RESIDENT/HUMANITARIAN COORDINATOR REPORT 2012 ON THE USE OF CERF FUNDS UGANDA

RESIDENT/HUMANITARIAN COORDINATOR	**Ms. Ahunna Eziakonwa- Onochie**

PART 1: COUNTRY OVERVIEW

I. SUMMARY OF FUNDING

TABLE 1: COUNTRY SUMMARY OF ALLOCATIONS (US$)		
Breakdown of total response funding received by source	CERF	6,887,544
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (*if applicable*)	0
	OTHER (Bilateral/Multilateral) [1]	4,312,010
	TOTAL	11,187,051
Breakdown of CERF funds received by window and emergency	**Underfunded Emergencies**	
	First Round	0
	Second Round	0
	Rapid Response	
	Refugees from the Democratic Republic of Congo (DRC)	6,887,544

II. REPORTING PROCESS AND CONSULTATION SUMMARY

a. Please confirm that the 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 ☐

b. 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, cluster/sector coordinators and members and relevant government counterparts)?

YES ☒ NO ☐

The report was circulated to the UN Country Team and a revision meeting took place on 21 February, chaired by the Resident Coordinator, to review the achievements and assess the lessons learnt opportunities.

At the operational level, the achievements of each agencies utilizing the CERF funds was reported in the Coordination Meeting on 22 February in Mbarara which was attended by all partners working in the refugee emergency (UN agencies, and international organization and NGOs), the central government ,represented by the Office of the Prime Minister (OPM), Refugee Department and District Officials.

[1] The amount has been corrected based on the funding made available to the new Congolese refugee influx.

PART 2: CERF EMERGENCY RESPONSE – Refugees from DR Congo (Rapid Response 2012)

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)		
Total amount required for the humanitarian response:		**54,395,770**
Breakdown of total response funding received by source	**Source**	**Amount**
	CERF	6,887,544
	OTHER (Bilateral/Multilateral)	4,312,010
	TOTAL	**11,187,051**

TABLE 2: CERF EMERGENCY FUNDING BY AGENCY (US$)			
Allocation 1 – Date of Official Submission: 15 June 2012			
Agency	**Project Code**	**Cluster/Sector**	**Amount**
UNHCR	12-HCR-034	Multi-Sector	2,804,898
FAO	12-FAO-027	Agriculture	278,457
UNFPA	12-FPA-030	Protection	200,379
IOM	12-IOM-018	Water and Sanitation, Education and Health	465,192
WFP	12-WFP-046	Food	1,831,225
UNICEF	12-CEF-074	Multi-Sector	1,150,975
WHO	12-WHO-045	Health	156,418
Sub-total CERF Allocation			**6,887,544**
TOTAL			**6,887,544**

Table 3: Breakdown of CERF Funds by Type of Implementation Modality (US$)	
Type of Implementation Modality	**Amount**
Direct UN agencies/IOM implementation	4,596,529
Funds forwarded to NGOs for implementation[2]	1,425,821
Funds forwarded to government partners	865,194
TOTAL	**6,887,544**

As of 31 December 2012, 225,951 refugees and asylum seekers were registered in Uganda, mainly from the Democratic Republic of Congo (134,357), Somalia (27,143), South Sudan/ Sudan (20,584), Rwanda (17,928), Burundi (12,524), Eritrea (8,944), Ethiopia (2,845) and Kenya (1,408).

The CERF specifically targets the new influx from the Democratic Republic of Congo (DRC), which has been ongoing since July 2011 into Uganda. Since 2012 and as of end year, 56,991 Congolese refugees crossed into Uganda through the two transit centres in the South West region and were registered as refugees on a *prima facie* basis. Out of this number, 31,938 were in refugee settlements and

[2]Funds transferred to Red Cross Society has been added under the NGO implementation to match the total CERF fund allocation figures. Otherwise the breakdown between NGO implementation and Red Cross Society implementation is as follows: NGOs US$1,136,296 and Red Cross Society $289,525.

4,860 refugees were in the two transit centres of Nyakabande and Matanda. Another 10,000 or so were in the host communities of Kisoro district according to the authorities.

With the continued uncertainty over peace negotiations between the DRC government and the M23, a Congolese militia group, refugees from Congo's Kivu regions continue to cross into Uganda through the Bunagana border entry point. The majority are fleeing as a precaution to lingering uncertainty in the peace negotiations as well as general insecurity including looting, physical and sexual assault, and inter-militia clashes. Some young men and women say they flee from forced recruitment by the armed groups. The influx rate in December was around 630 refugees per week, and is expected to continue at a similar or at a higher pace as negotiations continues in 2013.

The refugees are received and provided with basic assistance at the Transit Centres upon arrival from the DRC. Currently, there are two Transit Centres (TCs), Nyakabande (Kisoro District) and Matanda (Kanungu District). UNHCR together with the Government will closely monitor Matanda TC to see whether it would require continuous operation or it can be closed. Vast majority of the arrivals to Matanda TC fled fighting between the Mai Mai and FDLR, which peaked in September 2012, when the TC was opened. From the two Transit Centres, the refugees are then transferred to Rwamwanja Refugee Settlement, a new settlement that reopened on 17 April 2012. Other earlier arrivals were transferred to Nakivale and Oruchinga settlements where new villages were created to provide assistance to the new arrivals. The lifesaving assistance and protection needs for the refugees include:

- Provision of protection (including registration and physical security) to refugees who are assisted at the transit centre.
- Community services activities, such as identification of extremely vulnerable refugees, including identification of unaccompanied and separated children; identification and counselling services for rape survivors and relatives and appropriate referral.
- Immediate humanitarian assistance to newly-arrived refugees, such as non-food items (NFIs) and food ration.
- Increase capacity in supplementary and therapeutic feeding for identified malnourished children.
- Transportation of refugees from Transit Centres to the Refuge Settlement to decongest the transit centres.
- All sectoral activities and basic services in the newly-established settlement and villages within existing settlements to ensure refugees have access to minimum services. Key concerns are water; sanitation; food security and livelihood; health, including essential and emergency reproductive health (quality maternal health care services and well-equipped maternity section with delivery kits); education; and opening up access roads.
- Urgent establishment of Sexual and Gender-Based Violence (SGBV) response mechanisms (prevention and management) considering the conditions and reports by refugees of incidents during flight.

II. FOCUS AREAS AND PRIORITIZATION

The geographical focus of the interventions was in the Transit Centres of Nyakabande and Matanda and the new refugee settlement of Rwamwanja for majority of the agencies to maximize the impact for the new arrivals and reduce the logistical costs involved by spreading too thin. However, UNHCR utilized its pre-existing set up and also conducted activities in the new villages of the existing settlements. The priority was to ensure protection and lifesaving assistance and service delivery to the new arrivals who were being accommodated in a new settlement not used since 1994 and in new villages far from existing services. A joint comprehensive needs assessment has been conducted under the leadership of UNHCR, WFP and the Office of the Prime Minister for all project locations since the initial start of the influx following the post-election violence in the Democratic Republic of Congo. An UN inter-agency security assessment also took place on Rwamwanja and Nyakabande Transit Centres. Further an inter-agency assessment was conducted for Nyakabande Transit Centre in January 2012 and the Transit Centre was established in February 2012. For Rwamwanja Refuge Settlement, a multi-agency assessment was conducted at the end of February 2012 and the settlement was established on 17 April 2012. Since the establishment of the settlement, several sectoral assessment missions have taken place to prioritize the life-saving services. For example, WASH assessment was conducted in April by the Ministry of Water as well as several other assessment conducted during May 2012, led by UNHCR/ OPM with other agencies such as Ugandan Red Cross Society (URCS), Médecins Sans Frontières (MSF), Adventist Development and Relief Agency (ADRA) and Lutheran World Federation (LWF).

Below were the critical humanitarian actions per sector, utilizing CERF funds:

Protection

- Conduct registration and status determination of newly-arriving Congolese refugees and asylum seekers (UNHCR).
- Provision of physical security in Nyakabande and Matanda Transit Centres due to its proximity to the border area as well as in the settlements (UNHCR).

Child Protection

In February 2012, a rapid assessment of DRC refugee emergency in Western Uganda was undertaken by Save the Children. The objectives of the assessment were to understand the context of the emergency and the situation of refugees, and children in particular, as well as to determine appropriate interventions and assist in developing a feasible and realistic response action plan for Save the Children.

- Establishment of referral mechanism for unaccompanied and separated children (UNICEF).
- Provide interim care arrangement both in Nyakabande TC and Rwamwanja Settlement for unaccompanied and separated children (UNHCR).

Community Services

- Respond to the needs of the most vulnerable refugees and provide tailored support based on the identified specific needs, such as establishment of community support in construction of shelter and access to livelihood opportunities in Rwamwanja settlement (UNHCR).
- Provision of dignity kits including sanitary material to most vulnerable women and girls of reproductive age (UNFPA).

Food Security and Livelihood

- Provision of food ration comprised of 2,100 kcal per person per day to all new arrivals (WFP).
- Provision of farming inputs to the newly-arrived refugees (FAO).

Shelter/ Site Planning & Settlement management

- Site planning and rehabilitation of basecamp infrastructure in Rwamwanja settlement (UNHCR).
- Provision of construction poles and plastic sheeting for all new arrivals (UNHCR).
- Repair and maintenance of settlement roads (UNHCR).
- Support to the management of the Transit/ Reception Centre and Rwamwanja settlement (UNHCR).

Health and Nutrition

- Provision of primary health care, including drug supplies in Nyakabande Health Centre II, Matanda Health Centre II and Rwamwanja Health Centre III (UNHCR).
- Renovation of outpatient department, installation of additional solar energy power in maternity ward and provision of basic emergency medical equipment and supplies in Rwamwanja Health Centre (IOM).
- Establishment of disease surveillance (WHO).
- Carry out health outreach activities in Nakivale and Oruchinga settlement as the new villages are too far from existing facilities (UNHCR).
- Implementation of the minimal initial services package in reproductive health (MISP) to include provision of emergency reproductive health medical supplies and equipment to hospitals, Health Centre IVs and IIIs to manage safe deliveries as well as complications of pregnancy and childbirth (UNFPA).
- Timely provision of appropriate clinical care for rape survivors (UNHCR/ UNFPA).
- Provision of youth-friendly health care services and information to inform the young people, especially in Rwamwanja, where the age group 14-18 years is high (39 per cent) with no meaningful recreational activity (UNICEF).
- Establishment of supplementary and therapeutic feeding programme in Rwamwanja settlement and continuation of the same in Nyakabande Transit Centre (WFP – Supplementary; UNICEF – therapeutic).
- Improvement of Immunisation coverage (UNICEF/ WHO).
- Strengthening disease surveillance, analysis of information and sharing (WHO).
- Training of health workers on management of common communicable and non-communicable disease (WHO).
- Strengthening critical diagnostic capacity with focus on rapid diagnostic tests and transport media for transporting samples for diagnosis or confirmation (WHO).

Education

- Provision of primary education through teacher support (UNHCR).
- Provision of school kit to start schooling in Rwamwanja settlement (UNICEF).
- Increase the reception capacity of settlement school in Rwamwanja settlements (IOM).
- Creation of Child-Friendly Spaces in Nyakabande TC and Rwamwanja settlement (UNICEF).

Water and Sanitation

- Rehabilitation of existing boreholes in Rwamwanja refugee settlement (UNHCR).
- Continuation of water trucking in Rwamwanja refugee settlement until it can be replaced by alternative source of water (UNHCR).
- Establishment of new water source in Rwamwanja settlement (IOM/ UNICEF).
- Continuation of provision of water in Nyakabande Transit Centre (UNHCR).
- Distribution of latrine slabs for newly-arrived households (IOM/ UNHCR).

Logistics/ NFIs

- Continuation of transport of refugees from Nyakabande TC to Rwamwanja settlement (UNHCR).

- Provision of basic NFI kit to all newly-arrived families (UNHCR).

SGBV (Cross-cutting)

- Establishment of SGBV response mechanisms (both prevention and management) considering the conditions and reports by refugees of incidents during flight both in Nyakabande TC and Rwamwanja Settlement (UNHCR/ UNFPA).
- Multisectoral intervention to comprehensively respond to the needs of the survivors (UNHCR).

Environment (Cross-cutting)

- Tree marking to protect key tress and conduct sensitization (UNHCR).
- Provision of shelter kit (UNHCR).

