

**UGANDA
UNDERFUNDED EMERGENCIES
ROUND II
REFUGEES
2022**

22-UF-UGA-55426

Emelia Susan Ngongi-Namondo
Resident/Humanitarian Coordinator
3/28/2024

PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:

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

5 March, 2024

An After-Action Review was conducted in March 2024. The AAR involved technical level UN interagency team in reviewing strategic and programmatic impact of projects/response funded by the UFE allocations. UN recipient Agencies have drafted their specific project reports in consultation with their respective implementing partners. In addition, issues discussed at regular meetings of Uganda inter-agency coordination group and CRRF Steering Group have informed this report. A specific AAR at the quarterly meeting of the Humanitarian Country Team-Light (HCT-L), together with the Office of the Prime Minister (OPM) and INGOs/NGOs partners, was originally planned for 15 March 2024. However, due to unavailability of key stakeholders, the HCT-L meeting has been rescheduled for April 2024, and the AAR is an agenda item for this meeting.

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 objectives of this UFE allocations were a) to explore on new way of working to provide sustainable solutions to refugees in Uganda, while addressing the needs of new refugee influx from DRC; b) signalling the donors about the importance and severity of refugee needs and the urgency to allocate additional funding; c) strengthening UN inter-agency collaboration, advocacy, and joint programming.

First, the CERF allocations of US\$ 8m functioned as a catalytic funding in bridging refugee response gaps in 2022-2023, and in encouraging donors for additional resources. Over \$ 26 million was raised for refugee response in 2022/2023, and UNHCR succeed in securing multi-year contributions starting 2024. Despite subsequent prioritisation and ration cuts in 2023, a potential food pipeline break was prevented and food insecurity among refugee mitigated with improved nutrition status among refugee children.

Second, the allocations complimented the UN Common Pledge 2.0 preparation process, in providing a fresh impetus to Uganda's progressive open-door policy and maintaining confidence of the Government of Uganda (GoU) to continue to support "transition" as new way of working to address refugee-needs in sustainable manners. The Government supports refugees' socio-economic inclusion, aligning with the country's Comprehensive Refugee Response Framework (CRRF) commitments and UNCT commitments in the UN Common Pledge framework. Roundtable discussions with the GoU and donors on transition of services in WASH, Health and Education were organised; and by end of 2023, the discussion on re-vitalising CRRF coordination architecture was advanced.

Finally, the CERF allocations have enhanced not only UN interagency collaboration but has also contributed to broader partnerships and joint programming across humanitarian-development spectrum. Several joint programme initiatives (Spotlight II with five UN Agencies, Prospect Phase II with three UN Agencies, WB, IFI and Netherlands, and INTPA FF with two UN Agencies) have been launched, and UNCT understanding has been reached to establish a Multi-Partner Trust Fund mechanism for joint initiatives, including on refugee inclusion.

CERF's Added Value:

The CERF allocation was strategic and timely in responding to time-critical specific needs of newly arrived refugees. It contributed to ensuring provisions of protection, primary health care, SRHR and GBV services to refugees. A total of 98,232 new arrivals received a package of new arrivals. Health situation of new arrivals refugees and hosting settlement remain stable as evidence by the under-five mortality of 0.13 (standard of <1.5 deaths/1000 population/month) and crude mortality rates of 0.06 (standard of <0.75/1000 population/ month). Significant increase in access to SRH and GBV services within refugee settlements and host communities, an enhanced capacity of healthcare workers and community health teams and strengthening of health system with distribution of SRH humanitarian supplies (IARH kits) and deployment of midwives, are important results achieved through the CERF/UFE grant.

The CERF UFE has proven instrumental in ensuring continuity of food and nutrition assistance based on vulnerability status; hence has contributed to preventing further deterioration of food insecurity among refugees, as evidenced by the food security status that has remained almost same in 2023 compared to 2022. Food assistance was delivered to 533,670 beneficiaries with a total of 1127.93 MT of food in form of hot meals as well as the monthly in-kind food basket. Nutrition response on the other hand, has surpassed the original mass-screening target of 109,350 children to 232,904, hence supporting improving nutrition status among children. Some 19,610 cases identified and treated for severe acute malnutrition and 169,523 children 6-59 months received vitamin A supplementation. Overall, quality of nutrition response was improved with the cure rates at 75.9 above the SPHERE benchmark and Ministry of Health standards – this is largely because of timely prepositioning of RUTF and other nutrition commodities enabled through the CERF allocations.

During the AAR, all UN five agencies confirmed that the timely CERF 2022 allocations have made difference, specially in buying time for the UN family to mobilise additional/other resources for continued humanitarian sector response to the new (245,811 between 2022-2023) and protracted refugees from DRC, South Sudan and Sudan in Uganda.

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

Yes Partially No

The CERF allocations provided a lifeline to critically underfunded refugee response in past two years. A potential food pipe-line break was prevented and life-saving health, including SRHR and GBV services were maintained. Timely nutrition intervention enabled by CERF funds, has led to improvement in overall nutrition status among refugee children, and continued food assistance has maintained food security status among refugees, despite serious prioritisation and rations cuts exercise in 2023.

Did CERF funds help respond to time-critical needs?

Yes Partially No

The CERF allocations enabled response to time-critical health, protection and food assistance needs of newly arrived refugees.

Did CERF improve coordination amongst the humanitarian community?

Yes Partially No

Humanitarian Country Team Light (HCT-L) and Humanitarian Inter-agency Coordination (HICG) platforms, including INGOs and Uganda Red Cross, are the mechanisms for CERF allocations prioritisation and strategic planning. Established in 2022, the HCT-L and HICG were fully engaged in CERF processes in 2023, hence improving overall coordination among the humanitarian community in Uganda. It should be noted that, for overall refugee response coordination, Uganda inter-agency coordination platform, CRRF Steering Group, and Refugee Humanitarian Partners' Group exist. The HCT-L and HICG members, including CERF recipient agencies were actively engaged in the refugee coordination mechanism, enhancing overall humanitarian coordination in Uganda. Dedicated stakeholder consultations were convened, ensuring interface between the HCT-L/HICG and CSOs, INGOs, NGOs and local level partners as needed during the project implementation period.

Did CERF funds help improve resource mobilization from other sources?

Yes

Partially

No

The CERF allocations enabled the UNCT advocacy to signal the donors on severity of refugee needs, specially of 245,811 new arrivals and the urgency of fund raising for refugee response in Uganda. Several dialogue platforms and donor briefings, including at the HQ level in the lead up to the Global Refugee Forum (GRF), were utilised by the Resident Coordinator and UNCT Heads of Agencies to inform donors on the needs of refugees in Uganda, especially with a continuous new influx, and on how the CERF 2022 allocations was boosting UNCT ability in delivering continued humanitarian support to refugees. Over \$ 26 million was raised for refugee response in 2022/2023, and UNHCR succeed in securing multi-year contributions starting 2024; and by end of 2023, a further 3.5 million commitment was secured through Japan Supplementary Budget Programme.

Considerations of the ERC's Underfunded Priority Areas¹:

In **max. 400 words**, please specify which of the four chronically underfunded humanitarian priority areas ((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) were addressed through this allocation:

- Which of these areas required most urgent funding?
- How could CERF help advance collective efforts in these areas to bring about step changes in the response?
- What key challenges, if any, prevented the HCT/UNCT from advancing these areas through the humanitarian response (e.g. policies, technical capacity, resources, guidance)?

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

The CERF interventions have made important contributions to gender equality by empowering and protecting women and girls, providing gender-based violence (GBV), sexual and reproductive health (SRH) services and ensuring participation of women and girls. Protection, GBV and gender transformative actions were mainstreamed in the design of the projects, while UNFPA and UNWomen projects particularly focused on the GBV and SRHR. A few examples of results in support of women and girls, achieved through the CERF interventions, include:

- Cash-based initiatives, including unrestricted cash grants, and financial literacy training provided to survivors and women at risk and girls with disabilities, have had the transformative impact of restoring their dignity and agency.
- Improved awareness about the negative consequences of GBV and PSEA within the community, is contributing to the prevention of violence against women and girls. Women and girls were empowered with information on SRH and GBV prevention to make informed decisions; and active involvement of men and boys was ensured in community engagement and Social Behaviour Change interventions.
- Access to women’s safe spaces, lifesaving services, psychosocial support and legal aid were provided to 12,861 refugee and host community (12,861).
- Protection of women and girls from GBV and sexual violence of vulnerable groups enhanced, based on the IASC guidelines (2017) on mainstreaming gender in humanitarian action.
- 516,918 women and girls were direct beneficiary of this CERF allocations while **88179** PWDs received support.

Table 1: Allocation Overview (US\$)

Total amount required for the humanitarian response	68,000,000
CERF	8,000,000
Country-Based Pooled Fund (if applicable)	[Fill in]
Other (bilateral/multilateral)	\$26,171,596
Total funding received for the humanitarian response (by source above)	34,171,596

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

Agency	Project Code	Sector/Cluster	Amount
UN Women	22-UF-WOM-004	Protection - Gender-Based Violence	350,000
UNFPA	22-UF-FPA-044	Protection - Gender-Based Violence	630,500
UNFPA	22-UF-FPA-044	Health - Sexual and Reproductive Health	339,500
UNHCR	22-UF-HCR-034	Multi-Sector Refugee Assistance	3,480,000
UNICEF	22-UF-CEF-080	Nutrition	1,000,000
WFP	22-UF-WFP-067	Food Security - Food Assistance	2,200,000
Total			8,000,000

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

Total funds implemented directly by UN agencies including procurement of relief goods	5,616,771
Funds sub-granted to government partners*	200,808
Funds sub-granted to international NGO partners*	1, 977,148
Funds sub-granted to national NGO partners*	205,273
Funds sub-granted to Red Cross/Red Crescent partners*	[Fill in]
Total funds transferred to implementing partners (IP)*	2,383,229
Total	8,000,000

* 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 PRIORITIZATION:

Overview of the Humanitarian Situation:

Uganda has one of the most progressive asylum regimes globally, hosting the largest number of refugees in Africa (1,529,272) owing to continuous violence, political instability, and declining economies in the Democratic Republic of the Congo (DRC), South Sudan, Somalia, Burundi, Rwanda, Sudan and others. In 2023, 99,052 new refugees arrived in Uganda, mainly from the DRC, South Sudan, Sudan and Burundi; and the influx continues as since January 2024, another 27,861 (as of 17, March 2024) have arrived fleeing war, persecution and violence, including GBV in their countries of origin. More continue to arrive daily. Over 80% of refugees are hosted in 13 districts in the North and South-Western regions and in the capital Kampala. Despite the growing number of new arrivals, the refugee response continued to remain underfunded in 2023 while the need to stabilize new arrivals put pressure on land, natural resources, and access to basic social services.

In 2023, the multiplicity of needs and underfunding in the refugee response caused humanitarian partners to reduce operations and delivery of emergency services. Underfunding of the refugee response, steady influx of new arrivals, and cumulative impact of constant reprioritization of limited funding by partners in 2023 continue to create substantial obstacles in ensuring access to food, protection services and essential primary healthcare, including maternal and sexual reproductive health for the most vulnerable women, girls, and persons with disabilities and outbreak response. Food security was one of the key drivers of protection issues affecting women, girls and children, with reports of child headed households as a result of caregivers leaving in search of food. In this backdrop, a subsequent CERF UFE 2023 was made available, and the additional allocations continue to ensure time-critical needs to the most vulnerable.

Operational Use of the CERF Allocation and Results:

On 9 September 2022, the ERC allocated \$8 million from the CERF for the urgent support refugee response in Uganda. The CERF allocation has enabled UN agencies and partners to continue provide Protection (GBV), health, food assistance, nutrition, and shelter assistance to refugees and host community members. In total, the allocation surpassed the targets, reaching to 904,030 individuals [Refugees: 804,800; and Communities: 99,230]. Of them 264,282 were women, 149,160 were men; 252,636 were girls, and 237,952 were boys. The number of people with disabilities (PWD) reached is 88179. Important priorities in sectors, including Food Security, Health and SRHR, Nutrition and Gender Based Violence (GBV), were supported with the CERF allocations. A few examples are:

- Food assistance was delivered to 533,670 beneficiaries with a total of 1127.93 MT of food in form of hot meals as well as the monthly in-kind food basket.
- Nutrition response reached to 232,904 children, hence supporting the improvement of nutrition status among children. Some 19,610 cases identified and treated for severe acute malnutrition and 169,523 children 6-59 months received vitamin A supplementation. Overall, quality of nutrition response was improved with the cure rates at 75.9 above the SPHERE benchmark and Ministry of Health standards – this is largely because of timely prepositioning of RUTF and other nutrition commodities enabled through CERF allocations.
- 98,232 new refugees received a package of new arrivals. Health situation of new arrivals refugees and hosting settlement remain stable as evidence by the under-five mortality of 0.13 (standard of <1.5 deaths/1000 population/month) and crude mortality rates of 0.06 (standard of <0.75/1000 population/ month).
- 12,861 refugee and host community members (9,936 women and girls (W&G) and 2,925 men and boys (M&B)) were directly assisted with emergency GBV services. GBV and PSEA messaging reached 8,248 people. Establishment of two women's safe spaces, financial literacy training and PSEA/SGBV information made available have empowered refugee and host community members.
- 83.8% of the refugee and host community members that benefited from Cognitive Behavioural Therapy Treatment (CBTT) reported a significant reduction in depression, anxiety, and stress symptoms and an increase in life satisfaction levels.
- 147,388 individuals received SRH (sexual and reproductive health) services and information. 16,014 individuals received GBV services and information; and 14,014 high risk pregnant women were identified for follow-up care, with 1,867 being teenage mothers.

People Directly Reached:

Of the 904,030 (804,800 refugees and 99,230 host community) directly reached people, 264,282 were women, 149,160 were men, 252,636 were girls and 237,952 were boys. CERF funded activities reached to 88179 People with Disabilities (PWDs). Service providers received trainings on effective methods to cater the needs of PWDs, including for screening children with disabilities for acute malnutrition, and disability friendly infrastructure was promoted.

People Indirectly Reached:

In 2023, 28% of case management services were targeting the host population, while 26% of medical consultations were provided for members of the host community. Given the targeted districts have a total population (host and refugee) of 2,304,985 Uganda Bureau of Statistics (UBOS), improved service provision and access to SRH and GBV services in target facilities can be assumed to indirectly benefit both host and refugee communities.

Nutrition support achieved indirect impact, reaching to a total of 386,506 individuals including women of childbearing age, men, and youth. This achievement was accomplished through carefully organized community awareness sessions that were pivotal in promoting critical practices related to maternal, infant, and young child feeding, particularly in emergency contexts. Integrated community health and nutrition outreaches were leveraged as a strategic avenue to further educate and engage community members, empowering individuals with the knowledge to make informed decisions.

Partnering with Office of the Prime Minister, UN Agencies reached to 98 percent of the refugee population with key messages on critical General Food Assistance, through community barazas, dialogues, meetings as well as air play on radios. UN Agencies worked closely with stakeholders, ensuring that vulnerability-based prioritisation was successfully implemented, taking into consideration potential risks, and mitigating them ahead of time.

