

**UGANDA
RAPID RESPONSE
FLOOD
2020**

20-RR-UGA-40553

Rosa Malango

Resident/Humanitarian Coordinator

PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:

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

25 November 2020

The ARR was conducted virtually attended by heads of agencies and programme staff from the recipient agencies: WHO, IOM, UNHCR, UNFPA, FAO, UNICEF. In addition, partner representatives participated in the AAR meeting including Government of Uganda, Uganda Red Cross and OCHA Regional Office. The agencies presented progress made on the implementation of their projects, key challenges and lessons learned. Apart from these, the participants of the meeting also discussed the overall CERF projects coordination and M&E issues, emergency in the country and way forward.

Please confirm that the report on the use of CERF funds was discussed with the Humanitarian and/or UN Country Team (HCT/UNCT).

Yes No

On 16th December 2020, the consolidated draft CERF final report was shared with the agencies and technical leads for their technical review. Suggestions were provided to improve the report and the final version was shared with the recipient agencies for record. The final report was shared with RC/HC for review and after addressing the comments from the RC/HC, the report was shared with CERF Secretariat.

Please confirm that the final version of this report was shared for review with in-country stakeholders (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

Yes No

The final version of CERF report was shared with the recipient agencies and implementing partners, relevant government office, UNCT and the RCO for the record. Also, challenges and lessons learnt sections were discussed and agreed to be into consideration in the next phase of needs and preparedness/response actions discussions

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

The heavy rains of September to December 2009 resulted in bursting of riverbanks, devastating floods, landslides, and windstorms. This affected mostly districts in the mountainous regions of Rwenzori in Western Uganda and Elgon in Eastern Uganda. 32 people lost lives and tens of thousands were displaced as homes and property were destroyed, including farms and other means of livelihood. With critical and timely support from CERF, lifesaving support was provided to 230,250 affected people through six (6) UN agencies: WHO, UNHCR, UNFPA, UNICEF, FAO, and IOM. The displaced communities were provided with temporary shelter and non-food items, emergency health assistance, clean water, vaccines against cholera, mosquito nets against malaria, Gender Based Violence services, prevention of worsening of child protection risks, agricultural tools and seeds to produce food, and prevention the spread of diseases from livestock. The rapid disbursement of CERF funds enabled the UN to respond quickly alongside local and international partners in close collaboration with the host Government and reinforced UN coherence as well as UN Uganda partnerships with first line responders like the Uganda Red Cross.

CERF's Added Value:

With CERF support, the UN system was able to provide life-saving support to families affected by disasters, communities affected by GBV and people seeking asylum in a complex environment. CERF recipient agencies worked together with partners to deliver efficiently as one and the involvement of stakeholders in every step of the CERF projects implementation eased the overall implementation. Direct participation of the beneficiaries in actual implementation of activities energized the sense of ownership to the users themselves. Accountability to beneficiaries remained very critical in developing trust and building long term relationships. UN field presence through CERF projects was critical in ensuring value for money in project implementation. Multi stakeholder beneficiary assessments and re-evaluation together with the beneficiary community leaders was key. Proper planning and use of new ways to capture beneficiary distribution data through technology tools enhanced transparency, accountability, and timely data analysis/reports. Carrying out life-saving activities during COVID-19 on such a scale was a good lesson learnt. Building on CERF experience and emerging from COVID-19 context there is need for a stronger technical/sectoral emergency coordination structure in Uganda (non-refugee caseload).

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

Yes

Partially

No

Did CERF funds help respond to time-critical needs?

Yes

Partially

No

Did CERF improve coordination amongst the humanitarian community?

Yes

Partially

No

Did CERF funds help improve resource mobilization from other sources?

Yes

Partially

No

Considerations of the ERC's Underfunded Priority Areas¹:

The four chronically underfunded humanitarian priority areas were central to the design and implementation of the project activities. All the six projects had targeted interventions supporting women and girls, including tackling gender-based violence, reproductive health, and empowerment: and reaching disabled people. These two required most urgent funding owing to the outbreak of the COVID 19 pandemic and the resultant countrywide lockdown that exacerbated violence against women and girls and disrupted livelihood options.

With the CERF grant, recipient agencies provided lifesaving support to these groups including access to emergency shelter and NFI kits; provision of information on Sexual and Reproductive Health and Rights (SRHR)/GBV in order to be less vulnerable to risks such as teenage pregnancy, GBV and Sexually Transmitted Infections (STIs)/HIV and to stimulate demand for SRHR/GBV services; among other activities. The outbreak of the COVID 19 pandemic and the subsequent countrywide lockdown overstressed the capacity of the humanitarian response to support women and girls, including tackling gender-based violence, reproductive health and empowerment owing to increased GBV cases during period.

Table 1: Allocation Overview (US\$)

Total amount required for the humanitarian response	20,619,953
CERF	3,951,312
Country-Based Pooled Fund (if applicable)	0
Other (bilateral/multilateral)	20,619,953
Total funding received for the humanitarian response (by source above)	24,571,265

Table 2: CERF Emergency Funding by Project and Sector/Cluster (US\$)

Agency	Project code	Sector/sector	Amount
FAO	20-RR-FAO-003	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)	800,000
IOM	20-RR-IOM-001	Water Sanitation Hygiene - Water, Sanitation and Hygiene	818,489
UNFPA	20-RR-FPA-003	Protection - Sexual and/or Gender-Based Violence	90,146
UNFPA	20-RR-FPA-003	Health - Health	79,940
UNHCR	20-RR-HCR-002	Emergency Shelter and NFI - Shelter and Non-Food Items	799,742
UNICEF	20-RR-CEF-003	Water Sanitation Hygiene - Water, Sanitation and Hygiene	403,393
UNICEF	20-RR-CEF-003	Protection - Child Protection	189,832
WHO	20-RR-WHO-003	Health - Health	769,770
Total			3,951,312

¹ In January 2019, the Emergency Relief Coordinator identified four priority areas as often underfunded and lacking appropriate consideration and visibility when funding is allocated to humanitarian action. The ERC therefore recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and HCTs/UNCTs when prioritizing life-saving needs for inclusion in CERF requests. These areas are: (1) support for women and girls, including tackling gender-based violence, reproductive health and empowerment; (2) programmes targeting disabled people; (3) education in protracted crises; and (4) other aspects of protection. While CERF remains needs based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the questions and answers on the ERC four priority areas [here](#).

Table 3: Breakdown of CERF Funds by Type of Implementation Modality (US\$)

Total funds implemented directly by UN agencies including procurement of relief goods	2,673,204
Funds sub-granted to government partners*	328,720
Funds sub-granted to international NGOs partners*	333,649
Funds sub-granted to national NGOs partners*	615,739
Funds sub-granted to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	1,278,108
Total	3,951,312

* Figures reported in table 3 are based on the project reports (part II, sections 1) and should be consistent with the sub-grants overview in the annex.

2. OPERATIONAL PRIORITIZATION:

Overview of the Humanitarian Situation:

During the months of September to December 2019, heavy rains caused devastating floods, landslides and windstorms affecting mostly districts in the western, northern, and eastern regions of Uganda. According to the Uganda Meteorological Department, heavy rains were expected to continue until the end of December. By 9 December 2019, 32 people had lost their lives including from the mountainous Bundibugyo district in the Western region and in the Mount Elgon region in Eastern Uganda following floods and landslides. According to a World Health Organisation (WHO) assessment, heavy rains were experienced in the Ruwenzori mountain ranges on 7 December causing landslides, burst riverbanks and brought down boulders, stones, vegetation and created massive water downstream affecting 12 sub-counties in Bundibugyo district. The main roads from Fort Portal to Bundibugyo, Bundibugyo to the Lamia border crossing, and feeder roads were cut off in the affected sub-counties. Roads, buildings, water and electricity infrastructure, and farmlands were destroyed. Some 311,000 people were affected, including 2,000 people displaced and left to seek shelter in churches and schools.

Operational Use of the CERF Allocation and Results:

In response to the floods, the Emergency Relief Coordinator allocated US \$4 million from the CERF's Rapid Response window. This funding enabled UN agencies and NGOs to support the Government's response in providing immediate lifesaving assistance to 230,250 people (including 59,099 boys, 64,773 girls, 53,826 men, 52,552 women and 4,364 people with disabilities). The UN and NGOs prioritized the most time-critical life-saving activities in the health, water, sanitation and hygiene, shelter and non-food items, food security and protection (gender-based violence and child protection) sectors across the affected areas.

People Directly Reached:

Overall, with CERF RR allocation recipient UN agencies directly reached **312,845** people across the six sectors. Estimation of the number of direct beneficiaries per sector (table 4 below) was based on the figures reported by recipient agencies (where each sector had a single agency) that is, Emergency Shelter and NFI - Shelter and Non-Food Items (**21,721**); Food Security – Agriculture (**110,572**); Protection - Child Protection (**15,808**); and Protection – SGBV (**3,857**). To avoid double counting, for sectors where more than one agency implemented the activities, the figure reported was that of the agency that reached the largest number of beneficiaries. This was the case for the water, sanitation, and hygiene (WASH) (**122,287**) and Health (**14,831**) sectors. Since recipient agencies implemented activities in the same geographical locations, the estimation of the total number of people directly assisted with CERF funding by category (table 5 and 6 below) was also based on the agency that reached the largest number. This was done to avoid double counting.

Food security: Distribute; livelihood kits to 3,010 severely affected households (21,074 individuals) in Pallisa, Kumi, Bududu, Ntroko and Bundibugyo Districts; administered veterinary medicine and provision of animal feed to protect productive livestock; and restored and repaired productive farm infrastructure close to waterways or damaged by landslides.

WASH: Provided improved WASH services and access to safe water for 30,000 women, men and children displaced by floods in the Ruwenzori region through rehabilitation of 23 water points serving the affected population; distribution of supplies to 7,800 households for sanitation and hygiene improvement; and installation of mobile toilets in public institutions.

Protection – SGBV: Strengthened district response capacity to ensure the provision of life-saving SRHR services; and the multi-sectoral coordination of GBV prevention and response.

Protection – Child Protection: Strengthened coping mechanisms and resilience of flood-affected children through the provision of immediate life-saving child protection services.

Emergency shelter and NFIs: Distributed emergency shelter materials and NFI to flood-affected households Emergency Shelter and NFI - Shelter and NFIs.

Health: Identified, reported, and responded to outbreaks of floods related diseases conducted in a timely manner; conducted OCV campaign in the affected sub-counties; procure cholera kits; and trained health workers on cholera case management. Also, supported capacity of health facilities to provide SRHR services through provision of reproductive health supplies, human resource capacity, and ambulance services, as well as capacity to ensure timely referral and timely linkage of pregnant mothers to health care. Seventeen (17) health facilities were capacitated to provide lifesaving SRHR and GBV services including antenatal care, emergency obstetric care, post abortion care, post-natal care and clinical management of rape services, serving a total of 14,831. 5,815 displaced youth and adolescents received Adolescent and Youth Friendly SRHR/GBV services at facilities and health facility community outreaches.

Under the GBV sector response, UNFPA supported the establishment of six (6) temporary women safe spaces, through which 3,857 people were reached with SRH/GBV information through community activities. 1,418 mothers were mapped through pregnancy mapping in the communities, and mama/baby kits and hygiene kits, including sanitary pads, were distributed to women and girls to preserve dignity. Support was further provided in the three districts to maintain functional coordination systems and mechanisms for prevention and response to GBV.

People Indirectly Reached:

Over 45,000 people indirectly benefited from the projects. For instance, the hygiene and sanitation promotion activities, which included COVID-19 infection prevention and control (IPC) measures, were extended beyond the counties and sub-counties directly affected by the floods and landslide. The entire district population, which is around **452,594**, indirectly benefitted from the COVID-19 IP radio messages and hygiene and sanitation promotion. The water service providers benefitted from the project through the training provided to the village water committees and to the District Local Government Water and Sanitation team. A total of **100,000** people benefited from the mass sensitization campaigns during Oral Cholera Vaccine campaign by the health staff and Village Health Teams (VHTs) during implementation of both the Long-Lasting Insecticidal Nets (LLIN) distribution and Community case management for prevention and treatment of Malaria, Diarrhea and respiratory tract infections. Teachers, non-teaching staff and patients including communities that took refugees in the schools had access to appropriate sanitation and hygiene facilities provided. 73 front line health workers were updated on provision of life saving SRHR and GBV services and 114 GBV protection service providers and stakeholders including police officers, social and response teams were updated on provision of life saving SRHR and GBV services. Additionally, 110,572 people benefited directly and indirectly from agricultural inputs distribution and capacity building on good agricultural practices (GAP), which increased food availability and production.

Table 4: Number of People Directly Assisted with CERF Funding by Sector*

Sector/Cluster	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Emergency Shelter and NFI - Shelter and Non-Food Items	6,000	6,000	6,125	6,125	24,250	4,496	3,991	6,520	6,714	21,721
Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)	18,000	12,000	0	0	30,000	13,900	17,692	39,490	39,490	110,572
Health - Health	35,052	36,826	41,148	36,974	150,000	35,052	36,826	47,251	40,974	160,103
Protection - Child Protection	3,200	1,600	2,400	2,400	9,600	3,819	3,023	5,108	3,858	15,808
Protection - Sexual and/or Gender-Based Violence	400	120	100	0	620	2,394	852	312	299	3,857
Water Sanitation Hygiene - Water, Sanitation and Hygiene	30,530	28,606	47,393	43,571	150,100	29,119	27,618	33,776	31,774	122,287

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

Table 5: Total Number of People Directly Assisted with CERF Funding by Category*

Category	Planned	Reached
Refugees	0	0
Returnees	0	0
Internally displaced persons	24,250	85,598
Host communities	56,000	36,689
Other affected persons	150,000	158,563
Total	230,250	280,850

Table 6: Total Number of People Directly Assisted with CERF Funding*

Sex & Age	Planned		Reached	
	Planned	Reached	Planned	Reached
Women	52,552	63,693	904	3,932
Men	53,826	64,009	760	4,615
Girls	64,773	80,707	1,350	6,525
Boys	59,099	72,441	1,350	5,928
Total	230,250	280,850	4,364	21,000

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 20-RR-FAO-003 - FAO

1. Project Information			
Agency:	FAO	Country:	Uganda
Sector/cluster:	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)	CERF project code:	20-RR-FAO-003
Project title:	Emergency assistance to flood affected populations in Uganda		
Start date:	27/01/2020	End date:	26/10/2020
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:	US\$ 4,250,000	
	Total funding received for agency's sector response to current emergency:	US\$ 200,000	
	Amount received from CERF:	US\$ 800,000	
	Total CERF funds sub-granted to implementing partners:	US\$ 64,583	
	Government Partners	US\$ 0	
	International NGOs	US\$ 0	
	National NGOs	US\$ 64,583	
Red Cross/Crescent Organisation	US\$ 0		

2. Project Results Summary/Overall Performance

Through CERF RR allocation, FAO and its partner assisted 15,796 severely flood-affected households in Bundibugyo and Ntoroko districts in Western Uganda and Bududa, Kumi and Pallisa districts in Eastern Uganda, from which 6,938 were female-headed households. In total, 110,572 individuals were supported to re-establish and protect their primary source of food through agriculture production

Under Output 1, FAO distributed livelihood kits, which were comprised of 65.290 metric tons (9,282.95 kilograms of vegetable seeds and 56,007 kilograms of staple crop seeds) of assorted seeds, comprised of eggplant, okra, onion, tomato, watermelon, cowpea and maize, to 12,109 households and 41,090 tools to 13,360 households. Additionally, FAO increased the adaptive capacity of 13,585 households through trainings on good agricultural practices (GAP) in all project-supported districts, which benefited 95,095 individuals. Making use of the seeds distributed, households planted approximately 3,010 acres and produced approximately 2.7 tons of vegetables and 11,200 tons of staple crops (equivalent to approximately 14 tons of food), which provided 5-6 months of food for a household size of 6. This increased food security and reduced the risk of households engaging in negative coping strategies.

Under Output 2, FAO in partnership with the Ministry of Agriculture, Animal Industries and Fisheries (MAAIF) and District Veterinary Officers (DVO) treated 34,604 livestock for diseases and administered veterinary medicine, benefitting 2,211 households (supporting 15,477 individuals).

3. Changes and Amendments

Seeds were distributed in two separate waves due to the emergence of COVID-19 in March 2020 in Uganda and the resulting control measures introduced by the Government of Uganda to limit the spread of the disease. Thus, FAO, along with other humanitarian organizations, had to temporarily suspend activities while new Standard Operating Practices (SOP) were established and integrated into all humanitarian interventions. As a result of the temporary suspension of activities, FAO requested and was granted a no-cost extension to align the delivery of the assistance to the second agriculture season that began after the full roll out of SOP and the easing of lockdown measures in June 2020.

FAO could not carry out activities planned under Output 3 (productive farm infrastructure close to waterways or damaged by landslides are restored and repaired) due to the lockdown period associated with COVID-19 measures. By the time FAO resumed activities, the communities had already cleared much of the debris. In consultation with district local authorities, FAO reallocated resources to support the increased number of affected households that had been affected by flooding between February to June 2020 to purchase further livelihoods related inputs, specifically seeds and tools.

4. Number of People Directly Assisted with CERF Funding*

Cluster/Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced persons	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected persons	9,306	6,204	7,157	7,157	29,824	13,900	17,692	39,490	39,490	110,572
Total	9,306	6,204	7,157	7,157	29,824	13,900	17,692	39,490	39,490	110,572
People with disabilities (PwD) out of the total										
	0	0	0	0	0	0	0	0	0	0

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. Persons Indirectly Targeted by the Project

An estimate of **110,572** individuals indirectly benefited from the intervention, mainly the material inputs distributed and capacity building. This resulted in better marketable products, which economically benefited the community. The 110,572 individuals represent the total beneficiaries reached under Output 1 and Output 2, which are 13,585 households (95,095 individuals) and 2,211 households (15,477 individuals) respectively, equalling to a total of 15,796 households or 110,572 individuals. Each household is estimated to be composed of seven individuals, two adults and five children.

6. CERF Results Framework

Project Objective	To protect and restore the livelihoods of the most affected people as well as to enhance their ability to produce food, and prevent the spread of zoonotic diseases			
Output 1	Distribute livelihood kits to 3,010 severely affected households (21,074 individuals) in Pallisa, Kumi, Bududu, Ntroko and Bundibugyo Districts			
Was the planned output changed through a reprogramming after the application stage?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Sector/Cluster	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of affected people (men, women, boys and girls) that received livelihoods support including female-headed households	3,010 households (21,074 individuals)	13,585 households (95,095 individuals)	Service Provider final report, beneficiary / distribution list
Explanation of output and indicators variance:		<p>Targets were raised after District Local Governments communicating there was a higher need and realizing there was a capacity to deliver more inputs.</p> <p>Under Output 1, FAO was able to reach 13 585 households (95 095 individuals) than the planned 3 010 households (21 074) individuals, with the same funding because of a combination of factors outlined below:</p> <ul style="list-style-type: none"> • During the inception meetings, the District Local Governments identified a higher number of affected households in Kumi, Bundibugyo and Ntoroko districts. The FAO team visited the affected locations as a means of verification, and in consultation with the district authorities agreed on increasing the number of beneficiaries in response to the needs and demands of the communities on the ground. • The Emergency Crop Packages were re-calculated and re-designed to be able to meet the higher demand of beneficiaries under the same budget. To achieve this, quantities and types of seeds and inputs were re-calculated, always keeping in mind the sufficiency of the quantities. • As explained above, Output 3 Productive farm infrastructure close to waterways or damaged by landslides are restored and repaired, was not implemented owing to delays occasioned by the COVID-19 pandemic and the resultant countrywide lockdown from 30 March 2020 to 02 June 2020, when the government began to ease lockdown measures. By which time, the residents in the areas had cleared most of the debris and therefore the project reallocated the resources originally meant for this Output 3 to Output 1 Distribute livelihood kits 		

to 3,010 severely affected households (21,074 individuals) in Pallisa, Kumi, Bududu, Ntroko and Bundibugyo Districts. Therefore, more resources were made available for Output 1 and the project was able to address needs of 13 585 households (95 095 individuals) over and above the originally planned 3 010 households (21 074 individuals).

Activities	Description	Implemented by
Activity 1.1	Procure crop seeds, vegetable seeds, and hand tools	FAO
Activity 1.2	Select and contract implementing partner through Letters of Agreements	FAO
Activity 1.3	Receive, store and transport livelihood kits	FAO, WFP
Activity 1.4	Targeting of beneficiary households, with priority given to women-headed households	FAO, Soroti Rural Development Agency (SORUDA)
Activity 1.5	Provide training on use of inputs and livelihood kits	SORUDA
Activity 1.6	Distribute livelihoods kits to beneficiaries	FAO, SORUDA
Activity 1.7	Monitoring and evaluation	FAO

Output 2 Productive livestock are protected through administration of veterinary medicine and provision of animal feed

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/Cluster Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)

Activities	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of people benefiting from improved livestock production	1,250 households (8,750 individuals)	2,211 households (15,477 individuals)	District Reports
Indicator 2.2	Number of livestock treated for diseases and administration of veterinary medicine	10,000	34,604	District Reports

Explanation of output and indicators variance:

It was possible and appropriate to reach a higher number of beneficiaries with the same funding level. This was in part because of the size and type of animals actually targeted as opposed to those expected to be included in the planning stages; this enabled more animals to be vaccinated at the same funding levels than was originally envisaged.

More animals were treated because more vaccines were procured and were segregated during treatments, surpassing our target for indicator 2.2. This meant that more livestock owning households were reached, thus, FAO surpassed its target for indicator 2.1 as well

The planned target for this output was 10 000 heads of livestock treated for diseases and administration of veterinary medicine. The quantities of medicines procured for treatment against worms, bacterial infections, spraying against ticks and tick-borne diseases and supportive treatment with multivitamins and mineral supplementation, was based on the average size of a cow, which is about 300kgs. However, during project implementation, the actual treatment of the livestock was based on the sizes and species of the animals presented.

The doses for treatment were based on animal weight; therefore, a single dose of a deworming drug (e.g., levamisole) used to treat one cow of 300kgs would also treat about 10 goats. The doses procured were based on treatment of 10 000 cattle in three districts of Ntoroko, Bundibudgyo and Bududa. However, during implementation, it was noted that in Ntoroko and Bududa, the weight of cattle presented for treatment varied with some weighing about 200 kgs and therefore less of the dose was used in such instances. Smaller ruminants like goats, pigs and sheep were also presented for treatment. The project therefore exceeded the target of treating 10 000 heads of livestock and treated 34 604 livestock comprising 4 284 livestock in Bududa, 7 908 in Bundibugyo and 22 412 livestock in Ntoroko for ectoparasites control, deworming and supplementary feeding.

Activities	Description	Implemented by
Activity 2.1	Procure animal feed and veterinary medicine	FAO
Activity 2.2	Select and contract implementing partner through Letters of Agreements	FAO
Activity 2.3	Targeting of beneficiary households with priority given to women-headed households	FAO
Activity 2.4	Provide training on the proper storage and utilization of animal feed	SORUDA
Activity 2.5	Distribute and administer veterinary drugs	FAO, District Veterinary Officers
Activity 2.6	Administer Rift Valley fever (RVF) vaccines to livestock	FAO, District Veterinary Officers

Output 3 Productive farm infrastructure close to waterways or damaged by landslides are restored and repaired

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/Cluster	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Hectares of farmland restored for productive use	260	0	--
Indicator 3.2	Number of people benefiting from restored farmland	152 households (1,070 individuals)	0	--

Explanation of output and indicators variance: By the time FAO was able to implement following the easing of COVID-19 control measures, communities had cleared debris; therefore, resources were reallocated to Output 1 to support the identified increased need for assistance in response to heavy flooding in the targeted districts in 2020.

Activities	Description	Implemented by
Activity 3.1	Complete the rapid assessment of damages to farmland close to major waterways and flood plains	Not completed due to Covid-19 constraints and resources reallocated in line with reprogramming and NCE request
Activity 3.2	Identify and contract firms to restore farm productive infrastructure before the next planting season	Not completed due to Covid-19 constraints and resources reallocated in line with reprogramming and NCE request
Activity 3.3	Monitoring, evaluation and supervision as well as quality control of restoration work	Not completed due to Covid-19 constraints and resources reallocated in line with reprogramming and NCE request

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas² often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been integrated and given due consideration.**

a. Accountability to Affected People (AAP)³:

At the onset of implementation of activities 1.4, 2.3 and 3.1, inception meetings were conducted in partnership between FAO and its respective implementing partner, engaged key community stakeholders, including MAAIF, District Local Government (DLG) and community members, to introduce the project and its respective approaches and interventions. This engagement also represented key opportunities to introduce FAO and their implementing partner's staff to stakeholders and to refine geographic targeting and beneficiary selection criteria through community participation to ensure the most vulnerable households were prioritized.

b. AAP Feedback and Complaint Mechanisms:

FAO had in place a monitoring system to strengthen accountability to affected populations, which included on-site monitoring during the distribution of inputs to obtain rapid feedback from beneficiaries. The implementing partner was trained in this approach and was able to collect feedback. Thanks to post-distribution monitoring and assessments, FAO also obtained feedback on perceived positive aspects of assistance as well as shortcomings. Feedback was taken into consideration for future interventions.

c. Prevention of Sexual Exploitation and Abuse (PSEA)²:

Protection against Sexual Exploitation and Abuse (PSEA) was embedded in FAO's Letters of Agreement, and PSEA focal points were nominated in all FAO offices to offer support, create awareness of PSEA among partners, and to monitor and report cases.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

FAO considered the specific needs of women and youth, who represented 60 per cent of the project's beneficiaries. Emergency livelihood kits were designed to enable women and their families to have increased access to nutritious food sources, while cultivating vegetables close to home to help mitigate the risk of gender-based violence. Crop, vegetable, and livestock production benefited the most vulnerable both as a source of nutrition-rich food and to trade or barter in locations where markets were functional.

e. People with disabilities (PwD):

The project had as its primary target households who were reliant on subsistence agriculture to ensure their well-being and food security. While the primary targets were men and women who could engage in labour-intensive agriculture production, FAO used a household targeting approach whereby production was considered in terms of the number of months that households were able to provide adequate and nutritious foods for all members of their household under the care of the head of household (male or female). Thus, by enabling heads of households to protect and/or rebuild their productive assets to produce an adequate food supply for household consumption to meet their food security needs as part of their essential needs, FAO reduces the risk that household members, including PwD, might engage in negative coping strategies to be food secure.

² These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas.

³ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

f. Protection:

As mentioned in support of PWD, FAO used a household approach in targeting vulnerable households that were reliant on agriculture production to meet their basic and essential household needs. Thus, by supporting households to protect and/or rebuild their productive assets, FAO directly supported households to reduce their risk of engaging in negative coping strategies to meet their food security needs, which could include requiring children to drop out of school to work.

g. Education:

The project supported education in two ways: (1) informal education and (2) reduction in negative coping strategies where households required children to drop out of school to work. FAO integrated trainings as a key aspect to increase the adaptive capacity of households reliant on subsistence agriculture production to meet their food needs. FAO recognized that the floods of 2019-2020 were a direct result of climate change. As a result, households urgently needed support to increase their capacity through informal education in the form of trainings on GAP, which included climate smart agriculture (CSA). Furthermore, in safeguarding livelihoods, FAO supported households to not engage in negative coping strategies, notably requiring children to drop out of school to meet household basic needs through seeking employment or begging, among other transactional activities.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	Not applicable

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

Seed markets were assessed to have a limited functionality in Uganda by the Government of Uganda, with in excess of 30 percent of all seeds being counterfeit seeds and an estimated additional 30 per cent being of poor quality (i.e. not able to germinate). As a result, there is limited to no trust in seed dealers away from the urban centres and households are reliant on their own seed stock that is reserved from the prior season. Thus, in a context of reduced availability of seed stock as many households had poor to no harvest in December 2019 due to the flooding and the subsequent flooding in early 2020 that had further exhausted without replenishment household seed stock, it was necessary to provide in-kind assistance.

9. Visibility of CERF-funded Activities.

Title	Weblink
N/A	N/A

3.2 Project Report 20-RR-IOM-001 - IOM

1. Project Information			
Agency:	IOM	Country:	Uganda
Sector/cluster:	Water Sanitation Hygiene - Water, Sanitation and Hygiene	CERF project code:	20-RR-IOM-001
Project title:	Strengthening of life-saving response through provision of emergency Water, Sanitation, and hygiene (WASH) assistance and mobility tracking of affected communities.		
Start date:	04/02/2020	End date:	03/10/2020
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input checked="" type="checkbox"/>	Reprogramming <input checked="" type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 2,843,000
	Total funding received for agency's sector response to current emergency:		US\$ 0
	Amount received from CERF:		US\$ 818,489
	Total CERF funds sub-awarded to implementing partners:		US\$ 417,543
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 417,543
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

The CERF RR project, implemented by IOM had both Water, Sanitation and Hygiene (WASH) and Data Tracking Matrix (DTM) components. The project's total duration was six months, and a no-cost extension of two months was approved extending the project through 3 October 2020. A total of 122,287 people including 36,689 Internally Displaced Persons (IDPs), and 85,598 persons from the host communities benefitted from the project. In terms of beneficiaries' gender, 62,895 (51%) were women, and 59,392 (49%) men. The project's WASH component was implemented in three flood and landslide affected districts (Bududa, Sironko and Bundibujjo) in partnership with a local NGO called Care and Assistance for Forced Migrants (CAFOMI). 43,407 people benefitted from maintenance, repairing, cleaning, and disinfection of 58 existing water sources, and 14,045 people benefited from the distribution of household water treatment tabs. As part of the COVID-19 response, 16,119 persons benefitted from the installation of handwashing stands and provision of soap and other cleaning materials in eleven institutions or public Health centers. The project trained 156 WASH management committee members and 50 people on water quality monitoring. The installation of 150 mobile latrines and rehabilitation of four institutional latrines enabled 10,872 residents living in flood-affected areas and people using public service centers such as schools and clinics to have access to safe and dignified access to latrines. 2,300 NFI hygiene kits were distributed to 12,475 beneficiaries. Sixty village health team members were trained, and the hygiene and sanitation awareness activities reached out to 62,689 people. The displacement tracking matrix (DTM) component collected vital information from 248,210 affected people, including 132,345 IDPs and 59,896 returnees, living in seven flood and landslide affected districts. The DTM component was implemented in partnership with the implementing partner (IP) Humanitarian Assistance and Development Service (HADS). The key deliverables were achieved through effective coordination and collaboration with relevant government disaster response mechanisms.

3. Changes and Amendments

Following the first case of COVID-19 confirmed in the country, on March 21, 2020, Uganda's government enforced various measures to contain and mitigate the spread of the COVID-19 pandemic. The measures taken by the government included restrictions on movements, banning public gatherings, and partial closing of offices, shops, and other services. Besides, the local authorities had taken additional measures to reinforce the government's actions, including suspending all interventions. The COVID 19 restrictions significantly affected the implementation of project activities. Most of the trainings, advocacy campaigns, and sensitization activities were suspended for almost two months (March-April). The activities related to the Displacement Tracking Matrix (DTM), such as training of enumerators and field assessments, were also placed on hold due to the restriction on public gatherings and limitation of movements to the communities.

Amidst these limitations, IOM requested a reprogramming of activities and a no cost extension (NCE) in June that was approved by CERF for a duration of additional two months. Regarding the change of activities, the water trucking activity was substituted with activities strengthening hand washing at public centers, considering the critical risk posed by the ongoing COVID-19 pandemic. Additional NFIs were procured and distributed in Bundibujjo district due to mass flooding and landslide that happened during the implementation of the project. The modality of implementation of WASH and DTM awareness and training activities was changed to adhere to COVID-19 IPC protocol. All other project activities and the beneficiaries' profile remained unchanged.

4. Number of People Directly Assisted with CERF Funding*

Cluster/Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced persons	13,000	12,536	20,893	18,571	65,000	20,382	19,332	23,642	22,242	85,598
Host communities	11,500	11,000	17,500	16,000	56,000	8,737	8,286	10,134	9,532	36,689
Other affected persons	0	0	0	0	0	0	0	0	0	0
Total	24,500	23,536	38,393	34,571	121,000	29,119	27,618	33,776	31,774	122,287
People with disabilities (PwD) out of the total										
	0	0	0	0	0	0	0	0	0	0

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. Persons Indirectly Targeted by the Project

The hygiene and sanitation promotion activities, which included COVID-19 infection prevention and control (IPC) measures, were extended beyond the counties and sub-counties directly affected by the floods and landslide. The entire district population, which is around 452,594, indirectly benefitted from the COVID-19 IP radio messages and hygiene and sanitation promotion. Specifically, the IP CAFOMI reported having reached 87,793 (45,298 female; 42,495 male) beneficiaries through radio talk show and rehabilitation of 50 water sources aimed to improve access to safe sanitation and hygiene practices. Finally, other water service providers benefitted from the project through the training provided to the village water committees and to the District Local Government Water and Sanitation team.

6. CERF Results Framework

Project Objective	Improved life-saving response through provision of emergency WASH assistance and registration and verification of affected communities.			
Output 1	Improved access to safe water Water Sanitation Hygiene - Water, Sanitation and Hygiene			
Was the planned output changed through a reprogramming after the application stage? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
Sector/Cluster	Water Sanitation Hygiene - Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of water sources in Bududa and Sironko supplemented by water trucking	50	58	End of Activity Report
Indicator 1.2	% of water distributed through water trucking has acceptable levels of FRC (<0.2 mg/l) at the point of delivery, and that 100% of wells and hand pumps will test negative for faecal coliforms (0 UFC /100 ml) The above indicator changed to; # COVID-19 NFI, and hand washing facilities distributed at health institution.	100% 31	0 31	The water trucking activity changed to COVID-19 IPC Report-Covid-19 NFI-Distribution
Indicator 1.3	Number of water and sanitation management committees trained	18	26	Annex04_ End of Activity Report -WUC Training.
Indicator 1.4	Number of water samples tested at households	1,500	1,500	Water Quality Testing report
Explanation of output and indicators variance:		The project achieved a slightly higher target than what had been planned. The number of water points cleared, maintained, and disinfected, and the number of training delivered to water management committees is higher than the planned figure. It requires more water management committees to handle distantly located tap stands. On the other hand, the water trucking activity planned to provide direct access to safe water to affected populations was canceled as people displaced by the flooding and landslides returned to their villages immediately after the event occurred.		

Activities	Description	Implemented by
Activity 1.1	Maintenance/repairing, cleaning and disinfection of 50 existing water sources.	CAFOMI
Activity 1.2	Distribution of household water treatment kits for 2,500 households, sufficient for two months	CAFOMI
Activity 1.3	Provision of safe water through water trucking in 5 identified areas	CAFOMI
Activity 1.4	Establish and train water and sanitation (WASH) management committees	CAFOMI
Activity 1.5	Training on water quality testing	CAFOMI
Activity 1.6	Conduct water quality monitoring at household and source level	CAFOMI

Output 2 Improved access to safe sanitation and hygiene

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/Cluster Water Sanitation Hygiene - Water, Sanitation and Hygiene

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	# of households accessing safe sanitation and hygiene services	2500 (12,500) ⁴	17,559 (87,793)	Beneficiaries statistical data End of Project report-
Indicator 2.2	Number of mobile latrines constructed	150	150	End of Project report-
Indicator 2.3	Number of institutional latrines rehabilitated	4	150	_End of Project report
Indicator 2.4	Number of hygiene kits distributed	2,000	2,300	End of Project report-
Indicator 2.5	# of Village Health Teams (VHTs) identified and trained	60	60 (Female 26; Male 34)	Annex11_VHT Training.

Explanation of output and indicators variance: The number of households accessing safe sanitation and hygiene services exceeded the planned target by 15,059. The increment is justified by the re-programming of activities to factor in COVID-19 response. Particularly radio talk shows aiming to raise awareness on correct hygiene practices within the communities were implemented instead of public gatherings that were prohibited as a strategy by GoU to curb the spread of the COVID19 pandemic. Additionally, one emergency NFI distribution was organized in Bundibugyo where more than 300 NFI kits were distributed by IOM's implementing partner to the most affected beneficiaries.