III. CERF PROCESS

In early 2012, the numbers of new arrivals were relatively low, and all response was being absorbed by existing arrangement and funding available to UNHCR. However, the sudden increase in the number of new arrivals in May 2012, and the necessity to open a new refugee settlement in a relatively short period of time, created both a response gap and a funding gap which went beyond what could have been covered by UNHCR. The same was true for WFP, which had a running food programme for the existing refugee caseload, but the latest influx was beyond the absorption capacity of its regular programme. Due to resourcing shortfalls, WFP moved to partial rations for most existing refugee population in May 2012 and continued until December 2012.

As such, the CERF fund was required to bring additional partners who can provide their technical expertise to the area of refugee emergency response to provide lifesaving activities. While UNHCR and the Government co-chaired country level coordination meeting has been ongoing since the crisis, the membership was relatively limited to agencies already working in the refugee operation. To address this, a wider consultation and coordination meeting reaching out to NGO partners, who were currently not part of the refugee programme took place on 6 June 2012. The inclusive process was expected to open up additional partnership opportunities. As a result, some traditional NGO partners for refugee operations who were at that time not involved in refugee issues in Uganda approached both UNHCR and OPM to identify areas of support. For example, LWF initially identified funding for four boreholes in Rwamwanja settlement. Pentecostal Churches of Uganda provided cassava cuttings of newly-arrived refugee households in Rwamwanja settlement and ADRA provided NFIs to the extremely vulnerable individuals (EVIs) in the Nyakabande Transit Centre. Other partners, such as MSF, ran the water supply system in the Rwamwanja Settlement Reception Centre (RC) for one month while continuing to provide ad hoc technical support in sanitation and nutrition in Nyakabande Transit Centre. International Committee of the Red Cross (ICRC) provides technical support to URCS for family tracing and family reconnection through telephone contacts.

Discussions within the UN team on the need of support started early May 2012 when the influx numbers started to increase at a pace, which was not manageable by the existing response mechanism. Since then, several rounds of consultation and coordination took place with UNHCR leading the process to discuss the priorities and for agencies to indicate where they can make their technical expertise available at relatively short notice. Some of the UN agencies managed to conduct their assessment missions with support of UNHCR staff on the ground, while other UN agencies utilized the priority gaps already identified by UNHCR sector specialists. Close coordination took place to agree on sectoral priorities and to avoid overlap of submission between agencies. Further, it was agreed to ensure that existing partners are used to extend the needed lifesaving activities to () ensure a timely response and (2) to reduce on the transaction/ overhead costs. In some sectors, and in particular water, it was necessary to have more than two partners working on the same activities due to the sheer vastness of the settlement and the need to establish lifesaving water supplies. The surface area of Rwamwanja settlement is approximately 41.9 square miles (108.5 square km).

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis: 56,991 refugees[3]				
	Cluster/Sector	**Female**	**Male**	**Total**
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Multi-Sector	27,626	29,365	56,991
	Agriculture	18,468	17,532	36,000
	Protection	27,626	29,365	56,991
	Water and Sanitation	14,240	14,558	28,798
	Food	27,626	29,365	56,991
	Health	27,626	29,365	56,991

The population figure entered under the multisector is the total number of refugees registered and assisted in the two Transit Centres of Nyakabande and Matanda in 2012. The sex breakdown is based on a manual registration record maintained by UNHCR through the URCS.

- Agriculture beneficiary figure is based on FAO farming input distribution figure and includes host community households.
- Protection is provided to all refugees registered.
- Water and Sanitation indicates the total population of Rwamwanja refugee settlement as of 31 December 2012 based on UNHCR/ Government's registration records. Rwamwanja settlement is where most of the WASH efforts of IOM, UNICEF and UNHCR were provided. With the CERF funds as well as funding made available to operational partner NGOs, all residents in Rwamwanja settlement was able to access safe water within one km radius according to the Ugandan government rural development standard in line with the phase one emergency water intervention strategy.
- Food beneficiary figure is based on WFP's food distribution figures as they succeeded in reaching all new arrivals in 2012.
- Health is provided to all refugees registered whether at Transit Centres or the settlement and to the host community population in the catchment area. However, the figure indicated here is only that of the refugees.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	**Estimated Reached**
Female	14,610	27,626
Male	15,390	29,365
Total individuals (Female and male)	30,000	56,991
Of total, children under 5	7,470	13,459

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. Contrary to the initially submitted target figure, the total number of refugees

[3]The initial CERF submission was for 30,000 refugees expected to arrive in Uganda by end of June 2012, out of which 24,506 had already arrived as of 11 June 2012 at the point of submission. The rate of influx remained high throughout 2012 and as of end 2012, the new arrival figures reached 56,991 refugees.

received in Uganda was 56,991 refugees as of 31 December 2012. With the opportunistic fighting taking place between the Mai Mai and the Democratic Forces for the Liberation of Rwanda (FDLR) north of Bunagana, while the Congolese government and MONUSCO was preoccupied with the M23, new refugee influx took place into Kanungu District in September 2012. Part of the CERF activities was extended to cover the new Transit Centre, which was set up on 26 September 2012.

All new arrivals (56,991) were registered and assisted in the two Transit Centres of Nyakabande and Matanda. Out of this number, 31,938 were transferred from the Transit Centres to three refugee settlements of Rwamwanja, Nakivale and Oruchinga. They were assisted to cover their household needs and provided with basic services. Another 4,860 refugees were resident in the two transit centres of Nyakabande and Matanda as of 31 December, waiting to be moved to the settlements.

The key outcomes achieved are as follows:

Protection

- All new arrivals were registered in the Transit Centres and settlements within an average of two days.
- Access to legal assistance and protection from crime was provided through access to protection staff.

Child Protection

- A total of 841 children–at-risk were recorded in Rwamwanja settlement. A total of 204 Unaccompanied Minors (UAMs) were placed underfoster care while 30 UAMs were provided with communal accommodation. A total of 607 Separated Children (SC) are living with their relatives.The above includes 507 separated and unaccompanied children (313 males and 194 females) who were supported with NFIs (clothes, soap and scholastic material) as well as regular psychosocial counselling.
- RapidFTR, a tool to register UAMs/SCs, was launched in Nyakabande TC and Rwamwanja settlement to facilitate the communication between the two locations and to ensure timely intervention and follow through from the border to the settlement.
- Interactive consultation meetings with in-school children and with out-of-school children on the situation of their rights.
- Child Protection Committees (CPCs), with two members per committees), were established in Rwamwanja Refugee Settlement with the specific role to monitor children in need of care and protection.

Community Services

- A total of 1,598 Persons with Specific Needs (PSNs) was verified in Rwamwanja refugee settlement. All PSNs were registered and initial counselling provided. The most vulnerable refugees received tailored support based on the identified specific needs, such as provision of mobility equipment (for example, wheelchairs), establishment of community support in construction of shelter and access to livelihood opportunities in Rwamwanja settlement.

Food Security & livelihood

- Hot meals were provided in two transit centres.
- Monthly rations was provided for Congolese asylum-seekers and registered refugees in Rwamwanja and other settlements in South Western Uganda. A total of 8,200 refugee families and 800 host community families received seed kits with an assortment of crops.

Shelter/ Site Planning & Settlement management

- Two Transit Centres of Nyakabande and Matanda and Rwamwanja Reception Centre was maintained and managed.
- Plot allocation in Rwamwanja settlement was conducted within five days of arrival to the settlements.
- All newly-arrived refugees to the settlement were provided with shelter kits (over 7,500 shelter kits were distributed to 56,991 new arrivals).
- 19 km of settlement roads in Rwamwanja was opened, rehabilitated or maintained.

Health and Nutrition

Since the establishment of the Health Information System in May 2012, 81,842 consultations with patients were conducted in the two main health centres of Rwamwanja settlement and Nyakabande TC, most affected by the newly-arrived refugees. Approximately, 28 per cent of the consultations were with local population from areas surrounding the settlement and the TC.

- Primary health care was provided in Nyakabande Health Centre II, Matanda Health Centre II and Rwamwanja Health Centre III through 40 additional staff and drug supplies.
- Out Patient Department (OPD) in Rwamwanja settlement was renovated and OPD attendance rate was maintained at greater than one.
- Procured and supplied Rwamwanja HC with basic emergency medical equipment and supplies.
- An incinerator was constructed for medical waste disposal and management at Rwamwanja HC.
- Procured cold chain equipment for storage and distribution of vaccines fridges for health centres serving the refugee populations in Kisoro, Kanungu, Isingiro and Kamwenge districts.

- 100 per cent of health facilities serving the refugees were equipped and supplied to provide essential lifesaving interventions in reproductive health including maternal health, HIV and GBV.
- Additional solar energy power installed in maternity ward.
- 93 per cent of pregnant women benefited from skilled attendance at birth.
- 100 per cent of complicated pregnancies and deliveries were transferred to referral centres.
- Support to integrated outreaches for the settlement populations and surrounding communities. Services provided included immunization, Vitamin A supplementation, deworming, ORS distribution, treatment of other illnesses (malaria, diarrhoea and RTI. Over 80 per cent of the children in their second year of life had been dewormed and supplemented with vitamin A.
- Immunization coverage for measles in the settlements was maintained at greater than 90 per cent
- Supported Kamwenge district to train 152 Village Health Team (VHT) in basic VHT. Provided VHT kits as well as facilitated the VHTs for community mobilization.
- Completeness and timeliness of weekly surveillance report was maintained at greater than 90 per cent
- Proportion of disease outbreak investigated within 72 hours was greater than 90 per cent. Considering the Ebola, cholera and Marburg disease outbreak in Uganda, this intervention was crucial.

On nutrition, incomparison to the assessment in August 2012, where GAM was recorded at 5.6 per cent (over the 5 per cent threshold), and the end of 2012 indicators was as follows:

- Chronic malnutrition rate (stunting; height/ age) in Rwamwanja was 31.6 per cent.
- Global Acute Malnutrition rate (GAM; weight/ height) in Rwamwanja was 4.9 per cent.
- Severe Acute Malnutrition rate (SAM, weight/ height) in Rwamwanja was 0.5 per cent.
- Per cent of prevalence of anaemia in children underage5 in Rwamwanja was 53.7 per cent.
- Per cent prevalence of anaemia in women of reproductive age (15-49 years) in Rwamwanja was 41.3 per cent.

The following achievements contributed to the improved nutrition status:

- Emergency nutrition response in Rwamwanja settlement.
- 30 Health workers from Rukunyu and Bwiizi HCs were trained on intergrated management of acute malnutrition (IMAM) and Infant and young child feeding (IYCF).
- Supplementary feeding was conducted for identified moderately malnourished children and adults (particularly pregnant and lactating women).

Education

A total of 4,038 children of primary school age were enrolled. A further, 3,035 children are registered with the ECD centres. The St. Michael Primary School was reopened in Rwamwanja to support the existing Rwamwanja primary school. As of end 2012, the following were the key indicators in Rwamwanja:

- Teacher: Pupil ratio for Rwamwanja Primary School is 1:95; Pupil ratio for St. Michael Primary School is 1:163.
- The Pupil: Text book ratio for Rwamwanja Primary School is 1:8; and for St. Michael Primary School is 1:10.
- Latrine Stance: Pupil Ratio in Rwamwanja Primary School is 1:121; and for St. Michael Primary School 1:220.

The above was achieved through:

- Provision of primary education in Rwawmwanja settlement through provision of 12 additional teachers.
- Provision of temporary education and Early Childhood Development education in Rwawmwanja settlement including identification of teachers and material support provided in the form scholastic materials and kits.
- A joint education needs assessment was carried out with the relevant officers and Commissioners of the Ministry of Education.
- Renovated the classrooms block at St. Michael primary school.
- Installed solar energy power in candidate classes and offices in Rwamwanja and St. Michael primary schools.
- Installed lightening arresters for protection of the school from lightning and thunder at St. Michael primary school.
- Procured and supplied stationary for school administration.
- Pack of education/scholastic materials was provided during the third school term (starting Sept. 2012) to 800 pupils in three of the four GoU primary schools of the settlement.
- 100 School in a Box kits were distributed to schools in the settlement:.
- Eight ECD centres were set up in Rwamwanja settlement.

Water and Sanitation

No major outbreak of water-borne diseases was recorded in 2012 in both the Transit Centres and the settlements due to the timely intervention in WASH activities:

<u>Water provision</u>

- Functionality of water supply facilities in Rwamwanja settlement is at 100 per cent from 0 per cent in April 2012.
- Water per person per day reached 10.5 litres against 20 litres (standards).

- 14 additional boreholes were drilled and equipped with hand pumps.
- Water user committees formed and trained in managing the borehole.
- Procured borehole hand-pump repair tool kits for maintenance of constructed boreholes.
- Constructed a 10 m^3/10,000 litre new rain water harvesting system at St. Michael primary school to supply 2,204 pupils and 10 teachers with clean rain water.
- Rehabilitated three rain water harvesting systems at Rwamwanja primary school supplying 568 pupils with clean and safe water.
- Renovated the rain water supply system at Out Patient's Department (OPD) at Rwamwanja Health Centre (HC).
- Rehabilitation of 10 existing boreholes and maintenance and testing of water sources in Rwamwanja refugee settlement conducted.
- Continuation of water trucking in Rwamwanja refugee settlement during the drilling of additional boreholes.
- Provision of safe water in Nyakabande and Matanda Transit Centres.

Sanitation and hygiene

- 7,000 plastic latrine slabs and 8,000 treated wooden logs were distributed to refugees for household latrine construction.
- Supervised construction of 1,623 household latrines.
- Constructed emergency temporary latrine serving between 150 to 300 patients and staff daily at Rwamwanja HC.
- Constructed a five-stance female-lined ventilated drainable latrine at Rwamwanja HC.
- Constructed two five stances each drainable lined ventilated pit latrines for boys with a urinal and girls with a washroom at St. Michael Primary school and Rwamwanja primary school.
- 10 Community Hygiene Promoters (CHPs) were identified and had three days training that equipped them with knowledge and skills for social mobilization and awareness-raising on disease prevention and hygiene promotion that resulted to identification and digging of 616 household garbage pits, 504 bathe shelters and 604 drying racks for solid waste disposal and management among the refugee community.
- Eight mobilization and sensitization sessions were held to convey hygiene promotion messages of ideal homesteads, personal hygiene, disease prevention and safe water chain management the 'Community Total Led Sanitation (CTLS)'' approach.
- IEC materials were designed and printed for distribution to the refugees to enforce social mobilization and sensitization in four different languages (English, French, Kiswahili and Kinyabusha) commonly spoken in the settlement.
- Permanent latrines and shower blocks construction in Nyakabande Transit Centre.

Logistics/ NFIs

- 100 per cent of new arrivals willing to be relocated to receiving settlements of Nakivale, Oruchinga and Rwamwanja were transported, totalling to 33,480 new arrivals.
- 100 per cent new arrivals have access to basic domestic items; over 7,500 household kits were distributed to 56,991 new arrivals

SGBV (Cross-cutting)

- 52 cases of SGBV were reported and handled in 2012. All were referred for general medical attention and/or legal assistance and were provided with material and psychological support.
- SGBV referral pathways were developed and agreed on among the partners providing SGBV services in the settlements.
- Developed culturally-appropriate IEC materials in local languages on SGBV and Sexual and Reproductive Health (SRH)/HIV/AIDS (10,000 Posters and 10,000 brochures). The materials are being distributed in the settlements as a way of awareness raising among refugee population on GBV (prevention and response)
- Nine Women Groups were sensitized on SGBV and 36 community dialogue sessions were conducted in Nyakabande and Rwamwanja refugee settlements as a way of empowering the community and enabling them to support GBV prevention mechanisms. In all, 607 people were reached through the community dialogue sessions.
- 30 Health workers from Nyakabande and Rwamwanja were trained on clinical management of rape as per WHO guidelines.

Environment (Cross-cutting)

- 100 per cent of the new arrivals had access to shelter construction material. New arrivals received building poles for construction with each family receiving two poles.
- 100 per cent of cooking fuel was provided for communal cooking in the TCs. A total of 480 trips of firewood was transported and distributed for communal cooking in Nyakabande and Matanda TCs and Rwamwanja RC.
- All new arrivals were sensitized on environmental awareness, a total of 2,500 (1,600 females, 900 males). New arrivals were reached individually through home visits and 43 community sensitization focus group discussions were held.

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 multisector 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. While the numbers of the refugees and asylum seekers in Uganda were over 160,000 on 1 January 2012, the influx from the DRC was somewhat at a manageable rate.

The CERF allocation was timely as the Congolese influx reached its peak in Uganda in May 2012 with 12,976 refugees crossing the border in a matter of weeks. The new settlement of Rwamwanja was opened on 17 April 2012, just in time to cater for the mass influx. The refugee settlement was originally used by the Rwandan refugees, but was closed in 1994 following their repatriation. While basic infrastructures, built by UNHCR in the 1980s, exist, the condition in the settlement was equivalent to opening a new refugee settlement. Uganda experienced a second wave of influx in July 2012 with 11,128 refugees crossing. The CERF allocation ensured that there were sufficient UN agencies with technical expertise on the ground in both Nyakabande TC and Rwamwanja settlement to respond to the second wave of influx and to ensure that lifesaving support were provided to all new arrivals.

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

The CERF intervention especially contributed in providing the basic lifesaving needs of the refugees. The refugees were transported from the border to a settlement of 80 square km, where minimal infrastructure existed. Prior to the arrival of the refugees, there was one functioning primary school, one Health Centre III and 12 protected water sources, all which to be rehabilitated. At the point of the CERF application, already 9,763 refugees were in the settlement with all indicators not reaching the minimum standards, As such, the funds was successful in ensuring that all indicators were improved very rapidly to prevent unnecessary loss of lives and hardship. Some of the examples are as follows:

Protection and community services: immediate identification and granting of status to the newly-arrived Congolese refugees, thereby allowing for subsequent assistance programme to take place. The refugees were registered on the day of arrival for immediate assistance. Priority identification of UAM/SCs and PSNs to reduce vulnerability and community mobilization and assistance was provided to enhance integration into the community. Decongesting of transit centres were conducted on a regular basis through transportation of the refugees to settlements which are away from the border. At the peak of the influx, two convoys per week were running with around 1,000 refugees in each convoy.

Food/Food Security and nutrition: the new arrivals from July onwards arrived in very difficult nutrition conditions as they had faced prolonged displacement within DRC prior to their arrival in Uganda. The food and nutrition intervention as well as the food security input was critical in improving the nutrition status, especially that of the children. A systematic screening in the Transit Centre was established as well as the referral mechanism for continuation of the nutrition programme in the settlements. Regular food distribution was conducted in the settlement while all new arrivals received cooked food in the Transit Centres.

WASH: changed from 0 per cent water source functionality in Rwamwanja settlement to 100 per cent water source functionality, allowing refugees to access safe water. By the end of 2012, all 12 existing water sources were rehabilitated and 40 new boreholes were drilled and functioning in Rwamwanja settlement of which 14 were drilled utilizing CERF. The collective intervention achieved safe water within 1 km radius, which is the Uganda rural development standard. Phase 2 of the water strategy started in November to increase the water availability based on population density.

Shelter/ NFIs: All new arrivals were provided with household kits and shelter kits to ensure physical protection from natural elements. The shelter kit includes tools and construction poles as well as plastic sheeting for roofs.

Health: improvement on systematic immunization, access to health services as well as improved services for pregnant women. Health Centre III in Rwamwanja and Health Centres II in Nyakabande and Matanda were provided with additional staff support and drug supplies through NGO partners to ensure they could attend to the increased refugee population.

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

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

The UNCT launched a local appeal covering 1 January 2012 through 30 June 2013, totalling to $44,556,880. This was to ensure continuity of the CERF initial input (Rapid Response) and in view to intensify the fundraising efforts. The appeal was presented to key ambassadors as well as at the Local Development Partners Group meeting to raise awareness on the issue. A joint meeting with ECHO also took place in November 2012 to place the humanitarian needs on the table. As of end of 2012, 25 per cent of the requirements totalling to $11,122,221 was funded. The appeal addresses the critical needs in all sectors of response and ensures that there is no duplication of activities and that the division of labour between the agencies are clear.

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 and represented by the OPM Refugee Department and UNHCR. Coordination meetings for the refugee assistance and emergency response exist at several levels. At Kampala level, UNHCR together with the government conducts overall strategic planning meetings with partners. An interagency coordination meeting takes place at UNHCR Sub-office Mbarara level covering all sectors. Coordination meeting and sectoral meetings takes place at the settlement level to discuss day-to-day operational issues as well as to take stock on the achievements and ensure all partners activities are in line with the strategy. All these meetings have the participation of all partners involved in the provision of assistance regardless of their funding sources to maximize 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 participate 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.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
The response from the application to disbursement was very rapid and in line with the urgent need of increasing influx of the Congolese refugees.	All tables in Word document should be replaced with Excel attachments.	CERF Secretariat

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
The excellent coordination mechanism in place between UNHCR, OPM and the respective agencies resulted into timely delivery of assistance.	More resources should be mobilized to take advantage of the existing structure to meet the growing demands	UN Country Team
Overall coordination of this project as good, with strong leadership from UNHCR and OPM. However, small improvements can fine-tune the coordination.	At the onset of activities in emergency, a review of operations at field level should be done daily for the first month, and then fortnightly after one month can then be adjusted to monthly when the situation stabilizes.	UNHCR, OPM and team leaders of various agencies of the concern sectors.
Failure by government to fulfil	Advocacy to improve vaccine management.	WHO and UNICEF

its role can lead to failure on the partners. For instance vaccine supply chain was weak and resulted in not achieving the target of 95% vaccination coverage.		
The VHTs plays a central role in the delivery of health services. However, there is need to train more volunteers from among the refugees community and to further strengthen support supervision of the refugees by the district and the health facilities.	Advocate for government and partners to train more refugees and for government to support the districts to conduct support supervision.	WHO
Active case finding through extended outreach is an important part of effective management of moderate acute malnutrition (MAM).	Supplementary Feeding Programme partners should continue providing MAM treatment services at health facilities as well as, to the extent possible, carry out active outreach, which involves movement of SFP staff into communities. Outreach can be paired with increased follow-up of referred cases.	Nutrition partners
WASH standard kit lacked materials for construction of household latrine super structures, and hand washing containers for tip-taps. The gaps could not be addressed due to lack of resources.	The WASH Uganda standard kit should include the provision of super structure construction materials, and containers for making tip-taps for hand washing after use of latrine. The WASH partners should make a resolution to fundraise for the comprehensive WASH kit.	WASH partners
It is very important to keep track of the change in population figures in order to plan and forecast accurately for WASH services. It is also important to share information on EVIs who may need assistance for household level construction of latrines and shelters.	OPM and UNHCR to regularly share population figures and refer EVIs for support to WASH partners.	UNHCR, OPM
Selection of credible implementation partners and contractors is key to fast and efficient delivery of services	A database of credible contractors and potential implementation partners should be established in order to quickly identify the best service providers.	All WASH partners
A number of challenges have been identified in the successful integration of DRC refugee children into primary schools in the settlement	Humanitarian partners working in education must agree on a way forward for both provision of language support and recruitment of teachers as well as curriculum adaptation.	All Education partners.
Sharing of resources amongst the agencies (e.g. tents for accommodation transport etc.) minimises on duplication of efforts and overall cost of operations.	Agencies need to be continually reminded and encouraged to uphold delivery as one.	UN Resident Coordinator

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	**FAO**	5. CERF Grant Period:	23.0712 – 22.01.13
2. CERF project code:	12-FAO-027	6. Status of CERF grant:	☐Ongoing
3. Cluster/Sector:	Food Security		☒Concluded
4. Project Title:	Emergency food security support to refugee families in South Western Uganda		
7. Funding	*a. Total project budget:*		US$ 593,294
	b. Total funding received for the project:		US$ 347,302
	c. Amount received from CERF:		US$ 278,457

RESULTS

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

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	15,390	18,468	1,500 additional seed kits were procured and distributed to700 refugee households and 800 host community households. At the Inter Agency Coordination meeting held on 6 August 2012, it became apparent that the population of the refugees was growing faster than envisaged. As a result, FAO was requested to reduce on the size of kits so as to cover more beneficiaries. However participants were informed that the kits size was already a bare minimum for any household to engage in meaningful production for survival. FAO was able to secure additional 1,500 kits from the saving made on the initial procurement and seed inspection costs.
b. Male	14,610	17,532	
c. Total individuals (female + male):	30,000	36,000	
d. Of total, children under 5	7,470	8,964	

9. Original project objective from approved CERF proposal

To provide essential agricultural inputs to support 7,500 refugee families within three months

10. Original expected outcomes from approved CERF proposal

Through the CERF support, at least 7,500 refugee families will have seeds for planting in the second agricultural season 2012 benefiting 30,000 refugees.

11. Actual outcomes achieved with CERF funds

A total of 8,200 refugee families and 800 host community families received seed kits with an assortment of crops. Inclusion of the host communities was in response to a request from the District Local Governments and directive from the Office of the Prime Minister during the Inter Agency Coordination meeting of 6 August 2012 to ensure that at least 30% of the interventions focused on this category to avoid any negative effects.

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

On request of the Office of the Prime Minister, an additional 1,500 seed kits were procured to meet the increasing number of refugee that were arriving in Rwamwanja.

