

**UGANDA
RAPID RESPONSE
DROUGHT
2022**

22-RR-UGA-53777

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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.

22 Feb 2023

The AAR was convened by the RCO on 22 Feb 2023, participated by technical staff from FAO, UNFPA, UNICEF and WFP. A review meeting of the Humanitarian Country Team (HCT-Lite), involving UN Heads of Agencies and INGO/NGO partners, is planned for March 2023. The HCT-L will also consider the Karamoja situation/needs for 2023.

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

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

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

The strategic objective of this CERF Rapid Response was to help better position the humanitarian community to fulfil its mandate against the backdrop of the Ugandan government's request of support for the drought affected Karamoja region. The allocation, as envisioned, supported the scale up of time-critical life saving humanitarian assistance, preventing an increase of drought-induced humanitarian needs including emergency level of malnutrition, and averted a deterioration of the situation in the second half of 2022.

Funding through the CERF allocation promoted the localization agenda by encouraging and supporting the diversification and strengthening of partnerships with national and local implementing partners. A total of 10 per cent CERF assistance was directly channelled through NGOs and district local governments. The CERF Funding functioned as a strong signal to other donors about the severity of needs faced by communities in Karamoja, particularly supporting the Government's limited capacity to respond. Additional resources of over USD 14 million was mobilised for WFP, UNICEF, UNFPA, from donors such as EU/ECHO, USAID, Sweden, Ireland, DFID, Germany, Korea and Japan as well as from UNFPA's own resources in support of the lean season response in 2022. In addition, USD 5 million from Japan to FAO, UNICEF, UNWOMEN and WFP for Karamoja lean season response in 2022, is an impact of continued UN humanitarian advocacy, in conjunction with CERF response.

Targeting of women and children were at the centre of the CERF strategy, including actively responding to and mitigating the risk of Gender Based Violence (GBV). At least 300,545 most vulnerable people in need, including 43 per cent women, 11 percent men and 45 per cent children, were reached with food and nutrition support, essential health services, including the SRHR and GBV, as well as WASH, protection, and livelihoods support. The project interventions strengthened the resilience of communities through social and behaviour change communication emphasizing the need of health seeking behaviour and raising the awareness of good childcare and nutrition practices. For example, screening of 309,773 children for acute malnutrition, as compared to the initial target of only 22,740, demonstrates an impact of the communications intervention.

In 2022, the Resident Coordinator's Office stepped up humanitarian coordination efforts by establishing the Humanitarian Inter-Agency Coordination Group (HICG) and the HCT-Lite. These humanitarian coordination mechanisms were utilised in Karamoja response, as a result, joined up approach to UN programming has been advanced, with significant results. A multi-stakeholder protection sector assessment in Karamoja, was conducted in collaboration with the Office of the Prime Minister, other line ministries, International Rescue Committee (IRC) and For Africa (INGO) and Nakere (NGO). The UNCT has been exploring on an area-based intervention for Karamoja, applying the integrated nexus approach.

CERF's Added Value:

CERF intervention was strategic and timely to respond to time-critical emergency needs induced by the Karamoja drought, while the early response enabled by CERF funding, has created an impact on facilitating longer-term solution to droughts that have become more frequent in the horn of Africa. WASH intervention is an example of such success: A total of 96,500 people benefitted from WASH support – hygiene and sanitation promotion as well as rehabilitation of 52 boreholes – in selected districts severely affected by the drought. Among the beneficiaries were 1928 people living with disabilities (PWDs), four times more than the initial target of 578 PWDs, while the total number of WASH beneficiaries tripled than the planned 29,000 people, also creating a positive impact on health and nutrition outcomes. The rehabilitation of 52 boreholes against the planned 30 units in seven districts, has contributed to supporting a longer-term solution in ensuring sustained community access to safe water services as well as in strengthening the IPC (Integrated Phase Classification) practices in institutions and communities.

During the AAR, all UN agencies confirmed that the inter-agency engagement and joint response made possible the delivery of multi-sectoral intervention, including critical services collectively, thus improving the UN impact. Examples are given below under each question.

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

Yes

Partially

No

The CERF Funds not only brought UN Agencies together in joint planning, but also assisted them to efficiently deliver services in remote locations. For example, UNFPA, working closely with UNICEF under protection sector, mentioned in the AAR meeting, that the UN joint work under CERF project, has enhanced UNFPA's ability to deliver SRHR and GBV services more efficiently, leveraging resources and increasing access for outreach to people most in need in hard-to-reach places.

Did CERF funds help respond to time-critical needs?

Yes

Partially

No

Under the CERF intervention, WFP was able to start food assistance from June, filling-in the most critical and urgent hunger and malnutrition need until the harvest season in September 2022. Likewise, FAO's cash intervention was able to meet the short-term livelihoods needs of people in Karamoja, although FAO's targeted beneficiaries were only 5000, their ability to bounce back was strengthened significantly. The beneficiaries have reported that they were able to address immediate food needs (more than 90 percent), improve their nutritional status (52 percent), pay educational bills for their children (35.92 percent) and access better accommodation (28.35 percent). Cash assistance in general re-injected funds back into the local economy, helping more broadly to reduce poverty.

Did CERF improve coordination amongst the humanitarian community?

Yes

Partially

No

Coordination amongst the humanitarian community was significantly improved in 2022. With the CERF funding, including under this project, has assisted the Resident Coordinator in bringing the humanitarian community together, especially for non-refugee response under the framework of Humanitarian Country Team-Lite and technical-level Humanitarian Inter-Agency Coordination Group (HICG).

Despite the lack of a dedicated staff for humanitarian coordination in the Resident Coordinator's Office, staff resource from within the core RCO staff (funded by the DCO) and an international UNV supported the humanitarian coordination.

Did CERF funds help improve resource mobilization from other sources?

Yes

Partially

No

The CERF funding has served as catalytic assistance in further mobilising required resources. The timely (efficient) announcement of CERF support sent a strong signal to other donors about the severity of needs faced by communities in Karamoja, particularly in supporting the Government's limited capacity to respond, strengthening the UN humanitarian advocacy on the ground. Additional resources of over USD 14 were mobilised for WFP, UNICEF, UNFPA, from donors such as EU/ECHO, USAID, Sweden, Ireland, DFID, Germany, Korea and Japan as well as from UNFPA's own resources in support of the lean season response in 2022. In addition, USD 5 million from Japan to FAO, UNICEF, UNWOMEN and WFP for Karamoja lean season response in 2022, is an impact of continued UN humanitarian advocacy, in conjunction with CERF response.

Considerations of the ERC's Underfunded Priority Areas¹:

Across all proposed interventions for this CERF allocation, the centrality of protection was a key priority. Humanitarian partners working in the protection sector have limited resources, with significantly more donor attention paid to the most immediate needs such as food, nutrition, water and health services. Recognizing that girls, women, boys and men with disability are exposed to increased protection risks and harmful coping strategies, the UN activities, as planned, have paid special attention to the needs of drought-affected women and girls through activities to prevent, address and mitigate exposure to GBV including rape, sexual assault, sexual exploitation, female genital mutilation (FGM), child labour and early and forced marriages. Some 4148 people with disabilities were supported with emergency assistance, while the GBV response, including protection information and services, benefitted 51,189 people, many more than the initial target of 37,176.

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 prioritising 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 prioritise 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 1: Allocation Overview (US\$)

Total amount required for the humanitarian response	73,101,529
CERF	4,000,000
Country-Based Pooled Fund (if applicable)	0
Other (bilateral/multilateral)	1,500,000
Total funding received for the humanitarian response (by source above)	5,500,000

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

Agency	Project Code	Sector/Cluster	Amount
FAO	22-RR-FAO-025	Food Security - Agriculture	400,000
UNFPA	22-RR-FPA-027	Health - Sexual and Reproductive Health	288,000
UNFPA	22-RR-FPA-027	Protection - Gender-Based Violence	162,000
UNICEF	22-RR-CEF-045	Nutrition	1,498,500
UNICEF	22-RR-CEF-045	Water, Sanitation and Hygiene	148,000
UNICEF	22-RR-CEF-045	Protection - Child Protection	129,500
UNICEF	22-RR-CEF-045	Health	74,000
WFP	22-RR-WFP-041	Food Security - Food Assistance	702,000
WFP	22-RR-WFP-041	Nutrition	598,000
Total			4,000,000

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

Total funds implemented directly by UN agencies including procurement of relief goods	3,229,891
Funds sub-granted to government partners*	260,885
Funds sub-granted to international NGO partners*	367,337
Funds sub-granted to national NGO partners*	141,887
Funds sub-granted to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	770,109
Total	4,000,000

* 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 PRIORITISATION:

Overview of the Humanitarian Situation:

Since 2019, the Karamoja region of Uganda has suffered from two consecutive seasons of increasing food insecurity characterised by less than normal crop and animal production attributed to drought, floods, livestock and crop disease, scarcity of water for human and animal consumption, and price shocks. As a result, the region has seen a significant increase of food-insecure people. According to a 2022 IPC report on the Karamoja region, for the first time in three years, all nine districts of Karamoja are at crisis levels of food insecurity or worse. In 2022, there were 520,000 food-insecure people (IPC3+) compared with 360,000 in 2021. 90,000 people faced emergency levels of food insecurity (IPC4). It was projected that 22,740 children in Karamoja would suffer from severe acute malnutrition (SAM), while 68,870 children would be classified as moderately acutely malnourished malnutrition (MAM) by January 2023. Additionally, an estimated 9,453 pregnant or lactating women were affected by acute malnutrition and were in need of treatment.

Operational Use of the CERF Allocation and Results:

In response to the crisis, CERF allocated \$4 million on 2 June 2022 from its Rapid Response window for the immediate commencement of life-saving activities. The \$4 million allocation from CERF focused on delivering time-critical, lifesaving assistance to those most severely affected by food insecurity driven by drought, floods, livestock and crop disease, water scarcity, and price shocks, among other factors. To avert a further deterioration of the humanitarian situation in the second half of 2022, funding from CERF was used by UN agencies and their implementing partners to address critical gaps in food security, nutrition, health, child protection, and water, sanitation and hygiene sectors. Across all CERF-funded activities, particular attention was given to the heightened protection risks faced by women, children and people with disabilities. Strategically, the CERF allocation was used as a tool to alert donors on the need for additional resources in the short term and more durable and sustainable solutions to the current humanitarian crisis in the long term. The CERF allocation also promoted the localization agenda strengthening partnerships with national and local implementing partners where possible. The project provided humanitarian assistance to 300,545 people, including 130,136 women, 33,631 men, children, 136,748 and including 4,148 persons with disabilities.

People Directly Reached:

The total number of people directly assisted with CERF funding was 300,545. In detail, the number of people directly assisted with CERF funding by Sector was Food Security (Agriculture) 5,000; Food Security (Food assistance) 77,778; Health 50,072; Health (Sexual and Reproductive Health) 162,895; Nutrition 300,545; Protection (Child Protection) 5804; Protection (Gender Based Violence) 51,189; and Water, Sanitation and Hygiene 96,500. The approach used to calculate the number of people targeted was based on the food insecure population baseline in 9 priority districts out of which each sector identified and targeted the people categorized through the IPC as severely food insecure and therefore most in need of life-saving humanitarian assistance. The subsequent step was to apply a 'max' value per district across all the sectors to determine the overall number of people targeted.

People Indirectly Reached:

FAO distributed cash totalling USD 311,620 contributed directly to boosting the local economy, cash used to improve their nutritional status and buy household food items and other non-food items. Purchasing from local markets provided a great deal of business opportunities to retailer shops, local traders, transporters and street vendors.

UNFPA reached 204,908 individuals indirectly under the GBV sector. An estimated 369,129 individuals were indirectly reached under the SRH sector resulting from the outreach activities and expanded service points for SRH.

UNICEF: Nutrition: A total of 379,214 people, including women of childbearing age, men and youth indirectly benefited from the project. Health: 671,334 children above 5 years of age, plus general communities accessing various primary health packages and prevention messaging on child health, nutrition, water hygiene and sanitation-WASH and child protection during the emergency are assumed to have benefitted indirectly from the program. Child Protection: It is assumed that a total of 1,156 household members have indirectly benefited from the interventions of this project. WASH: A total of 96,500 people benefitted from UNICEF-supported hygiene and sanitation promotion and the rehabilitation of 52 boreholes in the selected districts severely affected by drought.

WFP provided nutrition support to 10,832 children Under 2 years under the Blanket supplementary feeding programme (BSFP) and 77,778 individuals with in-kind food assistance for three months. A total of 196 metric tonnes of Super cereal plus (CSB++) and 785 metric tonnes of in-kind food that consisted of maize and vegetable oil were distributed. The Blanket supplementary feeding programme was implemented in three Karamoja districts which included; Kotido, Kaabong, and Nabilatuk. For in-kind assistance, households in 6 districts of Kotido, Kaabong, Moroto, Napak, Nabilatuk and Amudat were targeted. Nutrition and health education was also provided to 24,105 caregivers, 216 VHTs and 54 health workers to support promotion of better infant and young child feeding practices.

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

Sector/Cluster	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Food Security - Agriculture	2,700	2,300	0	0	5,000	3,408	1,592	0	0	5,000
Food Security - Food Assistance	18,174	13,921	23,508	21,586	77,189	18,276	13,998	23,721	21,783	77,778
Health	11,117	0	26,465	25,427	63,009	8,231	0	21,339	20,502	50,072
Health - Sexual and Reproductive Health	109,440	12,903	25,183	3,972	151,498	105,781	34,399	17,746	4,969	162,895
Nutrition	145,359	0	88,518	81,798	315,675	142,096	0	81,485	76,964	300,545
Protection - Child Protection	500	300	500	500	1,800	1,148	898	1,780	1,969	5,795
Protection - Gender-Based Violence	24,233	5,632	5,577	1,734	37,176	22,456	10,737	10,019	7,977	51,189
Water, Sanitation and Hygiene	6,952	6,678	7,839	7,531	29,000	23,131	22,224	26,038	25,062	96,455

* 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 people	0	0
Host communities	0	0
Other affected people	315,683	300,545
Total	315,683	300,545

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

Sex & Age	Table 6: Total Number of People Directly Assisted with CERF Funding*		Number of people with disabilities (PwD) out of the total	
	Planned	Reached	Planned	Reached
Women	74,327	130,166	1,527	2,659
Men	56,933	33,631	1,170	842
Girls	96,142	73,032	1,976	365
Boys	88,281	63,716	1,814	282
Total	315,683	300,545	6,487	4,148

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 22-RR-FAO-025

1. Project Information			
Agency:	FAO	Country:	Uganda
Sector/cluster:	Food Security - Agriculture	CERF project code:	22-RR-FAO-025
Project title:	Reducing Food Insecurity through Cash Assistance to the Drought-Affected Communities in Karamoja sub-region.		
Start date:	01/06/2022	End date:	30/11/2022
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\$ 10,343,605	
	Total funding received for agency's sector response to current emergency:	US\$ 400,000	
	Amount received from CERF:	US\$ 400,000	
	Total CERF funds sub-granted to implementing partners:	US\$ 29,083	
	Government Partners	US\$ 0	
	International NGOs	US\$ 29,083	
National NGOs	US\$ 0		
Red Cross/Crescent Organisation	US\$ 0		

2. Project Results Summary/Overall Performance

Through this CERF rapid response grant, FAO and its implementing partner, World Vision Uganda (WVU), provided unconditional cash assistance to 5,000 households, of whom 3,408 were headed by women (68 percent), approximately 32,357 people, in five districts of Karamoja (Abim, Kaabong, Kotido, Moroto and Napak). A total of USD 311,620 was distributed, with each household receiving a one-time transfer of USD 62.20 (approximately UGX 238,390). The value of the cash transfer was based on the Minimum Expenditure Basket from the latest assessments by the World Food Program and the Cash Working Group. FAO and WVU established 11 beneficiary selection committees comprised of 98 members, of whom 47 were women. These committees assisted WVU in identifying, pre-selecting and registering beneficiary households.

The project was implemented from June through November 2022. The beneficiaries were registered through Kobo Collect and cash was transferred through the mobile network operators Airtel and MTN using Stanbic Bank Uganda as a financial service provider. The CERF

funds supported and had a great impact on the most vulnerable drought-affected beneficiaries in the most critical time, enabling them to meet their food, livelihood and other basic needs, outlined below in Figure 1. The beneficiaries reported that they were able to address immediate food needs (more than 90 percent), improve their nutritional status (52 percent), pay educational bills for their children (35.92 percent) and access better accommodation (28.35 percent). Cash assistance likewise re-injected funds back into the local economy, helping more broadly to reduce poverty.

In addition to CERF funds, WVU also brought matching funds to reach all targeted locations and beneficiaries and ensured quality implementation. Educational sessions on nutrition, hygiene and financial literacy were conducted in the targeted districts and 11 sub-counties in order to (i) improve food availability for the lean seasons at the household level; (ii) improve the nourishment of children and their caretakers; and (iii) ensure households properly utilized the distributed cash to meet the most urgent needs in order to contribute to the well-being of women and children. Information, education and communication materials were developed, printed and disseminated to beneficiaries during sensitisation sessions.

Figure 1. Beneficiary cash use

Cash use options	# of Beneficiaries	% of beneficiaries
Bought items for the house	486	94.37
Eating better quality meals	469	91.07
Paid for essential HH Items	297	57.67
Prevention of debt	288	55.92
Eating bigger portions of food	270	52.43
Paid medical bills	261	50.68
Paid off or reduced debt	251	48.74
Income generating activities	225	43.69
Paid education bills	185	35.92
Better accommodation	146	28.35
Paid rent	73	14.17

Source: PDM survey (Nov, 2022)

3. Changes and Amendments

During the reporting period, no deviation or change from the original plan was observed. However, during the pre-selection and registration process, it was noted that a significant number of target households either did not have SIM cards or their SIM cards were inactive. Most of the SIM cards were not registered under the names of the beneficiaries for various reasons, such as the absence of national identity documents required for SIM card registration, among others. Project committees, in collaboration with the implementing partner, mobilized the beneficiaries and assisted them in restoring, registering or activating their SIM cards so that they could receive the cash assistance. FAO, along with the financial service provider and implementing partner, also engaged with mobile network operators on several occasions to provide customer service support to register SIM cards for beneficiaries who did not have them. Furthermore, community sensitizations were carried out in all districts targeting beneficiaries on how to access cash assistance without hindrance. In some chronically insecure areas, such as Nakiloro and Tapac, insecure roads posed a threat to some beneficiaries during the registration process, who were forcibly stopped, probed and threatened by unknown actors. Therefore, to avoid exposing beneficiaries to potential risks, registration was carried out during daylight hours so that beneficiaries could return to their homes safely before dark.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Food Security – Agriculture									
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 people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	2,700	2,300	0	0	5,000	3,408	1,592	0	0	5,000
Total	2,700	2,300	0	0	5,000	3,408	1,592	0	0	5,000
People with disabilities (PwD) out of the total										
	95	25	0	0	120	321	97	0	0	418

* 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. People Indirectly Targeted by the Project

The distributed cash totalling USD 311,620 contributed directly to boosting the local economy. Beneficiaries used cash to improve their nutritional status and buy household food items, such as staple food and vegetables available in the market (beans, groundnuts, maize, millet, sorghum and soya) and other non-food items, such as clothes, health and hygiene items, kitchen utensils, among others, as shown in Figure 2 below. Purchasing from local markets provided a great deal of business opportunities to retailer shops, local traders, transporters and street vendors, thus benefiting small and big retailers alike. In addition, five sessions on nutrition and hygiene were conducted with the help of partner staff and project committees who were trained on nutrition, hygiene, and financial literacy. Training participants enables the utilisation of skills and competencies acquired through the project beyond its duration and beyond project beneficiaries.

