



United Nations

**CENTRAL
EMERGENCY
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
UGANDA
UNDER-FUNDED
2014 ROUND I
CONFLICT-RELATED DISPLACEMENT**

RESIDENT/HUMANITARIAN COORDINATOR

Ms. Ahunna Eziakonwa

REPORTING PROCESS AND CONSULTATION SUMMARY

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

The review was held 7th of April. All CERF agencies participated to review the achievements of the CERF 2014 programme and the lessons learnt.

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

YES NO

The report has been discussed in the April UNCT meeting. The UNCT members and all CERF agencies have also participated in the review of the achievements of the CERF 2014 programme and the lessons learned.

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

YES NO

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

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: US\$ 222,672,260		
Breakdown of total response funding received by source	Source	Amount
	CERF	4,019,310
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)	0
	OTHER (bilateral/multilateral)	81,931,013
	TOTAL	85,950,323

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 28.03.14			
Agency	Project code	Cluster/Sector	Amount
UNICEF	14-UFE-CEF-036	Nutrition	500,181
UNICEF	14-UFE-CEF-037	Multi-sector	318,666
FAO	14-UFE-FAO-009	Food security - agriculture	450,067
UNFPA	14-UFE-FPA-013	Multi-sector	250,884
UNHCR	14-UFE-HCR-013	Multi-sector	628,928
IOM	14-UFE-IOM-015	Water and sanitation	249,988
WFP	14-UFE-WFP-019	Food security – food aid	1,420,566
WHO	14-UFE-WHO-018	Health	200,030
TOTAL			4,019,310

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	2,545,113
Funds forwarded to NGOs for implementation	1,084,429
Funds forwarded to government partners	389,768
TOTAL	4,019,310

HUMANITARIAN NEEDS

Refugees

The refugee population in Uganda exceeded 315,000 refugees as of end of January 2014. Those who arrived in the last 5 years made up 85 per cent of the total refugee population and were in need of humanitarian assistance. The refugees were received in 4 transit centres (TCs) along the border and were transported via 4 way stations to 9 refugee settlements around the country. The CERF UF funding was directed to unmet needs for the Congolese refugees in Uganda who arrived in the last 2 years with the ongoing uncertainty in the eastern part of the DRC. For the Congolese refugees, were received at Nyakabande TC (Kisoro District), Matanda TC (Kanungu District), Bubukwanga TC (Bundibugyo District) and Waju TC (Koboko District). From there, they were being transported to Rwamwanja settlement (Kamwenge District); Kyangwali settlement (Hoima District) and Lobule settlement (Koboko District). All locations required substantial improvement in relation to access to services and household items. Nyakabande TC, Bubukwanga TC and Waju TC hosted refugees who were waiting while settlement space became available for them.

Karamoja

The Karamoja sub region, located in north-eastern Uganda is classified as semi-arid by Ugandan standards, and the high variability in temporal and spatial distribution of rain is the determining factor that influences livelihood strategies. Agropastoralism is the dominant livelihood system of the region. Furthermore, traditionally, Karamojong social and economic life is structured around the maintenance of livestock. Karamoja sub-region has however been in cyclic outbreaks of Trans-boundary Animal Diseases (TADs). Food security and development levels are very low in the region and strongly influenced by the prevailing insecurity experienced in the region, due to intertribal and other conflicts. Poor climatic conditions in parts of the region, characterized by extended drought and sparse rains further aggravate the food security situation. The annual Food Security and Nutrition Assessment conducted in May 2013 by Makerere University School of Public Health found an unusually poor food security situation in the four districts of Kaabong, Kotido, Moroto and Napak. High prevalence of 'poor food consumption' with rates between 20 percent – 29 percent was found. While higher rates have been seen in the recent past the findings were considered by WFP to be a reason for concern. An estimated 1.0 to 3.1 per cent of children under the age of five also suffered from severe acute malnutrition (estimated total of up to 18,500 cases annually). Annual Severe Acute Malnutrition (SAM) burden in Karamoja is estimated at about 20,000 cases. The follow up Food Security and Nutrition Assessment conducted in December 2013 confirmed no improvement in food and nutrition security situation. The key findings were that four out of 10 household were food insecure or at risk of food insecurity and there were dismal food stocks in most of the districts, not likely to last up to February 2014. Similar to findings of previous surveys - Global Acute Malnutrition (GAM) was 11.0 per cent and SAM 3.5 per cent which is still serious - above alert level and emergency threshold respectively. Preliminary findings of the FAO/WFP Post harvest and food security assessment conducted in February 2014 confirmed that most households exhausted food stocks from own production in December 2013, others in January 2014 and a few households that still had stocks set to exhaust them in March 2014. The majority of households are reported to be eating one meal a day, reduced ration size with a few reported to have gone an entire day without eating.

II. FOCUS AREAS AND PRIORITIZATION

The priority sub group amongst the refugee population was defined as Congolese refugees who arrived in the last 2 years. Geographically, it targeted refugees in the TCs of Nyakabande, Bubukwanga and Waju and settlements of Rwamwanja, Kyangwali and Lobule. On the other hand, the food security interventions targeted all districts within the Karamoja region. The refugee component benefitted from USD 2.5 million and Karamoja USD 1.5 million of the USD 4 million made available by the CERF.

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

Protection and community services: Assistance to new arrivals and transport of refugees from border to TC and TC to Settlements. (UNHCR); Continuation of the Rapid Family Tracing and Reunification (Rapid-FTR) in Nyakabande (UNICEF); Enhancement of Gender Based Violence (GBV) interventions and referrals in Bundibugyo and Nyakabande TC (UNFPA); Enhancement of GBV interventions in Kyangwali and Rwamwanja settlement (UNFPA); Follow up on separated children in Rwamwanja settlement (UNICEF).

Food Security & Livelihoods: Continuation of food assistance to new DRC refugees in settlements at 100 per cent (RDA) and EVHs in Karamoja region at 50 per cent (RDA) (WFP); Provide life-saving nutrition support to vulnerable women and children in Karamoja (UNICEF); Agricultural inputs including seeds of staple food crops and vegetable seeds input to refugees that arrived since October 2013 as they missed the seed input prior to the previous rains. (FAO); Emergency livestock vaccination in Karamoja/ Koboko (FAO);

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Health including nutrition, reproductive health, HIV/AIDs and disease surveillance: Provide access to health services in Kyangwali refugee settlement (UNHCR); Provide health activities with focus on nutrition and vaccination for refugees from DRC. (UNICEF); Provide life-saving nutrition support to vulnerable women and children in Karamoja (UNICEF); Establishing and enhancing the capacities of the VHT in Kyangwali and Koboko settlement (WHO); Strengthen disease surveillance activities at facility and community level (WHO); Provision of additional medical supplies to Health Centres and District referral hospitals (WHO); Provide maternal health services through distribution of reproductive health kits (RH equipment, drugs and supplies) (UNFPA); Distribution of dignity kits for pregnant women and enhance access to ANC, post-natal care including family planning (UNFPA); Establish Youth spaces for ASRH information and life skills in Bundibugyo and Nyakabande TCs (UNFPA).

WASH: Improve household sanitation systems, raise awareness about hygiene and sanitation in order to mitigate WASH related diseases, and conduct fumigation in Kyangwali and Lobule settlements (IOM); Increase water supply in Kyangwali settlement (UNICEF).

Education: Provide access to education to children of primary school going age amongst the newly arrived refugees in Kyangwali settlement (UNHCR); Provide emergency education support focused on WASH in schools (UNICEF).

III. CERF PROCESS

Refugees

The UNCT launched a local appeal covering the Congolese refugee emergency in 2013, totalling to USD 92,676,582. The appeal addressed the critical needs in all sectors of response, avoiding duplication of activities and promoting clear division of labour between the agencies. The appeal was initially launched in March 2013 and was revised in September 2013 to cater for the additional influx via Bundibugyo, but was not revised for the influx into Koboko District in November 2013. Out of the requested amount, approximately USD 45.3 million was funded (49 per cent). As such, there still remained a major gap between the initially identified needs and what was covered. In 2014, the total needs for the refugee programme was USD 198,883,455.

The UNCT was committed to continue fundraising to ensure that activities started under the CERF funds will continue and key gaps identified would continue to be addressed. While UNHCR and WFP had received some funding for their refugee programme from the regular donors, it had been difficult for other agencies to fund raise for the refugee issues. Under the overall UNCT guidance, UNHCR is leading a process to establish a UN Joint Programme "Refugee and Host Population Empowerment (REHOPE)" – focussing on enhancing the resilience and self-reliance of refugee affected district.

Coordination meetings for the refugee assistance and emergency response exist at several levels and continued throughout 2014. All interagency and sectoral meetings have the participation of all partners involved in the provision of assistance regardless of their funding sources to maximise the impact for the refugees. Within the UN Country Team, the refugee emergency is handled through the ad hoc Programme Management Team meetings chaired by UNHCR. The meeting is open to all UN agencies who are interested – for example, UNDP and MONUSCO also participates depending on the topic. Through this mechanism, the underfunded gaps from 2013 programmes were analysed and prioritisation was conducted for the CERF underfunded window. The process also ensures that there are no duplication of activities between the partners.

Karamoja

Planned interventions by WFP, FAO and UNICEF for responding to food security in Karamoja in 2014 were budgeted at US\$ 23,788,805 of which only 29 per cent (US\$ 6,865,337) was resourced leaving a gap of 71 per cent. CERF funds were requested to fill part of the gaps identified. FAO, UNICEF and WFP have a joint Karamoja resilience strategy and on the basis of this joint approach coordination meetings are held at both Kampala and regional level to coordinate efforts in and outside of this CERF funding.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis: 422,000 refugees in Uganda and 1,647,169 individuals in Karamoja				
	Cluster/Sector	Female	Male	Total
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Nutrition (Karamoja)	290,552	193,640	484,192
	Multi-sector (refugees)	58,533	32,262	90,800
	Food security	Karamoja: 195,004 Refugees: 28,843 Total: 223,847	Karamoja: 201,303 Refugees: 23,843 Total: 225,146	Karamoja: 396,307 Refugees: 52,686 Total 448,993
	Water and sanitation (refugees)	9,077	8,378	17,455
	Health (refugees)	10,000	8,000	18,000

BENEFICIARY ESTIMATION

For the refugee population UNHCR's estimate for the multi-sector was 90,800 in the above table. This includes:

- Protection and basic humanitarian assistance to 40,480 refugees residing in Kyangwali refugee settlement and 12,144 host community members in and around the settlement.
- Protection and basic humanitarian assistance to 12,587 new arrivals assisted at transit centres in Kisoro, Kamwenge, Bundibugyo, Hoima and Koboko districts.
- Protection and basic humanitarian assistance to 25,589 members of the host communities in transit centres in Kisoro, Kamwenge, Bundibugyo, Hoima and Koboko that received WASH, education and health assistance provided by UNICEF and UNHCR.

UNHCR and OPM ensured the registration of all new arrivals during the reporting period. UNHCR's registration database was used to capture level I information at the entry points to ensure timely support aimed at saving lives. When the refugees are settled in their locations (receiving refugee settlements), a level II registration was conducted involving capture of biometrics. This avoided any double registration.

Estimating the host community members receiving WASH assistance is challenging because the host communities are not part of the registration system for refugees and it is difficult to monitor.

For Karamoja the three agencies estimated that their programmes, which were based on large outreach activities, combined would reach the entire population of Karamoja, The team faced the challenge of a lack of updated population data but decided to set the planning figure based on the available population figure for Karamoja from 2012 (UBOS) at 1,2 million people, multiplied by the estimated average annual population growth of some 5.6% (almost double the national average) amounting to the planned figure of 1,605,389 individuals.. During implementation the agencies however ended up reaching only 54.8% of the total planning figure. In early August 2015 UBOS released the most recent population statistics for Karamoja from the 2014 census exercise establishing the Karamajong population at a much lower population at 988,429 individuals. This data validates the agency ambition to jointly reach the entire population of Karamoja, reaching 89 % of the actual population in Karamoja

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING

	Planned	Estimated Reached
Female	Refugees: 23,271 Karamoja: 819,814 Total: 843,085	Refugees: 58,533 Karamoja: 441,455 Total: 499,988
Male	Refugees: 18,509 Karamoja: 785,575 Total: 804,084	Refugees: 32,267 Karamoja: 394,943 Total: 427,210
Total individuals (Female and male)	Refugees: 41,780 Karamoja: 1,605,389 Total: 1,647,169	Refugees: 90,800 Karamoja: 880,499 Total: 971,299,
Of total, children <u>under</u> age 5	Refugees: 8,941 Karamoja: 280,456 Total: 289,397	Refugees: 18,614 Karamoja: 244,286 Total: 262,900

CERF RESULTS

Protection and community services:

- 100 per cent new arrivals had access to basic protection and assistance (protection, registration, shelter and NFIs) on their arrival and were transported to refugee settlement in safety and in dignity (UNHCR)
- 100 per cent of the identified persons with specific needs received access to specific support in line with their basic needs. (UNHCR)
- 906 (404Female / 502 Male) separated and unaccompanied children (UASC) were registered using Rapid FTR and were reunited with their families or provided temporary and foster care. In addition to the 906 UASC, there were 82 (44F/38M) neglected and at risk children supported (UNICEF);
- To strengthen access to medical services for GBV survivors 12 health workers from six health facilities serving refugees were trained on provision of Clinical Management of Rape services for GBV survivors and mobile court hearings of refugee cases in the settlements were supported to facilitate SGBV survivors' access to legal services; The availability of GBV prevention and response structures facilitated quick identification and easy access to psychosocial, medical and legal services for GBV survivors in both settlements and 100 per cent of identified cases were able to access clinical within 72 hours (UNFPA);

Food security & Livelihoods:

- 94 per cent of targeted refugee households / individuals have at least borderline food consumption (Female headed household – 91 per cent and Male headed household – 97 per cent) and 77 per cent of targeted Karamoja households / individuals have at least borderline food consumption (Female headed household – 91 per cent and Male headed household – 97 per cent) (WFP);
- 79.5 per cent of targeted refugee households /individuals consume at least 3 food groups on average per day and 88.6 per cent of targeted Karamoja households /individuals consume at least 3 food groups on average per day (WFP)
- 34.1 metric tonnes of seed distributed to 2,433 refugee families and 809 metric tonnes of grain harvested by the refugee families by December 2014 and increased dietary diversity and improved nutrition levels of 8,075 refugees of 2,433 families. (FAO)
- In Karamoja 111,361 cattle, 43,278 goats, 82,222 sheep vaccinated against CBPP, CCPP and PPR and 13,073 cattle, 12,732 goats and 25,035 sheep treated with therapeutic broad spectrum antibiotic and de-wormer. In addition, the livestock were given multivitamins; (FAO).

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

- 38,400 (96 per cent) refugee children were immunized against measles within the refugee settlements and the host communities in the five districts of Kisoro, Kamwenge, Bundibugyo, Hoima and Koboko districts. 16,400 (100 per cent) refugee children were immunized against polio within refugee camp/settlement and the host communities. (UNICEF);
- Therapeutic care for 713 refugee children with SAM in Koboko district in West Nile and 791 cases in Kamwenge district in South West and Quarterly distribution of therapeutic supplies (RUTF, F75, F100 and ReSoMal to district health offices in all target districts in Karamoja (UNICEF);
- 100 per cent new arrivals had access to primary health care and basic medicine contribution was made to the health centres for the planned amount in Kyangwali settlement (UNHCR)
- Most districts were able to maintain the weekly surveillance report at greater than 90 per cent. There were no major outbreaks in the districts targeted however suspected outbreaks were investigated within 72 hrs including a suspected report on haemorrhagic fever from refugee settlements (WHO);
- Orientation and training of health workers was carried out and medical supplies including PPEs provided to health facilities to ensure prompt treatment and control. Through routine immunization and outreaches immunization coverage has been maintained at greater than 95 per cent and the OPD attendance rate has been maintained at greater than 1 with services provided by health facilities and supported through outreach programs (WHO);
- 23 Assorted Emergency Reproductive Health (ERH) Kits were procured and distributed to six health facilities. These kits covered at least 54 percent of the RH kits requirements of the targeted population for the reporting period contributing to no stock-out of key supplies at the facilities during this period. (UNFPA);
- 1,221 dignity kits procured and distributed through the 6 health facilities to new refugee mothers. These were found to be valuable indeed for the refugee mothers to care for themselves and for their new-born babies in the difficult circumstance of being a refugee (UNFPA);
- The project provided two tents (one each for Kyangwali and Rwamwanja settlements) to serve as youth spaces. These spaces served as platforms for sexual reproductive health as well as GBV prevention information sharing for young people through peer to peer support (UNFPA);

WASH:

- 3,491 households have access to latrines, hand washing facilities and waste pits. (2,637 households in Kyangwali and 854 households in Lobule settlements); approximately 12,000 new arrivals received sensitisation on hygiene and sanitation; Three fumigation exercises conducted targeting 584 households (IOM);
- Provided of WASH supplies including Chlorine and EMO to 1,000 households (approximately 5,000 people) in Kyangwali refugee settlement. Provided selected refugee communities in Kyangwali, Rwamwanja with HTH chlorine and aquatabs. (UNICEF)

Education:

- Supported Kisoro District Local Government in the rehabilitation of rain water harvesting tanks in eight primary schools (UNICEF).
- Access to education was provided to 30 per cent of children of primary school going age amongst the newly arrived refugees in Kyangwali settlement (UNHCR);

CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?

YES PARTIALLY NO

The CERF funding was very timely and enabled fast delivery of assistance to refugees for the DRC, especially in terms of improvements to settlements. Rwamwanja settlement was opened in April 2012 while Lobule settlement was opened in December 2013. Kyangwali settlement was pre-existing before the Bundibugyo influx, but new villages had been created to accommodate those who arrived. All locations required substantial improvement in relation to access to services and household items. Assistance was delivered already at TCs as refugees awaited being transported to settlements.

b) Did CERF funds help respond to time critical needs¹?

YES PARTIALLY NO

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

- All new arrivals were registered and profiled at the TCs and their records updated in the settlement. This allowed for agencies to plan their intervention through accurate population figures. For the refugees, this allowed them to obtain a household attestation letter confirming their refugee status in Uganda and to facilitate their movement and access to services.
- A total of 906 separated and unaccompanied minors were identified and registered through Rapid FTR and family reunifications were conducted.
- Food needs were covered and 94 per cent of targeted households / individuals have at least borderline food consumption (Female headed household – 91 per cent and Male headed household – 97 per cent)

A joint assessment (Office of the Prime Minister, Ministry of Agriculture, FAO and WFP) conducted in August 2013, confirmed that the long dry spell between May and July 2013 led to less acreage being planted than is usual in Karamoja and a crop performance below normal levels and to later-than-usual harvest. These factors meant an extended lean season in 2013 and early start of the lean season in 2014. The assessment further projected that approximately 495,000 and 600,000 people would require some form of humanitarian assistance at the peak of the lean season (mid-2014). Recommendations were that the humanitarian agencies start food assistance interventions in February 2014, at the beginning of the lean season, to address high malnutrition levels and avoid households engaging in negative coping mechanisms. Even though CERF support came after February 2014, the grant enabled UN to respond by mid-2014 to avert further crisis.

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

YES PARTIALLY NO

The UNCT launched a local appeal covering the Congolese refugee emergency in 2013, totalling to USD 92,676,582. 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. The appeal was initially launched in March 2013 and was revised in September 2013 to cater for the additional influx via Bundibugyo, but was not revised for the influx into Koboko District in November 2013. Out of the requested amount, approximately USD 45.3 million was funded (49 per cent). As such, there remained a major gap between the initially identified needs and what was covered. In 2014, the total needs for the refugee programme was USD 198,883,455 and the resource mobilization effort raised a total of USD 88,385,184 in 2014 including USD 2,523,533 from the CERF Underfunded window. For Karamoja a total of USD 9,312,612 was raised, including USD 1,496,047 from the CERF underfunded window. In totality an additional USD 93,678,516 were hence raised. Through the funds received from CERF, the UN agencies in Uganda were provided with timely support to the Ugandan government for the protection of refugees and saving the lives of new arrivals some of whom arrived in poor nutritional condition. The CERF funds also enable a coordinated and timely UN response based on agency-specific specialities and capacities.