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 - Food Assistance	133,722	128,478	156,978	150,822	570,000	125,412	120,076	146,760	141,422	533,670
Health - Sexual and Reproductive Health	97,426	11,487	22,419	3,536	134,868	108,295	5,174	27,286	6,633	147,388
Multi-Sector Refugee Assistance	192,000	144,000	232,000	232,000	800,000	193,152	144,864	233,392	233,392	804,800
Nutrition	368,390	0	52,488	56,862	477,740	407,952	0	81,371	88,152	577,475
Protection - Gender-Based Violence	13,794	2,580	2,563	1,486	20,423	16,990	5,506	4,032	2,345	28,873
Shelter and Non-Food Items	6,400	6,900	3,300	3,400	20,000	3,953	3,623	5,742	6,682	20,000

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

Category	Planned	Reached
Refugees	800,000	804,800
Returnees	0	[Fill in]
Internally displaced people	0	[Fill in]
Host communities	84,987	99, 230
Other affected people	0	[Fill in]
Total	884,987	904,030

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	253,393	264,282	7,920	26831
Men	151,239	149,160	5,940	15063
Girls	246,127	252,636	9,570	23211
Boys	234,228	237,952	9,570	23074
Total	884,987	904,030	33,000	88179

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 22-UF-WOM-004

1. Project Information			
Agency:	UN Women	Country:	Uganda
Sector/cluster:	Protection - Gender-Based Violence	CERF project code:	22-UF-WOM-004
Project title:	Emergency protection support, including SGBV response and prevention for women and girls in Kisoro and Isingiro Districts		
Start date:	21/12/2022	End date:	20/12/2023
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\$ 2,000,000
	GUIDANCE: Figure prepopulated from application document.		
	Total funding received for agency's sector response to current emergency:		
	GUIDANCE: Indicate the total amount received to date against the total indicated above. Should be identical to what is recorded on the Financial Tracking Service (FTS). This should include funding from all donors, including CERF.		US\$ 0
	Amount received from CERF:		US\$ 350,000
	Total CERF funds sub-granted to implementing partners:		US\$ [276,530]
	GUIDANCE: Please make sure that the figures reported here are consistent with the ones reported in the annex.		
	Government Partners		US\$ [91,934]
	International NGOs		US\$ [Fill in]
	National NGOs		US\$ [184,596]
	Red Cross/Crescent Organisation		US\$ [Fill in]

2. Project Results Summary/Overall Performance

The project assisted a total of 26,344 people and allowed for maintaining the malnutrition indicators within the SPHERE standards in Kakuma refugee camp in Turkana County, Kenya between March and December 2016. This was achieved during the period of increased influx of South Sudanese refugees, which exceeded the 2016 planning figures.”

Through this CERF grant implemented in Kisoro and Isingiro Districts between 21 December 2022 and 20 December 2023, 12,861 refugee and host community members (9,936 women and girls (W&G) and 2,925 men and boys (M&B)) were directly assisted with emergency GBV services; including 50 people with disabilities. GBV and PSEA messaging reached 8,248 people.

The two women's safe spaces established under this project contributed to improved access and use of quality basic social and protection services by 4,412 refugee and host community members (3,734 W&G, 678 M&B). 1,235 W&G accessed MHPSS and GBV case management services at the centres, including emergency medical aid, emergency shelter, and referrals to other services. 500 women, including 17 PWDs, accessed life-saving unrestricted multi-purpose cash transfers. 500 women benefited from financial literacy trainings and 1,794 (1,499 W&G, 295 M&B) benefited from PSEA and SGBV information sharing within women's safe spaces.

6,271 GBV survivors (5,045 W&G, 1,226 M&B) adopted improved coping mechanisms and are in a better state of mind having received mental health psychosocial support and trauma counselling. 83.8% of the refugee and host community members that benefited from Cognitive Behavioural Therapy Treatment (CBTT) reported a significant reduction in depression, anxiety, and stress symptoms and an increase in life satisfaction levels.

2,178 SGBV survivors (1,157 W&G, 1,021 M&B) received improved and timely access to justice through provision of legal aid services. This included on-the-spot legal advice via mobile legal aid clinics. 34 cases concluded (63F, 30M); 1 person was granted bail, 1 case dismissed for want of prosecution, 31 were given community service, 2 were sentenced to prisons term of 5 years and 2 years respectively.

Mediation offered by Refugee Law Project in partnership with existing trained community structures contributed to the speedy resolution of 225 cases (135F,90M) (181R, 44H) and enhanced reconciliation and peaceful coexistence as perpetrators recognised their misdeeds and asked for forgiveness.

8,248 refugee and host community members (6,852 W&G, 1363 men and 33 boys) are more aware of their rights and better able to protect themselves and their communities from GBV and PSEA as a result of increased prevention and response messages and information on these issues.

3. Changes and Amendments

[NA]

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	4,900	700	700	700	7,000	5,980	1,023	976	1024	9003
Returnees	0	0	0	0	0	[Fill in]	[Fill in]	[Fill in]	[Fill in]	[Fill in]
Internally displaced people	0	0	0	0	0	[Fill in]	[Fill in]	[Fill in]	[Fill in]	[Fill in]
Host communities	2,100	300	300	300	3,000	2,563	439	417	493	3912
Other affected people	0	0	0	0	0	[Fill in]	[Fill in]	[Fill in]	[Fill in]	[Fill in]
Total	7,000	1,000	1,000	1,000	10,000	8,543	1,462	1,393	1,517	12,915
People with disabilities (PWD) out of the total										
	50	50	50	50	200	30	8	9	3	50

* 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

8,248 refugee and host community members (6,852 W&G, 1,363 men and 33 boys) are more aware of their rights and are better able to protect themselves and their communities from GBV and PSEA due to the provision of prevention and response messages and information on these issues.

6. CERF Results Framework

-

Project objective To enhance the provision of protection service to 8,000 refugee women and girls and 2,000 men and boys affected by conflict and SGBV in Nakivale and Oruchinga Settlements in Isingiro District & Nyakabande TC in Kisoro.

Output 1 Establishment and Strengthen functionality of two community-based women safe spaces with a multisectoral approach which provide safe and protective spaces for survivors to access life-saving services in Nakivale and Oruchinga refugee settlements targeting 3,000 women and girls including PWDs

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

Sector/cluster	Protection - Gender-Based Violence			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	PS.1b Number of women- and girl-friendly safe spaces and/or centres constructed, rehabilitated and/or supported	2	2	End of Project Report for Coalition for Action on 1325, December 2023
Indicator 1.2	PS.1a Number of people accessing women- and girl-friendly safe spaces and/or centres	3,000	3,734	End of Project Report for Coalition for Action on 1325 December 2023
Indicator 1.3	PS.2 Number of people receiving GBV psycho-social support and/or GBV case management	1,000	1,235	End of Project Report for Coalition for Action on 1325 December 2023
Indicator 1.4	Cash.1a Number of people receiving multi-purpose cash	500	500	End of Project Report for Coalition for Action on 1325 December 2023
Indicator 1.5	Cash.1b Total value of multi-purpose cash distributed in USD	10,000	10,000	End of Project Report for Coalition for Action on 1325 December 2023
Indicator 1.6	Number of women trained on financial literacy and lined to livelihoods opportunities	500	500	End of Project Report for Coalition for Action on 1325 December 2023
Indicator 1.7	Number of women, girls, men and boys accessing information on GBV and PSEA through women safe spaces	1,000	1,794 (1,499 W&G, 295 M&B)	End of Project Report for Coalition for Action on 1325 December 2023
Explanation of output and indicators variance:	For indicator 1.2 and 1.7, there was more demand for the services provided within the women centers and through mobilisation, more refugee and host community women and men attended the information sessions hence achieving more than the targeted numbers. n			

Activities	Description	Implemented by
Activity 1.1	Establishment of women safe spaces in Nakivale and Oruchinga refugee settlement	Coalition for Action on 1325
Activity 1.2	Case management, Identification and referral of GBV cases for legal, psychosocial, and medical support	Coalition for Action on 1325
Activity 1.3	Provision of emergency Multi-Purpose Cash Transfers for access to basic needs	Coalition for Action on 1325
Activity 1.4	Financial literacy training and linkages to livelihoods opportunities and VSLAs for groups of women and adolescent in Shelters	Coalition for Action on 1325
Activity 1.5	PSEA and SGBV information sharing within women safe spaces and including engaging men and boys	Coalition for Action on 1325

Output 2	Provision of community based MHPSS using CBTT including provision of psychological first aid, home based counselling, and trauma support using the group CBTT provision of legal aid services to 3,000 women and girl survivors of GBV through legal counselling, legal representation, mobile courts, police and prison follow up including training for the informal and formal Justice systems. The target women and girls will include other vulnerable groups such as women with disabilities, women living with HIV/AIDs, and support community-based support structures such as volunteer psychosocial assistants and paralegals
-----------------	---

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

Sector/cluster	Protection - Gender-Based Violence
-----------------------	------------------------------------

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	H.9 Number of people provided with mental health and/or psycho-social support services	1,500	6,271	TPO End of Project Report December 2023
Indicator 2.2	Number of women and girls accessing legal services	1,500	2,178	Refugee Law Project End of Project Report December 2023
Indicator 2.3	Number of refugee and host community leaders and key actors trained on gender, GBV, PSEA and women's/human rights	50	49	TPO End of Project Report December 2023 and Refugee Law Project End of Project Report December 2023
Indicator 2.4	Number of community support structures such as paralegals and volunteer psychosocial counsellors trained	30	24	TPO End of Project Report December 2023 and Refugee Law Project End of Project Report December 2023

Explanation of output and indicators variance: There was over achievement on provision of MHPSS and legal aid services due to the high demand and high cases of referrals. There was under achievement on training for community support structures as the community members trained returned to their countries of origin before the training was concluded

Activities	Description	Implemented by
Activity 2.1	Provide lifesaving psychosocial services to GBV survivors, to include individual and community-based	TPO

	counselling and psycho-economic activities in refugee and host communities	
Activity 2.2	Provide Legal Aid support services to SGBV survivors, including toll free line, mobile aid clinics, referrals, case management and court assistance to women and girls in refugee and host communities	Refugee Law Project
Activity 2.3	Build capacity of and awareness-raising for the refugee host community leaders on issues of gender, SGBV and women's/human rights. This will increase local leaders' sensitivity to women and girls' issues and instill in them a sense of responsibility for respect of the rights of women and girls, and response to SGBV. This will also support their ability to act and facilitate enhanced access to services available	TPO and Refugee Law Project
Activity 2.4	Support to community based SGBV protection mechanisms such as para legal and volunteer psychosocial assistants with airtime, transport to facilitate their response to GBV] This will strengthen referral mechanisms, reporting and utilization of available comprehensive SGBV services that demonstrates the illegality of such acts thereby reducing SGBV in the community	TPO and Refugee Law Project

Output 3 Prevention of GBV and SEA through awareness raising sensitization, use of referral paths within communities targeting 2,000 women and girls and 2,000, men and, boys, girls and other vulnerable groups.

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

Sector/cluster	Protection - Gender-Based Violence			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of women and girls including PWDs and other vulnerable groups such as PLHIV/AIDs reached with information on GBV prevention and PSEA	2000	3,211	TPO End of Project Report December 2023 and Refugee Law Project End of Project Report December 2023
Indicator 3.2	Number of men and boys including PWDs and other vulnerable groups such as PLHIV/AIDs reached with information on GBV prevention and PSEA	2000	957	TPO End of Project Report December 2023 and Refugee Law Project End of Project Report December 2023
Indicator 3.3	Number of male champions/role models trained on GBV prevention and PSEA	30	25	TPO End of Project Report December 2023 and Refugee Law Project End of Project Report December 2023
Explanation of output and indicators variance:		More women were reached under indicator 3.1 as more attended after community mobilisation. Less men were reached under indicator 3.2 and 3.3 as less men attended community mobilisation		
Activities	Description	Implemented by		

Activity 3.1	Hold Information sessions and community dialogues with women and girls on GBV and PSEA including women with disabilities	TPO and Refugee Law Project
Activity 3.2	Hold Information sessions and community dialogues with men and boys on GBV and PSEA including PWDs	TPO and Refugee Law Project
Activity 3.3	Train male champions/role models trained on GBV prevention and PSEA	TPO and Refugee Law Project

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:

GUIDANCE (delete when completed): In **max. 150 words**, please describe how crisis-affected people (including vulnerable and marginalized groups) were involved in the design, implementation and monitoring of the project. Please highlight the modality used to involve all groups in all project phases and how feedback might have led to the agencies adapting the project design as required.

Inception meetings were organised with key stakeholders at district and refugee settlement level, including women and men refugee leaders, opinion leaders, religion leaders and humanitarian actors. This ensured participation and buy-in for project decisions including location selection, designs for women centres, mobilisation, and target population identification right from the onset of the project. There was joint implementation with the affected communities during commemoration of international days, awareness raising sessions, and radio talk shows. State actors (e.g. police, judiciary, Office of the Prime Minister, District leadership) were part of the project design, implementation and monitoring. The identification of multipurpose cash transfer recipients was done with support of local structures and a mini-post distribution exercise was conducted after every disbursement to collect recipient feedback. Community support structures supported identification and referrals of vulnerable persons and/or PWDs to other humanitarian service providers within the project locations. Partners were trained on the Leave-no-one-behind principle, results based monitoring and financial reporting.

b. AAP Feedback and Complaint Mechanisms:

GUIDANCE (delete when completed): In **max. 150 words**, please describe the feedback or complaint mechanism⁴ implemented and accessible to targeted groups during the project implementation period, including aspects of confidentiality, accessibility and follow-up.

The project utilised existing community structures including paralegals, community psychosocial volunteers and RWCs as feedback mechanisms. UN Women implementing partners popularised and shared information with the affected community members on the UNHCR feedback reporting and response mechanism for more client responsible programming.

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](#).

⁴ A closed loop feedback/complaint mechanism allows for the confidential collection of feedback/complaints from all community members and ensures confidentially reverting to the individual complainants, indicating the results of how the complaint was addressed by the implementer. It should be permanently accessible to all community members and offer a secure line of communication between them and the implementer. Examples of mechanisms could be (and are not limited to): complaints boxes, hotline numbers, complaints desks (if they can ensure confidentiality), Staff on field missions or community consultations for example do not constitute viable feedback/complaint mechanisms, as they are not permanently available to communities and cannot guarantee confidentiality.

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

GUIDANCE (delete when completed): In **max. 150 words**, please describe the mechanism used to record and handle Sexual Exploitation and Abuse (SEA)-related complaints, including aspects of confidentiality, accessibility and follow-up?

UN Women carried out community interactive sessions to create awareness on PSEA, its effects and the referral mechanism, especially for women and girls at risk. UN Women is a member of the national and local PSEA networks through the RCO and UNACs at field level through which information on cases of PSEA is discussed and referral mechanisms instituted amongst partners. The PSEA networks use agreed and standardised SOPs for receiving, recording and reporting of PSEA cases which are adhered to by the members.

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

GUIDANCE (delete when completed): In **max. 150 words**, please explain how the project is intended to contribute to gender equality and promoting the empowerment and protection of women and girls, as well sexual and gender minorities?

The project enhanced gender equality and the empowerment and protection of women and girls by enhancing the protection of women and girls from GBV and Sexual related violence of the vulnerable groups, based on the IASC guidelines (2017) on mainstreaming gender in humanitarian action that propose key strategies to include coordination around gender, ensuring participation of women and girls, protection and GBV mainstreaming as well as gender transformative actions such as engaging men and boys. Accordingly, the project provided access to women's safe spaces, lifesaving services, psychosocial support and legal aid for 12,861 refugee and host community members (9,936 W&G and 2,925 M&B). This included the provision of emergency GBV services. GBV and PSEA messaging reached 8,248 women, men, boys and girls.

e. People with disabilities (PwD):

GUIDANCE (delete when completed): In **max. 150 words**, please describe how the project met the essential needs and ensured PwD accessibility and inclusion. Further, explain how the project addressed the specific risks and promotes protection and safety for PwD, in particular women and girls with disabilities?

UN Women required that each IP included in their targets the number of PWDs that would be reached with their services. A total of 50 PWDs were reached. The project made accessibility provisions in the design and construction of the women centres. Case management support and unrestricted cash grants as well as financial literacy was provided to survivors and at-risk women and girls with disabilities to allow them to meet their urgent and immediate lifesaving needs and prevent them from falling further into harm and abuse.

f. Protection:

GUIDANCE (delete when completed): In **max. 150 words**, please explain how protection of all affected persons and at-risk was mainstreamed in the project implementation and highlight all integrated protection outcomes obtained under this project?

The project ensured that activities related to protection were integral in all project interventions, and ensured that awareness on SGBV, PSEA, and women's rights were incorporated in trainings for the target population. This helped to mitigate exposure to risk and promote household dialogue that reduced conflicts in the households as a result of joint decision making on cash use. At the women centres supported through CERF funding, all survivors were able to access legal aid and medical support, regardless of their gender, age, disability, HIV status, employment status and education level, contributing to enhanced access to justice.

g. Education:

GUIDANCE (delete when completed): If relevant for this project, please explain in **max. 150 words** how aspects of education have been considered in the project design?

n/a

8. Cash and Voucher Assistance (CVA)

GUIDANCE (delete when completed): Cash and Voucher Assistance (CVA) refers to all programs where cash or vouchers for goods or services are directly provided to affected people. In the context of humanitarian assistance, the term is used to refer to the provision of cash or vouchers given to individuals, household or community recipients; not to governments or other state actors. CVA covers all modalities of cash-based assistance, including vouchers.

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

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 a component of the CERF project	500

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 offered to refugee and host community women survivors of SGBV, to meet immediate lifesaving needs such as medical care, transport to health centres, food, and sanitary pads. Linkages to village savings and loan association within the communities were made for the affected women as a social protection mechanism. n]

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
Cash.1a Number of people receiving multi-purpose cash]	500	US\$ 10,000	Protection - Gender-Based Violence	Unrestricted
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Guidance (to be deleted): Please list weblinks to publicly available social media posts (Twitter, Facebook, Instagram, etc.), videos and/or success stories, evaluations or other kind of reports on the agency's websites covering CERF-funded activities under this project.

Title	Weblink
UN Women Q4 Newsletter	https://africa.unwomen.org/sites/default/files/2024-01/un_women_uganda_q4_newsletter_2023.pdf_7_0.pdf . "Resilience Beyond Borders: Uwimaneza's Journey from Desperation to Empowerment in the Face of Conflict" pg 24
[Insert]	[Insert]
[Insert]	[Insert]

3.2 Project Report 22-UF-FPA-044

1. Project Information

Agency:	UNFPA	Country:	Uganda
Sector/cluster:	Protection - Gender-Based Violence Health - Sexual and Reproductive Health	CERF project code:	22-UF-FPA-044
Project title:	Maintaining critical, lifesaving & integrated SRH and GBV services within the Ugandan refugee response		
Start date:	16/12/2022	End date:	15/12/2023
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input checked="" type="checkbox"/>	Reprogramming <input checked="" type="checkbox"/>

nding

Total requirement for agency's sector response to current emergency:	US\$ 14,641,053
GUIDANCE: Figure prepopulated from application document.	
Total funding received for agency's sector response to current emergency:	US\$ 2,500,000
GUIDANCE: Indicate the total amount received to date against the total indicated above. Should be identical to what is recorded on the Financial Tracking Service (FTS). This should include funding from all donors, including CERF.	
Amount received from CERF:	US\$ 970,000
Total CERF funds sub-granted to implementing partners:	US\$ 626,542
GUIDANCE: Please make sure that the figures reported here are consistent with the ones reported in the annex.	
Government Partners	US\$ [Fill in]
International NGOs	US\$ [Fill in]
National NGOs	US\$ [Fill in]
Red Cross/Crescent Organisation	US\$ 626,542

2. Project Results Summary/Overall Performance

GUIDANCE (delete when completed): This paragraph of **max. 350 words** should provide a brief qualitative summary of the project's overall performance and its main achievements. It is recommended to start with a paragraph summarising the main outputs achieved supported by key figures, followed by a paragraph stating the outcome achieved by the project. The following information should be provided:

- Numbers of people reached with specific goods and/or services;
- The total number of people reached by the project (from section 4);
- Project location and implementation period;
- The outcome achieved.

Please refer to the example below:

"Through this CERF UFE grant, UNICEF and its partners provided nutritional screening of 2,143 children under five; referred 256 malnourished children for treatment; trained 7 staff in management of severe malnutrition; provided nutritional supplies and equipment benefiting estimated 300 children; provided education on nutrition to 634 pregnant and lactating women; and sensitized 75 community support facilitators on infant feeding practices.

The project assisted a total of 26,344 people and allowed for maintaining the malnutrition indicators within the SPHERE standards in Kakuma refugee camp in Turkana County, Kenya between March and December 2016. This was achieved during the period of increased influx of South Sudanese refugees, which exceeded the 2016 planning figures."

Through the CERF UFE Grant, UNFPA and its implementing partner have been able to reach refugees and their host communities in Settlements of Kyaka, Palabek, Imvepi, Rhino Camp, Nakivale from December 2022 to December 2023. CERF UFE Grant Outcomes: 147,388 individuals received SRH (sexual and reproductive health) services and information. 16,014 individuals received GBV (gender-based violence) services and information. 14,014 high risk pregnant women were identified for follow-up care, with 1,867 being teenage mothers.

Capacity Building: 200 health workers (74 male, 126 female) trained in providing youth-friendly services. 310 VHTs (Village Health Teams) trained in youth-friendly services. 486 VHTs trained in SRHR. 481 VHTs and community activists trained in GBV awareness, reporting, and referral pathways. 129 health workers trained in clinical management of rape and psychosocial support for SGBV victims. Additional training conducted: 196 individuals (implementing partners and border guards) trained in PSEA (Prevention of Sexual Exploitation and Abuse). 195 individuals (district officials and health workers) trained on the national GBV database.

Outreach: 41,743 individuals reached, including 26,766 young people (aged 10-24), through outreach efforts to make services more accessible. In summary, the CERF UFE Grant has significantly increased access to SRH and GBV services within refugee settlements and host communities. The project has invested heavily in building the capacity of healthcare workers and community health teams for sustainable impact. There's a notable focus on serving young people and addressing the needs of teenage mothers. From a health system strengthening point of view, in addition to the capacity building, the CERF Grant enabled UNFPA to distribute SRH humanitarian supplies (a total of 60 IARH Kits) to 20 health facilities in the target districts and to deploy 20 midwives, further ensuring access to the Minimum Initial Service Package (MISP) SRH services and to safe deliveries for refugee and national women.

3. Changes and Amendments

GUIDANCE (delete when completed): This paragraph of **max. 250 words** should explain/justify any changes, deviations or amendments in the project from the original proposal or project plan (including over- and/or under-achievements, delays, etc.), and describe the circumstances or factors that prompted them.

- This might include a brief mention of how the humanitarian context has changed, changes in the needs of the people assisted, or other challenges or constraints encountered that required adapting the implementation plan, activities, indicators, or outcomes.
- Indicate specifically where a modification from the original plan (re-programming or no-cost extension) was requested and approved by CERF.
- If modifications of the original plan were not communicated and approved by CERF, a justification for not having consulted the CERF secretariat should also be provided.
- Please also indicate if delays/changes in implementation resulted in any unspent balance and if the unspent funds have already been returned to CERF or when the recipient agency plans to return them.

During 2023, Uganda continued to receive new refugees, totalling 99,052 people entering the country, mainly from South Sudan and DRC. This increased the pressure on services in the settlements where UNFPA and LWF implemented the CERF program.

The reduction in cash for food (prioritisation implemented by WFP in July 2023) and land for farming exposes women and girls to the risk of exploitation and abuse, harmful cultural norms within the refugee communities, and patriarchal behaviours that give men power over women. Specifically, a spike in GBV reports was registered in August and September 2023, together with GBV risks among young children and a spike in cases of teenage pregnancies resulting in family conflicts, and economic hardship in refugee settlements among urban refugees all contribute to the GBV incidents.

UNFPA requested modifications to the original plan twice during the reporting period, these were approved by CERF. In May 2023, a reprogramming request was granted to reallocate 15,000 USD originally meant to purchase PPE to protect health workers from COVID-19 and Ebola risks towards the purchase of dignity and hygiene kits for an additional 500 direct beneficiaries (i.e. 500 mothers and indirectly their babies) and two high dense medical tents to support the need for additional space and infrastructure at the health facilities. In December 2023, a no-cost extension and redeployment request were granted to UNFPA to mitigate delays in the international procurement of IARH kits by redeploying 16,000 USD to a local procurement of MHM kits, and Dignity Kits. Also in this case, more beneficiaries were reached. The RCO and the CERF Secretariat considered and handled both requests as minor changes.

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	4,975	1,157	1,145	356	7,633	6,223	2,889	1,483	521	11,118
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	1,819	423	418	130	2,790	2,224	1,155	1,156	361	4,896
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	6,794	1,580	1,563	486	10,423	8,447	4,044	2,639	882	16,012

People with disabilities (PwD) out of the total

	136	32	31	10	209	85	70	12	19	186
--	-----	----	----	----	-----	----	----	----	----	-----

Sector/cluster	Health - Sexual and Reproductive Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	36,033	4,248	8,292	1,308	49,881	44,952	2,472	10,324	2,927	60,675
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	61,393	7,239	14,127	2,228	84,987	66,343	2,702	17,671	3,706	90,422
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	97,426	11,487	22,419	3,536	134,868	108,295	5,174	27,286	6,633	147,388

People with disabilities (PwD) out of the total

	1,949	230	448	71	2,698	409	106	84	19	618
--	-------	-----	-----	----	-------	-----	-----	----	----	-----

* 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

GUIDANCE (delete when completed): Please quantify and briefly describe the people who will benefit indirectly from project activities, for example from awareness/information campaigns, expansion of service delivery capacity, etc. If the project has multiple sectors, differentiate between people indirectly targeted in each sector.

The targeted districts have a total population (host and refugee) of 2,304,985 (UBOS). Improved service provision and access to SRH and GBV services in target facilities can be assumed to indirectly benefit both host and refugee communities in the five target districts.

Capacity building for health workers and VHTs was conducted where 200 (74 males and 126 females) health workers were trained in Youth friendly services. 310 VHTs (119 females 191 males; 221 refugees and 89 nationals) VHTs were trained in youth friendly services. 486 (221 females; 265 males; 339 refugee and 147 nationals) VHTs were trained in SRHR. 481(288 males; 193 females; 356 refugee and 125 nationals) VHTs and community activists oriented in GBV, GBV reporting and GBV referral pathway and linkages. 129 health workers were also training in Clinical management of rape and psychosocial support to offer better services to SGBV victims and improve documentation at the health facilities. Implementing partners and border guards were trained in PSEA reaching 196 (106 males; 90 females) individuals and 195(97 females and 98 males) individuals (district officials and health workers) were trained in the national GBV database.

6. CERF Results Framework

GUIDANCE (delete when completed):

- The "Achieved" column should contain data only and use the same unit of measurement used for the "Target" value.
- Provide brief explanations for any variance (timeliness, under- or over-achievement) between "Target" and "Achieved" in the relevant field ("Explanation of output and indicators variance"). Specifically note where key targets were not met or were met but not within intended timeframe. More detailed explanation for deviations between planned and achieved outputs should be included in section 3 "Changes and Amendments".
- Please indicate the source of verification for each indicator in the column "Source of verification".
- The "Implemented by" column should indicate who (recipient agency, government partner, NGO etc.) actually implemented the activity (as opposed to who was planned to implement). Any change between planned and actual IPs should be explained in 3 "Changes and Amendments".

Project objective Provision of critical and life-saving integrated sexual and reproductive health (SRH) and gender-based violence (GBV) services, with particular focus on new refugee arrivals and receiving settlements

Output 1 Strengthened response capacity to provide quality life-saving SRH services

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

Sector/cluster	Health - Sexual and Reproductive Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of beneficiaries served with SRHR/GBV services in target health facilities and outreaches	127,668	147388 (60,675 refugees and 86,713 nationals)	Health facility records and outreach reports
Indicator 1.2	Number of beneficiaries served with SRHR/GBV services in outreaches	30,000	41743 (16,284 refugees and 25,459 nationals)	Outreach reports
Indicator 1.3	Number of pregnant women mapped and linked to services	21,592	14014 (9,666 refugees and 4,348 nationals)	Pregnancy mapping reports and databases

Indicator 1.4	RH.1 Number of births attended by skilled health personnel	23,557	24382 ((10,093 refugees and 14,289 nationals)	Health facility records
Indicator 1.5	Number of people reached with family planning services (new and continuing users) disaggregated by age/gender	38,980	38773(11,698 refugees and 25,075 nationals)	Health facility records
Indicator 1.6	Number of women receiving ANC services	28,111	26541 (10,578 refugees and 15,963 nationals),	Health facility records
Indicator 1.7	SP.1a Number of menstrual hygiene management kits and/or dignity kits distributed	2,000	2001	Distribution lists
Indicator 1.8	SP.1b Number of people receiving menstrual hygiene management and/or dignity kits	2,000	2001 (1,103 refugees and 898 nationals)	Distribution lists
Indicator 1.9	SP.2a Number of inter-agency emergency reproductive health kits delivered	60	60 Kits	Delivery notes
Indicator 1.10	SP.2b Number of people accessing services enabled by the inter-agency emergency reproductive health kits	5,700	5836 (2348 refugees and 3488 nationals)	Health facility records

Explanation of output and indicators variance:

Pregnancy mapping targets were not achieved as much as VHTs were engaged on a quarterly basis to conduct this activity. Some of the challenges experienced included: Network challenge in some of the locations hence some data was not uploaded by the VHTS. Use of hard copies could not be consistently used as paper and toner for the exercise was too expensive to maintain. VHTs also were engaged in many activities and couldn't effectively map mothers along with their routine activities as VHTs.

Activities	Description	Implemented by
Activity 1.1	Conduct integrated outreaches with target health facilities to access hard-to-reach communities (2 outreaches per settlement per month)	185 integrated SRHR and GBV service outreaches were conducted, reaching 41,743 (16284 refugees; 25459 nationals; 29936 females and 11,807 males' beneficiaries. Kyaka- 14,722, Nakivale- 6,836, Palabek-6,688, Rhino camp-6,082 and Imvepi – 7,415. This activity increased the number of people taking up SRH, FP services, and GBV risk reduction information at community level to the beneficiaries (antenatal care, follow-ups, family planning and general health education on SRH, HIV, GBV, and FP information). Integrated outreaches were conducted by the targeted health facilities. These outreaches were meant to bring services closer to populations that are far from the health facilities. 41,743 persons have been reached through the outreaches. 139 % of the target has been achieved. This is attributed to the increased mobilisation done by the VHTs in preparation of these outreaches.
Activity 1.2	Conduct an orientation with VHTs in target settlements on SRHR, including youth-friendly services, FP and GBV referral pathways (4 sessions per settlement)	671 Village Health Teams (486 VHTs; 221 female and :265 males) and 185 health workers trained in SRHR, FP, GBV referral pathways and provision of youth friendly services). 486 (221 female and 265 males) VHTs within the settlement and host community to improve knowledge in SRHR. Palabek- 91, Nakivale – 101, Rhino camp – 80, Imvepi – 114, Kyaka – 100. The training mainly focused on SRHR information, services (Abortion, STIs, FP, HIV/AIDs, ANC, PNC, Post abortion Care, etc). The orientation increased VHT knowledge in participatory community information sharing, linking, and referring them to different service points. The orientation on Youth friendly

		<p>services increased knowledge of health workers and VHTs on youth friendly SRH service provision.</p> <p>310 VHTs (119 females and 191 males; 221 refugees and 89 nationals) Village Health Teams were trained in youth friendly services and 486 (221 females and 265 males) (339 refugees and 147 nationals) VHTs were trained in basic Sexual Reproductive Health Rights package for community demand generation. This activity increased the number of young people receiving SRH, FP services in the health facilities and youth friendly spaces and reduced the cases of adolescent reproductive health risk in the communities, as more youth will be encouraged to use the available activities in the health facilities.</p>
Activity 1.3	Support weekly community dialogues implemented by community volunteers and VHTs on GBV and SRHR, including available services	290 community dialogue sessions were conducted, reaching 11025 (8630 refugees and 2395 nationals; 6995 females and 4030 males) participants. These participants comprised community structures such as Refugee Welfare Council representatives, religious leaders, Women representatives, youth leaders, opinion leaders, representatives of PWDs, community members and VHTs. These dialogue sessions focused on ending teenage pregnancy, addressing myths about family planning, sexual transmitted infections (STIs), GBV interventions and challenges faced during hospital delivery among others. This activity increased awareness among the community leaders and other stakeholders thus holding them accountable for protecting their community.
Activity 1.4	Conduct pregnancy mapping on a quarterly basis within each settlement, linking pregnant mothers to ANC and identifying potential high-risk pregnancies	26,541 pregnant women had attended the first ANC and of these 14,014 (9,666 refugees and 4,348 nationals) pregnant women were mapped. Of these, 1,867 were teenage mothers (19 years and below). These were all linked to VHTs in their communities for follow-up. Pregnant mothers who were not attending ANC were referred to the nearest health facility to attend ANC and these were to be followed up by the VHTs till delivery.
Activity 1.5	Support provision of high quality maternal health care (EmONC, ANC, PNC, FP) through the deployment of 20 midwives	20 Midwives were deployed to support the provision of SRHR/GBV services across the 20 UNFPA CERF supported health facilities 26,541 (10,578 refugees; 15,963 nationals) received ANC services at the 1st visit, 41,635 mothers (18,404 refugees; 27,231 nationals) received PNC services, 24,382 mothers (10,093 refugees; 14,289 nationals) were attended to by skilled midwives during delivery. 38,773 (11,698 refugees; 27,075 nationals) individuals received family planning services.
Activity 1.6	Procurement of IARH kits, dignity kits for mothers delivering at health facilities and new arrivals, as well as IPC/PPE for target facilities	60 Interagency Emergency Kits were procured and distributed to the targeted CERF health facilities that have reached 5,836 (2348 refugee; 3488 national) people who accessed services enabled by the inter-agency emergency reproductive health kits and supplies.

Output 2	Increased rate of GBV reporting and service uptake			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Sector/cluster	Protection - Gender-Based Violence			
Indicators	Description	Target	Achieved	Source of verification

Indicator 2.1	SP.5 Number of people receiving GBV and/or SRH medical assistance	3,287	3823 (1734 refugees and 2098 nationals)	Health facility records, and activity reports
Indicator 2.2	SP.4 Number of people receiving clinical management of rape services	180	586 (268 refugees and 318 nationals)	Health facility records
Indicator 2.3	PS.2 Number of people receiving GBV psycho-social support and/or GBV case management	180	575 (490 refugees and 85 nationals)	Activity reports
Indicator 2.4	Number of people reached with GBV and SRHR information through community dialogues disaggregated by age/gender	7200	11025 (8630 refugees and 2395 nationals)	Activity reports
Indicator 2.5	Number of community volunteers trained on SRHR, GBV and PSEA	325	481 (356 refugees and 125 nationals)	Training reports and attendance lists
Explanation of output and indicators variance:		Funds were sufficient to conduct more dialogues and reach out to more community members. Health workers also improved documentation and service delivery to GBV survivors.		

Activities	Description	Implemented by
Activity 2.1	Establish and/or run women's safe spaces in target settlements (total of 13 safe spaces)	<p>25 Volunteers were trained in basic GBV, Psychosocial counselling, child protection issues, SRH, GBV and Basic life skills. Twelve (12) women's safe spaces have been operationalized 1- Nakivale, 1- Kyaka, 4- Palabek, 3 – Imvepi and 3- Rhino camp. For instance, In Lamwo, the oriented volunteers were able to reach out to 3,204 (1,772R: 1,435N) in women's safe spaces and community engagement within the host and refugee communities with information on Family Planning, SGBV, HIV Prevention, Abortion Prevention, Cervical Cancer.</p> <p>20 women skilled through the spaces which included 20 in sweater knitting, 20-Liquid soap making and 25- bar soap. These have been supported with start-up kits to continue with the skill learnt. The women also formed a Music Dance and Drama Group that also sensitised the communities on GBV prevention. Psychosocial support was offered to 310 women at safe space and 108 GBV cases identified, counselling services were offered and 136 SRHR cases were referred to health facilities.</p> <p>In Nakivale, one women's safe space was established, and 878 women were reached out of which 350 are adolescents through awareness sessions at the women's space. One MDD group comprising 20 members was formed to convey information on GBV and SRH. These have engaged in two community awareness sessions reaching 78(18 males and 60 females) all refugees in the villages of Rubondo and Nyakagando B. Skilling in different skills like hairdressing, soap making, knitting and craft reached 49 women including 8 adolescents.</p> <p>In Rhino camp, women's safe spaces were established in 3 villages in Eden zone. UNFPA provided tents to provide shelter at these 3 women's spaces. Consequently, 401 (343 refugees and 58 nationals) women were reached too with information on GBV at the women's spaces. 48 female refugees were given psychosocial support at the safe spaces. The same platform was used to create awareness about the dangers of GBV to the new arrivals who are predominantly the Nuer community who have limited knowledge about some of the forms of GBV, particularly economic and emotional violence. In partnership with the Danish Refugee Council. Recreational activities of music, dance and Drama were conducted at the women's safe spaces in Eden zone and 21 female refugees were considered to participate in the activities of the World Refugee Day where they performed a song and did a Pojulu traditional dance. A community dialogue was</p>

		<p>conducted at the safe space with the women, leaders, and other members of the community in Eden III 50 Participants (50 females) were involved in this engagement. 43 women and girls have been given vocational skills to support them start IGA. The skills included baking, bedsheet knitting and tailoring.</p> <p>In Imvepi: Group therapy sessions of psychotherapy for the women and girls were conducted in the established women and girl's spaces of village 5, 8 and 9. The clients were taken through the process of group therapy to prepare their mind to be self-reliant and resilient to manage stress before vocational skills training. A total of 38 female clients including one person with disability were supported through psychoeducation and skills-oriented therapy sessions to improve their well-being socially, emotionally, and physically. A total of 226 female clients benefited including 2 females with disability who attended group therapy sessions and verified for vocational skills training. A total of 153 females reported and started various vocational skills training in bakery (50), knitting (sweater – 32 and bedsheets - 65) and making reusable sanitary pads (6). These were selected from villages 3, 5, 8 and 9. Only one disabled person was among these beneficiaries. There was remarkable knowledge and skills gained in mandazi making whereby the women groups were able to sell their product for 31,000shs and 36,000shs respectively in a single day and these motivated them because the money generated is saved for the group. Psychosocial support and experience sharing has changed women's attitudes to become resilient and be able to manage daily stress.</p> <p>In Kyaka, one women's safe space in Kakoni A was established. 457 refugee women have been reached. In this space, psychosocial support is given to women who are GBV survivors. Women are also using this space for peer-to-peer sessions. We have skilled 33 women in hairdressing and salon, and these are yet to receive their start-up kits. Another group of 40 women have been shoeing.</p>
Activity 2.2	Orient health workers on clinical management of rape, basic psychosocial and trauma management (1 training per district)	129 (79 females & 50 males) health workers have been oriented in Clinical Management of rape (Imvepi – 40 health workers, Lamwo -22 health workers and 2 stakeholders, Kyaka – 22 health workers and Nakivale – 20 health workers and Rhino camp- 25 and 8 stakeholders). This training increased their skills in management of survivors of rape, provide basic psychosocial and trauma management & improved cases of GBV reporting and service uptake.
Activity 2.3	Strengthen PSS service provision through human resource support at target health facilities (5)	<p>Psychosocial Support</p> <p>575 Individuals (490 refugees and 85 national, 527 females and 48 males) received psychosocial support from the Protection Assistants Psychosocial. Support was provided in Imvepi 45 (23 refugee and 22 nationals; 39 females and 6 males), Lamwo 82(80 refugees and 2 nationals; 76 females and 6 males), Nakivale 205(198 refugees and 7 nationals; 177 females and 28 males), Kyaka 47 refugees all females, Rhino camp 196 (142 refugees and 54 nationals;188 females and 8 males). The clients were supported emotionally, psychologically, and socially. Case management helped the clients build resilience in managing stress and identify coping strategies and other challenges affecting their daily lives.</p> <p>Community Engagements</p> <p>Project assistants reached out to 1,593 individuals (1,267 refugees and 326 nationals; 1,117 females and 476 males). Individuals who accessed services at health facilities received information, counselling sessions through experience sharing and open discussions. 61 pupils (37 boys and 24 girls) in Kamoyo Primary School in Rhino Camp were reached with psychosocial, GBV and SRHR related information during the Day of The African Child pre-activity in collaboration with Transcultural Psychosocial Organization, the lead Psychosocial partner. In Nakivale, 1,019 (360 males and 659</p>

		females) refugees in Rubondo zone were reached with GBV prevention and response, male engagement, family planning and access to SRH services.
Activity 2.4	Support data capture and analysis, with focus on integration into the national system, through the National GBV database (2 orientations on the NGBV database for health workers per district)	<p>195 participants (97 female, 98 male) were oriented on the National Gender Violence Database. The aim of the orientation was to increase the knowledge of health workers and service providers on GBV reporting and database management, thereby improving the quality of data in the national system. During the training, service providers gained an understanding of:</p> <ul style="list-style-type: none"> ○ The rationale for data entry and analysis in their regions. ○ General GBV concepts and SRHR ○ The incidence forms and HMIS tools for SGBV case management and how to fill them. <p>The intake forms and OPD SGBV case screening at the health facility level</p> <ul style="list-style-type: none"> ○ Data entry and analysis. The database is currently in use, but access is restricted to district officials only.
Activity 2.5	Support community dialogues on SRHR and GBV issues, referral pathways and available services, conducted by VHTs and community volunteers at parish level (see activity 1.3)	<p>290 community dialogue sessions were conducted to promote awareness and facilitate open dialogue about various health and social issues, such as teenage pregnancy, family planning myths, STIs, GBV prevention, and hospital delivery challenges.</p> <p>11,025 (8,630 refugees, 2,395 nationals; 6,995 females, 4,030 males) individuals from diverse backgrounds. Community structures (Refugee Welfare Council representatives, religious leaders, women representatives, youth leaders, opinion leaders, representatives of PWDs, community members, and VHTs)</p> <p>Focus of dialogue sessions:</p> <ul style="list-style-type: none"> ○ Teenage pregnancy ○ Myths on family planning ○ Sexually transmitted infections (STIs) ○ GBV prevention ○ Challenges faced during hospital delivery. <p>Gender inclusivity was ensured, with a significant number of female participants. Representatives from various community organisations and groups actively engaged in discussions, sharing their experiences and concerns. The purpose of these sessions was to raise awareness, challenge harmful beliefs, and foster a supportive environment for vulnerable community members, particularly women and girls.</p> <p>By involving community leaders and stakeholders, the organisation aimed to promote accountability and create a sense of responsibility for addressing the critical health and social issues.</p>
Activity 2.6	Produce, print and distribute IEC materials on SRH and GBV, information materials for the women's safe spaces and on GBV referral pathways	<p>100 ABS Boards A4 fliers and stickers (150 pieces) with messages on SRHR and GBV in Lamwo. The Referral pathway Mini Billboard in Lamwo was delivered and installed at the settlement to support the community know the GBV reporting mechanism.</p> <p>60 IEC materials with GBV, SRH, FP information and 50 referral pathways in Rhino camp were provided to the women safe spaces and health facilities to support in implementation of activities and effective and early referral of survivors for support to different partners and stakeholders.</p> <p>3 tear drops, 16 PVC banners and 141 ABS boards with messages on GBV and SRHR have been disseminated to the women's safe spaces and the health facilities in Imvepi. 8 PVC with messages on GBV and SRHR, A2posters 400 pieces with information on family planning, teenage pregnancy, prevention on GBV and male engagement and 2 mini billboards on GBV referral pathway were procured for Kyaka and Nakivale</p>

Activity 2.7	Provide integrated PSEA/GBV training to agencies and partners implementing the CERF UFE allocation, including border guards in Kisoro and Lamwo border areas	<p>196 (90 females & 106 males) participants across the settlements which include GBV partner representatives, CERF partner, OPM representatives, refugee welfare council and border guards from Kisoro and Lamwo. Nakivale - 47, Kyaka - 41, Rhino camp -25, Imvepi – 28, Lamwo- 55- PSEA training was conducted with facilitators from UNHCR, UNFPA and UN WOMEN. This focused on building the capacity of partner staff to protect themselves and the persons they serve from any form of sexual exploitation and abuse. In this training, participants are to go and enrol the same knowledge attained to fellow staff and mainstream PSEA information in all community engagements.</p> <p>Facilitators from UNHCR, UNFPA and UN WOMEN conducted the training. The training built the capacity of partner staff to protect themselves and the persons they serve from any form of sexual exploitation and abuse. In this training, participants are to go and enrol the same knowledge attained to fellow staff and mainstream PSEA information in all community engagements. The training reached 196(106 males and 90 males; 12 refugees and 184 national) participants. Of these 13 were border guards from Kisoro and Lamwo border points of entry.</p> <p>Most of the partners have continued to cascade this information through the different awareness raising in communities and integration of PSEA into all activities in the community to increase the knowledge of the community on forms of sexual abuse and exploitation and their reporting channels which has been evidenced during awareness in different zones and host communities. Additionally, some partners have trained teachers on PSEA/GBV as a way of increasing knowledge among the teachers in schools, hence preventing PSEA among teachers and students.</p>
--------------	--	---

7. Effective Programming

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

a. Accountability to Affected People (AAP)⁶:

GUIDANCE (delete when completed): In **max. 150 words**, please describe how crisis-affected people (including vulnerable and marginalized groups) were involved in the design, implementation and monitoring of the project. Please highlight the modality used to involve all groups in all project phases and how feedback might have led to the agencies adapting the project design as required.

UNFPA and LWF involved affected populations through community dialogues, to gauge their needs, based on which programme design and implementation is aligned. UNFPA worked with community structures (RWCs, LCs, Community Groups, committees) in the planning and implementation of interventions, to ensure cultural sensitivity, acceptance and ownership. This included the approach adopted for the women's safe spaces, to ensure the activities conducted meet the needs of vulnerable women.

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

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

The village health team members in the different communities were engaged as community volunteers and greatly supported in the implementation of this project through community health education and mobilisation. VHTs were also involved in pregnancy mapping and through this, it was easier to link pregnant women for follow-up. Volunteers were recruited among the community; these were oriented on SRHR and GBV and continued sensitising their communities on the different SRH and GBV services offered at the health facility and the importance of receiving these services.

b. AAP Feedback and Complaint Mechanisms:

GUIDANCE (delete when completed): In max. 150 words, please describe the feedback or complaint mechanism⁷ implemented and accessible to targeted groups during the project implementation period, including aspects of confidentiality, accessibility and follow-up.

UNFPA and LWF held monthly feedback meetings with different community structures (activists, peer educators, women, and male action groups) to capture issues arising from the community.

UNFPA and LWFs used the existing reporting mechanisms to collate complaints from the communities and integrate them into GBV awareness raising sessions. Partners and others attended community grievance and beneficiary feedback sessions.

Community members through the community Based Facilitators and VHTs encouraged and collated information and complaints that they reported to leaders and designated service providers.

Feedback on project implementation from the community was received through the Village Health Teams and Districts officials?

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

GUIDANCE (delete when completed): In max. 150 words, please describe the mechanism used to record and handle Sexual Exploitation and Abuse (SEA)-related complaints, including aspects of confidentiality, accessibility and follow-up?

UNFPA as member of the the Uganda Protection Against Sexual Exploitation and Abuse (SEA) Task Force: Inter Agency Standard Operating Procedures (SOPs) for Receiving, Recording and Processing SEA Complaints, it outlined standards and processes to ensure confidentiality, that complaints are made through multiple avenues and that action is taken in a prompt manner. UNFPA and partners ensured that all staff, consultants, interns and volunteers undergo mandatory training on PSEA and that regular PSEA training takes place. PSEA compliance clauses are included in the implementing partner agreement with UNFPA which ensures that partners abide by the guidelines. PSEA information communication materials have been developed and disseminated to all implementing partners including government stakeholders to create awareness and strengthen reporting of issues. There were no PSEA cases reported among staff during this project implementation. LWF has internal policies on PSEA that all staff, consultations, volunteers and vendors undersigned too. All Staff undergo mandatory training on PSEA.

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

GUIDANCE (delete when completed): In max. 150 words, please explain how the project is intended to contribute to gender equality and promoting the empowerment and protection of women and girls, as well sexual and gender minorities?

The project aimed at improving access to sexual and reproductive health and GBV services to the community. When women and girls are able to access these services, they live healthier lives and are more productive. The Midwives recruited helped bridge the human resource gap at the various health facilities hence improving service provision to women and girls. Women and girls were empowered with information on SRH and GBV prevention to make informed decisions. 383 Women and girls were skilled in various vocational skills and received start-up kits such as tailoring, baking, shoe making, bag beading, bed sheet knitting, sweater knitting and soap making to empower them to start their own income-generating activities.

e. People with disabilities (PwD):

GUIDANCE (delete when completed): In max. 150 words, please describe how the project met the essential needs and ensured PwD accessibility and inclusion. Further, explain how the project addressed the specific risks and promotes protection and safety for PwD, in particular women and girls with disabilities?

⁷ A closed loop feedback/complaint mechanism allows for the confidential collection of feedback/complaints from all community members and ensures confidentially reverting to the individual complainants, indicating the results of how the complaint was addressed by the implementer. It should be permanently accessible to all community members and offer a secure line of communication between them and the implementer. Examples of mechanisms could be (and are not limited to): complaints boxes, hotline numbers, complaints desks (if they can ensure confidentiality), Staff on field missions or community consultations for example do not constitute viable feedback/complaint mechanisms, as they are not permanently available to communities and cannot guarantee confidentiality.

There was no discrimination for Persons with disability. Any persons with disability that came to receive any services were always supported to get quality services on time. 804 (590 females and 214 males) PWD were reached with SRHR/GBV information and services.

f. Protection:

GUIDANCE (delete when completed): In **max. 150 words**, please explain how protection of all affected persons and at-risk was mainstreamed in the project implementation and highlight all integrated protection outcomes obtained under this project?

All staff employed under this project were oriented on PSEA and Accountability to persons affected so as to ensure that persons of concern are protected and there is accountability to them. The persons of concern continued to be sensitised on GBV prevention and PSEA and encouraged to always seek GBV services at the health facility and also report any PSEA case noted within their community.

g. Education:

GUIDANCE (delete when completed): If relevant for this project, please explain in **max. 150 words** how aspects of education have been considered in the project design?

NA

8. Cash and Voucher Assistance (CVA)

GUIDANCE (delete when completed): Cash and Voucher Assistance (CVA) refers to all programs where cash or vouchers for goods or services are directly provided to affected people. In the context of humanitarian assistance, the term is used to refer to the provision of cash or vouchers given to individuals, household or community recipients; not to governments or other state actors. CVA covers all modalities of cash-based assistance, including vouchers.

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

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	[Fill in]

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 has not been adopted as a response option within the project response as the target population, new arrivals, are not always in a position to access relevant items within the reception centres and settlements.

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
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Guidance (to be deleted): Please list weblinks to publicly available social media posts (Twitter, Facebook, Instagram, etc.), videos and/or success stories, evaluations or other kind of reports on the agency's websites covering CERF-funded activities under this project.

Title	Weblink
A documentary and booklet documenting the successes and works done under Cerf. This is being finalised and shared with UNFPA.	[Insert]
[Insert]	[Insert]
[Insert]	[Insert]

3.3 Project Report 22-UF-HCR-034

1. Project Information

Agency:	UNHCR	Country:	Uganda
Sector/cluster:	Multi-Sector Refugee Assistance	CERF project code:	22-UF-HCR-034
Project title:	Emergency protection and assistance to refugees in transit/reception centers and receiving settlements in Uganda		
Start date:	20/12/2022	End date:	19/12/2023
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\$ 14,000,000
GUIDANCE: Figure prepopulated from application document.	
Total funding received for agency's sector response to current emergency:	US\$ 0
GUIDANCE: Indicate the total amount received to date against the total indicated above. Should be identical to what is recorded on the Financial Tracking Service (FTS). This should include funding from all donors, including CERF.	
Amount received from CERF:	US\$ 3,480,000
Total CERF funds sub-granted to implementing partners:	US\$ 1,245,906
GUIDANCE: Please make sure that the figures reported here are consistent with the ones reported in the annex.	
Government Partners	US\$ 0
International NGOs	US\$ 1,225,229
National NGOs	US \$ 20,677
Red Cross/Crescent Organisation	US\$ 0

2. Project Results Summary/Overall Performance

GUIDANCE (delete when completed): This paragraph of **max. 350 words** should provide a brief qualitative summary of the project's overall performance and its main achievements. It is recommended to start with a paragraph summarising the main outputs achieved supported by key figures, followed by a paragraph stating the outcome achieved by the project. The following information should be provided:

- Numbers of people reached with specific goods and/or services;
- The total number of people reached by the project (from section 4);
- Project location and implementation period;
- The outcome achieved.

Please refer to the example below:

"Through this CERF UFE grant, UNICEF and its partners provided nutritional screening of 2,143 children under five; referred 256 malnourished children for treatment; trained 7 staff in management of severe malnutrition; provided nutritional supplies and equipment benefiting estimated 300 children; provided education on nutrition to 634 pregnant and lactating women; and sensitized 75 community support facilitators on infant feeding practices.

The project assisted a total of 26,344 people and allowed for maintaining the malnutrition indicators within the SPHERE standards in Kakuma refugee camp in Turkana County, Kenya between March and December 2016. This was achieved during the period of increased influx of South Sudanese refugees, which exceeded the 2016 planning figures."

Under support to primary health care, the CERF UFE grant supported recruitment and maintenance of 160 health workers, 22 midwives, 192 community health workers and ensured. Proportion of health facilities sharing timely reports – 100%, total consultations 1,789,258

With inputs funded by the CERF UFE contributed to the provision of primary health care services to refugees in eight receiving settlements through the recruitment of health staff and the provision of essential medicines and medical supplies. During the period of implementation, 1,789,258 consultations were made to the beneficiaries with the leading cause of morbidity being malaria, respiratory tract infections, malnutrition, diarrhoeas, and other surgical interventions. The recruitment also ensured that the health workers load remain acceptable at 48 consultation per clinician per day (within the standard of 50 consultations/clinician/day) to main the required quality of health care. A further, 21,187 mental health consultations were made and 44,416 consultations of non-communicable diseases. Severe disease conditions lead to 85,472 admissions in the health facilities and 12,939 that required more advanced health care were referred to the district and regional referral hospital for treatment. All the 56 health facilities submitted the weekly surveillance and monthly reports to the district health offices.

The supported midwives contributed to maternal and newborn interventions, 97% of the pregnant women delivered in the health facilities and a total of 27,400 deliveries were made in the project implementation sites.

As part of new arrival screening, 98,232 new arrivals were screening for diseases of outbreak potential and received a package of new arrivals that included nutrition screening and treatment, vaccination for measles and polio, vitamin A and deworming. New arrival pregnant women received antenatal care, delivery and postnatal services and clinical management of rape was provide for the survivors of rape. Within the settlement, the integrated disease surveillance was provided through health facilities and communities. During the period, 845 outbreak alerts were investigated, and three outbreaks were managed with no deaths.

The community health workers provided the community-based surveillance for births, deaths and made 44,892 referrals to the health facilities in the implementation sites. In addition, the community health workers implemented the community-based management of malaria, diarrhoea, and pneumonia with 299,247 children treated during the period.

Because of the above interventions, the health situation of new arrivals refugees and hosting settlement remain stable as evidence by the under-five mortality of 0.13 (standard of <1.5 deaths/1000 population/month) and crude mortality rates of 0.06 (standard of <0.75/1000 population/ month)]

3. Changes and Amendments

GUIDANCE (delete when completed): This paragraph of **max. 250 words** should explain/justify any changes, deviations or amendments in the project from the original proposal or project plan (including over- and/or under-achievements, delays, etc.), and describe the circumstances or factors that prompted them.

- This might include a brief mention of how the humanitarian context has changed, changes in the needs of the people assisted, or other challenges or constraints encountered that required adapting the implementation plan, activities, indicators, or outcomes.
- Indicate specifically where a modification from the original plan (re-programming or no-cost extension) was requested and approved by CERF.
- If modifications of the original plan were not communicated and approved by CERF, a justification for not having consulted the CERF secretariat should also be provided.
- Please also indicate if delays/changes in implementation resulted in any unspent balance and if the unspent funds have already been returned to CERF or when the recipient agency plans to return them.

The project aimed to build four protection desks to facilitate protection assessments for 20,000 new arrivals, ensuring the safe disclosure of gender-based violence incidents in Nakivale, Kyaka II, Palabek, and Rhino Camp refugee settlements. However, due to economic factors which led to unanticipated inflation, the cost of raw materials increased surpassing the initially allocated US \$80,000 (US \$20,000 per protection desk). Consequently, construction efforts prioritized Nakivale, Kyaka II, and Rhino Camp – areas witnessing a continuous influx of new arrival refugees since 2022. With a remaining balance of US \$12,000 (15%) on the protection desks budget line, constructing the fourth protection desk in Palabek was not feasible. Given these circumstances where 25% of the

protection desk target (one out of four planned constructions) could not be met, UNHCR requested and utilized the unspent US \$12,000 to increase CERF-UFE support underfunded activities in the health sector by procuring additional essential medicines (increasing the number of refugees benefiting from improved access to basic medicines from 800,000 to 804,800). The reprogramming request was submitted to the RC Office and approved by the CERF Secretariat.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Multi-Sector Refugee Assistance									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	192,000	144,000	232,000	232,000	800,000	[193,152]	[144,864]	[233,392]	[233,392]	[804,800]
Returnees	0	0	0	0	0	[Fill in]	[Fill in]	[Fill in]	[Fill in]	[Fill in]
Internally displaced people	0	0	0	0	0	[Fill in]	[Fill in]	[Fill in]	[Fill in]	[Fill in]
Host communities	0	0	0	0	0	[Fill in]	[Fill in]	[Fill in]	[Fill in]	[Fill in]
Other affected people	0	0	0	0	0	[Fill in]	[Fill in]	[Fill in]	[Fill in]	[Fill in]
Total	192,000	144,000	232,000	232,000	800,000	[193,152]	[144,864]	[233,392]	[233,392]	[804,800]
People with disabilities (PwD) out of the total										
	7,920	5,940	9,570	9,570	33,000	11,782	8,837	14,237	14,237	49,093

* 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

GUIDANCE (delete when completed): Please quantify and briefly describe the people who will benefit indirectly from project activities, for example from awareness/information campaigns, expansion of service delivery capacity, etc. If the project has multiple sectors, differentiate between people indirectly targeted in each sector.

Uganda has one of the most progressive refugee policies in the world, which allows refugees to live in open settlements and access national services. Therefore, UNHCR and its partners support service provision in these areas, including the host population in these services. While the direct beneficiaries of the assistance provided through the CERF project were exclusively refugees, the funding provided allowed UNHCR to allocate resources to assist the host community. As an example, in 2023, 28% of case management services were targeting the host population, while 26% of medical consultations were provided for members of the host community.

6. CERF Results Framework

GUIDANCE (delete when completed):

- The “Achieved” column should contain data only and use the same unit of measurement used for the “Target” value.
- Provide brief explanations for any variance (timeliness, under- or over-achievement) between “Target” and “Achieved” in the relevant field (“Explanation of output and indicators variance”). Specifically note where key targets were not met or were met but not within intended timeframe. More detailed explanation for deviations between planned and achieved outputs should be included in section 3 “Changes and Amendments”.
- Please indicate the source of verification for each indicator in the column “Source of verification”.
- The “Implemented by” column should indicate who (recipient agency, government partner, NGO etc.) actually implemented the activity (as opposed to who was planned to implement). Any change between planned and actual IPs should be explained in 3 “Changes and Amendments”.

Project objective	Provision of emergency protection services and assistance for refugees in transit/reception centres and receiving settlements in Uganda			
Output 1	Reduced incidence of GBV and enhanced satisfaction of survivors with multi-sectoral services provided			
Was the planned output changed through a reprogramming after the application stage?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Sector/cluster	Multi-Sector Refugee Assistance			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# of protection desks constructed/ rehabilitated in transit and reception centres	4	[3]	[Photos, UNHCR engineers report and physical contraction]
Indicator 1.2	# of additional GBV protection case workers/managers	39 (32 case workers + 7 technical managers)	[39]	[Staff sign-in book, signed offer letters, HR files, partner attendance sheets]
Indicator 1.3	# of persons at risk of GBV and survivors who received multi-sectoral support	1,600	[1,600]	[Case management files, referral forms, GBV-IMS]
Indicator 1.4	# of women led organization involved in GBV prevention and response	5	[5]	[Grants agreement with UNHCR, Bank transfers, capacity building attendance, working group meetings, project

				proposal reports, End of Project Reports]
Indicator 1.5	Cash. 1a Number of people receiving multi-purpose cash	400	[390]	[Approved list of beneficiaries, Cash disbursement lists through MTN mobile money]
Indicator 1.6	Cash. 1b Total value of multi-purpose cash distributed in USD	28,000	26,195	[Cash disbursement lists through MTN mobile money]
Explanation of output and indicators variance:		[For indicator 1.1, unforeseen economic challenges (inflation) arose during the implementation period, significantly increasing the cost of raw materials. The initially allocated budget of US \$80,000 (US \$20,000 per protection desk) thus became inadequate for 4 protection desks necessitating a downward revision of the target to 3 and reallocation of the unspent balance to health sector activities. A reprogramming request was sent to the CERF secretariat to that effect]		
Activities	Description	Implemented by		
Activity 1.1	Construction of four protection desks to conduct protection assessment for 20,000 new arrivals (serving all persons with specific needs and those at heightened risk) to ensure safe disclosure of GBV in Nakivale, Kyaka, Palabek and Rhino	[UNHCR direct Implementation]		
Activity 1.2	Provision of case management services for 1,600 survivors of GBV through the recruitment of 4 GBV caseworkers in 7 settlements and 7 technical managers, the procurement of technical equipment and emergency cash assistance to 400 GBV survivors or those at risk in Nakivale (60), Kyangwali (60), Rwamwanja (56), Kyaka (56), Rhino (56), Imvepi (56), and Palabek (56).	[Kyangwali: Humanitarian Services Action (HUSA), Cash grants were directly implemented by UNHCR. Kyaka II: ALIGHT. Arua: Danish Refugee Council/ Humanitarian Services Action. Adjumani/ Palabek: Lutheran World Federation]		
Activity 1.3	Identification and support to five women led organizations upscaled for awareness raising and longer-term prevention programs	[Humanitarian Services Action (HUSA) in Kyangwali, Davison Group women led organization in Kyaka II, WORUDET (Women and Rural Development Network) RLO in Palabek, Her Dreams Count RLO in Nakivale, Women Fellowship Advocacy and Networking in Rhino]		

Output 2 Health services provided

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

Sector/cluster	Multi-Sector Refugee Assistance			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	# of Health staff support access to primary health care	160	160	Implementing Partner Periodic Reports]
Indicator 2.2	# of refugees benefiting from improved access to basic medicines	800,000	800,000	[Implementing Partner Periodic Reports]]
Indicator 2.3	# of midwives recruited	22	22	[Implementing Partner Periodic Reports]

Indicator 2.4	# of village Health Team workers deployed	192	192	[Village Health team database]
Indicator 2.5	H.6 Proportion of functional health facilities sharing timely reports	100%	100%	[Ministry of Health District Health Information system]
Indicator 2.6	H.8 Number of primary healthcare consultations provided	1,920,000	1,789,258	[[Ministry of Health District Health Information system]

Explanation of output and indicators variance: [During the implementation of the project, government of Uganda conducted a nationwide mosquito nets campaign that included refugees and in addition, support the indoor residual spraying for South Sudan settlements. These interventions reduce the number of cases expected to come to the health facilities due to malaria]

Activities	Description	Implemented by
Activity 2.1	Provision of primary health care services to refugees in eight receiving settlements through the recruitment of health staff and the provision of essential medicines and medical supplies	[Health Implementing partners, MTI and IRC]
Activity 2.2	Manage coordination and reporting on reproductive health services in eight receiving settlements	[UNHCR]
Activity 2.3	Strengthening of integrated Disease Surveillance and district welcoming new arrivals	[Health Implementing partners, MTI and IRC, District Health Offices]

Output 3 Provision of domestic and shelter items

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

Sector/cluster	Multi-Sector Refugee Assistance			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of refugees provided with CRI assistance	20,000	20,000	[Goods Receive Note, Goods Issue Voucher]
Indicator 3.2	SN.1a Number of people receiving in-kind shelter assistance	20,000	20,000	[Goods Receive Note, Goods Issue Voucher]

Explanation of output and indicators variance: No Variance

Activities	Description	Implemented by
Activity 3.1	Provision emergency CRIs package covering their basic shelter and domestic needs of 20,000 new arrival refugees including persons at heightened risk such as women and children at risk	UNHCR

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:

GUIDANCE (delete when completed): In **max. 150 words**, please describe how crisis-affected people (including vulnerable and marginalized groups) were involved in the design, implementation and monitoring of the project. Please highlight the modality used to involve all groups in all project phases and how feedback might have led to the agencies adapting the project design as required.

[UNHCR ensured meaningful engagement of beneficiaries throughout the project using the Age, Gender and Diversity (AGD methodology). Various mechanisms were employed to involve the people we serve, in the design, implementation, and monitoring of projects:

- Regular Consultative Meetings: Engagements between UNHCR and affected individuals/communities occurred through regular meetings at field and national level through elected refugee representatives.
- Refugee Engagement Forum (REF): Quarterly meeting with refugee leaders at national level to share issues, voice their perspectives and advocate for refugee concerns.
- Individual Profiling Exercise (IPE): The Individual Profiling Exercise (IPE) utilized data from surveys to enhance targeting and resource allocation precision, improving refugee programming based on key socio-economic indicators.
- UNHCR worked to ensure that programs and activities prioritized addressing the diverse identities and specific vulnerabilities of the people we serve. In Q4 2023, UNHCR conducted its annual AGD consultations countrywide.

b. AAP Feedback and Complaint Mechanisms:

GUIDANCE (delete when completed): In **max. 150 words**, please describe the feedback or complaint mechanism¹⁰ implemented and accessible to targeted groups during the project implementation period, including aspects of confidentiality, accessibility and follow-up.

Over the past year, the inter-agency Feedback Referral and Resolution Mechanism (FRRM) has evolved into a robust mechanism. The tool has expanded its referral network, now consisting of more than 840 focal points from 64 different organizations, including the Government, UN agencies, and NGOs. The helpline team of 34 agents, who collectively speak 38 different languages promoted improved coordination among partners and ensuring timely responses to referrals.

The FRRM has implemented outbound calling activities, including post-distribution monitoring, impact assessments, and remote feedback collection, enabling the inclusion of refugees' feedback in program design and adjustments. The FRRM has also played a vital role in disease response efforts, conducting risk communication, sensitization activities, and fraud mitigation activities. Complaints received through the FRRM are thoroughly analyzed to identify trends and early warning indicators, which are shared with relevant authorities to mitigate risks and address misconduct.

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/HTs 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](#).

¹⁰ A closed loop feedback/complaint mechanism allows for the confidential collection of feedback/complaints from all community members and ensures confidentially reverting to the individual complainants, indicating the results of how the complaint was addressed by the implementer. It should be permanently accessible to all community members and offer a secure line of communication between them and the implementer. Examples of mechanisms could be (and are not limited to): complaints boxes, hotline numbers, complaints desks (if they can ensure confidentiality), Staff on field missions or community consultations for example do not constitute viable feedback/complaint mechanisms, as they are not permanently available to communities and cannot guarantee confidentiality.

GUIDANCE (delete when completed): In **max. 150 words**, please describe the mechanism used to record and handle Sexual Exploitation and Abuse (SEA)-related complaints, including aspects of confidentiality, accessibility and follow-up?

At all UNHCR field offices in Uganda, a trained network of staff is available to receive individual complaints and provide support to survivors. This support includes case management services such as psychosocial support, legal assistance, medical aid, and safety and security measures, all provided through the Victims' Assistance Protocol. Regular risk mapping and safety audits were conducted by UNHCR to identify potential risks and ensure the safety of individuals.

PSEA (Prevention of Sexual Exploitation and Abuse) awareness and training sessions were organized, along with community outreach activities specifically designed for refugees. UNHCR manages the Feedback Referral and Resolution Mechanism (FRRM), which includes a toll-free helpline for reporting complaints. Regular messages emphasizing zero-tolerance for SEA are disseminated to all staff members, and UNHCR actively participates in the UN Country Team PSEA Mechanism. Survivors were supported and referred through established referral pathways to ensure they received the necessary assistance.]

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

GUIDANCE (delete when completed): In **max. 150 words**, please explain how the project is intended to contribute to gender equality and promoting the empowerment and protection of women and girls, as well sexual and gender minorities?

The CERF project has made a significant contribution to gender equality by empowering and protecting women and girls through its various activities. Cash-based initiatives provided to women at risk have had the transformative impact of restoring their dignity and agency. By utilizing the funds to start small businesses or purchase small livestock, women have been able to supplement their household income, gaining financial independence and self-sufficiency. CERF funding has played a crucial role in raising awareness about the negative consequences of gender-based violence (GBV) within the community, contributing to the prevention of violence against women and girls. The funding has supported local organizations (RLOs) actively engaged in GBV prevention programs. This localization approach ensures sustainability and effectiveness as RLOs are rooted in the community and represent the communities they serve.]

e. People with disabilities (PwD):

GUIDANCE (delete when completed): In **max. 150 words**, please describe how the project met the essential needs and ensured PwD accessibility and inclusion. Further, explain how the project addressed the specific risks and promotes protection and safety for PwD, in particular women and girls with disabilities?

UNHCR and its implementing partners are committed to ensuring that programs and activities are inclusive and address the unique vulnerabilities of people we serve, including PwD. These vulnerabilities are identified and regularly updated through our database. UNHCR and its partners have made concerted efforts to ensure that their programs are sensitive to the vulnerabilities of people we serve. UNHCR has implemented health interventions specific for PwDs involving regular health check-ups, access to rehabilitation services, and the provision of assistive devices.

The Phase 3 of the Prioritization of Assistance exercise in July 2023 and the Food Security and Nutrition Assessment (FSNA) focused on the inclusion of PwDs and other individuals with specific needs. In certain areas, specific assessments were conducted to better understand the specialized support required for these individuals. These efforts were aimed at ensuring that the assistance provided is tailored to the unique needs and circumstances of PwD.

f. Protection:

GUIDANCE (delete when completed): In **max. 150 words**, please explain how protection of all affected persons and at-risk was mainstreamed in the project implementation and highlight all integrated protection outcomes obtained under this project?

In 2023, UNHCR focused on providing protection and assistance to a growing refugee and asylum seeker population in Uganda, which reached over 1.6M by 31 December. Strong partnerships with the Government of Uganda and key stakeholders, including ECHO, were instrumental in enabling these efforts. Throughout this period, the active participation of refugees and affected populations in the management cycle ensured that programs and services were responsive to their needs and priorities within the available resources. In 2023, UNHCR and the various partners in the Uganda Refugee Response continued to ensure the centrality of the protection across sectors through monthly coordination meetings emphasizing the strategic priorities for Protection, including for the management of the

CERF project. In the various partnerships documents signed, an action plan of mainstreaming AGD considerations and protection was also developed to ensure compliance and implementation by partners and the refugee-led organizations that conducted interventions under the project.

g. Education:

GUIDANCE (delete when completed): If relevant for this project, please explain in **max. 150 words** how aspects of education have been considered in the project design?

NA

8. Cash and Voucher Assistance (CVA)

GUIDANCE (delete when completed): Cash and Voucher Assistance (CVA) refers to all programs where cash or vouchers for goods or services are directly provided to affected people. In the context of humanitarian assistance, the term is used to refer to the provision of cash or vouchers given to individuals, household or community recipients; not to governments or other state actors. CVA covers all modalities of cash-based assistance, including vouchers.

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

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	390

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.

UNHCR, in coordination with its main partners including WFP, is progressively transitioning from in-kind to Cash-Based Assistance (CBA), including for Core Relief Items and other forms of direct assistance. This modality is preferred for a number of reasons. CBA allows more agency from the people we serve in defining their needs and priorities. In addition, it supports the development of the local economy. Finally, in the case of mobile money, it allows for better traceability of the assistance and more accurate post distribution monitoring.

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
Multi-purpose Cash Assistance]	[390]	US\$ 26,195	Protection - Gender-Based Violence	Unrestricted
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Guidance (to be deleted): Please list weblinks to publicly available social media posts (Twitter, Facebook, Instagram, etc.), videos and/or success stories, evaluations or other kind of reports on the agency's websites covering CERF-funded activities under this project.

Title	Weblink
Acknowledgment of CERF contribution	https://x.com/UNHCRuganda/status/1744685805975622039?s=20
[Insert]	[Insert]
[Insert]	[Insert]

3.4 Project Report 22-UF-CEF-080

1. Project Information

Agency:	UNICEF	Country:	Uganda
Sector/cluster:	Nutrition	CERF project code:	22-UF-CEF-080
Project title:	Prevention and Provision of Care for Child Wasting in Refugee Settlements in Uganda		
Start date:	15/12/2022	End date:	14/12/2023
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\$ 3,300,000
GUIDANCE: Figure prepopulated from application document.	
Total funding received for agency's sector response to current emergency:	US\$ 0
GUIDANCE: Indicate the total amount received to date against the total indicated above. Should be identical to what is recorded on the Financial Tracking Service (FTS). This should include funding from all donors, including CERF.	
Amount received from CERF:	US\$ 1,000,000
Total CERF funds sub-granted to implementing partners:	US\$ 108,874
GUIDANCE: Please make sure that the figures reported here are consistent with the ones reported in the annex.	
Government Partners	US\$ 108,874
International NGOs	US\$ [Fill in]
National NGOs	US\$ [Fill in]
Red Cross/Crescent Organisation	US\$ [Fill in]

2. Project Results Summary/Overall Performance

GUIDANCE (delete when completed): This paragraph of **max. 350 words** should provide a brief qualitative summary of the project's overall performance and its main achievements. It is recommended to start with a paragraph summarising the main outputs achieved supported by key figures, followed by a paragraph stating the outcome achieved by the project. The following information should be provided:

- Numbers of people reached with specific goods and/or services;
- The total number of people reached by the project (from section 4);
- Project location and implementation period;
- The outcome achieved.

Please refer to the example below:

"Through this CERF UFE grant, UNICEF and its partners provided nutritional screening of 2,143 children under five; referred 256 malnourished children for treatment; trained 7 staff in management of severe malnutrition; provided nutritional supplies and equipment benefiting estimated 300 children; provided education on nutrition to 634 pregnant and lactating women; and sensitized 75 community support facilitators on infant feeding practices.

The project assisted a total of 26,344 people and allowed for maintaining the malnutrition indicators within the SPHERE standards in Kakuma refugee camp in Turkana County, Kenya between March and December 2016. This was achieved during the period of increased influx of South Sudanese refugees, which exceeded the 2016 planning figures."

The CERF UFE funding aimed to prevent the deterioration of the nutritional status and save the lives of children aged 6 to 59 months with severe child wasting in the refugee settlements, transit sites, and host communities in government health facilities. UNICEF, together with District Local Governments, Regional Referral Hospitals, and Ministry of Health (MoH), rolled out activities aimed at

achieving the above objectives. These activities included the prepositioning of essential nutrition supplies and health facilities, conducting outreaches, mass screenings, and providing technical support. As a result of the activities, the project surpassed the target of 109,350 children 6 to 59 months with mass screening for child wasting at various points throughout the seasons. Screening children for acute malnutrition is essential to identify and address nutritional deficiencies early, preventing future serious health complications and enhancing children's overall wellbeing.

Through the screenings undertaken, UNICEF and partners reached out to 231,904 children with 19,610 cases identified and treated for severe acute malnutrition (SAM), exceeding the project target of 17,000. This was mainly due to the accelerated community integrated outreaches and efficiency in UNICEF's procurement process. UNICEF provided technical support on the implementation of routine nutrition services as well as Integrated Child Health Days (IChD) activities in April and October 2023. This contributed to 169,523 children aged 6 to 59 months who received vitamin A supplementation. A total of 386,506 people were sensitised on maternal, infant, and young child feeding in emergencies, which is essential to reduce risks of malnutrition. The timely prepositioning of RUTF and other nutrition commodities and supportive supervision improved the quality of the nutrition response with the cure rates at 75.9 above the SPHERE benchmark, MoH standards, and the project target.

3. Changes and Amendments

GUIDANCE (delete when completed): This paragraph of **max. 250 words** should explain/justify any changes, deviations or amendments in the project from the original proposal or project plan (including over- and/or under-achievements, delays, etc.), and describe the circumstances or factors that prompted them.

- This might include a brief mention of how the humanitarian context has changed, changes in the needs of the people assisted, or other challenges or constraints encountered that required adapting the implementation plan, activities, indicators, or outcomes.
- Indicate specifically where a modification from the original plan (re-programming or no-cost extension) was requested and approved by CERF.
- If modifications of the original plan were not communicated and approved by CERF, a justification for not having consulted the CERF secretariat should also be provided.
- Please also indicate if delays/changes in implementation resulted in any unspent balance and if the unspent funds have already been returned to CERF or when the recipient agency plans to return them.

There are no changes and amendments in the project from the original proposal/project plan to be reported.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Nutrition									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	368,390	0	52,488	56,862	477,740	407,952	0	81,371	88,152	577,475
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	0	0	0	0	0	0	0	0	0	0
Total	368,390	0	52,488	56,862	477,740	407,952	0	81,371	88,152	577,475
People with disabilities (PwD) out of the total										
	7,367	0	51	55	7,473	8,158	0	1,627	1,763	11,548

* 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

GUIDANCE (delete when completed): Please quantify and briefly describe the people who will benefit indirectly from project activities, for example from awareness/information campaigns, expansion of service delivery capacity, etc. If the project has multiple sectors, differentiate between people indirectly targeted in each sector.

The project achieved significant indirect impacts, reaching a total of 386,506 individuals, including women of childbearing age, men, and youth. This achievement was accomplished through carefully organized community awareness sessions. These sessions were pivotal in promoting critical practices related to maternal, infant, and young child feeding, particularly in emergency contexts, ensuring vital nutritional information was disseminated among the communities most in need. Additionally, the project leveraged integrated community health and nutrition outreaches as a strategic avenue to further educate and engage community members. These outreaches provided a comprehensive platform for addressing broader health and nutrition issues, fostering a well-informed and health-conscious community. This multifaceted approach not only heightened awareness but also empowered individuals with the knowledge to make informed decisions about their nutritional health and that of their families, thereby contributing to the overall well-being of the community.

6. CERF Results Framework

GUIDANCE (delete when completed):

- The "Achieved" column should contain data only and use the same unit of measurement used for the "Target" value.
- Provide brief explanations for any variance (timeliness, under- or over-achievement) between "Target" and "Achieved" in the relevant field ("Explanation of output and indicators variance"). Specifically note where key targets were not met or were met but not within intended timeframe. More detailed explanation for deviations between planned and achieved outputs should be included in section 3 "Changes and Amendments".
- Please indicate the source of verification for each indicator in the column "Source of verification".
- The "Implemented by" column should indicate who (recipient agency, government partner, NGO etc.) actually implemented the activity (as opposed to who was planned to implement). Any change between planned and actual IPs should be explained in 3 "Changes and Amendments".

Project objective	Contribute to the prevention of deterioration of nutritional status and to saving lives of 17,000 children aged 6-59 months with severe acute malnutrition in the refugee settlements and transit sites in Uganda
--------------------------	---

Output 1	Increased proportion of children with severe acute malnutrition enrolled into therapeutic care
-----------------	--

Was the planned output changed through a reprogramming after the application stage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

Sector/cluster	Nutrition			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	N.4 Number of people screened for acute malnutrition (Children < 5) [80 (109,350)]	109,350	231,904	DHIS2
Indicator 1.2	N.2a Number of people admitted in SAM treatment programme (Children aged 6-59 months)	17,000	19,610	DHIS2
Indicator 1.3	N.2b Percentage of people (Children aged 6-59 months) who were admitted for SAM treatment who recovered (SAM recovery rate)	>75	75.9%	DHIS2

Indicator 1.4	N.5 Number of people receiving vitamins and/or micronutrient supplements (children 6-59 months) 80 (109,350)]	109,350	169,523	DHIS2
Indicator 1.5	% of HFs reporting no stock out of SAM supplies	80	95	DHIS2
Indicator 1.6	N.6 Number of people in community awareness sessions on maternal, infant and young child feeding in emergencies	376,805	386,506	Project activity reports

Explanation of output and indicators variance:

There were over-achievements in the number of people that were screened for acute malnutrition, that received vitamin A supplementation, that were sensitised on maternal, infant, and young child feeding in emergencies, and in the number of health facilities that reported no stock out of SAM supplies. These were achieved due to mass community screenings, integrated community outreaches, UNICEF's efficient procurement process, as well as due to the increased supervision, coaching, and mentorship of the service providers. Additionally, due to the integrated health and nutrition outreaches, and the value for money in UNICEF procurement process, the project exceeded the target for SAM children treated with RUTF by 2,610. Strengthened community-based management of acute malnutrition through simplified approaches such as family MUAC and treatment of child wasting through community health workers, which facilitates early detection and treatment and contributes to preventing moderate acute malnutrition (MAM) from progressing to SAM, is an endeavour that will need to continue.

Activities	Description	Implemented by
Activity 1.1	Procurement and support last mile distribution of life-saving therapeutic commodities (RUTF, F100, F75 & ReSoMal); Procurement of anthropometric equipment (including weighing scales, MUAC tapes) and ECD play and stimulation materials for children in care]	UNICEF
Activity 1.2	Community mass screening of children 6-59 months for acute malnutrition in refugee settlements	District Local Governments, Regional Referral Hospitals
Activity 1.3	Integrated community outreaches for delivery of life-saving nutrition interventions including vitamin A capsules and deworming medicine for children 6-59 months	District Local Governments, Regional Referral Hospitals
Activity 1.4	Supportive supervision of health service providers in refugee settlements and transit sites	Ministry of Health, District Local Governments, Regional Referral Hospitals

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas¹¹ often lacking appropriate

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

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)¹²:

GUIDANCE (delete when completed): In **max. 150 words**, please describe how crisis-affected people (including vulnerable and marginalized groups) were involved in the design, implementation and monitoring of the project. Please highlight the modality used to involve all groups in all project phases and how feedback might have led to the agencies adapting the project design as required.

UNICEF engaged the MoH, the Regional Referral Hospitals (RRHs) of Arua, Kabale, Mbarara, and Hoima, district local governments, health facilities, and community representatives in the design, implementation, and monitoring of the project activities. These were involved through focus group discussions and key informant interviews. 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 transit/reception centres and receiving settlements, including Kisoro. They also participated in the monitoring and reporting of the project activities.

b. AAP Feedback and Complaint Mechanisms:

GUIDANCE (delete when completed): In **max. 150 words**, please describe the feedback or complaint mechanism¹³ implemented and accessible to targeted groups during the project implementation period, including aspects of confidentiality, accessibility and follow-up.

UNICEF implemented various strategies to collect timely feedback from beneficiaries on the Nutrition project, employing tools like U-Report surveys and facilitating community dialogues involving district and health facility representatives, as well as UNICEF staff from zonal offices and Kampala. Insights from the Humanitarian Thematic Poll conducted via U-Report highlighted beneficiary awareness of the evolving nutrition situation and the efficacy of nutrition services provided at both health facilities and community levels. This feedback underscored the critical role of nutrition programs in enhancing community nutrition outcomes. Additionally, discussions with beneficiaries in refugee settlements unveiled pressing concerns over imminent food insecurity and the potential exacerbation of malnutrition due to food aid rationing. These issues were promptly addressed in collaboration with the World Food Programme (WFP) and the Office of the Prime Minister (OPM), who intensified community sensitization efforts to mitigate these concerns.

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

GUIDANCE (delete when completed): In **max. 150 words**, please describe the mechanism used to record and handle Sexual Exploitation and Abuse (SEA)-related complaints, including aspects of confidentiality, accessibility and follow-up?

In this Nutrition Project, UNICEF Uganda implemented stringent measures to prevent Sexual Exploitation, Abuse (SEA), and Sexual Harassment (SH), underscoring its zero-tolerance policy in line with its core values. The organization focused on creating a secure and respectful environment through educating both implementing partners and beneficiaries about the importance of PSEA. This included comprehensive training sessions and awareness campaigns to ensure everyone was informed about their rights, the seriousness of SEA and SH, and the procedures for reporting incidents.

UNICEF set up clear and accessible reporting channels for confidentially raising concerns, reflecting its broader commitment to addressing SEA and SH effectively within its operations and the community. This initiative aligns with global efforts by the UN system, donors, and civil society to tackle these issues.

The absence of reported SEA or SH incidents during the project highlights the effectiveness of UNICEF's preventive strategies. This achievement emphasizes UNICEF's dedication to maintaining the highest ethical standards and ensuring the protection and dignity of all

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

¹³ A closed loop feedback/complaint mechanism allows for the confidential collection of feedback/complaints from all community members and ensures confidentially reverting to the individual complainants, indicating the results of how the complaint was addressed by the implementer. It should be permanently accessible to all community members and offer a secure line of communication between them and the implementer. Examples of mechanisms could be (and are not limited to): complaints boxes, hotline numbers, complaints desks (if they can ensure confidentiality), Staff on field missions or community consultations for example do not constitute viable feedback/complaint mechanisms, as they are not permanently available to communities and cannot guarantee confidentiality.

project participants, including staff, consultants, and beneficiaries. UNICEF's approach goes beyond policy, demonstrating a practical commitment to preventing exploitation and harassment and fostering a safe environment for all.

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

GUIDANCE (delete when completed): In **max. 150 words**, please explain how the project is intended to contribute to gender equality and promoting the empowerment and protection of women and girls, as well sexual and gender minorities?

UNICEF, via its Nutrition and Child Protection programmes, emphasized gender inclusivity across all project facets, aiming for equitable participation among women, men, boys, and girls. Specifically, the initiative encouraged the active involvement of men and boys in various activities, such as community engagement and Social Behaviour Change (SBC) interventions, to foster a balanced gender representation. Additionally, beneficiary data was meticulously categorized by gender to monitor the level of participation and engagement of diverse groups within the project, ensuring both direct and indirect benefits were equitably distributed.

e. People with disabilities (PwD):

GUIDANCE (delete when completed): In **max. 150 words**, please describe how the project met the essential needs and ensured PwD accessibility and inclusion. Further, explain how the project addressed the specific risks and promotes protection and safety for PwD, in particular women and girls with disabilities?

UNICEF ensured the inclusion of all children, including those with disabilities, in the nutrition programming. Health service providers received training on effective methods to screen children with disabilities for acute malnutrition, ensuring those needing treatment were enrolled into care. Caregivers and health workers engaged closely with the families and households of children with disabilities put into treatment to provide them with appropriate follow-up at the household level, recognising that they often face stigma within their communities.

f. Protection:

GUIDANCE (delete when completed): In **max. 150 words**, please explain how protection of all affected persons and at-risk was mainstreamed in the project implementation and highlight all integrated protection outcomes obtained under this project?

UNICEF prioritized the protection and inclusion of all participants, especially the vulnerable such as children, women, and those with disabilities, by embedding safety, dignity, and access into every aspect of their implementation. UNICEF supported the implementation of the project through existing Government of Uganda structures and systems including health and community-based services. These structures have a strong representation of different affected persons including the most vulnerable listed above. Through inclusive planning, targeted training of service providers and managers, and community engagement, UNICEF ensured that nutrition services were accessible and respectful to the targeted beneficiaries' needs. Safe and strategically located facilities, and effective feedback mechanisms enhanced participant protection and empowerment. This holistic approach not only improved nutritional outcomes, but also contributed to saving lives of children but also fostered a more inclusive, aware, and empowered community, contributing to the project's sustainable impact on public health and well-being.

g. Education:

GUIDANCE (delete when completed): If relevant for this project, please explain in **max. 150 words** how aspects of education have been considered in the project design?

NA

8. Cash and Voucher Assistance (CVA)

GUIDANCE (delete when completed): Cash and Voucher Assistance (CVA) refers to all programs where cash or vouchers for goods or services are directly provided to affected people. In the context of humanitarian assistance, the term is used to refer to the provision of cash or vouchers given to individuals, household or community recipients; not to governments or other state actors. CVA covers all modalities of cash-based assistance, including vouchers.

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

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	[Fill in]

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.

UNICEF didn't include Cash and Voucher Assistance (CVA) in this Nutrition project due to insufficient funding to sustain the intervention and tight implementation timelines.

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
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Guidance (to be deleted): Please list weblinks to publicly available social media posts (Twitter, Facebook, Instagram, etc.), videos and/or success stories, evaluations or other kind of reports on the agency's websites covering CERF-funded activities under this project.

Title	Weblink
[Insert]	[Insert]
[Insert]	[Insert]
[Insert]	[Insert]

3.5 Project Report 22-UF-WFP-067

1. Project Information

Agency:	WFP	Country:	Uganda
Sector/cluster:	Food Security - Food Assistance	CERF project code:	22-UF-WFP-067
Project title:	Food Assistance to crisis affected persons in refugee settlements in Uganda		
Start date:	15/12/2022	End date:	14/12/2023
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

Total requirement for agency's sector response to current emergency: **US\$ 17,900,000**

GUIDANCE: Figure prepopulated from application document.

Total funding received for agency's sector response to current emergency:

GUIDANCE: Indicate the total amount received to date against the total indicated above. Should be identical to what is recorded on the Financial Tracking Service (FTS). This should include funding from all donors, including CERF. **US\$ 2,200,000**

Amount received from CERF: **US\$ 2,200,000**

Total CERF funds sub-granted to implementing partners:

GUIDANCE: Please make sure that the figures reported here are consistent with the ones reported in the annex. **US\$ 125,377**

Government Partners US\$ [Fill in]

International NGOs US\$ 125,377

National NGOs US\$ [Fill in]

Red Cross/Crescent Organisation US\$ [Fill in]

nding

2. Project Results Summary/Overall Performance

GUIDANCE (delete when completed): This paragraph of **max. 350 words** should provide a brief qualitative summary of the project's overall performance and its main achievements. It is recommended to start with a paragraph summarising the main outputs achieved supported by key figures, followed by a paragraph stating the outcome achieved by the project. The following information should be provided:

- Numbers of people reached with specific goods and/or services;
- The total number of people reached by the project (from section 4);
- Project location and implementation period;
- The outcome achieved.

Please refer to the example below:

"Through this CERF UFE grant, UNICEF and its partners provided nutritional screening of 2,143 children under five; referred 256 malnourished children for treatment; trained 7 staff in management of severe malnutrition; provided nutritional supplies and equipment benefiting estimated 300 children; provided education on nutrition to 634 pregnant and lactating women; and sensitized 75 community support facilitators on infant feeding practices.

The project assisted a total of 26,344 people and allowed for maintaining the malnutrition indicators within the SPHERE standards in Kakuma refugee camp in Turkana County, Kenya between March and December 2016. This was achieved during the period of increased influx of South Sudanese refugees, which exceeded the 2016 planning figures."

Through this CERF grant, WFP and its partners enhanced access to safe and nutritious foods by providing food assistance to 533,670 beneficiaries with a total of 1127.93 MT of food in form of hot meals as well as the monthly in-kind food basket. The commodities

distributed included maize, beans, and vegetable oil. This intervention prevented further deterioration in food security indicators as well as averted malnutrition cases within the refugee settlements.

3. Changes and Amendments

GUIDANCE (delete when completed): This paragraph of **max. 250 words** should explain/justify any changes, deviations or amendments in the project from the original proposal or project plan (including over- and/or under-achievements, delays, etc.), and describe the circumstances or factors that prompted them.

- This might include a brief mention of how the humanitarian context has changed, changes in the needs of the people assisted, or other challenges or constraints encountered that required adapting the implementation plan, activities, indicators, or outcomes.
- Indicate specifically where a modification from the original plan (re-programming or no-cost extension) was requested and approved by CERF.
- If modifications of the original plan were not communicated and approved by CERF, a justification for not having consulted the CERF secretariat should also be provided.
- Please also indicate if delays/changes in implementation resulted in any unspent balance and if the unspent funds have already been returned to CERF or when the recipient agency plans to return them.

Utilizing this grant, WFP reached 533,670 beneficiaries (94 percent of the planned) with food items, no deviations were made to the grant. WFP was not able to reach all intended beneficiaries due to increase in market prices for food commodities. Also, most times in 2023, processing of newly arrived refugees took longer than the standard two weeks and this made refugees stay longer at reception centres therefore WFP had to serve the same beneficiaries with food for different cycles.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Food Security - Food Assistance									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	133,722	128,478	156,978	150,822	570,000	125,412	120,076	146,760	141,422	533,670
Returnees	0	0	0	0	0	[Fill in]	[Fill in]	[Fill in]	[Fill in]	[Fill in]
Internally displaced people	0	0	0	0	0	[Fill in]	[Fill in]	[Fill in]	[Fill in]	[Fill in]
Host communities	0	0	0	0	0	[Fill in]	[Fill in]	[Fill in]	[Fill in]	[Fill in]
Other affected people	0	0	0	0	0	[Fill in]	[Fill in]	[Fill in]	[Fill in]	[Fill in]
Total	133,722	128,478	156,978	150,822	570,000	125,412	120,076	146,760	141,422	533,670
People with disabilities (PwD) out of the total										
	6,686	6,424	7,849	7,541	28,500	6,271	6,004	7,338	7,071	26,684

* 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

GUIDANCE (delete when completed): Please quantify and briefly describe the people who will benefit indirectly from project activities, for example from awareness/information campaigns, expansion of service delivery capacity, etc. If the project has multiple sectors, differentiate between people indirectly targeted in each sector.

WFP, through its partners, collaborated with UNHCR and the Office of the Prime Minister (OPM) to provide and disseminate critical General Food Assistance information to refugees. They worked closely with stakeholders to ensure that vulnerability-based prioritisation was successfully implemented, taking into consideration potential risks, and mitigating them ahead of time. A number of stakeholders were engaged including community structures, community-based organisations, international organisations, as well as private sector and other interest groups. Overall, 98 percent of the refugee population was reached with these key messages through community barazas , dialogues, meetings as well as air play on radios.

6. CERF Results Framework

GUIDANCE (delete when completed):

- The “Achieved” column should contain data only and use the same unit of measurement used for the “Target” value.
- Provide brief explanations for any variance (timeliness, under- or over-achievement) between “Target” and “Achieved” in the relevant field (“Explanation of output and indicators variance”). Specifically note where key targets were not met or were met but not within intended timeframe. More detailed explanation for deviations between planned and achieved outputs should be included in section 3 “Changes and Amendments”.
- Please indicate the source of verification for each indicator in the column “Source of verification”.
- The “Implemented by” column should indicate who (recipient agency, government partner, NGO etc.) actually implemented the activity (as opposed to who was planned to implement). Any change between planned and actual IPs should be explained in 3 “Changes and Amendments”.

Project objective General food assistance to improve food security among refugees

Output 1 Distribute lifesaving food and nutrition commodities to 570,000 refugees in identified refugee settlements

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 1.1	FS.5a Percentage of households with an acceptable food consumption score	80	42.2	Food security and nutrition assessments (FSNA)
Indicator 1.2	FS.5c Percentage of households with a poor food consumption score	10	8.4	Food security and nutrition assessments (FSNA)
Indicator 1.3	FS.1d Percentage of households relying on emergency livelihoods coping strategies	10	11.5	Food security and nutrition assessments (FSNA)
Indicator 1.4	FN.1a Number of people receiving in-kind food assistance	570,000	533,670	Food security and nutrition assessments (FSNA)

Indicator 1.5	FN.1b Quantity of food assistance distributed in MT	1,131.93	1127.93	Food security and nutrition assessments (FSNA)
Indicator 1.6	AP.3b Percentage of affected people who state that they were consulted on the humanitarian response	>90 %	94	Post distribution Monitoring (PDM, Wave 3)
Indicator 1.7	AP.4b Percentage of affected people who state that the assistance, services and/or protection provided correspond with their needs	>90%	96	Post distribution Monitoring (PDM, Wave 3)

Explanation of output and indicators variance:

A total of 533,670 received food assistance, which accounts for 94 percent of the targeted caseload. The total caseload was not fully reached since some beneficiaries were reported as no shows.

Furthermore, results indicate that the acceptable food consumption rates remain below the optimal threshold, which is in concordance with the proportion of people employing emergency livelihood coping strategies, such as selling off assets. This trend can be attributed to several challenges such as increased market prices which affected household purchasing power, and other contributing factors that aggravated the situation, such as climatic shocks and hazards.

However, with this support, further deterioration in food security status was averted, evidenced by the food security status that remained the same compared to the previous year (2022). This can be attributed to the continuous provision of food and nutrition assistance based on vulnerability status and hence, preventing further deterioration of the food security status. Currently, refugees receive varied rations based on their vulnerability status i.e., the most vulnerable receive 60 percent of the full ration whereas the moderately vulnerable receive 30 percent of the full ration.

Activities	Description	Implemented by
Activity 1.1	Provision and distribution of food commodities to refugee households	WFP
Activity 1.2	Provision of hot meals at transit and reception centres	UNHCR
Activity 1.3	Community engagements and sharing sensitization messages	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 areas¹⁴ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate**

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

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)¹⁵:

GUIDANCE (delete when completed): In max. 150 words, please describe how crisis-affected people (including vulnerable and marginalized groups) were involved in the design, implementation and monitoring of the project. Please highlight the modality used to involve all groups in all project phases and how feedback might have led to the agencies adapting the project design as required.

The project adhered to the core principles of APP through community engagements with both beneficiaries and other stakeholders. One of the main activities was the Prioritisation Review Mechanism (PRM). This mechanism provided a channel for beneficiaries to file complaints with the help desk over the vulnerability category allocated to them. Beneficiaries were provided a period of three months to file any complaints regarding their assigned categories. As a result, all claims/complaints were analysed, and results for category adjustment communicated via messages and review of lists at the help desks. Overall, 22,000 (31 percent female, 69 percent male) claims were placed. Of these, 251 were identified and evaluated as high priority cases by UNHCR through home visits, and were fast-tracked for consideration of an increased food ration.

b. AAP Feedback and Complaint Mechanisms:

GUIDANCE (delete when completed): In max. 150 words, please describe the feedback or complaint mechanism¹⁶ implemented and accessible to targeted groups during the project implementation period, including aspects of confidentiality, accessibility and follow-up.

Multiple complaints and feedback mechanisms were in place for receiving and recording complaints for further action or referral. These ranged from help desks at the distribution points, post distribution meetings, as well as the use of the WFP toll free helpline. Prior to the implementation of prioritization, community engagement efforts were intensified to provide timely accurate information to affected populations. WFP and cooperating partners held meetings with community leaders and community members, which were complemented by messages delivered through community radios, mobile community public address systems, and audio recorded messages aired during distributions and verification exercises.

WFP received feedback and requests from 29,118 individuals (36 percent female, 64 percent male) in 2023. Of these, 31 were Category 1 (protection, corruption, and PSEA-related cases), 4,337 were Category 2 (follow-up and redress from program teams), and 24,750 were requests for information about WFP programmes. Overall, the case resolution rate is 83 percent.

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

GUIDANCE (delete when completed): In max. 150 words, please describe the mechanism used to record and handle Sexual Exploitation and Abuse (SEA)-related complaints, including aspects of confidentiality, accessibility and follow-up?

WFP has a focal person at the field office level responsible for documenting and following up reports on sexual exploitation and abuse. In case of any cases reported, they are escalated to the Office of Inspections and Investigations (OIGI) for further investigation and management. Additionally, a PSEA refresher training is conducted annually for all Cooperating Partners. During the reporting period, no PSEA cases were escalated.

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

GUIDANCE (delete when completed): In max. 150 words, please explain how the project is intended to contribute to gender equality and promoting the empowerment and protection of women and girls, as well sexual and gender minorities?

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

¹⁶ A closed loop feedback/complaint mechanism allows for the confidential collection of feedback/complaints from all community members and ensures confidentially reverting to the individual complainants, indicating the results of how the complaint was addressed by the implementer. It should be permanently accessible to all community members and offer a secure line of communication between them and the implementer. Examples of mechanisms could be (and are not limited to): complaints boxes, hotline numbers, complaints desks (if they can ensure confidentiality), Staff on field missions or community consultations for example do not constitute viable feedback/complaint mechanisms, as they are not permanently available to communities and cannot guarantee confidentiality.

The project promotes gender equality and empowerment, as well as the protection of women and girls, by disseminating key gender-related messages during distribution, hence creating awareness about the importance of gender equality and the protection of women and girls in promoting food and nutrition security.

e. People with disabilities (PwD):

GUIDANCE (delete when completed): In **max. 150 words**, please describe how the project met the essential needs and ensured PwD accessibility and inclusion. Further, explain how the project addressed the specific risks and promotes protection and safety for PwD, in particular women and girls with disabilities?

WFP utilised different channels for dissemination of information to cater for people with disabilities. During project implementation, the project ensured that distribution facilities were easily accessible to people with disabilities (PWDs) and that PWDs received priority service.

f. Protection:

GUIDANCE (delete when completed): In **max. 150 words**, please explain how protection of all affected persons and at-risk was mainstreamed in the project implementation and highlight all integrated protection outcomes obtained under this project?

Working with Partners and the Government, WFP sought to mainstream protection principles during the design and implementation of General Food Assistance Activities. This aimed to mitigate protection risks for beneficiaries, ensuring their safety and dignity. Results from WFP monitoring systems indicate that 98 percent of WFP beneficiaries reported no barriers to getting WFP assistance, 99 percent reported no safety challenges, and 96 percent reported being treated with dignity. Additionally, 86 percent reported having knowledge of WFP community and feedback mechanisms.

g. Education:

GUIDANCE (delete when completed): If relevant for this project, please explain in **max. 150 words** how aspects of education have been considered in the project design?

Provision of food assistance offered a safety net, reducing the number of households using negative coping mechanisms such as pulling children out of school to force them into child labour or early marriages, depriving them of the opportunity to pursue their education.

8. Cash and Voucher Assistance (CVA)

GUIDANCE (delete when completed): Cash and Voucher Assistance (CVA) refers to all programs where cash or vouchers for goods or services are directly provided to affected people. In the context of humanitarian assistance, the term is used to refer to the provision of cash or vouchers given to individuals, household or community recipients; not to governments or other state actors. CVA covers all modalities of cash-based assistance, including vouchers.

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

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	[Fill in]

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.

It was not planned for from the onset of the project. The grant provided only in-kind food assistance.

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
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Guidance (to be deleted): Please list weblinks to publicly available social media posts (Twitter, Facebook, Instagram, etc.), videos and/or success stories, evaluations or other kind of reports on the agency's websites covering CERF-funded activities under this project.

Title	Weblink
[Insert]	[Insert]
[Insert]	[Insert]
[Insert]	[Insert]

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

Cluster/Sector	Agency	Implementing Partner Name	Partner Type	Total CERF Funds Transferred to Partner US\$
		Extended Name		
Protection	UNHCR	Humanitarian Services Action Organization	NNGO	\$4,135
Protection	UNHCR	Woment and Rural Development Network (WORUDET)	NNGO	\$4,135
Protection	UNHCR	Her Dreams Count	NNGO	\$4,135
Protection	UNHCR	Da Vision Youth Group	NNGO	\$4,135
Protection	UNHCR	Women Fellowship Advocacy and Networking	NNGO	\$4,135
Protection	UNHCR	Danish Refugee Council	INGO	\$34,751
Protection	UNHCR	The Lutheran World Federation	INGO	\$31,591
Protection	UNHCR	ALIGHT	INGO	\$109,700
Health	UNHCR	International Rescue Committee	INGO	\$542,150
Health	UNHCR	Medical Teams International	INGO	\$507,037
Sexual and Reproductive Health	UNFPA	Lutheran World Federation	INGO	\$626,542
Gender-Based Violence	UN Women	Coalition on Action for 1325	NNGO	\$91,934
Gender-Based Violence	UN Women	TPO	NNGO	\$92,662
Gender-Based Violence	UN Women	Refugee Law Project	GOV	\$91,934
Nutrition	UNICEF	Kyegegwa District Local Government	GOV	\$9,802
Nutrition	UNICEF	Kamwenge District Local Government	GOV	\$19,287
Nutrition	UNICEF	Kasese District Local Government	GOV	\$18,677
Nutrition	UNICEF	Kibuube District Local Government	GOV	\$9,661
Nutrition	UNICEF	Moroto Regional Referral Hospital	GOV	\$2,197
Nutrition	UNICEF	Gulu Regional Referral Hospital	GOV	\$21,249
Nutrition	UNICEF	Mbarara Regional Referral Hospital	GOV	\$23,827
Nutrition	UNICEF	Ministry of Health	GOV	\$4,174
Food Assistance	WFP	World Vision	INGO	\$125,377