RESIDENT / HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS REPUBLIC OF UGANDA UNDERFUNDED EMERGENCIES ROUND I 2013

RESIDENT/HUMANITARIAN COORDINATOR	**Ms.AhunnaEziakonwa**

REPORTING PROCESS AND CONSULTATION SUMMARY

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

The review was conducted on 25 March 2014. All CERF agencies participated to review the achievements of the CERF 2013 programme and the lessons learnt.

b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.

YES ☒ NO ☐

c. Was the final version of the RC/HC Report shared for review with in-country stakeholders as recommended in the guidelines (i.e. the CERF recipient agencies and theirimplementing partners, cluster/sector coordinators and members and relevant government counterparts)?

YES ☒ NO ☐

The final CERF report was shared with the CERF recipient agencies.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)		
Total amount required for the humanitarian response: US$ 54,272,903 (Local appeal for 1 January - 31 December 2013)[1]		
Breakdown of total response funding received by source	**Source**	**Amount**
	CERF	3,999,807
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (*if applicable*)	0
	OTHER (bilateral/multilateral)	29,892,096
	TOTAL	**33,891,903**

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$)			
Allocation 1 – date of official submission: 18-Feb-13			
Agency	**Project code**	**Cluster/Sector**	**Amount**
UNICEF	13-CEF-031	Child Health and Child Protection	799,807
FAO	13-FAO-010	Agriculture	349,999
UNFPA	13-FPA-011	Protection / Human Rights / Rule of Law	120,001
UNHCR	13-HCR-018	Multi-sector	1,200,000
IOM	13-IOM-005	Water and sanitation	280,001
WFP	13-WFP-012	Food	1,199,999
WHO	13-WHO-012	Health	50,000
TOTAL			**3,999,807**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Type of implementation modality	**Amount**
Direct UN agencies/IOM implementation	3,256,647
Funds forwarded to NGOs for implementation	518,179
Funds forwarded to government partners	224,981
TOTAL	**3,999,807**

[Note: Funds transferred to the Red Cross Society has been added under NGOs.]

[1] The initial appeal based on which CERF UF was approved covered **1 January 2012 to 30 June 2013**. As such, a revision was made in March 2013 to align the appeal from **1 January to 31 December 2013**. Each agency when they initailly submitted the total project needs they gave the amount based on an appeal which only covered until end of June 2013. The CERF UF was requested to support those who arrived in 2012 and who still have humanitarian needs as well as those who arrived (or expected to arrive) in 2013. As such, this report has been harmonised with the revised local appeal of March 2013 which covers the needs for the 2013 financial year for both those who arrived in 2012 and those who did arrive in 2013.

HUMANITARIAN NEEDS

The refugee influx from the Democratic Republic of Congo (DRC) has been on-going since July 2011 into Uganda. Since 2012 and as of 28 February 2013, 61,432 Congolese refugees crossed into Uganda through the 2 transit centres in the South West region and were registered as refugees on a *prima facie* basis. Out of this number, 35,711were in refugee settlements and 3,057 refugees were in the two transit centres of Nyakabande and Matanda. Another 10,000 or so resided in the host communities of Kisoro district. With the continued uncertainty over peace negotiations between the DRC Government and the M23, a Congolese militia group, refugees from Congo's Kivu regions continued to cross into Uganda through the Bunagana border entry point. The majority fleeing as a precaution to lingering uncertainty in the peace negotiations as well as general insecurity including looting, physical and sexual assault, and inter-militia clashes. Some young men and women reported fleeing from forced recruitment by the armed groups. The influx rate for January 2013 was at around 700 refugees per week. The refugees were received and provided with basic assistance at the Transit Centres upon arrival from the DRC in 2 Transit Centres, Nyakabande (Kisoro District) and Matanda (Kanungu District). From the 2 Transit Centres, the refugees were transferred to Rwamwanja Refugee Settlement, a new settlement opened on 17 April 2012. Other earlier arrivals were transferred to Nakivale and Oruchinga settlements where new villages were created to provide assistance to the new arrivals.

The CERF funding targeted a total of 75,000 refugees (36,750 female and 38,250 male and 17,775 children under 5) with the following support:

- Protection and assistance to 60,000 new refugees (20,000 HH) provided with basic assistance and lifesaving services in the Transit Centre at the border area;
- Protection and assistance to 40,000 new refugees (13,500 HH) provided with initial HH level assistance upon arrival to the settlement;
- Protection and provision of life saving services to 75,000 refugees (40,000 new refugees of 2013 and 35,000 new refugees of 2012) in the settlement.

The capacity of Rwamwanja settlement is 50,000 refugees. The priority for the CERF underfunded grant was to ensure Rwamwanja settlement was stabilised and that the refugees had access to lifesaving assistance and services.

II. FOCUS AREAS AND PRIORITIZATION

While other existing settlements outside of the CERF fundinghad also received the Congolese new arrivals, they were not been prioritised as part of this CERF funding in order to ensure an impact of response.

Joint comprehensive needs assessment was conducted under the leadership of UNHCR and the Office of the Prime Minister for all project locations since the initial start of the influx following the post-election violence in the Democratic Republic of Congo. Prior to the interventions the following assessments were undertaken for Protection/ Community Services, Health, Nutrition and Food Security Assessment, WASH/ Site Planning, Education and livelihoods. Based on the annual nutrition survey conducted in all refugee settlements of Uganda, the total Anaemia was at 53.7 per cent, considerably higher than the 40 per centthreshold and the GAM at 4.9 per centwhich is just below the 5 per cent threshold. Further, the survey indicated that only 36.8 per cent of the surveyed household in Rwamwanja settlement was able to supplement the WFP ration with their own production of vegetable.Rwamwanja settlement was supported by 1 Health Centre III and 2 outreach within the settlement. Based on the November 2012 HIS report, the inpatient department bed occupancy rate was 497 per cent with some children sleeping 2 – 3 a bed. A total of 68 deliveries were recorded which can only increase with the population increase. Any caesarean delivery had to be referred to the Fort Portal Hospital which is 2 hours' drive away. Uganda had prior to interventions also been experiencing frequent disease outbreaks (including Ebola, Yellow fever, cholera and Hepatitis outbreaks recorded in 2011 and 2012). An outbreak of Marburg (another viral haemorrhagic fever) was also reported in Kabale, and Ibanda in October 2012 all in Western Uganda. From this outbreak a total of 12 cases and 8 deaths with a case fatality rate of 66 per centwere recorded both districts are very close to the location of the refugee camps. The districts in Western Uganda are also suffering from an outbreak of cholera. Since the beginning of the year in 2012 a total of 6077 cholera cases including 134 deaths were reported from 19 districts.

Below were the critical humanitarian actions per Sector utilising CERF funds:

Protection and community services:

- Registration and profiling (UNHCR);
- Follow up of individual cases with protection concern (UNHCR);
- Provision of specialised assistance for persons with specific needs (UNHCR);
- Ensure functioning referral mechanism for unaccompanied and separated children (UNICEF);

Food Security & livelihood

- Provision of food ration (WFP);
- Provision of vegetable seeds (FAO).

Shelter/ Site Planning & Settlement management

- Site planning (plot allocation) the settlement for 7,000 newly arrived household (21,000 refugees) in 2013 (UNHCR);
- Provision of Shelter Kits (construction poles and plastic sheeting) for all new arrivals (UNHCR);
- Maintenanceof the Transit/ Reception Centre and Rwamwanja settlement (UNHCR).

Health including reproductive health, HIV/AIDs and disease surveillance:

- Provision of health care including drug supplies in Nyakabande, Matanda and Rwamwanja Health Centres (UNHCR);
- Implementation of the minimal initial services package in reproductive health (MISP) to include provision of emergency reproductive health medical supplies and equipment as well as Family Planning commodities (UNFPA);
- Disease surveillance and developing of Epidemic Preparedness and Response Plans (WHO);
- Strengthening of Village Health Teams functionality in Rwamwanja refugee settlement (WHO).

Nutrition

- Maintain the therapeutic feeding programme (UNICEF).

WASH:

- Map out the water sources (spring and open unprotected wells) that need improvement in Rwamwanja, prioritise and construct two protected spring and four shallow wells to supply clean and safe water (IOM);
- Construct communal latrines at health centres and schools (IOM);
- Establish and train water management committees for newly constructed protected spring and shallow wells (IOM);
- Supervise the construction of household latrines, drying racks, garbage pits and bathe shelters, particularly for new arrivals (IOM);
- Support the community hygiene promoters to provide basic awareness raising and training on health and hygiene (IOM).
- Provide community sanitation kit (UNHCR).

Logistics/ NFIs

- Continuation of transport of refugees from Transit Centres to settlements (UNHCR);
- Provision of basic household NFI kit to all newly arrived families (UNHCR).

SGBV (Cross cutting)

- Maintenance of the SGBV referral mechanism (UNFPA);

III. CERF PROCESS

The UNCT launched a local appeal in September 2012 covering 1 January 2012 – 30 June 2013, totalling to USD 44,556,880. This was to ensure continuity of the CERF initial input (2012 Rapid Response) and in view to intensify the fund raising efforts. The appeal was presented to key Ambassadors as well as at the Local Development Partners Group meeting to raise awareness on the issue in October 2012. A joint meeting with ECHO also took place in November 2012 to place the humanitarian needs on the table. As of end of 2012, 25 per cent of the requirements totalling to USD 11,122,221 was funded. Further, throughout the emergency, additional support was also provided by NGO partners through their own funds, both at the Transit Centre and the settlements. However, the vast majority of the operational partners had ended their project as of end of 2012.The CERF underfunded request was submitted based on the initial local appeal and the underfunded needs of the humanitarian emergency related to the Congolese refugee influx from 2012. However, based on new developments in theDRC – Rutshuru and Masisi area as well as the M23 threat on Goma and the increased influx of the

refugees, the local appeal was revised in March 2013 in line with the 2013 calendar year. The revision ensured that the new developments were reflected as planning figure and that the needs of the refugees who arrived in 2012 and 2013 would be covered. The revised local appeal covering 1 January to 31 December 2013 totalled to US$ 54,272,903[2].

Coordination meetings for the refugee assistance and emergency response exist at several levels and continued in 2012 and 2013. All interagency and sectoral meetings have the participation of all partners involved in the provision of assistance regardless of their funding sources to maximise the impact for the refugees. Within the UN Country Team, the refugee emergency is handled through the ad hoc Programme Management Team meetings chaired by UNHCR. The meeting is open to all UN agencies who are interested – for example, UNDP and MONUSCO also participates depending on the topic.On 19 December 2012, the ERC announced a US$4 million allocation for Uganda. Through these mechanisms, the underfunded gaps from 2012 programmes were analysed and prioritisation was conducted for the CERF underfunded window. The process also ensures that there are no duplication of activities between the partners.

The key priority identified through this process was to continue with the reception of the new arrivals and provide them with basic protection and assistance in transit while stabilising the mid to longer term assistance in the refugee settlements. Based on the prioritization strategy discussed with the CERF secretariat, the application for the UFE grant was made by the HC on 18 February 2013.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR

Total number of individuals affected by the crisis:124,756[3]

	Cluster/Sector	Female	Male	Total
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Health-Nutrition	28,633	26,432	55,065
	Agriculture	17,581	18,299	35,880
	Protection	30,450	28,210	58,660
	Multi-sector	32,556	33,885	66,441
	WASH	8,623	10,177	18,800
	Food	30,240	29,055	59,295
	Health	25,500	24,500	50,000

BENEFICIARY ESTIMATION

The following numbers of Congolese refugees were assisted in Uganda through the 3 emergencies which occurred in 2013. The continued influx through Kisoro and Matanda axis to Rwamwanja and Nakivale Refugee Settlements; new influx to Bundibugyo axis to Kyangwali Refugee Settlement and new influx to Koboko axis to Lobule Refugee settlement:

[2] Another revision to the local appeal was done in September 2013 following the ADF attack on Kamango area of North Kivu and subsequent influx of Congolese refugees into Bundibugyo District, and relocation to Kyangwali refugee setttlement. The 2013 revised appeal was funded by CERF Rapid Response and is a subject for a separate report.

[3] The total number of Congolese refugees affected by the crisis in 2012 and 2013 in Uganda was 124,756. The CERF underfunded application supported those who fled via Kisoro/ Matanda axis while the CERF rapid response application supported thouse who fled via Bundibugyo axis. Those who fled via Koboko axis from Ituri region did not benefit from CERF application.The total number of those who fled via the Kisoro axis and were assisted by CERF UF was 66,441 refugees while those who fled via the Bundibugyo axis and asssited by CERF RR was 31,334 refugees. This number provides a complete picture of the total individuals affected by the Congolese refugee emergency in Uganda

- Protection and assistance to 67,765 new refugees (22,588 HH) provided with basic assistance and lifesaving services in the Transit Centre at the border area;
- Protection and assistance to 35,474 new refugees (11,825 HH) provided with initial HH level assistance upon arrival to the settlement;
- Protection and provision of life saving services to 69,433 refugees (35,474 new refugees of 2013 and 33,959 new refugees of 2012) in the settlement.

Out of this number, under the CERF underfunded response, the Congolese refugees arriving via the Kisoro/ Matanda axis to Rwamwanja and Nakivale Refugee Settlements were assisted directly:

- Protection and assistance to 32,482 new refugees (12,993 HH) provided with basic assistance and lifesaving services in the Transit Centre at the border area;
- Protection and assistance to 20,734 new refugees (8,294 HH) provided with initial HH level assistance upon arrival to the settlement;
- Protection and provision of life saving services to 54,693 refugees (20,734 new refugees of 2013 and 33,959 new refugees of 2012) in the settlement.

As such, the total beneficiaries directly reached by CERF funding is estimated as the number assisted in the Transit Centres in the border areas in 2013 (32,482 refugees) plus the refugees who arrived in 2012 and were in the settlements (33,959 new refugees of 2012), totalling to 66,441 refugees.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING

	Planned	Estimated Reached
Female	36,750	32,556
Male	38,250	33,885
Total individuals (Female and male)	75,000	66,441
Of total, children under age5	17,775	15,747

CERF RESULTS

Collectively the UN Country Team, together with operational partners with their own funds, managed to provide a holistic and protective environment for the newly arrived refugees from the DRC. The total number of new Congolese refugees received in Uganda in 2013 was 67,765 new refugees. This brought the total number of Congolese refugees in Uganda to 163,916 refugees as of 31 December.

The following key results were achieved with CERF funding:

Protection and community services:

- All new arrivals were registered and profiled at the Nyakabande and Matanda Transit Centre and their records updated in Rwamwanja settlement (UNHCR);
- Follow up of individual cases with protection concern were conducted as well as special arrangement for protection and care of UAMs established (support to direct care for UAM in kind support to foster families. Daily visits by UNHCR community services staff were conducted to get the views of the fostered children and the fostering family. (UNHCR);
- Additional assistance for 3,588 persons with specific needs were provided while specialised assistance such as psychosocial counselling (317 persons) and wheelchairs (14 persons) were also provided (UNHCR);
- A total of 213 separated children and 91 unaccompanied minors (304 in total) were registered through Rapid FTR (UNICEF).

Food Security & livelihood

- The new arrivals received 100 per cent food ration for March and April 2013 due to their vulnerability, limited access to land and other sources of livelihood. Over 70% of the targeted settlements attained food consumption score (>28); Overall GAM among children under 5 yearsfor target settlements was below 4 per cent(WFP);

- A total of 10,850 refugee families and 1,150 host community families received seed and vegetative material for the 2013 first agricultural season (FAO).

Shelter/ Site Planning & Settlement management

- Plot allocation for 20,734 refugees in Rwamwanja settlement conducted (UNHCR);
- All new arrivals in Rwamwanja settlement received Shelter Kits (construction poles and plastic sheeting) and specifically with CERF, 2,800 households were provided with shelter kits and 900 household with shelter poles (UNHCR);
- 20 PSN huts were constructed in Rwamwanja settlement (UNHCR);
- Maintenance of the Nyakabande and Matanda Transit Centre and Rwamwanja settlement Reception Centre conducted, including 10 shelter tents (UNHCR).

Health including reproductive health, HIV/AIDs and disease surveillance:

- Provision of health care including staffing, drug supplies and enhanced services in Nyakabande, Matanda and Rwamwanja Health Centres (UNHCR);
- Five of the eight health facilities targeted were provided with RH Kits (as the remaining three no longer had the targeted refugee population). In all, 17 Emergency RH Kits (containing equipment and supplies for managing delivery and complications of pregnancy and childbirth including caesarean operations) were distributed to the five facilities. (UNFPA).
- Dignity kits (1,240 kits) were distributed to new mothers after delivery from health facilities. An ambulance services was supported to improve emergency obstetric care. (UNFPA)
- With regards to Disease surveillance and developing of Epidemic Preparedness and Response Plans; completeness and timeliness of IDSR report for Kisoro district was maintained at above 90 per cent however, for the districts of Isingiro and Kamwenge, completeness and timeliness of IDSR reporting was about 60 per cent due to inadequate funding (WHO);
- Through strengthening of the VHT functionality in Kamwenge district, the refugee communities in Rwamwanja were mobilized by the VHTs for increased uptake of health services. As a result, the OPD attendance rate by the refugees in the health facilities hosting the refugees was maintained at greater than 1 in Rwamwanja refugee settlement (WHO).
- Through training of the DHTs on the development of contingency plans, the three refugee hosting districts developed district specific contingency plans and were able to respond effectively to the further influx of the refugees (WHO)

Nutrition

- A total of 1,024 children (89 per cent) with SAM were enrolled into the therapeutic feeding programmes in Rwamwanja at 89 per cent cure rate, 11 per cent defaulter rate and 0 per cent death rate, all well within the acceptable SPHERE standards. (UNICEF)

Nutrition

- A total of 1,024 children (89 per cent) with SAM were enrolled into the therapeutic feeding programmes in Rwamwanja (UNICEF).

WASH:

- 3 Rainwater harvesting systems were constructed in two locations (primary school one and Health Centre-(II) two).6 Shallow wells were constructed in Rwamwanja settlement that is providing 69,806 litres daily of safe and clean water to 4,538 beneficiaries representing the consumption of 15.38 litres of water/person/day (IOM);
- Achieved the target to construct 10 lined, drainable, five-stance VIP latrines for women, men, boys and girls (IOM);
- 6 Water user management committees (WUMC) comprising of 54 members for six newly constructed shallow wells were identified and trained on how to manage the shallow wells (IOM);
- A total of 1,552 HH latrines, 836 waste pits, 828 bathing shelters, 924 drying racks and 501 hand washing facilities were constructed by new arrivals (IOM);
- 2,046 New arrival households received basic health and hygiene education with 5,974 copies of IEC materials distributed to the targeted beneficiaries (IOM).
- 280 community sanitation kit was provided for latrine digging (UNHCR).

Logistics/ NFIs

- All refugees wishing to move from Nyakabande and Matanda Transit Centres to Rwamwanja settlement were provided with transportation (UNHCR);
- All newly arrived families received basic household NFI kit in the Transit Centres and in Rwamwanja settlement (UNHCR).

SGBV (Cross cutting)

- Community structures for prevention and response to GBV were set up in all the refugee communities in Rwamwanja and Nyakabande leading to 117 GBV survivors in Rwamwanja and 202 in Nyakabande reporting to care and support services.
- 100 per cent of the identified survivors were referred to the appropriate level of care and support including the police, psychosocial care and medical services.

CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?
YES ☒ PARTIALLY ☐ NO ☐

As indicated in the initial CERF application, the refugee operation in Uganda was traditionally managed by UNHCR for multi-sector activities and WFP for general food distribution, both in support of the Government of Uganda's efforts to uphold their obligation and commitment under the 1951 Convention and 1967 Protocol on refugees as well as the AU Convention which are all enshrined in the Ugandan Refugee Act of 2006 and the Refugee Regulation of 2010. The CERF allocation was very timely as Uganda saw influx increase from DRC following uncertainty over peace negotiations between the DRC Government and M23. The new settlement of Rwamwanja was re-opened on 17 April 2012 just in time for the mass influx in May 2012. The refugee settlement was originally used by the Rwandan refugees, but was closed in 1994 following their repatriation. While basic infrastructures built by UNHCR in the 1980s exist, the condition in the settlement needed to be stabilized to accommodate the new influx late 2012 and early 2013. The CERF allocation ensured that there were sufficient UN agencies with technical expertise on the ground in both Nyakabande and Matanda TC and Rwamwanja and Nakivale settlements to respond to the influx and to ensure that lifesaving support were provided to all new arrivals.

b) Did CERF funds help respond to time critical needs[4]?
YES ☒ PARTIALLY ☐ NO ☐

The CERF intervention especially contributed in providing the basic lifesaving needs of the refugees which were time critical. Some of the examples are as follows:

- All new arrivals were registered and profiled at the Transit Centre and their records updated in the settlement. This allowed for agencies to plan their intervention through accurate population figures. For the refugees, this allowed them to obtain a household attestation letter confirming their refugee status in Uganda and to facilitate their movement and access to services.
- A total of 213 separated children and 91 unaccompanied minors (304 in total) were identified and registered through Rapid FTR and family reunification were conducted.
- Food needs were covered and agricultural inputs were provided in time for the first major rain.
- Access to public health including maternal and new-born health was enhanced as well as the quality of services;
- Access to maternal health care and skilled delivery was improved through pregnancy mapping with referral to ANC and delivery in health facilities. Provision of medical equipment, drugs and supplies for the health facilities supported the provision of quality emergency Obstetric care including management of complications of pregnancies to save lives of mothers and new-borns.
- Through CERF funding 1,024 lives of children with severe acute malnutrition were saved. In addition health care and referral systems within the targeted districts have been strengthened, thanks to CERF funding.
- SGBV referral and response was strengthen to ensure that survivors had immediate access to medical and psychosocial care.
- Safe water access was improved in Rwamwanja settlement through water trucking and creation of new safe water sources.

c) Did CERF funds help improve resource mobilization from other sources?
YES ☒ PARTIALLY ☐ NO ☐

[4]Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

The UNCT launched a local appeal in September 2012 covering 1 January 2012 – 30 June 2013, totalling to USD 44,556,880. This was to ensure continuity of the CERF initial input (2012 Rapid Response) and in view to intensify the fund raising efforts. As of end of 2012, 25 per cent of the requirements totalling to USD 11,122,221 was funded. The CERF underfunded request was submitted based on the initial local appeal and the underfunded needs of the humanitarian emergency related to the Congolese refugee influx from 2012.

However, the situation continued to develop in the DRC – especially in the Rutshuru and Masisi areas. Further, the M23 intensified its threat on Goma, resulting in the increased influx of the refugees.The UNCT revised the appeal document in March 2013 to cover the entire 2013 financial year and re-launched the appeal in order to continue fundraising. The requirement for 2013 for the Congolese emergency in March was USD 54,272,903, and the effort raised a total of USD 33,891,903 in 2013 including USD 3.99 million from CERF Underfunded window[5].

d) Did CERF improve coordination amongst the humanitarian community?
YES ☒ PARTIALLY ☐ NO ☐

Since this is a refugee response, the humanitarian coordination mechanism is led by the government represented by the Office of the Prime Minister (OPM) Refugee Department and UNHCR. Coordination meetings for the refugee assistance and emergency response exist at several levels. At Kampala level, UNHCR together with the government conducts overall strategic planning meetings with partners. An interagency coordination meeting takes place at UNHCR Sub Office Mbarara level covering all sectors. Coordination meeting and sectoral meetings takes place at the settlement level to discuss day to day operational issues as well as to take stock on the achievements and ensure all partners activities are in line with the strategy. All these meetings have the participation of all partners involved in the provision of assistance regardless of their funding sources to maximise the impact for the refugees.

Within the UN Country Team, the Refugee emergency is handled through the ad hoc Programme Management Team meetings lead by UNHCR. The meeting is open to all UN agencies who are interested – for example, UNDP and MONUSCO also participates depending on the topic. The more detailed discussions within the CERF agencies at the ad hoc PMT supported the coordination efforts in the field with wider group of partners.

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

Uganda is a self-starter for Delivering as One. The refugee emergency response and the CERF process has contributed to the harmonisation of UN agency's intervention in the refugee emergency and has supported the creation of synergies between the various agencies on the ground.

V. LESSONS LEARNED

TABLE 6:OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-	Responsible entity
Health Need for increased funding for disease surveillance in emergencies.	Consideration of review of life-saving criteria.	CERF
Construction While life-saving activities tends to be viewed as temporary measures, construction of infrastructure such as roads, health centres and schools should also be considered when dealing with refugee settlements (de facto refugee villages in government gazetted land).	Consideration of review of life-saving criteria.	CERF

[5]Note due to the emergency in to Bundibugyo District in July 2013 where over 60,000 refugees crossed into Uganda in 3 days, the appeal document was further revised upwards to USD 92,676,582. This revision was supported by CERF Rapid Response window as well as other donors.

TABLE 7:OBSERVATIONS FOR COUNTRY TEAMS		
Lessons learned	**Suggestion for follow-**	**Responsible entity**
Nutrition Continuous sensitization of communities on dangers of malnutrition should be an ongoing initiative. Linkages need to be strengthened between OTC programmes in the transit sites and the resettlement areas to ensure that children enrolled into the OTCs are not lost to follow up but rather transferred onto the existing OTCs within the settlement areas.	Improve on information flow between Health partners at the Reception Point and the Refugee Settlements.	Nutrition partners
Community Outreach Use innovation platforms such as U-report (SMS-based communication) to mobilize communities for uptake of services e.g. the recent door to door polio campaign in October 2013. (Messages on a range of topics including health, WASH were sent out to assess level of service delivery and matters arising from the community). To date there are 280 registered U-reporters in Rwamwanja and the number is still growing.	Make use of U-report and other innovative communication platforms for community outreach in refugee settlements	UNCT with support from UNICEF
Community Outreach Use of volunteers and peer educators in mobilization of communities for young people, GBV and maternal health services.	Peer educators and volunteers are a very effective way of community mobilisation especially for the youth.	All partners
Maternal health Identification of all pregnant women through pregnancy mapping ensured that the pregnant refugee women were helped to access antenatal care and to delivery in health facilities where they had easy access to lifesaving emergency obstetric care in case of pregnancy complications. This together with distribution of dignity kits and availability of quality services at the health facilities encouraged women to utilise available services at the health facility. Hence over 90 per cent of the refugee women delivered in a health facility under skilled care.	Continue use of pregnancy mapping, ERH Kits for quality of reproductive health care and dignity kits to ensure universal access to RH care	UNFPA, UNHCR and Health Partners
Joint Monitoring While each agency has conducted its own monitoring of their project, in the context of UN Delivering as One, it would be beneficial to have a joint monitoring during the project.	Joint monitoring of the activities at the senior management level.	UNCT

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNICEF	5. CERF grant period:	20 Mar. 2013 – 31 Dec. 2013
2. CERF project code:	13-CEF-031	6. Status of CERF grant:	☐Ongoing
3. Cluster/Sector:	Health-Nutrition		☒Concluded
4. Project title:	Emergency Humanitarian Support through Nutrition Support and Rapid Family Tracing and Reunification for Congolese refugees in Uganda		

7.Funding				
	a. Total project budget:	US$ 8,933,430	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US$ 4,808,000	▪ *NGO partners and Red Cross/Crescent:*	US$ 27,448
	c. Amount received from CERF:	US$799,807	▪ *Government Partners:*	US$ 192,772

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	29,400	28,633	**Nutrition** 15,767 children under 5 screened in Rwamwanja, Matanda and Nyakabande 15,767 Caregivers of children under 5 received health/nutrition education 7,636 children 6-59 months received Vitamin A in Rwamwanja 14,875 children received deworming in Rwamwanja 208 – health worked trained in Rwamwanja 192 VHTs trained in Rwamwanja 620 pregnant women receive iron/folate in Rwamwanja **Child Protection:** 304 children were registered using RapidFTR 31 cases were referred by the Child Protection Committees to appropriate services
b. Male	30,600	26,432	
c. Total individuals (female + male):	60,000	55,065	
d. Of total, children under age 5	14,220	15,767	

9. Original project objectivefrom approved CERF proposal

Provide Humanitarian assistance to the DRC refugees with a focus on nutrition and child protection.

- Provide technical support to sustaining the on-going Integrated Management of Acute Malnutrition (IMAM) program in Kamwenge; focus on job training of health workers, mentoring/coaching, support supervision and outreaches, strengthening referral and linkages.
- Strengthen district systems and expand nutrition programs within Kamwenge district.
- Support the establishment of nutrition programs in Nyakabande and Matanda Transit centres (with linkage and support to Kisoro hospital/district and Kabunga Hospital/Kanungu district and Kabale regional referral hospital)
- Technical support to provide Infant and Young Child Feeding (IYCF) services at facility and community levels.

- Identification and registration of unaccompanied and separated children through Rapid FTR to capture SGBV and special needs and support reunification;
- Increase collaboration among child protection actors working in Nyakabande TC, Matanda TC, and Rwamwanja refugee settlement.
- Increase support to the Child Protection Committees in Rwamwanja refugee settlement.
- Increase awareness among communities on child protection issues and on the existing referral system (preparation and follow up meetings with foster families, dialogues with children and community dialogues on children's rights)
- Increase and strengthen child protection activities for children in both transit centres and settlement.

10. Original expected outcomesfrom approved CERF proposal

Nutrition indicators:

- Proportion (per cent) of health workers effectively trained on IMAM and IYCF in Kamwenge district
- Proportion (per cent) of children with SAM treated within Rwamwanja settlement during 2013
- Proportion of children under 5 years screened in Rwamwanja, Nyakabande and Matanda
- Proportion of planned OTCs /ITCs established, equipped and functional
- Effectiveness of OTC/ITC treatment programs (cure rate > 75 per cent , death rate < 10 per cent and defaulter rate < 15 per cent)
- Proportion of children 6-59 months who received vitamin A supplementation and children 1-14 years who received deworming
- Proportion of pregnant/lactating women who received iron/folate supplementation
- Number of women groups established and functional
- Proportion of VHTs actively screening and referring children with SAM
- Nutrition IEC materials translated, printed and distributed for use.
- Findings of the comprehensive nutrition/health and food security assessment disseminated

Rapid FTR Indicators:

- Support provided to monthly child protection meetings in Rwamwanja.
- Number of trained staff from four implementing partners on the use of Rapid FTR in Nyakabande and Rwamwanja.
- Equipment provided to implementing partners.
- Support for creation of monthly report on unaccompanied and separated children (UASCs).
- Number of UASCs registered.
- Number of separated children registered.
- Number of defects identified and addressed within Rapid FTR application.
- Number of community dialogues held to support child protection.
- Support provided to Child Protection Committees.
- Documentation of initial Rapid FTR training compiled and disseminated to all partners.

11. Actual outcomes achieved with CERF funds

Nutrition indicators:

- **Proportion (**per cent**) of health workers effectively trained on IMAM and IYCF in Kamwenge district**

A total of 120 health workers were trained on IMAM and IYCF in Kamwenge district. Out of these 60 were trained on IMAM and 60 on the comprehensive IYCF package. At the proposal stage a target of 130 health workers to be trained had been set, actual achieved was 120 giving a proportion of 92 per cent . In addition, one round of technical support supervision on IMAM was conducted by Mwanamugimu Nutrition Unit for all the implementing sites.

- **Proportion (**per cent**) of children with SAM treated within Rwamwanja settlement during 2013**

With the current estimated settlement population of 51,048, children under 5 are estimated at 11,230. Using survey results conducted in August 2012 by Makerere University, School of Public health (contracted by UNICEF) SAM prevalence was reported at 3.7 per cent which translates to an estimated 1,138 annual SAM caseload. During this reporting period a total of 1024 children (89 per cent) with SAM were enrolled into the therapeutic feeding programmes in Rwamwanja (10 OTCs and 1 ITC). Even within a settlement setting ensuring that all 100 per cent SAM cases are treated is a challenge as this is subject to parent/caregiver's willingness to take the sick child to the nearest treatment site. Continuous sensitization of communities on dangers of malnutrition should be an ongoing initiative.

- **Proportion of children under 5 years screened in Rwamwanja, Nyakabande and Matanda**

Nutrition screening in the transit centres of Nyakabande and Matanda is part of routine services provided and as such all children are screened on entry/arrival into the transit centres and settlement camps. In Nyakabande from January to December 2013, a total of 4,188 children were screened for malnutrition (giving a monthly average of 349). Matanda on the other hand has not been very active, a total of 433 children were screened. In Rwamwanja a total of 11,230 children were screened from January to December 2013. In terms of proportions this represents 100 per cent for both the transit centres and the settlement.

- **Proportion of planned OTCs /ITCs established, equipped and functional**

Within Rwamwanja an additional 6 OTCs were established and equipped bringing the total number of OTCs to 9 (these include both the static and mobile OTCs as named below,

- Rwamwanja health centre III
- Bwiizi Health centre III
- Reception centre
- Kyempango outpost
- Mahani outpost
- St Michael nutrition outpost
- Kikurura integrated outreach site
- Ntenungi integrated outreach site
- Nkoma integrated outreach site

Within Rwamwanja settlement is one functional ITC at Rwamwanja HC III that has been equipped and capacitated to manage Severely Malnourished children with complications. In addition an OTC and ITC have been established at Rukunyu HC IV with UNICEF support to serve the host community but also cut back on the long distance for referrals from Rwamwanja to Kabarole regional referral hospital.

In Kisoro, a total of 7 OTCs were established, equipped and are fully functional. These are;Nyakabande Transit centre, Nyakabande health centre III, Kisoro hospital, Busanza HC IV, Muramba HC IV, Ruburuguri HC IV and Gisozi HC IV. OTCs were opened up at these health centres near the Congo boarder so that the refugees who returned home and their children can still have closer access to the treatment programmes.

In Matanda, one OTC at Matanda health centre III was established. Technical support (on job training, coaching/mentorship) for Nyakabande and Matanda was provided by the Kabale regional coaching team comprised of the senior regional nutritionist, clinician, public health nurse and district bio-statistician while for Rwamwanja Mwanamugimu Nutrition unit provided the technical assistance. During this process a total of 20 health workers received onjob training, mentoring and support in IMAM including Red Cross volunteers at Nyakabande TC, 8 health workers at Matanda and 60 in Rwamwanja.

Within Kisoro district, Kisoro hospital has been equipped and supported to maintain a functional Inpatient Therapeutic Centre (ITC) to handle complicated SAM cases referred from the surrounding OTCs. In Kanungu, Kabunga hospital has been supported to have

a functional ITC for the same purpose.

At the proposal stage the target was to have 9 additional OTCs established in Rwamwanja, Nyakabande and Matanda. However with this support a total of 14 OTCs (155 per cent) were established exceeding the set target by 55 per cent .All these sites have been equipped with necessary anthropometric equipment (weighing scales, height boards, and MUAC tapes), therapeutic feeds (F100, F75, Resomal, RUTF) and the accompanying M & E tools. Stocks of therapeutic supplies are replenished on a quarterly basis with consignments sent directly to UNHCR managed warehouses within the settlements and district stores for the host communities.

- **Effectiveness of OTC/ITC treatment programs (cure rate > 75** per cent **, death rate < 10** per cent **and defaulter rate < 15** per cent **)**

Within Rwamwanja the programme performance for the Outpatient Therapeutic Centres (OTCs) during the reporting period was averaged at 89 per cent cure rate, 11 per cent defaulter rate and 0 per cent death rate, all well within the acceptable SPHERE standards. Programme performance for the Inpatient Therapeutic Centres was averaged at 78 per cent cure rate, 4 per cent defaulter rate and 6 per cent death rate, all within the acceptable SPHERE standards. Late referral of children with complications is one of the factors linked to mortality in the ITC.

For the transit centres Nyakabande and Matanda, programme performance rates are shown in the figure below with an average cure rate of 75 per cent , defaulter 26 per cent and death rate 9 per cent .

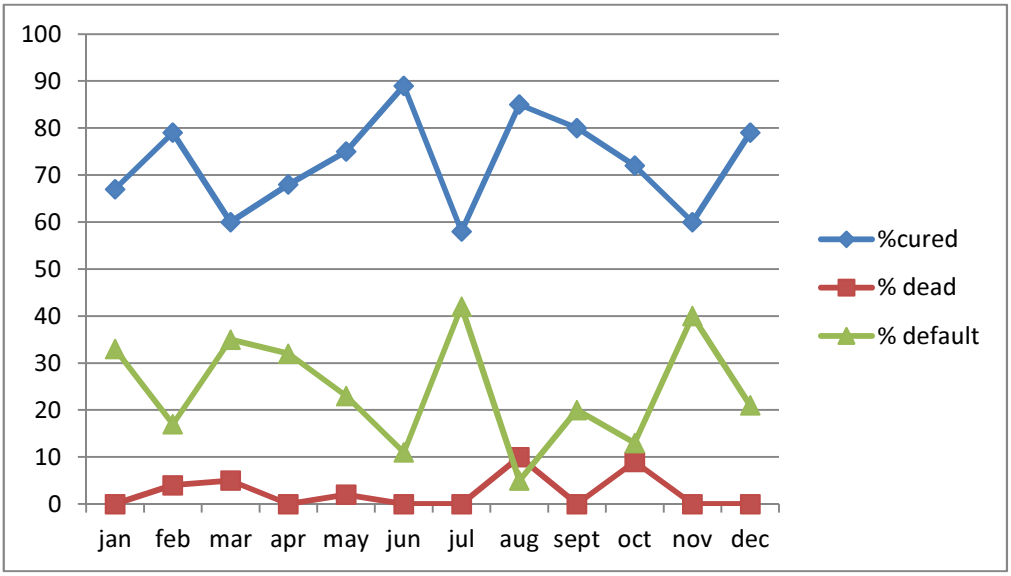

Figure 1: Annual Performance of OTC attached to refugee transit camps

High defaulter rates within the transit sites are attributed to movement of the refugees either back home or to the settlements in Rwamwanja and Kyangwali before completing the treatment regime in the OTC programmes i.e. they stay for 2- 4 weeks in the transit centres and yet estimated enrolment and recovery in the programmes is 12 weeks. It's therefore important that linkages are strengthened between OTC programmes in the transit sites and the settlement areas to ensure that children enrolled into the OTCs are not lost to follow up but rather transferred onto the existing OTCs within the settlement areas. In this instance a unique identification numbering system becomes important for the nutrition programme.

- **Proportion of children 6-59 months who received vitamin A supplementation and children 1-14 years who received deworming**

According to August 2013 Food and Nutrition Security Assessment commissioned by UNICEF, the proportion of children 6-59 months who received vitamin A supplementation was 68% while children 1-14 years who received deworming was 62 per cent .

- **Proportion of pregnant/lactating women who received iron/folate supplementation**

620 women who had come for antenatal care received supplementation

- **Number of women groups established and functional**

Within Rwamwanja settlement, 10 women groups were established and trainedon a comprehensive package of messages(Nutrition, Health, WASH, Food security) by African Humanitarian Action (AHA), a UNHCR partner. Each of these groups

is made up of 50-60 members. The key roles of these groups is to mobilize communities for food demonstrations, maintain the 10 demonstration gardens located within the zones and pass on a range of messages (Nutrition, health, WASH, food security) to community members.

- **Proportion of VHTs actively screening and referring children with SAM**

Within Rwamwanja settlement a total of Congolese192 VHTs were trained on the nutrition module. The module focuses on nutrition screening, referral and follows up as well as nutrition messages to mothers and women. However by end of December the number of functional VHTs was estimated at 164 as soon as some VHTs had returned back to Congo. All the 164 (100 per cent) VHTs within the settlement conduct daily nutrition screening within the communities, at the health facilities and outreach posts. On average a total of 1000 children are screened weekly by the VHTs.

- **Nutrition IEC materials translated, printed and distributed for use**.

A stakeholder's meeting was held in Kamwenge on 25th October 2013 supported by UNICEF using this funding to brain storm on the proposedSocialBehaviourchangecommunication (SBCC) strategies to improve nutrition, health and promote hygiene and sanitation as part of a comprehensive package. This drew over 50 participants from the district local government, partners; World Vision, Save the children, AHA, USAID/CCP, USAID/PIN,ADRA, Compassion, Samaritan's Purse among others.

Objectives of the workshop

- To exchange information about current IEC/Behaviour Change Communication strategies and activities of national programmes in the context of the containment area;
- To localize IEC/ Behaviour Change Communication strategies and key messages to suit local and refugee populations;
- To foster and share innovative IEC/ Behaviour Change Communication strategies, activities, and materials for targeted populations;
- To ensure adequate M&E of IEC/Behaviour Change Communication strategies are in place and properly monitored and evaluated.

During this workshop, participants through interactive discussions were able to identify negative behaviour, barriers to desired behaviours and preferred communication channels to inform the SBCC process. In the same workshop it was highlighted there are a number of IEC materials already in use in the settlement provided by different partners hence the need to review and ensure harmonization of content. In addition key languages commonly used in the refugee settlements were identified to be used for translation of materials i.e.Kinyabwisha, Kiswahili and Kinyarwanda and Runyankore for the local community. It's important to note that UNHCR has taken the lead on IEC material translation, printing and distribution while UNICEF will focus on supporting the host communities to avoid duplication but with a broader SBCC agenda.

UNICEF however has been able to use innovation platforms such as U-report to mobilize communities for uptake of services e.g. the recent door to door polio campaign in October 2013. Messages on a range of topics including health, WASH were sent out to assess level of service delivery and matters arising from the community for example non-functional boreholes were identified through U-report and this prompted immediate action for their repair. To-date there are 280 registered U-reporters in Rwamwanja and the number is still growing.

- **Key Findings of the comprehensive nutrition/health and food security assessment conducted in August 2013**

As part of UNICEF continued support to monitor the health, nutrition, WASH and food security situation in the refugee settlements, two comprehensive assessments were commissioned by UNICEF led by Makerere University School of Public health in Rwamwanja.

