United Nations CERF Central Emergency Response Fund

RESIDENT / HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS UGANDA RAPID RESPONSE DISPLACEMENT 2016

RESIDENT/HUMANITARIAN COORDINATOR	**Rosa Malango**

REPORTING PROCESS AND CONSULTATION SUMMARY

Tip! Prepare this section as the last part of the reporting process.

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

The After Action Review took place on May 10. UNHCR, UNICEF, UN WOMEN, UNFPA and RCO participated at technical level, and WFP sent inputs to the discussion via email.

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 UNCT discussed the CERF Underfunded Emergencies Report extensively in March 2017, which covered the same emergency, challenges and lessons learned. As a consequence, it was agreed that the CERF RR Report would incorporate the outcome of the UNCT discussion in March, as well as additional inputs via e-mail.

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 report was shared with Government of Uganda, NGOs/IPs, UN agencies, and sector coordinators, for inputs.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)		
Total amount required for the humanitarian response: 251,962,174 (RRP South Sudan)		
Breakdown of total response funding received by source	**Source**	**Amount**
	CERF - Rapid response	10,297,497
	COUNTRY-BASED POOL FUND (*if applicable*)	
	OTHER (bilateral/multilateral)	93,789,256
	TOTAL	**104,086,753**

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$)			
Allocation 1 – date of official submission: 22/08/2016			
Agency	**Project code**	**Cluster/Sector**	**Amount**
UN Women	16-RR-WOM-007	Sexual and/or Gender-Based Violence	250,000
UNFPA	16-RR-FPA-039	Sexual and/or Gender-Based Violence	756,191
UNHCR	16-RR-HCR-039	Emergency Shelter and NFI	3,524,605
UNICEF	16-RR-CEF-097	Multi-sector refugee assistance	1,690,000
WFP	16-RR-WFP-054	Food Aid	3,875,434
WHO	16-RR-WHO-039	Health	201,267
TOTAL			**10,297,497**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Type of implementation modality	**Amount**
Direct UN agencies/IOM implementation	7,159,797
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	2,714,560
Funds forwarded to government partners	432,090
TOTAL	**10,297,497**

HUMANITARIAN NEEDS

South Sudan Refugees

Uganda was facing an ongoing mid-level emergency influx from South Sudan in early 2016 (the time of the submission of this CERF project). However, in July 2016, the South Sudan refugee emergency situation in Uganda dramatically deteriorated. The country received the single largest refugee influx in history from South Sudan with some 489,265 new arrivals in 2016 alone. By the end of 2016, the refugee population from South Sudan hosted by Uganda more than tripled in comparison with the end of 2015, bringing the total number of South Sudan refugees in the country to approximately 640,008 individuals. At the same time, Uganda continues to receive refugees from the Democratic Republic of Congo, Burundi and other countries. This unprecedented influx to Uganda puts enormous pressure on the country's resources, especially land, basic service delivery systems, the humanitarian and development partners' capacity to respond to the crisis, and the ability to maintain Uganda's generous good practice refugee policy.

Since the South Sudan crisis erupted in December 2013, the country has received refugees from South Sudan in waves. In early 2016, the influx rate suddenly increased to about 10,000 individuals per month, and then reduced again. July 2016 marked a significant escalation when heavy fighting broke out in Juba, the capital of South Sudan, between the government forces of President Salva Kiir and the rebel forces loyal to the then Vice President Riek Machar. The clashes, which left over 300 dead and tens of thousands fleeing the capital, brought political instability throughout the country and the transitional government of national unity of the August 2015 Peace Accords into question. This triggered a massive refugee emergency in Uganda with continuous escalating influxes. On average, 61,357 new refugees fled to Uganda every month since July 2016.

The new arrivals report violence in multiple locations throughout South Sudan. Armed groups are reportedly operating throughout the major corridors to border points into Uganda. Refugees frequently cite the fear of physical and sexual violence, persecution, political uncertainty, forced recruitment of children, and looting as reasons for fleeing. The majority of the new arrivals entering Uganda belongs to mainly Madi and Lotuko ethnicities of Eastern Equatoria and Juba, and the Kakwa and Pojulu ethnicities, originating from Central Equatoria region, mainly from Mugo, Lanya and Yei States. Additionally, smaller numbers of Dinka, Lotuku, and Nuer ethnicities have also arrived in Uganda. Further insecurity and ethnic tensions are also reported in Bor, Bentiu, and Eastern Equatoria, Central Equatoria, and Juba.

Key challenges in 2016 included:

- Mass influxes from South Sudan at more than eight border points, with average daily arrival rate of 2,223 individuals since July 2016; on certain days, some border point temporary reception facilities hosted 10,000+ individuals.
- 86 per cent of all South Sudan refugees in Uganda are women and children, making targeted responses to their needs a priority, including child protection, prevention and response to gender based violence (GBV) and education.
- Between August and September 2016, a Cholera outbreak occurred in refugee reception facilities in Pagirinya, Boroli, Maaji and in Bidibidi settlement. There was a link to the Cholera outbreak in South Sudan. While this has been contained, sporadic cases continue to be reported, requiring continued preventive measures to reduce the risks of further outbreaks.
- Adjumani district has also been undergoing a malaria outbreak which affected not only the nationals but also the refugees. Malaria prevalence increased above the expected normal channels for the district for the season. Because interventions focused mainly on barrier techniques and case managements, requirements for medicines have been high and overwhelming.
- New arrivals have been accommodated in six new settlement areas. With existing refugee settlements filling up fast, the pressure to identify and prepare new settlement areas remains strong.
- Bidibidi settlement in Yumbe district grew from a largely empty overgrown savannah land to a sprawling settlement hosting 160,000+ refugees in the period of only two and a half months, making it one of the largest refugee hosting sites worldwide. The rapid settlement growth has posed severe challenges for minimum service provision and for putting essential settlement infrastructure in place in a timely manner.
- By mid-October 2016, the average water supply in Bidibidi settlement was about 9 litres per person per day, below the global recommended minimum emergency standard of 15 litres. While sustainable water sources are being prepared in line with the WASH strategy for the site, costly water trucking remains a key operational measure to secure life-saving water supply. Every month, water trucking for the site costs between USD 200,000 and 400,000.

II. FOCUS AREAS AND PRIORITIZATION

Sectoral needs

Protection

Registration

Protection activities remains a critical need area for the South Sudan refugee response. Individual registration and the identification of persons with specific needs, including unaccompanied and separated children, single female-headed households, refugees over the age of 60, and the critically ill, are indispensable precursors to getting PSNs access to support. The enormous number of refugees entering Uganda placed significant stress upon the existing registration processes, leading to rapid congestion in reception and transit centres, and presenting a significant protection and public health risk. Bio-metric registration through the Government RIMS system supported by UNHCR is required for all new arrivals in Uganda.

GBV, Child Protection, and Support to Persons with Specific Needs

The increasing influx of refugees, particularly from South Sudan put a severe strain on social services in the districts hosting refugees. Most of the refugees are women and children, including unaccompanied and separated children as well as other vulnerable children suffering the effects of conflict and facing further risks to their protection. Joint assessments and NGO situation reports compiled by UNHCR Uganda in 2015 confirm that child protection services are limited particularly within the newer sections of the settlements and show that adolescent refugee girls and boys, as well as young people aged 18 – 24 years, are more vulnerable to violence, including sexual and gender based violence, abuse, and exploitation. Violent and anti-social behaviors are evident due to breakdown of community structures, as well as limited access to education, learning and livelihood options. Many of the refugees arriving in Uganda in 2016 were survivors or witnesses of violence and abuse, citing insecurity, violence, paramilitary recruitment, forced evacuations, theft of property, physical and sexual violence towards women and children, and growing tensions between tribes as reasons for seeking asylum. Thus, the high risk of GBV and psycho-social trauma while fleeing conflict in South Sudan reemphasizes the essential need for tailored protection services upon reception in Uganda. The large population in temporary reception facilities in 2016 (communal accommodation), posed an enormous GBV protection risk, which needed to be addressed through decongestion and rapid relocation of refugees to settlements, in addition to raising awareness among the refugees.

Since the onset of renewed fighting in South Sudan in 2013, abhorrent reports of sexual violence and the development of a rape crisis within the country's borders have drawn international attention. An assessment carried out by the United Nations Office of the High Commissioner for Human Rights (OHCHR) released in March 2016 confirmed the extreme prevalence of sexual violence in South Sudan. For many women, when they reached Uganda as refugees, the end of conflict did not represent the end of conflict-related sexual violence. Despite this overwhelming evidence that grave crimes of sexual violence have been a product of the war in South Sudan, refugees who fled the conflict had little access to medical care, legal protection services and emergency psychosocial support prior to receiving this CERF fund.

There were few cases reported because of the cultural strongholds which limit women to report anything construed as private matters. Thus, there are limited accurate statistics regarding cases of such nature and there is a pronounced need to improve registration facilities and case management oversight, refugee management structures, and legal, medical, and psycho-social safe guards for GBV and Child Protection identification cases. The GBV referral pathway also needs to be updated and strengthened, especially in the new settlements. Increased attention and support to female leadership within refugee-led committees and self-management structures remains a primary intervention for refugee empowerment, implementation of community-based protection monitoring strategies, and age, gender, and diversity sensitive programming. Refugee-led structures further strengthen response pathways for survivors of violence, ensuring quick and timely access to services. The further Age, Gender and Diversity Mainstreaming (AGDM) capacitation and training of refugee leaders, police, government officials, and IP staff adoption was required to ensure the humanitarian response standards of age and gender protection mechanisms are met.

Child protection services remained a high operational priority as 64 per cent of the South Sudanese refugee population consisted of children, 33 per cent being adolescents and there was a need for play equipment and materials for children at reception centres in Arua. Additionally, there was significant need for child-friendly spaces for psycho-social support and life skills services and the establishment and strengthening of protection community structures to monitor and report on abuse and violence (including SGBV) through an established referral pathway for children at risk including Unaccompanied and Separated Children (UASC).

In the reporting period, there was an increased rate of conflict between the refugee and host communities. A major contributor to the violence has been the increased stress on resources such as water, grass for shelters, and firewood, particularly in settlements with large populations. Women and children bear the brunt of this tension as the primary users of these resources but have little decision-making power on how resources are managed or the design of interventions to respond to this crisis. Their decision-making power is subject to cultural norms and values which confine them to child-bearing and domestic roles within the community. Community awareness initiatives on rights and child protection to end negative social norms and practices creating gender imbalance remain a great need.

Health and Nutrition

Given the outbreak of Cholera in refugee settlements in West Nile in 2016, prevention and response to Cholera remains a priority. At the end of 2016, there was also a need to strengthen infection, prevention and control at the health facilities both in the settlement and host communities to provide barrier to potential nosocomial amplification of outbreak prone/infectious diseases at the health facilities. A sensitive, early warning system for disease outbreaks at both the community and health facility is essential in igniting early actions to curb transmission of outbreaks. Robust functionality of this system has remained top on the agenda in the operation to prevent outbreaks and if they occur, to promptly control them at source.

Regarding Public health, facilities and service delivery, there was need for drugs, medical supplies, capacity building and immunization against measles and polio. Facilities require expansion of primary health care mobile outreach services in the vast settlement areas. The consistent increase in refugee numbers has also put a strain on existing health systems.

The public health response for the new arrivals included health screening at the border/transit, provision of high energy biscuits and emergency health services during transit and minimum package of interventions for new arrivals as below:

- One basic health unit is available for every 10,000 people. (Basic health units are primary healthcare facilities that offer essential health services.) However, the final number will be determined by distance (health facility accessible within 5km) and settlement layout.
- At least one health centre IV available for every 100,000 people.
- At least one District hospital is available for every 250,000 people.
- More than 10 in-patient and maternity beds are available for every 10,000 people.
- One basic emergency obstetric care facility for each 100,000 people.
- One comprehensive Emergency obstetric and new-born care facility for 500,000 people.

Despite the stable situation, primary healthcare institutions were constantly overwhelmed by new arrivals. Hence, there was a need to open new ones. Existing health centres, including those operating in tandem with the host community health centres, frequently operated beyond capacity, stretching limited resources and resulting in an overall decrease in the quality of healthcare provided. Hence, there was a need to further strengthen the existing health care system and set up new health facilities with full package of interventions (including nutrition) with input such as staffing, medical supplies (including nutrition supplies), infrastructure and equipment, and referral capacities.

Primary health care services including routine immunization and access to essential health services and information through the Village Health Teams could be strengthened to support the current efforts from the already outstretched health staff.

At the end of 2016, there was still a need to improve the comprehensiveness of reproductive health interventions including family planning, adolescent sexual and reproductive health, and cervical cancer screening and comprehensive HIV/AIDS services. Inter-agency field assessments identified challenges in HIV prevention (Low levels of HIV knowledge, inadequate awareness, inadequate provision of and low uptake of HIV services due to cultural factors exacerbated by high levels of stigma, low community-based HIV testing and inadequate interventions targeting the youth who are the majority). Access to HIV testing yet remains low among refugees and viral load monitoring face major challenges. Recently, the Ministry of Health changed the guidelines requiring health workers to test and treat all the positive cases. This will result in additional pressure to increase access in a delicate situation where ART accredited facilities are still very limited in the settlements. There was, therefore, a need for continued contingency planning, preparedness and response activities including stock-piling and capacity building. Another challenge identified is that many young people do not have any formal education or access to information and therefore have limited knowledge of SRH-related issues, putting them at risk of teenage pregnancies with obstetrical complications or HIV infection. At the end of 2016, this still needed to be addressed.

In areas with large numbers of new arrivals, life-saving drugs and essential medical supplies have been in short supply with stocks of anti-malarial medicines for children repeatedly being depleted. Health workers that can assist in the provision of life-saving treatment and screen for medical needs were also overstretched, given the number of daily cases they received.

Food security and nutrition assessments show high malnutrition rates, stunting and high levels of anemia among young children and women.

WASH

The WASH sector performance indicators remained a great concern in most of the new refugee settlement sites opened in 2016. Given the extremely fast growth of settlements due to the influx rate, and since the provision of water through sustainable solutions (i.e. from wells, solar motorized systems and water distribution networks) takes time, water trucking in the meantime often remained the only emergency solution. Since water trucking is very costly, the WASH strategy targets a water provision of 10 liters of water per person per day in the emergency phase, which frees more resources for the establishment of sustainable water sources. At the end of 2016, challenges in terms of hygiene promotion and WASH-related risk factors for outbreaks still need more attention especially in the new settlements.

The following priority WASH interventions were still required at the end of 2016:

Emergency (all new settlement areas)

- 10L/p/d water, 1:50 ratio for latrines and bath shelters
- Development of sources for Water Trucking
- Materials pipeline for latrine construction
- Communal hygiene promotion and hand-washing facilities

Transition (settlements no longer receiving additional refugees)

- 15L/p/d water, 1HH latrine per 4HH
- Detailed Hydrogeological study
- Development of Hand pump wells, springs and solar powered mini networks
- Phase out water trucking
- Accelerate HH latrine program
- Hygiene promotion

Long Term (settlements in place for one year +)

- Increase access to 20L/p/d, 1 latrine per HH
- Hygiene promotion

Shelter, Site, and Non-Food Items (NFIs)

Multiple new refugee settlement areas for all newly arriving refugees had to be opened, including preparation of reception centers, communal areas and access roads, requiring the use of heavy earthmoving equipment. All new arrivals received emergency NFI and shelter kits. Rapid construction of shelters for Persons with Specific Needs (PSNs) was needed, specifically for orphans, the elderly, the chronically ill, and persons with disabilities.

Food Assistance

As per JAM recommendations, all refugees in Uganda below the age of five years need to receive food assistance, most of which was delivered in-kind, while cash-based interventions were increasingly introduced. Cash equivalent assistance in lieu of food is increasingly common and is a prioritized consideration where markets are stable enough to meet demand. For all new arrivals, food distribution facilities and hot meal kitchens were strengthened and operated in all transit and reception centres and settlements.

Education

Although not prioritised in this CERF project, there was and is a vast need at all levels of the education sector, from early childhood to post primary. Adequate infrastructure - classrooms, teacher accommodation, boarding facilities, latrines - is lacking in every settlement. Overcrowding in early childhood centres and primary schools is particularly pronounced. In lower classes, the child to classroom ratio in Bidibidi averages at 150:1 (rising to over 200 in some cases) and at 100:1 in senior classes; with 2 of the 10 schools recording an overall enrolment of 3575 and 3087 respectively. The current out-of-school population in the 6-13-year age cohort in the 8 settlements and Kampala (and excluding Bidibidi) is 51,027 i.e. 36 per cent. And yet adolescent friendly services are non-existent and opportunity for secondary or post primary alternative education and life skills are largely lacking.

To ensure all children are receiving the appropriate education and engagement for their capacity, there is a need for each primary school to have an early child development centre (ECD) attached, implementing the Government/Presidential pronouncement to have community based ECD centres annexed to each primary school. This helps to reduce over-age children in ECD, and under-age children in P1 and P2. Quality education is difficult to attain with such high numbers in classrooms. Support for schools and teachers where double-shift schooling is taking place needs to be increased, and the alternative approach of "2 schools in 1" needs to be explored. This approach utilises the same school building, and learning resources but has a separate cohort of teachers and enrolled students. This is especially relevant in overcrowded schools/refugee hosting including address teacher question. Accelerated learning programmes and life skills programmes should be widely rolled out. Scholarships for children with special learning needs, and for vulnerable adolescent girls and children with disability, must be provided for. There is an urgent need to develop innovative approaches, including the use of technology and alternative non-formal education opportunities. Ensuring quality learning is taking place through the provision of adequate numbers of scholastic materials, curriculum text books, and play materials in a safe protective environment is a must at all levels of education. There is an urgent need to build the capacity of teachers to facilitate, identify and refer children in need of psycho-social support.

To ensure pathways to tertiary education and employment through investment in secondary education and vocational skills training, there is a need to construct at least 5 new secondary schools, to build additional classrooms in 7 other existing schools, to construct vocational training centres, and to establish MOUs with Government schools (classroom construction to offset fees).). It will be important to mobilise communities and strengthen school management committees in supporting education including parenting specially to address the needs of young children and adolescents.

Livelihoods and Environment

Livelihoods have become an essential need area wherein agricultural interventions provide food security and increased peaceful coexistence amongst refugees and host community members. It has been reported that the land that the Ugandan government gives one refugee household generates up to $220 annually for the local economy. Emergency livelihood interventions are part of the overall emergency response plan towards addressing immediate needs and prevent asset depletion and negative coping strategies among the new arrivals. Agricultural inputs including seed, small livestock, and non-agricultural income- generating opportunities are provided to buffer against food rationing caused by increased emergency influxes. The added value of increased peaceful co-existence due to decreased strains on food, further reinforces the benefits of the unique Uganda refugee and host community model, underpinning the refugee response plans.

Reportedly, refugees from South Sudan increasingly arrived with livestock in Uganda in 2016. Some refugees are fleeing with their livestock posing a risk for the spread of livestock and transmissible human diseases across international boundaries. Travel with animal presents an asylum risk as well due to possible restriction of entry by refugees with animals into the country. The operation is taking a concerted effort to protect the ownership of these animals and mitigate any potential health risks. Patrol, surveillance and strategic vaccination at border points may be required.

The establishment of new large settlement areas had an impact on the environment, and mitigation measures need to be considered in the development of the settlement. Consideration for agricultural lands with respect to the natural environment, *i.e.* land use planning, remains a high priority.

III. CERF PROCESS

The CERF package prioritized refugees from South Sudan, and the South Sudan Regional Refugee Response Plan (RRP) informed the overall strategic objectives of the CERF request for Uganda. While overall protection interventions reached the entire South Sudan refugee population, interventions focused on the following refugee hosting locations including Adjuman, Arua and Yumbe.

The demography of the South Sudanese refugee population in Uganda shows that women and children constitute 86 per cent of the population. This alone distinguishes the refugee situation from all the UN previous humanitarian response that the UN in Uganda has previously responded to. Therefore, humanitarian actors ensured that all their response services were deliberate in targeting women and children specifically. In addition, there was deliberate efforts to engage with men in all interventions to ensure gender relations are improved with no backlash on women

In 2015 UN Women had an engagement with the Office of Prime Minister (OPM) senior leadership at the centre and from the refugee hosting districts. This engagement provided an assessment of their understanding, appreciation, knowledge and skills in mainstreaming gender in humanitarian response. This was followed by a five-day comprehensive training on gender mainstreaming in humanitarian response, following which the OPM came up with priority actions for addressing gender gaps in their overall humanitarian coordination work. The priority actions informed the design of the gender responsive humanitarian response in 2016. Components of this plan that got funding were implemented in the 2016 response.

Six sectors were determined as the most underfunded and essential for meeting the life-saving needs of these populations. These sectors are: 1) Protection (including registration of new arrivals/child protection/SGBV); 2) Food; 3) Shelter, Site Preparation, and NFIs; 4) Health & Nutrition; 5) WASH, and 6) Emergency Agricultural Livelihoods (local governments of refugees hosting districts were consulted during the CERF prioritization process). These priorities also reflected the prioritization of the 2016 South Sudan RRP and other existing response strategies in Uganda. In addition, substantial consideration was given to cross-cutting priorities in all sectors. These cross-cutting priorities include peaceful coexistence between refugee groups and between refugees and the host community, as well as interventions for women, children, adolescents and young people, who constitute the bulk of refugees. HIV-AIDS response has been flagged as an underfunded priority theme, and was included in sector responses as appropriate.

Along with the other life-saving responses, emergency agricultural livelihoods support was retained as a strategic means, in the context of the Uganda settlement approach, towards protecting the availability of food, increasing the nutritional content of those foods — particularly for women and infant children — and improving the overall health status of the refugee population. Emergency agricultural livelihoods interventions are also a strategic priority in the 2016 South Sudan RRP. In the past, this sector has been perennially underfunded, and this gap threatens the integrity of the Uganda settlement approach and its focus on reducing reliance on aid, enhancing self-reliance, and integrating refugees in district development plans. Thus, a failure to prioritize livelihoods could possibly lead to a policy fall-back to a camp approach.