13. Are 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, 2b): Fill in **If 'NO' (or if GM score is 1 or 0):** To reshape the social roles towards gender equality and strengthening women's, girls', boys, and men's productive capacities, FAO's Social Economic and Gender Analysis (SEAGA) tools formed the basis for identifying appropriate interventions. SEAGA http://www.fao.org/docrep/012/ak214e/ak214e00.pdf is an approach to development based on an analysis of socio-economic patterns and participatory identification of women's and men's priorities.	
14. M&E: Has this project been evaluated?	YES ☐ NO ☒

TABLE 8: PROJECT RESULTS

CERF Project Information

1. Agency:	**IOM**	5. CERF Grant Period:	05.07.12–11.01.13
2. CERF project code:	**12-IOM-018**	6. Status of CERF grant:	☐Ongoing
3. Cluster/Sector:	Multi-sector		☒Concluded
4. Project Title:	Rwamwanja Settlement Emergency Response (RSER)		

7. Funding		
	a. Total project budget:	US$ 1,036,888
	b. Total funding received for the project:	US$ 465,192
	c. Amount received from CERF:	US$ 465,192

RESULTS

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

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries. please describe reasons:*
a. Female=49%	8,766	9,306	**Break-down water supply** Boreholes = 15,709 persons Rain water St Michael P/s= 2,214 persons Rain water Rwamwanja P/s=568 persons Rain water (HC) = 500 persons The difference between planned and actual beneficiary figures is due to the arrival of new refugees. The new arrivals shared the facilities that were installed for initial planned figures. In other words, the facilities were overstretched by increasing number of new arrivals.
b. Male=51%	9,234	9,685	
c. Total individuals (female + male):	18,000	18,991	
d. Of total, children under 5 *Age 5-17 is 38.5% of total refugee population planning CERF figures*	4,482	7,312	

9. Original project objective from approved CERF proposal

Objective 1: To provide clean and safe water in a cost-effective, timely, and environmentally-friendly manner with appropriate water treatment and supply systems strengthened or established.

Objective 2: To provide viable means of excreta, solid/garbage waste, waste water disposal, and provide health and hygiene promotional education to refugees.

Objective 3: To conduct social mobilization and awareness-raising campaigns on prevention of disease, hygiene promotion among vulnerable refugees, strengthen the existing early warning disease surveillance mechanisms and reporting system in the event of disease outbreak situations, appropriate and effective methods of social mobilization and community based awareness-raising campaigns identified, social mobilization and awareness-raising teams formed and trained.

Objective 4: To improve the immediate capacity of Rwamwanja Medical Centre by providing necessary structural support and equipment, provide Rwamwanja Medical Centre with infrastructural repairs, install solar energy system, provide medical supplies and establish medical waste management system.

Objective 5: To improve the immediate capacity of Rwamwanja and St. Michael Primary schools by providing necessary structural support, provide latrines, install rainwater harvest system and rehabilitate 14 classrooms.

10. Original expected outcomes from approved CERF proposal

WASH Sector

- Provide clean and safe water to 18,000 refugees
- Six new boreholes constructed
- Establish and train Water Management Committees (WMCs) for installed boreholes
- 4,000 households receive health and hygiene education
- 4,000 plastic latrine slabs and 8,000 treated wooden logs distributed to refugees
- 400 landfill locations for garbage disposal identified and dug
- Conduct stakeholder consultations
- Carry out outreach awareness-raising for environmental health and hygiene promotion
- Support and coordinate with health authorities on early warning and disease surveillance reporting mechanisms
- Identify 40 Community Hygiene Promoters (CHPs) (1 CHP per 100 households) to provide hygiene awareness raising at household level

Health Sector

- Rwamwanja Medical Centre receives necessary structural rehabilitation
- Rwamwanja Medical Centre receives basic medical equipment
- Establish medical waste management systems and install equipment. Solar energy system Installed

Education Sector

- Student to latrine ratio meets SPHERE standards
- Rehabilitate 14 classrooms
  Rainwater harvest system installed

11. Actual outcomes achieved with CERF funds

WASH SECTOR

Water provision

- 18,991 refugees provided with clean and safe drinking water from six constructed boreholes and roof harvested rain water.
- Six new boreholes constructed providing 172.8 m^3 or 172,800 Litres of clean and safe drinking water to refugees daily an increase of water supply from 4.9-11 litres of water per person per day.
- Six WMCs comprising of 54 members for installed boreholes established and trained.
- Procured six boreholes hand-pump repair tool kits comprising of 12 new U-2 pump cylinders, 120 Galvanized Iron (GI) Pipes of 1¼ inches' diameter, 120 connecting rods and 180 U-2 pump spare kits with two pump buckets, and sealing rings both upper and lower rubbers for maintenance of constructed boreholes.
- Constructed a 10 m^3/10,000 litre new rain water harvesting system at St. Michael primary school to supply 2,204 pupils and 10 teachers with clean rain water.
- Rehabilitated three rain water harvesting systems at Rwamwanja primary school, supplying 568 pupils with clean and safe water.
- Renovated the rain water supply system at OPD at Rwamwanja HC.

Sanitation and hygiene

- 4,000 plastic latrine slabs and 8,000 treated wooden logs were procured and delivered in Rwamwanja settlement for construction of refugees' household latrines.
- 4,000 plastic latrine slabs and 8,000 treated wooden logs were distributed to refugees for household latrine construction.
- Supervised construction of 1,623 household latrines in IOM zone. The IOM initial plan was to supervise the construction of 4,000 household latrines after distribution of latrine plastic slabs and treated poles; but due to zoning and division of tasks between LWF, AAHI, Oxfam and IOM. IOM supervised the construction of household latrines in its zone, then LWF, Oxfam and AAHI did in their zones.
- Constructed emergency temporary latrine serving between 150-300 patients and staff daily at Rwamwanja HC.
- Constructed a five-stance female-lined ventilated drainable latrine at Rwamwanja HC.
- An incinerator was constructed for medical waste disposal and management at Rwamwanja HC.
- Constructed two five-stance drainable-lined, ventilated pit latrines for boys with a urinal and girls with a washroom at St. Michael Primary school serving the population of 2,204 pupils, with the demographics of 981 girls and 1,223 boys. These have reduced the risks of using bushes and open defection, which initially had greater effect in the environment.

- Constructed two five stances drainable-lined, ventilated pit latrines -- one for boys with a urinal and for girls – with a washroom at Rwamwanja primary school to address the needs of increasing number of pupils both nationals and refugees currently benefiting 568 pupils(326 Refugee pupils and 242 Uganda nationals).
- 10 Community Hygiene Promoters (CHPs) were identified and had three-day training that equipped them with knowledge and skills for social mobilization and awareness-raising on disease prevention and hygiene promotion, which resulted in the identification and digging of 616 household garbage pits, 504 bathe shelters and 604 drying racks for solid waste disposal and management among the refugee community.
- Eight mobilization and sensitization sessions were held to convey hygiene promotion messages of ideal homesteads, personal hygiene, disease prevention and safe water chain management the "Community Total Led Sanitation" (CTLS) approach.
- The initial target for IOM was to conduct health and hygiene education in 4,000 households, but due to zoning and division of tasks during intervention between LWF, AAHI, Oxfam and IOM, IOM within its designated zone conducted health and hygiene education in 1,350 households while the rest of the zones were covered by LWF, Oxfam and AAHI. Diseases surveillance in IOM zone showed the common sickness in the settlement was malaria with isolated cases of diarrhoea and eye infection.
- Conducted stakeholder consultation meetings with OPM, UNHCR field offices, Kamwenge district officials, LWF, AAHI, Oxfam, UN agencies, AHA, World Vision, MSF, AIRD, URCS and Save the Children during WASH, health and education sectors coordination meetings.
- IEC materials were designed and printed for distribution to the refugees to enforce social mobilization and sensitization in four different languages (English, French, Kiswahili and Kinyabusha) commonly spoken in the settlement.

HEALTH SECTOR

- OPD was renovated including the provision of work-top for the laboratory staff and waste water drainage system.
- Installed additional solar energy power in maternity ward to boost power supply required in the maternity.
- Procured and supplied Rwamwanja (HC) with basic emergency medical equipment and supplies: (two medical examination beds, microscope, 15 hospital patient's beds with mattresses, malaria rapid diagnostic test kits, VDRL test kits, syringes and needles, blood pressure machine, adult weighing scales, infant weighing scales, thermometers, stethoscopes, patient screens, gloves that were sterile and for examination (long and short), baby scales, IV tubing/sets, antiseptic solution (Chlorhexidine), IV fluids (normal saline & dextrose), urine dipsticks, glass slide, HIV test kits uni-gold, HIV test kits-determine, HIV test start-pack, sputum collection cups, rapid pregnancy test kits, fluid resistant laboratory coats, delivery kits, sutures cat-guts, cotton wool, capillary tubes, gum-boots, rapid plasma reagents and cord ties.

EDUCATION SECTOR

- Renovated the classrooms block at St. Michael primary school.
- Installed solar energy power in candidate classes and offices in Rwamwanja and St. Michael primary schools.
- Installed lightening arresters for protection of the school from lightning and thunder at St. Michael primary school.
- Procured and supplied stationary (345 text books, 400 dozens of 96 page exercise books, 4 cartons of pens, 2 cartons of pencils, 18 wall-clocks, 400 mathematical sets, 6 sets of black board mathematical sets and 300 pieces of box files, and several assorted charts of various shapes and colours).

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

After archiving all the anticipated results, IOM realized savings in some budget-lines. Actual savings was $4,885 translating to 1.05% of the total budget of $465,192. Savings came particularly from incentives of 30 community hygiene promoters because only 10 CHPs were recruited instead of 40. Saving was also realized from hire of training hall, transport refund during training of CHPs, members of water user management committees. This occurred due to reasons such as the zoning of the settlement to LWF, AAHI, Oxfam and IOM and division of tasks, and intervention from other partners. The hire of the training hall was acquired at lower rate, and the participants, who were trained, were residents within the settlement within a walkable distance; hence no transport was hired. In collaboration and consultation with OPM and UNHCR at the field, it was discussed and agreed that the saved resources be channelled to procure the follow items for addressing pressing and unmet needs:

- Procure eight bicycles for CHPs to facilitate their movement in the settlement in mobilization and sensitization of communities.

- Install additional urgently required solar power supply at Rwamwanja HC.
- Procure additional five water tanks to be installed at schools to increase rain water harvesting and storage capacity.
- Procure more water hand pump repair kits for maintenance of hand pumps in the settlement.
- Procure 6,000 additional treated poles for construction of household latrines for new arrivals.
- Additional stationary for schools for addressing the needs of refugee pupils.
- Construct a public sanitation facility at Katalyeba market in Rwamwanja settlement.

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

The most vulnerable population (women and children) were the centre of concern during the design of this project. Implementation put special attention and consideration to construct female latrines with washrooms separate from male at public facilities and ensured that half of committee members of Water user Management Committees (WMC) are female. Female Community Hygiene Promoters (CHPs) also provide services within the refugee community. In addition, the project emphasized community empowerment through social mobilization by reaching out the most vulnerable populations directly through household sensitization on disease prevention and hygiene promotion, and took into consideration the construction of access ramps in public facilities to take care of persons with disability.

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

If yes, please describe relevant key findings here and attach evaluation report or provide URL**:**

TABLE 8: PROJECT RESULTS

CERF Project Information

1. Agency:	**UNFPA**	5. CERF Grant Period:	06.18.12 –12.17.12
2. CERF project code:	12-FPA-030	6. Status of CERF grant:	☐Ongoing
3. Cluster/Sector:	Multisector		☒Concluded
4. Project Title:	Provision of Emergency Life Saving Interventions to Pregnant Women and GBV Survivors in Transit and Refugee Settlement Camps in South Western Uganda		

7. Funding		
	a. Total project budget:	US$ 1,225,663[5]
	b. Total funding received for the project:	US$ 250,379
	c. Amount received from CERF:	US$ 200,379

RESULTS

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

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please*
a. Female	7,500	6,079 women reached (3,079 mothers, at least 3,000 other women reached through sensitization workshops)	Number of other men and women reached through IEC has not been included as it could not be estimated. The new-borns include nationals.
b. Male	6,000	At least 1,420 boys reached with SRH information and services	
c. Total individuals (female + male):	14,250		
d. Of total, children under 5	750 (new-borns)	3,079 new-borns	

9. Original project objective from approved CERF proposal

By six months' time of the CERF funding period:

- To reach 80% coverage for pregnant women utilizing health facility for care and delivery.
- To reach 80% coverage for GBV survivors utilizing lifesaving services for clinical management of GBV within 72 hours of incident.

10. Original expected outcomes from approved CERF proposal

- 100% of health facilities serving the refugees are well equipped to provide essential lifesaving interventions in reproductive health including maternal health, HIV and GBV.
- 80% of pregnant women benefit from skilled attendance at birth.
- 100% cases of complicated pregnancies and deliveries are promptly transferred to the referral units.
- 90% of pregnant women identified, including those with Expected Dates of Delivery (EDD), within 6 months of the project.
- 80% of survivors of rape receive appropriate clinical care within 72 hours of incident.

[5] While initial planning figures was for 30,000 new refugees, by the end of 2012 the actual number of new refugees reached was almost 60,000, and therefore based on assesments done during monitoring visits the needs were more than initially projected.

- 4,500 women refugees provided with dignity kits.

11. Actual outcomes achieved with CERF funds

Target: 100% of health facilities serving the refugees were equipped and supplied to provide essential lifesaving interventions in reproductive health including maternal health, HIV and GBV.

Performance:

- Achieved target of 100% coverage. All eight planned Health Facilities serving Nyakabande transit centre and the refugee settlement sites in Nakivale, Oruchinga and Rwamanja, where the new DRC refugees were hosted were supplied with IASC Emergency Reproductive Health (ERH) Kits containing basic equipment, essential drugs, and supplies for Reproductive Health care including delivery care and treatment of complications of pregnancy and childbirth.
- The following kits were supplied: Six each of ERH Kit 2A (for clean delivery); ERH Kit 5 (STD treatment); ERH Kit 6 (for clinical delivery); ERH Kit 7 (Intra-Uterine Family Planning Devices); and ERH Kit 8 (for suture of birth tears). In addition, 12 PEP Kits (ERH Kit 3) for post-rape treatment were supplied to these health facilities. Referral level facilities received two each of ERH Kit 10 (for assisted delivery) and ERH Kit 11 (caesarean section). These quantities were sufficient for treatment of the estimated number of cases in the targeted population for six months giving allowance for host communities attending these facilities. The health facilities supplied were Kisoro Hospital and Nyakabande Health Centre in Kisoro District (for Nyakabande Transit Centre); Rwamanja and Rukunyu Health Centres in Kamwenge District (for Rwamanja Settlement); and Nakivale, Rubondo, Ngarama, and Oruchinga Health Centres in Ishingiro District for Nakivale and Oruchinga Settlements.
- 30 Health workers were oriented on provision of emergency obstetric care and clinical management of rape.
- These interventions were aimed at ensuring provision of quality of RH services in the health facilities.

Target: 80% of pregnant women benefited from skilled attendance at birth.

Performance

- Surpassed target and achieved 93%. A total of 3,079 deliveries were conducted in the health facilities, serving the new refugees that were supplied with the ERH Kits. This represented 93% of the 3,307 expected deliveries from the catchment population of these health facilities. The proportions of expected deliveries conducted in each health facility were as follows: Nyakabande Health Centre, 82%; Oruchinga HC, 88%; Rwamanja HC, 92%; and Nakivale HC, 95%.
- Overall three maternal deaths were reported in these health facilities.

Target: 100% of complicated pregnancies and deliveries were transferred to referral centres

Performance:

- Surpassed target in Rwamanja Health Centre were UNFPA was given responsibility to provide referral services. A total of 243 or mothers were transported by the ambulance during the six months period. This represents 316% of expected pregnancy complications in the Rwamanja catchment area.
- UNFPA supported the Uganda Red Cross to provide ambulance services for emergency evacuation of patients with complicated pregnancies or deliveries to the Regional Referral Hospital in Fort Portal and to transport critical patients from the settlements to the health facility. The ambulance was based at Rwamanja HC.

Target: 90% of pregnant women identified, including those with Expected Dates of Delivery (EDD) within 6 months of the project

Performance:

- Proportion could not be calculated as the denominator is not certain. However, achievement of fairly high number of facility based deliveries was facilitated by mobilization and community education efforts undertaken by community based volunteers that identified 514 pregnant mothers and supported them to access services. 30 volunteers were recruited from among the target population. They were then oriented, equipped with bicycles and supported to provide community awareness creation on SGBV and SRH services.
- In all, 96 community awareness and sensitization sessions for refugee community on SGBV and reproductive health were held and approximately 3,015 people were reached.
- Pregnant mothers were registered, followed up, and assisted by the volunteers to access care as per their needs.

Target: 80% of survivors of rape received appropriate clinical care within 72 hours of incidence

Performance

- Percentage could not be calculated as we could not determine the denominator. However, continuous mapping of GBV cases was conducted in Rwamanja and a total of 35 cases were registered and 24 survivors counselled and referred for further services.
- SGBV referral pathways were developed and agreed on among the partners providing SGBV services in the settlements.

- Developed culturally-appropriate IEC materials in local languages on SGBV and SRH/HIV/AIDS (10,000 Posters and 10,000 brochures). The materials are being distributed in the settlements as a way of raising awareness among refugee population on GBV (prevention and response).
- Nine women's groups were sensitized on SGBV and 36 community dialogue sessions were conducted in Nyakabande and Rwamwanza refugee settlements as a way of empowering the community and enabling them to support GBV prevention mechanisms. In all, 607 people were reached through the community dialogue sessions.
- 30 health workers from Nyakabande and Rwamwanja were trained on clinical management of rape as per WHO guidelines, as a way of increasing their capacity to manage identified rape cases.

Target: 4,500 women refugees provided with dignity kits

Performance:

- A total of 4,178 dignity kits were procured and of these, 2,430 were distributed to pregnant mothers who delivered in the health facilities. The dignity kits contained ladies underwear, sanitary towels, sleepers, a two-meter long cotton sheet of cloth (to be used as a wrapper), a t-shirt, washing soap, and a plastic bucket. These items were found to be very useful indeed by the poor refugee women for taking care of themselves and their new-borns following childbirth. The original target was to provide dignity kits to all women arriving in the refugees camps. However it was later agreed among the partners that UNFPA kits should be targeted for women delivering in the health facilities since UNHCR was already providing sanitary kits for women in the settlements. The remainder of the dignities kits are still being distributed to women delivering in the health facilities. The continuing distribution costs are not borne from CERF funds.

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

The number of dignity kits that were distributed was lower than the planned amount. This is because the UNFPA dignity kits were retargeted to benefit refugee women delivering at health facilities, where there was a gap and usage of normal sanitary pads were not appropriate. UNHCR and UNICEF provided sanitary kits for the refugee girls and women in the camps.

13. Are 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, 2b):

If 'NO' (or if GM score is 1 or 0):

This project deliberated targeted women and young people to address their specific vulnerabilities. The project provided access for services for pregnant women, including safe childbirth. The project also addressed prevention of SGBV and facilitated access to services for survivors by developing community mechanisms for prevention and reporting of SGBV and establishing referral pathways in the settlements. The project included activities for provision of SRH information and services for young people.

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

If yes, please describe relevant key findings here and attach evaluation report or provide URL**:**

TABLE 8: PROJECT RESULTS

CERF Project Information

1. Agency:	**UNHCR**	5. CERF Grant Period:	18.06.12 – 17.12.12
2. CERF project code:	12-HCR-034	6. Status of CERF grant:	☐Ongoing
3. Cluster/Sector:	Multisector		☒Concluded
4. Project Title:	Protection and emergency assistance to newly-arrived Congolese refugees in Uganda		

7. Funding		
	a. Total project budget[6]:	US$ 20,291,480
	b. Total funding received for the project:	US$ 4,735,400
	c. Amount received from CERF:	US$ 2,804,898

RESULTS

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

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	14,610	27,626	The CERF was submitted, based on an influx estimated at 30,000 refugees in May 2012. Since then, the situation in the DRC deteriorated rapidly and 56,991 refugees were registered and assisted in the transit centres and the settlement in 2012.
b. Male	15,390	29,365	
c. Total individuals (female + male):	30,000	56,991	
d. Of total, children under 5	7,470	13,459	

9. Original project objective from approved CERF proposal

The objective of this six-month 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 30,000 new arrivals from the DRC. The project activities will be implemented in 4 sites including Nyakabande transit centre as well as the receiving refugee settlements Rwamwanja, Oruchinga and Nakivale.

10. Original expected outcomes from approved CERF proposal

UNHCR as a refugee mandated agency is obligated to achieve standards at 100% in refugee protection areas in emergencies while other expected outcomes were at reduced percentage, based on burden sharing with other UN agencies and operational partners:

Protection

Outcome: Quality of registration for 30,000 new arrivals improved and maintained

- 30,000 new arrivals registered with two weeks of arrival.

Outcome: Access to quality of status determination procedures

- 80% new arrival asylum seekers are granted first instance review within one month of arrival.

Outcome: Protection from crime strengthened

- 100% new arrivals have access to security from violence and other crime.

Child Protection sub-sector

Outcome: Services for persons with specific needs strengthened

[6]Adjusted to the UNHCR Regional Appeal document launched in September 2012 covering 1 January – 31 December 2012.

- UAMs have access to basic shelter and foster care.
- Tracing mechanisms for 100% UAMs undertaken.

Shelter and Settlement Management

Outcome: Shelter and infrastructure established, improved and maintained

- 30% access roads are constructed, repaired and maintained.
- 100% new arrivals have access to shelter assistance.
- 100% newly-arrived refugees are allocated plots of land within one week of arrival to the settlement.

Health and Nutrition

Outcome: Health status of the population improved

- 100% new arrivals have access to primary health care.
- 100% new arrivals have access to essential drugs.

Outcome: Nutritional well-being improved

- 100% new arrivals have access to improved nutrition.

Education

Outcome: Refugee population has optimal access to primary school education.

- 100% refugee children have access to primary education.

Community Services

Outcome: Services for persons with specific needs strengthened

- 100% PSN have access to specific support in line with their needs.

WASH

Outcome: Supply of potable water increased or maintained

- 40% water systems maintained in receiving settlements.
- 100% new arrivals have access to 15 litres of water per person per day.

Outcome: Population lives in satisfactory conditions of sanitation and hygiene

- 30% new arrivals have access to basic sanitary facilities.

NFIs

Outcome: Population has sufficient basic and domestic items

- 100% new arrivals have access to basic domestic items.

Logistical support

Outcome: Logistics and supply optimized to serve operational needs

- 100% new arrivals are transported to a safe location.

Sexual and Gender based violence (cross-cutting)

Outcome: Risk of SGBV improved and quality of response strengthened

- Referral mechanisms established and available for 100% of new arrivals.

Environment (crosscutting)

Outcome: Natural resources and shared environment better protected

- 100% new arrivals have access to shelter construction material.
- All new arrival community sensitized.
- 100% of cooking fuel required for communal cooking provided.

11. Actual outcomes achieved with CERF funds

Note: 30,000 refugees was the target for 2012 with CERF funds. However, over 56,000 refugees were assisted, putting a strain on existing resources. This has affected some of the expected outcomes because of the unforeseen population increase.

Protection

- Registration (manual and within ProGres) was carried out for 56,991 (100%) refugees within an average of two days.
- 100% were granted refugee status on entry (*prima facie*)
- UNHCR and OPM provided 100% new arrivals with access to legal assistance and protection from crime through access to protection staff.

Child Protection sub sector

- In 2012, UNHCR recorded 841 children-at-risk amongst the new arrivals: 234 UAMs and 607 Separated Children.
- 100% UAM had access to shelter in Rwamwanja settlement and Nyakabande transit centre with 204 UAMs in foster care and 30 UAMs in communal UAM shelter.
- Tracing mechanism for 100% of UAMs in need of tracing: All registered UAMs, in need of tracing (234), underwent tracing mechanisms via the Ugandan Red Cross Society (URCS)/ International Committee of the Red Cross (ICRC).

Note: UNHCR coordinated and shares information with ICRC, Save the Children and URCS for documentation, identification and tracing of UAMs. Using CERF funds, UNHCR supported a volunteer from URCS to coordinate and implement child protection activities in Nyakabande transit centre.

Shelter and settlement management

- UNHCR maintained two transit centres in Nyakabande and Matanda (including feeding, provision of water and sanitation facilities/services, shelter, protection etc.) hosting a total of 56,991 new arrivals.
- 19 km (30%) of road opened, rehabilitated and maintained in Rwamwanja settlement.
- 100% new arrivals had access to shelter assistance (over 7,500 shelter kits were distributed to 56,991 new arrivals).
- 100% newly-arrived refugees were allocated plots of land within five days of arrival to the settlement.
- UNHCR procured and installed –four generators in Rwamwanja refugee settlement and Nyakabande transit centre.

Health and Nutrition

- 100% new arrivals have access to primary health care.

To achieve this, the following 40 health staff were maintained in Nyakabande and Matanda transit centres and Rwamwanja refugee settlement:

Rwamwanja refugee settlement (20 health staff):

- Medical Doctor
- Clinical Officers (3)
- Laboratory Technician
- Laboratory Assistant
- Comprehensive Nurses (5)

- Midwife
- Nutritionist
- Nutrition Assistant
- Counsellor
- HIS Data Clerk
- Health centre maintenance staff (3)
- Drivers

Matanda and Nyakabande Transit centres (20 health staff):

- Clinical Officer (2)
- Laboratory Technician (2)
- Laboratory Assistant (2)
- Comprehensive Nurses (3)
- Enrolled Nurses (4)
- Referral Nurse (2)
- Midwife (2)
- Nutrition Assistant (2)
- Driver

In addition to this, the following activities were carried out for medical referral of refugees in Rwamwanja:

- UNHCR and implementing partners referred 520 patients in Rwamwanja.
- UNHCR and implementing partners developed and adopted Standard of Procedures (SOPs) for medical referrals.
- UNHCR and its health implementing partner facilitated emergency and specialist elective referrals.
- UNHCR and its health implementing partner coordinated referral services and managed referrals to Fort Portal Regional Referral Hospital on regular bases, especially emergency obstetric cases in Rwamwanja.
- UNHCR and implementing partners signed a Memorandum of Understanding with Fort Portal Regional Referral Hospital.

Further, drug supplies were procured and distributed on a quarterly basis to the three Health Centres serving Nyakabande and Matanda TCs and Rwamwanja settlement.

- 100% new arrivals have access to improved nutrition.

100% new arrivals were screened for severe acute malnutrition and appropriate interventions were conducted for those found with severe acute malnutrition.

As a result of improved nutrition, the following indicators were achieved:

- Chronic malnutrition rate (stunting; height/ age) in Rwamwanja was 31.6%.
- Global Acute Malnutrition rate (GAM; weight/ height) in Rwamwanja was 4.9%.
- Severe Acute Malnutrition rate (SAM, weight/ height) in Rwamwanja was 0.5%.
- % of prevalence of anaemia in children under age 5 in Rwamwanja was 53.7%.
- % of prevalence of anaemia in women of reproductive age (15-49 years) in Rwamwanja was 41.3%.

Education

- 56% access to primary education of PoC aged 6-11 years (enrolment of 4,038 out of 7,152 refugee children of primary school going age)
- Improved access to quality education in a protected environment.
- UNHCR and its education partner in Rwamwanja maintained 12 trained teachers to provide improved access to quality education in a protected environment.

As a result of improved education access, the following indicators were achieved from no children enrolled in the two primary schools:

- Re-opened St. Michael Primary School with a total enrolment of 2,204 (1,223 boys, 981 girls).
- Teacher: Pupil Ratio in Rwamwanja Primary School is 1:95; and pupil Ratio inSt. Michael Primary School is 1:163
- The pupil: Text book ratio in Rwamwanja Primary School is 1:8; and inSt. Michael Primary School is 1:10
- Latrine Stance: Pupil ratio in Rwamwanja Primary School is 1:121; and in St. Michael Primary School is 1:220

Community Services

- UNHCR and its partners verified 1,598 PSN in Rwamwanja refugee settlement. All PSNs were registered and initial counselling provided. Some key intervention includes:
  - UNHCR Community Services Unit helped to open land for 45 EVIs and 20 of the EVIs were helped to plant maize and beans and 25 were helped to plant cassava and potatoes.
  - Three children and three adults living with disability were assisted with wheel chairs, and this improved their mobility, welfare and general welfare.
  - 19 PSN huts were constructed for EVIs and single mothers.
  - 643 PSNs received psychosocial support; with the majority being single mothers (543), the elderly (40) and UAMs (31). The others (29), included people living with HIV/AIDS, and people living with mental disability. They were also supported with material items (shoes, clothes, NFIs, scholastic materials for their children).

WASH

- UNHCR maintained 100% of water systems in Rwamwanja.

UNHCR and its implementing partner maintained 39 water sources (100%) serving over 30,000 people. In order to achieve this, the following activities were carried out:

- 10 boreholes were repaired and 10 water sources sampled for water quality testing (seven were found to be safe; three were found contaminated and were chlorinated). A comprehensive water quality analysis was carried out for each of the newly installed boreholes by the respective implementing agencies.
- UNHCR and its implementing partner installed five water tanks in threesomes; three have been decommissioned after drilling of boreholes.
- UNHCR and its implementing partner facilitated the establishment and training of nine community water user committees (including 45 females and 36 males) to conduct regular maintenance of water sources. Two community water users meetings were conducted with 105 water users/community members (50 males, 55 females) at 11 water points.
- UNHCR and its implementing partner selected and trained 7 community based pump mechanics.
- Procured hand pumps assorted spares (120 pipes, 120 rods and 5 pieces of extra deep cylinder) and 20 routine maintenances of hand pumps conducted.
- UNHCR and its implementing partner conducted sanitary risk assessments at 20 wells, and 20 bacteriological tests (E coli) conducted on samples from 20 borehole water i.e. average coli form count of 0/100ml.

As a result of improved water supply both by UNHCR and partners, the following indicators were achieved within the Rwamwanja settlement:

- Water per person per day is at 10.5 litres against 20 litres (standards).
- Functionality of major water supply facilities is at 100% from 0% in April 2012.
- 67.4% of the population walk less than 500m to fetch water.

- Population lives in satisfactory conditions of sanitation and hygiene.
  - 3,000 latrines slabs were procured and distributed in Rwamwanja.
  - Improved the latrine coverage from 0% in April 2012 to 64.1% in November 2012.

NFIs

- 100% new arrivals have access to basic domestic items; over 7,500 household kits were distributed to 56,991 new arrivals.

Logistical support

- UNHCR transported 100% new arrivals willing to be relocated to receiving settlements –Nakivale, Oruchinga and Rwamwanja. A total of 33,480 new arrivals were transported.
- In addition, UNHCR transported 100% new arrivals in need of transport from the border point in Kisoro and Kanungu to Nyakabande and Matanda transit centres.

Sexual Gender based violence (cross-cutting)

- UNHCR and its partner operationalized the GBV IMS and Child Protection Information Management System (CPIMS).
- The Case Management Team constituted of implementing and operational partners (NGOs and UN agencies) in the settlements, OPM, police and UNHCR. According to UNHCR and its partners, 52 cases of SGBV were reported and handled

in 2012 by the team.

- Seven rape survivors were referred to health centres for HIV prevention and treatment as well as for legal and other support. Of these, two eligible survivors were administered with Post Exposure Prophylaxis (PEP) kit. (The other five rape survivors were not eligible for PEP kits as they occurred in DRC).
- 52 cases (100%) were referred for general medical attention and/or legal assistance and were provided with material and psychological support. One survivor is still admitted in a Referral Hospital in Fort Portal and supported with medical bills, food, and upkeep.
- UNHCR and its implementing partner established and oriented community level structures (SGBV structures in 10 villages; 35 Child Protection Committees). Each of the structures comprises four members (two males and two females).
- UNHCR and its partner promoted community participation and involvement through community dialogue meetings at village levels. Multisectoral and interagency SGBV task force is in place, consisting focal persons from each of the following agencies: UNHCR, UNFPA, Action Africa Help - International (AAH-I), OPM, URCS, and the police. Four SGBV monthly task force coordination meetings were held in Rwamwanja during the period.

Environment (cross-cutting)

- 100% of the new arrivals had access to shelter construction material. New arrivals received building poles for construction with each family receiving two poles.
- 100% of cooking fuel was provided for communal cooking in the TCs. UNHCR undertook a daily procurement of a total of 480 trips of fire wood which was transported and distributed for communal cooking in Nyakabande and Matanda TCs and Rwamwanja RC.
- All new arrivals were sensitized on environmental awareness. 2,500 (1,600 females, 900 males). New arrivals were reached individually through home visits and 43 community sensitization focus group discussions were held.

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

Education: Education standards and planned outcomes were not realistic and were based on UNHCR's standard in non-emergency situations. As a result, and due to a number of emergency related factors, only 50% of children accessed primary school education during the implementation period. These factors included:

- CERF funds (as well as other donor funds) arrived in mid-2012, in the middle of the academic year. Most refugee parents preferred their children to begin school at the beginning of the academic year. This was not taken into consideration during the setting of outcomes/indicators.
- In addition to this, new arrivals were sensitized on the need for education for their children, but had other priorities on their immediate arrival such as health, shelter and food security.

13. Are 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, 2b): Fill in

If 'NO' (or if GM score is 1 or 0):

All UNHCR projects have age, gender, diversity mainstreamed and all UNHCR's partners are required to ensure that their project enhances gender equality. In addition to the regular monitoring, UNHCR Uganda conducts participatory assessment once a year taking into consideration the age, gender and diversity of the refugee population. This was conducted in all refugee settlement in Uganda including Rwamwanja, Nakivale and Oruchinga settlements which hosts new arrivals. The result and findings are incorporated in the 2013 programme planning.

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

If yes, please describe relevant key findings here and attach evaluation report or provide URL**:**

The refugee emergency response and the refugee operation in its entirety is constantly evaluated regardless of funding source. Below are some key evaluation conducted:

- Day-to-day monitoring and progress monitoring at the operational level. The findings of these monitoring are evaluated on a quarterly basis to ensure that collectively all partners are progressing towards the agreed impact for the refugee population.
- Quarterly implementing partner financial verification and validation of the narrative reports. The performance monitoring of the partners evaluate also the impact for a given sector.

The impact of key programmes is validated with the refugee population through the annual participatory assessment exercise. The 2012 themes were: Education and Recreational; Access to decision-making; Early and/or forced marriage. Physical security and safety; Livelihoods safety; Domestic responsibilities; Physical security and safety (Sexual and Gender-Based Violence); Community Participation; and Access to food, health care and shelter. The themes were discussed with male and female refugees divided in the groups of 10–13 years old, 14–17 years old, 18–40 years old and the elderly. The key findings from the exercise were as follows:

- Amongst the 10 – 13 age group, the main concerns were inadequate access to education and recreational materials for both gender. The access was caused both from lack of facilities close by and non-prioritization of education by parents.
- Amongst the 14 – 17 age group, the main concern were idleness linked with lack of access to education.
- Amongst the 18 – 40 age group, the main concern were lack of food security, limited access to livelihood opportunities and poor quality of health services, ranging from limited drug supplies to long distance to access service. At the household level, insufficient latrines and unhygienic living conditions were key priorities for both gender, while men specifically expressed concerns of loss of dignity.
- Amongst the elderly, the concerns were food security and health issues as well as lack of community support. For persons with disability, additional concerns on discrimination were raised.

Various proposals were provided by the refugees on how to address the above, broadly divided into improvement of infrastructure and rebuilding the community structure which has been broken with the displacement. All findings will be incorporated in the 2013 programmes.

TABLE 8: PROJECT RESULTS

CERF Project Information

1. Agency:	**UNICEF**	5. CERF Grant Period:	18.06.12-17.12.12
2. CERF project code:	12-CEF-074	6. Status of CERF grant:	☐Ongoing
3. Cluster/Sector:	Multisector		☒Concluded
4. Project Title:	Emergency response to the situation of refugees and asylum seekers from the Democratic Republic of Congo		

7. Funding	a. Total project budget:	US$ 5,725,000
	b. Total funding received for the project:	US$ 1,539,211
	c. Amount received from CERF:	US$ 1,150,975

RESULTS

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

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	8,766	9,285 est.	UNHCR placed the total number at 55,710 and UNICEF assisted roughly one third of those individuals (see UNHCR Operation Fact Summary Sheet from 19 October 2012). UNICEF interventions with particularly high beneficiary numbers included provision of sanitation facilities and drilling of boreholes which covered all of the facilities and were divided between three agencies.
b. Male	9,234	9,285 est.	
c. Total individuals (female + male):	18,000	18,570	
d. Of total, children under 5	5,976	4,011	

9. Original project objective from approved CERF proposal

The situation of 14,568 children living in Rwamwanja Refugee settlement (10,926) and Nyakabande Transit Centre (3,642) improved through the provision of relatively high impact lifesaving interventions in nutrition, water, sanitation and hygiene and child protection.

10. Original expected outcomes from approved CERF proposal

Nutrition

- 8,460 children, 6 months-14 years months of age (47% of the total population), receive Vitamin A supplementation.
- 936 lactating women (5.2% of the total population) receive vitamin supplementation.
- 9,360 children aged 1-14 years (52% of the total population) receive deworming tablets.
- 936 pregnant women (2nd and 3rd trimesters) receive deworming tablets.
- 936 pregnant women receive iron and foliate.
- 4,482 children aged 6-59 months are screened for malnutrition status.
- 936 pregnant women receive nutritional counselling.
- 936 post-partum women receive breastfeeding support through 6 months.
- 423 (5% of 6 months-14 years) malnourished children receive therapeutic outpatient care managed as per national IMAM guidelines.
- 936 pregnant women receive promotional messages on Essential Nutrition Action (ENA).

Immunization of children

- Cold chain facilities at the HC3 in Rwamwanja Refugee Settlement are functional.

Water, Sanitation and Hygiene (WASH)

- Eight safe water sources provided to communities in Rwamwanja refugee settlement.
- Two blocks of latrines with hand washing facilities are constructed for health unit in Rwamwanja.
- System for operation and maintenance for the water, sanitation and hygiene facilities established.

Child Protection

- All vulnerable children and women in the transit centre as well as in the refuge settlement get their safe space and are provided with psychosocial support to protect them from further violence and/or family separation.
- All boys and girls unaccompanied and separated from families are reunited with their families or placed under family-based care.
- Ensure children living with disabilities are provided with support.

Basic Education

- All children aged 3-5 years old have access to child-friendly ECD spaces for psychosocial and cognitive stimulation.
- All children of primary school-going age have access to basic scholastic materials and child-friendly learning environment through provision of scholastic materials and WASH facilities.

11. Actual outcomes achieved with CERF funds

Child Protection

- Interactive consultation meetings with in-school children and with out-of-school children on the situation of their rights were held in Rwamwanja Resettlement Centre. The consultations were held between children, on the one hand, and child-focused actors, including Save the Children, Community Services Department and Camp management, on the other hand. The objectives of the consultations were: a) to identify protection issues affecting children in their villages; b) to create awareness on rights and responsibilities among children; and c) to promote their role as peer educators in child rights promotion and protection. In total, over 400 in school children and 978 children (432 male and 546 female) out-of-school children participated in these meetings. The children received information on rights and responsibilities and their role in promoting them.
- Furthermore, nine communities (see table below for disaggregated data) were sensitized, including parents, youths, children and women on child participation, children's rights and on how to best support the creation of child rights clubs.
- Child Protection Committees (CPCs: Two members per committees) have been established in Rwamwanja Resettlement Centre with the specific role to monitor children in need of care and protection. 19 people (12 men and 7 women) selected from five villages within Rwamwanja refugee settlement have been trained on child protection. The objectives of the training were: a) to build a shared understanding of what child protection is; and b) to generate a shared view on the role of child protection committees and to build skills and knowledge on identifying and responding to Child Protection issues in the settlement. CPCs visit fostered children, as well as children identified with special needs, and refer cases that need protection to any of the child protection actors. Bicycles have been distributed to each member in order to allow them to visit each village and monitor children.
- Furthermore, joint monthly meetings between CPCs and the different protection key stakeholders (SCiU, AAHI, URCS) are

organized in order to monitor, have updates on the situation of children and address specific issues.

- Save the Children has supported the identification, registration and reunification of 507 separated and unaccompanied children (313 males and 194 females). The package of support has included identification of potential foster parents for UAMs and providing NFIs to both reunified and fostered children. The NFI's have included clothes, soap and scholastic material. The support has also included logistic transport for children from the UAMs shelters to the foster parent's homes. In addition, Save the Children has provided follow up support to foster homes to ensure that fostered children are not being violated by foster parents and to provide psychosocial support to foster homes where children are facing challenges in adapting to their new environment.
- Furthermore, 24 UAMs and (22 male and 2 female) and 13 separated children (11 males and 2 females) have been registered using the innovative web-based tool RapidFTR: an open source framework of mobile phones and databases that allows for quick input of a child's photo and essential details, to make the process of documenting children who are separated from their parents or caregivers in an emergency more efficient so they can be reunited with their families more quickly.
- CPCs and different child protection key stakeholders have regularly updated files of UAMs and separated children spread in different villages of Rwamwanja Resettlement Centre to keep track of their conditions. Follow-up visits of fostered children and their families have been made in order to make sure children were not abused or mistreated.

WASH

- **Supply of safe water to Refugees in Rwamwanja settlement camp**

Supply of potable water to six refugee settlement villages ensured:

- Eight boreholes drilled and equipped with hand pumps.
- Water quality-tested and found to be suitable for potable water.
- Water treatment tablets (aqua tabs) provided for treatment of water in case of post collection contamination.

- **Water user committees formed and trained in managing the borehole**
  - Together with the Kamwenge District Community Development Officers, formed and trained a total of eight Water User Committees, one from each village. Each of the committees was trained on water system management and maintenance.

- **Planned improvement to the sanitation situation in Nyakabande transit centre in Kisoro District**

Signed a Partnership agreement with Save the Children in Uganda to construct three blocks of permanent latrines (30 stances) and two blocks of bath shelters. Two latrine blocks will be for women and one will be for men. Each of the sexes will get one bath shelter.

Basic Education

Through IP SCiU, a pack of education/scholastic materials was provided during the third school term (starting September 2012) to 800 pupils, spread across three of the four GoU primary schools of the settlement. School-in-a-box kits were distributed to the following schools in the settlement: Rwamwanja PS, St. Michael's PS, mahani and Nkoma PS. Additional kits (one per class) were distributed in the third week of December (prior to schools reopening).

Eight ECD centres were set up using secure perimeters, 72 square metre tents, ECD kits (initially two per centres, to serve 120 ECD children per centre, but then was increased due to swelling attendance).

As identification of ECD children did not happen at the TC, SCIUG used the community mobilizations for education conducted in 10 of the 15 villages (during the period that plans were being formulated, there were a total of 10 villages)to identify ECD age children (3-5 years old). 3,030 ECD children have now been registered at the ECD centres.

100 school-in-a-box kits were procured, with 60 distributed through SCiuG and the remainder to distribute the third week of December (prior to schools reopening).

20 caregivers (two per centre) were identified and have undergone training with both SCIUg and a UNICEF-employed ECD international specialist, based at the nearest Primary Teaching College. An additional 22 are being currently recruited.

A joint education needs assessment was carried out with the relevant officers and Commissioners of the Ministry of Education, funded by UNICEF. Officer from the Special Education Needs department, the Pre-primary and Primary department, and the Planning department were all present and conducted monitoring and support during this visit in early September 2012. A further joint needs assessment on the current status (given the continued inflow of refugee children to Rwamwanja and the need for education service) will be carried out by EiE Global Cluster co-leads and partners in this operation, SCiUG and UNICEF during their first two weeks of the new school term in 2013. Their report was shared with all education partners operating in Rwamwanja.

DLG will also attend the training taking place in January as mentioned above in activity /objective 7.

5,000 hygiene kits were procured through SCIuG from Afripads Limited to Uganda to cater to the urgent MHM (Menstrual Hygiene Management) needs in the settlement. Afripads provided 5,000 kits with a reusable kit of sanitary pads, two pairs of underwear (10,000), two pieces of soap (10,000), a washcloth (5,000) and a dual function bag per kit.

Health and Nutrition

Procured cold chain equipment for storage and distribution of vaccines fridges for health centres serving the refugee populations in Kisoro, Kanungu, Isingiro and Kamwenge districts:

- Provided five ridges: 4 RCWEG 42 and one sibir for Kisoro Hospital
- Five cold boxes
- 10 vaccine carriers were ordered on 15 October

Support to integrated outreaches for the camp populations and surrounding communities. Services provided included immunization, Vitamin A supplementation, deworming, ORS distribution, treatment of other illnesses (malaria, diarrhoea and RTI). VHTs also reached out to facilitate community mobilization.

Support Kamwenge district to train 152 VHT in basic VHT and provide VHT kits.

- Mwanamugimu Nutrition Unit was contracted to provide emergency nutrition response in Rwamwanja settlement. During 45 days period the team was on ground, children were screened for 108 were severely malnourished and 367 are moderately malnourished. All enrolled in the therapeutic feeding programs. An additional 30 days of technical have been provided through Mwanamugimu to increase the technical capacity of the health workers Rwamanaja HCIII and AHA to manage severe acute malnutrition 30 health workers from Rukunyu and Bwiizi HCs were trained on integrated management of acute malnutrition (IMAM) and infant and young child feeding (IYCF) as a way of strengthening future district capacity, but also to decongest Rwamwanja HC III.
- On-the-job training and coaching was provided to all health workers at Rwamwanja HC III.
- A functional inpatient treatment centre was established at Rwamwanja HC III to handle children with severe acute malnutrition. The team set the foundation to establishment of a stabilization centre at Rukunyu HC IV.
- All three health centres (Bwiizi, Rwamwanja and Rukunyu) were equipped with anthropometric equipment, blankets and mosquito nets and therapeutic supplies (F100, F75, Resomal and RUTF) provided from August to date.
- Five outreach/mobile Outpatient treatment centres were established in five out of the 10 villages within the settlement.
- This was in a bid to bring services closer to the communities. A team of health workers visited weekly each of the OTCs to provide services to the identified malnourished children.
- A detailed nutrition/health and food security assessment was conducted by school of Public health, Makerere University.

Results: An abnormal GAM/SAM distribution was observed. Overall GAM was 5.6% and SAM 3.9%. This peculiar relationship could be attributed to the very high levels of stunting (62%) observed among refugee children. Findings from the baseline assessment undertaken in July by Makerere University College of Health Science, School of Public Health, indicated that exclusive breastfeeding of children 0 – 6 months old was reported at 90%. However, only 19% met the criteria of quality and quantity of complimentary food given to children between 6 – 24 months, and 60% of all households were reported as food insecure. The findings were not surprising, given that this is a refugee settlement that is entirely dependent on food rations (cereals, beans and corn soy blend) provided by WFP.

Based on card and mothers recall, over 80% of the children in their second year of life had been dewormed and supplemented with vitamin A. However measles (71.5%) and DPT3 (58.5%) coverage were below recommendation.

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

13. Are 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, 2b):

If 'NO' (or if GM score is 1 or 0): Both men and women, including children of all ages, were equally affected by this programme

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

If yes, please describe relevant key findings here and attach evaluation report or provide URL**:**

UNICEF has monitored its emergency support operation through a three-fold approach. At the country level, technical monitoring has taken place along with other agencies and the UNCT. UNICEF has also deployed its own technical monitoring focal points to the field to monitor programme progress, performance, and needs at various stages (including dedicated focal points for the West of Uganda). Partners have also been engaged in programme monitoring and have shared relevant reports with UNICEF. Most of the content is technical and emphasizes specific needs by sector (for example, child protection). These individual technical reports have not yet been compiled into one synthesized M&E report, which covers the entire emergency response operation. Each of the programme components (WASH, Nutrition, Child Protection and Education) were evaluated through the sector-specific evaluation processes.

TABLE 8: PROJECT RESULTS

CERF Project Information

1. Agency:	**WFP**	5. CERF Grant Period:	18.06.12- 17.12.12
2. CERF project code:	12-WFP-046	6. Status of CERF grant:	☐Ongoing
3. Cluster/Sector:	Food Security		☒Concluded
4. Project Title:	Emergency Food Assistance to Newly-Arrived Congolese Refugees into Uganda		

7. Funding	*a. Total project budget:*	US$ 37,143,211
	b. Total funding received for the project:	US$ 21,829,129
	c. Amount received from CERF:	US$ 1,831,225

RESULTS

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

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	14,610	27,626	In September 2012, intensified fighting between DRC government forces and Mai Mai rebels led to an increased influx of refugees entering the country. Matanda transit centre in Kanungu district was re-opened to receive these refugees. WFP reached more beneficiaries than planned with the CERF contribution due to this influx.
b. Male	15,390	29,365	
c. Total individuals (female + male):	**30,000**	**56,991**	
d. Of total, children under 5	7,470	13,459	

9. Original project objective from approved CERF proposal

The main objective of the project is to save lives and address acute malnutrition in refugee populations.

10. Original expected outcomes from approved CERF proposal

The main outcome is reduced or stabilized acute malnutrition among the targeted population.

The two outcome indicators to be monitored include:

- Less than 10 per cent prevalence of acute malnutrition among children under 5 (weight-for-height as %).
- Recovery rate in supplementary feeding programme (SFC) greater than 75 per cent.

11. Actual outcomes achieved with CERF funds

WFP provided food assistance for the new arrivals from DRC through hot meals in two transit centres; monthly rations for asylum-seekers and registered refugees in Rwamwanja and other settlements in South Western Uganda; and supplementary feeding for identified moderately malnourished children and adults (particularly pregnant and lactating women).

Based on the UNHCR annual nutrition survey in November/December, conducted in all refugee settlements of Uganda, the GAM in Rwamwanja was highest at 4.9% (3.1 – 7.4 95% CI) among all refugee settlements. However, it had improved from the 5.6% reported in August 2012. Nakivale and Oruchinga, where some new refugees from DRC are settled, had the lowest GAM of 2.1 % (1.1 - 4.2 95% CI). The target of stabilizing GAM at levels below 10% is therefore achieved, although relatively high GAM in Rwamwanja, attributed to the poor condition of new arrivals and the high prevalence of illnesses, especially fever/malaria,

ARI/cough and diarrhoea is of concern.

Based on WFP data from its implementing partner for supplementary feeding programme (SFP), WFP is meeting the target for recovery rates in all settlements except Rwamwanja. In the period October-Dec 2012, recovery rates averaged 41%. This is below WFP's expected target of 75% and the reasons are explained below.

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

The under-achievement on recovery rates of beneficiaries of the SFP in Rwamwanja is attributed to various factors, including:

- High default rates among children/adults enrolled in the SFP, related to distance to the health facility from where SFP operates, and competing demands on family members required to establish themselves and open land in a new settlement.
- Sharing of food supplements among household members.
- The high prevalence of illnesses (fever/malaria, ARI/cough and diarrhoea).
- Lack of capacity of existing health facilities (one centre) to provide services to all settlement residents.

It should be noted also that the supplementary feeding programme began in September 2012, and it took some time for it to become firmly established as a service of which residents are aware, and actively seek.

There has also been an improvement in January (71%) since the cooperating partner trained village health teams and introduced some outreach for the purpose of active case finding and follow-up. During this outreach, village health team actively identify moderately malnourished children and adults and encourage them to visit the health centre in order to receive treatment. During outreach, mothers and caretakers were also trained on good food preparation and child care practices.

13. Are 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, 2b):

If 'NO' (or if GM score is 1 or 0): 50% of the food management committee members are women.

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

If yes, please describe relevant key findings here and attach evaluation report or provide URL**:**

The project has not been evaluated during the period of CERF funding; however, WFP's project (PRRO 10121.3) was externally evaluated earlier in 2012.

TABLE 8: PROJECT RESULTS

CERF Project Information

1. Agency:	**WHO**	5. CERF Grant Period:	20.06.12- 20.12.12
2. CERF project code:	12-WHO-045	6. Status of CERF grant:	☐Ongoing
3. Cluster/Sector:	Health		☒Concluded
4. Project Title:	Strengthen the delivery of life-saving basic health services to refugees in Uganda		

7. Funding	*a. Total project budget:*	US$ 344,825
	b. Total funding received for the project:	US$ 80,000
	c. Amount received from CERF:	US$ 156,418

RESULTS

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

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	14,610	14,610	
b. Male	15,390	15,390	
c. Total individuals (female + male):	30,000	30,000	
d. Of total, children under 5	7,470	7,470	

9. Original project objective from approved CERF proposal

- To ensure access to the delivery of basic life-saving health services through the existing health facilities and outreach programmes.
- Strengthen disease surveillance, information analysis and sharing among the stake holders in order to identify disease outbreak and institute rapid response.

10. Original expected outcomes from approved CERF proposal

- The refugee community will have access to basic health services.
- Trends of major communicable diseases among the refugee community monitored on weekly basis.
- Response to disease outbreak is timely and relevant.

11. Actual outcomes achieved with CERF funds

- OPD attendance rate maintained at greater than one.
- Immunization coverage for measles in the camps maintained at greater than 90%.
- Completeness and timeliness of weekly surveillance report maintained at greater than 90%.
- Proportion of disease outbreak investigated within 72 hours is at greater than 90%.
- There was no disease outbreak reported from the refugee areas, however there were suspected cases of viral hemorrhagic fevers ,which were investigated and turned out to be negative.

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

Nil

13. Are 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, 2b): Fill in **If 'NO' (or if GM score is 1 or 0): During the selection of VHTs to be trained. It was mandatory that at least 30% of the VHTs were female**	
14. M&E: Has this project been evaluated?	YES ☐ NO ☒

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/ Sector	Agency	Partner Name	Partner Type	Total CERF Funds Transferred To Partner US$	Date First Instalment Transferred	Start Date Of CERF Funded Activities By Partner	Comments/ Remarks
12-FAO-027	Food Security	FAO	Adventist Development and Relief Agency Uganda	INGO	40,236	02.08.2012	01.08.2012	A preparatory advance team travelled to the settlement right after signing of contract
12-FPA-030	Health	UNFPA	Uganda Red Cross Society	RED	63,476	09.08.2012	08.2012	
12-HCR-034	Education	UNHCR	Action Africa Help International	INGO	11,059	26.07.2012	18.06.2012	• There is a difference in the Implementing Partner (IP) allocations due to prioritization as a result of an increase in refugee population. • Prior to receiving funds from CERF, UNHCR had existing agreements with its partners. As such, the date of first instalment is the date of release of funds to partners after the revision of the existing agreement.
12-HCR-034	Community Services	UNHCR	Action Africa Help International	INGO	55,000	26.07.2012	18.06.2012	• There is a difference in the IP allocations due to prioritization as a result of an increase in refugee population. • Prior to receiving funds from CERF, UNHCR had existing agreements with its partners. As such, the date of first instalment is the date of release of funds to partners after the revision of the existing agreement.
12-HCR-034	Water	UNHCR	Action Africa Help International	INGO	11,281	26.07.2012	18.06.2012	• There is a difference in the IP allocations due to prioritization as a result of an increase in refugee population. • Prior to receiving funds from CERF, UNHCR had existing

								agreements with its partners. As such, the date of first instalment is the date of release of funds to partners after the revision of the existing agreement.
12-HCR-034	Health	UNHCR	African Humanitarian Action	INGO	117,753	26.07.2012	18.06.2012	• There is a difference in the IP allocations due to prioritization as a result of an increase in refugee population. • Prior to receiving funds from CERF, UNHCR had existing agreements with its partners. As such, the date of first instalment is the date of release of funds to partners after the revision of the existing agreement.
12-HCR-034	Environment	UNHCR	African Initiative for Relief Development	INGO	38,478	12.07.2012	18.06.2012	• There is a difference in the IP allocations due to prioritization as a result of an increase in refugee population. • Prior to receiving funds from CERF, UNHCR had existing agreements with its partners. As such, the date of first instalment is the date of release of funds to partners after the revision of the existing agreement.
12-HCR-034	Shelter & Settlement Mgment	UNHCR	African Initiative for Relief Development	INGO	309,165	12.07.2012	18.06.2012	• There is a difference in the IP allocations due to prioritization as a result of an increase in refugee population. • Prior to receiving funds from CERF, UNHCR had existing agreements with its partners. As such, the date of first instalment is the date of release of funds to partners after the revision of the existing agreement.
12-HCR-034	Health	UNHCR	Medical Teams International	INGO	90,788	24.09.2012	18.06.2012	• There is a difference in the IP allocations due to prioritization as a result of an increase in

								refugee population. • Prior to receiving funds from CERF, UNHCR had existing agreements with its partners. As such, the date of first instalment is the date of release of funds to partners after the revision of the existing agreement.
12-HCR-034	Registration	UNHCR	Office of the Prime Minister	Government	312,006	01.10.2012	18.06.2012	• There is a difference in the IP allocations due to prioritization as a result of an increase in refugee population. • Prior to receiving funds from CERF, UNHCR had existing agreements with its partners. As such, the date of first instalment is the date of release of funds to partners after the revision of the existing agreement.
12-HCR-034	Shelter & Settlement Mgment	UNHCR	Uganda Red Cross Society	RED	226,049	30.07.2012	18.06.2012	• There is a difference in the IP allocations due to prioritization as a result of an increase in refugee population. • Prior to receiving funds from CERF, UNHCR had existing agreements with its partners. As such, the date of first instalment is the date of release of funds to partners after the revision of the existing agreement.
12-CEF-074	Child Protection	UNICEF	Save the Children in Uganda	INGO	98,726	24.08.12	10.09.12	
12-CEF-074	WASH	UNICEF	Save the Children in Uganda	INGO	71,729	27.12.12	08.01.13	
12-CEF-074	WASH	UNICEF	Water Missions Uganda	INGO	64,458.91	17.12.12	27.12.12	
12-CEF-074	WASH	UNICEF	Kamwenge District	Gov.	16,143	03.09.12	24.09.12	
12-CEF-074	Basic Education	UNICEF	Save the Children in Uganda	INGO	103,800	08.12.12	12.12.12	

12-CEF-074	Basic Education	UNICEF	MoES, Canon Apollo Core PTC	Government	196,497	12.12.12	02.12.12	
12-CEF-074	Health and Nutrition	UNICEF	Mwnamugimu Nutrition Unit	Government	56,576	07.12.12	07.12.12	
12-CEF-074	Health	UNICEF	Kamwenge District	Government	6,625	12.12.12	12.12.12	
12-CEF-074	Health Supply inputs	UNICEF	Kamwenge District	Government	60,487			
12-CEF-074	Nutrition supply inputs	UNICEF	Kamwenge District	Government	164,665	09.12.12	07.12.12	Current stock was used and then replenished with the funds.
12-CEF-074	Nutrition	UNICEF	Institute of Public Health, Uganda	Government	15,371	10.12.12	08.12.12	
12-WFP-046	Food Security	WFP	Samaritan's Purse	INGO	68,800	25.10.2012	01.07.2012	Covers General food distributions and transfers to supplementary feeding programme. Cost based on partner rate/ton (US$40.71/Ton) for 1,690mtn purchased with CERF funds.
12-WFP-046	Food Security	WFP	African Humanitarian Action	INGO	20,099	27.09.2012	15.08.2012	Costs for Implementation of supplementary feeding programme in Rwamwanja.
12-WHO-045	Health	WHO	District Health Office of Kisoro, Kamwenge and Isingiro	Government	36,823	25.09.2012	01.08.2012	WHO funds were used to kick-start the project.[7]

[7] The major partner for WHO is the government and outreach programmes are carried out by the government health facilities. It was indicated in the detail activities under outreaches (although this was omitted on the summary page).

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAH-I	Action Africa Help - International
ADRA	Adventist Development and Relief Agency Uganda
AHA	Africa Humanitarian Action
AIRD	African Initiatives for Relief & Development
CERF	Central Emergency Response Fund
CFS	Child-Friendly Spaces
CHPs	Community Hygiene Promoters
CPCs	Child Protection Committees
CTLS	Community Total Led Sanitation
DHT	District Health Team
DLG	District Local Government
DRC	The Democratic Republic of Congo
ECD	Early Childhood Development
EDD	Expected Date of Delivery
ENA	Essential Nutrition Action
ERH Kit	Emergency Reproductive Health Kit
EVI(s)	Extremely Vulnerable Individual(s)
FAO	Food and Agriculture Organization of the United Nations
FDLR	Democratic Forces for the Liberation of Rwanda
GAM	Global Acute Malnutrition
GBV	Gender-Based Violence
GBV IMS	Gender-Based Violence Information Management System
GoU	Government of Uganda
HC	Health Centre
IEC	Information, Education and Communication
IMAM	Integrated Management of Acute Malnutrition
IOM	International Organization for Migration
IP	Implementing Partner
IYCF	Infant and young child feeding
LWF	Lutheran World Federation
MAM	Moderate Acute Malnutrition
MHM	Menstrual Hygiene Management
MoES	Ministry of Education and Sports
MONUSCO	United Nations Organization Stabilisation Mission in the Democratic Republic of Congo
MSF	Médecins Sans Frontières
MTI	Medical Teams International
NFI(s)	Non Food Item(s)
OPD	Out Patient Department
OPM	Office of the Prime Minister
PEP	Post Exposure Prophylaxis
PSN(s)	Person(s) with Specific Needs
RapidFTR	Rapid Family Tracing and Reunification
RC	Reception Centre
RH	Reproductive Health
SAM	Severe Acute Malnutrition
SC	Separated Child(ren)
SCiU	Save the Children in Uganda
SFP	Supplementary Feeding Programme
SGBV	Sexual and Gender-Based Violence
SOP	Standard of Procedure
SRH	Sexual and Reproductive Health

TC	Transit Centre
UAM(s)	Unaccompanied Minor(s)
UASC	Unaccompanied and separated children
UNFPA	United Nations Population Fund
UNHCR	The Office of the United Nations High Commissioner for Refugees
UNICEF	The United Nations Children's Fund
URCS	Uganda Red Cross Society
VHT	Village Health Teams
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WMCs	Water Management Committees