Rwamwanja findings

Overall results show an improvement in most of the key indicators over the last 12 months and this has been attributed to successful implementation of health, nutrition, WASH, and food security programmes by all partner agencies in Rwamwanja. Specific finding are indicated below;

- Global Acute Malnutrition (GAM) in the Rwamwanja Refugee Settlement in August 2013 was within the normal range 3.9 per cent (2.5 - 5.9, 95 per cent CI), which was an improvement from last year in the same months when it was poor at 5.6 per cent (4.1–7.6, 95 per cent CI). SAM was 2.7 per cent an improvement from 3.9 per cent in 2012.
- Stunting was in a critical state, 46.8 per cent (42.5 - 51.1, 95 per cent CI), but statistically significantly better than August 2012 level of 62.4 per cent (58.8 – 65.9, 95 per cent CI). Severe stunting had also declined to 20.3 per cent (17.1 - 24.0, 95 per cent CI) from 36 per cent (32.5 – 39.5 per cent , 95 per cent CI) in August 2012

- Exclusive breastfeeding among children less than six months was 97.5 per cent up from 90 per cent in August 2012.
- The quality of complementary feeding had generally improved in terms of timing and frequency of meals but not in diversity of food groups eaten. For instance timing of initiation of complementary feeding was delayed in 21.1 per cent compared to 36.1 per cent in August 2012 amongst infants 6 -8 months, that is, those reporting to have received no complementary food in the 24 hours preceding the assessment. Up to 61.7 per cent of the children aged 9-23 months had three or more meals the day preceding the assessment compared to 42.2 per cent in August 2012. Individual Dietary Diversity Score (IDDS) was low in 75.3 per cent of the children 6 -23 months, similar (74.5 per cent) to August 2012.
- Household food security assessed by food group consumption over the past seven days had significantly improved. Only 0.6 per cent and 14.2 per cent of the household were categorized as having poor and borderline food insecurity, respectively while 85.2 per cent were in acceptable food security status. This was a tremendous improvement from August 2012 where 31.6 per cent and 27.8 per cent of the households had poor and borderline food insecurity, respectively.
- Only 2.0 per cent of the mothers were underweight, 21.9 per cent were overweight or obese and 76.1 per cent were of normal Body Mass Index (BMI)
- Based on card and mothers recall, over 70 per cent of the children 12-24 months had been immunized for measles and DPT3 and a lower proportion had been dewormed (62 per cent) and/or supplemented with vitamin A (68 per cent).
- Acute Respiratory Infections (ARI) (74.5 per cent), malaria (54.8 per cent) and diarrhoea (57.4 per cent) were highly prevalent and higher than August 2012 levels, which were 48.9 per cent , 40.3 per cent , and 39.1 per cent for ARI, malaria and diarrhoea, respectively. Oral Rehydration Salt (ORS) use among children reported to have suffered from diarrhoea 14 days prior to the assessment was 45.8 per cent (better than 36.8 per cent in August 2012)
- Mosquito bed net ownership by households was low, 49.5 per cent and worse than last year (57.0 per cent) and only 45.2 per cent of the children had used bed nets on the night of the assessment, also lower than 51.5 per cent observed in August 2012.
- The main source of drinking water was borehole (84.0 per cent) almost similar to 81.6 per cent observed in 2012. Only 14.2 per cent of the refugees reported to be drinking water from unprotected sources or ponds (close to last year's 16.2 per cent).However, all domestic drinking water that was tested with a rapid nitrate/nitrite test was negative for presence of faecalE. Coli.
- Latrine coverage had significantly improved with 60.6 per cent of the households owning private latrines, 17.4 per cent having shared latrine, whereas only 34.3 per cent of the households owned latrines in August 2012. Households without latrine, 22.0 per cent were many and should be targeted to improve sanitation.
- Both Crude Mortality Rate (CMR) 0.29 (0.18-0.52, 95 per cent CI), and Under-five Mortality Rate (UMR) 0.47 (0.41-0.63, 95 per cent CI) were interpreted to be under control according to the standard guidelines

There is need to maintain and sustain current initiatives within Rwamwanja settlement if better improvements in nutrition are to be registered i.e.

- Continuous and timely provision of therapeutic supplies
- Technical support supervision for IMAM and IYCF
- Periodic food security and nutrition assessments to track progress
- Ensure functionality of all outreach sites/posts established to allow provision of child health, maternal health, nutrition, PMTCT services to the communities
- Social behaviour change communication initiatives on health, nutrition and WASH

Child Protection indicators:

- **Support provided to monthly child protection meetings in Rwamwanja**
  Child Protection meetings were held every month in Rwamwanja by UNHCR/ OPM. The meetings were attended by development partners, members of Child Protection Committees, Save the Children, Uganda Red Cross Society, and officials of the District Local Government. In these meetings, child protection concerns were presented and discussed. Referral gaps and capacity needs for implementing partners and district service providers were also identified and addressed.

- **Number of trained staff from four implementing partners on the use of Rapid FTR in Nyakabande and Rwamwanja.**
  14 staff from Save the Children and Uganda Red Cross Society was trained on the use of Rapid FTR. This includes the use of the mobile registration technology and how to interview children as well as training on managing data.

- **Equipment provided to implementing partners.**
  Partners were provided with mobile technology as well as software to facilitate implementation of RapidFTR. This includes 12Android phones, 4 laptops and colour printers.

- **Support for creation of monthly report on unaccompanied and separated children (UASCs).**
  RapidFTR allows for immediate synchronisation of data and hence real-time updates. The technology hence allows for real-time creation of reports at any given time. Thus reports were generated monthly and also as and when required. The reports are used to inform programme implementation by partners.

- **Number of UASCs registered.**
  Rapid FTR was deployed successfully and a total accumulated figure of 304 Unaccompanied minors and separated children were registered.

- **Number of separated children registered.**
  A total of 213 separated children were registered and 91 unaccompanied minors (304 in total).

- **Number of defects identified and addressed within Rapid FTR application.**
  During this project a number of problems were detected in the application and were addressed through a revision of the software. These include some fields missing in the phones, therefore the inability to derive complete information. Synchronisation of data was also a challenge.

- **Number of community dialogues held to support child protection.**
  In total 13 community dialogues were held by Child Protection Committees. During these dialogues, the focus is on the key issues in child protection in the community, providing key messages on what child protection is and what to do when partners come across child protection issues. The sessions are also used to get feedback from the community.

- **Support provided to Child Protection Committees.**
  The Child Protection Committees were supported through training on referral systems and how to handle individual cases. This includes 'Best Interest of the Child' 'Principles of Confidentiality' 'Roles and Responsibilities' and 'Referral Pathways'. It also included training on delivering messages effectively and efficiently on child protection concerns. On the spot capacity building was provided. Stationery including referral forms were also provided to enable CPCs submit reports on time.

- **Documentation of initial Rapid FTR training compiled and disseminated to all partners.**

  A report of the training was compiled and shared with all partners including ICRC UNHCR, Save the Children, and Uganda Red Cross Society.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

N/A

13. Are the CERFfunded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒

If 'YES', what is the code (0, 1, 2a or 2b):
If 'NO' (or if GM score is 1 or 0):

Nutrition

1. Planning: UNICEF designed the project and prioritized services after careful analysis of the local context, capacities and needs of the partners as well as the comparative advantage of UNICEF vis-a-vis other partners. This includes ongoing analysis of equity gaps (including gender inequalities) and service delivery capacity gaps that take into account disparities especially of the most disadvantaged, emergency risks and rights-holders' views.

2. Support to implementation: Implementation of the emergency response relies heavily on existing community structures which by policy must reflect gender consideration. For instance, the Village Health team composition must have women members up to a certain statutory ratio. In Rwamwanja, VHTs were trained on community nutrition activities including identification of clients, referrals and social mobilization for health campaigns focusing on women and mother.UNICEF has supported the training of both male and female health staff at district and health facility level as part of response to the emergency. UNICEF will continue to ensure gender equality in scaling up treatment services in the host districts.

Child Protection

3. Special attention was given to unaccompanied and separated girls (DRC refugees). A separate tent was set up for unaccompanied girls in Nyakabande transit centre with chaperones provide for the girls and their situation was constantly monitored after they had been placed in foster care or after reunification with their parents or families.

4. Members of the Child Protection Committees set up in refugee settlement have been trained to identify and report on cases of SGBV against children, mainly because most of cases reported are girls. With regards to members of CPCs, we strive to have 50-50 representation, a goal that we have more than achieved.

14. M&E: Has this project been evaluated?	YES ☐ NO ☒

Project has not been evaluated but routine programme monitoring by UNICEF has been carried out throughout the programme by DLGs, UNICEF staff and implementing partners. Quarterly reviews of performance are customary on all governmental and NGO partnerships, including through Programme Quality Assurance assessments conducted by multi-unit teams using a set of assessment documents, with follow-up process.

No evaluation has been carried out of the Child Protection component, but regular monitoring by UNICEF staff as well as Save the Children, ICRC and URCS was conducted.

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	FAO	5. CERF grant period:	20 Mar. 2013 – 31 Dec. 2013
2. CERF project code:	13-FAO-010	6. Status of CERF grant:	☐Ongoing
3. Cluster/Sector:	Agriculture		☒Concluded
4. Project title:	Emergency food security support to refugee families in South Western Uganda		

7.Funding				
	a. Total project budget:	US$ 3,292,104	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US$ 381,957	▪ *NGO partners and Red Cross/Crescent:*	US$ 49,123
	c. Amount received from CERF:	US$ 349,999	▪ *Government Partners:*	US$ 0

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	17,640	17,581	The slight discrepancy between target and reached is that kits were in excess of the population and the balance of kits were given to beneficiaries that had group gardens in the refugee settlement.
b. Male	18,360	18,299	
c. Total individuals (female + male):	36,000	35,880	
d. Of total, children under age 5	8,534	8,506	

9. Original project objectivefrom approved CERF proposal

To provide seeds of quick maturing crops to support 36,000 refugees (12,000 households) in addressing their food security needs.

10. Original expected outcomesfrom approved CERF proposal

Through the CERF support, there will be increased access to seeds for 12,000 refugee families in the first agricultural season of 2013.

- Specifically, the following outputs are expected to be produced by the intervention:
- 74 metric tonnes of seed distributed to 12,000 refugee families by April 2013;
- 2,000 hectares of land planted in several planting cycles with the distributed seeds;
- 12,000 refugee families trained in basic agronomic practices of the distributed crop seeds by June 2013;
- At least 3,800 metric tonnes of grain harvested by the refugee families by September 2013;
- Increased dietary diversity and improved nutrition levels of 12,000 refugee families.

11. Actual outcomes achieved with CERF funds

- A total of 10,850 refugee families and 1,150 host community families received seed and vegetative material for the 2013 first agricultural season
- 74.5 metric tonnes of seed were distributed to 11,960 households
- By the end of the project, over 2,500 hectares (cumulative over multiple growing cycles of vegetable) of land had been planted with seed distributed
- 1,000 bags of clean cassava vegetative material was distributed and used for planting plots equivalent to 125 acres in total
- 11,960 households trained on basic agronomic practices

- Over 4,000 metric tonne of grain, vegetable and root crop harvested by December 2013 and more than 200 metric tonnes of cassava expected
- Increased dietary diversity and improved nutrition levels of 11,960 households

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

In addition to the planned seed kits, 1,000 bags of clean cassava planting material were distributed to at 1,000 households thus increasing total acreage.

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code? YES ☐ NO ☒

If 'YES', what is the code (0, 1, 2a or 2b):
If 'NO' (or if GM score is 1 or 0):.

To reshape the social roles towards gender equality and strengthening women's, girls', boys, and men's productive capacities, FAO's Social Economic and Gender Analysis (SEAGA) tools formed the basis for identifying appropriate interventions.

14. M&E: Has this project been evaluated? YES ☐ NO ☒

A post seed distribution assessment was undertaken in mid-October 2013 to assess the crop establishment and make preliminary projections on the performance. Key findings indicated that 60% of the seed had been planted by the time of the assessment and the crop performance was relatively good. Cumulative total area planted was 4,920 ha with an envisaged projected total harvest of over 7,000 metric tonnes. On average the harvest was estimated to meet 4 month food need per household.

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNFPA	5. CERF grant period:	12 Mar.-2013 – 31 Dec. 2013
2. CERF project code:	13-FPA-011	6. Status of CERF grant:	☐Ongoing
3. Cluster/Sector:	Protection / Human Rights / Rule of Law		☒Concluded
4. Project title:	Scaling up LifeSaving Reproductive Health and Gender Based Violence Services for Congolese Refugees in Southwestern Uganda		

7.Funding				
	a. Total project budget:	US$ 1,043,553	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US$ 120,001	▪ *NGO partners and Red Cross/Crescent:*	US$ 76,614.29
	c. Amount received from CERF:	US$ 120,001	▪ *Government Partners:*	US$ 0

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	36,750	30,450	Due to the change in influx pattern, the number of new arrivals through the Kisoro/ Matanda axis to Rwamwanja was lower than planned.However because cost for beneficiaries were higher than estimated, the project utilized all funding provided.
b. Male	38,250	28,210	
c. Total individuals (female + male):	75,000	58,660	
d. Of total, children under age 5	17,775	11,753	

9. Original project objectivefrom approved CERF proposal

By December 31, 2013;

- To improve access to life-saving quality reproductive health care including family planning and care for pregnancy, delivery, and delivery complications for new Congolese Refugees in the settlements and transit centres.
- To mitigate risk to sexual and gender based violence in the refugee settlements and transit centres
- To improve access to medical care and referral for psychosocial care and legal redress for survivors.

10. Original expected outcomesfrom approved CERF proposal

- 100% of health facilities (8/8) serving the refugees are well equipped to provide essential lifesaving interventions in reproductive health including maternal health, HIV and GBV.
- 80% of pregnant women attended to by skilled health personnel during childbirth.
- 100% identified cases of complicated pregnancies and deliveries are promptly transferred to appropriate referral units.
- 100% of refugee communities have functional community structures for prevention and response to SGBV
- 80% of survivors of rape receive appropriate clinical care within 72 hours of incident.

11. Actual outcomes achieved with CERF funds

- Five of the eight health facilities targeted (namely, Rwamwanja HC IV, Fort Portal Hospital, Rubondo HC IV, Oruchinga HC III) were provided with RH Kits. In all 17 Emergency RH Kits including kit 6A, 6B, 7, 8, 9, 10, 11A and 11B that contain reusable equipment as well as consumable supplies for managing delivery and complications of pregnancy and childbirth including caesarean operations were distributed to the five facilities. Three of the health facilities initially targeted (Nakivale HC III, Kisoro

Hospital, and Matanda HC III) were not provided RH Kits. This was because the settlements that they served did not have the targeted refugee population. For example, Matanda Transit Centre in Kanungu District was emptied and the refugees transferred to Rwamwanja. While in Kisoro most of the refugees in Nyakabande Transit Centre were also transferred to Rwamwanja although the Transit Centre remained open throughout the reporting period hence necessitating continuous support to the health centre.

- The target of 80% of expected deliveries from among the refugees under skilled care was surpassed.During 2013, **92%** of expected deliveries from among the refugee population in Rwamwanja Refugee Settlement and Nyakabande Transit Centre were conducted in health facilities under skilled care. The RH Kits provided to the health facilities contributed to quality reproductive health service delivery that imparted confidence among the refugee women to utilize the facilities. However 4 maternal deaths were reported during the year in Rwamwanja translating to a maternal mortality ratio of 170/100,000 live births. The deaths were mainly due to delays in accessing services.

- This high proportion of facility based deliveries was also contributed to by the work of volunteer community health workers. Using CERF funds, UNFPA supported through the Agency for Cooperation, Research and Development (ACORD) the work of 30 volunteers (20 in Rwamwanja and 10 in Nyakabande) to map and track all the pregnant women in the camps so as to provide them with health education and encourage them to utilize available services during their pregnancy and ultimately deliver in a health facility under skilled care. The volunteers were first oriented and trained on their roles. In Nyakabande a total of 470 pregnant women were mapped and followed up to receive services, while in Rwamwanja 1,290 pregnant women were registered and followed up.

- 1,240 dignity kits were procured and distributed to the refugees. The dignity kits contained new-born baby flannel and baby shawl (vital to keep the baby warm) in addition to sanitary kits and other hygiene items for the woman. The dignity kits targeted pregnant women who delivered at health facilities and were distributed at the health facilities following their delivery. This further encouraged women to deliver in health facilities under skilled care

- Using CERF funds UNFPA supported 24/7 ambulance referral service in Rwamwanja Refugee Settlement operated by the Uganda Red Cross Society. In all 1,603 referral evacuations were transported by the ambulance from the communities to Rwamwanja Health Centre and from Rwamwanja Health Centre to higher level facilities including Virika Health Centre IV, Rukunyu HC IV, Fort Portal Regional Referral Hospital, and a few to Mulago National Referral Hospital. At least 57% of the referrals were related to complications of childbirth and have clearly contributed to averting maternal and new-born deaths.

- Regarding GBV prevention and response, the volunteers also created awareness by providing information about it and also about the available services within the refugee settlements that could be utilized. Referral Pathway charts and other IEC materials were produced in local language and hanged at strategic points including Health centres, Base camps, and food distribution points. These provided necessary information on GBV services and focal points per service facility.

- ACORD was also supported to provide technical assistance for the maintenance of community structures for prevention and response to SGBV in Rwamwanja Refugee Settlement and Nyakabande Transit Centre. Thirty (30) health workers from the refugee serving health facilities were trained on clinical management of Rape hence strengthening the capacity of the health facilities to provide post rape treatment services to SGBV survivors.

- As a result of the GBV interventions, 117 GBV cases reported for care and support in Rwamwanja refugee settlement; 21 of these were SGBV (defilement and rape). While in Nyakabande 202 survivors reported for care and support services. The higher number in Nyakabande Transit Centre includes cases that occurred in DRC. 100% of the identified survivors were referred to the appropriate level of care and support including the police, psychosocial care and medical services.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

None

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒

If 'YES', what is the code (0, 1, 2a or 2b):
If 'NO' (or if GM score is 1 or 0):

This project basically targeted the needs of vulnerable women and young people to ensure that their special needs were catered for. Community initiatives by ACORD took into account the Gender dimensions especially timelines for both men and women hence community activities took place during convenient time for both men and women after community consultations.

14. M&E: Has this project been evaluated?	YES ☐ NO ☒

Formal evaluation was not done although monitoring and support supervision was done throughout the project period that provided the necessary information on the performance of the project. Various tools were put in place and used to collect data on routine basis

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNHCR	5. CERF grant period:	21 Mar. 2013 – 31 Dec. 2013
2. CERF project code:	13-HCR-018	6. Status of CERF grant:	☐Ongoing
3. Cluster/Sector:	Multi-sector		☒Concluded
4. Project title:	Protection and emergency assistance to newly arrived Congolese refugees in Uganda		

7.Funding			
	a. Total project budget: [6]	US$ 22,249,500	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US$ 15,276,241	▪ *NGO partners and Red Cross/Crescent:* US$ 278,040
	c. Amount received from CERF:	US$ 1,200,000	▪ *Government Partners:* US$ 13,804

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	36,750	32,556	Due to the change in influx pattern, the number of new arrivals through the Kisoro/ Matanda axis to Rwamwanja was lower than planned.[7]
b. Male	38,250	33,885	
c. Total individuals (female + male):	75,000	66,441	
d. Of total, children under age 5	17,775	15,747	

9. Original project objectivefrom approved CERF proposal

The objective of this 9 months emergency response project will be to provide timely emergency multi-sectoral support and assistance (protection and basic humanitarian assistance) to address immediate life-saving and underfunded needs of the approximately 75,000 refugees from the DRC. The project activities will be implemented at both the transit centre level and refugee settlement level.

10. Original expected outcomesfrom approved CERF proposal

Please note that since this is a refugee emergency, UNHCR needs to ensure that minimum standards are achieved in all sectors as per its mandate. While we may not be directly implementing, the oversight role of UNHCR requires that we are leading and involved in all sectoral activities.

Sector	Outcomes and indicators
Shelter & Settlement Management	Outcome: Shelter and infrastructure constructed, improved and maintained. • 100 per cent new arrivals have access to shelter assistance. • 100 per cent newly arrived refugees are allocated plots of land within 1 week of arrival to the settlement.

[6]The total project budget was revised when the local appeal document was revised in March 2013 to cover the whole of the 2013 financial year.

[7] There is no savings as costing does not change as for example, the number of registration staff and equipment needed is per day rather than number registered. The same for other staffing for UNHCR and partners. The NFI and community sanitation kits, shelter kits funded by CERF were only subset of the total numbers required. The same goes for transport and plot demarcation.

Health & Nutrition	Outcome: Health status of the population improved. • 100 per cent new arrivals have access to primary health care. • 100 per cent new arrivals have access to essential drugs.
Community Services	Outcome: Services for persons with specific needs strengthened. • 100 per cent PSN have access to specific support in line with their basic needs. Outcome: Referral mechanisms established • 100 per cent reported GBV cases have access to referral services (health)
NFIs	Outcome: Population has sufficient basic and domestic items • 100 per cent new arrivals have access to basic domestic items
Protection	Outcome: Reception conditions improved • 100 per cent new arrivals have access to basic protection and assistance on their arrival
Logistical support	Outcome: Logistics and supply optimized to serve operational needs. • 100 per cent new arrivals are transported to a safe location.

11. Actual outcomes achieved with CERF funds

- Protection - 100% new arrivals had access to basic protection and assistance on their arrival.
    - All eligible cases of new arrivals in Matanda and Nyakabande were identified and registered;
    - Profiling of persons of concern of all new arrival refugees in Nyakabande and Matanda were undertaken;
    - Registration and profiling data shared in line with data protection framework in the transit centres (Nyakabande and Matanda);
    - Registration data were updated on a continuous basis in the TC and settlement areas.
- Community Services - 100 per cent PSN had access to specific support in line with their basic needs. 100 per cent reported GBV cases had access to referral services (health).
    - 3,588 (383 males and 3,205 females) PSNs were supported with plates, cups, soap, jerry cans, basins, sleeping mats and clothes.
    - 17 Persons with Disabilities were assessed by an orthopaedic clinical officer. 14 of which were recommended to be provided with wheel chairs in Rwamwanja settlement area.
    - 20 PSN huts were constructed and roofed and the given to the PSNs in Rwamwanja settlement area.
    - 34 GBV survivors (F-20, M-14) were referred to the health centre for medical assistance. They were also supported with soap and food in Rwamwanja settlement area.
    - 317 (F-203, M-114) PSNs in Rwamwanja settlement were offered psychosocial counselling.
    - 556 (F-399, M-157) PSNs in Rwamwanja were visited in their homes to assess their living conditions and needs addressed.
    - Special arrangement for protection and care of UAMs established (support to direct care for UAM in kind support to foster families. Daily visits by UNHCR community services staff were conducted to get the views of the fostered children and the fostering family.
- Shelter & Settlement Management - 100 per cent new arrivals had access to shelter assistance through provision of plastic sheet and shelter poles; 100% newly arrived refugees were allocated plots of land within 1 week of arrival to the settlement.
    - Maintenance of the Nyakabande and Matanda Transit Centre and Rwamwanja settlement Reception Centre were conducted on a regular basis to ensure basic living condition while refugees waited for further onward transport;
    - Five Communal (health) and 10 shelter tents were procured and supplied for Rwamwanja refugee settlement;
    - 900 Households were given shelter poles for their shelter (each HH received 4 building poles for shelter construction;

1-4 HH member get 1 plastic sheeting; 4+ HH member get 2 plastic sheeting);

- All new arrivals were allocated plots within 1 week of arrival to Rwamwanja settlement.

- NFIs - 100 per cent new arrivals had access to basic domestic items.
  - 2,800 Shelter kits and 280 communal sanitation kits were supplied to settled refugees in Rwamwanja.
  - In addition, NFIs such as blankets, sauce pan, plate, cup, plastic basin jerry can, sleeping mat and other household items were delivered for new arrival refugees in Matanda and Nyakabande Transit centres and Rwamwanja Settlement

- Health & Nutrition - 100 per cent new arrivals had access to primary health care; 100 per cent new arrivals had access to essential drugs.
  - Essential drug supplies (including malaria treatments, antibiotic, analgesics) were sent to Nyakabande and Matanda Health Centre II and Rwamwanja Health Centre III through AIRD through a call forward system.
  - 517 children below 15 years were screened by MTI and were given deworming tabs on arrival, immunisation was also conducted.

- Logistical support - 100 per cent new arrivals were transported to a safe location. Buses were arranged with maximum safety measures.
  - Bus hire: In the year 2013, the hire of buses and trucks was applicable only during convoy movement to relocate refugees from the transit to Rwamwanja refugee settlement or other settlements. In this case, a total number of 108 convoys were held to relocate refugees to the settlement which included: BUSES – 280 trips and TRUCKS – 07 trips (luggage)

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

There was no any significant discrepancy between planned and actual outcomes.

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code? YES ☐ NO ☒

If 'YES', what is the code (0, 1, 2a or 2b):
If 'NO' (or if GM score is 1 or 0):
All UNHCR projects have age, gender, diversity mainstreamed and all UNHCR's partners are required to ensure that their project enhances gender equality. In addition to the regular monitoring, UNHCR Uganda conducts participatory assessment once a year taking into consideration the age, gender and diversity of the refugee population. This was conducted in November and December in all refugee settlement in Uganda including Rwamwanja, Nakivale and Oruchinga settlements which hosts new arrivals. The result and findings are incorporated in the 2014 programme planning.

14. M&E: Has this project been evaluated? YES ☐ NO ☒

A formal evaluation was not conducted for the CERF project. Monitoring of planned activities was carried out by UNHCR in collaboration with implementing and operational partners. More specifically, UNHCR's sub and field offices oversee the day to day implementation and carried out monitoring and guidance of activities which were carried out by implementing partners with overall coordination and guidance by the Kampala office. An annual evaluation of UNHCR's programme takes place with partners and refugees to comprehensively review where we stand and establish a detailed plan for the following year. This was conducted in October 2013 with partners and November and December 2013 with refugees.

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	IOM	5. CERF grant period:	21 Mar. 2013 – 31 Dec. 2013
2. CERF project code:	13-IOM-005	6. Status of CERF grant:	☐Ongoing
3. Cluster/Sector:	Water and sanitation		☒Concluded
4. Project title:	Rwamwanja Settlement Emergency Response (RSER)		

7.Funding				
	a. Total project budget:	US$2,523,570	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US$ 280,001	▪ *NGO partners and Red Cross/Crescent:*	US$ 0
	c. Amount received from CERF:	US$ 280,001	▪ *Government Partners:*	US$ 0

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	8,000	8,623	The number of beneficiaries planned to be reached was (16,500). However, due great need to access clean and safe water, and institutional sanitary facilities in schools and health centres, the number of beneficiaries reached and accessing services is (18,800).
b. Male	8,500	10,177	
c. Total individuals (female + male):	16,500	18,800	
d. Of total, children under age 5	4,000	4,320	

9. Original project objectivefrom approved CERF proposal

To provide targeted life-saving emergency assistance through provision of essential sanitary facilities and roof rainwater harvesting systems at health/school facilities, and to support the overall improvement of WASH in the settlement.

10. Original expected outcomesfrom approved CERF proposal

Expected Outcomes	**Indicators**
• 10 lined, drainable, five-stance, VIP latrines constructed for women, men, boys and girls at Rwamwanja Health Centre, Kyempango Health Centre, Kyempango primary school, Mahani primary school and St. Michael primary school. • 3 rainwater harvesting systems constructed at Kyempango primary school and Health Centre-2. • Water provided to refugees improved to meet SPHERE standards in an emergency setting. • 2 new spring wells constructed in Rwamwanja settlement. • 4 shallow wells constructed in Rwamwanja settlement. • 6 Water Management Committees for new water installations put in place and trained. • New arrival households receive basic health and hygiene education. • New arrival household latrines constructed with plastic slabs and treated poles.	• Number of drainable latrines constructed at public institutions. • Reduced incidences of water related diseases (i.e. cholera, acute watery diarrhoea). • Beneficiaries receive at least 15-20 litres of water per person/per day. • Water Management Committees established. • Number of Water user Management Committees established. • Number of men, women, boys and girls who are educated on basic health and hygiene. • Number of waste pits identified and established for waste disposal meeting appropriate SPHERE standards

• Household waste pits dug at selected locations.	

11. Actual outcomes achieved with CERF funds

Performance:

- Achieved the target to construct ten lined, drainable, five-stance VIP latrines for women, men, boys and girls. In Rwamwanja HC, two latrines were constructed for patients at maternity ward and Out-Patient Department (OPD). Another two latrines were constructed in Kyempango HC for staff and OPD patients. Furthermore, two were constructed in Kyempango primary school for boys and girls with another three constructed in Mahani primary school for boys, girls and teachers and finally one was constructed at St. Michael primary school for teachers.
- Three Rainwater harvesting systems were constructed in two locations, one system at Kyempango primary school and two systems at Kyempango HC II.
- Six shallow wells were constructed in Rwamwanja settlement in the following villages: Kaihora C, Kyempango A-4, Kikura-A, Buguta-A, Buguta-B and Nkoma Trading Centre. These are providing 69,806 litres of safe and clean water daily to 4,538 beneficiaries, representing the consumption of 15.38 litres of water/person/day, which is above the minimum sphere standards.
- A total of 54 members were identified for the Water user management committees (WUMC) for the six newly constructed shallow wells and trained on how to manage them.
- A total of 2,046 new arrival households received basic health and hygiene education, and 5,974 copies of IEC materials were distributed to the targeted beneficiaries.
- A total of 1,552 household latrines, 836 waste pits, 828 bathing shelters, 924 drying racks and 501 hand washing facilities were constructed by new arrivals.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

The initial plan was to construct two spring wells and four shallow wells in Rwamwanja settlement, but due to the failure to find productive sites for construction of two of the spring wells a total of six shallows wells constructed in Rwamwanja instead.

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code? YES ☐ NO ☒

If 'YES', what is the code (0, 1, 2a or 2b): If 'NO' (or if GM score is 1 or 0):

This project aimed to relieve the burden of the severely overstretched sanitary facilities in schools and health facilities where women and young people were particularly vulnerable. The project took into consideration the construction of separate latrines for women/girls and men/boys both at the schools and health facilities. The project activities included the provision of clean and safe water for girls and boys at schools and improved access to clean and safe water for women. Boreholes and wells were constructed in order to meet the UNHCR standard of one water source for every one kilometre. Finally, the institution sanitary facility constructed near the maternity clinic at Rwamwanja HC provided service to female patients.

14. M&E: Has this project been evaluated? YES ☐ NO ☒

A formal evaluation was not contemplated in the project proposal. However, IOM will undertake periodic monitoring visits to the project implementation sites to address issues affecting the efficacy of the project.

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	WFP	5. CERF grant period:	20 Mar. 2013– 31 Dec. 2013
2. CERF project code:	13-WFP-012	6. Status of CERF grant:	☐Ongoing
3. Cluster/Sector:	Food		☒Concluded
4. Project title:	Stabilizing Food Consumption and Reducing Acute Malnutrition among refugees and extremely vulnerable households		

7.Funding				
	a. Total project budget:	US$ 15,278,440	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US$ 13,007,461	▪ *NGO partners and Red Cross/Crescent:*	US$ 86,954
	c. Amount received from CERF:	US$ 1,199,999	▪ *Government Partners:*	US$ 7,600

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	25,500	30,240	The country continued receiving more new DRC refugees than projected during the planning period.
b. Male	24,500	29,055	
c. Total individuals (female + male):	50,000	59,295	
d. Of total, children under age 5	11,850	14,053	

9. Original project objectivefrom approved CERF proposal

The main objective of the project is to meet 100% food needs for new refugees from DRC in Rwamwanja, Nakivale and Oruchinga refugee settlements and transit centres of Nyakabande and Matanda located in south-western Uganda.

10. Original expected outcomesfrom approved CERF proposal

The expected outcomes are:

- Improved food consumption over the assistance period for the new refugees from DRC.
- Reduced acute malnutrition in target groups of children and populations

The outcome indicators to be monitored includes:

- Household food consumption score among the new arrivals greater than 28
- Prevalence of acute malnutrition among children under 5 (weight-for-height as %)<5

11. Actual outcomes achieved with CERF funds

As per draft Food security and Nutrition Assessment of Nov 2013

Over 70% of the targeted settlements attained food consumption score (>28);

Overall GAM among children under 5 years for target settlements was below 4%

1,213.34 mtn of food was purchased and distributed in order to achieve these outcomes	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
N/A	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒
If 'YES', what is the code (0, 1, 2a or 2b): **If 'NO' (or if GM score is 1 or 0):** The refugee needs in current transit centres and settlements are jointly determined through joint assessments by key stakeholders WFP, UNHCR, UNICEF, FAO, Government and partners. Nutrition, health and food security assessments are conducted annually for refugees region. Furthermore, beneficiary verifications are conducted on more regular basis to ensure their specific needs identified and met. The targeted food distributions, ration sizes are based on the estimated net nutrition gaps which ensures children and pregnant and lactating mothers have access to appropriate nutritious diet, thus reducing incidences of malnutrition. WFP jointly with the Cooperating Partner, UNHCR and the Government conducted sensitization and training of beneficiaries, Food Management Committees (FMC) and Refugee Welfare Council (RWC) on their ration entitlements, roles and responsibilities and food distribution system. 50% of the food management committee members are women.	
14. M&E: Has this project been evaluated?	YES ☐ NO ☒
The project has not been evaluated during the period of CERF funding.	

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	WHO	5. CERF grant period:	1 Mar. 2013 – 31 Dec. 2013
2. CERF project code:	13-WHO-012	6. Status of CERF grant:	☐Ongoing
3. Cluster/Sector:	Health		☒Concluded
4. Project title:	"Support Delivery of Lifesaving Basic Health Services to Refugees in Uganda"		

7.Funding				
	a. Total project budget:	US$ 1,020,576	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US$ 284,825	▪ *NGO partners and Red Cross/Crescent:*	US$ 0
	c. Amount received from CERF:	US$ 50,000	▪ *Government Partners:*	US$ 10,805

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	25,500	25,500	
b. Male	24,500	24,500	
c. Total individuals (female + male):	50,000	50,000	
d. Of total, children under age 5	11,850	11,850	

9. Original project objectivefrom approved CERF proposal

- To improve surveillance of diseases of outbreak potential through strengthening district and VHT functionality in Rwamwanja refugee camp and the host community.
- Strengthen capacity of 3 refugee hosting districts (Kisoro, Kamwenge, and Isingiro) to respond to disease outbreaks.

10. Original expected outcomesfrom approved CERF proposal

Outcomes	**Indicators**
The refugee community will have access to basic health services	OPD attendance rate maintained at greater than 1
	Immunization coverage for measles in the camps maintained are greater than 95 per cent
The trend of major communicable disease among the refugee community monitored on a weekly basis	Completeness and timeliness of Weekly surveillance reports maintained at greater than 90 per cent
Response to outbreaks is timely and relevant	Proportion of disease outbreaks investigated within 72 hrs is at greater than 90 per cent
	Case Fatality rates of outbreak maintained within the acceptable range.

11. Actual outcomes achieved with CERF funds

1. Through community mobilization by the VHTs for increased uptake of health services, the OPD attendance rate by the refugees in the health facilities hosting the refugees was maintained at greater than 1 in Rwamwanja refugee settlement
2. Immunization coverage in Kamwenge district increased from 88 per cent in 2012 to 138 per cent in 2013.
3. Completeness and timeliness of IDSR report for Kisoro district was maintained at above 90 per cent however, for the districts of Isingiro and Kamwenge, completeness and timeliness of IDSR reporting was about 60 per cent .
4. Proportion of outbreaks investigated within 72 hours is 100 per cent . (Measles outbreak was identified early and investigated within 72 hours). Case Fatality Rates was 0 per cent (acceptable norm)

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

The funding for disease surveillance activities in Kamwenge and Isingiro district was inadequate and explains why there was no significant improvement in IDSR reporting especially in Kamwenge and Isingiro district

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒

If 'YES', what is the code (0, 1, 2a or 2b):
If 'NO' (or if GM score is 1 or 0):

During the initial phases rapid assessment was conducted and both men and women were consulted. The selection of VHTs were done in such a way that 1/3 of the VHTs were women.

14. M&E: Has this project been evaluated?	YES ☐ NO ☒

The project was not evaluated because of inadequate funds however; the project was closely monitored during the implementation phase

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name	Partner Type	Total CERF Funds Transferred to Partner US$	Date First Installment Transferred	Start Date of CERF Funded Activities By Partner	Comments/Remarks
13-CEF-031	Nutrition	UNICEF	Mwanamugimi Nutrition Unit	GOV	$126,611	28-Jun-13	1-Jul-13	
13-CEF-031	Nutrition	UNICEF	Kamwenge DLG	GOV	$15,941	20-Aug-13	21-Aug-13	
13-CEF-031	Nutrition	UNICEF	Bundibugyo DLG	GOV	$20,079	20-Sep-13	21-Sep-13	
13-CEF-031	Nutrition	UNICEF	Ntoroko DLG	GOV	$21,086	20-Sep-13	21-Sep-13	
13-CEF-031	Nutrition	UNICEF	Kabale DLG	GOV	$9,055	2-Jul-13	10-Jul-13	
13-CEF-031	Nutrition	UNICEF	Save the Children	INGO	$27,448	25-Jun-13	26-Jun-13	
13-FAO-010	Livelihoods	FAO	Adventist Development and Relief Agency Uganda	INGO	$49,123	25-Apr-13	25-Apr-13	A preparatory advance team travelled to the settlement right after signing of contract
13-FPA-011	Health	UNFPA	Agency for Coorporation, Research and Development (ACORD)	INGO	$76,614	7-Jun-13	1-Apr-13	
13-HCR-018	Multi-sector refugee assistance	UNHCR	African Initiative for Relief and Development (AIRD)	INGO	$14,040	27-May-13	1-Mar-13	Sub-agreement with the IP for these activities was already signed, to which CERF component was added. As such the actual instalment was at a later date.
13-HCR-018	Multi-sector refugee assistance	UNHCR	Medical Teams International (MTI)	INGO	$93,000	17-May-13	1-Mar-13	Sub-agreement with the IP for these activities was already signed, to which CERF component was added. As such the actual instalment was at a later date.
13-HCR-018	Multi-sector refugee assistance	UNHCR	African Humanitarian Action (AHA)	INGO	$93,000	3-May-13	1-Mar-13	Sub-agreement with the IP for these activities was already signed, to which CERF component was added. As such the actual instalment was at a later date.
13-HCR-018	Multi-sector refugee assistance	UNHCR	Uganda Red Cross Society (URCS)	RedC	$78,000	23-Jul-13	1-Mar-13	Sub-agreement with the IP for these activities was already signed, to which CERF component was added. As such the actual instalment was at a later date.

13-HCR-018	Multi-sector refugee assistance	UNHCR	Office of the Prime Minister Refugee Department (OPM)	GOV	$13,804	6-May-13	1-Mar-13	Sub-agreement with the IP for these activities was already signed, to which CERF component was added. As such the actual instalment was at a later date.
13-WFP-012	Food Assistance	WFP	Samaritan's Purse	INGO	$72,954	13-May-13	18-Apr-13	Food assistance activities were on-going
13-WFP-012	Food Assistance	WFP	Medical Teams International	INGO	$7,000	15-May-13	18-Apr-13	
13-WFP-012	Food Assistance	WFP	Government of Uganda	GOV	$7,600	1-Apr-13	1-Apr-13	
13-WFP-012	Food Assistance	WFP	Africa Humanitarian Action	INGO	$7,000	13-May-13	18-Apr-13	
13-WHO-012	Health	WHO	Government of Uganda	GOV	$10,805	1-Sep-13	1-Sep-13	All activities implemented as planned

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ACORD	Agency for Cooperation, Research and Development
ADF	Allied Democratic Front
ADRA	Adventist Development and Relief Agency Uganda
AHA	Africa Humanitarian Action
AIRD	African Initiatives for Relief & Development
ARI	Acute Respiratory Infections
BMI	Body Mass Index
CERF	Central Emergency Response Fund
CPCs	Child Protection Committees
CMR	Crude Mortality Rate
DRC	The Democratic Republic of Congo
DLG	District Local Government
FAO	Food and Agriculture Organization of the United Nations
FMC	Food Management Committees
GAM	Global Acute Malnutrition
GBV	Gender Based Violence
HC	Health Centre
IEC	Information, Education and Communication
IDDS	Individual Dietary Diversity Score
IMAM	integrated management of acute malnutrition
IOM	International Organization for Migration
ITC	Inpatient Therapeutic Centre
IYCF	Infant and young child feeding
MONUSCO	United Nations Organisation Stabilisation Mission in the Democratic Republic of Congo
MTI	Medical Teams International
NFI(s)	Non Food Item(s)
OPD	Out Patient Department
OPM	Office of the Prime Minister Refugee Department
ORS	Oral Rehydration Salt
OTC	Outpatient Therapeutic Centre
PSN(s)	Person(s) with Specific Needs
RapidFTR	Rapid Family Tracing and Reunification
RH	Reproductive Health
SAM	Severe Acute Malnutrition
SBCC	Social Behaviour Change Communication
SP	Samaritan's Purse
SCiU	Save the Children in Uganda
SGBV	Sexual and Gender Based Violence
SRH	Sexual and Reproductive Health
TC	Transit Centre
UAM(s)	Unaccompanied Minor(s)
UASC	Unaccompanied and separated children
UMR	Under 5 Mortality Rate
UNFPA	United Nations Population Fund
UNHCR	The office of the United Nations High Commissioner for Refugees
UNICEF	The United Nations Children's Fund

URCS	Uganda Red Cross Society
VHT	Village Health Teams
VIP latrine	Ventilated Improved latrine
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization
WUMC	Water User Management Committee