In addition to the above priorities, the CERF grant contributed to the foundational efforts of the Government of Uganda's Settlement Transformative Agenda (STA) and the UNCT's Refugee and Host Population Empowerment (ReHoPE) framework, both of which are prioritised as the future of refugee protection, emergency response, and life-saving initiatives by all partners in Uganda, with a focus on integrating development-oriented responses for refugees as well as host communities at the onset of the emergency and in protracted refugee situations.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR[1]									
Total number of individuals affected by the crisis:									
Cluster/Sector	**Female**			**Male**			**Total**		
	Girls (< 18)	**Women** (≥ 18)	**Total**	**Boys** (< 18)	**Men** (≥ 18)	**Total**	**Children** (< 18)	**Adults** (≥ 18)	**Total**
Food Aid	34,654	18,660	53,314	28,353	15,267	43,620	63,007	33,927	**96,934**
Health	78,032	56,488	134,520	90,048	31,928	121,976	168,080	88,416	**256,496**
Human Rights	29,283	21,726	51,009	31,172	12,280	43,452	60,455	34,006	**94,461**
Multi-sector refugee assistance	157,146	35,189	192,335	128,754	0	128,754	285,900	35,189	**321,089**
Sexual and/or Gender-Based Violence	22,565	75,989	98,554	25,688	48,625	74,313	48,253	124,614	**172,867**

[1] *Best estimate of the number of individuals (girls, women, boys, and men) directly supported through CERF funding by cluster/sector.*

BENEFICIARY ESTIMATION

Based on ReHoPE strategy, allocation formula of 70 per cent beneficiaries from the refugee population and 30 per cent funding to the host population was applied in the implementation of the project. This approach is critical in building not only a sustainable health system but also for peaceful co-existence of the refugees and host population since the two communities live and interact cordially.

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING[2]			
	Children (< 18)	**Adults** (≥ 18)	**Total**
Female	157,146	75,989	233,135
Male	128,754	48,625	177,379
Total individuals (Female and male)	**285,900**	**124,614**	**410,514**

[2] *Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding This should, as best possible, exclude significant overlaps and double counting between the sectors.*

The number of affected individuals and reached direct beneficiaries illustrated in table 4 and 5 above was estimated basing on the total number of individual reached through CERF Funds by respective agencies. However, since most of the agencies served in multi-settlements, caution was taken to avoid double counting.

The beneficiary estimation was based on the on the figures provided by each sector-lead agency. Respective sector agencies provided the sector-lead agency with an estimated number of direct beneficiaries supported by the agency through the CERF allocation. Double counting/overlaps were avoided as sector-lead agencies synchronized information with other contributing agencies. Additionally, agencies operated in different settlements and where they converged we considered the figures of the agency that reached more beneficiaries.

CERF RESULTS

UNFPA: UNFPA delivered under the project "Provision of Life Saving Reproductive Health and GBV Prevention and Response Services for South Sudanese Refugees in Uganda". The project contributed to improved sexual reproductive health and GBV prevention and care services for South Sudanese Refugees in Uganda during the six months of implementation. The CERF funds contributed to addressing the needs of South Sudanese Refugees, especially in supported health facilities serving both refugees and host communities.

UNFPA procured 2,000 dignity kits which were distributed to refugee settlements to new mothers who delivered in health facilities. The dignity kits ensured clean and safe deliveries and they also helped attract mothers to seek health facility deliveries. The kits attracted mothers to deliver in the health Centers, promoted skilled birth attendance and reduced child birth complications among refugees and nationals. Additionally, there was increased access to comprehensive sexual and reproductive health information and services for adolescents and youth. A total of 23,497 young people was reached in the four4 UNFPA supported youth spaces/set up, utilizing CERF funds. A total of 778 GBV cases were managed at the health facilities and 97 received care within 72 hours.

UN Women: UN Women used CERF funds to strengthen its advocacy and coordination mechanism that ensures that women's rights and priorities are fully integrated into humanitarian assistance. The fund facilitated different coordination meetings, including the SGBV, education and legal working groups to bring issues that affect refugee women and girls. All collection centers were equipped with life-saving tents for counselling and responding to SGBV cases, thus ensuring that women's and girls' rights are protected from their entry point in Uganda. The funds were also used to conduct a gender assessment on the South Sudanese Refugee Response to understand and respond to the distinct needs and vulnerabilities of women and girls. A monthly Women's forum for refugee women's rights advocates was established to voice their needs in humanitarian crisis and beyond. This enabled identified women leaders to discuss and strategize key gender issues including their follow up in the different refugee community structures or mechanisms.

WFP: WFP reached 96,934 beneficiaries. CERF funds enabled WFP to establish Food and Cash Management Committees across all settlements and activities, whose members participated in the design, implementation and monitoring of WFP's refugee operation. The FMCs and CMCs provide a two-way feedback and information mechanism, enabling WFP to ensure that activities are relevant, efficient and address the needs of the community. In addition, the FMCs and CMCs are also valuable mechanisms for disseminating information on entitlements, distributions and other sensitizations to the community. Subsequently, WFP surpassed all its performance indicators.

UNICEF: With CERF funds, all eligible children were screened for nutrition and immunized against polio and measles at entry border points and through existing health facilities. In addition, UNICEF and partners registered all separated and unaccompanied children and identified those needing specialized care. UNICEF further used its own resources to recruit 31 additional temporary health workers to increase the number that was planned under the CERF intervention. This enabled UNICEF and partners to reduce waiting times for the refugees in receiving services. Overall, 320,909 people benefitted from time critical emergency services in health, nutrition, WASH and child protection.

WHO: Overall, WHO reached 256,496 beneficiaries. CERF funds ensured that potential disease outbreaks were identified in time to protect newly arriving refugees especially mothers, children and other vulnerable groups. WHO provided assorted medicines and anti-malaria for community and health facility use. This covered delicate supply gaps.

UNHCR: Reached 94,461 beneficiaries with CERF funds. 100 per cent of the new arrivals were registered on an individual basis and obtained access to emergency shelter materials and plots of land in settlements. Settlements were prepared to receive refugees.

CERF's ADDED VALUE

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

CERF funds led to a fast delivery of assistance to beneficiaries, responding to the urgent needs resulting from the South Sudan refugee influx starting in 2016. CERF funding enabled a rapid response to emergency requirements, and for key priority interventions to be initiated. Several agencies, including UN Women and UNFPA, responded to the new crisis by redeploying staff from other locations in the country. This response to escalating needs was made possible partly through CERF RR funds. Given the urgency of the situation, agencies had to adapt their response strategies where possible to adapt to the magnitude of the South Sudan refugee influx. This gave agencies some additional time to seek additional funding on top of the CERF RR grants.

b) Did CERF funds help respond to time critical needs[1]?
YES ☒ PARTIALLY ☐ NO ☐

CERF funds helped to respond to time critical needs, such as life-saving food, shelter, water supply, hygiene and protection, including but not limited to the context of the sudden refugee influx from South Sudan in July 2016 and beyond. Multiple UN agencies including UNHCR and UN Women shifted their interventions to influx border points. With more than 2,000 daily arrivals, a timely response at border points was essential to ensure that urgent life-saving needs were met. This also included ensuring that health facilities were well stocked. While responding to time critical needs, CERF RR funds were 'stretched' more thinly due to the escalated influx from South Sudan.

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

CERF helped to mobilize other resources by allowing agencies to be operational which gave them added credibility and made them well positioned to seek additional funds, as they had already established a significant field presence. Multiple agencies could mobilize additional resources, including UN Women. Several agencies also reported that CERF funding allowed them to pre-finance interventions in the face of the South Sudan influx post-July 2016, thereby making donors aware of a greater need.

Multiple donor missions visited Uganda in the second half of 2016. Upon witnessing the positive impact of CERF RR-funded interventions, agencies were able to successfully mobilize additional resources – although RRPs as well as development-oriented responses remained severely under-funded throughout 2016.

As one of the largest recipients of CERF funding globally in 2016, the Ugandan Minister of Foreign Affairs and the UN Resident Coordinator were invited to participate in the CERF High-Level Conference in December 2016, which provided a key opportunity to demonstrate the positive impact of CERF funds in Uganda, in terms of meeting life-saving needs and paving the way for a development-oriented response through the Refugee and Host Population Empowerment (ReHoPE) strategy. For Uganda, this provided a unique opportunity for additional advocacy and resource mobilization for Uganda's unique refugee and host community model. In addition to participating as panelists in the CERF High-Level Conference, the Government of Uganda with the support of UN Uganda also convened a high-level side event on Uganda, which helped generate significant political support for Uganda's refugee and host community model, while also considering Uganda's underlying vulnerabilities including food insecurity and regional political and security developments. The side event also provided an opportunity for Minister of Foreign Affairs and President of the 69th Session of the General Assembly, Hon. Sam Kutesa to announce that Uganda would be hosting a Solidarity Summit on refugees in 2017 to mobilize support for Uganda's refugee and host community model.

The UN Country Team recognizes that while significant funds were mobilized for the refugee and host community response in 2016, the funding base is not broad enough, depending on large contributions from a very small set of donors. In 2017, the UNCT will prioritize broadening the funding base and reaching out to a wider set of potential development partners.

[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 ☐

CERF funds helped improved coordination in multiple ways:

- Multiple agencies working within the same sector worked closely together, including UNFPA, UN Women and UNHCR on protection and SGBV.
- With the support of CERF funds, new NGOs to the refugee response such as Water Mission, for example, became operational in the refugee and host community response, requiring enhanced coordination and providing new opportunities to come together as partners in the humanitarian response.
- Through CERF funds, UN coordination with IPs and host communities was enhanced through targeted participatory activities on SGBV. Host community involvement in the coordination, planning and implementation of activities was identified as a key strategic priority by several agencies.
- Innovative approaches funded by CERF such as cash-based interventions have also contributed to enhanced coordination with the local communities and the private sector by creating new markets for food and other items.

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

- CERF funds supported IASC standards on the Protection from Sexual Exploitation and Abuse (PSEA), a component which was essential in the Ugandan refugee response, given the large number of new responders and the need to raise awareness on humanitarian standards from the start.
- The positive impact of cash-based approaches on both refugee and host communities is worth mentioning. A USAID-funded WFP study revealed that an average refugee household receiving cash food assistance increased annual real income in the local economy by UGX 3.8 million ($1,106) at Rwamwanja Settlement, and by UGX 3.7 million ($1,072) at Adjumani Settlement. These numbers include the income impacts on host-country as well as refugee households.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
CERF funding for PSEA in Uganda demonstrated positive results and significant added value.	CERF secretariat should continue to fund the implementation of IASC PSEA standards as a critical component of life-saving interventions.	CERF secretariat
Pyschosocial support is an essential component of the life-saving response.	CERF secretariat should continue to fund the implementation of psychosocial support as a key element of the life-saving response.	CERF secretariat
Given CERF criteria and lack of funding for education, there is a gap in terms of targeted interventions for adolescents and youth of both refugee and host communities.	CERF secretariat should engage in dialogue with UNCTs on how targeted interventions for adolescents and youth can be supported.	CERF secretariat
Unless prioritized interventions are encouraged through CERF criteria, critical cross-cutting issues concerning gender, the elderly, PWSN, human rights, and HIV may be neglected.	It is crucial for CERF secretariat to support and encourage mainstreaming of key cross-cutting issues in all agencies' proposals and reports.	CERF secretariat
Education is an under-prioritized and under-funded sector in the refugee and host community response, and is of particular relevance to Uganda given that 2/3 of the refugee population are children.	CERF secretariat should consider widening CERF funding criteria to include education, which is currently severely under-funded in Uganda.	CERF secretariat
Uganda's unique refugee and host community model requires flexible funding modalities which can bridge the humanitarian/development divide.	While CERF funds are only one part of the funding portfolio, and additional development-oriented funding is urgently needed to complement humanitarian funding, CERF funds can help contribute to the advancement of Uganda's unique refugee and host community model by continued flexibility in terms of addressing the needs of both refugees and host communities, and by allowing for devleopment-oriented approaches to be integrated at the onset of the response.	CERF secretariat
Sustainable access to water should be a key priority. Trucking of water is not a sustainable solution.	CERF funding should allow for flexibility in using funds for sustainable water solutions.	CERF secretariat
The inclusion of host communities as beneficiaries of CERF funding is contributing to the sustainability of Uganda's unique refugee-hosting model.	Continued inclusion of host communities is crucial for the sustainability of Uganda's unique refugee-hosting model.	CERF secretariat