Activities	Description	Implemented by
Activity 2.1	Construction of emergency latrines/ mobile toilets	CAFOMI
Activity 2.2	Rehabilitations of institutional latrines	CAFOMI
Activity 2.3	Purchase of NFI/Hygiene kits	CAFOMI
Activity 2.4	Distribution of NFI/Hygiene kits	CAFOMI

⁴ IOM has confirmed that only direct beneficiaries have been reflected as project beneficiaries in relevant sections and charts

Activity 2.5	Promote safe hygiene and sanitation practices (through awareness raising and creation of a mechanism for community dialogue) to reduce the risk of poor WASH related diseases	CAFOMI
Activity 2.6	Identification and training of village health teams (VHTs)	CAFOMI
Activity 2.7	Conducting Joint monitoring	CAFOMI/IOM/GOV

Output 3 Improved access to and utilization of accurate and disaggregated information.

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/Cluster	Water Sanitation Hygiene - Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Rounds of baseline assessments carried out by enumerators	3	1	DTM_UGA_Baseline_Mobility_Assessment_Floods
Indicator 3.2	Number of MSLA reports produced and disseminated to the partners.	3	1	Uganda floods impact: displacement tracking matrix (dtm) site assessment
Explanation of output and indicators variance:	<p>In view of disseminating more comprehensive information on flood-affected locations to relevant stakeholders engaged in the response, the scope of the assessment was expanded to cover additional locations of Kasese in the West and Bulambuli, Manafwa, Namisindwa districts in the East, also affected by the December 2019 flash floods. The assessment report provides information on the damages and on the population affected and displaced in seven districts. The Multi Sector Location Assessment (MSLA,) was conducted in five districts, including Bududa, Sironko, Bulambuli, Bundibugyo, and Kasese.</p> <p>The project targeted three rounds of Baseline Assessments and Multi-sectoral (MSLA) in three flood-affected districts i.e Sironko, Bududa, and Bundibugyo. However, the second and third round assessment and MSLA didn't take place due to the restrictions on movements and lockdown enforced by the Uganda's government due to the COVID-19 pandemic.</p>			
Activities	Description	Implemented by		
Activity 3.1	Conduct baseline assessments in priority locations	IOM/HADS		
Activity 3.2	Conduct Multi-sectoral location assessments.	IOM/HADS		
Activity 3.3	Dissemination of Reports	IOM/HADS		
Activity 3.4	Train 60 enumerators on Displacement Tracking Matrix (DTM)	IOM/HADS		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁵ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education, and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been integrated and given due consideration.**

a. Accountability to Affected People (AAP)⁶:

IOM held consultative discussions with its implementing partners on the possible interventions and the strategies to ensure accountability to affected persons (AAP). IOM also held meetings with beneficiaries, including youths, women, girls, elders, and other people with disabilities, to ensure that all parties were involved and informed on the project activities. These discussions enabled IOM to identify the critical aspects of access to WASH services and protection issues. For instance, mobile toilets were installed, and the illumination during the night time was to ensure dignified and safe access to latrine for all groups, including women and persons with disabilities. Besides, a person designated by the community worked with the implementing agency (CAFOMI) to closely monitor the quality, quantity, and timeliness of the deliverables and tailor the activities to the specific local context. IOM also participated in DRR and WASH Coordination Platforms to reduce duplication of efforts and address critical needs.

b. AAP Feedback and Complaint Mechanisms:

Through the implementing partners and in collaboration with Local council leaders at the sub-county level, IOM organized several community dialogues and meetings, adhering to COVID-19 preventive measures, where feedback on activity implementation was requested and key project performance indicators have been shared. During the dialogues, IOM team also invited participants to share any concern that needed to be addressed regarding the project and its deliverables. However, neither the beneficiary communities nor any local authorities have put forward significant complaints.

c. Prevention of Sexual Exploitation and Abuse (PSEA)²:

IOM, through its IP CAFOMI, used the existing community mobilization structures to sensitize communities on the zero tolerance to sexual exploitation. IOM further encouraged the beneficiaries to report all forms of violence through the current PSEA referral system in the respective districts of Bududa and Sironko. Besides, IOM trained its staff as well as the IPs on PSEA and the existing reporting mechanisms for PSEA related complaints.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

Project staff and project counterparts were sensitized from the inception on the criticality of the protection of gender minorities and protection and prevention of gender-based violence, as well as the ethical obligation to do no harm when they address GBV. The sensitization work mainly focused on ensuring woman's safety as one of the primary concerns of the intervention; identify the danger and provide safety planning for women/girls, protecting women's privacy and confidentiality. The project also incorporated behavioral change communication (BCC) activities that are focused on gender into hygiene and sanitation messages. Information sharing focused on the use of BCC to increase awareness and knowledge; change attitudes; influence social norms and change specific behaviors in appropriate hygiene and sanitation practices especially among girls and women.

e. People with disabilities (PwD):

⁵ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

⁶ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

The project considered the special needs of people with disabilities. All the physical maintenance and construction works were carried out, considering the accessibility of people with physical disabilities. Mobile latrines were constructed with easy access for people in a wheelchair. The hygiene and sanitation awareness messages were put in pictorial depiction and narration to facilitate the message transmission of people having limitation in listening and speaking.

f. Protection:

N/A

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	N/A

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

N/A

9. Visibility of CERF-funded Activities

United Nations CERF and IOM Support Victims of Floods & Mudslides in Uganda	https://uganda.iom.int/press/united-nations-cerf-and-iom-support-victims-floods-mudslides-uganda
UN earmarks sh3b for mudslides victims in Eastern Uganda	https://www.newvision.co.ug/news/1516615/earmarks-sh3b-mudslides-victims-eastern-uganda
UN donates Shs3b to help landslide victims	https://www.monitor.co.ug/News/National/UN-donates-Shs3b-help-landslide-victims/688334-5495532-10ubhegz/index.html
UN CERF SUPPORTS FLOOD VICTIMS IN WESTERN UGANDA	https://tinyurl.com/yxj2tavd
UNITED NATIONS CERF AND IOM SUPPORT COMMUNITIES AFFECTED BY FLOODS & MUDSLIDES	https://tinyurl.com/yyaerjan
With funds from @UNCERF, IOM UGANDA and partner...	https://twitter.com/IOM_Uganda/status/1276825342938951683
@UNCERF and @IOM_Uganda launch project to assist...	https://twitter.com/IOM_Uganda/status/1240249131228069889

3.3 Project Report 20-RR-FPA-003 – UNFPA

1. Project Information			
Agency:	UNFPA	Country:	Uganda
Sector/cluster:	Protection - Sexual and/or Gender-Based Violence Health - Health	CERF project code:	20-RR-FPA-003
Project title:	Provision of life-saving SRHR and GBV Services to women and girls most affected by flooding & landslides in Bundibugyo, Sironko and Bududa districts in Uganda		
Start date:	13/01/2020	End date:	12/07/2020
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:	US\$ 566,953	
	Total funding received for agency's sector response to current emergency:	US\$ 0	
	Amount received from CERF:	US\$ 170,086	
	Total CERF funds sub-granted to implementing partners:	US\$ 51,603	
	Government Partners	US\$ 0	
	International NGOs	US\$ 51,603	
	National NGOs	US\$ 0	
Red Cross/Crescent Organisation	US\$ 0		

2. Project Results Summary/Overall Performance

Through CERF rapid response funding, UNFPA and partners provided life-saving sexual and reproductive health services (SRHR) and GBV interventions to a total of **14,831** beneficiaries during the period 13 January 2020 through 12 July 2020 in the three flood effected districts of Bundibugyo, Sironko and Bududa. This represents an overachievement of 138% of the total targeted number of beneficiaries (10,761). The services targeted women, adolescent girls and boys who were affected by the flooding and landslides specifically by strengthening the health and protection systems at community and health facility levels.

At health system level, UNFPA provided reproductive health supplies, human resource capacity, and ambulance services to enhance capacity of health facilities to provide SRHR services and increase timely referral and linkage of pregnant mothers to health care. Seventeen (17) health facilities were capacitated to provide lifesaving SRHR and GBV services including antenatal care, emergency obstetric care, post abortion care, post-natal care and clinical management of rape services, serving a total of 14,831 people with lifesaving SRHR and GBV services over the programme period. 3,655 pregnant women were served with Antenatal Care (ANC) services, 2,732 pregnant women in targeted facilities received skilled birth attendance while 5,815 displaced youth and adolescents received Adolescent and Youth Friendly SRHR/GBV services at facilities and health facility community outreaches

To increase uptake of SRHR and GBV services and mitigate risks of GBV among the affected population at community level, a total of six (6) temporary women safe spaces were established and 3,857 people were reached with SRH/GBV information through community activities. In addition, 1,418 mothers were mapped through pregnancy mapping in the communities and were linked to care. Mama kits and

hygiene kits including sanitary pads were distributed to women and girls to preserve dignity. The three supported districts maintained functional coordination systems and mechanisms for prevention and response to GBV.

Whereas the overall number of beneficiaries as well as the number of women reached with safe delivery, antenatal care and postnatal care were all above the project target, the functionality of the temporary women spaces was particularly affected due to COVID-19 lockdown and restrictions, which was also considered to have affected the number of GBV cases seeking care at health facilities.

3. Changes and Amendments

Community structures such as women safe spaces were particularly affected by the COVID-19 pandemic and the resultant nationwide lockdown in the period April-June 2020. The lockdown limited activities in the communities in about half of the programme period and affected some of the expected results. However, the project was able to reach more beneficiaries overall through continuation of uptake and provision of SRHR services at the targeted health facilities and an increase in the number of targeted health facilities under the project. UNFPA procured through own resources key personal protective equipment (PPEs) to ensure that health care workers remained on duty in the targeted health facilities when government had not been able to provide enough. Again, related to the COVID -19 pandemic, a lower number of applicable vendors coupled with transportation challenges incurred procurement delays and increased costs of transportation. The UNFPA Country office had, however, at the onset of the crisis distributed UNFPA funded pre-positioned items such as tents, menstrual pads, and ERH kits.

4. Number of People Directly Assisted with CERF Funding*

Cluster/Sector	Health ¹									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced persons	5,000	1,170	2,112	915	9,197	10,565	1,533	2,387	346	14,831
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected persons	1,000	0	564	0	1,564	0	0	0	0	0
Total	6,000	1,170	2,676	915	10,761	10,565	1,533	2,387	346	14,831
People with disabilities (PwD) out of the total										
	120	23	60	18	221	211	31	48	7	297
Cluster/Sector	Protection - Sexual and/or Gender-Based Violence									
Category	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced persons	400	120	100	0	620	2,394	852	312	299	3,857
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected persons	0	0	0	0	0	0	0	0	0	0
Total	400	120	100	0	620	2,394	852	312	299	3,857
People with disabilities (PwD) out of the total										
	8	8	2	0	18	48	17	6	6	77

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

¹ Explanation of the figures presented: UNFPA works with SRHR/GBV in an integrated manner, which means that all community related activities entail both components and reported health related data also include GBV services at health facilities. The total number of beneficiaries reached under the health cluster (14,831) thus includes the GBV cluster beneficiaries (3,857).

5. Persons Indirectly Targeted by the Project

The project indirectly benefited:

- 73 front line health workers updated on provision of life saving SRHR and GBV services
- 114 GBV protection service providers and stakeholders including police officers, social and response teams were updated on provision of life saving SRHR and GBV services

NB: explanation of the figures presented in section 4: UNFPA works with SRHR/GBV in an integrated manner, which means that all community related activities entail both components and reported health related data also include GBV services at health facilities. The total number of beneficiaries reached under the health cluster (14,831) thus includes the GBV cluster beneficiaries (3,857).

6. CERF Results Framework

Project Objective	To improve access to and uptake of life-saving quality sexual and reproductive health care while integrating GBV services in Bundibugyo, Sironko and Bududa Districts of Uganda				
Output 1	Strengthened district response capacity to ensure the provision of life-saving SRHR services				
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/Cluster	Health - Health				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 1.1	Number of displaced pregnant mothers utilizing antenatal care in targeted districts	1,328	3,655	HMIS/ partner report	
Indicator 1.2	Number of births (by displaced women & girls) attended by skilled health personnel in targeted districts	444	2,732	Health facility registers and Midwives' contracts/ IP (ACORD) report.	
Indicator 1.3	Number of displaced youth & adolescents receiving Adolescent Youth Friendly / Sexual and Reproductive Health and Right (AYF/SRHR) services	5,000	5,815	HMIS/ partner reports and Peer educator reports	
Explanation of output and indicators variance:		<p>It was possible and appropriate to reach a higher number of beneficiaries with the same funding level. 3,655 (target 1,358) attended antenatal care with the aid of the skilled labour in targeted facilities. Increased access to SRHR/GBV information, increased number of health facilities targeted and SRHR/GBV outreaches conducted, coupled with pregnancy mapping that linked the women to services delivery may explain the increased percentage compared to the target.</p> <p>Upon the closure of IDP camps, increasing the number of health facilities targeted under the project was necessary to reach the target population. This was achieved through the redistribution of the budget allocation between facilities. The engagement and dedication of VHTs and volunteers further</p>			

	<p>resulted in a higher number of pregnant women identified through the pregnancy mapping and the community outreaches than initially planned.</p> <p>2,732 pregnant women (target 444) delivered at 17 supported health facilities and were attended by skilled health personnel. 438 dignity kits were received by women who gave birth at the health facilities. To strengthen service delivery 73 health workers were trained in MISP. The large achievement is due to an increased number of health facilities supported than initially planned, and the popularity of health service outreach camps.</p> <p>5,815 (target 5000) displaced youth and adolescents received integrated SRHR/GBV services at facilities and women spaces representing 116.3% of the target. Adolescents and youth were reached with SRHR information and services through community work, youth friendly services, youth outreaches, and camps.</p>
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Activities	Description	Implemented by
Activity 1.1	Conduct pregnancy mapping for Identification of High-risk pregnancies, timely referrals for Antenatal Care (ANC) and link to delivery services at appropriate level of health facilities	District Local Governments, ACORD
Activity 1.2	Quantify the need and coordinate with Joint Medical Store (JMS) to supply SRH drugs and contraceptives to clinics in affected areas	Joint Medical Stores, Ministry of Health, District Local Governments, ACORD
Activity 1.3	Mobilize and update health care workers in affected districts serving the displaced population to provide quality SRH services (including Minimum Initial Service Package - MISP)	District Local Governments, ACORD
Activity 1.4	Support the provision of AYF/SRH/FP outreach services to the displaced populations	District Local Governments, ACORD
Activity 1.5	Procure and distribute dignity kits (mama and baby packs) to all displaced pregnant women delivering in the next three months	UNFPA, District Local Governments, ACORD
Activity 1.6	Procure emergency reproductive health kits for both mother and health workers (RH kit2a, 2b, Post Rape Kit 3, RH kit 11A & 11b)	UNFPA, District Local Governments, ACORD

Output 2 Strengthened mechanism for multi-sectoral coordination of GBV prevention and response.

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/Cluster	Protection - Sexual and/or Gender-Based Violence			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of displaced women, girls, boys & men served with GBV services in target districts	500	353	IP reports
Indicator 2.2	Number of sexual violence survivors (among the displaced population) provided with post rape services	98	15	HMIS & IP reports

	(including emergency contraception, post exposure prophylaxis, psychosocial counselling etc.) within 72 hours.			
Indicator 2.3	A clearly established and functional coordination systems with mechanism for prevention and responding to GBV (Emergency GBV SOPs, Referral pathways, timely coordination meetings)	Yes (existence of Emergency GBV SOPs, Referral pathways, timely coordination meetings)	Yes(existence of Emergency GBV SOPs, Referral pathways, timely coordination meetings)	IP reports
Indicator 2.4	Number of displaced women & adolescents (including women with disability) reached with SRHR and GBV information/services through women spaces.	8,514	3,857	IP reports

Explanation of output and indicators variance:	<p>353 displaced women, girls, boys and men (target 500) were reached with GBV services in target districts while 3,857 were reached with GBV information. We managed to achieve 70.6% of the target. COVID restrictions implemented by the government limited movements and provision of GBV services and information especially at community levels.</p> <p>The programme managed to achieve 15.3% of the target number (98) of displaced women, girls, boys & men served with SGBV services. COVID restrictions implemented by the limited movements and provision of GBV services and information. Women safe spaces were not able to functionalise for 2 months because of the national complete lockdown and overall seeking health care for GBV cases saw a decrease during the lockdown.</p> <p>3,857 women/girls (target 8,514) were reached through women and girls' spaces with GBV and SRHR information, psychosocial support, referrals and skills training. This achievement was less than expected because of the restrictions on gathering in women spaces due to COVID-19.</p> <p>At the end of the project there was a functional coordination system in all three districts chaired by partners and a District community development officer. This included GBV Referral pathways and having the minimum standards in place.</p>
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Activities	Description	Implemented by
Activity 2.1	Mobilize and update service providers and stakeholders including police officers, social and health workers, response teams and other key stakeholders to serve the affected population with dignity in GBV integration and SRH	District Local Governments, ACORD
Activity 2.2	Establish safe spaces for displaced women and girls in temporary shelters, protection and referrals of survivors of GBV	District Local Governments, ACORD
Activity 2.3	Procure and distribute hygiene kits to displaced women and girls	District Local Governments, ACORD

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁷ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been integrated and given due consideration.**

a. Accountability to Affected People (AAP)⁸:

The design of the programme took into consideration rights-based programming and sought to ensure that the target beneficiaries enjoyed their rights, have access to protection services, participated fully in decisions that affected them and their family members and communities. UNFPA and partners utilized a community-based and facility-based approach for provision of SRHR/GBV services which was guided by principles of equality and participation. Community volunteers were identified to reach the communities, such as the Village Health Teams (VHTs), Local councils, and Community development officers, among others. Selected community leaders and volunteers were updated on different SRHR/GBV issues including the GBV referral pathway while community members including health workers, and other service providers were engaged in conducting information dissemination, house-to-house pregnancy mapping and GBV screening in the settlements, sensitizing the women and youth. The beneficiaries were involved in the daily monitoring of the programme through bi-weekly interactions with implementing partners and through meetings on the progress on the programme.

b. AAP Feedback and Complaint Mechanisms:

UNFPA together with partners engaged the affected community members and stakeholders through community and district level meetings which introduced the programme to the district and community leaders and beneficiaries in terms of the expected results of the programme and how it will benefit the community. Beneficiaries were empowered to demand for their rights, have access to services free of violence, coercion and holding duty bearers accountable. The beneficiaries were involved in the daily monitoring of the programme through bi-weekly interactions with implementing partners and through meetings on the progress on the programme.

c. Prevention of Sexual Exploitation and Abuse (PSEA)²:

UNFPA has PSEA policies and code of conduct for handling SEA cases. Through its policies UNFPA ensures that PSEA is embedded in all implementing partner agreements; In addition, there was clear check of background of recruited staff, contractors, and consultants. UNFPA has a strict code of conduct on Prevention of Sexual Exploitation and Abuse and has oriented all staff and partners to adhere to the Secretary General's bulleting of zero tolerance to PSEA and ensured that staff completed the mandatory PSEA courses. The beneficiaries are sensitized on PSEA, reporting lines, and established community complaint mechanism. Partners are encouraged to conduct clear and background check for its contractors and consultants train its entire staff on PSEA.

d. Focus on women, girls, and sexual and gender minorities, including gender-based violence:

The project has ensured that displaced women and young people including adolescents are empowered with correct information on SRHR/GBV to reduce risk of teenage pregnancy, GBV and Sexually Transmitted Infections (STIs)/HIV and to stimulate demand for SRHR/GBV services. Systems were supported and strengthened at the community and health system level. The project supported

⁷ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

⁸ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

mechanisms that mitigated risk of GBV and facilitated coordination and support to multi-sectoral response to GBV, including medical and psychosocial support and referral to legal assistance.

e. People with disabilities (PwD):

The project considered disability as part of a larger vulnerability-based beneficiary selection criteria. The project was mindful of leaving no one behind so all men, women, girls, boys of all age groups were put into consideration including the elderly women. Within the implementation process, the project ensured that people with disabilities were empowered with information to be less vulnerable to risks associated with displacement.

f. Protection:

The beneficiaries were sensitized on protection issues including PSEA, reporting lines, and established community Complaint mechanism. Partners were encouraged to conduct clear and background check for its contractors and consultants train its entire staff on PSEA and PSEA is embedded in all implementing partner agreements.

g. Education:

Not Applicable

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	0

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

None

9. Visibility of CERF-funded Activities

Title	Weblink
Supporting pregnant mothers give birth safely in disasters	https://uganda.unfpa.org/en/news/supporting-pregnant-mothers-give-birth-safely-disasters
Responding to the needs of mothers affected by floods in Bundibugyo district	https://uganda.unfpa.org/en/news/responding-needs-mothers-affected-floods-bundibugyo-district

3.4 Project Report 20-RR-HCR-002 – UNHCR

1. Project Information			
Agency:	UNHCR	Country:	Uganda
Sector/cluster:	Emergency Shelter and NFI - Shelter and Non-Food Items	CERF project code:	20-RR-HCR-002
Project title:	Provision of emergency shelter materials and non-food items to support flood and landslide-affected households		
Start date:	12/12/2019	End date:	11/06/2020
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

Funding	Total requirement for agency's sector response to current emergency:	US\$ 6,660,000
	Total funding received for agency's sector response to current emergency:	US\$ 799,742
	Amount received from CERF:	US\$ 799,742
	Total CERF funds sub-granted to implementing partners:	US\$ 74,715
	Government Partners	US\$ 0
	International NGOs	US\$ 0
	National NGOs	US\$ 74,715
Red Cross/Crescent Organisation	US\$ 0	

2. Project Results Summary/Overall Performance

UNHCR and its implementing partner, Care and Assistance for Forced Migrants (CAFOMI), distributed emergency shelter materials and non-food item (NFI) kits to 3,000 households consisting of 21,721 individuals including women and children affected by the devastating floods in the five sub counties (Harugale, Bubukwanga, Ntotoro, Bundibugyo Town council and Busaru) in Bundibugyo District from 27 April to 31 June 2020. The emergency shelter materials and NFI kits included 3,000 solar lamps, 3,000 kitchen sets, 3,000 20-litre jerricans, 3,000 basins, 14,710 mosquito nets, 14,710 blankets, 14,710 sleeping mats, 14,710 250gm bars of soap, and 8,781 high quality tarpaulins. The assistance enabled the beneficiaries to build temporary shelters and own decent basic household items to help re-start their lives. These items were essential to recovery as some flood victims reported having to borrow bowls, pots and pans to be able to cook and serve meals for their families due to the loss of all basic assets. The solar lanterns equipped with mobile phone chargers improved communications and safety at night as access to electricity is a challenge. They also enabled students to continue home learning in the COVID-19 context using learning materials distributed by UNICEF and the Ministry of Education and Sports. The mosquito nets distributed were intended to fight malaria, and reduce the infant mortality caused by malaria.

In line with its protection mandate, UNHCR conducted information dissemination on the type of items to be provided in accordance with the national Site Shelter and NFI Working Group Entitlements Distribution Scale in relation to family sizes. Continuous sensitization was carried-out on COVID-19 to promote safety measures, including physical distancing, mask wearing, hand washing, and the other prevention measures put in place by the Ministry of Health to mitigate outbreak of the virus. Hand washing facilities, temperature checking using infra-red thermometers, and physical distancing was enforced during the distribution process. UNHCR and CAFOMI took gender and vulnerability issues into consideration both in the targeting of the beneficiaries and in prioritizing the most vulnerable for assistance. During the sensitizations, households were requested to allow females to collect the items. UNHCR and CAFOMI used community approach where local authorities validated the list of beneficiaries.

3. Changes and Amendments

With the advent of the COVID-19 and the 5-week total lockdown imposed in Uganda to mitigate the spread of the virus, the humanitarian context changed as the movement of vehicles was restricted. This included the movement of partner staff between districts and the introduction of teleworking as a new way of working, while any physical meetings were limited to small groups of physically distanced people wearing masks. Heavy rains and new floods also affected the implementation of the project causing delays in distribution and resulting in additional flood victims requiring assistance.

UNHCR had to make a change in the number of beneficiaries from 4,860 households (24,300 individuals) to 3,000 households (21,271 individuals) due to the actual cost of the emergency shelter and NFI kits and the need to sub-contract partners for assessment, distribution, training on distribution data collection and entry, and post-distribution monitoring. These costs could not be indicated at the time of the proposal because a decision had not yet been taken on the method of distribution nor was any distribution partner operational in the flood response location. While there is a variance between the targeted number of households (4,860) and the number of households that actually received emergency shelter and NFI kits (3,000), the difference in the number of individuals assisted between the plan (24,300), and the actual number assisted (21,271) is 3,029 individuals. This variance mainly relates to household size as the planning assumption was based on household size 5 (typical to the refugee response), while the actual households assisted had an average household size of 7 members. The number of emergency shelter kits and NFIs distributed was based on the Shelter, Site and NFI Working Group Entitlement Scale presented in the proposal, which takes into account the size of each beneficiary household when determining the number of items to be provided to each household.

The original budget for emergency shelter and NFI kits procurement was USD \$729,146, and the actual expenditure in relation to non-food items procurement is USD \$660,968, with a difference of USD \$68,178 (10.31% variance). During the project planning phase, UNHCR estimated an average cost of USD \$150 per household assuming an average household size 5. During actual implementation, in relation to the Entitlement Scale, the average cost of the non-food items kits was \$200 per household because the average household size was 7. USD \$68,968 was spent on the distribution process, which was complicated and took place in remote villages where UNHCR and partners had not previously operated. It should be noted that UNHCR covered the costs of complementary activities (transportation and warehousing of emergency shelter and NFI kits) through other sources of funding. UNHCR Uganda sought guidance from its Headquarters on whether a re-deployment of funds request should be made and was advised that a formal request to re-deploy funds was not necessary because the budgetary change was within the acceptable threshold.

Through complementary funding, UNHCR contracted the services of its protection partner, ALIGHT, to conduct the post-distribution monitoring in order to separate responsibilities between UNHCR (procurement and selection), AIRD (warehousing, also done through existing systems through resource additional to CERF), CAFOMI (distribution) and ALIGHT (post-distribution monitoring). This was not envisaged as part of the original project, however, following assessment of the area of response coverage, this was essential to ensure greater transparency and accountability.

4. Number of People Directly Assisted with CERF Funding*

Cluster/Sector	Emergency Shelter and NFI - Shelter and Non-Food Items									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced persons	6,012	6,012	6,138	6,138	24,300	4,496	3,991	6,520	6,714	21,721
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected persons	0	0	0	0	0	0	0	0	0	0
Total	6,012	6,012	6,138	6,138	24,300	4,496	3,991	6,520	6,714	21,721
People with disabilities (PwD) out of the total										
	0	0	0	0	0	25	72	75	128	300

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. Persons Indirectly Targeted by the Project

UNHCR and CAFOMI trained nine volunteers from the flood-affected community on utilization of the assessment and data collection and data entry tools, on the principle of “do no harm” following standard operating procedures. This training also helped the partner staff understand how the humanitarian agencies collaborate to operate accountably to both donors and the affected population.

Since the project was implemented in a remote area and the beneficiaries have been collaborating to humbly share their assets, the project is estimated to have indirectly benefitted over 30,000 locals through the various sensitization sessions carried out before and during the implementation of the project. Community sensitizations were conducted on gender issues, on community-support and inclusion for persons with disabilities who were also beneficiaries, and how to treat them in safety and dignity to enhance the flood-prone community’s response to future emergency situations. The various sensitizations included messages on the COVID-19 measures put in place by the Ministry of Health. UNHCR also hired the services of the Uganda Police to help with crowd control and social distancing.

6. CERF Results Framework

Project Objective	Rapidly respond with emergency shelter materials and NFI kits to persons internally displaced by landslide and flood disasters in Uganda.			
Output 1	Distribution of emergency shelter materials and NFI to flood-affected households Emergency Shelter and NFI - Shelter and NFIs			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/Cluster	Emergency Shelter and NFI - Shelter and Non-Food Items			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# of households receiving emergency shelter materials and NFI kits	4,860 households (24,300 individuals)	3,000 households (21,721)	Partner distribution report
Explanation of output and indicators variance:		UNHCR had to decrease the number of beneficiaries due to increased cost of emergency shelter and non-food item kits, and the need to sub-contract partners for assessment, distribution and post-distribution monitoring		
Activities	Description	Implemented by		
Activity 1.1	Procurement of emergency shelter materials and NFI kits	UNHCR		
Activity 1.2	Distribution of emergency shelter materials and NFI kits (including assessment and data management)	CAFOMI		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁹ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been integrated and given due consideration.**

a. Accountability to Affected People (AAP)¹⁰:

At the advent of the floods that displaced hundreds of households in Bundibugyo District, UNHCR in collaboration with CAFOMI conducted joint assessments, considering the needs and views of the victims and the local authorities. The findings of the assessment informed the project design. The team held inception meetings with local authorities, the District Assistant Chief Administrative Officer for Disaster Management and mapped out the sub-counties affected by floods. The beneficiary list was verified by the affected community leaders and validated by the district authorities.

Meetings were held with the affected population, during project implementation to gauge the impact of the project on them as well as to hear the views. Post-distribution monitoring was conducted after the emergency shelter and NFI kits were received to ensure accountability. ALIGHT visited the beneficiaries at their various locations in four sub-counties through on-the-spot checks and administered a questionnaire on the project. 437 households were interviewed (46% females; 54% males).

b. AAP Feedback and Complaint Mechanisms:

Key informant interviews were conducted with the most vulnerable beneficiaries and local authorities during project implementation to generate feedback to CAFOMI and UNHCR on the implementation of the project (re: gaps, challenges, quality of the items received, impact of the project on the beneficiaries). The items which had factory defects were replaced by UNHCR (i.e. 6 basins, 2 jerry-cans and 2 solar lamps during the mop up exercise. The distribution centres were located closer to beneficiaries' homes after some of the beneficiaries complained about the distance.

Meetings with the local leaders and district authorities and the post-distribution monitoring exercise put in place by UNHCR through its protection partner, ALIGHT, gave beneficiaries the opportunity to express their views. These views helped the responding partners to address the gaps/complaints in a timely manner and help achieve the desired results. The interviews were carried out in line with the principle of confidentiality. This included interviewing families separately, and women and girls separately to ensure the confidential capture of key protection issues (e.g., SGBV issues). The local authorities were also interviewed separately.

c. Prevention of Sexual Exploitation and Abuse (PSEA)²:

A trained network of staff tasked with receiving individual complaints and providing support to survivors at all UNHCR field offices in Uganda, including provision of psychosocial support, legal services, medical assistance and safety and security through the Victims' Assistance Protocol. UNHCR conducts regular risk mapping and safety audits, PSEA awareness and training sessions, disseminates regular messages to all staff reiterating zero-tolerance for SEA, and participates in the UN Country Team PSEA Mechanism. Survivors are supported and referred in accordance with already-established SGBV referral pathways.

UNHCR continues to work through CAFOMI and ALIGHT in the same project locations, and these partners remain in contact with the beneficiaries and assist them on key protection issues. UNHCR maintains protection desks and mobile teams in the region and the contact

⁹ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

¹⁰ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

numbers are known to the flood affected community. Sessions to hear and address concerns from beneficiaries are carried either on one-on-one confidential basis or in focus groups depending on the nature of each issue. Female staff are engaged to respond in a sensitive manner to the female beneficiaries with the view of maintaining confidentiality.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

UNHCR as a protection agency promotes gender equity in all activities and guides its partners to do the same. Out of the number of 21,271 beneficiaries served, 11,016 (52%) of the individuals in the households that received the emergency shelter and NFI kits were women and girls.

During the distribution process, most household members who collected the emergency shelter and NFI kits were women and girls giving them ownership over the materials collected. (This was both part of the sensitization and due to cultural practices as women are the main users of the items). Women were present among the staff of the distribution team and were employed as a part of the Protection Response to meet with and discuss confidential issues with the women and girls. Some of the translators employed to speak with the beneficiaries were also women.

e. People with disabilities (PwD):

UNHCR and CAFOMI assisted some persons with disabilities (128 males below 18 years; and 72 above 18 years; 75 females below 18 years; and 25 females above 18 years) who decided to come in persons for the distribution. PwDs were provided with appropriate seats and served before attending to the other beneficiaries.

CAFOMI took time to explain the contents and quantities of the items according to their family sizes to ensure accountability to the beneficiaries with disabilities and ensure that they received their correct entitlements. To reduce the burden of transporting the items to their homes, UNHCR and CAFOMI carried out the distributions at village-level as close as possible to the homes of beneficiaries with disabilities. They were also allowed to designate family members they trusted to assist them carry the items to their respective locations. The community was advised to assist persons with disabilities to construct their emergency shelters.

f. Protection:

The project was designed to assist displaced flood-affected households who had mainly taken refuge in communal structures with no privacy nor protection from the potential of gender-based violence. UNHCR distributed standard emergency shelter and household NFI kits which allowed each family to have their own shelters. This reduced the risk of exploitation and abuse by reducing the reliance of vulnerable households on others for basic support.

The NFI kits contained mosquito nets to prevent malaria; jerry cans to conserve clean water in a well-protected container; and solar lanterns for lighting at night and to enable communications through phone charging/. Soap distribution supported hygiene promotion and COVID-19 prevention measures. UNHCR made special hand washing facilities available at each distribution site and ensured control measures were in place before the distribution process. At the planning stage of the project, it was agreed to target more female-headed households to prevent their from engaging in negative coping mechanisms.

g. Education:

Not applicable (N/A).

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	0

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

The beneficiaries needed shelter and household items as they had lost everything due to the floods. Delivery of items, in this case, was the preferred option due to the disruption of local markets, and local lack of availability of key items in the kits.

9. Visibility of CERF-funded Activities.

Title	Weblink
UNHCR through CERF funds restores lives, hope for those impacted by the floods.	https://www.facebook.com/UNHCRuganda/photos/a.137882513423899/814537649091712/
Richard, a father of 13 children, recalls the day in December 2019 when he lost his house and personal belongings during the floods and landslides that hit Uganda's Bundibugyo district	https://www.facebook.com/UNHCRuganda/posts/823686261510184
Casper recalls a dark cloudy morning in early December 2019, when heavy rainfall brought mudslides from nearby mountains and destroyed the Kivaliwan village in Bundibugyo district.	https://www.facebook.com/137825980096219/posts/828064067739070/?d=n

3.5 Project Report 20-RR-CEF-003 – UNICEF

1. Project Information

Agency:	UNICEF	Country:	Uganda
Sector/cluster:	Water Sanitation Hygiene - Water, Sanitation and Hygiene Protection - Child Protection	CERF project code:	20-RR-CEF-003
Project title:	Multi-sector response to the flood affected population in the Eastern, Western and Northern regions of Uganda		
Start date:	28/01/2020	End date:	27/07/2020
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input checked="" type="checkbox"/>	Reprogramming <input checked="" type="checkbox"/>

Funding	Total requirement for agency's sector response to current emergency:	US\$ 2,100,000
	Amount received from CERF:	US\$ 593,225
	Total CERF funds sub-granted to implementing partners:	US\$ 390,263
	Government Partners	US\$ 284,511
	International NGOs	US\$ 105,752
	National NGOs	US\$ 0
Red Cross/Crescent Organisation	US\$ 0	

2. Project Results Summary/Overall Performance

WASH: UNICEF reached 30,100 people in Bundibugyo District with improved WASH facilities. This was achieved through the restoration of damaged water systems, rehabilitation of 23 boreholes, distribution of WASH supplies (below), and the installation of 15 mobile toilets in five health centres and ten schools. The mobile toilets had provisions for persons with special needs.

Item	Quantity
Laundry soap, Carton, 25 bars, 800g	1700
Digging tools	40
Jerycans, rigid,20L	1400
Pipe & rods	32
Cylinder heads	15
Aquatabs 16000/Box	240
Handwashing facilities	1400

To promote positive practices, UNICEF produced and disseminated information, education, and communication (IEC) materials in English, Swahili and in local languages. Provision of safe water, sanitation facilities and hygiene supplies created the conditions for improving WASH practices reducing the likelihood of infectious disease outbreaks, such as cholera and dysentery. Furthermore, the rehabilitation of gravity water systems and boreholes provided a long-term sustainable solution by ensuring sustained access to safe water. It also contributed to the strengthening of the COVID-19 response by creating a positive environment for hygiene practices. All planned results were achieved.

Child Protection UNICEF provided critical life-saving child protection services to children and families in Bundibugyo, Sironko and Bududa Districts. A total of 732 flood affected children (358 boys, 374 girls) benefitted from individual child protection case management services through direct support, referrals, and follow-up. This included 304 (158 boys, 146 girls) unaccompanied and separated children who received appropriate alternative care services, and 17 children (8 boys, 9 girls) who were reunited with their families/caregivers. 3 girls who experienced sexual violence were provided with multi-sectoral response to address their individual needs. Individual case management services were provided by trained case workers and followed standard case management steps including assessment, planning, direct support and referrals, follow-up, and review. 6,981 children (4,037 boys, 2,944 girls) and 7,668 parents and primary caregivers (2,777 male, 4,891 female) were reached with community based mental health and psychosocial support services through door-to-door interventions observing COVID-19 guidelines. Awareness raising interventions on the prevention of violence against children, particularly following floods, and landslides, reached 15,808 children, adolescents, caregivers and local leaders (6,881 male, 8,927 female).

3. Changes and Amendments

WASH: Following heavy rains that caused widespread flooding and destruction, Bundibugyo District requested UNICEF for support with the rehabilitation of 100 boreholes serving an estimated 30,000 people. However, in the view of the slight delay on the funds disbursed, the district mobilized resources from other partners to rehabilitate 77 boreholes, leaving a balance of 23 boreholes for UNICEF and CERF further support. CERF granted a budget reallocation from the borehole rehabilitation to the fixing of the community gravity water flow scheme systems. Given the late disbursement of funding and the time needed for the rehabilitation of water systems, a three-month extension was approved by CERF allowing UNICEF to rehabilitate the 23 boreholes which are serving 6,900 people. With the remaining funding, UNICEF rehabilitated three community gravity water flow scheme systems serving about 23,200 people.

Child Protection: Government of Uganda COVID-19 movement restrictions halted community engagement and in-person contact to targeted participants. With approval from CERF, the indicator on the number of children in humanitarian situations benefitting from psychosocial support was replaced with an indicator on the number of individuals in programme areas, including in emergency affected areas, who regularly participate in interventions promoting gender equitable norms to prevent violence against children (VAC) and harmful practices. Provision of community-based psychosocial support through Child Friendly Spaces could not be provided in line with Government restrictions. Instead, emphasis was put on targeted children, parents and community members being sensitized on protection concerns for children in flood and COVID-19 contexts.

4. Number of People Directly Assisted with CERF Funding*

Cluster/Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced persons	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected persons	6,030	5,070	9,000	9,000	29,100	6,387	5,373	9,173	9,167	30,100
Total	6,030	5,070	9,000	9,000	29,100	6,387	5,373	9,173	9,167	30,100
People with disabilities (PWD) out of the total										
	904	760	1,350	1,350	4,364	904	760	1,363	1,398	4,425
Cluster/Sector	Protection - Child Protection									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced persons	704	352	528	528	2,112	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected persons	2,496	1,248	1,872	1,872	7,488	3,819	3,023	5,108	3,858	15,808
Total	3,200	1,600	2,400	2,400	9,600	3,819	3,023	5,108	3,858	15,808
People with disabilities (PWD) out of the total										
	64	32	48	48	192	0	0	25	42	67

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. Persons Indirectly Targeted by the Project

WASH: A total of 30,100 persons benefitted from UNICEF-supported provision of WASH supplies, rehabilitation of 23 boreholes and three gravity water scheme systems. The WASH rehabilitation works also contributed to supporting a longer-term solution in ensuring sustained community access to safe water services and strengthened the COVID-19 response. In addition, with CERF funding UNICEF installed 15 mobile toilets in health facilities and schools. Teachers, non-teaching staff and patients including communities that took refugees in the schools had access to appropriate sanitation and hygiene facilities provided.

Child Protection: It is assumed that an additional 1,464 individuals benefitted from support provided through child protection case management indirectly (two individuals, including parents, caregivers, siblings or other household members) for every child reached directly with individual case management services. Further, as per the project proposal, it is assumed that for every individual directly reached with awareness-raising interventions, one additional individual was reached indirectly. As such, an additional 15,808 individuals (including children, adolescents, caregivers and local leaders) have been indirectly reached through awareness-raising interventions.

6. CERF Results Framework

Project Objective	To provide critical life-saving child protection and WASH services to children, families and communities affected by floods in Uganda.
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Output 1	To strengthen coping mechanisms and resilience of flood-affected children through the provision of immediate life-saving child protection services.
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Was the planned output changed through a reprogramming after the application stage?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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Sector/Cluster	Protection - Child Protection			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# of children registered as unaccompanied or separated who received appropriate alternative care services	125	304 (158 boys, 146 girls)	Partner reports
Indicator 1.2	# of individuals in programme areas, including in emergency affected areas, who regularly participate in interventions promoting gender equitable norms to prevent VAC and harmful practices	4,800	15,808 (6,881 male, 8,927 female)	Partner reports
Explanation of output and indicators variance:	Provision of community-based psychosocial support through Child Friendly Spaces could not be provided due to Government of Uganda restrictions to minimize the risk of COVID-19 transmission. As part of the COVID-19 programme revision, the indicator <i># of children in humanitarian situations benefitting from psychosocial support</i> was replaced by <i># of individuals in programme areas, including in emergency affected areas, who regularly participate in interventions promoting gender equitable norms to prevent violence against children and harmful practices</i> . Through the budget reallocation additional budget was made available for the provision of awareness-raising interventions, and as such the initial target set was outreached and a total of 15,808 individuals reached. Interventions included door-to-door sessions with children and families, and monthly awareness and sensitisation sessions with children, parents and community members			

Activities	Description	Implemented by
Activity 1.1	Provision of individual child protection case management services, including alternative care for unaccompanied and separated children.	UNICEF and World Vision
Activity 1.2	Provision of community-based psychosocial support to flood and landslide affected children to prevent and respond to psychosocial distress.	UNICEF and World Vision
Activity 1.3	Strengthening of the community-based protective environment for children to ensure prevention of harm against children in unsafe physical environments.	UNICEF and World Vision

Output 2 Provision of improved WASH services and access to safe water for 30,000 women, men and children displaced by floods in the Rwenzori region.

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/Cluster Water Sanitation Hygiene - Water, Sanitation and Hygiene

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	# of people accessing sufficient quantity of water of appropriate quality for drinking, cooking and personal hygiene	30,000	30,100	District Implementation Report
Indicator 2.2	# of people accessing appropriate sanitation facilities and living in environments free of open defecation	7,500	7,500	District Implementation Report

Explanation of output and indicators variance:

With funds from CERF, UNICEF installed 15 mobile toilets, one stance each. The table below provides details of 15 institutions (5 HFs and 10 schools) that benefitted from this support. Each mobile toilet serves appropriately 500 people hence 7,500 people benefiting from the mobile toilets installed.

CERF granted a budget reallocation from the borehole rehabilitation to the fixing of the community gravity water flow scheme systems. Given the late disbursement of funds and the time needed for the rehabilitation of water systems, a three-month extension was approved by CERF allowing UNICEF to rehabilitate the 23 boreholes which are serving 6,900 people. With the remaining funding, UNICEF rehabilitated three community gravity water flow scheme systems serving about 23,200 people on approval from CERF. This has contributed to more people accessing safe water than planned in the proposal because gravity water system serve more people than borehole.

With CERF funding, UNICEF supported the District Local Government to organize the orientation of water user-committees on operation and maintenance of WASH facilities and on hygiene and sanitation practices. UNICEF technical support and the operationalization of interventions through the district contributed to the strengthening of local government capacities to improve the quality of supervision, monitoring and mentorship activities and fostered the ownership and sustainability of WASH interventions and facilities.

Activities	Description	Implemented by
Activity 2.1	Rehabilitation of 23 water points serving the affected population in Rwenzori region.	District Water Officer-Bundibugyo

Activity 2.2	Distribution of supplies to 7,800 households for sanitation and hygiene improvement	District Health Officer-Bundibugyo
Activity 2.3	Distribution/Installation of mobile toilets in public institutions	District Health Officer-Bundibugyo

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas¹¹ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education, and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been integrated and given due consideration.**

a. Accountability to Affected People (AAP)¹²:

WASH: UNICEF WASH interventions were informed by the needs' assessment conducted by the Uganda Red Cross Society and the District Local Government in December 2019. UNICEF communicated to the government and affected communities the scope of the project before the actual implementation started. Community members participated in the distribution of WASH supplies to the affected households based on the list provided by the District Disaster Management Committees. UNICEF field staff regularly monitored the project interventions and provided technical guidance to the District Local Government.

Child Protection: Inception meetings were organised with targeted participants ahead of implementation to present the intervention in all targeted sub-counties. Consultation meetings were held with children, adults as well as technical staff and political subcounty leaders to jointly decide on key aspects. Additionally, children, parents and volunteers (LCs, para-social workers, psychosocial volunteers) all engaged in participatory assessments to select the most vulnerable children for provision of support. Children and family members were further directly involved in child protection case management service provision, to ensure needs were met and support provided on a case by case basis.

b. AAP Feedback and Complaint Mechanisms:

WASH: With CERF funding, UNICEF supported the District Local Government to organize the orientation of water user-committees on operation and maintenance of WASH facilities, which included the modalities for feedback provision by the users on the appropriateness and effectiveness of the facilities and supplies provided. District Water Officers conducted regular follow-up to ensure that facilities provided are accessible, user-friendly, and responded to issues raised by users. As per information available no complaints were received.

Child Protection: Trainings on complaint handling were provided to key community leaders and institutional staff and all volunteers were asked to sign the code of conduct (which emphasises aspects of confidentiality, accessibility, and follow-up). Community members were involved in dialogue meetings where processes of case reporting and handling of complaints were shared (referral pathways) and were encouraged to report all cases and complaints through the government and community structures (including para-social workers and psychosocial volunteers).

c. Prevention of Sexual Exploitation and Abuse (PSEA)²:

¹¹ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

¹² AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

All project staff completed UNICEF's training on gender-based violence in emergencies and further training on PSEA. For child protection case management, only trained staff had access to cases reported by volunteers and other community members. To prevent SEA, staff and volunteers ensured that targeted beneficiaries were aware of their rights and entitlements to assistance and that provision of sexual demands and favours were strictly prohibited.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

WASH: WASH interventions supported the provision of safe and reliable water services and sanitation facilities that are accessible and affordable to everyone. The rehabilitated or newly installed WASH facilities were within walking distances from the homes and institutions to reduce the time spent by girls for water fetching, reduce the impact on time for studies, and mitigate the safety concerns.

Child Protection: Girls and women were encouraged to participate in the various activities and provided a critical contribution as they then reached out to other women and girls to spread positive messages (notably on sexual and reproductive health), thus participating in improving their general well-being. Engaging men on similar topics and providing accurate information to fight against general misconceptions were also found to address negative cultural attitudes towards women and girls thus contributing to creating a violence-free, enabling environment. Girls and boys were provided with targeted individual services, including girl child survivors of sexual violence.

e. People with disabilities (PwD):

WASH: The toilets provided through the intervention had features to meet the needs of PwD. In addition to providing an inclusive environment, the design also lowers the risk of open defecation and the subsequent risk of outbreak of sanitation related diseases.

Child Protection: All dialogues and awareness raising activities (community- and household-based) included a component on the rights of PwD. Additionally, teams included for each district and subcounty one volunteer recruited for their expertise in disability to provide technical support to his peers on how to assist people with disabilities. Finally, emphasis was put on demonstrating non-discriminatory attitudes and practices towards persons with disabilities during implementation of all activities, which were facilitated by staff and volunteers with an understanding of needs of persons with disabilities. Thirty children with disabilities (17 boys, 13 girls) benefitted from individual child protection case management services.

f. Protection:

The intervention focused on protection outcomes, where the centrality of protection of all affected individuals was placed at the heart of project design by ensuring the preventing of further violence, abuse, neglect and exploitation of children, and responding to needs of child survivors of violence. Through training of staff and volunteers on GBViE, PSEA and protection considerations, it was ensured that no further harm was done to targeted girls, boys, women, or men.

g. Education:

Not applicable.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	0

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

Not applicable to the targeted interventions

9. Visibility of CERF-funded Activities

Title	Weblink
N/A	N/A

3.6 Project Report 20-RR-WHO-003 – WHO

1. Project Information

Agency:	WHO	Country:	Uganda
Sector/cluster:	Health - Health	CERF project code:	20-RR-WHO-003
Project title:	Emergency Health Assistance to communities affected by floods in Bundibugyo, Bududa and Sironko districts		
Start date:	20/12/2019	End date:	19/06/2020
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

Funding

Total requirement for agency's sector response to current emergency:	US\$ 4,200,000
Total funding received for agency's sector response to current emergency:	US\$ 250,000
Amount received from CERF:	US\$ 769,770
Total CERF funds sub-granted to implementing partners:	US\$ 279,401
Government Partners	US\$44,209
International NGOs	US\$ 176,294
National NGOs	US\$ 58,898
Red Cross/Crescent Organisation	US\$ 0

2. Project Results Summary/Overall Performance

Through CERF rapid response allocation, WHO and its partners provided emergency lifesaving services to 160,103 individuals; broken down as 49,924 patients from emergency outreach services (17,764 in Bundibugyo, 15,122 in Bududa and 17,038 in Sironko), 47, 681 treated by the village health teams in the integrated community case management and 62,498 individuals benefited from Oral cholera vaccination exercise. In addition, the project empowered 2,491 VHTs for both ICCM (1,771) and 720 community surveillance. Through these VHTs, a total of 21,591 were assessed and referred by the VHTs. This averted undesirable outcome which could have resulted from late or none seeking of care for the children. In addition, a total of 7000 LLINs were distributed to expectant mothers in the facilities at the floods affected areas. This will contribute to protection of the mothers and their children from Malaria.

3. Changes and Amendments

The completion timeline of the project was amended because of outbreak of COVID 19, and the containment measures implemented by government which limited mobility in the areas where beneficiaries live. Some activities such as trainings and vaccination exercises also involved congregation of people, which the government banned during the lockdown period. This change in timeline was approved by the CERF secretariat.

4. Number of People Directly Assisted with CERF Funding*

Cluster/Sector	Health – Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced persons	478	435	320	307	1,540	478	435	320	307	1,540
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected persons	34,574	36,391	40,828	36,667	148,460	34,574	36,391	46,931	40,667	158,563
Total	35,052	36,826	41,148	36,974	150,000	35,052	36,826	47,251	40,974	160,103
People with disabilities (PwD) out of the total										
	3,932	4,615	6,525	5,928	21,000	3,932	4,615	6,525	5,928	21,000

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. Persons Indirectly Targeted by the Project

A total of additional 100,000 people that live in these areas benefited from mass sensitization campaigns during the Oral Cholera Vaccine campaign led by health staff and VHTs during the implementation period of the LLIN distribution and Community case management for prevention and treatment of Malaria, Diarrhea and respiratory tract infections.

6. CERF Results Framework

Project Objective	To provide emergency health assistance to communities affected by floods in Bundibugyo, Bududa and Sironko districts			
Output 1	Identification, reporting and response to outbreaks of floods related diseases conducted in a timely manner			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/Cluster	Health - Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of Village Health Teams (VHTs) from floods affected areas effectively enrolled into community surveillance	100% (600)	100 (600%)	Implementation report
Explanation of output and indicators variance:		The implementing partner integrated these interventions into monthly meetings with the Village Health Teams. This allowed them to reach to all the VHTs in the affected area. The VHTs were the direct beneficiaries, and they covered the entire population of the affected populated (they are two VHTs per village). ¹³		
Activities	Description	Implemented by		
Activity 1.1	Orient 600 VHTs on Community Based disease Surveillance in the affected subcounties of Bundibugyo, Bududa and Sironko districts	Mayanja Memorial Hospital Foundation		

Output 2	Risk of cholera morbidity and mortality reduced			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/Cluster	Health - Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	% of targeted population covered with oral cholera vaccine	95% (142,000 people)	80%	Vaccination report
Indicator 2.2	Case fatality rate due to cholera	1% deaths from cholera among all reported cases	Nil (0)	No outbreak in the project area during the period
Explanation of output and indicators variance:				
Activities	Description	Implemented by		

¹³ The VHTs were the direct beneficiaries, and they covered the entire population of the affected populated (they are two VHTs per village)

Activity 2.1	Conduct OCV campaign in the affected sub-counties	Ministry of Health/Districts
Activity 2.2	Procure cholera kits	WHO
Activity 2.3	Train health workers on cholera case management	Ministry of Health

Output 3	Access to lifesaving primary health care among communities affected by floods is increased		
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

Sector/Cluster	Health - Health			
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Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Percent of children under 5 who slept under an ITN in the last 24 hours	80%	Not assessed	80%
Indicator 3.2	Proportion of health facilities in the affected communities reporting stock outs of essential medicines	<10%	7%	District inventory report for the targeted sub-counties.

Explanation of output and indicators variance:	The planned Malaria indicators survey was postponed due to COVID 19			
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Activities	Description	Implemented by
Activity 3.1	Conduct emergency outreaches in the displaced camps and hard to reach distant locations in affected sub counties	Baylor Uganda
Activity 3.2	Deployment of surge of health staff to backstop high volume overburdened health facilities	Ministry of Health/Districts
Activity 3.3	Procure and distribute Long Lasting Insecticide Treated Nets (LLINs)	WHO
Activity 3.4	Procure trauma kits for injury patients	WHO
Activity 3.5	Procure assorted supplementary essential medicines	Baylor Uganda
Activity 3.6	Procure essential supplies –Interagency Health Kits (IEHK) and additional malaria module	WHO
Activity 3.7	Procure patient beds and mattresses for patient care at the temporary facilities in the IDP camps	WHO

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas¹⁴ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been integrated and given due consideration.**

a. Accountability to Affected People (AAP)¹⁵:

Project design and planning phase:

All activities of the project were aligned to district plans for response to the disaster as much as possible. Districts were involved in planning of the project to the priority interventions to the emergency. Regular situation updates provided by the districts were used in the design of the project. Further tailoring was conducted in the immediate inception for implementation to ensure the right beneficiaries and culturally acceptable interventions are delivered to the communities

Project implementation phase:

The Ministry of Health/districts were actively involved in the implementation of the project. Beneficiary districts were informed of the grant and participated in the process of micro-planning the delivery of the interventions and its implementation. All implementing partners were declared to the districts and a provision made in the agreements with the partners requiring active involvement on the districts in implementation. Financial availability was made known to districts during implementation of the project according to WHO financial regulations. Village volunteers and village health teams (VHT) were involved extensively during implementation. Supplies and materials (mainly IPC materials, drugs, furniture, mosquito nets) were provided as part of this project will be labelled appropriately and whenever possible explained to beneficiaries. VHTs were involved in the community-based disease surveillance.

Project monitoring and evaluation:

- Beneficiary districts were involved in the monitoring.
- WHO field hub was actively involved in the monitoring of the project
- Partners provided regular reports, and this was confirmed by the districts.

b. AAP Feedback and Complaint Mechanisms:

The formal open public complaint mechanism (Barasa) of government was not available due to COVID 19. However, communities had chance to complaint directly to the supervisors, health facilities staff or through their leaders. All implementation reports received from the implementing partners were required to be endorsed by the districts. In one of the districts, WHO received complaints of delayed delivery of drugs by an implementing partner, which was resolved. This partner had challenges in procuring the supplies because of a national shortage.

c. Prevention of Sexual Exploitation and Abuse (PSEA)²:

During implementation, it was mandatory for all short term WHO staff and regular staff to train on sexual exploitation and Abuse and each were enlightened on reporting of any lapses be it by fellow staff or implementing partners. Communities were informed through the

¹⁴ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

¹⁵ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

implementing partners and information to the districts staff that were involved in implementing the program. However, WHO also accepted information coming in through the anonymous help line 6200 or through the WHO field coordinators in the field. Field staff were briefed on every engagement with supervisors on the role in the preventive measure for sexual exploitation and abuse. WHO had effective mechanisms for maintaining confidentiality of the survivors and ensuring speedy and exhaustive handling of all cases. In this project, no alerts/signals were received.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

During implementation of the project, consideration was made for the involvement of flood affected people. Projects engaged village volunteers and or village health teams and due consideration was made for gender in recruitment.

e. People with disabilities (PwD):

Persons with disability were prioritized for care in the emergency outreaches. The outreaches were also undertaken as near as possible to affected communities to reduce the distances required to access.

f. Protection:

During project implementation it was ensured that the health staff observed measures against COVID-19, including wearing PPEs, maintain the required distances and ensure confidentiality during provision of care. In most of the locations, care was provided in large public facilities which minimised the risk of cross infections.

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	0

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

Implementing partners used mobile money to compensate volunteers participating in the project

9. Visibility of CERF-funded Activities

Title	Weblink
N/A	N/A

Annex 1: Funds transferred to implementing partners

CERF Project Code	Sector	Agency	Implementing Partner Type	Total Funds Transferred in USD
20-RR-FAO-003	Agriculture	FAO	NNGO	\$64,583
20-RR-FPA-003	Health	UNFPA	INGO	\$27,611
20-RR-FPA-003	Gender-Based Violence	UNFPA	INGO	\$23,992
20-RR-HCR-002	Shelter & NFI	UNHCR	NNGO	\$74,715
20-RR-WHO-003	Health	WHO	INGO	\$176,294
20-RR-WHO-003	Health	WHO	NNGO	\$58,898
20-RR-WHO-003	Health	WHO	GOV	\$44,209
20-RR-CEF-003	Child Protection	UNICEF	INGO	\$105,752
20-RR-CEF-003	Water, Sanitation and Hygiene	UNICEF	GOV	\$284,511
20-RR-IOM-001	Water, Sanitation and Hygiene	IOM	NNGO	\$354,687
20-RR-IOM-001	Camp Management	IOM	NNGO	\$62,856
20-RR-FAO-003	Agriculture	FAO	NNGO	\$64,583
20-RR-FPA-003	Health	UNFPA	INGO	\$27,611
20-RR-FPA-003	Gender-Based Violence	UNFPA	INGO	\$23,992
20-RR-HCR-002	Shelter & NFI	UNHCR	NNGO	\$74,715
20-RR-WHO-003	Health	WHO	INGO	\$176,294
20-RR-WHO-003	Health	WHO	NNGO	\$58,898
20-RR-WHO-003	Health	WHO	GOV	\$44,209
20-RR-CEF-003	Child Protection	UNICEF	INGO	\$105,752
20-RR-CEF-003	Water, Sanitation and Hygiene	UNICEF	GOV	\$284,511

Annex 2: Acronyms and abbreviations

AAP	Accountability to Affected People
AAR	After Action Review
ACCORD	Agency for Cooperation and Research in Development
ANC	Antenatal Care
AYF	Adolescent Youth Friendly
BCC	Behavioural Change Communication
CAFOMI	Care and Assistance for Forced Migrants
CERF	Central Emergency Fund
CSA	Climate Smart Agriculture
CVA	Cash and Voucher Assistance
DLG	District Local Government
DRR	Disaster Risk Reduction
DTM	Displacement Tracking Matrix
DVO	District Veterinary Officer
ERC	Emergency Relief Coordinator
ERH	Emergency Reproductive Health
FAO	Food and Agriculture Organisation
FP	Family Planning
FRC	Free Residual Chlorin
GAP	Good Agricultural Practices
GBV	Gender Based Violence
GOV	Government
HADS	Humanitarian Assistance and Development Services
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HIV	Human Immunodeficiency Virus infection
HMIS	Health Management Information System
HRP	Humanitarian Response Plan
IASC	Inter Agency Standing Committee
IEC	Information Education Communication
IEHK	Interagency Health Kit
IOM	International Office for Migration
IP	Implementing Partner
IPC	Infection Prevention and Control
ITN	insecticide-treated Net
JMS	Joint Medical Stores
LLIN	Long-Lasting Insecticidal Nets
MAAIF	Ministry of Agriculture, Animal Industry and Fisheries
MISP	Minimum Initial Service Package
MPC	Multi Purpose Cash
MSLA	Multi-Sector Location Assessment
N/A	Not Applicable

NCE	No Cost Extension
NFI	Non-Food Items
NGO	Non-Governmental Organisation
OCV	Oral Cholera Vaccine
PSEA	Protection from Sexual Exploitation and Abuse
PWD	People with Disabilities
RC	Resident Coordinator
RH	Reproductive Health
RR	Rapid Response
RVF	Rift Valley fever
SOP	Standard Operating Procedures
SORUDA	Soroti Rural Development Agency
SRH	Sexual Reproductive Health
SRHR	Sexual Reproductive Health and Rights
STI	Sexually Transmitted Infections
UFC	Unit Fecal Coliform
UGA	Uganda
UN	United Nations
UNCT	UN Country Team
UNFPA	United Nations Fund for Population Activities
UNHCR	United Nations High Commission for Refugee
UNICEF	United Nations Children Fund
US	United States
VAC	Violence Against Children
VHT	Village Health Team
WASH	Water Sanitation and Hygiene
WHO	World Health Organization
WUC	Water Users Committee