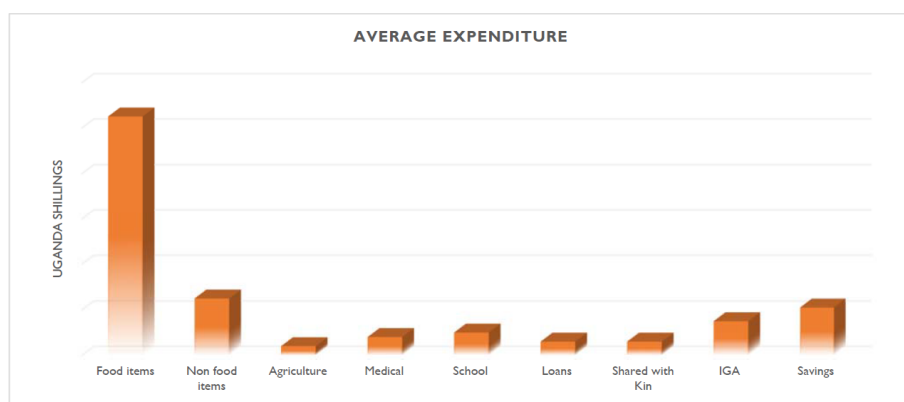


Figure 2: Expenditure of cash transfer to date

6. CERF Results Framework

Project objective	To ensure elderly men and women, pregnant and lactating mothers' access to nutritious and diversified food, to improve food security in drought affected districts of Karamoja sub-region.				
Output 1	Improved financial capacity of elderly and women headed vulnerable households to cope with food and nutrition insecurity through CASH assistance.				
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Food Security – Agriculture				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 1.1	Identification and validation of vulnerable beneficiaries through community leaders and local government structure.	5,000	5,000	Beneficiary database	
Indicator 1.2	Real time, post-distribution monitoring survey and reporting of programme implementation and results.	01	01	PDM report	
Indicator 1.3	Cash.2a Number of people receiving sector-specific unconditional cash transfers	5000	5,000	Payment reports	

Indicator 1.4	Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD	311,045	311,620	Project reports
Explanation of output and indicators variance:				
Activities	Description	Implemented by		
Activity 1.1	Participatory selection and validation of beneficiaries for cash assistance	FAO and its partner successfully identified, selected, and validated 5,000 households.		
Activity 1.2	Cash Transfers to 5000 direct beneficiaries	FAO, in partnership with the financial service provider, Stanbic Bank, and mobile network operators, transferred the agreed amount of cash to 5,000 households.		
Activity 1.3	Real time, post-distribution monitoring survey	Accomplished by the implementing partner with technical assistance from FAO.		

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 addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)³:

FAO in Uganda utilized its existing district coordination mechanisms established through the Pro-resilience Action (Pro-ACT) program to inform project beneficiaries about the timeline, transfer value and method of receiving the cash assistance. FAO in Uganda ensured adherence to Core Humanitarian Standards 4 and 5, which involve basing actions on communication, participation and feedback, as well as promptly addressing feedback and complaints. FAO, through its implementing partner, organized sensitization sessions in five districts to disseminate information on the complaint registration process, transfer value, dates of cash transfer, mobile money agents' shops and beneficiary selection process. FAO ensured that all marginalized people had equal access to cash assistance. A total of 418 people with disabilities received cash through CERF allocated funds. FAO also ensured that beneficiaries had access to FAO's established accountability mechanism, which included on-site monitoring tools, direct written feedback from help desk committees established at the sub-county level and WFP and WVU helplines.

b. AAP Feedback and Complaint Mechanisms:

On-site monitoring tools, help desks and WFP and WVU helplines were utilized to register complaints related to the project. These systems worked very well in providing beneficiaries with a platform to voice their immediate feedback on project implementation. The majority of respondents to the PDM reported that they were aware of how to share feedback or complaints with FAO/WVU about the cash assistance (80.58 percent). When further asked about the channels for sharing feedback or complaints, 41.7 percent reported to have used the WFP helpline, 73.98 percent used the WVU Helpline, 77.28 percent used the community help desk, while 25.44 percent said they used a

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 [here](#).

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](#).

suggestion box at the sub-county headquarters. Complaints were reported regularly to FAO in weekly coordination meetings and issues were addressed accordingly, most of which were related to non-eligibility for cash transfer.

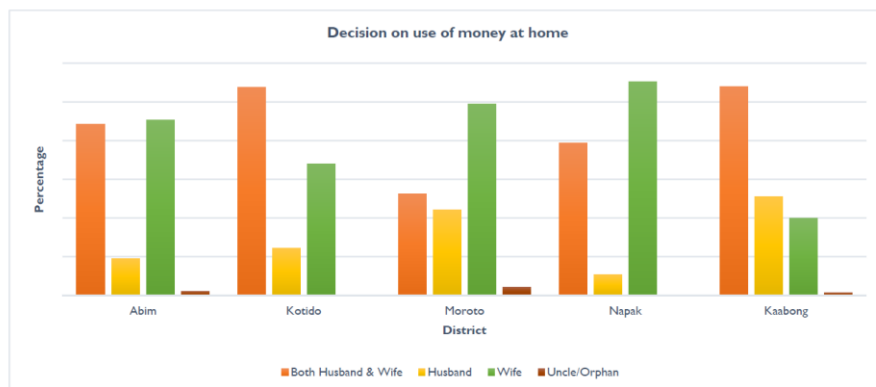
c. Prevention of Sexual Exploitation and Abuse (PSEA):

Relevant trainings related to PSEA were undertaken by staff directly involved in the implementation of the project activities. Beneficiaries were oriented well on PSEA through sensitization sessions, as well as formal and informal interactions with the WVU implementation team. Beneficiaries understood any PSEA-related case could be registered through help desks, verbal and non-verbal complaints and through WFP and WVU toll-free helplines. During the reporting period, no such case was reported. The local norms and values of communities were given consideration during project implementation.

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

FAO targeted 3,408 households headed by women as part of the beneficiary selection criteria and ensured that all services were designed in a way that maximized their participation and reduced the risk of gender-based violence (GBV), which is prevalent in the Karamoja sub-region. FAO coordinated with United Nations Population Fund to ensure that the latest cutting-edge knowledge and technical expertise on implementation of cash transfer that ensures protection activities and GBV prevention and response were embedded in project implementation. This also included engaging with the GBV area of responsibility to obtain its technical guidance. FAO Uganda ensured that staff involved in the project were sensitized on PSEA. In addition, FAO in Uganda ensured that the implementing partner had its own PSEA policy.

Figure 3. Disaggregation of decision-making by gender/familial relation



Source: PDM survey (Nov, 2022)

e. People with disabilities (PwD):

Part of the beneficiary selection criteria included households headed by PwDs. The project directly supported a total of 418 households headed by PwDs with cash assistance. Beneficiaries with disabilities were given special attention at the time of registration and were given priority, similarly to other vulnerable beneficiaries. The intended cash transfers enabled PwDs to make purchases according to their needs. The distributed cash transfer ensured the dignity and well-being of all beneficiaries. In total USD 25,999 was transferred to PwDs. Through engagement with mobile network operators, mobile money agents were encouraged to open outlets/mobile shops closer to target communities to improve customer service support. This enabled the PwDs in particular to easily access mobile money services throughout the cash assistance period.

f. Protection:

FAO minimized any unintended effects of cash and voucher assistance on beneficiaries and promoted the safety and dignity of affected populations. Unconditional cash transfers were provided to eligible beneficiaries in their mobile accounts to avoid the possibility of theft, loss or insecurity while receiving cash, allowing people to meet diversified needs without exposing them to risks. Female beneficiaries were registered as separate groups to avoid delays that could have caused security incidents. Protection considerations were taken into

account during the community sensitisation and mobilizations, the formation and training of the community help desk committees, formation and training of beneficiary selection committees, and pre-selection and registration, ensuring that all communication and planning was both conflict sensitive and addressed protection concerns raised by the communities. No protection issues were highlighted during project implementation.

g. Education:

The transfer value also included an amount equal to USD 3 for schoolbooks and stationery. This helped address the immediate scholastic needs for children attending school in the supported beneficiary households. Recent post-distribution monitoring survey results indicated that 185 beneficiaries used a portion of cash assistance to pay education bills.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is the sole intervention in the CERF project	Yes, CVA is the sole intervention in the CERF project	5,000

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 project assisted 5,000 households (32,357 people, of whom 16,398 were women) with one-time cash transfers through Stanbic Bank and partner mobile network operators. The beneficiaries used the distributed amount of cash on food items, with households indicating to have been able to improve their nutritional status (52 percent) and address immediate food needs (more than 90 percent), thus reducing dependency on other means or resources. The beneficiaries were not registered through a government database. However, the cash support contributed to the same objectives (reducing poverty and meeting immediate household needs). Approximately 28.35 percent of the households reported that they were able to access better accommodation and 35.92 percent reported that they could pay educational bills. A portion of cash was also spent on households and kitchen utensils. (See Figure 1.)

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
Unconditional Cash Transfer	5,000	US\$ 311,620	Food Security - Food Assistance	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
N/A	

3.2 Project Report 22-RR-FPA-027

1. Project Information			
Agency:	UNFPA	Country:	Uganda
Sector/cluster:	Health - Sexual and Reproductive Health Protection - Gender-Based Violence	CERF Project Code:	22-RR-FPA-027
Project title:	Addressing protection risks and strengthening access to SRHR in drought affected districts of Karamoja region		
Start date:	01/06/2022	End date:	30/11/2022
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input checked="" type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 5,500,000
	Total funding received for agency's sector response to current emergency:		US\$ 0
	Amount received from CERF:		US\$ 450,000
	Total CERF funds sub-granted to implementing partners:		US\$ [270,777]
	Government Partners		US\$ [0]
	International NGOs		US\$ [270,777]
	National NGOs		US\$ [0]
Red Cross/Crescent Organisation		US\$ [0]	

2. Project Results Summary/Overall Performance

Through this CERF grant a total of 162,895 (M=39,368, F=123,527) people received SRH and GBV services between June and November 2022 in the districts of Napak, Moroto, Karenga, Kaabong, Abim, Kotido, Nakapiripirit, Amudat and Nabilatuk. This reflects an achievement of 107.5% of the program target of 151,498. Affected women, men, boys and girls were reached through 117 health facilities supported by the CERF grant and at integrated outreaches conducted in hard to reach and underserved communities in the target districts. A total of 117,202 (F=74,745, M=42,457) beneficiaries were reached with lifesaving SRHR/GBV services such as ANC, family planning and GBV screening through integrated SRH and GBV outreaches leading to an achievement of 101.5% of the target of 115,500. During the period, UNFPA and partners mapped and linked 5,407 pregnant mothers to SRHR and GBV services. Further, a total 15,199 births were attended by skilled health personnel in the target districts at supported health facilities.

On the other hand, a total of 51,189 (F=32,475, M=18,714) people were reached with GBV protection information and services with, 1,261 people received GBV response services (of which, 69 sexual violence survivors were provided with post rape services), and 49,928 (women, men, girls and boys) were reached with GBV and SRHR information. A total of 434 persons, including members of district

disaster management committees, district community development officers, and health workers, were oriented on the minimum initial service package (MISP) on SRHR in emergencies. Moreover, 2,000 dignity kits were distributed thus benefiting 2,000 new mothers.

Activities were integrated and coordinated with food and nutrition interventions to support improved health service utilisation, while simultaneously supporting access to SRHR and GBV services and empowerment of the beneficiaries.

3. Changes and Amendments

UNFPA sought a programme amendment in October 2022, as the agency and its implementing partner anticipated a reduced reach through integrated outreaches than had originally been envisaged. Initial integrated outreaches were planned in collaboration with UNICEF. When those outreaches were completed, UNFPA had yet to reach its target number. At the time of the request, UNFPA anticipated that the total reach would reduce by 23,100 persons, or from a total reach of 115,500 to 92,400. Upon setting up outreach posts outside food distribution points, which boosted the coverage, reach was significantly improved, and a total of 117,202 persons were reached through integrated outreaches. The project also overachieved for community sensitisation due to the high turn up at the food distribution points and good mobilisation strategies of the Community Development Officers in liaison with community structures.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection - Gender-Based Violence									
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 people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	24,233	5,632	5,577	1,734	37,176	22,456	10,737	10,019	7,977	51,189
Total	24,233	5,632	5,577	1,734	37,176	22,456	10,737	10,019	7,977	51,189

People with disabilities (PwD) out of the total

	121	28	28	9	186	431	363	264	110	1,168
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Sector/cluster Health - Sexual and Reproductive 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 people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	109,440	12,903	25,183	3,972	151,498	105,781	34,399	17,746	4,969	162,895
Total	109,440	12,903	25,183	3,972	151,498	105,781	34,399	17,746	4,969	162,895

People with disabilities (PwD) out of the total

	547	65	126	20	758	633	466	106	67	1,272
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* 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. People Indirectly Targeted by the Project

Under this project, a total of 204,908 individuals were reached indirectly under the GBV sector. These persons were reached through GBV awareness raising activities, through outreach conducted by SASA! activists, during the 16 Days of Activism and other GBV campaigns. It is estimated that participants who attend those GBV activities share the information to three or more other individuals. It is further observed that the GBV survivors who are supported to access multi-sectoral services, including the GBV survivor's fund, also benefit other family members.

An estimated 369,129 individuals were indirectly reached under the SRH sector resulting from the outreach activities and expanded service points for SRH. It was observed that those seeking services do not come alone and as a result, the individuals accompanying the clients end up getting services as well. In the same way, those who access the health information provided through the different activities share the information on service points, type of service and how to access such services with family and community members.

6. CERF Results Framework

Project objective	To ensure access of women and girls in drought affected communities to life-saving SRH and GBV services, mitigate GBV risk and support uptake of family planning in nine target districts			
Output 1	Strengthened GBV referral pathways and service provision in target districts			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Protection - Gender-Based Violence			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	PS.2 Number of people receiving GBV psycho-social support and/or GBV case management	190	1261 (Achievement rate of 664% was registered)	GBV Screening tools Case intake forms, GBVIMS
Indicator 1.2	Number of sexual violence survivors provided with post rape services (including emergency contraception, postexposure prophylaxis, first aid - psychosocial counselling, etc.) within 72 hours	61	69 (Achievement rate of 113% was registered)	GBV Screening tools Case intake forms, GBVIMS
Indicator 1.3	Number of people (women, men, girls and boys) reached with GBV and SRHR information disaggregated by sex and age	36000	49,928 (Achievement rate of 139% was registered)	EMAP mentorship tools, SASA Activity tools, Attendance forms
Indicator 1.4	SP.5 Number of people receiving GBV and/or SRH medical assistance	986	1,080 (Achievement rate of 110% was registered)	HMIS
Explanation of output and indicators variance:		To effectively deliver community awareness sessions on GBV prevention there was close collaboration with Community Development Officers and Police Community Liaison Officers to mobilise and deliver community engagements. This resulted in effective outreach to target groups. GBV screening at outreaches and health centres strengthened reporting from GBV survivors. Some of the survivors who received PSS sessions under the project were old cases that still needed support.		

		These were achieved due to increased integrated community outreaches at food distribution points; increased supportive supervision at the different service points, coaching and mentorship of the service providers
Activities	Description	Implemented by
Activity 1.1	Strengthen GBV case management (CM) and facilitate immediate access to life-saving multi-sectoral GBV services through strengthened CM capacity, a functioning referral mechanism and monthly multi-sectoral response meetings	IRC via Karamoja Women Umbrella Organisation (KAWUO)
Activity 1.2	Conduct community mobilisation and sensitization on GBV prevention and response and SRHR services at the food and supplementary feeding distribution points, on radio, at health facility and community level (dissemination of drought and SRH/GBV related IEC materials and printing of district referral pathways)	IRC and its community structures (SASA! Activists, Graduates of Engaging Men in Accountable Practice (EMAP) programme) and District Community Development Officers (CDOs)
Activity 1.3	Strengthen GBV response for survivors that require safe shelter while their cases are being processed (3 women's shelters in Amudat, Moroto, Napak)	IRC

Output 2	Enhanced utilisation of life-saving SRH services by women and girls in drought affected communities in the nine target districts			
Was the planned output changed through a reprogramming after the application stage?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Sector/cluster	Health - Sexual and Reproductive Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of beneficiaries served with SRHR services in target health facilities and outreaches	115,500	117,202 (Achievement rate of 101.5% was registered)	Outreach forms, Activity reports, IP Quarterly Narrative reports
Indicator 2.2	Number of pregnant women mapped and linked to services	5,400	5,407 (Achievement rate of 100% was registered)	Pregnancy mapping tools
Indicator 2.3	RH.1 Number of births attended by skilled health personnel	10389	15,199 (Achievement rate of 146% was registered)	HMIS
Indicator 2.4	Number of people reached with family planning services (new and continuing users) disaggregated by age	23062	36,088 (Achievement rate of 347% was registered)	HMIS
Indicator 2.5	Number of persons oriented on the minimum initial service package (MISP) in emergencies on SRHR	360	434 (Achievement rate of 121% was registered)	Attendance sheets, Activity Reports
Indicator 2.6	SP.1a Number of menstrual hygiene management kits and/or dignity kits distributed	2000	2000 (Achievement rate of 100% was registered)	Distribution lists
Indicator 2.7	SP.1b Number of people receiving menstrual hygiene management kits and/or dignity kits	2000	2000 (Achievement rate of 100% was registered)	Distribution lists

Indicator 2.8	SP.2a Number of inter-agency emergency reproductive health kits delivered	20	26 (Achievement rate of 130% was registered)	Distribution plan
Indicator 2.9	SP.2b Number of people accessing services enabled by inter-agency emergency reproductive health kits	3025	3,965 (Achievement rate of 131% was registered)	Distribution plan, facility & kit calculation sheet
Explanation of output and indicators variance:		<p>The overachievement seen across the SRH indicators was achieved through the opening of new outreach posts that brought services closer to the population, as well as good mobilisation efforts by the community structures. As shipment of IARH kits was delayed, UNFPA provided kits that were prepositioned and funded through own funds. This included 3 PEP kits and IARH kit 12, which resulted in a higher total number of kits being distributed than initially planned under the project. UNFPA was able to achieve more due to increased integrated community outreaches at food distribution points; as well as increased supportive supervision, coaching and mentorship of the service providers.</p>		
Activities	Description	Implemented by		
Activity 2.1	Support health workers to integrate SRHR and GBV services into monthly health facility immunisation and nutrition outreaches, specifically targeting pastoralist populations and those in hard to reach locations. Outreach will address unmet need for family planning among drought affected communities, thereby supporting HH resilience, and ensure that UNFPA and partners can provide GBV services to survivors and persons at risk in hard to reach communities. Activity aligned with UNICEF supported outreaches	IRC		
Activity 2.2	Identify community leaders to link communities to SRH and GBV services, and to raise awareness of available services (60 leaders per district, totalling 540)	IRC		
Activity 2.3	Engage Village Health Teams (VHT) in drought-affected communities to conduct pregnancy mapping and link identified beneficiaries to timely quality services, as well as persons at risk of GBV, GBV survivors in need of services and other vulnerable populations that would otherwise not access targeted services	IRC		
Activity 2.4	Provide orientation of health workers, CDOs and district disaster response committees in target areas on the key principles of the Minimum Initial Service Package (MISP) for SRH in emergencies	IRC		
Activity 2.5	Procure and distribute emergency SRH kits, PEP kits to select health facilities identified as underserved (of 20 kits to be procured, 6 prepositioned kits targeting lower level facilities are available to cover immediate need while the ERH kits are under fast track procurement)	UNFPA		
Activity 2.6	Provide dignity kits to vulnerable women following birth at a health facility to encourage positive health seeking behaviour	UNFPA, IRC		

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 areas⁴ 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 addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁵:

To strengthen accountability and client centred programming 10 feedback sessions in the form of focus group discussions were held with project beneficiaries. A total of 92% of respondents said that community level engagements supported them to recover/positively cope from violence and associated risks. Client satisfaction surveys were conducted with GBV survivors to assess quality of services. One of the key challenges survivors faced was transportation to distant service points. This feedback informed an increased allocation to the GBV survivor fund. Engagements with the community revealed high rates of early marriage. The community suggested organising engagement of girls and community leaders, and during the 16 Days of activism, 180 women were oriented on key messages and over 10,000 girls were reached through the campaign. To strengthen participation of the community in project delivery, there was active engagement of community volunteers, community activists and VHTs. PWDs were mapped by VHTs and supported to access services.

b. AAP Feedback and Complaint Mechanisms:

The project scope was shared with district officials, partners and targeted beneficiaries through district level inception meetings. IRC conducted regular consultations with beneficiaries including feedback sessions, community meetings, community barazas and through the interaction with partner staff, to ensure meaningful and sustainable learning and programmatic improvements. Existing community structures (SASA! Activists, VHTs, EMAP women and men) were strengthened and the development of accessible communication media, using written and verbal communication methods. Existing feedback channels like community meetings, office walk-ins, feedback to community leaders, fixed suggestion boxes and directly through interaction with IRC staff while in the field were used. A beneficiaries' feedback registry was maintained, analysed and actioned. Feedback and responses were shared during community meetings and individuals who visited the office. Client feedback meetings reached a total of 150 (77F, 73M) randomly sampled beneficiaries from the 9 districts. Partners were also encouraged to use various feedback channels to address beneficiary concerns.

c. Prevention of Sexual Exploitation and Abuse (PSEA)

A total of 5,178 (Women: 3,596, Men:620, Boys:342, Girls:590, PWDs:30 (Women:19, Men:05, Boys:05, Girls:01)) were reached with Prevention of Sexual Exploitation and Abuse(PSEA) awareness information in the various project locations. The activity was implemented with support from community structures such as; SASA activists, EMAP men and women, Community Development Officers, community volunteers, and community leaders. The involvement of community structures facilitated ownership and sustainability of the project. PSEA information materials were provided by UNFPA, whereas IRC facilitated its distribution. The activity was carried out at immunisation posts, integrated food distribution posts to create awareness and strengthen reporting of PSEA incidents. Beneficiaries were encouraged to use

⁴ 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](#).