¹ Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

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

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

FAO, UNICEF and WFP have a joint Karamoja resilience strategy and on the basis of this joint approach coordination meetings are held at both Kampala and regional level to coordinate efforts in and outside of this CERF funding

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

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

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
In-country prioritization paper for CERF UF application can be complemented by CERF considerations. For this CERF Underfunded window, however, the CERF letter specified a target population different from concept note submitted by RCO. This has complicated in-country discussions and finalization of the proposal.	Request CERF to in future better explain rationale and inclusion of additional vulnerable population in addition to concept note submitted by RCO.	CERF
Reporting on two different crisis and target populations in the same reporting format presents some difficulty	Request CERF to clarify/ advise in terms of guidelines or format when applying and reporting on two different crisis as part of same CERF window. For example, allow the UN Country Office to submit 2 applications per agency if the population group is different. For example, while UNICEF was allowed to submit 2 project proposals for the 2 different humanitarian situations, FAO and WFP were not as they were in the same sectors.	CERF
Inter-agency reflection on lessons learnt could be better captured in reporting	Propose to include a lesson learnt section in the agency project results table for better discussion at inter-agency level	CERF

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Reporting of SGBV cases is still a challenge as in many cases the perpetrators are relatives of the survivors.	Need long-term interventions/ programmes on social behavior change to complement efforts undertaken with CERF funding.	UNFPA, UNWOMEN, UNICEF
Given Ugandan context with refugee settlements there is a need to extend services (such as immunization, nutrition, etc) also to host communities	Future planning for refugee response needs to look more comprehensively at refugee hosting communities. This also requires advocacy for flexibility from donor partners.	UNHCR and UNCT
Certain existing programmes on the ground may not be compatible with CERF interventions (as in case of electronic branding of livestock by Government in Karamoja which hampered effective implementation by UN with regards to cattle vaccinations under CERF as there was suspicion and reluctance to disclose size of herd)	Need to work more on community sensitization and understanding other ongoing programmes and their interplay with CERF interventions	UNCT

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS

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CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	[15.04.14 – 31.12.14]
2. CERF project code:	14-UFE-CEF-036	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Nutrition		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency Support to Vulnerable Households in Karamoja		
7. Funding	a. Total project budget:	US\$ 6,500,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 1,270,645	▪ NGO partners and Red Cross/Crescent: US\$ 0.00
	c. Amount received from CERF:	US\$ 500,181	▪ Government Partners: US\$ 210,000
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	402,215	290,552	A total of 484,192 (66 per cent) out of the planned 733,290 planned beneficiaries were reached during the reporting period. Children between 6-59 months were more easily reached because they were targeted for screening for malnutrition at community level, Vitamin A supplementation and therapeutic feeding care at facility level during routine and outreach programs. Children above 5 years were captured only at periodic outreaches for deworming medication while increased turn out and demand for ANC services including deworming and iron/folate supplementation for pregnant women still remains an area to improve through inter-sectoral efforts. The discrepancy between the planned total individuals and the total individuals reached can be explained by the fact that the planned figure was based on wrong population statistics for Karamoja as well as the fact that nutrition indicators has not been collected routinely and have therefore been under-reported.
b. Male	331,075	193,640	
c. Total individuals (female + male):	733,290	484,192	
d. Of total, children <u>under</u> age 5	280,455	215,713	
9. Original project objective from approved CERF proposal			
To provide lifesaving nutrition interventions in Karamoja through scale up of integrated management of acute malnutrition in all seven districts.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • 80 per cent of children between 6-59 months given vitamin A supplementation • 80 per cent of children between 1-14 years given deworming tablets • 80 per cent of children with SAM given therapeutic care 			

<ul style="list-style-type: none"> 70 per cent of pregnant women given iron/folate supplementation 	
11. Actual outcomes achieved with CERF funds	
<ul style="list-style-type: none"> Supplies including RUTF, F100, F75, ReSoMal and monitoring and evaluation print materials were procured and distributed to all Karamoja districts to implement IMAM programme. Out-patient therapeutic feeding centres were established in the remaining 19 HCIs out of total 118 facilities in Karamoja region and additional health workers and VHTs attached to these sites were trained on IMAM. About 103,446 (37.3 per cent) children between 6-59 months were screened for malnutrition during the 2014 Family Health Days About 7,685 children with SAM (47.8 per cent of annual caseload and 100.8 per cent point prevalence) were provided therapeutic care in all ITC/OTC sites in the seven Karamoja districts during the reporting period. From the 2014 Health management information system (HMIS) reporting, 208,028 children between 6-59 months (82.7 per cent) were given vitamin A supplementation and 328,960 children between 1-14 years (93.5 per cent) received deworming medication. About 1,687 (2.5 per cent) pregnant women received deworming, iron/folate supplementation during the 2014 Family Health Days, while according to 2014 HMIS reporting, 42,414 pregnant women in Karamoja region received iron/folic supplementation during the first ANC visit. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>The beneficiaries included 215,713 children between 6-59 months (77 per cent of planned target) who were largely reached because they were targeted for routine screening for malnutrition in the community as well as vitamin A supplementation while children above 5 years were only reached for deworming, mostly during periodic outreaches. The number of women reached (2.5 per cent) with ante-natal care services including iron folate and deworming was low because only one campaign was implemented during the reporting period. However, the majority of pregnant women accessed ante-natal care through routine services (routine service data not available).</p> <p>Reporting on nutrition indicators has been poor compared to other health indicators. Other indicators are captured in the Government HMIS system which provides the basis for UNICEF's reporting on outreach activities. For nutrition indicators however the data has not been collected routinely, leading to some under-reporting. To address this challenge, UNICEF has supported the Ministry of Health to establish regional supervisors in districts to focus on integrated health and nutrition service delivery and reporting. This is in addition to the current rollout of new HMIS with nutrition indicators. Training on the new HMIS is being finalized with support from UNICEF including printing of 3,000 nutrition registers for the entire country incl. Karamoja and the refugee hosting districts.</p>	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 2b):</p> <p>If 'NO' (or if GM score is 1 or 0): Please describe how gender equality is mainstreamed in project design and implementation</p> <p>Generally there was no disparity in the access of boys and girls to nutrition services. Additionally the needs of pregnant women were catered for in this intervention. Women are largely caregivers of children under the age of five years and played a significant role in bringing children to receive nutrition services. However, male involvement in nutrition interventions was observed to be low. Engagement of men in child care serviced is recommended for longer term behaviour change communication interventions.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
No Evaluation was planned for at the beginning of the project. Rigorous monitoring of interventions informed progress.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 9: PROJECT RESULTS

CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	[02.04.14 – 31.12.14]
2. CERF project code:	14-UFE-CEF-037	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Multi-sector		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency Support to Refugees and Asylum Seekers from DRC		
7. Funding	a. Total project budget:	US\$ 14,700,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 318,666	1. NGO partners and Red Cross/Crescent: US\$ 49,630
	c. Amount received from CERF:	US\$ 318,666	2. Government Partners: US\$ 116,658
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	44,560	58,533	Immunization interventions reached more beneficiaries than targeted due to the need to create effective herd immunity.
b. Male	35,440	32,267	
c. Total individuals (female + male):	80,000	90,800	
d. Of total, children <u>under</u> age 5	16,400	18,614	
9. Original project objective from approved CERF proposal			
The situation of 80,000 refugees and host community members living in settlements in Kisoro, Kamwenge, Bundibugyo, Hoima and Koboko improved through the provision of high impact lifesaving interventions in nutrition, water, sanitation and hygiene, child protection and emergency education.			
10. Original expected outcomes from approved CERF proposal			
Nutrition			
1. 80 per cent of children between 6-59 months given vitamin A supplementation			
2. 80 per cent of children between 1-14 years given deworming tablets			
3. 80 per cent of children with SAM given therapeutic care			
4. 70 per cent of pregnant women given iron/folate supplementation			
Immunization of children			
5. 95 per cent children 6 months – 14 years are given 1 dose measles vaccine			
6. 95 per cent children < 5 years are given at least 2 doses of polio vaccine (one months apart)			
Water, Sanitation and Hygiene (WASH)			
7. Existing water system in Bundibugyo, Rwamwanja and Kyangwali are functional at the point of spot check. 22,000 refugees have access to safe water			
8. Refugee in Bundibugyo and Rwamwanja are sensitized on basic hygiene and sanitation. 17,000 refugees are sensitised			

on good hygiene behaviour through social mobilization and house to house hygiene campaign.

9. Refugees in Bundibugyo and Rwamwanja have access to sanitation. 1,000 households have access to latrines and hand washing facilities

Child Protection

10. 500 Vulnerable children in the Nyakabande and Bubukwanga TCs as well as in the Rwamwanja and Kyangwali settlements are provided with psychosocial support in child-friendly spaces to protect them from further violence and/or family separation.
11. All boys and girls unaccompanied and separated from families in the Nyakabande and Bubukwanga TCs as well as in the Rwamwanja and Kyangwali settlements receive temporary care upon arrival. All separated children will either be reunited with their families or placed in appropriate foster care or alternative care arrangements.

Emergency Education

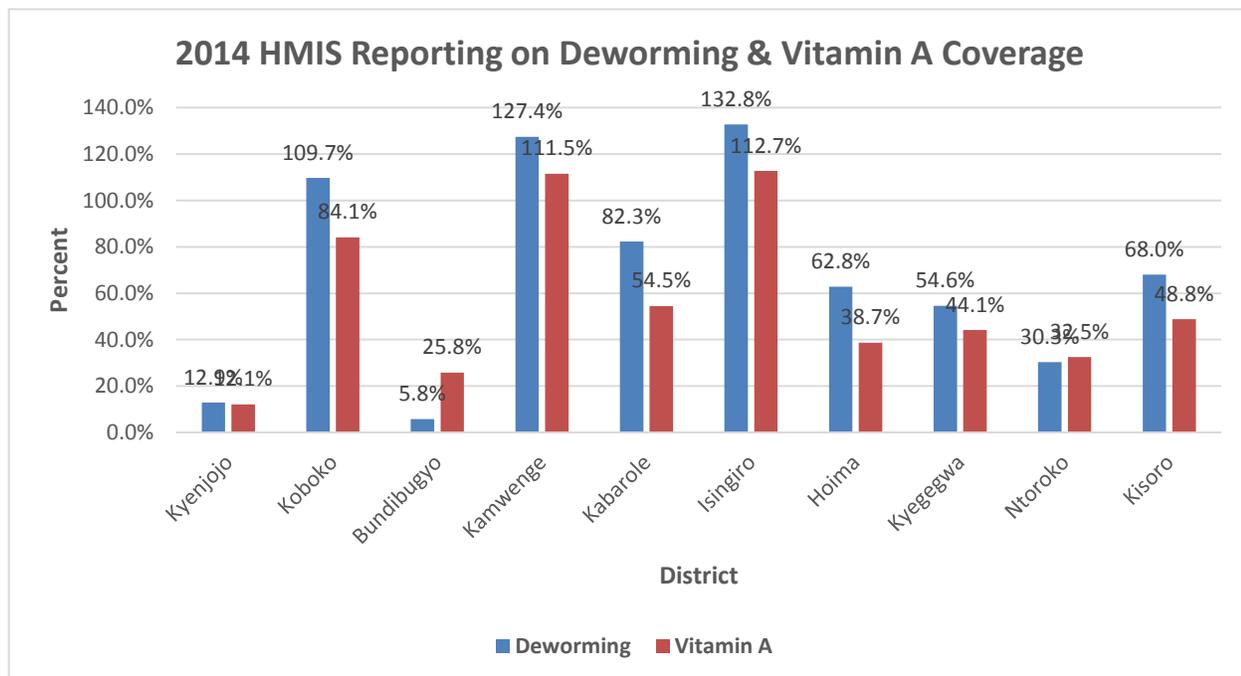
12. WASH system operation and maintenance are developed and implemented in 5 schools.
13. 2,000 children in 5 schools in Bundibugyo have access to improved sanitation and water

11. Actual outcomes achieved with CERF funds

Nutrition:

- Quarterly distribution of therapeutic supplies (RUTF, F75, F100 and ReSoMal to district health offices in all target districts; Distribution of CHD supplies including data tools, vitamin A capsules and deworming tablets to all target districts
- Vitamin A supplementation for 384,766 (56.5 per cent) children between 6-59 months in Kyenjojo, Koboko, Bundibugyo, Kamwenge, Kabarole, Isingiro, Kyegegwa, Ntoroko, Hoima and Kisoro districts. Of these, 13,325 were refugee children. Deworming medication for 1,137,648 (68.7 per cent) children between 1-14 years in Kyenjojo, Koboko, Bundibugyo, Kamwenge, Kabarole, Isingiro, Kyegegwa, Ntoroko, Hoima and Kisoro districts. Of these, 31,460 were refugee children.
- Training of 30 health workers in Bundibugyo district, 36 health workers in Koboko district and 10 health workers in Kamwenge district on IMAM;
- Training of 25 health workers on IYCF and 25 VHTs on community nutrition in Koboko district;
- Therapeutic care for 713 children with SAM in Koboko district and 791 cases in Kamwenge district;

Graph 1



To address the challenge of incomplete or no reporting on nutrition indicators in the target districts, UNICEF supported Ministry of Health- Resource Centre with consultants to train on the revised HMIS, which now includes nutrition indicators, and to update DHIS2 with correct population figures for accurate data reporting and analysis. In addition, the established and trained regional supervisors on integrated EPI and nutrition services are supporting districts with quality service delivery as well as improving data reporting as shown in graph 1

Immunization/Public Health:

- 38,400 (96 per cent) refugee children were immunized against measles within the refugee camp and the host communities in the five districts of Kisoro, Kamwenge, Bundibugyo, Hoima and Koboko districts.
- 16,400 (100 per cent) refugee children were immunized against polio within refugee camp/settlement and the host communities. The activities also targeted three main border crossings, Nyakabande and Matanda in Kisoro district in south-western Uganda, and Bubukwanga TC in Bundibugyo District. From these TC they were transferred to refugee settlements, including those in Kamwenge, Bundibugyo, Hoima and Koboko Districts.
- Capacity building of 350 health workers through training to ensure quality implementation of the programme.
- 783 Village Health Teams were trained in demand creation and social mobilization for EPI services with the four districts.

WASH:

- Supported Kisoro District Local Government in the rehabilitation of rain water harvesting tanks in eight primary schools (Nyarusunzu, Ntungamo, Nteko, Mabuyemeru, Gihuranda, Giharo, Bunagana and Bukazi) and 10 health centres (Rubuguri HC IV, Nteko HC II, Muramba HC III, Kisoro Hospital, Kikomo HC II, Kagunga HC, Gisozi HC II, Gasovu HCIII, Busanza HC III and Bunagana HCII) and extension of water pipe line to Bunagana border post.
- Supported Kisoro District Local Government in the construction of sludge drying bed. The drying bed is situated within the National Water and Sewerage Corporation (NWSC) waste water treatment facility in Kisoro town. The works were executed between May 20th and June 30, 2014 under the supervision of both the district water office and National Water and Sewerage Corporation (NWSC).
- Supported Kisoro District Local Government with emptying of filled up latrines at Nyakabande TC
- Supported Bundibugyo District Local Government with training of 40 volunteers as hygiene promoters in the host community as well as sanitation and hygiene promotion in seven sub counties in the host community.
- Supported Bundibugyo District Local Government with implementation of latrine construction using the Community led total sanitation (CLTS) approach in two villages of each sub-county including two town councils (total 30 villages covering approximately 10,000 people). The four stages covered under CLTS included rapport building, CLTS Triggering, follow-up and open defecation free (ODF) verification.
- Supported construction of 100 latrines in Bundibugyo through hygiene promotion and training of 20 hygiene promoters. The topics covered during the training included community mobilization and management, communication, village mapping, F-diagram, Shit calculation and general CLTS approach targeting 800 people.
- Provided of WASH supplies including Chlorine and EMO to 1000 households (approximately 5000 people) in Kyangwali refugee settlement.
- Provided selected refugee communities in Kyangwali, Rwamwanja with HTH chlorine and aquatabs.
- Supported the communities in Sango bay with 100 Sanplats and 10 latrine digging kits covering 500 people.

Child Protection:

1,735 children in Nyakabande and Bubukwanga TCs as well as Rwamwanja and Kyangwali settlements were provided with psychosocial support and recreational activities in 20 Child Friendly Spaces (CFS) implemented by UNICEF partner Save the Children. Monthly CFS Centre Management Committee meetings were held in all locations and 20 Child Protection Committees (CPC) were established at block level and function as both an advocacy and monitoring group. CPC members are members of the community and disseminate protection messages, conduct community consultations and report any child protection issues as per the Child Protection Referral Mechanism. At least one member of the CPC is a child representative and one member sits on the settlement-wide Refugee Welfare Council. **16,200** community members (8,000 community members and 8,200 children) participated in community dialogue meetings through children's groups and networks at settlement level to address child protection issues.

906 (404 Female/502 Male) separated and unaccompanied children (UASC) were registered using Rapid FTR and were reunited with their families or provided temporary and foster care with continued case management including home visits and referral to

<p>necessary services. Implementing partners conducted Monthly Group Support Sessions and dialogue meetings in all locations for children in foster care.</p>	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>WASH, Nutrition and Immunization and Public health: No significant variations</p> <p>Child Protection</p> <ol style="list-style-type: none"> The planning figure of 500 children was exceeded due to high demand for the services provided at CFS. UNICEF has continued to support Save the Children activities into mid-2015 using complementary funding, as the caseload of refugees has remained in these locations. The number of UASC registered using Rapid FTR does not include other vulnerable children who received support and case management. In addition to the 906 UASC, there were 82 (44F/38M) neglected and at risk children supported. 	
<p>13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>If 'YES', what is the code (0, 1, 2a or 2b): F</p> <p>If 'NO' (or if GM score is 1 or 0):</p> <p>At the time of implementing immunization services, UNICEF and its partners ensured that both boys and girls had access to Measles and Polio antigens. Support for latrine construction and maintenance in institutions gave due consideration to latrine allocation for both boys and girls. Most of the refugees are women and children and out of the 20 hygiene promoters trained, 12 of them were women to enable the intervention to relate better to hygiene needs of girls, women and children. The placement of water distribution and sanitation facilities was also based upon the principle of equitable access to humanitarian assistance with women and children requiring additional services. Within the planned intervention, outreach immunization services reduced the time and distance women and men had to travel to access a health service.</p>	
<p>14. Evaluation: Has this project been evaluated or is an evaluation pending?</p>	<p>EVALUATION CARRIED OUT <input type="checkbox"/></p>
<p>No evaluation was planned under this project</p>	<p>EVALUATION PENDING <input type="checkbox"/></p>
	<p>NO EVALUATION PLANNED <input checked="" type="checkbox"/></p>

TABLE 10: PROJECT RESULTS

CERF project information			
1. Agency:	FAO	5. CERF grant period:	[17.04.14– 31.12.14]
2. CERF project code:	14-UFE-FAO-009	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Food security - agriculture		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency agricultural assistance to Congolese refugees and food insecure pastoralist community in Karamoja sub-region in Southwest, Northwest, Midwest and Northeast Uganda		
7. Funding	a. Total project budget:	US\$ 9,280,172	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 450,067	▪ NGO partners and Red Cross/Crescent: US\$ 136,907
	c. Amount received from CERF:	US\$ 450,067	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries of seeds and tools</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	3,661	2,705	More males than females benefitted from the project as a result of more males fleeing the conflict in DRC in fear of either being conscripted into the rebel groups or killed.
b. Male	2,911	3,054	
c. Total individuals (female + male):	6,572	5,759	
d. Of total, children <u>under</u> age 5	1,406	2,316	
<i>Direct Beneficiaries of Vaccination</i>			
a. Female	417,600	112,400	The discrepancy between the planned total individuals and the total individuals reached for vaccination can be explained by the fact that the planned figure was based on wrong population statistics for Karamoja, as well as the fact that the Government programme for electronic branding of cattle in Karamoja presented difficulty to reach as many beneficiaries for cattle vaccination as originally planned. The owners of livestock in the households where vaccination was done were mainly male owing to the cultural norms on livestock ownership. Traditionally, the women own small stock (goats and sheep), while the men own the larger stock (cattle). Additionally, there were challenges faced in mobilisation for vaccination as a result of myths around electronic branding of cattle, and also the movement of livestock to further kraals in search of pasture and water resulted in fewer beneficiaries reached than planned.
b. Male	454,500	136,400	
c. Total individuals (female + male):	872,100	248,800	
d. Of total, children <u>under</u> age 5			
9. Original project objective from approved CERF proposal			
To provide assorted seeds of quick maturing crops to support 6,572 refugees (2,191 households) in addressing their food security needs and support vaccination campaigns against TADs and enzootic diseases from livestock in West Nile, Karamoja, Midwest and South west sub-regions.			

10. Original expected outcomes from approved CERF proposal	
<p>Through the CERF underfunded window, there will be increased access to seeds for 2,191 refugee families in the first agricultural season of 2014.</p> <p>Specifically, the following outputs are expected to be produced by the intervention:</p> <ul style="list-style-type: none"> • 36 metric tonnes of seed distributed to 2,191 refugee families by end of July 2014; • 1,000 hectares of land planted in several planting cycles with the distributed seeds; • 2,191 refugee families trained in basic agronomic practices of the distributed crop seeds by end of July 2014 ; • At least 700 metric tonnes of grain harvested by the refugee families by July 2014; • Increased dietary diversity and improved nutrition levels of 6,600 refugees of 2,191 families. • 31,000 heads of cattle and 17,914 small ruminants vaccinated against TADs, emergency livestock diseases threatening the means of living and immediate food and nutrition security of about 1 million individuals living in 166,000 households 	
11. Actual outcomes achieved with CERF funds	
<ul style="list-style-type: none"> • 34.1 metric tonnes of seed distributed to 2,433 refugee families; • 1,445 hectares of land planted with the distributed seeds for staple and vegetables; • 2,443 refugee families trained in basic agronomic practices of the distributed crop seeds; • 809 metric tonnes of grain harvested by the refugee families by December 2014²; • Increased dietary diversity and improved nutrition levels of 8,075 refugees of 2,433 families. • 40 Community animal health workers (CAHWs) were mobilized, trained and engaged in the vaccination campaign. • 111,361 cattle, 43,278 goats, 82,222 sheep vaccinated against CBPP, CCPP and PPR. • 13,073 cattle, 12,732 goats and 25,035 sheep were treated with therapeutic broad spectrum antibiotic and de-wormer. In addition, the livestock were given multivitamins. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>The vaccination which was planned for the three districts of Kotido, Moroto and Kaabong was concentrated in Kotido as the other districts would be more comprehensively covered in another programme. As previously mentioned, the vaccination campaign faced challenges as a result of the myths of electronic branding which were tied to vaccination. Similarly, there was low sensitisation around electronic branding, and the seasonal movement of animals from Manyattas to further grazing areas than the planned kraals in search of water and pasture saw a reduction in the total number of beneficiaries reached under vaccination.</p>	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 2b):</p> <p>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.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
No formal evaluation was planned for this project.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

² This intervention was done during the second planting season of 2014, to coincide with the major rainy season.

TABLE 11: PROJECT RESULTS

CERF project information			
1. Agency:	UNFPA	5. CERF grant period:	[17.04.14 – 31.12.14]
2. CERF project code:	14-UFE-FPA-013	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Multi-sector		<input checked="" type="checkbox"/> Concluded
4. Project title:	Provision of Life Saving reproductive Health and GBV prevention and care for DRC refugees in South-western Region		
7. Funding	a. Total project budget:	US\$ 1,805,917	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 350,884	▪ NGO partners and Red Cross/Crescent: US\$ 157,667
	c. Amount received from CERF:	US\$ 250,884	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	26,500	23,394	There was not much discrepancy between the planned direct beneficiaries and the actual number reached although the latter was slightly lower. This is within the expected margin of error.
b. Male	4,000	3,281	
c. Total individuals (female + male):	30,500	26,675	
d. Of total, children <u>under</u> age 5	3,500	2,709	
9. Original project objective from approved CERF proposal			
By December , 2014:			
<ul style="list-style-type: none"> To improve access to life-saving quality reproductive health care including care for pregnancy, delivery, and delivery complications for Congolese refugees in Rwamwanja, Nyakabande, Kyangwali and Bundibugyo including the old and new case load To mitigate risk to sexual and gender based violence in Rwamwanja and Kyangwali settlements, and Bundibugyo and Nyakabande TCs. To improve access to medical and referral for psychosocial care and legal redress for survivors. 			
10. Original expected outcomes from approved CERF proposal			
a) 6 health facilities (Rwamwanja, Bubukwanga, Nyakabande, Kyempango, Kyangwali, and Rwenyewewa), serving the refugees equipped and reporting no stock out of essential lifesaving reproductive health commodities.			
b) 80 per cent of pregnant women attended to by skilled health personnel during childbirth.			
c) 100 per cent of refugee communities have functional community structures for prevention and response to SGBV at TC and settlement			
d) 75 per cent of survivors of rape receive appropriate clinical care within 72 hours of incident.			
e) 2 Youth space supported for full functionality			
f) 2 women space established and fully functional			
11. Actual outcomes achieved with CERF funds			
<p>a) 6 health facilities serving refugees equipped and reporting no stock out of essential lifesaving reproductive health commodities.</p> <p>Availability of quality reproductive, maternal and newborn health services for the Congolese refugees in south western and mid-western Uganda was enhanced through provision of equipment, supplies and capacity building of human resources for health as</p>			

follows:

- Assorted Emergency Reproductive Health (ERH) Kits were procured and distributed to six health facilities. Altogether 23 ERH Kits were procured and distributed and this included Kits for treatment of sexually transmitted infections, assisted clinical delivery, management of pregnancy complications (including caesarean operation and miscarriages) and safe blood transfusion. The beneficiary health facilities were Rwamwanja HCIV, Kyempango HC II, Rwekubo HC IV, Kyangwali HC III, Rwenyawawa HC III and Hoima Hospital. These kits covered at least 54 percent of the RH kits requirements of the targeted population for the reporting period contributing to no stock-out of key supplies at the facilities during this period.
- 2 Medical tents were provided and hoisted at two health facilities to alleviate the crowding constraint that had resulted from the increased patient load following the influx. This contributed to quality of service delivery.
- UNFPA procured and distributed 1,221 dignity kits through the 6 health facilities to new refugee mothers. The dignity kits contain sanitary towels, soap, plastic bucket and warm clothing for the newborn. These were found to be valuable indeed for the refugee mothers to care for themselves and for their newborn babies in the difficult circumstance of being a refugee.
- Human resources for health capacity for Reproductive, Maternal and Newborn health services was strengthened through training and reorientation of 20 health workers on the provision of lifesaving reproductive health care including emergency obstetric and newborn care and 12 health workers on provision of long acting and permanent family planning methods respectively. The latter was in response to a realization of an increasing demand for family planning among the refugee women and the limited staff capacity available at the health centres.

b) 80 per cent of pregnant women attended to by skilled health personnel during childbirth.

- This project contributed to improved utilization of skilled pregnancy and child birth care for the refugee women. Ninety six per cent of expected deliveries among the refugees were attended to by skilled personnel surpassing the target of 80 per cent. Coverage of complete antenatal care (four visits) and post-natal care were also high at 73 percent and 72 percent respectively. Contraceptive prevalence was relatively high at 76 percent compared to the national average of only 30 percent.
- Despite high service coverage, unfortunately 2 maternal deaths were reported during the year. This translated into a maternal mortality ratio that was still below the national average (i.e. 76 per 100,000 live births compared to 438 per 100,000). Both deaths were investigated and were found to be due to poorly managed pre-eclamptic toxemia (high blood pressure in pregnancy) and blood shortage at one of the facilities respectively. These issues were addressed by the project through training of health workers and provision of supplies for blood transfusion.
- Apart from increasing availability of quality reproductive, maternal and newborn health care services as described above, this project also supported awareness creation activities that engendered the high service uptake: The project retained and supported a network of 18 volunteer Village Health Teams in the two settlements to undertake pregnancy mapping and tracking of pregnant refugee women. This involved identification of the pregnant women, provision of health education, and provision of support and facilitation of referral of pregnant refugee women to attend antenatal care and deliver safely in health facilities under skilled care. Regular bi-monthly interaction of the volunteers with the health workers ensured a strong linkage between the communities and the health facilities that has resulted into a strong service uptake. One volunteer was retained on standby throughout the reporting period in each of the two TCs in case of fresh arrivals.
- Through Uganda Red Cross Society, this project supported the operation of one ambulance to ensure 24/7 availability of ambulance transport in Rwamanja to evacuate emergency medical conditions particularly pregnancy and childbirth complications to the appropriate level of care. Another ambulance in Bubukwanga was reported to support referral services in the TCs.
- Basing on FGD consultations with communities, IEC materials on Reproductive Maternal and Newborn health were produced, printed, and distributed to the refugee communities using various means including the village health team network.

c) 100 per cent of refugee communities have functional community structures for prevention and response to SGBV

The project supported the maintenance of the GBV prevention structures that comprised volunteers to provide education and referral of cases, community leaders, and settlement managers and administrators. In addition GBV specialists were deployed to support the community volunteers and leaders and ensure the structures were functional. The referral system was based on the Standard Operating Procedures and referral pathways for GBV that were agreed on by all the partners for the respective settlements. The following were the specific interventions supported by this CERF project:

- 30 Social Workers were trained and equipped with knowledge and skills on effective trauma counselling techniques to respond to the psychosocial needs of SGBV survivors. These workers supported provision of services in the youth and women spaces that were established in the two settlements. They also served as links to other services, that is, medical and legal services that survivors may need.
- To strengthen access to medical services for GBV survivors, 12 health workers (5 female and 7 male) from six health facilities serving refugees were trained on provision of Clinical Management of Rape services for GBV survivors.

- 100 Information packs on GBV and RH and 50 Standing Operating Procedures for SGBV were translated, reproduced and distributed to the volunteers and the community structures.
- Community dialogues were supported to create awareness on SGBV prevention and the availability of medical, psychosocial and legal services. Altogether the project supported 104 dialogue meetings reaching a total of 14,480 people (9,159 female and 5,321 males). The dialogues sessions that were mobilized by the volunteers integrated reproductive health issues as well as SGBV. National and International commemoration days such as the Breastfeeding week, the International Youth Day, Safe Motherhood Day, International Day of the Girl Child and the 16 days of activism against GBV were used to intensify awareness creation on prevention of GBV.
- The Project supported ACORD to join other GBV implementing partners in the settlements to work with the Office of the Prime Minister and UNCHR to support mobile court hearings of refugee cases in the settlements to facilitate SGBV survivors' access to legal services.
- The GBV specialists conducted 27 bimonthly meetings with the volunteers to update on GBV issues in the community. Three of the meetings were held in Nyakabande Transit Camp when it was still receiving new refugees. Meetings with community leaders, camp administrators, and other partners providing GBV related services were also supported to update on the GBV situation within the communities and any new and existing GBV cases and follow up to ensure that survivors were accessing the available psychosocial, medical, and legal services. The GBV Information Management System which is being used for reporting cases formed the basis of the review meetings and follow up.

d) 75 per cent of survivors of rape receive appropriate clinical care within 72 hours of incident.

The availability of GBV prevention and response structures facilitated quick identification and easy access to psychosocial, medical and legal services for GBV survivors in both settlements and 100 per cent of identified cases were able to access clinical within 72 hours.

- ACORD identified and supported 37 GBV cases (including 23 domestic violence, 9 rape cases, 3 physical assault, and 2 early marriages) to access care including psychosocial support, medical treatment and referral for legal services. With support and collaboration of community leaders, Police and health workers, all of the rape cases received post rape treatment within 72 hours and the other survivors were also appropriately cared for. These cases were followed up to the various service points to ensure that the survivors received the services that they needed. Two of the survivors were linked to the youth spaces to benefit from the life skills training. These figures do not include those that were handled by other GBV implementing partners in the settlements.
- It has however been noted that reporting of cases is still a challenge as most of the perpetrators are relatives of the survivors. Reports indicate that early marriage still happens though this is done secretly as the laws in Uganda are strict on issues of defilement and early marriages. However back in their home country the couple return as married people.

e) 2 Youth space supported for full functionality

The project provided two tents (one each for Kyangwali and Rwamwanja settlements) to serve as youth spaces. The tent provided for Kyangwali augmented one other tent provided under other resources. These spaces served as platforms for sexual reproductive health as well as GBV prevention information sharing for young people through peer to peer support. It was also used for recreation activities and educational drama performance as well as livelihood skills training activities for young people. The livelihood skills training supported included those on Income Generation, financial management and group savings and loan schemes, book keeping, artisan trades such as bicycle mechanics, baking, sandal making, and hair dressing. These were valuable activities to enable coping of the traumatized refugee youth. Altogether 761 (476 male and 294 Females) benefited from training on various artisan trades while another 243 (152 females and 91 males) benefited from the Income Generation Activity and group savings and loan management training. As a result of these trainings, 242 youth (123 male and 119 females) have been engaged in baking, hair plaiting, sandal making, and bicycle repairs activities. Three drama groups were mentored to better their performances on educative shows on sexual reproductive health, GBV and other issues affecting their communities.

Eight adolescent clinics were conducted in 8 schools in Kyangwali reaching 1,450 young people (671 female and 779 male). Sexual and Reproductive Health and GBV information was shared during these clinics. Youth mobilization was done by peer groups with support of the health workers.

f) 2 women space established and fully functional

Two tents were provided and furnished to serve as women spaces in which counselling services including health education on reproductive health and skills training were undertaken. One tent was erected in each settlement. Group therapy sessions were conducted for women in these spaces as well as one-on-one counselling. In all, 240 women have benefited from trainings that were conducted in the women spaces. The skills training conducted included, weaving, knitting, hair plaiting, and crocheting. The women have been grouped based on their interest and the skills they would like to gain. In this way they are providing peer

support to each other.	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
N/A	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 2b):</p> <p>If 'NO' (or if GM score is 1 or 0): The project was deliberately designed to meet the respective and unique reproductive health care needs of women, men, boys, and girls. Emphasis was laid to meet the special needs of pregnant women and young people especially young girls. Specific interventions were included to prevent Gender Based Violence and provide care and support services for survivors.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
No formal evaluation was planned for this project. However the project was regularly supervised and monitored that and this provided valuable information that went to ensure that the interventions were directed to address the needs of the refugees and achieve the planned outcome targets.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 12: PROJECT RESULTS

CERF project information			
1. Agency:	UNHCR	5. CERF grant period:	[26.03.14 – 31.12.14]
2. CERF project code:	14-UFE-HCR-013	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Multi-sector		<input checked="" type="checkbox"/> Concluded
4. Project title:	Protection and emergency assistance for new arrivals from DRC		
7. Funding	a. Total project budget:	US\$ 117,653,981 ³	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 36,668,930	▪ NGO partners and Red Cross/Crescent: US\$ 587,783
	c. Amount received from CERF:	US\$ 628,928	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	6,160	6,201	The project activities were successfully implemented at both the TC and refugee settlement level. The target/beneficiary population reached 12,587 or 14 per cent more than planned.
b. Male	4,840	6,391	
c. Total individuals (female + male):	11,000	12,587	
d. Of total, children <u>under</u> age 5	2,354	4,737	
9. Original project objective from approved CERF proposal			
The objective of this 9 months emergency response project was to provide timely protection and multi-sectoral emergency assistance response/ support (protection and basic humanitarian assistance) to address immediate life-saving, life sustaining and underfunded needs of the approximately 11,000 refugees from the DRC. The project activities will be implemented at both Koboko and Nyakabande reception centres, Kyangwali refugee settlement and at Nyakayojo way station.			
10. Original expected outcomes from approved CERF proposal			
Sector	Outcomes and indicators		
Protection and Community Services	Outcome: Reception conditions improved <ul style="list-style-type: none"> 100 per cent new arrivals have access to basic protection and assistance on their arrival in Uganda/Kyangwali Outcome: Logistics and supply optimized to serve operational needs. <ul style="list-style-type: none"> 100 per cent new arrivals are transported to refugee settlement in safety and in dignity. Outcome: Services for persons with specific needs strengthened. <ul style="list-style-type: none"> 100 per cent identified PSN have access to specific support in line with their basic needs. Outcome: Referral mechanisms established <ul style="list-style-type: none"> 100 per cent reported GBV cases have access to referral services (health) 		
Shelter & Settlement Management	Outcome: Shelter and infrastructure constructed, improved and maintained. <ul style="list-style-type: none"> 100 per cent new arrivals have access to shelter assistance. 		

³ Total project budget was adjusted during the course of 2014.

Public Health	Outcome: Health status of the population improved. <ul style="list-style-type: none"> • 100 per cent new arrivals have access to primary health care.
Education	Outcome: Population has optimal access to education <ul style="list-style-type: none"> • 30 per cent new arrivals have access to primary education in Kyangwali refugee settlement

11. Actual outcomes achieved with CERF funds

Protection/ Community Services and Registration:

- 100 per cent new arrivals had access to basic protection and assistance on their arrival.
- All new arrival refugees were provided with Core Relief Items (CRI) kits that included (cups, plates, mats, blankets, mosquito nets, hand tools/sanitation kits and jerry cans...etc.).
- All refugees were provided with hot meals three times a day at the TC prepared and supported by the refugee community.
- 100 per cent new arrivals were transported to refugee settlement in safety and in dignity.
- All refugees were facilitated with transport during relocation to their final plots within the settlements.
- 100 per cent identified PSN had access to specific support in line with their basic needs.
- Identification of PSNs was carried out on arrival and these were referred to respective service providers for assistance.
- 100 per cent (84/84) SGBV survivors accessed fair justice.
- An SGBV awareness, prevention, and support mechanism was established/created and maintained through the creation of an SGBV committee whose members were properly trained and were able to refer all reported SGBV cases to the respective service providers.
- 90 per cent (9/10) SGBV survivors, especially women at risk assisted through the construction of huts/shelter for them.
- 100 per cent SGBV survivors' self-esteem restored through counselling and material support.
- 100 per cent reported GBV cases had access to referral services.

Shelter & Settlement Management:

- 100 per cent new arrivals have access to shelter assistance.
- All refugees were availed with plots of land for shelter and agricultural activities.
- The temporary communal latrines and stances of temporary communal bath shelters were maintained daily by hygiene promoters at the TCs. This included hygiene promotion activities like daily communal shelter cleaning and fumigation, health education campaigns among others.

Public Health (Kyangwali Refugee Settlement):

- 100 per cent new arrivals had access to primary health care.
- Mass immunisation for all children below 5 years was carried out, including vaccination against small pox.
- 100 per cent medicines contribution of UNHCR to the Health Centres were made available.
- SGBV related medicines for rape and STI treatments such as PEP Kits were provided.
- Under-5 mortality rate is 0.8 /1000/month (standard is below 1.5/1000/month) down from 1.1/1000/month as of June 2014 and 1.0/1000/month as of December 2013.
- 100 per cent of PoC had access to national/government primary health care facilities which were supported by UNHCR partners.
- Distribution of sanitary materials (soap, under wear and sanitary pads) to women and girls in the age bracket of 12-49 was carried out on monthly basis at TC.

Education (Kyangwali Refugee Settlement)

- 30 per cent of new arrivals had access to primary education in Kyangwali refugee settlement
- Enrolment of children in primary school regardless of age (Gross Enrolment Rate) was 87 per cent (6,963/8048) as of the end of 2014.
- Retention rate is 73 per cent (5,076/6,932) in comparison to registered enrolment as of the end of 2014.
- Percentage of female teacher maintained at 38 per cent (56/149) as of the end of 2014.

<ul style="list-style-type: none"> Improved teaching and learning environment was created – using child centred methodologies as the result of customised capacity building of teachers was conducted. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
There was no any significant discrepancy between planned and actual outcomes.	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 2b): If 'NO' (or if GM score is 1 or 0):</p> <p>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 the last quarter of 2013 in all refugee settlements. The result and findings was incorporated in the 2014 programme planning.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
<p>A formal evaluation was not conducted for the CERF project. Monitoring of planned activities was carried out by UNHCR in collaboration with implementing and operational partners. More specifically, UNHCR's sub and field offices oversaw the day to day implementation and carried out monitoring and impact assessment of activities which were carried out by implementing partners with overall coordination and guidance by the Kampala office. A mid-year evaluation of UNHCR's programme takes place with partners and refugees to comprehensively review where we stand and at the end of the year, detailed planning takes place for the following year. This was conducted in July 2014 with partners and November and December 2014 with refugees.</p>	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 13: PROJECT RESULTS

CERF project information			
1. Agency:	IOM	5. CERF grant period:	[01.04.14 – 31.12.14]
2. CERF project code:	14-UFE-IOM-015	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Water and sanitation		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency Response for Congolese refugees in Kyangwali and Lobule		
7. Funding	a. Total project budget:	US\$ 3,167,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 249,988	▪ NGO partners and Red Cross/Crescent: US\$ 0.00
	c. Amount received from CERF:	US\$ 249,988	▪ Government Partners: US\$ 0.00
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	9,100	9,077	Fewer slabs were manufactured by the refugee artisans than expected given that IOM had to change the design of the slab after a request from district officials, causing an overall delay in production.
b. Male	8,400	8,378	
c. Total individuals (female + male):	17,500	17,455	
d. Of total, children <u>under</u> age 5	3,850	3,840	
9. Original project objective from approved CERF proposal			
To mitigate the risks of loss of life associated with WASH related diseases by providing sanitation systems at the household level, sensitizing the community on hygiene and sanitation and conducting fumigation.			
10. Original expected outcomes from approved CERF proposal			
Expected Outcomes		Indicators	
Construction of household sanitary systems			
New arrival households have access to sanitation		3,500 households have access to latrines, hand washing facilities and waste pits.(2,500 households in Kyangwali and 1,000 households in Lobule): - 1,750 plastic slabs delivered - 1,750 concrete slabs manufactured - 14,000 treated logs delivered - 400 excavation kits delivered - 3,500 jerry cans delivered	
Concrete slabs are produced by refugee artisans with locally procured materials		Refugees manufacture 1,750 latrine slabs. - Two temporary construction facilities set up. - Nine refugee artisans trained (6 Kyangwali, 3 Lobule)	
Community hygiene promotion			
New arrival households are sensitized on basic hygiene and sanitation.		11,375 new arrivals receive sensitisation on hygiene and sanitation through 30 community hygiene promoters (CHPs): - 30 CHPs mobilized	

	<ul style="list-style-type: none"> - Four training sessions conducted - Delivery of information, education and communication (IEC) material to CHPs
Vector control	
Efforts undertaken to eliminate jiggers	<p>Three fumigation exercises conducted targeting 583 households:</p> <ul style="list-style-type: none"> -Delivery of 350 litres of chemicals to CHPs
11. Actual outcomes achieved with CERF funds	
<u>Household level sanitation</u>	
<ul style="list-style-type: none"> • A total of 3,491 households obtained access to household level sanitation (854 in Lobule and 2,637 in Kyangwali). • 2,181 plastic slabs were procured and delivered to 2,181 targeted refugee households for latrine construction. (500 in Lobule and 1,681 in Kyangwali). • An additional, 1,310 concrete slabs were manufactured by refugee artisans and distributed to refugee households. (354 in Lobule and 956 in Kyangwali). • Two temporary slab construction facilities were established one each in Lobule and Kyangwali settlements. In addition, 11 refugee artisans were trained in the skills of concrete slab production. (6 in Kyangwali and 5 in Lobule). Training was carried out by the office of the District Engineer. • 14,000 treated logs were procured and delivered to refugee households and utilized for latrine construction. (4,000 in Lobule and 10,000 in Kyangwali). • 400 excavation kits were procured and delivered to facilitate the digging of pit latrines and waste pits. (100 in Lobule and 300 in Kyangwali). Each kit contained a spade, hand hoe, pick axe, nylon ropes, panga and a metallic bucket. • A total of 5,000 jerry cans were procured and distributed for household level hand washing facilities (tippy-taps). 4,000 were distributed in Kyangwali and 1,000 in Lobule. 	
<u>Community hygiene promotion</u>	
<ul style="list-style-type: none"> • 30 community hygiene promoters (CHPs) were mobilized (10 in Lobule and 20 in Kyangwali). An estimated 12,000 refugees received sensitisation on hygiene and sanitation from CHPs. • Four training sessions were carried out for CHPs (2 sessions in Lobule and 2 sessions in Kyangwali). The sessions were facilitated by the District Health Officers. Training sessions included modules on the effects of poor hygiene and sanitation, water and sanitation related diseases, hygiene, safe water chain and sanitation monitoring. • 2,456 brochures with information on hygiene and sanitation were printed and distributed by CHPs. 1,480 copies were distributed in Kyangwali and 976 in Lobule. Brochures are given to one member of the household. 	
<u>Vector control</u>	
<ul style="list-style-type: none"> • Three fumigation exercises were carried out reaching 584 refugee households in Kyangwali settlement. 775 litres of chemicals were procured. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<ul style="list-style-type: none"> • IOM provided support in the construction of 3,491 household latrines as opposed to the targeted amount of 3,500. • Fewer slabs were produced by refugee artisans than expected (1,310 out of the expected 1,750). Several adjustments to the dimensions and design of the concrete moulds had to be accommodated at the request of the local government. This delayed production by one month. • Two additional artisans were trained and hired in Lobule settlement, against the original planning figure of three artisans in order to speed up production and output of works to meet demand. • To make up for this shortage, IOM procured additional slabs (2,181 instead of 1,750). 	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 2b): If 'NO' (or if GM score is 1 or 0): Household level sanitation systems contribute to the well-being of both men and women household members. Seven women were hired as community hygiene promoters.</p>	

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
A formal evaluation was not contemplated in the project proposal or budget.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 14: PROJECT RESULTS

CERF project information			
1. Agency:	WFP	5. CERF grant period:	[07.04.14 – 31.12.14]
2. CERF project code:	14-UFE-WFP-019	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Food security – food aid		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency Food Assistance to new Congolese refugees in Nyakabande, Bubukwanga and Waju TCs; Rwamwanja, Kyangwali and Koboko settlements and Extremely vulnerable households in Karamoja region		
7. Funding	a. Total project budget:	US\$ 65,611,624	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 58,128,586	▪ <i>NGO partners and Red Cross/Crescent:</i>
	c. Amount received from CERF:	US\$ 1,420,566	▪ <i>Government Partners:</i>
			US\$ 152,443
			US\$ 3,440
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female (Karamoja-82,604; Refugees-26,138)	108,651	108,742	
b. Male (Karamoja-64,903; Refugees-20,789)	85,517	85,692	
c. Total individuals (female + male):	194,168	194,434	
d. Of total, children <u>under</u> age 5	38,504	38,659	
9. Original project objective from approved CERF proposal			
The main objective of the project is to meet 100 per cent food needs for 41,780 new refugees from the Democratic Republic of Congo (DRC) and 50 per cent for 152,388 extremely vulnerable individuals in the Karamoja region for one month.			
10. Original expected outcomes from approved CERF proposal			
	Expected Outcomes	Indicators	
	Stabilized or improved food consumption over assistance period for targeted households and/or individuals	Food consumption score (FCS)	
		<ul style="list-style-type: none"> 80 per cent of targeted households / individuals have at least borderline food consumption disaggregated by sex of household head. 	
		Daily average dietary diversity	
		<ul style="list-style-type: none"> 80 per cent of targeted households /individuals consume at least 3 food groups on average per day disaggregated by sex of household head 	

	<p>Coping strategy index (CSI)</p> <ul style="list-style-type: none"> CSI of 80 per cent of targeted households is reduced or stabilized disaggregated by sex of household head
11. Actual outcomes achieved with CERF funds	
<p><u>Food consumption score (FCS)</u></p> <p>Refugees:</p> <ul style="list-style-type: none"> 94 per cent of targeted households / individuals have at least borderline food consumption (Female headed household – 91 per cent and Male headed household – 97 per cent) <p>Karamoja (EVH):</p> <ul style="list-style-type: none"> 77 per cent of targeted households / individuals have at least borderline food consumption (Female headed household – 91 per cent and Male headed household – 97 per cent) <p><u>Daily average dietary diversity</u></p> <p>Refugees</p> <ul style="list-style-type: none"> 79.5 per cent of targeted households / individuals consume at least 3 food groups on average per day <p>Karamoja(EVH)</p> <ul style="list-style-type: none"> 88.6 per cent of targeted households / individuals consume at least 3 food groups on average per day <p><u>Coping strategy index (CSI):</u></p> <p>Refugees</p> <ul style="list-style-type: none"> 84 per cent of households used stress, crisis or emergency coping strategies (Average coping strategy index: 14.41) <p>Karamoja(EVH)</p> <ul style="list-style-type: none"> 74 per cent of households had used stress, crisis or emergency coping strategies. (Average coping strategy index: 14.41) 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
There was no major discrepancy between planned and actual outcomes.	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 2b): If 'NO' (or if GM score is 1 or 0):</p> <p>The WFP food distribution modality commits WFP to handover food in the hands of a woman on behalf of the household where possible. The distribution process takes into consideration women's vulnerability and needs and responds accordingly e.g. efforts are usually made to ensure distribution end early so that women get back home early. This reduces chances of sexual violence against women and food being stolen from them. WFP also tries to ensure women are involved in the distribution process by ensuring that 50 per cent of all FMC members are women.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
A formal evaluation was not contemplated in the project proposal or budget.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 15: PROJECT RESULTS

CERF project information			
1. Agency:	WHO	5. CERF grant period:	[02.04.14 – 31.12.14]
2. CERF project code:	14-UFE-WHO-018	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project title:	Health emergency response to refugees from Democratic Republic of Congo		
7. Funding	a. Total project budget:	US\$ 4,000,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 260,030	▪ NGO partners and Red Cross/Crescent: US\$
	c. Amount received from CERF:	US\$ 200,030	▪ Government Partners: US\$ 59,670
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	11,027	10,000	
b. Male	8,771	8,000	
c. Total individuals (female + male):	19,798	18,000	
d. Of total, children <u>under age 5</u>	4,237	4,237	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> To ensure access to emergency primary health services through the existing health facilities, outreach programs and community health services Strengthen disease surveillance, information analysis and sharing among the stakeholders in order to identify disease outbreak and institute rapid response 			
10. Original expected outcomes from approved CERF proposal			
Outcomes		Indicators	
The refugee community will have access to basic health services	OPD attendance rate maintained at greater than 1		
	Immunization coverage for measles in the camps maintained at greater than 95 per cent		
The trend of major communicable disease among the refugee community monitored on a weekly bases	Completeness and timeliness of Weekly surveillance reports maintained at greater than 90 per cent		
Response to outbreaks is timely and relevant	Proportion of disease outbreaks investigated within 72 hrs is at greater than 90 per cent		
	Case Fatality rates of outbreak maintained within the acceptable range.		
11. Actual outcomes achieved with CERF funds			

<ul style="list-style-type: none"> • The OPD attendance rate has been maintained at greater than 1 with services provided by health facilities and supported through outreach programs. • Through routine immunization and outreaches immunization coverage has been maintained at greater than 95 per cent • Most districts were able to maintain the weekly surveillance report at greater than 90 per cent • There were no major outbreaks in the districts targeted however suspected outbreaks were investigated within 72 hrs including a suspected report on haemorrhagic fever from refugee camps. Orientation and training of health workers was carried out and medical supplies including PPEs provided to health facilities to ensure prompt treatment and control. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
The districts have been supported to maintain the surveillance report at greater than 90 per cent through training and supplies. However some districts were not able to maintain the report at greater than 90 per cent throughout the year. The major challenge was the inadequate human resource and the fact that not all health workers were trained on IDSR	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If 'YES', what is the code (0, 1, 2a or 2b): If 'NO' (or if GM score is 1 or 0): The project has disaggregated the target population by sex starting from the design and all data gathered is disaggregated by sex. During assessment and training of health workers gender mainstreaming is one of the key components.	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
No evaluation of the project will be done however, during the implementation of the project; the project was closely monitored by WHO, MoH and the DHO through frequent visits to the project sites.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name	Sub-grant made under pre-existing partnership agreement	Partner Type	Total CERF Funds Transferred to Partner US\$	Date First Installment Transferred	Start Date of CERF Funded Activities By Partner*	Comments/Remarks
14-UFE-CEF-036	Nutrition	UNICEF	District Health Offices	Yes	GOV	\$210,000	27-Nov-14	1-Dec-14	To support monitoring and supervision and implement routine and periodic IMAM and micronutrient supplementation activities at facility and community levels
14-UFE-CEF-037	Health	UNICEF	Medicines and Health Services Delivery Monitoring Unit	Yes	GOV	\$685	5-May-14	14-May-14	Disease surveillance interventions in Koboko districts
14-UFE-CEF-037	Health	UNICEF	District local government Koboko	Yes	GOV	\$7,650	16-Sep-14	20-Sep-14	Funds utilized by district partners to implement immunization activities including mass Campaigns.
14-UFE-CEF-037	Health	UNICEF	Arua district local government	Yes	GOV	\$758	17-Sep-14	25-Sep-14	Same rationale as explained above.
14-UFE-CEF-037	Health	UNICEF	Kyegegwa district local government	Yes	GOV	\$6,294	20-May-14	30-Jun-14	Same rationale as explained above.
14-UFE-CEF-037	Health	UNICEF	Bundbugyo district local government	Yes	GOV	\$3,336	17-Dec-14	1-Nov-14	District received WASH and immunisation interventions
14-UFE-CEF-037	Health	UNICEF	Kasese district local government	Yes	GOV	\$13,362	8-Aug-14	15-Aug-14	Civil strife in Bundibugyo district caused some DRC refugees to flee Kasese district. Funds were utilized by district partners to conduct mass immunisation as an emergency measure to prevent disease outbreaks. These were critical due to impending outbreak of measles and Polio.
14-UFE-CEF-037	Nutrition	UNICEF	Koboko District Local government	Yes	GOV	\$5,225	27-Nov-14	1-Dec-14	Koboko district received nutrition interventions,

									training on IMAM
14-UFE-CEF-037	Nutrition	UNICEF	Kyegegwa District Local government (on behalf of Kamwenge)	Yes	GOV	\$4,542	29-Jul-14	1-Jan-15	Kamwenge local authorities was blocked in the UNICEF financial system. Funds were transferred to neighbouring Kyegegwa district to facilitate implementation of immunisation outreaches and mass campaigns.
14-UFE-CEF-037	Nutrition	UNICEF	District Local government	Yes	GOV	\$7,169	31-Dec-14	1-Dec-14	Training and establishing of District Nutrition Coordination Committees in Western Uganda
14-UFE-CEF-037	Nutrition	UNICEF	Makerere University Public Health School (contract)	Yes	GOV	\$51,586	31-Dec-14	1-Nov-14	Food security and nutrition assessment in Western Uganda
14-UFE-CEF-037	Water, Sanitation and Hygiene	UNICEF	Bundbugyo district local government	Yes	GOV	\$2,381	14-May-14	20-May-14	Implementation started immediately funds were transferred to the partner account.
14-UFE-CEF-037	Water, Sanitation and Hygiene	UNICEF	Kisoro district local government	Yes	GOV	\$13,047	20-Nov-14	25-Nov-14	Kisoro received WASH interventions.
14-UFE-CEF-037	Water, Sanitation and Hygiene	UNICEF	Kisoro district local government	Yes	GOV	\$623	20-Nov-14	5-Dec-14	Same as above
14-UFE-CEF-037	Child Protection	UNICEF	Save the Children	Yes	INGO	\$49,630	8-Oct-14	5-Dec-14	CERF activities were part of a pre-existing agreement PCA with the NGO, to which funds were disbursed to support RapidFTR and child friendly spaces.
14-UFE-FPA-013	Multi-sector refugee assistance	UNFPA	Agency for Cooperation Research and Development (ACORD)	Yes	INGO	\$143,925	25-Jul-14	1-May-14	
14-UFE-FPA-013	Multi-sector refugee assistance	UNFPA	Uganda Red Cross Society (URCS)	Yes	NNGO	\$13,742	29-Oct-14	1-Oct-14	This was for continuation of ambulance services

14-UFE-WFP-019	Food Assistance	WFP	Samaritan's Purse International Relief	Yes	INGO	\$72,833	2-May-14	4-Jul-14	The agreement was pre-existing and the partner was authorised to charge the existing agreement for CERF activities.
14-UFE-WFP-019	Food Assistance	WFP	World Vision International	Yes	INGO	\$37,621	2-May-14	4-Jul-14	The agreement was pre-existing and the partner was authorised to charge the existing agreement for CERF activities.
14-UFE-WFP-019	Food Assistance	WFP	Danish Refugee Council	Yes	INGO	\$25,989	2-May-14	4-Jul-14	The agreement was pre-existing and the partner was authorised to charge the existing agreement for CERF activities.
14-UFE-WFP-019	Food Assistance	WFP	Community Action for Health	Yes	NNGO	\$4,000	9-May-14	4-Jul-14	The agreement was pre-existing and the partner was authorised to charge the existing agreement for CERF activities.
14-UFE-WFP-019	Food Assistance	WFP	Andre Food Consult	Yes	NNGO	\$4,000	23-May-14	4-Jul-14	The agreement was pre-existing and the partner was authorised to charge the existing agreement for CERF activities.
14-UFE-WFP-019	Food Assistance	WFP	Action Africa Help International	Yes	INGO	\$4,000	10-Jul-14	4-Jul-14	The agreement was pre-existing and the partner was authorised to charge the existing agreement for CERF activities.
14-UFE-WFP-019	Food Assistance	WFP	Africa Humanitarian Action	Yes	INGO	\$4,000	10-Jul-14	4-Jul-14	The agreement was pre-existing and the partner was authorised to charge the existing agreement for CERF activities.
14-UFE-WFP-019	Food Assistance	WFP	Office of the Prime Minister	Yes	GOV	\$3,440	2-Jan-14	4-Jul-14	The agreement was pre-existing.
14-UFE-WHO-018	Health	WHO	Ministry of Health (district local government)	Yes	GOV	\$59,670	30-Apr-14	1-May-14	The agreement was pre-existing.
14-UFE-HCR-013	Multi-sector refugee assistance	UNHCR	AAH-U	Yes	INGO	\$256,586	26-Apr-14	26-Mar-14	

14-UFE-HCR-013	Multi-sector refugee assistance	UNHCR	DRC	Yes	INGO	\$145,522		26-Mar-14	
14-UFE-HCR-013	Multi-sector refugee assistance	UNHCR	AIRD	Yes	INGO	\$140,675	17-Jul-14	26-Mar-14	
14-UFE-HCR-013	Multi-sector refugee assistance	UNHCR	HIJRA	Yes	INGO	\$45,000	20-May-14	26-Mar-14	
14-UFE-FAO-009	Agriculture	FAO	Adventist Development and Relief Agency(ADRA);	Yes	INGO	\$49,076	1-Jul-14	1-May-14	Preliminary activities like identification of the beneficiaries and procurement of input required for project implementation were done prior to release of the first installment
14-UFE-FAO-009	Agriculture	FAO	Karamoja Livestock Development Forum(KLDF)	Yes	INGO	\$35,137	1-Sep-14	1-May-14	Procurement of vaccines were done prior to contracting of the partner
14-UFE-FAO-009	Agriculture	FAO	International Union for Conservation of Nature (IUCN)	Yes	INGO	\$52,694	1-Sep-14	1-May-14	Pre-existing agreement and the partner was authorized to charged the existing agreement for CERF activities

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

CFS	Child Friendly Space
CLTS	Community Led Total Sanitation
CPC	Child Protection Committee
EMO	Effective Micro Organism
EPI	Expanded Programme for Immunization
HMIS	Health Management Information System
TCs	Transit Centres
IMAM	Integrated Management of Acute Malnutrition
IPT	In-patient therapeutic feeding centre
IYCF	Infant and Young Child Feeding
MOH	Ministry of Health
NWSC	National Water and Sewerage Corporation
Rapid FTR	Rapid Family tracing and reunification
RUTF	Ready to use therapeutic food
SAM	Severe Acute Malnutrition
UASC	Unaccompanied and Separated Children
UNAP	Uganda Nutrition Action Plan
VHT	Village Health Team
WASH	Water, Sanitation and Hygiene