facilities dedicated to MOH for EVD preparedness and response	1	3	WFP Warehouse management records
Indicator 2.2	# of service request for common warehousing services received monthly	4	24	Service Request Forms
Explanation of output and indicators variance:		There were two outbreaks of EVD in June and August in Uganda resulting to more requests for warehousing services than earlier planned, further, the logistics management system for supplies needed strengthening because of lack of capacity to handle the bulk of the stock, these developments enabled WFP to exceed the target		
Activities	**Description**		**Implemented by**	
Activity 2.1	Provide dedicated storage for the MoH's EVD health items at regional level for the south west districts.		WFP	
Activity 2.2	Provide warehousing capacity as a common service for EVD supplies for partners.		WFP	

Output 3	Transport capacity/services provided to the Government of Uganda and humanitarian partners.			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 3.1	# of trucks provided in support of partners' logistics needs monthly.	3	5	Fleet records
Indicator 3.2	# of service requests fulfilled monthly	6	278	Service Request Forms
Explanation of output and indicators variance:		There were two outbreaks of EVD in June and August in Uganda resulting to more requests for transport and last mile delivery services to the high-risk districts than earlier planned, this enabled WFP to exceed this target		
Activities	**Description**	**Implemented by**		
Activity 3.1	Provide transport for EVD supplies for partners.	WFP		

Output 4	Pre-positioning facility construction and logistics support, including engineering support as a common service provided to partners			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 4.1	# of ETU materials, pre-positioned	1	1	Service Request Form
Indicator 4.2	# of engineering support interventions provided	2	4	Official request letters from MoH
Explanation of output and indicators variance:		Following the EVD outbreak in Uganda in June and August WFP received requests from MOH to construct 4 district stores to augment storage capacity in the high-risk districts, this resulted to exceeding the set target		
Activities	**Description**	**Implemented by**		
Activity 4.1	WFP will provide engineering, construction and logistics support to the EVD Preparedness activities of partners, coordinated by WHO. WFP will review and undertake tasks assigned by WHO and MoH on construction or pre-positioning of ETU and Points of Entry facilities.	WFP		
Activity 4.2	Provide technical engineering support to partners for their EVD preparedness needs.	WFP		

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

Through the coordination and information sharing platforms at the district and national levels, the affected populations participated in the design because they were always consulted. Strengthening of the MoH and district health office capacities through active participation to enable stewardship and ownership and joint monitoring activities of the project.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

Community participation was enabled through the decentralized structures from the national to the district local government levels through inclusive participation of the representatives of the affected people in needs identification, planning, implementation and monitoring.

6.b	IASC AAP Commitment 3 – Information, Feedback and Action	
	How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?	
	Through common LSC meetings, and other stakeholders' meetings such as the NTF and District Task Force (DTF), WFP shared the relevant information including but not limited to what it intends to deliver.	
	Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.	Yes ☒ No ☐
	WFP has a complaints/feedback toll free telephone number	
	Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.	Yes ☒ No ☐
	WFP has established reporting mechanism through the Office of Inspections and Investigations (OIGI) directly using toll free numbers provided and appointed designated PSEA Focal Point at the country office and field office levels.	
	Any other comments (optional):	
	N/A	

7. Cash Transfer Programming	
Did the project include one or more Cash Transfer Programming (CTP)?	
Planned	**Achieved**
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
Evaluation was not feasible given the short implementation period.	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

8.5. Project Report 19-RR-WFP-010 - WFP

<table>
<tr><th colspan="4">1. Project Information</th></tr>
<tr><td>1. Agency:</td><td>WFP</td><td>2. Country:</td><td>Uganda</td></tr>
<tr><td>3. Cluster/Sector:</td><td>Logistics - Common Logistics</td><td>4. Project Code (CERF):</td><td>19-RR-WFP-010</td></tr>
<tr><td>5. Project Title:</td><td colspan="3">Enhancing Ebola readiness and response capacity through coordinated and scalable regional inter-agency common logistics services facilitated by staging area in Entebbe/Kampala</td></tr>
<tr><td>6.a Original Start Date:</td><td>04/02/2019</td><td>6.b Original End Date:</td><td>03/08/2019</td></tr>
<tr><td>6.c No-cost Extension:</td><td>☐ No ☒ Yes</td><td>If yes, specify revised end date:</td><td>03.10.19</td></tr>
<tr><td colspan="2">6.d Were all activities concluded by the end date?
(including NCE date)</td><td colspan="2">☐ No ☒ Yes (if not, please explain in section 3)</td></tr>
<tr><td rowspan="8">7. Funding</td><td colspan="2">a. Total requirement for agency's sector response to current emergency:</td><td>US$ 13,000,000</td></tr>
<tr><td colspan="2">b. Total funding received for agency's sector response to current emergency:</td><td>US$ 499,467</td></tr>
<tr><td colspan="2">c. Amount received from CERF:</td><td>US$ 499,467</td></tr>
<tr><td colspan="2">d. Total CERF funds forwarded to implementing partners
of which to:</td><td>US$ 0</td></tr>
<tr><td colspan="2">Government Partners</td><td>US$ 0</td></tr>
<tr><td colspan="2">International NGOs</td><td>US$ 0</td></tr>
<tr><td colspan="2">National NGOs</td><td>US$ 0</td></tr>
<tr><td colspan="2">Red Cross/Crescent</td><td>US$ 0</td></tr>
</table>

2. Project Results Summary/Overall Performance

Through CERF preparedness grant, WFP set up a Regional Common Logistics Services Staging Area for Ebola preparedness. This included:

- The recruitment of Project Manager, Procurement Officer, Information Management Officer. A warehouse officer was not required as there is an existing warehouse manager within the Uganda Country Office.
- Two MoUs were established with MONUSCO and National Medical Stores.
- Basic facilities (office space, storage, and transport) are available.
- White stock of critical EVD response items is in place in Regional Staging Area (10 multipurpose tents, 3 Mobile Storage Unit (MSUs) [1 available, 2 used for transit space in MONUSCO ESB], 1 base camp)
- The establishment of a Long Term Agreement (LTA) for locally procured PPE is nearing completion (currently in the evaluation phase).
- 10 donor/partner outreach briefings on the Regional Staging Area were held in four countries.
- 3 SOPs were developed to support the ability to offer regional common services in the 'readiness' phase (prioritisation of assets, ground handling and customs, and transit area SOPs)
- 1 SOP was developed for use of regional common services in a response phase.

The project did not directly assist Ebola affected populations, but through support for border screening and isolation facilities, WFP contributed to preventing Ebola from crossing the border into DRC's neighbouring countries. A total of 1,400 alerts were picked up on the border, some of which turned out to be confirmed cases trying to cross the border into Uganda.

3. Changes and Amendments
Only minor modifications took place and a formal request for a budget revision was not required, since the changes were less than the allowable cumulative 15% of direct costs. However, a two-month no-cost extension was required and approved to help ensure the finalization and quality of ongoing procurement processes related to key Ebola response items which were being prepositioned at the Staging Area.

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)					
Cluster/Sector	Logistics - Common Logistics				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	0	0	0	0	**0**
Total	**0**	**0**	**0**	**0**	**0**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	**0**

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)					
Cluster/Sector	Logistics - Common Logistics				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	0	0	0	0	**0**
Total	**0**	**0**	**0**	**0**	**0**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	**0**

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	This project did not provide direct support to beneficiaries.

5. CERF Result Framework	
Project Objective	Common Logistics Services in support of UN agencies, NGOs and national governments engaged in regional Ebola Preparedness and Response

Output 1	Core team in place to provide regional common Logistics Service in support of Ebola Preparedness and Response			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Basic team recruited (Project manager, Procurement Officer, Warehouse/UNHRD officer	Basic team in place within three weeks of project start	The basic team was in place immediately upon fund approval on 27 February 2019 and even before (Project Manager by 25 Feb., Information Management Officer by 6 March, Procurement Officer by 27 March). A warehouse officer was not required as there is an existing warehouse manager within the Uganda Country Office.	WFP Regional Bureau in Nairobi – Human Resources Unit
Explanation of output and indicators variance:		Target achieved		

Activities	**Description**	**Implemented by**
Activity 1.1	Core team for regional common services in place	WFP
Activity 1.2	Regional common services started	WFP

Output 2	MoUs, Basic Facilities, and stock for Regional Staging Area in place			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	Number of MoUs with key partners (MONUSCO and National Medical Stores) in place	2	2	MOUs
Indicator 2.2	Availability of basic facilities (common office space, storage and transport) as part of Regional Staging Area	At least 1 rental facility for office space and storage in place along with at least 2 vehicles for	Basic facilities (office space, storage, and transport) are available.	WFP Uganda Country Office
Indicator 2.3	White Stock prepositioned in Regional Staging Area adjusted for operational needs as advised from partners	At least 10 multi-purpose tents, 3 MSUs, and 1 base camp prepositioned	White stock of critical EVD response items is in place in Regional Staging Area (10 multipurpose tents, 3 MSUs [1 available, 2 used for transit space in MONUSCO ESB], 1 base camp)	Stock List

Indicator 2.4	# of local procurement for Regional Staging Area in place	At least 1 LTA in place for items procured locally or regionally	LTAs for local and regional procurement in place, including for PPE.	LTAs
Explanation of output and indicators variance:		All targets achieved		
Activities	**Description**	**Implemented by**		
Activity 2.1	To have MoUs in place with MONUSCO and NMS	WFP		
Activity 2.2	Office and warehouse space operational	WFP		
Activity 2.3	White stock to be prepositioned to cut lead time	WFP		
Activity 2.4	Local procurement for items and assets available in the local market to cut lead time and transportation cost	WFP		

Output 3	Outreach to EVD Partners and SOP development			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 3.1	Briefing to EVD Partners on Regional Staging Area	At least 5 partner/donor briefings held on the Regional Staging Area at national or regional level	10 donor/partner outreach briefings on the Regional Staging Area were held in four countries.	WHO Country Offices in each Priority 1 Country
Indicator 3.2	SOPs for regional common services developed to support Ebola readiness in the four Priority 1 countries under Scenario 1 (no Ebola in DRC's neighbouring countries but need to scale up preparedness efforts for a potential Scenario 2, i.e. Ebola spill-over to other countries)	1 SOP document developed	3 SOPs were developed	SOPs
Indicator 3.3	SOPs for use of regional common services developed for Ebola response in the four Priority 1 countries under Scenario 2 (up to 100 cases of Ebola in one of DRC's neighbouring countries)	1 SOP document developed	1 SOP was developed.	SOPs
Explanation of output and indicators variance:		All targets achieved		
Activities	**Description**	**Implemented by**		
Activity 3.1	Outreach and briefing to EVD Partners across the four Priority 1 Countries (South Sudan, Uganda, Rwanda and Burundi)	WFP		
Activity 3.2	To produce and circulate SOPs to access and use Regional Staging Area Common Logistics Service under Scenario 1 and 2 (no Ebola in DRC's neighbouring countries)	WFP		

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

	The project was coordinated in collaboration with Ministries of Health, WHO and national task forces on Ebola in each Priority 1 country. Crisis-affected people were not directly involved.
	Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?
	No

6.b	**IASC AAP Commitment 3 – Information, Feedback and Action**	
	How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?	
	No direct support provided to affected people	
	Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.	Yes ☐ No ☒
	None	
	Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.	Yes ☐ No ☒
	None	
	Any other comments (optional):	
	None	

7. Cash Transfer Programming	
Did the project include one or more Cash Transfer Programmings (CTP)?	
Planned	**Achieved**
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
No formal evaluation is currently planned, although the Staging Area may form part of regular regional M&E activities.	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

8.6. Project Report 19-RR-WHO-009 - WHO

1. Project Information			
1. Agency:	WHO	**2. Country:**	Uganda
3. Cluster/Sector:	Health - Health	**4. Project Code (CERF):**	19-RR-WHO-009
5. Project Title:	Strengthening Country Readiness to Respond to the Imminent Spill-over of Ebola Virus Disease into Uganda from the DRC		
6.a Original Start Date:	01/02/2019	**6.b Original End Date:**	31/07/2019
6.c No-cost Extension:	☒ No ☐ Yes	If yes, specify revised end date:	n/a
6.d Were all activities concluded by the end date? (including NCE date)		☐ No ☐ Yes (if not, please explain in section 3)	
7. Funding	**a. Total requirement for agency's sector response to current emergency:**		**US$ 10,540,576**
	b. Total funding received for agency's sector response to current emergency:		**US$ 3,312,860**
	c. Amount received from CERF:		**US$ 718,227**
	d. Total CERF funds forwarded to implementing partners		**US$ 127,551**
	of which to:		
	Government Partners		US$ 71,562
	International NGOs		US$ 0
	National NGOs		US $ 55,989
	Red Cross/Crescent		US$ 0

2. Project Results Summary/Overall Performance

Through CERF Rapid window for Ebola Virus disease, WHO had its partners providing critical assistance reaching over 1.4 million beneficiaries by averting eminent importation of Ebola into the communities. The funding allowed training of 4,984 VHTs who were very instrumental in maintaining daily watch of risk of EVD in the various communities. A total of 04 incinerators were installed at the 04 sites, this has been very well received by the users. The IPC supplies have averted health facilities associated infections to many beneficiaries who access services in these districts. The project has therefore been so key in the EVD preparedness and response.

The interventions targeted services used at population level; community surveillance, health facility surveillance, Infection prevention and control, community alert monitoring and investigation etc and so beneficiaries were considered as the population within the catchment of the project.

3. Changes and Amendments

N/A

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)					
Cluster/Sector	Health - Health				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	316,260	342,315	386,540	418,385	**1,463,500**
Total	**316,260**	**342,315**	**386,540**	**418,385**	**1,463,500**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	**0**

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)					
Cluster/Sector	Health - Health				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	316,260	342,315	386,540	418,385	**1,463,500**
Total	**316,260**	**342,315**	**386,540**	**418,385**	**1,463,500**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	**0**

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	N/A

5. CERF Result Framework	
Project Objective	Strengthening Country readiness to respond to a spill-over of Ebola Virus Disease into Uganda from the DRC

Output 1	Alerts and suspected EVD cases investigated and reported promptly

Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Proportion of EVD alerts investigated within 24 hours	100%	100%	Public Health Emergency Operation Centre alert log
Indicator 1.2	Percentage of targeted districts with community-based disease surveillance rolled out	100%	100%	Implementation report
Explanation of output and indicators variance:		N/A		

Activities	Description	Implemented by
Activity 1.1	Support emergency deployment of the Rapid Response Teams (RRT) for investigation of suspected Ebola cases and support districts to improve operational readiness and when necessary to initiate response	MMHF
Activity 1.2	Conduct Community Based Disease Surveillance training in Kisoro, Kanungu, Rubirizi, Rukungiri and Kyegegwa Districts	MMHF
Activity 1.3	Roll out Community Based Disease Surveillance implementation in Kanungu, Rubirizi, Kisoro, Rukungiri, and Kyegegwa	MMHF
Activity 1.4	Set up a system for alert management (procure handsets for District Surveillance Focal Points, airtime and bundles; motorcycles for Health Sub District surveillance officers; maintenance costs).	MMHF
Activity 1.5	Train data managers in VHF Epi Info application for contact tracing follow up	MMHF
Activity 1.6	Procure phones for real-time high-risk contacts' tracing and follow up using Open Data Kit application	MMHF

Output 2	Effective life-saving and quality care provided of all alerts, suspect and confirmed EVD patients in the Isolation units			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	Case fatality rates among alerts and suspected cases	<10%	3%	EVD preparedness updates
Indicator 2.2	Proportion of health workers at primary care facilities reached with onsite mentorship on IPC	80%	50%	Preparedness updates
Indicator 2.3	Proportion of health facilities reporting stock outs of essential IPC supplies	<15%	7%	District stock records
Explanation of output and indicators variance:		The target of 80% reach for the health workers at primary facility was not achieved because of the requirements for just 35 mentors to reach over 400 health facilities in a very short time. As well in some of the health facilities not all health workers were present during the visit		

Activities	Description	Implemented by
Activity 2.1	Conduct skills drills in EVD case management to improve readiness in high risk districts.	MMHF
Activity 2.2	Establish 02 Ebola Isolation unit in Kanungu and Kisoro	MMHF
Activity 2.3	Train 30 clinicians on enhanced EVD clinical care and IPC	MMHF

Activity 2.4	Conduct IPC mentorship in 5 districts	MMHF
Activity 2.5	Procure IPC supplies for all primary health care facilities in targeted districts	MMHF
Activity 2.6	Distribute IPC supplies to all primary health care facilities in targeted districts	MMHF

Output 3	Mechanism for safe handling and transportation of lab sample are in place and in according to national standards in emergency			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 3.1	Number of lab staff trained in bio-risk management, safe sample collection, packaging and shipment, by district	150 lab staff	170	Grand Letter of Agreement Report
Indicator 3.2	Number of trained laboratory staff that have investigated alert/suspect cases by safely and correctly collecting and transporting specimens	120	120	Grand letter of agreement report
Indicator 3.3	Number of EVD Isolation units with laboratories fully equipped for EVD patient care	5	1	Field report
Explanation of output and indicators variance:		Ministry of Health decided that only one laboratory be fully deployed and the rest are deployed based on need.		
Activities	**Description**	**Implemented by**		
Activity 3.1	Train health workers from 5 high risk districts in bio-risk management, safe sample collection, packaging and shipment	WHO		
Activity 3.2	Procure lab equipment for 10 Isolation units for EVD patient management and care	WHO		
Activity 3.3	Distribute lab equipment for 10 Isolation units for EVD patient management and care	WHO		
Activity 3.4	Supervision of lab services	WHO		

Output 4	Facilities for improved handling/management of medical waste in place in selected high-risk health facilities and ETUs, in line with the National VHF SOPs			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 4.1	Number of incinerators constructed for waste management in high volume health facilities/ETUs	4	4	Certificate of completion
Indicator 4.2	Number of EVD Isolation facilities managing hazardous waste according to standards in VHF SOPs	10	10	EVD preparedness reports/Field reports
Indicator 4.3	Number of staffs involved in waste management trained in the 30 at risk districts. (The plan is to conduct training of at least 30 people involved in waste management in each of the 30 districts in proper waste management in accordance	900	40	Grand Letter of Agreement report/Baylor

	with the VHF SOPs, hence the target remains 900.)			
Explanation of output and indicators variance:		The number of persons training in waste management were only 10 waste handlers and only for the facilities that Baylor installed the incinerators. It was not possible to cover the target under 4.3 because the funds allocated was limited. There was cost underestimation and working through the implementing partner the costs was not able to cover contracts in all the 30 districts. The project therefore only concentrated at the four sites which also met the difficulties of increased overall costs of the incinerator plan beyond the cost of previous works. The intervention sites were in mountainous terrain which affected the material costs.		

Activities	Description	Implemented by
Activity 4.1	Engage an Implementing Partner to undertake the waste management activities including construction of incinerators, lined organic waste pits, and excavation of soak away pits	MMHF
Activity 4.2	Procure/construct 3 emergency incinerators for waste management in high-volume high-risk health facilities linked to ETUs	MMHF
Activity 4.3	Establish lined organic waste pits in 30 locations	MMHF
Activity 4.4	Excavate soak away pits in 30 locations	MMHF
Activity 4.5	Fuel costs for burning waste in 30 locations	MMHF
Activity 4.6	Train waste managers in waste management in 30 locations	MMHF

Output 5	Effective Interagency and Inter-sectoral Coordination and technical guidance of the Ebola Readiness and Response efforts at national and district level			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 5.1	Proportion of targeted districts with functional District Task Force	100% (5/5)	100% (5)	Minutes of the District Task Force meetings
Indicator 5.2	Proportion of partners in the targeted districts with full inputs in the 4W matrix	80% (8/10)	100% (10)	MoH Dashboard
Indicator 5.3	Number of short-term staff/consultants deployed to support enhanced readiness activities in the target districts, by expertise	10	05	WHO/HR workplan
Indicator 5.4	Number of joint MoH/WHO support supervision visits to the target districts	3	02	Mission reports
Explanation of output and indicators variance:		Only 50% of the target HR was deployed under this grant for EVD. Other funding sources were used to cover up for the rest of the HR requirements and to sustain all the staff beyond the grant period. WHO representative and Hon Minister made 02 supervisory missions to see first-hand the implementation of the EVD preparedness in the districts		

Activities	Description	Implemented by
Activity 5.1	Regularly update the financial tracking and 4 W matrices as well as the EVD dashboard	WHO
Activity 5.2	Support deployment of the dedicated short-term staff to support implementation and supervision of interventions in	WHO

	Kisoro, Kanungu, Rubirizi, Rukungiri, Kyegegwa, and strengthen district coordination of the enhanced readiness efforts and partners involved.	
Activity 5.3	Produce regular information products including maps of intervention outputs and share with partners.	WHO
Activity 5.4	Support implementation of joint monitoring by MoH and WHO of progress in Ebola Readiness (transport, allowance for missions, linkages to INGOs)	WHO

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

Assessments was conducted by MoH/WHO to ascertain the level of district readiness. The assessment score provided as basis for the requirements use in the planning for the interventions. Beneficiary districts preparedness and response plans were consulted and items used to refine the proposal.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

During implementation, the community represented by the Village Health Teams were included in the implementation as part of the implementers. In the implementation of the Community Based Surveillance through the Village Health Teams (VHTs), a stakeholders' consultation meeting was conducted, health staff involved in the management and supervision of the VHTs at the primary health care facilities were convened and explained in-depth the program. Involvement of the VHTs meant that communities had the chance to use their own resource persons to protect themselves from the risk of EVD spread into their localities.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

Beneficiary communities where engaged through the community structures through their leaders, the VHTs and in sensitization meeting during identification and mapping of the VHTs. During this engagement, the communities were provided with relevant information related to donor sources of the funds and the role that the implementing agency Mayanja memorial foundation was undertaking in the project. It was emphasized that all the organizations involved in the implementation of this project do not support its staff to be involved in any form of discrimination or sexual harassments. Communities were engaged to report staff involved in such vice to leaders or supervisor of the project.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.	Yes ☒ No ☐

Communities were provided with the anonymous help line through mTrac at 6200 for forwarding any complaints

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.	Yes ☒ No ☐

Sexual exploitation and Abuse can also be reported through the anonymous help line or through the WHO field coordinators in the field.

Any other comments (optional):

No

7. Cash Transfer Programming	
Did the project include one or more Cash Transfer Programming (CTP)?	
Planned	**Achieved**
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
Evaluation of the project is critical, but funding was not provided for in the current project.	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US$
19-RR-CEF-012	Child Protection	UNICEF	GOV	2,780
19-RR-CEF-012	Child Protection	UNICEF	GOV	3,917
19-RR-CEF-012	Child Protection	UNICEF	GOV	4,393
19-RR-CEF-012	Child Protection	UNICEF	GOV	3,920
19-RR-CEF-012	Child Protection	UNICEF	GOV	61,771
19-RR-CEF-012	Health	UNICEF	INGO	119,250
19-RR-CEF-012	Health	UNICEF	RedC	114,446
19-RR-HCR-002	Health	UNHCR	INGO	180,861
19-RR-WHO-009	Health	WHO	NNGO	55,989
19-RR-WHO-009	Health	WHO	GOV	71,562
19-RR-IOM-004	Health	IOM	RedC	178,346
19-RR-IOM-004	Health	IOM	NNGO	59,995

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAR	After Action Review
AHA	Africa Humanitarian Action
CDC	Centre for Disease Control
CERF	Central Emergence Response Fund
CSO	Civil Society Organisation
CTP	Cash Transfer Programming
DFID	Department For International Development
DRC	Democratic Republic of Congo
DTF	District Task Force
DTM	Displacement Tracking Matrix
EOC	Equal Opportunity Commission
ESB	Entebbe Service Base
ETU	Ebola Treatment Unit
EVD	Ebola Viral Disease
FAO	Food and Agriculture Organisation
FRRM	Feedback Referral and Resolution Mechanism
GBV	Gender Based Violence
HACT	Harmonized Approach to Cash Transfers
HC	Humanitarian Coordinator
HR	Human Resources
IDI	Infectious Diseases Institute
IOM	International Office for Migration
IP	Implementing Partner
IPC	Infection Prevention and Control
LSC	Logistics Sub Committee
LTA	Long Term Agreement
LWF	Lutheran World Federation
MMHF	Mayanja Memorial Hospital Foundation
MOH	Ministry of Health
MSU	Mobile Storage Unit
MONUSCO	United Nations Organization Stabilization Mission in the DR Congo
NCE	No Cost Extension
NMS	National Medial Stores
NTF	National Task Force
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OHCHR	Office of the High Commissioner for Human Rights
OIGI	Office of Inspector General of Investigation
POE	Point of Entry
POC	Persons of Concern
PPE	Personal Protection Equipment
PPM	Population Mobility Mapping
PVC	Polyvinyl chloride
RC	Resident Coordinator
RCSM	Risk Communication and Social Mobilization
RRT	Rapid Response Team

SEA	Sexual Exploitation and Abuse
STSGB	Secretariat/Secretary General's Bulletin
SOP	Standard Operating Procedure
UGX	Uganda Shillings
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations FUND For Population Activities
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Children's Fund
UNOPS	United Nations Office of Project Services
URCS	Uganda Red Cross Society
USAID	US Agency for International Development
VHT	Village Health Team
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organisation

[i] https://www.un.org/preventing-sexual-exploitation-and-abuse/content/documents