⁵ 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](#).

available complaint mechanisms, including referral mechanisms and direct reporting to partners or community leaders. By the end of the project, no PSEA case was registered by the team.

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

The project contributed to improved gender equality through the provision of improved access to SRHR and GBV services, thereby empowering women and girls to lead productive and healthy lives. This was done through the integrated outreaches by offering services like GBV screening, Family Planning, HIV testing, and STI management. This contributes to a decrease in unwanted pregnancies, supports spacing between pregnancies, facilitates access to quality GBV response services thereby supporting strengthened capacity and protection of women and girls. Community engagement through the VHTs and community volunteers, contributed to awareness raising and sensitisation on GBV and modern family planning, it further contributed to behavioural change and supported gender equality through engagement of both sexes. Community engagements for GBV prevention were focused on addressing existing power imbalances at the household level.

e. People with Disabilities (PwD):

Project activities and services were disability friendly and provided without discrimination. Proactive involvement of local council structures, VHTs, CDOs, cultural and religious leaders, starting from the project inception meetings and into implementation offered an opportunity to map various stakeholders, including PWDs. The CDOs, LC.1 chairpersons, and VHTs identified homes with PWDs, and linked them to every outreach post during food distribution and effectively referred them to project staff and services in line with their health and social needs. This ensured access to SRH/GBV services by PWDs and priority was given to them at every service point, resulting in a higher reach of PWDs than was initially planned.

f. Protection:

Protection mainstreaming was adhered to throughout project implementation. Specific emphasis was placed on reaching the most at risk and vulnerable, including persons with disabilities, women experiencing violence, pregnant women, teenage mothers and girls. At food distribution points, for example, safety for women and girls reporting violence was prioritised. Persons with disabilities were facilitated to participate, while reducing protection risks related to accessing services e.g. due to long distances to health centres. To further reduce risk for vulnerable persons, outreaches were conducted with safety and protection risks factored into the outreach point set-up and location. GBV services were provided using a survivor centred approach to reduce safety concerns e.g. by ensuring confidentiality. Those that needed shelter services were referred and supported to access safe spaces.

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 not, 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

Parameters of the used CVA modality:				
Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
N/A	N/A	US\$ 0	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
Stories of Change, Best Practices and lessons learned	<i>Click to view the beneficiaries' experiences</i>

3.3 Project Report 22-RR-CEF-04

1. Project Information

Agency:	UNICEF	Country:	Uganda
Sector/cluster:	Nutrition Water, Sanitation and Hygiene Protection - Child Protection Health	CERF project code:	22-RR-CEF-045
Project title:	Multi-sector response to the drought affected population in Karamoja sub-region regions of Uganda		
Start date:	01/06/2022	End date:	30/11/2022
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\$ 2,250,000
Total funding received for agency's sector response to current emergency:	US\$ 400,000
Amount received from CERF:	US\$ 1,850,000
Total CERF funds sub-granted to implementing partners:	US\$ 357,445
Government Partners	US\$ 260,885
International NGOs	US\$ 96,560
National NGOs	US\$ 0
Red Cross/Crescent Organisation	US\$ 0

2. Project Results Summary/Overall Performance

Nutrition

The CERF UFE grant enabled UNICEF Uganda, district local governments and Moroto Regional Referral Hospital to screen 309,773 children (aged 6-59 months) for acute malnutrition and treat 13,098 (82.3% of 15,918 targeted) of those with severe acute malnutrition; 227,130 children (aged 6-59 months) received vitamin A supplementation; 464,156 children (aged 12-59 months) got deworming medication (0 in semester 1 and 464,156 in semester 2); and 379,214 people were sensitised on maternal, infant, and young child feeding in emergencies. As a result of the procurement and preposition of 22,740 cartons of ready-to-use therapeutic food (RUTF), 209 cartons of F75, 90 cartons of F100, and 50 cartons of ReSoMal, only 5 per cent of the health facilities reported to having a stock out of severe

acute malnutrition (SAM) supplies in Karamoja. The project contributed to the achievement of a cure rate of 68.3 per cent among children with SAM treated in the region.

Health

UNICEF, through the CERF UFE grant, leveraged the ongoing facility and community nutrition screening exercises to integrate primary health care services, including identification of the zero dose and under immunised children both at facility and community level within the region. A total of 54,604 children under the age of one year received measles vaccine reaching 96.2 per cent of the planned target population. Additionally, 50,072 women and children accessed primary health care services (8,231 deliveries and 41,841 with Polio 0 vaccine as proxies to maternal and child health - MCH service access) through both static and outreach modalities. All 9 districts were supported to draft micro plans; informed by 146 facility micro plans, inclusive of mapped hard to reach/ underserved communities and nutrition hot spot areas with direct support towards planned 360 integrated community outreaches. Moreover, 84 health workers of differing cadres (nursing officers, nursing assistants and midwives) received capacity building support through on job mentorships directed at vaccine handling/cold chain maintenance, and screening for tuberculosis (TB) including early referrals and documentation/reporting.

Child Protection

Through this CERF funding, UNICEF and its partner Save the Children implemented the child protection (CP) component of the response to strengthen the protective environment for children at the family and community level through the provision of CP prevention and response services in Moroto, Kotido and Kaabong districts. 289 children (151 girls and 138 boys) who experienced violence were reached by health, social work or justice/law enforcement services; 162 children (76 boys, 86 girls), registered as unaccompanied or separated, accessed family-based care or a suitable alternative; 3,749 children (1,780 boys, 1,969 girls) accessed mental health and psychosocial support; 3,594 individuals (1,822 children: 890 boys, 932 girls; 1,772 adults: 792 male, 980 female) participated in social and behaviour change communication interventions promoting elimination of violence against children; 274 community workers (106 male, 168 female) benefitted from training on child protection, child protection in emergencies and other CP related topics. Through CP interventions, 1,532 people had access to a safe and accessible channel to report sexual exploitation and abuse by aid workers.

WASH

The WASH project was completed as planned with key activities implemented in the four (4) selected priority districts Karenga, Kaabong, Kotido, and Nabilatuk. A total of 52 boreholes were rehabilitated in Karenga (10), Nabilatuk (10), Kaabong (10) and Kotido (22) against 30 planned across three districts in the proposal. The rehabilitated boreholes are serving 15,600 people (4,216 girls; 4,052 boys; 3,739 women, and 3,593 men). Funds were left remaining after achieving the original target of 30 planned, hence UNICEF sought approval to re-programme the remaining funds, with a further 22 boreholes rehabilitated in Kotido district utilizing the savings, agreed with CERF to increase the target. Also, UNICEF supported all the four districts with funds to conduct hygiene promotion targeting communities with high cases of malnutrition, focussing on improving key hygiene behaviours, especially ensuring safe household drinking water, proper hand hygiene, and effective use of sanitation to reduce the cases of diarrhoea diseases. A total of 96,500 people, mainly women and children, were reached with hygiene promotion messages against a target of 98,000 people. The provision of safe water, sanitation facilities and hygiene supplies created the necessary conditions for improving hygiene and sanitation practices thus reducing the likelihood of infectious disease outbreaks, such as cholera and dysentery. In addition to the immediate response, the rehabilitation of boreholes provided a long-term sustainable solution to the communities by ensuring continued access to safe water. It also contributed to the strengthening health systems by creating an enabling environment for handwashing with soap and other hygiene practices. As a result of UNICEF supported WASH activities, all the planned results were achieved. UNICEF worked closely with the district local government to implement and monitor the activities in all four districts.

3. Changes and Amendments

Nutrition: There were no changes and amendments in the project from the original proposal.

Health: There were no changes and amendments in the project from the original proposal.

Child Protection: There were no changes and amendments in the project from the original proposal.

WASH: WASH received a total of USD 124,621 to support the rehabilitation of 30 boreholes in the three districts of Kaabong (10), Nabilatuk (10) and Karenga (10). Also, part of this fund was disbursed to the four (4) districts for sanitation and hygiene improvement campaigns in the communities with high cases of severe malnutrition and poor hygiene practices. All activities were completed as planned but with a balance of USD 44,257.61 remaining to be spent. This saving was made while the district negotiated contracts for borehole rehabilitation. The remaining funds were used to rehabilitate an additional 22 boreholes in Kotido district, which was one of the districts that had initially requested UNICEF support to rehabilitate dysfunctional boreholes in the communities affected by the drought. UNICEF asked for prior CERF approval to re-programme the saved funds to rehabilitate the additional boreholes in Kotido district. Given the readiness of the district to carry out the rehabilitation works within the two remaining months before grant expiry, UNICEF did not request for an extension of the implementation period from the proposal.



One of the boreholes rehabilitated in Kodonyo village in Kotido district
©UNICEF/2022

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	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 people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	11,117	0	26,465	25,427	63,009	8,231	0	21,339	20,502	50,072
Total	11,117	0	26,465	25,427	63,009	8,231	0	21,339	20,502	50,072

People with disabilities (PwD) out of the total

868	0	979	940	2,787	2,983	0	129	126	3,238
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Sector/cluster	Nutrition									
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 people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	139,713	0	76,502	73,498	289,713	139,713	0	76,502	73,498	289,713
Total	139,713	0	76,502	73,498	289,713	139,713	0	76,502	73,498	289,713

People with disabilities (PwD) out of the total

2,794	0	82	71	2,947	2,794	0	82	71	2,947
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* 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.

Sector/cluster	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 people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	6,952	6,678	7,839	7,531	29,000	23,131	22,224	26,083	25,062	96,500
Total	6,952	6,678	7,839	7,531	29,000	23,131	22,224	26,083	25,062	96,500

People with disabilities (PwD) out of the total

139	133	156	150	578	462	444	521	501	1,928
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Sector/cluster	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 people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	500	300	500	500	1,800	1148	898	1789	1969	5,804
Total	500	300	500	500	1,800	1148	898	1780	1969	5,804

People with disabilities (PwD) out of the total

25	15	25	25	90	0	0	13	10	23
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* 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. People Indirectly Targeted by the Project

Nutrition: A total of 379,214 people, including women of childbearing age, men and youth indirectly benefited from the project. These were reached during community awareness sessions for promoting maternal, infant, and young child feeding in emergencies, and during integrated community health and nutrition outreaches.

Health: 671,334 children above 5 years of age, plus general communities (people within the targeted districts) accessing various primary health packages and prevention messaging on child health, nutrition, water hygiene and sanitation-WASH and child protection during the emergency are assumed to have benefitted indirectly from the program. A total of 168,192 children (between the ages of 2 months and 5 years) were screened for malaria with 140,705 who tested positive and were treated, there was hence a high 84% positivity rate; additionally, 330,944 children under 5 years were further screened for TB with 5,651 who tested positive (2%) and were linked to care.

Child Protection: It is assumed that children, caregivers, and community members have indirectly benefitted from the interventions of this project. 289 children benefitted from CP case management services, indirectly it is assumed that on average 4 household members per household indirectly benefitted from this, with a total of 1,156 household members benefitting. In addition, following different forms of awareness-raising interventions, through the passing of messages it is assumed that an additional 14,376 individuals benefitted indirectly through community engagement.

WASH: A total of 96,500 people benefitted from UNICEF-supported hygiene and sanitation promotion and the rehabilitation of 52 boreholes in the selected districts severely affected by drought. The WASH rehabilitation works also contributed to supporting a longer-term solution in ensuring sustained community access to safe water services and strengthened the IPC practices in institutions and communities.

6. CERF Results Framework

Project objective	Delivery of time-critical lifesaving humanitarian assistance to prevent an increase of drought-induced humanitarian needs to children, families and communities affected by drought in Uganda.			
Output 1	HEALTH			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	H.4 Number of people vaccinated (Boys and girls vaccinated against measles)	56,709	54,604 (96.3%)	DHIS2
Indicator 1.2	Proportion of targeted people vaccinated (Boys and girls vaccinated against measles) [total targeted people = 63,009]	90	86.6%	DHIS2
Indicator 1.3	N.5 Number of people receiving vitamins and/or micronutrient supplement	50,408	151,932	[DHIS2]
Indicator 1.4	Proportion of targeted people receiving vitamins and/or	80	284	[DHIS2]

	micronutrient supplement [total targeted people = 63,009]			
Indicator 1.5	H.8 Number of primary healthcare consultations provided (Children and women accessing primary health care in UNICEF-supported facilities)	44,940	50,072 (111.4%)	DHIS2
Explanation of output and indicators variance:		Observed over achievement on numbers accessing primary health care were largely attributed to the facility led integrated health and nutrition outreaches through which services were extended to hard-to-reach and underserved populations. Additionally, the program further leveraged the national Polio and Measles Rubella campaigns to do a “mop up” of under immunised children including opportunities for close joint monitoring, mentorships and supervision of activities ensuring quality implementation.		
Activities	Description	Implemented by		
Activity 1.1	Integrated Outreach services for MNCAH Support health facilities to develop outreach micro plans Conducted targeted outreach services <ul style="list-style-type: none"> Support monitoring and supportive supervision for outreaches 	Moroto Regional Referral Hospital (MRRH) and all 9 District Local government through district health facilities		
Activity 1.2	Continuity of Essential Health Services at health facility and community level <ul style="list-style-type: none"> Support DHTs and RRHs to conduct supportive supervision to health facilities Support health assistants to conduct supportive supervision to VHTs 	MRRH and all 9 District local governments		
Activity 1.3	PSEA Orientation of health workers and VHTs on PSEA <ul style="list-style-type: none"> Develop and disseminate messages on PSEA at community and facility level 	Ministry of Health		

Output 2	NUTRITION			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Nutrition			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	N.4 Number of people screened for acute malnutrition (Children < 5)	22,740	221,747	DHIS2
Indicator 2.2	N.2a Number of people admitted in SAM treatment programme (Children aged 6-59 months)	15,918	13,098	DHIS2
Indicator 2.3	N.2b Percentage of people (Children aged 6-59 months) who were admitted for SAM treatment who recovered (SAM recovery rate)	75	72	DHIS2

Indicator 2.4	N.5 Number of people receiving vitamins and/or micronutrient supplements (children 6-59 months)	150,000	151,932	DHIS2
Indicator 2.5	Number of children 12-59 months who received deworming medicine in a) first semester, and b) in the second semester	139,990	268,510	DHIS2
Indicator 2.6	% of HFs reporting no stock out of SAM supplies	80	95	DHIS2
Indicator 2.7	N.6 Number of people in community awareness sessions on maternal, infant and young child feeding in emergencies	139,713	379,214	Project activity reports

Explanation of output and indicators variance: There were over achievements in the number of children screened for acute malnutrition, vitamin A supplementation, deworming, awareness raising sessions on maternal, infant, and young child feeding in emergencies, and number of health facilities reporting no stock out of SAM supplies. These were achieved due to mass community screening, integrated community outreaches as well as increased supportive supervision, coaching and mentorship of the service providers in the targeted districts. The deployment of the Kobo toolbox, an open-source tool for mobile data collection, also assisted weekly reporting of nutrition data at the health facility level. Nonetheless, the project did not reach the expected cure rate of 75 per cent for children managed in outpatient therapeutic care (OTC). This is due to increased outward migration of the caregivers to distant places for gardening during the months of November and December 2022.

Activities	Description	Implemented by
Activity 2.1	Identification and treatment of people (children 6-59 months) with SAM	Ministry of Health, Moroto RRH and district local governments
Activity 2.2	Development of micro-plans for mass screening and integrated outreaches	District Local Governments, and Moroto RRH
Activity 2.3	Procurement and preposition of essential nutrition supplies for the management of severe wasting	UNICEF
Activity 2.4	Integrated community outreaches for delivery of vitamin A capsules and deworming medicine for children 6-59 months	District Local Governments, and Moroto RRH

Output 3	Child Protection			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Protection - Child Protection			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	CP.3 Number of children receiving protection support (e.g., family tracing, reunification, reintegration, case management services, etc)	100	289 children (151 girls, 138 boys)	Activity reports and monthly data collection tool

Indicator 3.2	Number of children and parents/caregivers accessing mental health and psychosocial support	1,000	3,749 children (1,780 boys, 1,969 girls)	Activity reports and monthly data collection tool
Indicator 3.3	Number of people who participate in social and behaviour change communication interventions promoting elimination of violence against children	1,800	3,594 (1,822 children, 1,772 adults)	Activity reports and monthly data collection tool
Explanation of output and indicators variance:		UNICEF recorded an overachievement in the number of children and parents/caregivers accessing mental health and psychosocial support and in the number of people who participated in social and behaviour change (SBC) communication interventions promoting elimination of violence against children (VAC). This was linked to the introduction of 8 safe spaces for children, where case workers used recreational and psychosocial activities implemented through community structures to improve on the mental health and psychosocial wellbeing of children. Working through existing community structures enabled attracting more children than anticipated. The use of community barazas, a community accountability approach as a strategy was extremely popular among community members, due to its ability to hold community members and leaders accountable since it provided an avenue for immediate feedback and recommendations, leading to a higher than planned reach of individuals participating in VAC SBC interventions.		

Activities	Description	Implemented by
Activity 3.1	Provision of child protection case management services to children and families.	UNICEF's Implementing Partner Save the Children (SCI)
Activity 3.2	Provision of community based psychosocial support for children to strengthen resilience and provide children with a safe environment	UNICEF's Implementing Partner Save the Children (SCI)
Activity 3.3	Community engagement with children, caregivers, and community members on child protection concerns, where and how to report, PSEA and the zero tolerance	UNICEF's Implementing Partner Save the Children (SCI)

Output 4	WASH			
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 and Hygiene			
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	WS.6 Number of people accessing sufficient and safe water for drinking, cooking and/or personal hygiene use as per agreed sector standard (standard indicator from HAC (Humanitarian Action for Children))	9,000	15,600	District Implementation Report
Indicator 4.2	UNICEF-targeted population in humanitarian situations accessing appropriate sanitation facilities as a result of UNICEF direct support during reporting period (Standard indicator from HAC)	20,000	96,500	District Implementation Report

Explanation of output and indicators variance:	With funds from CERF, UNICEF supported the rehabilitation of 52 boreholes, against a planned 30 boreholes (due to cost savings) reaching a total 15,600 people against target of 9,000 people. Also, 321 villages reached (against an initial planned 200 villages, thus reaching 96,500 people) with hygiene and sanitation promotion messages in the four selected districts. In addition, 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.
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Activities	Description	Implemented by
Activity 4.1	Rehabilitation of 30 dried boreholes serving the affected population in the three highly affected districts	District Water Officer
Activity 4.2	Conduct hygiene promotion through Community-Led Total Sanitation (CLTS) in 40 villages	District Health Officer

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 areas⁶ 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 addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁷:

Nutrition: UNICEF engaged the Ministry of Health, Moroto RRH, district local government, health facility and community representatives in the design, implementation, and monitoring of the project activities. Specifically for Nutrition, pregnant and lactating women, caregivers of children with severe acute malnutrition, health workers and village health teams were consulted on how best to plan and implement the interventions in Karamoja. They also participated in the monitoring and reporting of the project activities.

Health: UNICEF worked closely with both Moroto RRH and district/facility health focal persons to plan, implement, monitor, and learn from ongoing surge activities. Primary beneficiaries including pregnant and lactating mothers and their children provided inputs to ongoing interventions through community engagements platforms like barazas, dialogues, and outreach activities. Village Health Team structures were included in planning and the mobilization of communities ensuring the most marginalised were reached with the intervention services.

Child Protection: Through the support of local council leaders, case workers and sub-county staff, SCI conducted 9 community feedback meetings aimed at raising awareness and understanding of community members on accountability and feedback mechanisms pathways

⁶ 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](#).

⁷ 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](#).

for UNICEF and SCI CP interventions. The participants involved were Local Council 1 and 3 chairpersons, religious leaders, police, sub-county leaders (CDO (Community Development Officer), sub-county Chiefs, Parish Chiefs), opinion leaders/elders and children.

WASH:

Project design and planning phase: UNICEF WASH interventions were informed by the Integrated Phase Classification (IPC) assessment report, which was conducted in April 2021. The assessment focused on the districts with very high acute malnutrition indicators as well as communities that are water stressed and with poor sanitation and hygiene practices.

Project implementation phase: UNICEF communicated to the government and affected communities the scope of the project before the start of implementation. Community members participated in the mobilization and dissemination of hygiene messages to communities. Similarly, the District Local Government carried out the rehabilitation and installation work with technical support from UNICEF.

Project monitoring and evaluation phase: UNICEF field staff regularly monitored the project interventions and provided technical guidance to the District Local Government.

b. AAP Feedback and Complaint Mechanisms:

UNICEF used several mechanisms to get timely feedback from the beneficiaries regarding the project. These included U-Report surveys (for health and nutrition), community dialogues with the district, health facility and UNICEF representatives, supportive supervision feedback sessions with the Ministry of Health and Regional Referral Hospital teams, and the Regional Stakeholder feedback meeting held in December 2022.

Child Protection: Apart from meetings, the community was also oriented on other forms of sharing feedback with UNICEF and SCI such as through feedback boxes, U-Report by sending a message to 8500, feedback/complaint logbook, the National Child Helpline SAUTI 116, among others.

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 Officer conducted regular follow-up to ensure that to ensure boreholes remain operational and accessible to the users and responded to issues raised by users. As per information available no complaints were received.

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

Child Protection: 4,262 individuals were reached with messages on Protection from Sexual Exploitation and Abuse through community dialogues for community members and psychosocial activities for children at the child friendly spaces (CFS). These included 2,761 children (1,147 boys, 1,614 girls) and 1,806 (909 male, 592 female) adults. Participants were sensitised on the difference between PSEA and sexual harassment, effects of SEA on children and women and available reporting mechanisms.

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

Child Protection: This programme directly emphasised promoting the protection of women and girls. Through community engagement interventions, messages on gender-based violence against children, and on how to report concerns were disseminated. This included specific topics on preventing child marriage and other forms of violence against women and girls. 148 children (73 boys, 56 girls) survivors of sexual violence benefitted from individual support and services.

WASH: UNICEF provided safe and reliable water sources and sanitation and hygiene promotion intervention to everyone ensuring equity in service delivery. The improved water services are within walking distances from homes and institutions which provide girls and women with a safer environment to access water service, thus reducing safety concerns and ensuring they are not forced to spend disproportionate time at water points accessing water services..

e. People with disabilities (PwD):

Nutrition: UNICEF engaged all children including those with disability in the nutrition programming. The health service providers were oriented on appropriate methods to use to screen such children for acute malnutrition and those who qualified were enrolled into care. The caregivers and health workers closely worked together for appropriate follow up of these special groups at household level as they are often stigmatized against by the community.

Health: UNICEF emphasized an inclusive approach to service access by target communities across planning for and implementation of 'reach every child/community' interventions. The outreach model encouraged movement of health workers to the communities to improve reach for also the PwD. Door to door mass screening model further ensured that even those left home had been screened for existing comorbidities and referred, including reach with health messaging.

Child Protection: UNICEF deliberately targeted children with disability through identification of such children and needs identification. In total 23 children with disabilities were identified and benefitted from individual child protection case management services, including alternative care. To ensure the safety of the girls with disabilities, case workers, parents or care givers were responsible for picking them from their homes and accompanying them home. Their parents and caregivers were also targeted with psychosocial first aid to improve their mental wellbeing whilst caring for children with disabilities.

WASH: UNICEF ensured that water sources provided were safe to use by people with disabilities. Platforms were installed around the water points to ensure the safety of the people with disabilities.

f. Protection:

Child Protection: As part of this intervention, targeted life-saving CP services were provided in affected communities. This included the provision of case management and care services for the most vulnerable and at-risk children, the provision of psychosocial support in affected communities to strengthen resilience and well-being and the prevention of violence through social and behaviour change interventions.

g. Education:

WASH: Project design ensures community members are trained on the operation and maintenance of the facilities and operation fee introduced to pay spare parts and hire mechanics

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	

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.

CVA was not planned as the time and funding available were inadequate.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
N/A		US\$		

9. Visibility of CERF-funded Activities

Title	Weblink
"It's all about the water"	https://www.unicef.org/uganda/stories/its-all-about-water
Beyond medicine, water is the greatest need at a Health Centre	https://www.unicef.org/uganda/stories/beyond-medicine-water-greatest-need-health-centre
Hungry teen mother of twins soldiers on, inspiring other girls	https://www.unicef.org/uganda/stories/hungry-teen-mother-twins-soldiers-inspiring-other-girls
UNICEF-trained medics co-opt goats into nutrition struggle	https://www.unicef.org/uganda/stories/unicef-trained-medics-co-opt-goats-nutrition-struggle
School after Pregnancy	https://www.unicef.org/uganda/stories/16-mary-encourages-older-girls-return-school-after-pregnancy

3.4 Project Report 22-RR-WFP-041

1. Project Information			
Agency:	WFP	Country:	Uganda
Sector/cluster:	Food Security - Food Assistance Nutrition	CERF project code:	22-RR-WFP-041
Project title:	Karamoja Lean Season Response		
Start date:	01/06/2022	End date:	30/11/2022
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\$ 27,439,668
	Total funding received for agency's sector response to current emergency:		US\$ 1,390,000
	Amount received from CERF:		US\$ 1,300,000
	Total CERF funds sub-granted to implementing partners:		US\$ 112,804
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 112,804
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF grant, WFP working with Andre Foods International (AFI) provided nutrition support to 10,832 children (under 2 years) under the Blanket supplementary feeding programme (BSFP) and 77,778 individuals with in-kind food assistance for three months. A total of 196 metric tonnes of Super cereal plus (CSB++) and 785 metric tonnes of in-kind food that consisted of maize and vegetable oil were distributed. This grant only provided for in-kind food assistance therefore cash-based transfers were not implemented. The Blanket supplementary feeding programme was implemented in three Karamoja districts which included; Kotido, Kaabong, and Nabilatuk. The increased demand for specialized nutritious foods in the East African region limited the amount of CSB+++ available for purchase and distribution during the roll out of the blanket supplementary feeding intervention. As such, there was a scale down of the targeted population from pregnant and breastfeeding women and children under 5 to only children under 2. For in-kind assistance, households in 6 districts of Kotido, Kaabong, Moroto, Napak, Nabilatuk and Amudat were targeted. Nutrition and health education was also provided to 24,105 caregivers, 216 VHTs and 54 health workers to support promotion of better infant and young child feeding practices. Additionally, the programme integrated health outreaches with various medical services. These interventions promoted food security and prevented further deterioration of nutrition status amongst the households within Karamoja region. Overall, the food security status of the beneficiaries improved, with a decrease in the proportion of individuals that have a poor food consumption score as well as negative coping strategies.

3. Changes and Amendments

Under this grant, WFP purchased only food commodities (with related costs) and no cash-based transfers were implemented as the grant did not cater for that.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Nutrition									
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 people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	5,646	0	12,016	8,309	25,971	2,383	0	4,983	3,466	10,832
Total	5,646	0	12,016	8,309	25,971	2,383	0	4,983	3,466	10,832
People with disabilities (PwD) out of the total										
	316	0	673	465	1,454	131	0	274	191	596

Sector/cluster	Food Security - Food Assistance									
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 people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	18,174	13,921	23,508	21,586	77,189	18,276	13,998	23,721	21,783	77,778
Total	18,174	13,921	23,508	21,586	77,189	18,276	13,998	23,721	21,783	77,778
People with disabilities (PwD) out of the total										
	2,447	1,875	0	0	4,322	2,323	1,825	0	0	4,148

* 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. People Indirectly Targeted by the Project

WFP in collaboration with Andre Foods International (AFI), the Ministry of Health (MoH) and the District Health Departments, conducted refresher trainings for 2,000 Village Health Teams (VHTs) on aspects of identification and management of malnutrition, as well as linkages to health and other services provided by other development partners in the region. Furthermore, a total of 123,800 individuals indirectly benefited through awareness campaigns/nutrition education talks provided throughout the distribution points where the programme was implemented.

WFP continued to support health medical outreaches at the distribution outposts for general food assistance. Services such as malaria testing and treatment, deworming, immunisation, and antenatal care among were provided alongside the programme for prevention of malnutrition.

6. CERF Results Framework

Project objective	To provide emergency response to people in food insecurity (crisis and emergency) with malnutrition levels above 13%				
Output 1	Vulnerable households receive food to improve their household food security				
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sector/cluster	Food Security - Food Assistance				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 1.1	FN.1a Number of people receiving in-kind food assistance	77,189	77,778	COMET	
Indicator 1.2	Cash.2a Number of people receiving sector-specific unconditional cash transfers	N/A	N/A	N/A	
Indicator 1.3	FN.1b Quantity of food assistance distributed in MT	525	785	COMET	
Indicator 1.4	Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD	N/A	N/A	N/A	
Indicator 1.5	FS.1c Percentage of households relying on crisis livelihoods coping strategies	17.5%	23	Lean seasons response end line survey	
Indicator 1.6	FS.1d Percentage of households relying on emergency livelihoods coping strategies	26.6%	20	Lean seasons response end line survey	
Indicator 1.7	FS.2 Percentage of households who report being able to meet the basic needs of their households according to their priorities	TBD	N/A	N/A	
Indicator 1.8	FS.3 Average reduced Coping Strategies Index (rCSI)	10	10	Lean seasons response end line survey	
Indicator 1.9	FS.5a Percentage of households with an acceptable food consumption score	65%	52	Lean seasons response end line survey	

Indicator 1.10	FS.5b Percentage of households with a borderline food consumption score	28%	34	Lean seasons response end line survey
Indicator 1.11	FS.5c Percentage of households with a poor food consumption score	7	14	Lean seasons response end line survey

Explanation of output and indicators variance:	<p>A total of 77,778 out of 77,189 planned for beneficiaries were reached in a period of 3 months with in-kind food assistance. To this end, a total of 785 metric tonnes of vegetable oil and maize were distributed.</p> <p>Overall, there was an improvement in the food security status of the beneficiaries as evidenced by a reduction in the proportion of beneficiaries having a poor food consumption score from 18 percent to 14 percent. Similarly, households are coping better in terms of livelihoods compared to before the response with a reduction by 13 percent in the crisis and emergency coping strategies. This can be attributed to the food assistance provided to alleviate the adoption of negative coping strategies. However, the targets set were not met. This can be attributed to the length of the assistance period that was not sufficient to facilitate full recovery from the losses that had occurred during two consecutive poor harvesting seasons.</p> <p>The grant was used to only purchase food commodities and no cash-based transfers were provided since they were not catered for in the final budget.</p>
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Activities	Description	Implemented by
Activity 1.1	Targeting and prioritisation of people in need	WFP
Activity 1.2	Market Rapid Assessment Feasibility for Cash Assistance	WFP
Activity 1.3	Distribution of food and /or cash assistance	WFP
Activity 1.4	Post distribution Monitoring	WFP

Output 2	Children aged 6-59 months and pregnant and lactating women receive nutritious foods/cash transfers to improve their nutrition status
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Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Nutrition			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	N.2a Number of people admitted in MAM treatment programme	25,971	235,832	COMET
Indicator 2.2	N.4 Number of people screened for acute malnutrition	168,156	269,345	Mass screening report
Indicator 2.3	N.6 Number of people receiving training and/or community awareness sessions on maternal, infant and young child feeding in emergencies	2,000	24,375	Reports
Indicator 2.4	N.3b Percentage of people who were admitted for MAM treatment who recovered (MAM recovery rate)	>75%	73.1	Reports

Indicator 2.5	MAM Treatment Default rate	<15%	12.8	Reports
Indicator 2.6	MAM Treatment Mortality rate	0%	0	Reports
Indicator 2.7	MAM Treatment Non-response rate	<15%	14.3	Reports
Indicator 2.8	FN.1a Number of people receiving in-kind food assistance (SNFs)	25,971	10,833	COMET
Indicator 2.9	FN.1b Quantity of food assistance distributed in MT	285	196	COMET

Explanation of output and indicators variance:

The total number of beneficiaries receiving SNFs was 10,832 for three cycles. A total of 195 metric tonnes of Super cereal plus was distributed to beneficiaries that had moderate acute malnutrition. The target of those screened for malnutrition was exceeded due to wide coverage during the mass screening exercise. As a result, a total of 269,345 were screened.

Programme response rate gradually improved from an average of 68 percent per month at the beginning of the response, to 74 percent at the end of the response. The average response rate was 73 percent and none of the beneficiaries on the programme died.

The number of people reached through community awareness sessions exceeded the planned due to support from VHTs that mobilised communities through the Local council leadership as well as health facility workers.

Activities	Description	Implemented by
Activity 2.1	Mass screening	WFP /MoH
Activity 2.2	Community mobilization and sensitization	WFP/MoH
Activity 2.3	Procurement and distribution of specialized nutritious food (SNF) rations	WFP/MoH
Activity 2.4	Capacity Strengthening activities for Nutrition	WFP/MoH
Activity 2.5	Process monitoring, support supervision, and reporting	AFI & WFP

Output 3 Cross cutting indicators

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

Sector/cluster Food Security - Food Assistance

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	AP.1b Percentage of affected people who state that they are aware of their rights and entitlements	80%	89.4%	Lean season endline survey
Indicator 3.2	Proportion of project activities for which beneficiary feedback is documented, analysed, and integrated into programme improvements	80%	99.6%	Lean season endline survey
Indicator 3.3	Proportion of targeted people who report that WFP programmes are dignified	100%	95.5%	Lean season endline survey

Indicator 3.4	Proportion of households where women, men, or both women and men make decisions on the use of food/cash/vouchers.	50%	40.2% joint decision making	Lean season endline survey
Explanation of output and indicators variance:		89.4% of the targeted people demonstrated knowledge about their rights, entitlements and duration of assistance. WFP together with its partner (AFI) provided adequate information regarding the assistance by employing different measures that were context specific to Karamoja, but also gender sensitive to ensure all the targeted people are made aware of the targeting criteria, entitlements and length of assistance. Additionally beneficiary feedback was captured through the community engagement meetings, and the WFP helpline and used to shape programme decision making.		
Activities	Description	Implemented by		
Activity 3.1	Rapid Consultation with Beneficiaries	WFP/ AFI		
Activity 3.2	Process Monitoring (when implemented)	WFP/AFI		
Activity 3.3	Post-Distribution Monitoring	WFP		

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 areas⁸ 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 addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁹:

The project adhered to the core principles of AAP through consulting beneficiaries and other stakeholders in identifying the most vulnerable for targeting purposes. Information about the project was provided in a timely manner and in different formats and channels based on the different capacities of beneficiaries.

b. AAP Feedback and Complaint Mechanisms:

Complaints and feedback from beneficiaries were registered at the complaint desk at every food distribution point. The complaints were captured in a tool to ease tracking. The main complaint was beneficiaries' credentials. Fortunately, 97 percent of the registered complaints were resolved, and the targets received assistance in the subsequent cycles.

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

⁸ 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](#).

⁹ 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](#).

WFP has a network of field focal persons at the Field Office, Area Office, and national levels who receive and document reports of sexual exploitation and abuse, direct survivors to multi-sectoral actors for survivor support services, and report cases to Senior Management. The Country Representative escalates cases to the OIGI for further investigation and management. WFP also provides the contact information for OIGI, which allows affected populations to report SEA cases immediately. The Cooperating Partner and contractors were required to have a PSEA policy and reporting mechanism. In partner and vendor Field Level Agreements (FLAs) and contracts, a PSEA prohibition clause is incorporated, and they were required to report any SEA to WFP. WFP also continued to operate a toll-free helpline staffed by operators who are fluent in the languages spoken by the affected populations

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

The intervention targeted households with pregnant and breastfeeding women and pregnant girls due to their additional nutrition needs. During implementation, the project created awareness on the relationship between gender relations, GBV and food and nutrition security. This was done through community dialogues and meetings, radio talk shows, and information dissemination during distributions.

e. People with disabilities (PwD):

Information was disseminated through various channels to cater for the specific information access challenges encountered by PwDs. During project implementation, the project ensured that distribution facilities are easily accessible to people with disabilities (PwDs) and that PwDs receive priority service. As PwDs arrange for transportation for their rations, assistance was offered for carrying large goods at distribution points.

f. Protection:

Working with stakeholders, the most at-risk populations were identified and targeted as primary beneficiaries for the project and the targeting criteria was explained to avoid misunderstandings and promote social cohesion. The protection risk assessment was part of the multifunctional risk assessment to identify protection risks and mitigation measures to be implemented during project delivery. Caution was also taken in organizing the timing and location of activities given the security situation in the region to avoid exposing beneficiaries to possible harm. Where possible, security was sought from government agencies during distributions to strengthen security and manage security incidents that may arise.

g. Education:

Provision of food assistance provided a safety net to reduce the number of households employing negative coping strategies such as taking children out of school to be forced into child labour or early marriages that would deprive them of an opportunity to continue with their education.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No, CVA is not a component of the CERF project	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.

Under this grant, resources were only provided for in-kind food and nutrition assistance. The final grant budget did not cater for cash-based assistance therefore it was not implemented under this grant.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
N/A	0	0	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
Food Distribution	https://twitter.com/OwuorKennedyWFP/status/1554479578663510016?cxt=HHwWgICzjZu8z5lrAAAA
Food Distribution	https://twitter.com/OwuorKennedyWFP/status/1551481095727849473
Food Distribution	https://twitter.com/meygag61/status/1551637198990090246?cxt=HHwWjICxofjzwogrAAAA

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Sector	Agency	Implementing Partner Type	Funds Transferred in USD
22-RR-FAO-025	Food Assistance	FAO	NNGO	\$29,083.00
22-RR-FPA-027	Gender-Based Violence	UNFPA	INGO	\$270,777.00
22-RR-CEF-045	Water, Sanitation and Hygiene	UNICEF	GOV	\$5,362.00
22-RR-CEF-045	Water, Sanitation and Hygiene	UNICEF	GOV	\$8,473.00
22-RR-CEF-045	Water, Sanitation and Hygiene	UNICEF	GOV	\$4,210.00
22-RR-CEF-045	Water, Sanitation and Hygiene	UNICEF	GOV	\$3,434.00
22-RR-CEF-045	Water, Sanitation and Hygiene	UNICEF	GOV	\$8,100.00
22-RR-CEF-045	Water, Sanitation and Hygiene	UNICEF	GOV	\$1,082.00
22-RR-CEF-045	Water, Sanitation and Hygiene	UNICEF	GOV	\$6,725.00
22-RR-CEF-045	Water, Sanitation and Hygiene	UNICEF	GOV	\$9,753.00
22-RR-CEF-045	Water, Sanitation and Hygiene	UNICEF	GOV	\$1,980.00
22-RR-CEF-045	Health	UNICEF	GOV	\$167,834.00
22-RR-CEF-045	Child Protection	UNICEF	INGO	\$29,532.00
22-RR-CEF-045	Child Protection	UNICEF	INGO	\$15,035.00
22-RR-CEF-045	Child Protection	UNICEF	INGO	\$51,993.00
22-RR-CEF-045	Water, Sanitation and Hygiene	UNICEF	GOV	\$21,975.00
22-RR-CEF-045	Water, Sanitation and Hygiene	UNICEF	GOV	\$14,092.00
22-RR-CEF-045	Water, Sanitation and Hygiene	UNICEF	GOV	\$7,865.00
22-RR-WFP-041	Food Assistance	WFP	NNGO	\$112,804.00