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
Unless key cross-cutting areas are prioritized or mainstreamed, HIV, youth, elderly, PWSN, human rights and gender issues may remain critical gaps in CERF-funded projects.	UNCTs should commit to mainstreaming cross-cutting priorities for issues concerning HIV, gender, elderly, PWSN, human rights and youth in CERF project proposals.	UNCT/IPs
An increase in trauma faced by refugees increases the drivers of violence against women and exploitation.	GoU, UN, NGOs should ensure that support of psychosocial interventions are prioritised in the response.	GoU, UN, NGOs
Communication of Uganda CERF results can be enhanced as a resource mobilization tool .	RCO should support the production and dissemination of key briefing materials on CERF-funded interventions and results, including best practices and lessons learned. The received funds have been imperative to respond to the current needs and additional resources/funding are critical.	RCO
Access to land is increasingly becoming a challenge, particularly in Northern Uganda where the majority of South Sudanese refugees are arriving.	The UNCT in support to UNACs and local governements should play a more active role in advocating for access to land and identifying solutions from host communities, inluding local leaders and authorities to provide land including for agricultural purposes.	UNCT
Strong partnerships with local authorities are essential for sustaining Uganda's refugee-hosting model and for ensuring that both refugees and host communities have access to basic social services and are prevented from life-threatening outbreaks	The UNCT should continue to build with local authorities as key partners to sustain Uganda's unique refugee-hosting model, ensuring access to basic social services for both refugees and host communities, in line with ReHoPE.	UNCT, IPs, local authorities
Additional flexible funding is required to deal with large scale refugee response.	The UNCT should consider establishing a pooled fund mechanism in-country.	UNCT
Environmental considerations must be mainstreamed across the response, including access to sustainable energy, as the mass influx of refugees in Northern Uganda in 2016 is adding pressure on environmental resources.	The UNCT should continue to ensure that environmental considerations are mainstreamed across the refugee response to ensure sustainability of interventions.	UNCT, IPs, local authorities

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNFPA	**5. CERF grant period:**	15/09/2016 to 15/03/2017
2. CERF project code:	16-RR-FPA-039	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Gender-Based Violence and Health (Reproductive Health)		☒ Concluded
4. Project title:	Provision of Life Saving Reproductive Health and GBV Prevention and response services for South Sudanese Refugees in Uganda.		

7.Funding

a. Total funding requirements[2]:	US$ 2,654,582	d. CERF funds forwarded to implementing partners:	
b. Total funding received[3]:	US$ 958,226	▪ *NGO partners and Red Cross/Crescent:*	US$280,838
c. Amount received from CERF:	US$ 756,191	▪ *Government Partners:*	US$ 0

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	**Planned**			**Reached**		
	Female	**Male**	**Total**	**Female**	**Male**	**Total**
Children (< 18)	11,052	12,280	23,332	22,565	25,688	48,253
Adults (≥ 18)	31,314	24,560	55,874	62,603	46,225	108,828
Total	**42,366**	**36,840**	**79,206**	**85,168**	**71,913**	**157,081**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees	60,927	109,957
IDPs		
Host population	18,279	47,124
Other affected people		

[2] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

[3] This should include both funding received from CERF and from other donors.

Total (same as in 8a)	***79,206***	***157,081***
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	Community outreach was intensified to reach more/cope with the high number of refugees arriving in the settlements	

CERF Result Framework			
9. Project objective	Improving sexual reproductive health and GBV prevention and care services for the new South Sudanese Refugees in Uganda in six months.		
10. Outcome statement	Women and men of reproductive age including adolescents affected by the renewed conflict in South Sudan have access to GBV prevention, management & care services and quality reproductive and sexual health services, including essential and emergency obstetric and neonatal care (EmONC) as well as HIV prevention information and services.		
11. Outputs			
Output 1	**Women of reproductive age among South Sudanese refugees have access to life saving reproductive health services for pregnant and lactating women, adolescent girls and young women.**		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	100% of health facilities serving the refugees are well equipped and supplied to provide essential lifesaving interventions in reproductive health including maternal health, HIV and GBV.	6	6 (27 in total including the existing 21 health facilities)
Indicator 1.2	100% of pregnant women attended to by skilled health personnel during childbirth.	100% (2,500)	19,979
Indicator 1.3	Number of new family planning (FP) users among the target refugees	1,842	8,274
Indicator 1.4	Number of condoms distributed	239,760	58,025 condoms were distributed in Adjumani, Yumbe and Arua
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Procure and distribute ERH kits	UNFPA	UNFPA
Activity 1.2	Recruit and Support 5 midwives	ACORD and DHO	ACORD and DHO
Activity 1.3	Procure and distribution of dignity Kits among pregnant women to improve facility based deliveries.	UNFPA and ACORD/IRC	UNFPA and ACORD/IRC
Activity 1.4	Conduct pregnancy mapping and referral to health facilities for skilled antenatal and delivery services.	ACORD, IRC, CARE	ACORD, IRC and CARE

Activity 1.5	Support referral services (Hire, functioning and maintenance of ambulance services)	ACORD	ACORD
Activity 1.6	Provide one medical tent per settlement (3) to increase space for service delivery.	UNFPA and ACORD/IRC/CARE/MTI	UNFPA and ACORD/IRC/CARE/MTI
Activity 1.7	Support provision of integrated SRH/FP/HIV services through outreaches within the settlements	ACORD, IRC, CARE	ACORD, IRC, CARE
Activity 1.8	Adapt, print and distribute IEC materials on maternal Health and Family Planning and for Adolescent SRH	UNFPA and ACORD, IRC, CARE	UNFPA and ACORD, IRC, CARE
Activity 1.9	Support Community mobilization for Maternal Neonatal Health and Adolescent Sexual Reproductive Health among refugees (including orientation of volunteers on sexual reproductive health, pregnancy and condom distribution)	ACORD, IRC, CARE	ACORD, CARE and IRC
Output 2	**Adolescents have increased access to comprehensive sexual and reproductive health information and services**.		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	100% of refugee settlements have functional mechanism for mobilizing (youth groups, drama groups, and peer educators) to address Adolescent Sexual Reproductive Health needs. (Pagirinya, Maaji III, Bidibidi)	3	6 (2 youth/girls' drama groups supported in each settlements)
Indicator 2.2	Number of youth spaces established	4	4 (Currently we have 16 youth spaces in total that are functional.)
Indicator 2.3	Number of peer educators trained in ASRH disaggregated by sex (ten per youth space)	40	99 peer educators (recruited and trained on ASRH)
Indicator 2.4	Number of young people served disaggregated by sex by peer educators	23,332	22,525 (F-8,312 and M-14,213)
Indicator 2.5	Number of young people reached with services through the youth spaces disaggregated by age, sex and type	23,332	23, 497
Indicator 2.6	Number of young people reached with SRH services through outreaches disaggregated by age, sex and type.	23,332	23,497
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Procure and equip youth spaces in the settlements	UNFPA, ACORD, IRC, CARE	UNFPA, ACORD, IRC, CARE (4 youth spaces established and equipped.)
Activity 2.2	Identify and train peer educators/volunteers	ACORD, IRC, CARE	ACORD, IRC, CARE (99 peer educators and 18 volunteers trained.)
Activity 2.3	Support peer educators to conduct community mobilisation and sensitisation for SRH/GBV	ACORD, IRC, CARE	ACORD, IRC, CARE (11,097 people (adults) reached by

	services		peer educators.)
Output 3	**Systems are established to protect women and girls affected by the conflict in South Sudan from gender-based violence and to provide multi sectoral care for survivors.**		
Output 3 Indicators	**Description**	**Target**	**Reached**
Indicator 3.1	100% of refugee host districts have functional coordination systems and mechanism for prevention and response to GBV (SOPs, Referral pathways, coordination meetings.)	4	5
Indicator 3.2	100% of reported survivors of rape receive appropriate clinical care within 72 hours of incident.	100% (614)	778 GBV cases managed at the health facilities and 97 received care within 72 hours
Indicator 3.3	100% of refugee settlements have functional women and girls' spaces.	4	8
Indicator 3.4	Good practices documented (one per sector)	2	3
Indicator 3.5	Existence of a functional GBV Information Management System in all supported settlements.	4	6
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	Enhance GBV multi sectoral coordination system and mechanisms including SOPs and referral pathway (development or review), coordination meetings.	UNFPA and ACORD, IRC, CARE	UNFPA and ACORD, IRC, CARE (SOPs reviewed, Referral pathway printed and disseminated)
Activity 3.2	Identify and train volunteers among the refugees to identify and refer survivors for medical, psychosocial, and legal services)	ACORD, IRC, CARE	ACORD, IRC, and CARE (54 volunteers identified and trained on GBV case management)
Activity 3.3	Mobilize communities for GBV risks mitigation including male involvement	ACORD, IRC, CARE	ACORD, IRC, CARE (28,976 people reached with GBV prevention and response information. 50 male-only groups formed reaching 1,255 men in the settlements)
Activity 3.4	Print and distribute IEC materials on GBV among women, girls and men	UNFPA, ACORD, IRC, CARE	UNFPA, ACORD, IRC, and CARE (280 IEC materials developed and disseminated)
Activity 3.5	Establish and support functionality of safe women spaces in the settlements for GBV activities for women and girls	ACORD, IRC, CARE	ACORD, IRC, CARE (5 women spaces established and 16 are currently functional)
Activity 3.6	Support training of district and health services providers on clinical management of rape survivors, SOPs, referral pathways basic counselling skills and referral for legal support.	UNFPA/IRC	UNFPA/IRC (38 health workers trained on CMR)
Activity 3.7	Support medical counselling for all women and young girls that are exposed to GBV	ACORD, IRC, CARE	ACORD, IRC, CARE
Activity 3.8	Support GBV case management in all the settlements (identification, clinical	ACORD, IRC, CARE	ACORD, IRC, CARE (778 GBV cases supported and

	management, counselling and referral for legal support services)		referred for legal and comprehensive psychosocial care)
Activity 3.9	Support routine data collection, management and documentation	ACORD, IRC, CARE	ACORD, IRC, CARE (IP contributed to the national GBV /GBVIMS/HMIS database. Thus, 778 cases reported)

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

The project contributed effectively to improve sexual and reproductive health, GBV prevention and care services for South Sudanese Refugees in Uganda during the six months of implementation. The new refugee influx that started in July 2016 contributed to the overwhelming of humanitarian stakeholders and existing structures. This CERF funds contributed to addressing the needs of South Sudanese Refugees, especially in supported health facilities serving both refugees and host communities. Additional funds (756,191USD) supplemented the CERF implementation. In general, the project achieved all the set targets.

For the indicator 2.4, the total number reached are 22,525 (F-8,312 and M-14,213). More males were reached compared to girls as boys tended to participate more in the sports and drama as compared to the girls. While this is attributed the community's gender roles it is an aspect UNFPA tackled using different methodologies in order to reach the community and ultimately ensure social norm change (development rather than humanitarian project).

A new-born with the dignity kit given to the mother at Bira HCIII, Adjumani district.

With this fund, UNFPA procured 2,000 dignity kits which were distributed to Adjumani, Yumbe and Arua refugee settlements, and to new mothers who delivered in health facilities. Other resources were used to supplement the CERF allocation in order to procure more dignity kits that served all new mothers (refugee and host community) at the targeted health facilities. Dignity kits ensured that mothers get clean and safe deliveries and they also helped attract mothers to seek health facility deliveries. This has contributed in achieving higher than planned health facility deliveries. A total of 2,840 dignity kits were distributed to mothers who

delivered at health Centres during this reporting period. Dignity kits have continued to attract mothers to deliver in the health Centres, promoting skilled birth attendance and reducing child birth complications among refugees and nationals in Adjumani, Arua and Yumbe.

Adolescents and youth sexual and reproductive health awareness and skills

Adolescents having reproductive health education sessions with messages on the dangers of early pregnancy and sexually transmitted infections at Alere primary school.

Increased access to comprehensive sexual and reproductive health information and services for adolescents and youth. In total 23,497 young people were reached in the 4 UNFPA supported youth spaces, set up utilizing CERF funds in settlements in Yumbe, Adjumani and Arua. The funds contributed to support activities in all the youth spaces. Fifty-five percent of the youth were girls. In the youth spaces, young people were provided SRH/GBV information facilitated by peer educators who met regularly for music, dance and drama practice with key messages on reproductive health and livelihood skills.

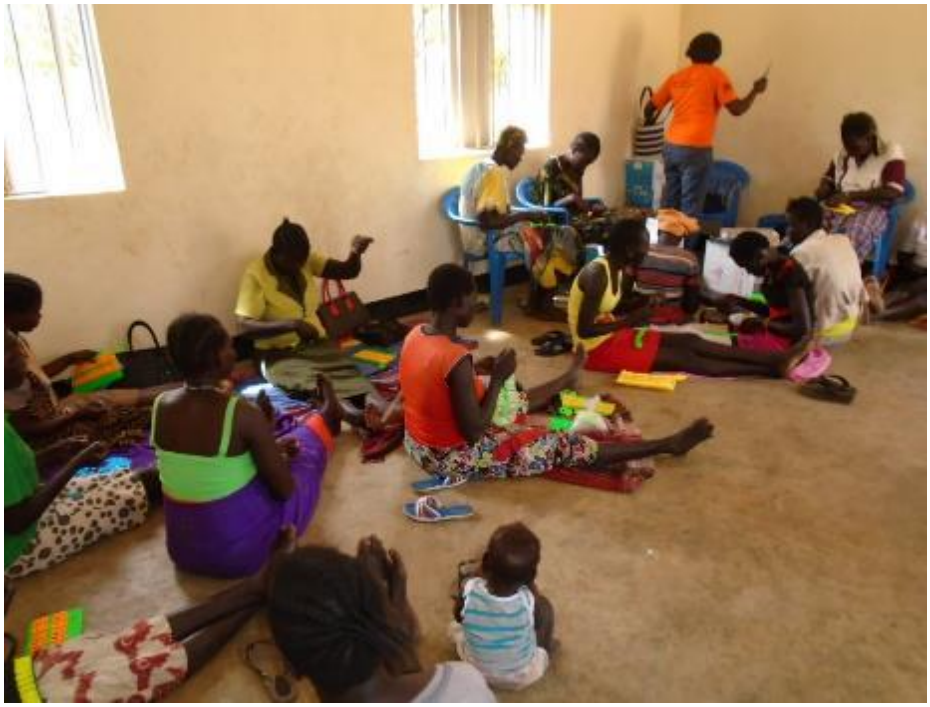
UNFPA supported functionality of youth spaces through which young people acquired SRH information and services, life skills education and livelihood skills in Adjumani and Arua. These spaces are characterized by livelihood skills in Adjumani and Arua/Rhino camp (hairdressing, bakery, crocheting and basket weaving). Over 1,000 youth received HIV/AIDS testing, were orientated on SRH messages and 304 equipped to be change agents in the settlements. 125 youth were trained on livelihoods skills and health skills in SRH.

The Youth Peer Educators reached 8,867 (6,128 M; 2,692 F) with messages/awareness on issues such as menstrual hygiene, teenage pregnancy, body changes in boys and girls, anger management, and prevention from sexual violence and harassment. Youth were mobilized through adolescent girls' sessions. Altogether, 12 adolescent girls' groups were formed reaching 299 girls. Women within community have shared positive feedback that adolescent girls have received special prevention efforts.

Five drama groups conducted 12 drama shows on various themes, including: dangers of abortion, dangers of early marriages, girl education, HIV prevention, education for all, domestic violence and its prevention, dangers of alcoholism and substance abuse, and violence against women. An estimated 1,997 (973 M; 1,024 F) people reached through drama sessions. In addition, 300

copies of “The Young Talk” and “Straight Talk” magazines were distributed to adolescents and IEC materials were also shared.

Provided multi-sectoral care for survivors of GBV and established system to protect women and girls



Women and girls accessing skills training to improve their livelihoods in Ayilo II settlement

A total of **778** GBV cases were managed at the health facilities. Out of which, **97** received care within 72 hours and **248** were treated for STI’s related to GBV. Because some cases of GBV happened in South Sudan and reported after the 72 hours, access to support services was delayed. However, some cases (especially domestic violence) were managed at community level. This requires increased and continuous awareness on the timely report of GBV cases. **278** GBV cases that were referred were provided with the minimum services ranging from short term to long term, covering the host communities also. This included the psychosocial, medical, legal aspects of the case with full case management with survivor centred approach.

A total of **28,976** refugees and host community members were reached with GBV prevention and response information in settlements through weekly outreach activities facilitated by 88 trained community volunteers. 50 male-only groups were formed reaching 1255 men in the settlements. A total of 14,859 women were reached with SRH/GBV messages in the 16 supported women spaces of which 5 were set up utilizing CERF funds in Yumbe, Adjumani and Arua where women meet regularly and feel safe.

Activists were trained on the “awareness phases” of the SASA! Methodology and mentored to continue community discussions on GBV and HIV in the settlements.

Five community dialogues were attended by community members, Refugee Welfare Committee (RWC) members, DHTs, representatives from OPM and community church leaders and elders VHTs totalling to 9,074 participants to discuss and build consensus on FP, GBV, Maternal health, HIV, among others.

VHTs pose with their certificates after basic training.

Thirty-eight health service providers were trained on clinical management of rape survivors, SOPs, referral pathways basic counselling skills and referral for legal support. UNFPA also supported the development and distribution of the referral pathways among the South Sudanese refugee settlement that facilitated survivors' referral and access to support services.

4 Anti-GBV school clubs are supported through training in basic messages of GBV and how to address issue of GBV in schools and communities. 280 members were trained and since the training they have already reached out to 1,409 young people. 1,173 (472M/701F) peers were reached during the reporting period by the anti-GBV clubs in Adjumani. 4 dialogues were conducted in primary schools with the Anti-GBV school club members. 187 (89f/98m) school pupils were engaged in dialogues during the 16 days of activism from Pagirinya 1&2 P/S, St. Luke P/S and Nyumanzi P/S.

Three human interest stories regarding dignity kits, skilled birth attendance with focus on one of the midwives in Adjumani, and the referral system using the ambulance were documented.

Settlement level GBV task force meetings took place in Adjumani (Pagirinya,) and Arua.

Challenges:

- High influx of refugees beyond the planning figures.
- Multiple and widely spread out settlements which needed support of many health facilities. Hence, increasing cost of the response.

Lessons learnt:

- Host community involvement in the intervention is key

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

Following the opening of Bidibidi in Yumbe, UNFPA participated in the inter-agency assessment mission organized by OPM and UNHCR for the opening of the new settlement in Yumbe. UNFPA led the health sector assessment and the findings established the needs related to health facilities, reproductive health and GBV, which guided the response. Implementation planning and

review meetings were conducted in consultation with the beneficiaries through an entry meeting and follow-up field monitoring visits by UNFPA and implementing partners ACORD, IRC and CARE. During such visits, interviews and/or focus group discussions as well as community dialogues were held with community leaders and members on issues affecting them in the areas of reproductive and maternal health and GBV. The Office of the Prime Minister, as the government agency responsible for the refugee program, as well as the District Local Government (DLG) authorities were consulted regularly on planned interventions in order to provide leadership on program focus, prioritization, and coordination.

The Districts Health teams were involved in all the processes of development and implementation of RH kits distribution plans, capacity strengthening and monitoring of health facilities.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UN Women	**5. CERF grant period:**	29/08/2016 - 18/03/2017
2. CERF project code:	16-RR-WOM-007	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Sexual and/or Gender-Based Violence		☒ Concluded
4. Project title:	Emergency Protection of South Sudanese Refugee Women and Girls		

7.Funding				
	a. Total funding requirements[4]:	US$ 2,000,000	d. CERF funds forwarded to implementing partners:	
	b. Total funding received[5]:	US$ 450,000	▪ *NGO partners and Red Cross/Crescent:*	US$ 155,672
	c. Amount received from CERF:	US$ 250,000	▪ *Government Partners:*	US$ 0

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (< 18)						
Adults (≥ 18)	12,000	3,000	15,000	13,386	2,400	15,786
Total	**12,000**	**3,000**	**15,000**	**13,386**	**2,400**	**15,786**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees	11,000	10,786
IDPs		
Host population	4,000	5,000
Other affected people		
Total (same as in 8a)	**15,000**	**15,786**
In case of significant discrepancy	No significant discrepancy to report.	

[4] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

[5] This should include both funding received from CERF and from other donors.

between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	

+

CERF Result Framework			
9. Project objective	Emergency protection for women and girl refugees from South Sudan, including SGBV response in Adjumani and Yumbe.		
10. Outcome statement	Increased protection and response to SGBV (critical psychosocial, in line with the SGBV referral pathway in Adjumani and Yumbe).		
11. Outputs			
Output 1	Women and girls in the refugee settlements have increased access to emergency protection including SGBV services.		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	# of refugee women and girls accessing the psychosocial services offered	3,535	5,985
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Provide psychosocial services to SGBV survivors, to include peer counselling	TPO	TPO
Output 2	Capacity of existing security mechanisms in the refugee settlements to prevent and respond to SGBV is strengthened		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	# of community members sensitized on SGBV	14,550	7,588
Indicator 2.2	# of refugee leaders trained on PSEA and mediation skills	196	1,349
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Conduct trainings on mediation skills for refugee community leaders	TPO	TPO
Activity 2.2	Conduct awareness raising activities for men and boys to promote the prevention of SGBV	TPO	TPO and UN Women
Activity 2.3	Sensitizing humanitarian partners on IASC guidelines on protection of sexual exploitation and abuse (PSEA)	UN Women	TPO and UN Women
Output 3	Strengthened gender equality coordination mechanisms and gender sensitive humanitarian programming		
Output 3 Indicators	**Description**	**Target**	**Reached**
Indicator 3.1	# of participants in coordination forums convened	682	864
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	Mutli-sectoral gender study of the South Sudanese Refugee response	UN Women and RLP	UN Women and International Rescue Committee

			(IRC)
Activity 3.2	Provide technical support for the mainstreaming of gender in the different South Sudanese refugee responses	UN Women and TPO	UN Women and TPO
Activity 3.3	Convene Monthly forums that bring together women's organisations in the region to discuss issues and share experiences directly related to women and girl SSD refugees and host communities	UN Women and TPO	UN Women and TPO

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

Due to the sudden influx in the response between July and December 2016, UN Women exceeded most activity targets, except for sensitization (indicator 2.1). This is mainly due to the mean of communication that was chosen to reach many beneficiaries. Indeed, Salama FM in Bidibidi which was initially identified to broadcast the messages, faced technical hurdles which impeded the broadcasting of key messages of awareness on SGBV prevention and response. To avoid technical contingencies, UN Women is now diversifying and adopting most effective means of communication, tailored to the context of refugee settlements and taking into consideration the limited network coverage.

UN Women and implementing partners redeployed staff from other locations in the country to respond to this crisis. This additional support allowed normal project activities to continue while enabling supplementary SGBV support to the immediate influx.

In terms of coordination, UN Women advocates for women's rights ensuring their needs and priorities are fully integrated into humanitarian assistance. UN Women participated in the different coordination meetings, including the SGBV, education and legal working groups to bring issues that affect refugee women and girls. As part of UN Women's advocacy efforts, all collection centers were equipped with life-saving tents for counselling and responding to SGBV cases, thus ensuring that women's and girls' rights are protected from their entry point in Uganda. UN Women also plays a key role in settlement coordination meetings and meets with women before each settlement meeting to reinforce their capacity to articulate issues that affect them. UN Women and its implementing partner conducted a gender assessment on the South Sudanese Refugee Response in Arua, Adjumani and Yumbe settlements to understand and respond to the distinct needs and vulnerabilities of women and girls. The assessment is currently being reviewed and finalized. 1349 refugee leaders were trained on PSEA and mediation skills (target:196) who committed to coordinate to establish a PSEA community task force.

UN Women and implementing partners established a monthly Women's forum for refugee women's rights advocates to voice their needs in humanitarian crisis and beyond. Thus, identified women leaders were able to discuss and strategize on key gender issues including their follow up in the different refugee community structures or mechanisms.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

Assessments were carried out to determine the level of need. UN Women used focus group discussions (FGDs) and explorative surveys in Maaji, Baroli and Pagirinya refugee settlements in Adjumani and Bidibidi in Yumbe and applied consultative meetings with OPM, UNHCR and other humanitarian partners to find out the need at the design, implementation and monitoring periods of the project to ensure accountability to the beneficiaries. These assessments determined if the services offered were meeting the beneficiaries' expectations.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
No specific evaluation was planned.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNHCR	**5. CERF grant period:**	01/08/2016 - 15/03/2017
2. CERF project code:	16-RR-HCR-039	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Emergency Shelter and NFI		☒ Concluded
4. Project title:	Providing Critical Life-Saving Humanitarian Assistance to South Sudanese Refugees in Uganda in the Protection and Shelter/Site/NFIs		

7.Funding			
	a. Total funding requirements[6]:	US$ 3,524,605	d. CERF funds forwarded to implementing partners:
	b. Total funding received[7]:	US$ 3,524,605	▪ *NGO partners and Red Cross/Crescent:* US$ 995,769
	c. Amount received from CERF:	US$ 3,524,605	▪ *Government Partners:* US$ 261,600

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (< 18)	29,283	31,172	60,455	29,283	31,172	60,455
Adults (≥ 18)	21,726	12,280	34,006	21,726	12,280	34,006
Total	**51,009**	**43,452**	**94,461**	**51,009**	**43,452**	**94,461**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees	94,461	94,461
IDPs		
Host population		
Other affected people		
Total (same as in 8a)	**94,461**	**94,461**

[6] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

[7] This should include both funding received from CERF and from other donors.

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	N/A

CERF Result Framework			
9. Project objective	Protection provided to 94,461 new arrivals through support on individual registration and profiling and specialised assistance to PSNs.		
10. Outcome statement	New arrivals are enabled to receive protection through improved access to individual registration and profiling including specialised assistance to PSNs.		
11. Outputs			
Output 1	94,461 new arrivals have access to protection through individual registration and profiling.		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	% of new arrivals registered on an individual basis	100%	100%
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Emergency manual and biometric registration of some 64,000 refugees.	OPM	OPM
Activity 1.2	Hire of additional volunteers to support biometric registration of new arrivals.	UNHCR, OPM	UNHCR, OPM
Activity 1.3	Procurement of registration equipment and materials	UNHCR & OPM	UNHCR, OPM
Output 2	94,461 new arrivals have access to emergency shelter materials and plots of land for emergency settlement		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	% new arrivals have access to emergency shelter materials (poles, plastic sheeting, clearing tools, rope)	100%	100%
Indicator 2.2	% new arrivals have access to plots of land in settlements; settlements prepared to receive refugees (site planning, land preparation, grading / access to common areas and service facilities; plot demarcation)	100%	100%
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Procurement of emergency shelter Items and NFIs	UNHCR, AIRD, LWF	UNHCR, AIRD, LWF
Activity 2.2	Distribution of emergency shelter items and NFIs	UNHCR, LWF, DRC, AIRD	UNHCR, LWF, DRC, AIRD
Activity 2.3	Demarcation and distribution of land to new arrivals	OPM	OPM
Activity 2.4	Site planning, land preparation, construction of communal shelters at reception centres and transit centres including common kitchen areas	UNHCR, LWF, AIRD, DRC	UNHCR, LWF, AIRD, DRC

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

Successful completion directly and significantly impacted the lives of the refugees in terms of protection and shelter.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

Strict measures and regulations are always in place to ensure accountability to affected populations. This includes mechanisms for reporting fraud, exploitation and abuse.

UNHCR works with implementing/operational partners to ensure a 'do no harm' conflict-sensitive and rights-based approach to project design, implementation and monitoring following the age, gender and diversity, mainstreaming participatory approach that includes beneficiary (refugee and host community) participation in the design and feedback on the quality and impact interventions and services. UNHCR Uganda applies the Refugee Coordination Model, which outlines roles and responsibilities, offers an inclusive platform for planning and coordinating refugee operations, and clarifies coordination modalities in relation to wider humanitarian system.

UNHCR and the Office of the Prime Minister (OPM) provide the overall coordination structure for project implementation in response to refugee needs. At the Kampala level, UNHCR and OPM coordinate the refugee interventions with the district local governments and humanitarian partners, providing policy guidance for implementation and response. Also at the Kampala level, an interagency meeting (co-chaired by UNHCR and OPM) takes place weekly (or at least three times monthly) due to the emergency context, while countrywide sectorial meetings take place on a quarterly basis (and weekly in the emergency contexts), co-chaired by UNHCR and the relevant line ministries/district authorities. In addition, Annual Consultations take place in Geneva which include refugee participants (supported by UNHCR to travel to Switzerland) who represent the voices of their communities.

At the field level in Uganda, UNHCR has Sub Offices in Arua, Adjumani, Mbarara and Hoima while OPM maintains corresponding Refugee Desk Offices. These offices work together to coordinate activities at the district level with the district local governments (DLGs) and within the refugee settlements, including with refugee and host community leadership. UNHCR, OPM, and all implementing partners have permanent presence at the refugee settlements, and coordinate via monthly meetings (weekly in the emergency context), which review the implementation progress of all partner activities. The emergency response coordination for South Sudan following the 7 July 2016 crisis has been conducted weekly in both the field and Kampala-level. In addition, sector meetings are held to review activity implementation by sector and develop detailed sector 3Ws to avoid duplication of activities.

Inter-agency frameworks were established to ensure that a coordinated approach was undertaken in the provision of emergency and life-saving assistance for refugees in Uganda. Weekly coordination meetings that took place in the field and at Kampala-level further strengthened the response by addressing key issues as they arose. Coordination meetings were held regularly throughout the implementation period for the CERF Rapid Response and will continue until the South Sudan situation stabilizes. Within the UN Country Team, UNHCR leads the coordination mechanism for the refugee emergency.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
No CERF-specific evaluation was planned for this project due to the rapid response needs of the simultaneous emergency influxes from DRC and South Sudan in 2016.	EVALUATION PENDING ☐
Monitoring and evaluation is based on regular reports and observations by the partners and local authorities, and on direct observation and ongoing assessment by UNHCR (e.g. on the spot visits to project sites, supportive supervision), and the comparison of achievements and related financial expenditures with set objectives. Monitoring activities are carried out at various levels (i.e. settlement, household) by partners implementing Project Partnership Agreements (PPAs) signed in tripartite between UNHCR, OPM and each respective implementing partner.	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	WFP	**5. CERF grant period:**	16/09/2016 - 15/03/2017
2. CERF project code:	16-RR-WFP-054	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Food Aid		☒ Concluded
4. Project title:	Food and integrated nutrition services for refugees from South Sudan		

7. Funding

a. Total funding requirements[8]:	US$ 87,233,000	d. CERF funds forwarded to implementing partners:	
b. Total funding received[9]:	US$ 71,000,000	▪ *NGO partners and Red Cross/Crescent:*	US$ 253,867
c. Amount received from CERF:	US$ 3,875,434	▪ *Government Partners:*	US$ 0

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (< 18)	29,283	31,172	60,455	34,654	28,353	**63,007**
Adults (≥ 18)	21,726	12,280	34,006	18,660	15,267	**33,927**
Total	**51,009**	**43,452**	**94,461**	**53,314**	**43,620**	**96,934**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees	94,461	96,934
IDPs		
Host population		
Other affected people		
Total (same as in 8a)	**94,461**	**96,934**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	No significant discrepancy to report.	

8 Estimate 2016 budget for WFP's refugee operation in 2016.

9 Estimate funding confirmed by CERF and other donors in 2016 (exlcudes in-kind contributions confirmed in 2016 but arriving in 2017.)

CERF Result Framework			
9. Project objective	Provide food assistance to 94,461 new refugees from South Sudan in refugee settlements in Uganda		
10. Outcome statement	Stabilised or improved food consumption over assistance period		
11. Outputs			
Output 1	Food commodities distributed in sufficient quantity and quality in a timely manner		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Quantity of food commodities procured	100% (3,970mt)	102.6% (4,074mt)
Indicator 1.2	Quantity of food commodities distributed	100% (3,970mt)	102.6% (4,074mt)
Indicator 1.3	Number of beneficiaries receiving food assistance	100% (94,460)	102.6% (96,934)
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Procurement of food commodities	WFP (August – September 2016)	WFP
Activity 1.2	Distribution of food commodities to targeted refugee households	NGOs (August - October 2016)	Samaritan's Purse, World Vision, Medical Teams International, Action Against Hunger (Oct 2016 – Mar 2017)
Activity 1.3	Food basket and post distribution monitoring	WFP and NGOs (October – January 2017)	WFP and Samaritan's Purse, World Vision, Medical Teams International, Action Against Hunger s (Oct 2016 – Mar 2017)
Output 2	Stabilized or improved undernutrition among children aged 6-59 months and pregnant and lactating women		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Quantity of nutritional food commodities procured	100% (279mt)	102.2% (285mt)
Indicator 2.2	Quantity of nutritional food commodities distributed	100% (279mt)	102.2% 285mt
Indicator 2.3	Number of people receiving nutrition support	100% (16,985)	17,350
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Procurement of nutritional food commodities	WFP (August – October 2016)	WFP (Sept – Dec 2016)
Activity 2.2	Distribution of nutritional food commodities to targeted refugee households	NGOs (August – October 2016)	Samaritan's Purse,World Vision, Medical Teams

			International, Action Against Hunger (Sept 2016 – March 2017)
Activity 2.3	Food basket and post distribution monitoring	WFP and NGOs (October – January 2017)	WFP and Samaritan's Purse, World Vision, Medical Teams International, Action Against Hunger (Oct 2016 – March 2017)

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

The planning number of people was based on the number of new South Sudanese arrivals into Uganda at the time of funding proposal submission. However, Uganda received many South Sudan refugees during the implementation period, which increased the number of new South Sudanese refugees assisted by WFP to 96,934 by March 2017.[10]

Findings from the Food Security and Nutrition Assessment (FSNA) conducted in December 2016 indicate that old refugee settlements have an acceptable food consumption score. However, this was not the case in the new settlements where the concentration of new arrivals is high. In Bidibidi, only 45 per cent of the population reached an acceptable food consumption score. The settlements of Palorinya and Imvepi had not opened at the time of the study, however it is likely that the new settlements will register similar food consumption scores as Bidibidi.

The nutrition situation in refugee settlements in Uganda reflected two different levels of malnutrition between South West and West Nile settlements, where new arrived refugees from South Sudan are located. While the global acute malnutrition (GAM) rates in South West settlements have stabilized at acceptable levels (<5%), the West Nile settlements have GAM prevalence classified either as serious (10-15%) or critical (>15%).

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

Across all settlements and activities, WFP has established Food and Cash Management Committees (FMC/CMC) who participate in the design, implementation and monitoring of WFP's refugee operation. The FMCs and CMCs provide a two-way feedback and information mechanism, enabling WFP to ensure that activities are relevant, efficient and address the needs of the community. In addition, the FMCs and CMCs are also a valuable mechanism for disseminating information on entitlements, distributions and other sensitizations to the community. Women are encouraged to be a part of the FMC and CMC to ensure that their views are captured and to enhance their leadership and decision-making opportunities.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
N/A	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

10 Made possible by CERF and other donor funds.

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNICEF	**5. CERF grant period:**	16/09/2016 - 15/03/2017
2. CERF project code:	16-RR-CEF-097	**6. Status of CERF grant:**	☒ Ongoing ☐ Concluded
3. Cluster/Sector:	Multi-sector refugee assistance		
4. Project title:	Critical lifesaving response to South Sudan refugees in Uganda through Health, Nutrition, Child Protection and WASH Interventions		

7.Funding			
	a. Total funding requirements[11]:	US$ 15,000,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received[12]:	US$ 6,723,410	▪ *NGO partners and Red Cross/Crescent:* US$ 1,028,414
	c. Amount received from CERF:	US$ 1,690,000	▪ *Government Partners:* US$ 96,012

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (< 18)	38,067	40,524	78,591	157,146	128,754	285,900
Adults (≥ 18)	28,244	15,964	44,208	35,189		35,189
Total	**66,311**	**56,488**	**122,799**	**192,335**	**128,754**	**321,089**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees	94,460	224,636
IDPs		
Host population	28,339	96,453
Other affected people		

[11] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

[12] This should include both funding received from CERF and from other donors.

Total (same as in 8a)	**122,799**	**321,089**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	Due to the refugee influx, which continued to increase at unprecedented levels, the planned interventions reached more beneficiaries than originally planned. UNICEF provided basic services including nutrition screening and additional children were reached without additional resources. UNICEF was recipient to additional grant support for Health, Nutrition, Child Protection and WASH Interventions which provided complementary support for this CERF intervention. This enabled procurement of supplies enabling provision of services to more beneficiaries. All eligible children were screened for nutrition and immunized against polio and measles at entry border entry points and through existing health facilities. During the project implementation period, UNICEF and partners registered all separated and unaccompanied children and identified those needing specialized care as well tracing. With its own core funds, UNICEF recruited an additional 31 temporary health workers to support the emergency because of the increased influx. This enabled UNICEF and partners to reduce waiting times for the refugees in receiving services. UNICEF mainly targeted women and children less than 18 years (reached zero adult men).	

CERF Result Framework			
9. Project objective	To strengthen the delivery of emergency child protection, WASH, Health and Nutrition services to all children in the host districts of South Sudanese refugees.		
10. Outcome statement	To provide a protective environment for refugees and communities hosting them, keeping them alive, safe and thriving.		
11. Outputs			
Output 1	All vulnerable children including unaccompanied and separated children and survivors of sexual and gender based violence are identified to receive follow up support and referral to services as required including registration of refugee children born in Uganda.		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of separated and unaccompanied children registered by the Office of the Prime Minister (OPM) and other implementing partners who receive family tracing, reunification and other services as required	**2,127 (**100%)	**2,127 (100%)** 1,127 boys and 999 girls
Indicator 1.2	Number of children benefiting from psychosocial support and recreational activities provided by trained Caregivers at Child Friendly Spaces, including child survivors of SGBV and children in need of specialised PSS interventions.	8,000	**27,551** (17,370 boys and 10,181 girls)
Indicator 1.3	Number of children referred and who receive required referrals to medical, legal, and psychosocial service providers of very vulnerable children, including survivors of SGBV, using Child Protection Information Management System (CPIMS)	100%	**3,141** (1,667 boys and 1,238 girls)
Indicator 1.4	Number of refugee children born in Uganda registered at birth.	80%	100%

Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Separated and unaccompanied children are registered by OPM, UNICEF and UNHCR implementing partners and receive family tracing, reunification and other services as required.	OPM, Save the Children, World Vision, TPO.	Save the Children, World Vision, TPO.
Activity 1.2	Trained caregivers provide psychosocial support and facilitate recreational activities for children from refugee and host communities at Child Friendly Spaces and children in need, including survivors of SGBV, are identified to receive specialised PSS.	Save the Children, World Vision, TPO	Save the Children, World Vision, TPO
Activity 1.3	The most vulnerable children, including children victims of SGBV, are identified at the community level and referred to service providers in order to receive case management follow up and support.	Save the Children, World Vision, TPO.	Save the Children, World Vision, TPO.
Activity 1.4	Child Protection Information Management System (CPIMS) is operationalized for South Sudanese refugee caseloads.	Save the Children, World Vision, TPO.	Save the Children, World Vision, TPO
Activity 1.5	Registration and receipt of birth notification at settlement level of all refugee children born in Uganda and support to NIRA district and regional offices to issue birth certificates.	OPM, National Identity Registration Authority (NIRA) and district authorities	National Identity Registration Authority (NIRA), district authorities and Hospitals
Output 2	The nutrition status of girls, boys and women is protected from effects of the humanitarian crisis		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	% & # of projected annual caseload of children 6-59 months with Severe Acute Malnutrition receiving appropriate treatment.	80% (1,782 for 6 months' period based on current SAM at 1.6 incidence)	3,165 children identified with SAM (1,741 girls, 1,424 boys)
Indicator 2.2	% & # of children aged 6–59 months covered with two doses of vitamin A supplementation and deworming medication.	80% (15,384)	31,634 children reached (1st dose vitamin A) 37,370 children reached (2nd dose)
Indicator 2.3	% & # of pregnant and lactating women receiving 90+ iron/folic supplementation	50% (8,047)	24,475 pregnant women.
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Financial and technical support to build capacity of facility-based nutrition service providers (HWs) and VHTs on integrated management of acute malnutrition (IMAM). This to include active case finding, referral, treatment and follow-up on job coaching and mentoring and supervision.	Concern Worldwide and host District Local Governments	Concern Worldwide and host District Local Governments
Activity 2.2	Financial and technical support for implementing routine integrated outreaches and bi-annual CHDs for micronutrient supplementation (includes Vitamin	Concern Worldwide and host District Local Governments	Concern Worldwide and host District Local Governments

	A, Iron and Folic acid), deworming		
Output 3	Strengthen uptake of immunization services for refugees from South Sudan		
Output 3 Indicators	**Description**	**Target**	**Reached**
Indicator 3.1	% & # of children immunized against Polio	95%	99.6% (78,280 children Boys - 35,226 Girls - 43,054)
Indicator 3.2	% & # of children immunized against Measles.	95%	106.6% (83,804 children Boys - 37,712 Girls - 46,092)
Indicator 3.3	Number of health workers hired as surge support for 4 months	20	51 health workers
Indicator 3.4	Number of kits (Inter-agency Emergency Heath Kit and Cholera kits) procured to support critical curative care	10	4 Inter-agency health kit. 6 Cholera kit
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	Procure 40,000 doses of bundled measles and 25,000 vaccines to support periodic intensified routine immunization in the South Sudanese refugee hosting districts.	Concern Worldwide and host District Local Governments	District local government and Ministry of Health
Activity 3.2	Provide financial support (safari day and transport allowance) to health workers to implement periodical intensified routine immunization in the South Sudanese refugee hosting districts.	Concern Worldwide and host District Local Governments	District local government, Ministry of Health, Concern World.
Activity 3.3	Provide financial support districts hosting refugees' responds to the health needs of the refugees by hiring temporary human resource health staff for six months.	Concern Worldwide and host District Local Governments	District local government and Concern World
Activity 3.4	Procure 2 Malaria modules, 2 Inter-agency Emergency Health Kits and 4 cholera kits to support the current outbreak of cholera, Malaria and other underlying medical conditions among the refugee population.	Concern Worldwide and host District Local Governments	District local government
Output 4	Approximately 20,000 refugees have access to improved WASH services.		
Output 4 Indicators	**Description**	**Target**	**Reached**
Indicator 4.1	% population accessing at least 15 liters of clean water per day	70	85%
Indicator 4.2	% of people with access to latrine facilities	100	92%
Indicator 4.3	% of targeted refugee population who are aware of safe hygiene practices i.e. washing hand with soap after using latrine	80	76%
Output 4 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**

Activity 4.1	Construct, operate and maintain three solar powered motorised systems	Water Mission Uganda	Water Mission Uganda
Activity 4.2	Conduct water quality monitoring and surveillance	DRC	DRC
Activity 4.3	Provide water containers and hand washing facilities	DRC	DRC
Activity 4.4	Provide water to reception centres and settlement through water trucking	DRC	DRC
Activity 4.5	Construct communal latrines and bathing shelters	DRC, Water Mission Uganda	DRC, Water Mission Uganda
Activity 4.6	Construct latrine for Persons with Special Needs	DRC	DRC
Activity 4.7	Support construction of household latrines	DRC	DRC
Activity 4.8	Promote safe hygiene and sanitation	DRC	DRC

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

Due to the refugee influx, which continued to evolve during the project implementation period, the planned interventions reached more beneficiaries than originally planned. Targets were set based on initially projected numbers, however the targets were surpassed as the refugee influx increased.

All eligible children were screened for nutrition and immunized against polio and measles at entry border entry points and through existing health facilities. In addition, UNICEF and partners registered all separated and unaccompanied children and identified those needing specialized care as well tracing. The numbers all exceeded targets.

UNICEF further used its own resources to recruit an additional 31 temporary health workers to increase the number that was planned under the CERF intervention. This enabled UNICEF and partners to reduce waiting times for the refugees in receiving services.

Given the big influx, UNICEF over performed in regard to the number of children benefiting from psychosocial support and recreational activities provided by trained Caregivers at Child Friendly Spaces. Thus, reaching **27,551** (17,370 boys and 10,181 girls) against the target of 8,000

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

UNICEF and partners worked with refugee representatives' settlements during the planning process for immunization services and other health interventions. In addition, selected refugees have been trained as Village Health Teams that assist in social mobilization during immunization and delivery of health services including follow up.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	WHO	**5. CERF grant period:**	16/09/2016 - 15/03/2017
2. CERF project code:	16-RR-WHO-039	**6. Status of CERF grant:**	☐Ongoing
3. Cluster/Sector:	Health		☒Concluded
4. Project title:	Strengthening communicable disease Outbreak control and response systems for refugees from South Sudan		

7.Funding

a. Total funding requirements[13]:	US$ 1,181,000	d. CERF funds forwarded to implementing partners:	
b. Total funding received[14]:	US$ 241,267	▪ *NGO partners and Red Cross/Crescent:*	US$ 0
c. Amount received from CERF:	US$ 201,267	▪ *Government Partners:*	US$ 65,478

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (< 18)	38,067	40,524	78,591	78,032	90,048	168,080
Adults (≥ 18)	28,244	15,964	44,208	56,488	31,928	88,416
Total	**66,311**	**56,488**	**122,799**	**134,520**	**121,976**	**256,496**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees	94,461	179,547
IDPs		
Host population	28,338	76,949
Other affected people		
Total (same as in 8a)	**122,799**	**256,496**

[13] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

[14] This should include both funding received from CERF and from other donors.

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	The number of new arrivals was huge in this period and as required services needed to be extended to all and new settlement sites meant additional host population in the spirit of ReHoPe. Financing the activities was outstretched given the doubling of number of anticipated new arrivals especially for essential medical supplies. Public health measures including community based disease surveillance and others equally covered all refugees. Instructions given to health staff benefited all persons who sought care at the facilities from the improved skills of health staff and with a per capital attendance of 1.5 per year, all new arrivals at this project period were therefore considered as beneficiaries.

CERF Result Framework			
9. Project objective	To contribute towards the reduction of avoidable morbidity and mortality among the newly arriving refugees in Adjumani, Arrua and Yumbe through early detection and timely provision of life saving interventions		
10. Outcome statement	Potential disease outbreaks identified in time to protect newly arriving refugees especially mothers, children and other vulnerable groups protected.		
11. Outputs			
Output 1	Community based emergency early warning and outbreak control measures instituted among the newly arriving refugees		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Percentage of rumours investigated and reported	80%	100%
Indicator 1.2	Percentage of reported outbreaks in refugee hosting district responded to within 48 hours	80%	100%
Indicator 1.3	Proportion of health facilities in refugee hosting districts reporting timely	90%	80%
Indicator 1.4	Case fatality rates for cholera maintained at less than 1%	<1%	0%
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Support strengthening of surveillance (health facility based and community events surveillance)	Ministry of Health (MOH), WHO, Refugee hosting districts	WHO, MOH & districts (1087 VHTs in Adjumani and Yumbe enrolled to perform community disease events and reporting. Health facilities were followed up to ensure readiness

			to respond to any outbreak emergencies
Activity 1.2	Enhancement of health workers' skills in effective management of identified cases of outbreak prone diseases	MOH, WHO, Refugee hosting districts	WHO, MOH & districts (45 Health workers for the hosting districts instructed on effective cholera case management & prevention)
Activity 1.3	Provision of essential supplies to promote outbreak investigation, response and reporting including laboratory supplies	WHO, MOH	WHO (Four cholera kits were provided in response to cholera threat & outbreak. Assorted medicines were procured and made available for patient care and laboratory supplies for transportation and investigation of suspected cases was provided)
Activity 1.4	Prepare and share weekly epidemiological reports	MOH, WHO	WHO & MOH (Weekly epidemiological bulletin was prepared and shared with stakeholders for decision)
Activity 1.5	Strengthening health facility infection prevention and control	MOH, WHO	WHO (Infection prevention and control guidelines were prevented and distributed. MOH provided the approved guideline for printing. Health staff instruction was required.)
Activity 1.6	Support response to outbreaks (early rapid assessment, sample collection, transportation and confirmation, support supervision).	MOH, WHO, Refugee hosting districts	Arua, Yumbe & Adjumani districts (Districts were supported to conduct active surveillance, supervise health facilities and expeditiously transport specimen

			to reference laboratories.)
Output 2	Improved access to life saving interventions		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Number of VHTs trained and equipped	1500	1087
Indicator 2.2	Proportion of VHTs provided with Job Aid	100%	100%
Indicator 2.3	Proportion of VHTs reporting to the Health Facilities monthly	80%	90%
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Support community case management for Malaria, Diarrheal and RTI using VHTs in all the new settlements	MOH, WHO & Refugee hosting district	WHO (Assorted medicines and anti-malaria for community and health facility use were provided.)
Activity 2.2	Procurement of IEHK (integrated) kits and IEHK (malaria module) kit and other supplementary medicines	MOH, WHO & Refugee hosting districts	WHO (15 malaria modules were procured and made available for field use, Assorted medicines were expeditiously procured to cover delicate supply gaps.)
Activity 2.3	Procure and distribution of materials & supplies for facilitating the work of the VHTS	MOH, WHO & refugee hosting districts	WHO (1500 gumboots, T-shirts, caps and plastic bags were provided to the VHTs to facilitate their day to day field work.)
Activity 2.4	Conduct feedback and supervision meetings with the VHTs	MOH, WHO & Districts	Arua, Yumbe & Adjumani districts (Regular supervision of the VHTs were conducted by the District Health Team, Health facility in charges and occasional follow up by the MOH trainers.)

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

Per capita visit to health facilities by refugees was on average four times a year. There were enormous demands for essential medicines amidst procurement problems faced by many agencies due to regulation by the government to procure from locally registered companies. A waiver to procure locally by WHO regional office allowed the country office to step in with handy consignment for the facilities that serve the refugees and the host communities. Health facilities however remain congested and the increased requirements for the medicines meant that some of the activities had to be phased. The number of Village Health Teams (VHTs) enrolled to conduct community based events reporting was 1087, a decrease from the 1500 provided. The VHTs in Moyo and Arua was covered with alternative funding. The VHT engagement continues to improve access to services by the refugees given the few numbers of health workers and the limited access to basic services and information in the settlements. The VHTs are also used by other programs to deliver services and information. Timeliness of IDSR reporting continues to be affected by network fluctuation and recent technical upgrades at the Ministry of Health

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

Ministry of Health and the Local Governments in the districts of Arua, Yumbe, Adjumani were involved in project design, implementation and monitoring. District Health Offices were key implementers in the project. MoH provided the technical staff for health workers, instructions and supervision of the enrolment of VHTs into community Based disease surveillance and in supervision and monitoring of the quality of implementation of the project by districts. The districts conducted routine monitoring and supervision of the implementation of the projects. Refugee participation was achieved through engagement of the VHTs who were trained and equipped to contribute to the health of their communities. Feedback was possible from the VHTs through the monthly meetings. WHO staff conducted routine trips to the settlement, interacted with the residents and receive feedback from the leaders.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
Evaluation was not included in the application but is an important aspect that will be in-built in future applications to enable transparent accountability of the public health actions to the refugee emergencies.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US$
16-RR-WOM-007	Protection	UN Women	INGO	$129,032
16-RR-WOM-007	Protection	UN Women	INGO	$26,640
16-RR-CEF-097	Protection	UNICEF	INGO	$44,167
16-RR-CEF-097	Protection	UNICEF	INGO	$321,382
16-RR-CEF-097	Protection	UNICEF	INGO	$3,585
16-RR-CEF-097	Protection	UNICEF	GOV	$2,580
16-RR-CEF-097	Multi-sector refugee assistance	UNICEF	GOV	$44,291
16-RR-CEF-097	Multi-sector refugee assistance	UNICEF	GOV	$26,509
16-RR-CEF-097	Multi-sector refugee assistance	UNICEF	GOV	$21,952
16-RR-CEF-097	Multi-sector refugee assistance	UNICEF	INGO	$65,733
16-RR-CEF-097	Multi-sector refugee assistance	UNICEF	INGO	$329,999
16-RR-CEF-097	Multi-sector refugee assistance	UNICEF	INGO	$230,798
16-RR-CEF-097	Multi-sector refugee assistance	UNICEF	RedC	$22,038
16-RR-CEF-097	Multi-sector refugee assistance	UNICEF	INGO	$10,712
16-RR-CEF-097	Multi-sector refugee assistance	UNICEF	GOV	$680
16-RR-WHO-039	Health	WHO	GOV	$14,696
16-RR-WHO-039	Health	WHO	GOV	$45,706
16-RR-WHO-039	Health	WHO	GOV	$5,076
16-RR-WFP-054	Food Assistance	WFP	INGO	$42,627
16-RR-WFP-054	Food Assistance	WFP	INGO	$126,240
16-RR-WFP-054	Food Assistance	WFP	INGO	$55,000
16-RR-WFP-054	Food Assistance	WFP	INGO	$30,000
16-RR-FPA-039	Gender-Based Violence	UNFPA	INGO	$37,048
16-RR-FPA-039	Gender-Based Violence	UNFPA	INGO	$40,515
16-RR-FPA-039	Gender-Based Violence	UNFPA	INGO	$23,422
16-RR-FPA-039	Gender-Based Violence	UNFPA	INGO	$11,009
16-RR-FPA-039	Gender-Based Violence	UNFPA	INGO	$91,456
16-RR-FPA-039	Gender-Based Violence	UNFPA	INGO	$77,388
16-RR-HCR-039	Shelter & NFI	UNHCR	GOV	$76,800
16-RR-HCR-039	Shelter & NFI	UNHCR	GOV	$184,800
16-RR-HCR-039	Shelter & NFI	UNHCR	INGO	$400,632
16-RR-HCR-039	Shelter & NFI	UNHCR	INGO	$104,177
16-RR-HCR-039	Shelter & NFI	UNHCR	INGO	$145,712

16-RR-HCR-039	Shelter & NFI	UNHCR	INGO	$345,248

ANNEX 2: ACRONYMS AND ABBREVIATIONS

AAR	After Action Review
ACORD	Agency for Cooperation and Research in Development
AGDM	Age, Gender and Diversity Mainstreaming
ANC	AnteNatal CARE
AIRD	African Initiatives in Relief and Development
ASRH	Adolesecent Sexual and Reproductive Health
CERF	Central Emergency Response Fund
CMC	Cash Management Committee
DHO	District Health Officer
DHTs	District Health Teams
DLG	District Local Government
DRC	Danish Refugee Council
ECD	Early Child Development
EmONC	Emergency Obstetric and Neonatal care
ERH	Emergency Reproductive Health
FMC	Food Management Committee
FP	Family Planning
GAM	Global Acute Malnutrition
GBV	Gender Based Violence
HH	household
HIV	Human Immunodeficiency Virus infection
IASC	Inter-Agency Standing Committee
IDSR	Integrated Disease Surveillance and Response
IEC	Information Education Communication
IMAM	integrated management of acute malnutrition
IP	Implementing Partner
IRC	International Rescue Committee
JAM	Joint Assessment Mission
LWF	Lutheran World Federation – Switzerland
MISP	Minimum Initial Service package
MNCH	Maternal Neonatal Child Health
MOH	Ministry of Health
MTI	Medical Teams International
NFI	Non food items
NGO	Non-Governmental Organizations
NIRA	National Identity Registration Authority
OPM	Office of the Prime Minister
PNC	Post Natal Care
PSEA	Protection from Sexual Exploitation and Abuse

PSS	psychosocial support
PWSN	Persons with special needs
RCO	Resident Coordinator's Office
ReHoPE	Refugee and Host Population Empowerment
RIMS	Refugee Information Management System
RLP	Refugee Law Project at the University of Makerere
RR	Rapid Response
RRP	Refugee Response Plan
RWC	Refugee Welfare Committee
SAM	Severe Acute Malnutrition
SASA	Start, Awareness, Support and Action
SGBV	Sexual and/or Gender-Based Violence
SOPs	Standard Operating Procedures
SRH	Sexual Reproductive Health
STA	Settlement Transformative Agenda
STI	Sexually Transmitted Diseases
UASC	Unaccompanied and Separated Childen
UNCT	United Nations Country Team
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
TPO	Transcultural Psychosocial Organisation
VHT	Village Health Teams
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization