



United Nations

**CENTRAL  
EMERGENCY  
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

**RESIDENT / HUMANITARIAN COORDINATOR  
REPORT ON THE USE OF CERF FUNDS  
UGANDA  
RAPID RESPONSE  
CONFLICT-RELATED DISPLACEMENT**

**RESIDENT/HUMANITARIAN COORDINATOR**

**Ms. Ahunna Eziakonwa-Onochie**

## REPORTING PROCESS AND CONSULTATION SUMMARY

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

The review was conducted on 24 June 2014 at the UN Country Team (UNCT) Programme Management Team meeting participated by the Deputy Country Representatives of the UNCT. All CERF recipient agencies in the UN Country Team 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

The review was endorsed during the UN Country Team Meeting on 25 June 2014.

- 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 their implementing 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: USD 38,335,408		
Breakdown of total response funding received by source	Source	Amount
	CERF	4,974,413
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)	0
	OTHER (bilateral/multilateral)	7,349,262
	<b>TOTAL</b>	<b>12,323,675</b>

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 26-Aug-13			
Agency	Project code	Cluster/Sector	Amount
UNICEF	13-RR-CEF-098	Multi-sector	660,000
FAO	13-RR-FAO-028	Agriculture	250,629
UNFPA	13-RR-FPA-032	Protection / Human Rights / Rule of Law	107,000
UNHCR	13-RR-HCR-048	Multi-sector	2,610,896
IOM	13-RR-IOM-025	Water and sanitation	190,000
WFP	13-RR-WFP-043	Food	1,007,069
WHO	13-RR-WHO-053	Health	148,819
<b>TOTAL</b>			<b>4,974,413</b>

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	3,606,987
Funds forwarded to NGOs for implementation	1,145,536
Funds forwarded to government partners	221,890
<b>TOTAL</b>	<b>4,974,413</b>

### HUMANITARIAN NEEDS

The security situation in the east of the Democratic Republic of Congo (DRC), especially in North Kivu and Province Oriental, had seriously deteriorated since March 2012 with heavy fighting between the Armed Forces of the Democratic Republic of Congo (FARDC) troops and the M23 (Movement du 23 Mars) in Rutshuru (North Kivu), as well as both the FARDC troops and M23 with the various Mai Mai groups in Rutshuru and Masisi areas. The operation in Uganda continued to receive around 2,400 refugees from DRC per month.

The situation turned dramatically on 11 July 2013 when the Allied Democratic Front (ADF), a militant rebel group against the current Ugandan government, attacked Kamango town in the northern part of the North Kivu Province. A total of over 66,000 refugees were recorded by the Ugandan Red Cross Society between 11 and 14 July 2013 in various locations along the border of Bundibugyo District. An emergency response was mounted with the first part of the Bubukwanga Transit Centre (TC) established on 14 July and the first movement from the border taking place the same day. Despite the rapid establishment of the TC, the TC suffered from overcrowding. As of 22 August 2013, there were 22,206 refugees in the TC which has a capacity for 12,000 refugees. More refugees remained in the border areas waiting for transport, while UNHCR supported movements had been halted until the TC could be decongested to capacity; there were still spontaneous arrivals at the TC. The TC was characterised by a lack of physical space and poor WASH and health indicators. The region was also known to be cholera prone and prone to other epidemics like measles, ebola and polio. There was a measles outbreak in the neighbouring district of Kamwenge and the immunization coverage for the refugees was far below the 80 per cent target recommended. With the rainy season, there was a critical need to avoid an outbreak of diseases. The CERF funding targeted 20,000 new arrivals in 6,700 households who were in Bubukwanga TC to be transported to Kyangwali refugee settlement to be provided with protection and assistance.

## II. FOCUS AREAS AND PRIORITIZATION

A joint interagency assessment to Kyangwali settlement, to which new arrivals were to be transported for protection and assistance, took place between 29 July and 1 August 2013 to identify gaps and needs for the reception of the refugee population.

The key gaps identified were in all sectors and included support to the Ugandan government to provide physical protection, security, registration and refugee status determination; protection and community services activities including child protection; Sexual and Gender-based Violence (SGBV) prevention, response and support to persons with specific needs; transport of refugees from the TC to the settlement and establishment of way stations; provision of household level assistance (shelter kit, sanitation kit and core relief items); provision and access to services (health, education and water), with the main focus on establishing health and education outposts in the new villages; food security interventions and improving road access to ensure convoys reach the settlement. In line with the findings, a strategy and prioritization was done by the UN Country Team based on the critical needs and the CERF lifesaving criteria. Below were the critical humanitarian actions per sector utilising CERF funds:

Sector	Prioritisation and relevant assessment findings
Protection and Community Services	<p>55.1 per cent are under 18 years old, and the overall percentage of women and children is 80.6 per cent. Under 5s is 21.4 per cent of the population.</p> <ul style="list-style-type: none"> <li>• Transport of refugees from Bubukwanga TC to Kyangwali settlement (UNHCR)</li> <li>• Screening and identification of persons with specific needs (UNHCR)</li> <li>• Construction of shelters and latrines for persons with specific needs (UNHCR)</li> <li>• Provide community based GBV support and response activities (UNFPA)</li> <li>• Training of partners on the use of Rapid Family Tracing (FTR) in the refugee settlement. (UNICEF)</li> <li>• Technical support for identification and registration of all unaccompanied and separated children through Rapid FTR. (UNICEF)</li> <li>• Establish and train child protection committees and child protection actors to identify, report and refer children's issues for appropriate action as well as provide psychosocial support. (UNICEF)</li> <li>• Sensitization training of Uganda People's Defence Force (UPDF) soldiers in nearby barracks on child protection issues in Kyangwali Refugee Settlement. (UNICEF)</li> <li>• Set up 7 early childhood development (ECD) and child friendly spaces in Kyangwali Settlement. (UNICEF)</li> </ul>
Food & Food Security	<p>From the nutrition screening on-going at Bubukwanga TC, Global Acute Malnutrition (GAM) is 8.6 per cent while Severe Acute Malnutrition (SAM) is 1.4 per cent. GAM is over the emergency standards and it is expected that with the disruption and physical stress of the movement, the GAM could rise up to 10 per cent.</p> <ul style="list-style-type: none"> <li>• General food distribution for new arrivals. (WFP)</li> <li>• To provide seeds of quick maturing crops to support 20,000 refugees (6,700 households) in addressing their food security needs and to complement WFP's food assistance. (FAO)</li> </ul>
Shelter & Settlement Management	<ul style="list-style-type: none"> <li>• Repair of access road to reach the reception centre and construction of the reception centre and way stations (UNHCR)</li> <li>• Plot demarcation and site planning (UNHCR)</li> <li>• Provision of shelter kit (UNHCR)</li> </ul>
Household items (NFIs)	<ul style="list-style-type: none"> <li>• Provision of NFI kit (UNHCR)</li> </ul>
WASH	<ul style="list-style-type: none"> <li>• Establishment of emergency sanitation systems at the household level. (IOM)</li> </ul>

	<ul style="list-style-type: none"> <li>Hygiene and sanitation awareness-raising with the active participation of, and accountability to, affected populations with regards to WASH related diseases. (IOM)</li> <li>Provision of safe water to 20,000 people in the refugee settlement through motorization of highly yielding boreholes, extension of existing motorized water systems and trucking of water. (UNICEF)</li> <li>Provision of institutional sanitation facilities in ECD centres and child friendly spaces. (UNICEF)</li> <li>Dissemination of hygiene improvement messages in the settlement. (UNICEF)</li> <li>Maintenance of existing water system in the settlement and way station to cater for the new arrivals (UNHCR)</li> <li>Construction of communal latrines (UNHCR)</li> </ul>
Public Health & Nutrition	<ul style="list-style-type: none"> <li>Conduct orientation training of more health workers on clinical management of rape. (UNFPA)</li> <li>Provision of medical and nutrition services through NGO partner focussed on referral, extension of services and medical staff. (UNHCR)</li> <li>Provision of medical screening and medical escort for the convoy movement (UNHCR)</li> <li>Support improvement in the quality of the delivery of essential basic health services in the health centres and referral hospitals. (WHO)</li> <li>Support outreach services to settlement and transit sites to provide immunization (WHO)</li> <li>Strengthening disease surveillance, analysis of information and sharing (WHO)</li> <li>Strengthening critical diagnostic capacity (WHO)</li> </ul>
Reproductive Health	<ul style="list-style-type: none"> <li>Provide adolescent sexual reproductive health and GBV information and services to young people. (UNFPA)</li> <li>Provide emergency RH Kits (RH drugs, supplies, and additional equipment) to beef up the health facility capacity in Bundibugyo and Kyangwali (UNFPA)</li> </ul>
Education	<p>Out of the 20,000 refugees to be transported to the settlement, 9,400 are expected to be children in need of education.</p> <ul style="list-style-type: none"> <li>Provision of education support to existing schools to absorb additional students in PS Grades 5 – 7 (UNHCR)</li> </ul>

The movement from Bubukwanga TC to Kyangwali refugee settlement started on 14 August 2013. Due to the proximity of their homes to the TC, many refugees refused to move from the TC to the settlement located in Hoima District. While a total of 31,232 refugees were assisted at the Bubukwanga TC, by end of December 2013, only 12,452 refugees were transferred from Bubukwanga TC to the settlement. A total of 2,232 refugees remained resident in the TC as of 31 December while others spontaneously moved to the host communities in the surrounding area. As such, more refugees were assisted in the TC than the settlement in Kyangwali.

### III. CERF PROCESS

Humanitarian response to the refugee crisis is coordinated by the Office of the Prime Minister (OPM) and UNHCR. At Kampala level, interagency meetings took place on a bi-weekly pace. In Bubukwanga TC, the interagency meeting was daily from Monday to Friday. Sectoral meetings on WASH took place regularly as there were several partners involved while other sectoral meetings took place on weekly or ad hoc basis. The following were the humanitarian partners engaged in the emergency response in the Bubukwanga TC: ACORD, ADRA, AIRD, DRC-DDG, ICRC, LWF, MSF-F, MTI, IOM, Oxfam, PCU/fida, Samaritans Purse, Save the Children Fund, UNFPA, UNHCR, UNICEF, URCS, WFP, World Harvest Mission, World Vision and WHO.

In Hoima District, the interagency coordination meetings were held in Hoima chaired by OPM Refugee Desk Officer and UNHCR Hoima Head of Office while the operational level coordination meeting as well as sectoral meetings were held in Kyangwali settlement. Humanitarian partners on the ground were AAH-U, AIRD, ARC, FRC, MSF-F, Samaritans Purse, Save the Children, UNHCR, UNICEF and WFP.

A joint interagency assessment to Kyangwali settlement took place between 29 July and 1 August 2013 to identify gaps and needs for the reception of the refugee population. The assessment was led by UNHCR and the OPM and had the participation of the UN agencies, International organisations and NGO partners. Based on the established division of labour amongst the UN agencies, it was agreed to prioritise the movement to Kyangwali refugee settlement while maintaining the protection and assistance needs of refugees in Bubukwanga TC while the refugees awaited for their transfer.

The UN Country Team in Uganda made an appeal for the DRC refugee emergency for 2013 which covered the situation related to the influx caused by M23 and the Mai Mai. The influx came through the Nyakabande TC (Kisoro District) and the Matanda TC (Kanungu District) and refugees were transported to the Rwamwanja, Nakivale and Oruchinga settlements. The UNCT appeal totalled USD 54.27 million and was around 51 per cent funded at the time of the CERF application and had benefitted from CERF underfunded window in

2013. The new emergency opened up a new axis in Bundibugyo and Hoima Districts with the refugees received in Bubukwanga TC and settled to Kyangwali refugee settlement which had not been used for the new arrivals so far. The UN Country Team revised the UN Country Team Appeal document and re-launched it with donors adding another **USD 38,335,408** for the new emergency.

#### IV. CERF RESULTS AND ADDED VALUE

<b>TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR</b>				
<b>Total number of individuals affected by the crisis:</b>				
<b>31,232 assisted in Bubukwanga TC as of 31 December 2013. Additionally, another 35,000 in host communities along the border area. Total affected: 66,000 refugees.</b>				
<b>The estimated total number of individuals directly supported through CERF funding by cluster/sector</b>	<b>Cluster/Sector</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
	Multi-sector	17,283	13,949	31,232
	Agriculture	9,681	8,405	18,086
	Protection / Human Rights / Rule of Law	8,707	6,924	15,631
	Water and sanitation	5,447	4,128	9,575
	Food	6,941	5,520	12,461
	Health	17,396	13,836	31,232

#### **BENEFICIARY ESTIMATION**

The movement from Bubukwanga TC to Kyangwali refugee settlement started on 14 August 2013. Due to the proximity of their homes to the TC, many refugees refused to move from the TC to the settlement located in Hoima District. A grand total of 31,232 refugees were assisted at the Bubukwanga TC, by end of December 2013, out of which 12,452 refugees were transferred from Bubukwanga TC to the settlement and a total of 2,232 refugees remained resident in the TC as of 31 December. Other refugees received initial assistance in the TC and then spontaneously moved to the host communities in the surrounding area. As such, considering the programme of the various UN agencies under the CERF, it is estimated that 31,232 refugees were reached through one or other types of programming conducted.

<b>TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING</b>		
	<b>Planned</b>	<b>Estimated Reached</b>
<b>Female</b>	11,140	17,283
<b>Male</b>	8,860	13,949
<b>Total individuals (Female and male)</b>	20,000	31,232
<b>Of total, children <u>under</u> age 5</b>	4,280	6,877

## 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 out of which 31,232 were assisted through the Bundibugyo/ Kyangwali axis. Overall, this brought the total number of Congolese refugees in Uganda to 163,916 refugees as of 31 December 2013.

The following key results were achieved with CERF rapid Response funding:

Sector	Results
Protection and Community Services	<ul style="list-style-type: none"> <li>• Transport of 12,452 refugees from Bubukwanga TC to Kyangwali settlement (UNHCR)</li> <li>• Screening and identification of persons with specific needs was conducted with a total of 919 PSNs identified and assisted. (UNHCR)</li> <li>• Out of those identified, 70.5 per cent received additional help in construction of shelters and latrines (UNHCR)</li> <li>• 100 per cent of the refugee communities had community structures that supported the prevention and response to SGBV. A network of 15 volunteers (5 in Bubukwanga and 10 in Kyangwali) were recruited and trained to create awareness on GBV prevention and how to access services) in both the TC and Kyangwali Refugee Settlement (UNFPA)</li> <li>• 20 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. (UNICEF)</li> <li>• A total of 242 separated and unaccompanied refugee children from Democratic Republic of Congo were registered using Rapid FTR, of which 47 were reunified in Uganda. Another 67 separated refugee children had their families located in DRC and were awaiting reunification provided by ICRC by end of project. A further 125 separated and unaccompanied refugee children were placed in foster or alternative family-based care and continuously followed up on, while tracing is ongoing. (UNICEF)</li> <li>• UNICEF and partners further established 5 child protection committees (CPCs) in Kyangwali refugee settlement. All 50 members were trained as were 50 local leaders, in total 100 were trained on Child Protection (UNICEF)</li> <li>• UNICEF and partners established 5 child-friendly spaces (CFS) out of 7 planned. Each CFS served 1,000 children on average per month, thus totalling at least 5000 children benefitting. (UNICEF)</li> </ul>
Food & Food Security	<ul style="list-style-type: none"> <li>• Household food consumption score among the new arrivals &gt; 28 (98.1 per cent) (WFP)</li> <li>• Prevalence of acute malnutrition among children under 5 (weight-for-height as %)&lt;3.5 per cent (WFP)</li> <li>• 52.7 metric tonnes of assorted seed in kits distributed (FAO)</li> <li>• 1,674 hectares of land planted (FAO)</li> <li>• 3,357 households refugee families and 1,603 households trained (FAO)</li> <li>• 941 metric tonnes of grains harvested (FAO)</li> <li>• Increased dietary diversity and improved nutrition levels</li> </ul>
Shelter & Settlement Management	<ul style="list-style-type: none"> <li>• 15.6 km access road repair was conducted to reach the Reception Centre and the new plots allocated to the newly arrived refugees (UNHCR)</li> <li>• 100 per cent of the newly arrived refugees were provided with a demarcated household plot and site planning was conducted to ensure that new villages established for new arrivals had access to health, water and education services (UNHCR)</li> <li>• 100 per cent of the new household received shelter kits (UNHCR)</li> </ul>
Household items (NFIs)	<ul style="list-style-type: none"> <li>• NFI kit for 5,000 households were procured and distributed in Kyangwali refugee settlement and Bubukwanga TC (UNHCR)</li> </ul>
WASH	<ul style="list-style-type: none"> <li>• A total of 2,664 latrines were constructed meeting SPHERE standards with 336 latrines covered with slabs and poles as construction of super structures were underway in various stages to completion (IOM)</li> <li>• A total of 2,560 households of new arrivals with the composition of (1,030 women/girls and 1530 men/boys) representing 85 per cent received awareness raising messages on how to mitigate WASH related diseases and how to use sanitary facilities properly in Kitooro, Kirokole, Malembo, Mukunyu, Mombasa and Kentomi villages in Kyangwali settlement. (IOM)</li> </ul>

	<ul style="list-style-type: none"> <li>Water to 4000 refugees through water trucking delivery of 60,000 litres per day (15 litres per person per day). Drilling of 10 boreholes was completed; nine of them have been installed with hand pumps providing water to 4500 refugees. One high yielding borehole is being motorized to provide 15 litres of water per person per day to 9,000 refugees. Installation of solar panels to a motorized borehole is also going on to reduce the huge cost incurred in operation and maintenance, for instance offsetting costs incurred when using a generator. Also an extension of the existing water supply system which provides water to 1,000 refugees at the reception centre and 1,500 refugees around Kagoma village with approximately 15 l/p/d.(UNICEF)</li> <li>Construction of 14 institutional sanitation facilities at seven ECD centres and child friendly spaces was completed and the facilities are in use. (UNICEF)</li> <li>Working with AAH-U, school health clubs were set up and trained, school health committees were also set up and trained. The schools were also trained on soap making to ensure sustainability of hand washing with soap. (UNICEF)</li> <li>Maintenance of existing water system in the settlement and way station to cater for the new arrivals ensured that at least 21.3 litres per person per day was available. (UNHCR)</li> <li>A total of 89 communal latrines were established to ensure access to sanitation while programme supported by IOM provided for the household latrines. (UNHCR)</li> </ul>
Public Health & Nutrition	<ul style="list-style-type: none"> <li>In all 25 health workers were oriented on use of national guidelines and protocols for clinical management of rape survivors. (UNFPA)</li> <li>Staff required to provide medical and nutrition services was hired through NGO. (UNHCR)</li> <li>Medical screening upon arrival to the settlement and medical escort for the convoy movement was conducted to ensure movement in safety and dignity (UNHCR)</li> <li>Out Patient Department (OPD) attendance rate was maintained at greater than 1 (WHO)</li> <li>Immunization coverage for measles in the camp was increased to over 90 per cent (WHO)</li> <li>Disease outbreak in Hoima district was investigated within 72 hours (WHO)</li> <li>Completeness and timeliness of weekly surveillance report was increased from about 51 per cent to 72 per cent (WHO)</li> </ul>
Reproductive Health	<ul style="list-style-type: none"> <li>Three youth groups in 3 zones (Mukunyu, Kentomi and Malembo) in Kyangwali refugee settlement were provided with board games, footballs and netballs and drama performance kits. At least 2,405 young people (of which 53 per cent of them female) were reached with SRH and GBV information during the sports and drama activities. (UNFPA)</li> <li>Five facilities were provided with a total of 31 IASC Emergency Reproductive Health (ERH) Kits. The 31 kits together contained medical supplies sufficient to manage most of the estimated reproductive health care needs of the targeted population of 20,000 people for a period of 6 to 9 months (UNFPA).</li> <li>93 percent of estimated number of births among the refugee in Kyangwali refugee settlement took place under the care of skilled health personnel. This surpassed the 80 percent planned project target and actually reached the MDG universal coverage target of 90 percent. During the reporting period only one maternal death was recorded among the refugees (this translates to about 124 maternal deaths per 100,000 live births) recorded in the refugee settlement during the 6 months reporting period. This is much lower than the UN estimated maternal mortality ratio of 360 maternal deaths per 100,000 live births for Uganda in 2013.</li> </ul>
Education	<ul style="list-style-type: none"> <li>Education support (desks, scholastic materials) were provided to existing schools to absorb additional students in PS Grades 5 – 7 (UNHCR)</li> </ul>

## **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 an unexpected influx from the DRC following an attack by ADF on a town close to the Ugandan border. The refugee influx occurred in an area where there was no UN presence and an area not receiving any influx in the last 2 years. Further, it was complicated by the mountainous terrain of Bundibugyo District, creating an emergency within an emergency to decongest the Transit Centre which was



operating at 2 – 3 times its maximum capacity. The CERF was a timely intervention to ensure that the TC can be decongested through the movement of refugees out of Bundibugyo District to Kyangwali refugee settlement in Hoima District.

**b) Did CERF funds help respond to time critical needs<sup>1</sup>?**

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 242 separated and unaccompanied refugee children from Democratic Republic of Congo were registered using Rapid FTR, of which 47 were reunified in Uganda.
- 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.
- Disease outbreak in Hoima district was investigated within 72 hours
- SGBV referral and response was strengthened to ensure that survivors had immediate access to medical and psychosocial care.
- Safe water access was improved in Kyangwali refugee settlement through water trucking and repair and creation of new safe water sources.

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

YES  PARTIALLY  NO

The UN Country Team in Uganda had an appeal for the DRC refugee emergency for 2013 which covered the situation related to the influx caused by M23 and the Mai Mai. The UNCT appeal totalled USD 54.34 million and was around 61 per cent funded at the time of the CERF application and had benefitted from CERF underfunded window in 2013. The new emergency opened up a new axis in Bundibugyo and Hoima Districts with the refugees received in Bubukwanga TC and settled to Kyangwali refugee settlement which had not been used for the new arrivals so far. The UN Country Team revised the UN Country Team Appeal document and re-launched it with donors adding another USD 38,335,408 for the new emergency. Together with the allocation from CERF RR, for this emergency, a total of USD 12,323,675 was raised. Combined with the Congolese emergency for Uganda in 2013, out of the USD 92.68 million total updated appeal, the effort raised a total of USD 45,374, 308 in 2013 including USD 3,999,807 from CERF Underfunded window and USD 4,974,413 from CERF Rapid Response.

**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 the Kampala level, UNHCR together with the government conducts overall strategic planning meetings with partners. An interagency coordination meeting takes place at UNHCR FO Hoima level covering all sectors. Coordination meeting and sectoral meetings take place at the TC and 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 led by UNHCR. The meeting is open to all UN agencies who are interested – for example, UNDP and MONUSCO also participates

---

<sup>1</sup> 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.).

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 <u>CERF SECRETARIAT</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity

TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Mobilisation before the funds are released helps in the timely implementation of activities.	All mobilisation activities should be carried out when negotiations for the CERF approval process are going on	All UN agencies
With adequate mobilisation and sensitisation, the refugee communities are receptive to new innovations and adapt fairly fast.	Strive to have innovative approaches, even during emergencies.	All UN agencies
Local level decision making should strive to involve the refugees as key stakeholders	Coordinate with local government actors to include refugee representatives in meetings, planning events, etc.	All agencies
Although CERF is for emergency programming, it is important to incorporate strategies to reduce dependency of the refugee population. It is also important to plan even from during emergencies, some of the mid to longer term intervention strategies to ensure that self-reliance can be built. Further, although refugees were the primary beneficiaries of this intervention, provisions should be made for the host communities to enhance peaceful co-existence.	<p>The protection and durable solutions strategy which frames the refugee operation looks at the short term (emergency), mid-term and longer term strategies. It is also important to ensure that host communities are included in the planned interventions to enhance peaceful co-existence amongst refugees and host community.</p> <p>The UNCT is working together to look at resilience in refugee affected district through the ReHoPE strategy which is anchored in the UNDAF and these elements will be included in future programming for refugee affected areas.</p>	All agencies

## VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
<b>CERF project information</b>			
1. Agency:	UNICEF	5. CERF grant period:	1 Aug. 2013 - 31 Jan. 2014
2. CERF project code:	13-RR-CEF-098	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Multi-sector		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency humanitarian support through WASH and Child Protection intervention for Congolese refugees in Uganda.		
7. Funding	a. Total project budget:	US\$ 5,931,360	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$660,000	▪ NGO partners and Red Cross/Crescent: US\$ 59,243.40
	c. Amount received from CERF:	US\$ 660,000	▪ Government Partners: US\$ 0
<b>Results</b>			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	11,140	15,048	WASH services were also extended to some of the refugees who had previously been resettled at Kyangwali.
b. Male	8,860	9,968	
c. Total individuals (female + male):	20,000	25,016	
d. Of total, children <u>under</u> age 5	4,280A	4,438	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> <li>To increase access to safe water and improved sanitation hygiene in early childhood development centres and child friendly spaces in the refugee settlement.</li> <li>To provide critical child-protection services in the settlement through child protection committees, child friendly spaces, referral for psychosocial support and identification and registration of unaccompanied minors and separated children.</li> </ul>			
10. Original expected outcomes from approved CERF proposal			
<u>Water, sanitation and Hygiene</u>			
<ul style="list-style-type: none"> <li>20,000 refugees in the settlement provided with safe water.</li> <li>Provision of institutional sanitation facilities in ECD centres and child friendly spaces.</li> <li>Promotion of hygiene in ECD and child friendly spaces</li> </ul>			
Indicators			
<ul style="list-style-type: none"> <li>Clean and safe water provided to 20,000 refugees according to SPHERE standards.</li> <li>3,500 children in ECD centres and child friendly spaces provided with sanitation facilities</li> </ul>			
<u>Child protection</u>			
<ul style="list-style-type: none"> <li>All refugee children are cared for and protected in all spaces in the refugee settlement.</li> <li>All UAM and separated children in the refugee resettlement centre are identified and registered using RapidFTR.</li> </ul>			
Indicators			
<ul style="list-style-type: none"> <li>Number of child protection committees meetings held and number of referral cases followed up in Kyangwali Refugee Settlement</li> <li>Number of monthly reports on unaccompanied and separated children.</li> <li>Number of unaccompanied and separated children registered through RapidFTR</li> <li>Number of children reunified registered through Rapid FTR application</li> </ul>			

<ul style="list-style-type: none"> <li>• Number of UPDF soldiers trained on child protection.</li> </ul>	
11. Actual outcomes achieved with CERF funds	
<ul style="list-style-type: none"> <li>• <b>Provision of water to 20,000 refugees</b> UNICEF and partners provided water to 4,000 refugees through water trucking delivery of 60,000 litres per day (15 litres per person per day). Drilling of 10 boreholes was completed; nine of them have been installed with hand pumps providing water to 4,500 refugees. One high yielding borehole is being motorized to provide 15 litres of water per person per day to 9,000 refugees. Installation of solar panels to a motorized borehole is also going on to reduce the huge cost incurred in operation and maintenance, for instance offsetting costs incurred when using a generator. UNICEF and its partners also carried out an extension of the existing water supply system which provides water to 1,000 refugees at the reception centre and 1,500 refugees around Kagoma village with approximately 15 l/p/d.</li> <li>• <b>Provision of institutional sanitation facilities in ECD centres and child friendly spaces.</b> Construction of 14 institutional sanitation facilities at seven ECD centres and child friendly spaces was completed and the facilities are in use serving more than 2,468 Children. The facilities are as follows: <ol style="list-style-type: none"> <li>1. Kagoma ECD and child friendly centre with 196 (97 boys &amp;97 girls) ECD Children &amp; in addition 123 (57 boys &amp;65girls) enrolled.</li> <li>2. Kentomi ECD centre with 388 (207 boys &amp; 181girls) ECD children &amp; in addition, 339 (179boys &amp;160girls) Primary school children enrolled.</li> <li>3. Malembo A ECD centre with 1,132 ECD and Primary school Children enrolled.</li> <li>4. Malembo C ECD centre.with 243 (112 boys &amp;131 girls)ECD Children enrolled</li> <li>5. Nyamiganda Primary school and ECD centre with 296 (151 boys &amp;141girls) ECD Children enrolled</li> <li>6. Rwenyewawa Primary school and ECD centre</li> <li>7. Mukunyu ECD centre with 214 (101boys &amp;113 girls) ECD Children enrolled.</li> </ol> </li> <li>• <b>Provision of hygiene promotional services at ECDs</b> Working with AAH-U, school health clubs were set up and trained, school health committees were also set up and trained. The schools were also trained on soap making to ensure sustainability of hand washing with soap.</li> <li>• <b>Child Protection</b> UNICEF and partners established 5 child-friendly spaces (CFS) out of 7 planned. Each CFS served 1000 children on average per month, thus totalling at least 5000 children benefitting.  UNICEF and partners further established 5 child protection committees (CPCs) in Kyangwali refugee settlement. The CPCs each consist of 10 members. All 50 members were trained as were 50 local leaders, in total 100 were trained on Child Protection.  The CPCs meet once a fortnight to discuss prevention and response to child protection cases. In addition each member serves as a focal point for reporting of child protection cases in the refugee settlement. In total the CPCs dealt with a total of 83 cases of child protection, as well as a number of cases for referral.  20 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.  A total of 242 separated and unaccompanied refugee children from Democratic Republic of Congo were registered using Rapid FTR, of which 47 were reunified in Uganda. Another 67 separated refugee children had their families located in DRC and were awaiting reunification provided by ICRC by end of project. A further 125 separated and unaccompanied refugee children were placed in foster or alternative family-based care and continuously followed up on, while tracing is ongoing.</li> </ul>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>The training of UPDF soldiers under the Child Protection component was cancelled because supplies and transport turned out to have a higher cost than initially planned, and thus money was taken from the training. The cost of supplies and transport was higher than expected which is why we were able to establish only 5 CFS instead of the planned 7.</p>	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

**If 'YES', what is the code (0, 1, 2a or 2b):**

**If 'NO' (or if GM score is 1 or 0):** - Water user committees: At least 2 women were appointed to these committees to empower them in decision making, management, maintenance and operation of water points. This is so because women are the main ones responsible for fetching water.

- Health and sanitation clubs: Both girls and boys are members of the clubs which are responsible for maintenance of WASH facilities in schools.
- Soap making: Training on soap making targeted mainly women as they are the main caretakers of their households.
- Child Protection Committees: Members of the CPCs were trained to identify and report on cases of sexual and gender based violence against children, mostly because these pertain to girl children. Representation in CPCs is on a 50-50 basis equitably including men and women.

14. M&E: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
No formal evaluation was conducted, however regular monitoring and supervision was continuously provided to review project implementation.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information			
1. Agency:	FAO	5. CERF grant period:	9 Sept. 2013 – 8 Mar. 2014
2. CERF project code:	13-RR-FAO-028	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Agriculture		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency food security support to refugee families in Mid-Western Uganda		
7. Funding	a. Total project budget:	US\$ 2,207,005	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 250,629	▪ NGO partners and Red Cross/Crescent: US\$ 48,716
	c. Amount received from CERF:	US\$ 250,629	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	11,140	9,681	Although 8,500 households were expected, the number of refugee households that were actually transferred to Kyangwali settlement during the project implementation was 3,357 households which are much lower than what was expected. Additional, 1,603 households from the host community were supported through distribution of inputs. This is in line with Government of Uganda policy of providing some percentage of assistance to host community to avoid conflict since refugees and host community live in the same areas.
b. Male	8,860	8,405	
c. Total individuals (female + male):	20,000	18,086	
d. Of total, children <u>under</u> age 5	4,280	5,201	
9. Original project objective from approved CERF proposal			
To provide seeds of quick maturing crops to support 20,000 refugees (6,700 households) in addressing their food security needs.			
10. Original expected outcomes from approved CERF proposal			
Through the CERF support, there will be increased access to seeds for 6,700 refugee families in the second agricultural season of 2013. Specifically, the following outputs are expected to be produced by the intervention:			
<ul style="list-style-type: none"> <li>• 41.5 metric tonnes of seed distributed to 6,700 refugee families by end of September 2013;</li> <li>• 1,200 hectares of land planted in several planting cycles with the distributed seeds;</li> <li>• 6,700 refugee families trained in basic agronomic practices of the distributed crop seeds by end of October 2013;</li> <li>• At least 2,200 metric tonnes of grain harvested by the refugee families by December 2013;</li> <li>• Increased dietary diversity and improved nutrition levels of 6,700 refugee families.</li> </ul>			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> <li>• 52.7 metric tonnes of assorted seed in kits distributed to 4,960 households (3,357 refugee households and 1,603 host community households)</li> <li>• 1,674 hectares of land planted</li> <li>• 3,357 households refugee families and 1,603 host households trained</li> <li>• 941 metric tonnes of grains harvested by refugees in 2013. The remaining harvest is expected after the first planting season in 2014 (see Section 14 below).</li> <li>• Increased dietary diversity and improved nutrition levels for 3,357 refugee households and 1,603 host community households.</li> </ul>			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			

<p>Although 8,500 households were expected, the number of refugee households that were actually transferred to Kyangwali settlement during the project implementation was 3,357 households which is much lower than what was expected. Additional, 1,603 households from the host community were supported through distribution of inputs. This is in line with Government of Uganda policy of providing some percentage of assistance to host community to avoid conflict since refugees and host community live in the same areas.</p>	
<p>13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p><b>If 'YES', what is the code (0, 1, 2a or 2b):</b>  <b>If 'NO' (or if GM score is 1 or 0):</b> Gender was mainstreamed into the project by the choice of seeds provided in the seed kits. Each kit contained a number of vegetables and nutrient rich foods, to support pregnant and lactating mothers. Additionally, the seed kit was purposively designed to have at least 3 green leafy vegetable crops to address the challenge of anaemia in women.</p>	
<p>14. M&amp;E: Has this project been evaluated or is an evaluation pending?</p>	<p>EVALUATION CARRIED OUT</p>
<p>No evaluation was carried out but a post-seed distribution assessment was undertaken. The main findings were:</p> <ul style="list-style-type: none"> <li>• The majority of household heads, 38.87 per cent, were categorized as “social cases”. This in essence means that they entirely depend on handouts and support from family, NGOs, and UN agencies operating in the camps.</li> <li>• The population’s main source of income was casual or daily labour at 36.8 per cent followed by social support at 32.5 per cent</li> <li>• On average, every household had 0.625 acres of land available for cropping during the season when the data was collected.</li> <li>• Of the total population, 73.4 per cent owned at least a garden of one of the seven vegetables supplied by FAO.</li> <li>• Seed distribution was done in October when the planting season is usually from August to early September. This explains why a great percentage of seeds, on average, were still in stock with the families at the time of the post-distribution assessment. Many families saved the seeds for the first planting season of 2014.</li> <li>• The report predicted that the harvest was going to be generally poor due to the timing of the distribution and ideal planting dates. Moreover, the level of what was planted was lower than what was expected, again, due to timing.</li> <li>• Nonetheless, other crops, obtained from other sources, such as cassava and sweet potatoes did well as the timing for planting these crops was ideal, especially for sweet potatoes.</li> <li>• The approval process of the CERF funds took time, which meant that the planting was delayed. This needs to be taken into consideration for future CERF funds; timing for seed distribution is crucial, if the timing cannot be met, the intervention’s planned outcomes will not be met in their entirety.</li> <li>• It was suggested that there should be follow-up to ensure that households planted the seeds during the first planting season of 2014, however since the CERF project closed at that point, this did not happen.</li> </ul>	<p>EVALUATION PENDING <input type="checkbox"/></p>
	<p>NO EVALUATION PLANNED <input checked="" type="checkbox"/></p>



**TABLE 8: PROJECT RESULTS**

CERF project information			
1. Agency:	UNFPA	5. CERF grant period:	13 Sep.13 – 12 Mar. 14
2. CERF project code:	13-RR-FPA-032	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Protection		<input checked="" type="checkbox"/> Concluded
4. Project title:	Provision of Life Saving Reproductive Health and GBV Prevention and Care Services for Congolese Refugees in South western Uganda		
7. Funding	a. Total project budget:	US\$ 762,363	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 201,628	▪ NGO partners and Red Cross/Crescent: US\$ 56,160
	c. Amount received from CERF:	US\$ 107,000	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	11,140	8,707	While the numbers reached are less than projected, there were no savings made. The unit cost was higher than anticipated. This estimate includes refugees only. Host communities also benefited from the services supported.
b. Male	8,860	6,924	
c. Total individuals (female + male):	20,000	15,631	
d. Of total, children <u>under</u> age 5	4,280	3,345	
9. Original project objective from approved CERF proposal			
By December 31, 2013;			
<ul style="list-style-type: none"> <li>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 Kyangwali settlement</li> <li>To mitigate risk to sexual and gender based violence in the Kyangwali refugee settlement and Bubukwanga transit center</li> <li>To improve access to medical and referral for psychosocial care and legal redress for survivors.</li> </ul>			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>100 per cent of health facilities (4/4) serving the refugees are well equipped and supplied to provide essential lifesaving interventions in reproductive health including maternal health, HIV and SGBV.</li> <li>80 per cent of pregnant women attended to by skilled health personnel during childbirth.</li> <li>100 per cent of refugee communities have functional community structures for prevention and response to SGBV at Transit centre and Kyangwali settlement in place and functional</li> <li>80 per cent of survivors of rape receive appropriate clinical care within 72 hours of incident.</li> <li>4 Youth corners supported for full functionality</li> </ul>			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> <li>Five health facilities, Bubukwanga HC III, Kyangwali HC III, Rwenyawewa HC III, Katonsa HC II and Hoima Regional Referral Hospital that together provided the primary and secondary level health care needs of the new Congolese refugees that entered Uganda following fighting involving the ADF rebels in eastern DRC were supported to provide quality reproductive health</li> </ul>			

services. Specifically the five facilities were provided with a total of 31 IASC Emergency Reproductive Health (ERH) Kits that contained an assortment of supplies and equipment for clean delivery, post rape treatment, treatment of sexually transmitted diseases, clinical delivery, caesarean operation, and management of pregnancy complications such as miscarriages and abortions. The 31 kits together contained medical supplies sufficient to manage most of the estimated reproductive health care needs of the targeted population of 20,000 people for a period of 6 to 9 months. While the reusable equipment in these kits would last longer. CERF funds were also used to procure a medical tent for Bubukwanga Health Centre to provide additional space to accommodate the increased patient load due to the new refugees transiently hosted at Bubukwanga refugee Transit Centre.

- During the 6 month reporting period, 93 percent of estimated number of births among the refugee in Kyangwali refugee settlement took place under the care of skilled health personnel. This surpassed the 80 percent planned project target and actually reached the MDG universal coverage target of 90 percent skilled birth attendance rate. Ninety nine percent of estimated obstetric complications were treated in a health facility and the proportion of refugee mothers who accessed caesarean operations was 9 percent, well within WHO recommended caesarean section access standard of 5-15 percent of expected deliveries.
- This high rate of utilization of skilled delivery services was not only the result of the improvement in quality of service delivery that has been achieved in part by the availability of equipment and supplies provided to the health facilities, but also a result of the enhanced information dissemination and community mobilization. CERF funds were used to recruit and orient 15 community volunteers to undertake health education activities including identification and mapping of all pregnant women among the refugees. The volunteers were provided job aids and IEC materials to support them. Altogether 1,262 pregnant refugee women were identified by the volunteers, followed up, counselled and supported to access antenatal, delivery, and post delivery services. The pregnancy mapping approach enabled early diagnosis of pregnancy complications and timely management of risk factors and/or referral to appropriate level of care. The community volunteers were recruited from among the refugees and the host communities.
- The above interventions contributed to the prevention of avoidable maternal deaths. During the reporting period only one maternal death was recorded among the refugees (this translates to about 124 maternal deaths per 100,000 live births) recorded in the refugee settlement during the 6 months reporting period. This is much lower than the UN estimated maternal mortality ratio of 360 maternal deaths per 100,000 live births for Uganda in 2013. Activities of the volunteers also resulted into at least 488 new clients accessing modern family planning services.
- The CERF funds supported the establishment of community structures in Bubukwanga Transit Centre as well as in each of three refugee communities of Mukunyu, Kentomi and Malembo set up in Kyangwali Refugee Settlement. A network of 15 volunteers (5 in Bubukwanga and 10 in Kyangwali) were recruited, trained, provided with volunteer kits comprising T-shirts, protective wear and job aids and supported to create awareness on GBV prevention as well as the location and how to access services (legal, psychosocial, and medical) in both Bubukwanga Transit Centre and Kyangwali Refugee Settlement. The volunteers worked with zonal community leaders and the GBV committees established in each of the three zones and supported linkage of identified survivors with the appropriate service providers. Regular meetings with them ensured close monitoring and supervision of their work.
- Standard Operating Procedures and GBV referral pathways were developed in collaboration with other GBV service providers in both Bubukwanga Transit Centre and Kyangwali Refugee Settlement and disseminated through the volunteers, the GBV Committees as well as by erecting sign posts with a chart depicting the referral pathways in local languages in strategic positions like health facilities, reception centres and food serving points. This facilitated easy access to GBV services.
- UNFPA supported ACORD to recruit staff to provide psychosocial counselling services for survivors of SGBV in both Bubukwanga transit Centre and Kyangwali Settlement. Health facilities in the settlement and the transit centre were supported to provide quality services to rape survivors by providing them with post rape treatment supplies and orienting the health workers on clinical management of rape survivors. In all 25 health workers were oriented on use of national guidelines and protocols for clinical management of rape survivors.
- These efforts ensured that 100 per cent of the refugee communities had community structures that supported the prevention and response to SGBV. In all, a total of 41 GBV cases were identified in Bubukwanga and Kyangwali during the reporting

<p>period, of which, 5 (12 per cent) were rape survivors while the rest were emotional abuse (1 case); physical violence (wife beating) (11 cases), denial of resources (3 cases), and 21 psychological violence cases. Over 90% of the cases were registered in Bubukwanga Transit Centre. All of the cases receive immediate counselling services and were effectively referred for clinical care immediately. Legal follow up was however poor as most of the survivors lost interest in the case and failed to support the follow up processes. Through enhanced coordination ACORD staff ensured that cases that were not concluded in Bubukwanga Transit Centre by the time of relocation of survivors and perpetrators to Kyangwali settlement were followed up to conclusion.</p>	
<ul style="list-style-type: none"> <li>Three youth groups in 3 zones (Mukunyu, Kentomi and Malembo) in Kyangwali refugee settlement were provided with board games, footballs and netballs and drama performance kits. The sports and drama activities provided platforms for dissemination of information on Sexual and Reproductive Health as well as GBV prevention by volunteer youth who have been trained to provide the information dissemination service. At least 2,405 young people (of which 53 per cent of them female) were reached with SRH and GBV information during the sports and drama activities. The recreational activities helped keep the youth active, and busy, and in the process also gained skills in the different games as they participated and helped promote cordial relationship among the refugee communities, relieved them from the bad war memories; additionally increased their awareness on HIV/STI and pregnancy prevention, existing sexual and reproductive health care services.</li> </ul>	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>None</p>	
<p>13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p><b>If 'YES', what is the code (0, 1, 2a or 2b):</b>  <b>If 'NO' (or if GM score is 1 or 0):</b></p> <p>This project was deliberately designed to cater for the special reproductive health needs of women particularly pregnant women and young people. The project supported community structures and mechanisms to prevent gender based violence and put in place systems for early referral and easy access to treatment and support services for survivors. The special needs of young people were also deliberately catered for.</p>	
<p>14. M&amp;E: Has this project been evaluated or is an evaluation pending?</p>	<p>EVALUATION CARRIED OUT <input type="checkbox"/></p>
<p>Given the short period of the project, no formal evaluation was carried out. However monitoring and regular support supervision was conducted both by the implementing partner as well by UNFPA. This provided constant information about the performance of the project and enabled implementation to be tailored to respond to the needs of the refugees. The project activities were coordinated with partners through the regular coordination meetings led by the Office of the Prime Minister and the UNHCR both at Kampala and field level.</p>	<p>EVALUATION PENDING <input type="checkbox"/></p>
	<p>NO EVALUATION PLANNED <input checked="" type="checkbox"/></p>

**TABLE 8: PROJECT RESULTS**

CERF project information			
1. Agency:	UNHCR	5. CERF grant period:	10 Aug.2013 – 9 Feb. 2014
2. CERF project code:	13-RR-HCR-048	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Multi-sector		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency assistance to refugees from the DRC in Kyangwali Refugee settlement		
7. Funding	a. Total project budget:	US\$ 21,400,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 9,865,530	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 901,245
	c. Amount received from CERF:	US\$ 2,610,896	▪ <i>Government Partners:</i> US\$ 208,687
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	11,140	17,283	The total Congolese refugees assisted in Bubukwanga TC in Bundibugyo district as of 31 December 2013 was 31,232. UNHCR was able to conclude the project in 5 months by 9 January 2014. Due to the proximity of their homes to the TC, many refugees refused to move from the TC to the settlement located in Hoima District. A total of 12,452 refugees were transferred from Bubukwanga TC to the settlement. A total of 2,232 refugees remained resident in the TC as of 31 December while others spontaneously moved to the host communities in the surrounding area. As such, more refugees were assisted in the TC than in Kyangwali settlement.
b. Male	8,860	13,949	
c. Total individuals (female + male):	20,000	31,232	
d. Of total, children <u>under</u> age 5	4,280	6,877	
9. Original project objective from approved CERF proposal			
The objective of this emergency response project will be to provide timely emergency multi-sectoral support and assistance (protection and basic humanitarian assistance) to address immediate life-saving needs of the approximately 20,000 refugees from the DRC. The project activities will be implemented at both the Kyangwali refugee settlement level and the 2 way stations in Kyenjojo and Kabwoya.			
10. Original expected outcomes from 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.			
<b>Sector</b>	<b>Outcomes and indicators</b>		
Protection and Community Services	Outcome: Reception conditions improved <ul style="list-style-type: none"> <li>100 per cent new arrivals have access to basic protection and assistance on their arrival in Uganda/Kyangwali</li> </ul>		

	<p>Outcome: Quality of registration and profiling improved or maintained</p> <ul style="list-style-type: none"> <li>100 per cent new arrivals registered and profiled individually on their arrival in Uganda/Kyangwali</li> </ul> <p>Outcome: Logistics and supply optimized to serve operational needs.</p> <ul style="list-style-type: none"> <li>100 per cent new arrivals are transported to Kyangwali refugee settlement in safety and in dignity.</li> </ul> <p>Outcome: Services for persons with specific needs (PSN) strengthened.</p> <ul style="list-style-type: none"> <li>100 per cent identified PSN have access to specific support in line with their basic needs.</li> </ul> <p>Outcome: Referral mechanisms established</p> <ul style="list-style-type: none"> <li>100 per cent reported GBV cases have access to referral services (health)</li> </ul>
Shelter & Settlement Management	<p>Outcome: Shelter and infrastructure constructed, improved and maintained.</p> <ul style="list-style-type: none"> <li>100 per cent new arrivals have access to shelter assistance.</li> <li>100 per cent newly arrived refugees are allocated plots of land within 1 week of arrival to the settlement.</li> <li>Minor repairs conducted on Kyangwali settlement access road</li> </ul>
Household items (NFIs)	<p>Outcome: Population has sufficient basic and domestic items</p> <ul style="list-style-type: none"> <li>100 per cent new arrivals have access to basic domestic and household items</li> </ul>
WASH	<p>Outcome: Supply of potable water increased or maintained.</p> <ul style="list-style-type: none"> <li>At least 10 litres of potable water available per person per day for 100 per cent new arrivals</li> </ul> <p>Outcome: Population lives in satisfactory conditions of sanitation and hygiene.</p> <ul style="list-style-type: none"> <li>100 per cent households of new arrivals have access to communal latrines.</li> </ul>
Public Health	<p>Outcome: Health status of the population improved.</p> <ul style="list-style-type: none"> <li>100 per cent new arrivals have access to primary health care.</li> </ul>
Education	<p>Outcome: Population has optimal access to education</p> <ul style="list-style-type: none"> <li>30 per cent new arrivals have access to primary education in Kyangwali refugee settlement</li> </ul>

#### 11. Actual outcomes achieved with CERF funds

Below are the outcomes achieved:

Sector	Outcomes achieved
Protection and Community Services	<p>Outcome: Reception conditions improved</p> <ul style="list-style-type: none"> <li>Hired 01 Community support officer, 01 psychosocial support, 01 Child Protection officer, 02 Counsellors, 01 Legal adviser and 02 counsellors to offer psychosocial support guidance and counselling to new arrivals.</li> <li>Procured 30 trucks of firewood, cooking utensils and prepared hot meals for 3,417 Household of 12,452 individuals that were received in 15 convoys.</li> <li>Ensured human dignity and protection of new arrivals by constructing 19 communal shelters i.e. registration (01), kitchen (01), storage (01) and accommodation (16).</li> <li>100 per cent new arrivals had access to basic protection and assistance on their arrival in Uganda/Kyangwali.</li> </ul> <p>Outcome: Services for persons with specific needs strengthened.</p> <ul style="list-style-type: none"> <li>Protection and safety of the most vulnerable of the PSNs were ensured through construction of 25 huts for single parents, 32 for single mothers, 38 (16M, 22F) for elderly persons and 25 (10m 15f) for PWDs. A total of 70.5 per cent of PSNs identified had access to shelter through support (additional help) in hut construction</li> <li>100 per cent (919) identified PSN offered other support with basic hygiene, domestic items and sanitary materials- this was dependant on assessed needs.</li> <li>Hired 06 community social workers to offer community based protection and social services.</li> <li>82 per cent 382/466(198m, 185f) vulnerable children with Supported scholastic materials, soap, food, and clothes.</li> </ul>

	<ul style="list-style-type: none"> <li>Distributed NFIs and sanitary materials to new arrivals as household package in the settlement. With this their hygiene and house hold items were ensured.</li> </ul> <p>Outcome: Quality of registration and profiling improved or maintained</p> <ul style="list-style-type: none"> <li>100 per cent new arrivals registered and profiled individually on their arrival in Uganda/Kyangwali</li> </ul> <p>Outcome: Logistics and supply optimized to serve operational needs.</p> <ul style="list-style-type: none"> <li>100 per cent (12,452) new arrivals are transported to Kyangwali refugee settlement in safety and in dignity through hired buses and trucks.</li> </ul> <p>Outcome: Referral mechanisms established</p> <ul style="list-style-type: none"> <li>100 per cent (46) reported GBV cases had access to referral services (health), these were offered psychosocial and legal support.</li> <li>SGBV consultant provided support to establish the referral mechanism.</li> </ul>
Shelter & Settlement Management	<p>Outcome: Shelter and infrastructure constructed, improved and maintained.</p> <ul style="list-style-type: none"> <li>100 per cent (3,417) households/12,452 individuals of new arrivals have access to shelter assistance.</li> <li>100 per cent newly arrived refugee households were allocated plots of land within 1 week of arrival to the settlement.</li> <li>15.6 km access road repair conducted on Kyangwali settlement.</li> </ul>
Household items (NFIs)	<p>Outcome: Population has sufficient basic and domestic items</p> <ul style="list-style-type: none"> <li>100 per cent of new arrivals had access to basic domestic and household items. Items for 5,000 household were procured and stored in the Kampala warehouse for onward transport to the final distribution point in the settlement. Some distribution of the NFI kit took place in Bubukwanga TC as refugees prolonged their stay in the Transit Centre rather than move to the settlement.</li> </ul>
WASH	<p>Outcome: Supply of potable water increased or maintained.</p> <ul style="list-style-type: none"> <li>At least 21.3 litres of potable water available per person per day for all new arrivals</li> </ul> <p>Outcome: Population lives in satisfactory conditions of sanitation and hygiene.</p> <ul style="list-style-type: none"> <li>All new arrivals had access to 89 communal latrines.</li> </ul>
Public Health	<p><b>Outcome: Health status of the population improved.</b></p> <ul style="list-style-type: none"> <li>100 per cent new arrivals have access to primary health care.</li> <li>Emergency Rapid Diagnostic Test (RDT) for Malaria procured and utilized 13,187 (5,421 malaria slides and 7,766 RDT's) laboratory tests (positivity rate for slides is 47.7 per cent and 51.5 per cent for RDT).</li> <li>31 patient's beds painted and repaired 20 staff beds, 04 Mackintosh rolls and 40 benches procured. 48 medical Waste collection bins procured.</li> <li>Maintenance and repair of health centres including 01 solar system repaired. 01 mini drug store at Rwenyawawa HC III constructed.</li> <li>Isolation ward (20 bed capacity) for patients in case of epidemics constructed by Action Africa Help/UNHCR in Kyangwali HC III (Slab and tent).</li> <li>01 outreach post in Kentomi for new caseload constructed.(slab and tarpaulin sheeting)</li> <li>Medical referral patients to Hoima (supplementary drugs, upkeep) maintained.</li> <li>2,800 Medical forms and cards printed-appropriate forms given for follow up of patients.</li> <li>Assorted Lab reagents procured so that various laboratory tests were done- POC have access to various numbers of tests according to the Laboratories capability.</li> <li>Support to specialized services (02 Eye clinic outreach, 01 Orthopedic and Physiotherapy outreach and approximately 30 specialized investigations)</li> <li>Medical staff were hired to support the refugee health services including 02 (f) enrolled midwives, 02(m) enrolled comprehensive nurses; 02 (M) Medical Officers; 01 (m) clinical officer; 02 (f) Registered Comprehensive nurse, 01MCH Nurse(f); 02(m) out of 03 health janitors; 03 (f) nursing assistants; 01 (m) nutrition nurse</li> <li>05 outreach workers facilitated with incentive to ensure compilation of reports, health sensitization within the communities, screening for various illnesses and mobilization for</li> </ul>

	<p>outreaches</p> <ul style="list-style-type: none"> <li>▪ 10 Manual vacuum aspirator (MVA) procured and being utilized</li> <li>▪ Clinical management of rape survivors training conducted for 05 (2m, 3f) staffs.</li> <li>▪ Emergency obstetric care training conducted for 06 (f) staffs in Hoima facilitated by DHI.</li> <li>▪ Cold chain management training conducted for 7 (5f, 2m) staffs in Hoima facilitated by DHI</li> <li>▪ 20 (m12, 08f) staffs provided with uniform.</li> </ul>
Education	<p>Outcome: Population has optimal access to education</p> <ul style="list-style-type: none"> <li>▪ The enrolment rate for primary education reached 93 per cent in Kyangwali settlement.</li> <li>▪ Assorted sports equipment provided, Balls- 3 pairs of Goal posts for net and football, 12 javelin, 145 Pcs of football, 40 volley ball, 48 net balls, 11 discuss 12 short put distributed among 6 schools in the settlement.</li> <li>▪ Assorted school materials were distributed in all the 06 schools. Items issued included; Counter books, pens, ruled papers manilas, exercise books, pens, pens were given out. This helped teachers in preparation of schemes of work and lesson plans hence effective learning</li> <li>▪ 3,501 of children of school going age were enrolled in school and received an assortment of scholastic materials to facilitate their learning. The new children received pens, books and motivated them to enrol and stay in school. 2,142 (1,110M, 1,032F) are POC enrolled to preschool.</li> <li>• 73.3 per cent (22/30 targeted trained teachers recruited)</li> <li>• Procured and supported schools with 12 chairs, tables 12, 04 bookshelves and 203 desks.</li> <li>• 4 Classrooms constructed with attached library and an office block. The children of Malembo Primary school are studying in safe learning environment compared with when they were studying under the tree shades.</li> </ul>
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>The total number of refugees who eventually transferred to Kyangwali refugee settlement was lower than anticipated. However, all the planned protection and assistance was provided to those who transferred to the settlement to ensure that they had access to rights and basic services. Out of the 5,000 NFI kits procured for the newly arrived refugees, some of the NFIs were used for the newly arrived refugees in Bubukwanga TC as large numbers of refugees did not want to move to Kyangwali refugee settlement as the TC was closer to home, thereby prolonging their stay at the TC.</p>	
<p>13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p><b>If 'YES', what is the code (0, 1, 2a or 2b):</b>  <b>If 'NO' (or if GM score is 1 or 0):</b>  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 between October and December in all refugee settlement in Uganda including Kyangwali settlement which hosts new arrivals. The result and findings are incorporated in the 2014 programme planning. For Kyangwali settlement, the key sectoral order of priority as presented by the refugees were 1) improvement of access to health; 2) enhancement of protection, SGBV and child protection programming; 3) Improvement of WASH services; 4) Improvement of education services; 5) Access to community development, livelihood and environmental activities; and 6) Repatriation.</p>	
<p>14. M&amp;E: Has this project been evaluated or is an evaluation pending?</p>	<p>EVALUATION CARRIED OUT <input type="checkbox"/></p>
<p>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 between October and December 2013 with refugees.</p>	<p>EVALUATION PENDING <input type="checkbox"/></p>
	<p>NO EVALUATION PLANNED <input checked="" type="checkbox"/></p>

**TABLE 8: PROJECT RESULTS**

CERF project information			
1. Agency:	IOM	5. CERF grant period:	13 Sep. 2013 – 12 Mar.2014
2. CERF project code:	13-RR-IOM-025	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Water and sanitation		<input checked="" type="checkbox"/> Concluded
4. Project title:	Kyangwali refugee emergency: Sanitation support at the household level		
7. Funding	a. Total project budget:	US\$ 1,699,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 190,000	▪ NGO partners and Red Cross/Crescent: US\$ 0
	c. Amount received from CERF:	US\$ 190,000	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female 55.7%	5,013	5,447	
b. Male 44.3%	3,987	4,128	
c. Total individuals (female + male):	9,000	9,575	
d. Of total, children <u>under</u> age 5	1,926	2,049	
9. Original project objective from approved CERF proposal			
To mitigate the risks of human life losses associated with WASH related diseases by providing sanitation systems at the household level and sensitizing the community on hygiene and sanitation.			
10. Original expected outcomes from approved CERF proposal			
Activities	Expected Outcomes		Indicators
<b>Construction of household sanitary systems</b>			
Procure and distribute plastic slabs, treated wood poles, and excavation tools for construction of household latrines.	<ul style="list-style-type: none"> <li>3,000 households have the necessary supplies and tools to construct latrines.</li> </ul>		<ul style="list-style-type: none"> <li>Number of plastic slabs procured and distributed.</li> <li>Number of treated wood poles procured and distributed.</li> <li>Number of kits containing excavation tools.</li> </ul>
Procure and distribute five-litre plastic jerry cans for tip-taps hand washing facility for each household.	<ul style="list-style-type: none"> <li>3,000 households have the hand washing facilities</li> </ul>		<ul style="list-style-type: none"> <li>Number of five-litre jerry cans distributed for household hand washing facilities.</li> </ul>
Mobilize refugees to build and maintain household latrines, bathing shelters, waste pits and hand washing facilities for their	<ul style="list-style-type: none"> <li>3,000 household latrines, bathing shelters, waste pits and hand washing facilities constructed.</li> </ul>		<ul style="list-style-type: none"> <li>Number of latrines constructed meeting appropriate SPHERE standards.</li> <li>Number of hand washing facilities</li> </ul>



households.		at the household level. <ul style="list-style-type: none"> <li>• Number of bathing shelters.</li> <li>• Number of waste pits identified and established for waste disposal meeting appropriate SPHERE standards.</li> </ul>
<b>Community Hygiene Promotion</b>		
Identify and conduct rapid training of CHPs.	Nine CHPs trained by IOM and local government officials	<ul style="list-style-type: none"> <li>• Number of trained CHPs</li> <li>• Number of government officials involved in training.</li> </ul>
Print and distribute IEC materials.	<ul style="list-style-type: none"> <li>• 3,000 brochures printed in four languages.</li> <li>• 3,000 refugees receive brochures</li> </ul>	<ul style="list-style-type: none"> <li>• Number of material printed.</li> <li>• Number of refugees who receive printed WASH awareness material.</li> </ul>
Carry outreach and awareness-raising on how to mitigate WASH related diseases.	<ul style="list-style-type: none"> <li>• 80% of households receive awareness raising messages on how to mitigate WASH related diseases and how to use sanitary facilities properly.</li> </ul>	<ul style="list-style-type: none"> <li>• Percentage households who receive awareness raising messages.</li> </ul>
Monitor the construction and use of household latrines and other household sanitary systems and provide on-site support.	<ul style="list-style-type: none"> <li>• 3,000 households receive support on the construction of household level sanitary facilities.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of households that receive targeted assistance.</li> </ul>
Procure chemicals and conduct one fumigation to ensure vector control	<ul style="list-style-type: none"> <li>• One initial fumigation conducted</li> </ul>	<ul style="list-style-type: none"> <li>• Number of fumigations conducted.</li> </ul>

#### 11. Actual outcomes achieved with CERF funds

The project was successfully implemented within the allotted timeframe, achieving the following outcomes;

##### **Construction of household sanitary systems**

- 3,000 plastic slabs were procured and delivered in Kyangwali refugee settlement and distributed to 3,000 households for construction of household latrines.
- 11, 005 treated wood poles were procured and distributed to refugees for household latrine construction.
- 500 sets of excavation tools each consisting of (spade, pick-axe, steel bucket, nylon rope, hoe, slashes and head-axe) were procured and distributed for excavation of household latrines.
- 5,000 five-litre jerry cans were procured and delivered in Kyangwali for making household hand washing facilities.
- At the end of the project a total of 2,664 latrines were constructed meeting SPHERE standards with 336 latrines covered with slabs and poles as construction of super structures were underway in various stages to completion.
- 3,000 tippy-taps have been constructed at household level.
- 2,846 bathing shelters were constructed.
- 1578 waste pits were established for waste disposal meeting appropriate standard.
- 1,312 drying racks were constructed by the refugees at household level.

##### **Community Hygiene Promotion**

- 9 Community Hygiene Promoters (CHPs) were identified within the refugee community and were provided rapid training by three officials in emergency response, basic knowledge, skills and abilities to address the WASH and health impacts in emergencies and disasters.
- 3,000 copies of (IEC) materials were printed in three languages, (English, Kiswahili and French).
- 3,000 IEC materials were distributed to refugees and (ECD) centres during awareness raising campaigns and community sensitisation.
- A total of 2,560 households of new arrivals with the composition of (1,030 women/girls and 1530 men/boys) representing 85 per cent received awareness raising messages on how to mitigate WASH related diseases and how to use sanitary facilities properly in Kitooro, Kirokole, Malembo, Mukunyu, Mombasa and Kentomi villages in Kyangwali

settlement.

- On Vector control, chemicals for fumigation of villages infested by jiggers were procured which were used to fumigate three villages of (Kentomi, Mukunyu and Malembo-A) as well as two schools infested by jiggers ( Kentomi Nursery and primary school with 4 classrooms and Nyamiganda primary school with 8 classrooms) accompanied by treatment of 1,247 affected persons shown in the table below and 300 pupils in schools.

Fumigated Village	Number of households fumigated	Number of people treated
Kentomi	222	871
Mukunyu	27	131
Malembo A	51	245
<b>Total</b>	<b>300</b>	<b>1,247</b>

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

The initial plan to procure 12,000 treated wood poles for installation of the plastic slabs during household latrine construction could not be achieved due to unavailability of poles in local markets. Due to the additional costs related to the transportation of the poles over longer distances, IOM was able to procure and deliver 11,005 treated poles instead of 12,000 specified in the proposal. However, IOM was able to achieve some cost savings in the procurement of excavation tools and jerry cans. Based on the urgent need for additional excavation tools and hand washing facilities, IOM procured an additional 300 excavation tool sets (increasing from 200 specified in the proposal to 500) and an additional 2,000 jerry cans (increasing from 3,000 specified in the proposal to 5,000).

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):**

Women and men as well as girls and boys benefited from increased access to household level sanitation. In addition, 40 per cent of recipients of hygiene awareness messages were women and girls. IOM interviewed women refugees for the positions of community hygiene promoters; but unfortunately none of them met the requirements for the position.

14. M&E: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

A formal evaluation was not contemplated in the project proposal. However, IOM is frequently monitoring the project in the course of implementing the new WASH project - CERF (14-UFE-IOM-015) in the same project site to ensure no issues affect the efficacy of the project and that all activities are followed up.

EVALUATION PENDING

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

CERF project information			
1. Agency:	WFP	5. CERF grant period:	13 Sep. 2013 – 12 Mar. 2014
2. CERF project code:	13-RR-WFP-043	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Food		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency Food Assistance to new Congolese refugees relocated from Bundibugyo to Kyangwali refugee settlement		
7. Funding	a. Total project budget:	US\$2,605,630	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 1,007,069	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 80,172
	c. Amount received from CERF:	US\$1,007,069	▪ <i>Government Partners:</i> US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	11,140	6,886	Much as the plan in the proposal was to support 20,000 new DRC refugees to be transferred from Bubukwanga TC in Bundibugyo, only 12,452 refugees were transferred while some of them remained in the transit centre due to proximity of their homes and were hoping to return to their homes. With CERF funds WFP provided food assistance to 12,452 DRC refugees relocated from Bubukwanga transit centre to Kyangwali settlement for a period of 5 months.
b. Male	8,860	5,566	
c. Total individuals (female + male):	20,000	12,452	
d. Of total, children <u>under</u> age 5	4,280	2,665	
9. Original project objective from approved CERF proposal			
The main objective of the project is to meet 100 per cent food needs for 20,000 new refugees from DRC relocated from Bubukwanga transit centre in Bundibugyo to Kyangwali Refugee settlement in Hoima district located in south-western Uganda.			
10. Original expected outcomes from approved CERF proposal			
The expected outcomes are:			
<ul style="list-style-type: none"> <li>Improved food consumption over the assistance period for new refugees from DRC; and</li> <li>Reduced acute malnutrition in target groups of children and the refugee population.</li> </ul>			
The outcome indicators to be monitored include:			
<ul style="list-style-type: none"> <li>Household food consumption score among the new arrivals greater than 28</li> <li>Prevalence of acute malnutrition among children under 5 (weight-for-height as per cent) &lt; 5 per cent</li> </ul>			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> <li>Household food consumption score among the new arrivals &gt; 28 (98.1 per cent)</li> <li>Prevalence of acute malnutrition among children under 5 (weight-for-height as per cent) &lt; 3.5 per cent</li> </ul>			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			

<p>Though WFP reached only about 62% of the caseload expected, no savings were made. The assistance also supported refugees at the Bubukwanga transit Centre in Bundibugyo district, some of whom never relocated to Kyangwali settlement.</p>	
<p>13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?</p>	<p>YES <input type="checkbox"/></p> <p>NO <input checked="" type="checkbox"/></p>
<p><b>If 'YES', what is the code (0, 1, 2a or 2b):</b>  <b>If 'NO' (or if GM score is 1 or 0):</b> The general food distributions are implemented by the refugee food management committees of which women hold 50 per cent leadership positions.</p>	
<p>14. M&amp;E: Has this project been evaluated or is an evaluation pending?</p>	<p>EVALUATION CARRIED OUT <input type="checkbox"/></p>
<p>WFP did not budget for the evaluation of the project and in addition the project was implemented within the bigger refugee programme under PRRO 200429 which received additional funds from other sources to support implementation of the programme activities. Nevertheless outcome level information was derived from the annual food security and nutrition assessment conducted in October 2013.</p>	<p>EVALUATION PENDING <input type="checkbox"/></p>
	<p>NO EVALUATION PLANNED <input checked="" type="checkbox"/></p>

**TABLE 8: PROJECT RESULTS**

CERF project information			
1. Agency:	WHO	5. CERF grant period:	23 Sep.13 – 22 Mar.14
2. CERF project code:	13-RR-WHO-053	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project title:	Support efforts to ensure access to basic health services for the refugees in Kyangwali Refugee Settlement in Hoima district		
7. Funding	a. Total project budget:	US\$ 3,730,050	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 148,819	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 0
	c. Amount received from CERF:	US\$ 148,819	▪ <i>Government Partners:</i> US\$ 13,203
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	11,140	17,396	Note that the beneficiaries covered both Congolese refugees in Hoima and Bundibugyo
b. Male	8,860	13,836	
c. Total individuals (female + male):	20,000	31,232	
d. Of total, children <u>under</u> age 5	4,280	6,684	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> <li>To ensure access to the delivery of basic life-saving health services through the existing health facilities, outreach programs and community health services</li> <li>Strengthen disease surveillance, information analysis and sharing among the stakeholders in order to identify disease outbreak and institute rapid response</li> </ul>			
10. Original expected outcomes from approved CERF proposal			
<b>Outcomes</b>		<b>Indicators</b>	
The refugee community will have access to basic health services		Out Patient Department (OPD) attendance rate maintained at greater than 1	
		Immunization coverage for measles in the camps maintained at greater than 95 per cent	
The trend of major communicable disease among the refugee community monitored on a weekly bases		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			
<ul style="list-style-type: none"> <li>OPD attendance rate was maintained at greater than 1</li> <li>Immunization coverage for measles in the settlement was increased to over 90 per cent</li> </ul>			

<ul style="list-style-type: none"> <li>• Completeness and timeliness of weekly surveillance report was increased from about 51 per cent to 72 per cent</li> <li>• Disease outbreak in Hoima district was investigated within 72 hours</li> </ul>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
The poor weekly reporting from the Hoima district was a result of poor reporting by health facilities outside the refugee hosting areas. These health facilities were not targeted during the Integrated Disease Surveillance and Response (IDSR) training; this affected the overall performance of the district.	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p><b>If 'YES', what is the code (0, 1, 2a or 2b):</b></p> <p><b>If 'NO' (or if GM score is 1 or 0):</b></p> <p>Female refugees were specifically targeted during the selection and the training of the Village Health Teams (VHTs) from among the refugees. Note that the trained female VHTs constituted more than 30 per cent of the VHTs</p>	
14. M&E: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
During programme implementation, the district local government and WHO staff closely monitored the implementation process	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

## ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name	Sub-grant made under pre-existing partnership agreement	Partner Type	Total CERF Funds Transferred to Partner US\$	Date First Installment Transferred	Start Date of CERF Funded Activities By Partner	Comments/Remarks
13-RR-FAO-028	Agriculture	FAO	ADRA	No	INGO	\$48,716	26-Sep-13	16-Sep-13	From the start date to the date of first installment (a 10 day lapse), ADRA was organising the logistics and human resource to carry out the activities. Once organized they began on the Rapid Field Assessment.
13-RR-FPA-032	Protection	UNFPA	Agency for Cooperation, Research and Development (ACORD)	YES	INGO	\$56,160	8-Nov-13	13-Sep-13	Start date of activity implementation was actually Sep 13, although funds were transferred on Nov 8, 2013. This was on a pre-existing agreement with ACORD
13-RR-HCR-048	Multi-sector refugee assistance	UNHCR	AAH-U	Yes	INGO	\$219,402	6-Nov-13	10-Aug-13	The agreement was pre-existing and partners were authorised to charge the existing agreement for CERF activities.
13-RR-HCR-048	Multi-sector refugee assistance	UNHCR	AIRD	Yes	INGO	\$317,002	19-Nov-13	10-Aug-13	The agreement was pre-existing and partners were authorised to charge the existing agreement for CERF activities.
13-RR-HCR-048	Multi-sector refugee assistance	UNHCR	LWF	Yes	INGO	\$27,972	16-Oct-13	10-Aug-13	The agreement was pre-existing and partners were authorised to charge the existing agreement for CERF activities.
13-RR-HCR-048	Multi-sector refugee assistance	UNHCR	URCS	Yes	RedC	\$158,698	23-Oct-13	10-Aug-13	The agreement was pre-existing and partners were authorised to charge the existing agreement for CERF activities.

13-RR-HCR-048	Multi-sector refugee assistance	UNHCR	MTI	Yes	INGO	\$178,171	13-Aug-13	10-Aug-13	The agreement was pre-existing and partners were authorised to charge the existing agreement for CERF activities.
13-RR-HCR-048	Multi-sector refugee assistance	UNHCR	OPM	Yes	GOV	\$208,687	14-Aug-13	10-Aug-13	The agreement was pre-existing and partners were authorised to charge the existing agreement for CERF activities.
13-RR-CEF-098	Child Protection	UNICEF	SCI	Yes	INGO	\$59,243	31-Dec-13	3-Sep-13	There was a pre-existing cooperation agreement with the partner to which CERF activities were charged.
13-RR-WFP-043	Food Assistance	WFP	Samaritan's Purse	Yes	INGO	\$80,172	16-Dec-13	13-Sep-13	The CERF funds contributed to ongoing activities and partnership agreement with Samaritan's Purse.
13-RR-WHO-053	Health	WHO	Government	Yes	GOV	\$13,203	16-Oct-13	1-Nov-13	Pre-existing agreement



## ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAH-U	Action Africa Help - Uganda
ACORD	Agency for Cooperation, Research and Development
ADF	Allied Democratic Front
ADRA	Adventist Development and Relief Agency Uganda
AIRD	African Initiatives for Relief & Development
ANC	Ante Natal Care
ARC	American Refugee Council
CERF	Central Emergency Response Fund
CFS	Child Friendly Space
CHP	Community Hygiene Promoters
CPCs	Child Protection Committees
DRC	The Democratic Republic of Congo
DRC-DDG	Danish Refugee Council – Danish Demining Group
ECD	Early Childhood Development
ERH kits	Emergency Reproductive Health kits
FAO	Food and Agriculture Organization of the United Nations
FARDC	Armed Forces of the Democratic Republic of Congo
FRC	Finnish Refugee Council
GAM	Global Acute Malnutrition
GBV	Gender Based Violence
HC	Health Centre
HIV	Human Immunodeficiency Virus
IASC	Interagency Standing Committee
ICRC	International Committee of the Red Cross
IDSR	Integrated Disease Surveillance and Response
IEC	Information, Education and Communication
IOM	International Organization for Migration
LWF	Lutheran World Federation
M23	Mouvement du 23 mars
MDG	Millennium Development Goal
MONUSCO	United Nations Organisation Stabilisation Mission in the Democratic Republic of Congo
MSF-F	Doctors without Borders France
MTI	Medical Teams International
NFI(s)	Non Food Item(s)
OPD	Out Patient Department
OPM	Office of the Prime Minister Refugee Department
POC	Persons of Concern
PMT	UN Programme Management Team
PRRO	Protracted Relief and Recovery Operations
PS	Primary School
PSN(s)	Person(s) with Specific Needs
RapidFTR	Rapid Family Tracing and Reunification
RH	Reproductive Health
SAM	Severe Acute Malnutrition
SP	Samaritan's Purse

SGBV	Sexual and Gender Based Violence
SPHERE	The Sphere standard – Humanitarian Charter and Minimum Standards in Humanitarian Response
SRH	Sexual and Reproductive Health
TC	Transit Centre
UNCT	United Nations Country Team
UNFPA	United Nations Population Fund
UNHCR	The office of the United Nations High Commissioner for Refugees
UNICEF	The United Nations Children's Fund
UPDF	Uganda People's Defence Force
URCS	Uganda Red Cross Society
VHT	Village Health Teams
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization