

**RESIDENT/HUMANITARIAN COORDINATOR  
REPORT ON THE USE OF CERF FUNDS  
UGANDA  
UNDERFUNDED EMERGENCIES  
ROUND 1 2017**

**RESIDENT COORDINATOR**

**Rosa Malango**

### REPORTING PROCESS AND CONSULTATION SUMMARY

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

The After-Action Review meeting took place on 14<sup>th</sup> February 2018. The meeting was co-chaired by the Resident Coordinator's Office and UNHCR, and attended by FAO, UNICEF, WFP, WHO, UNDP, UN Women and UNFPA CERF technical focal points. IOM sent apologies.

- 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

Yes, the After-Action Review Report was discussed at the UN Country Team Meeting on 26 March 2018.

- 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

Yes, the final version of the RC Report was shared for review with the CERF recipient agencies and their comments informed the final report.

## I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: US\$ 558,242,389		
Breakdown of total response funding received by source	Source	Amount
	CERF	14,986,704
	COUNTRY-BASED POOL FUND (if applicable)	n/a
	OTHER (bilateral/multilateral)	32,083,191
	<b>TOTAL</b>	<b>47,069,895</b>

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 03/03/2017			
Agency	Project code	Cluster/Sector	Amount
FAO	17-UF-FAO-011	Agriculture	600,001
IOM	17-UF-IOM-007	Water, Sanitation and Hygiene	400,000
UN Women	17-UF-WOM-001	Sexual and/or Gender-Based Violence	351,512
UNDP	17-UF-UDP-003	Early Recovery	400,000
UNFPA	17-UF-FPA-011	Protection	900,001
UNHCR	17-UF-HCR-006	Multi-sector refugee assistance	4,651,651
UNICEF	17-UF-CEF-024	Multi-sector refugee assistance	2,183,537
WFP	17-UF-WFP-014	Food Aid	5,200,002
WHO	17-UF-WHO-008	Health	300,000
<b>TOTAL</b>			<b>14,986,704</b>

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	11,779,785
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	3,070,879
Funds forwarded to government partners	136,040
<b>TOTAL</b>	<b>14,986,704</b>

## HUMANITARIAN NEEDS

Given the mass influx of refugees from South Sudan which severely deteriorated in July 2016, the South Sudan refugee population hosted by Uganda more than tripled in comparison with the end-2015 population, bringing the total number of South Sudan refugees in the country to 639,955 individuals by the end of December 2016. The influx continued and by November 2017, the Government of Uganda through the Office of Prime Minister (OPM) and UNHCR statistics indicated that there were over 1.4 million refugees and asylum-seekers in the Uganda from South Sudan (1,057,809), the Democratic Republic of Congo (DRC) (230,358), Burundi (39,289), Somalia (36,245) and other countries (36,517). The refugee influx exerted pressure on the already constrained livelihood resources that refugees possessed, and resulted in new refugees being more dependent on food aid as well as being more vulnerable because of limited livelihood assets.

In early 2016, influx rates suddenly increased to about 10,000 individuals per month. July 2016 marked a key tipping point, when heavy fighting broke out in Juba, the capital of South Sudan, between the government forces of President Salva Kiir and rebel forces loyal to 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. On average, 2,154 new refugees arrived in Uganda every day since July 2016. The new arrivals reported violence in multiple locations throughout South Sudan. Armed groups were reportedly operating throughout the major corridors to border points into Uganda. Refugees frequently cited the fear of physical and sexual violence, persecution, political uncertainty, forced recruitment of children, and looting as reasons for fleeing.

## II. FOCUS AREAS AND PRIORITIZATION

The CERF grant was prioritised for refugees from South Sudan (and hosting communities), given the unprecedented scale and pace of the refugee influx from South Sudan. The grant was utilized for life-saving protection and emergency responses. Specifically, the essential life-saving services in refugee settlements (and hosting areas) established/expanded rapidly over the past one year, were maintained and stabilized, to ensure persons of concern did not experience harm due to sub-standard or lack of services. The interventions focused on the following refugee hosting locations:

- South Sudanese Refugees were assisted in northern Uganda in the **Adjumani** refugee settlements (Maaji I-III; Pagarinya and Agojo); **Yumbe** (Bidibidi settlement); **Kiryandongo** settlement.
- Settlements which had ongoing emergency reception of refugees: **Moyo** (Palorinya); **Arua** (Rhino; and Imvepi).

While vast and urgent needs existed in virtually every sector, six sectors were prioritised:

**Protection:** protection was a major underfunded priority with a large backlog in biometric registration of refugees, and many specific needs among new arrivals. The proportion of women and children was high (83%), with many unaccompanied minors and separated children, and many SGBV cases (occurring either before or during flight in South Sudan, or in asylum);

**Food assistance:** food ration cuts had to be implemented for refugees in Uganda in 2016 and are still in effect, given insufficient funding. The ration cuts affected those who arrived in Uganda before July 2015. Tensions were rising in the refugee settlements due to these reductions in food assistance. The food sector was heavily underfunded and more funds urgently required to continue providing food assistance (high energy biscuits, hot meals, and monthly rations) to new arrivals.

**Shelter / Site preparation / NFIs:** the rapid expansion of refugee settlements required continuous resources to cope and put the basic life-saving pre-conditions (emergency shelter, NFI household kits, site preparation including temporary transit and reception facilities) in place for refugee protection in Uganda;

**WASH:** access to safe drinking water was a major concern in Bidibidi and Rhino settlements, with average of only 6 litres /person/day available in some zones, far below the emergency standard of 15 litres/ person/day. The cost of water trucking for the South Sudan response was estimated between US\$ 200,000 to \$400,000 per month. There was a need to get out of water trucking and improve access to safe water through motorised high yielding wells and water distribution systems. Sanitation was also a serious concern - the emergency latrine coverage, with largely absence of household latrines and safe hygiene practices. This posed a risk for the resurgence of Cholera, which broke out in the settlements in 2016, but was contained.

**Health & Nutrition:** Nutrition services to address Severe Acute Malnutrition (SAM) and Global Acute Malnutrition (GAM) needed to be kept up, to stabilise nutrition indicators and save lives. Targeted support to the health needs of women in reproductive age, adolescents

and youth was under-resourced given the large refugee numbers. Due to Cholera outbreak and continued prevalence in South Sudan, robust disease surveillance systems and response kits remained a priority.

**Emergency Livelihoods:** to ensure that agricultural land allocated by the Government was utilized and improved refugees' lives, and to ensure that refugee households had access to resources to meet their individual protection needs, livelihood support was a priority. Agricultural and non-agricultural livelihood support was provided, to cater for diverse needs of refugees, including refugees originating from urban areas in South Sudan such as Juba. The income from livelihood activities thus supported households, predominately women-headed, with the means to prioritise their own unique life-saving needs (food, medical care, and other essential household goods and services).

Substantial consideration was given to cross-cutting priorities in all sectors. The cross-cutting priorities included peaceful coexistence between refugee groups and between refugees and the host community, as well as interventions for women, children, adolescents and young people, who constituted most refugees. HIV and gender were mainstreamed in the project implementation.

### III. CERF PROCESS

The process to prioritise the CERF allocation followed a bottom-up approach from the field level (emergency operations areas) towards the country level, with final inputs and adjustments by the UNCT under the guidance of the RC. The prioritization process was undertaken through the existing RCM refugee coordination structures and facilitated by UNHCR following the steps below;

1. Scope and broad priorities in terms of situation, refugee groups and locations were identified by the RC in consultation with UNHCR. The UNCT and the technical working group were briefed on the CERF allocation;
2. Consultations were made with field teams in areas of operations and sector leads through the established refugee coordination structures on priorities at the selected target locations (already initiated, refugee coordinators at field locations (Arua /Adjumani /Kiryandongo); this resulted in a priority statement for each operational area and some sectors;
3. Consultation with NGO partners through the inter-agency coordination forum at country level;
4. Technical working group prioritization meeting – reviewed scope, existing strategies, field priority statements, sector priority statements and RC recommendations; agreement on sector priorities; development of priorities and recommended responders for each sector;
5. UNCT meeting and review of the tentative allocation plan; consultation on areas which were not yet fully resolved; further policy inputs and directives for changes; bilateral consultations following the UNCT on areas of contention;
6. RC took decision on final sector agency allocation plan.

All UN agencies in Uganda were informed about the communications from the CERF secretariat, and the foreseen country level prioritization process. Based on all the above, UNHCR requested UN agency partners on the one hand, and UNHCR heads of field offices (in their role as area coordinators for the refugee response) for their sector and activity priorities for this CERF allocation. The findings were systematized (by agency and by location) and shared with all agencies. Then an inter-agency meeting took place to agree on the prioritization strategy, which was also attended by sector leads and sector specialists. This resulted in inter-agency consensus on the strategy, including target groups, target locations, sector priorities, and target allocation amounts per sector. It was also agreed to focus on underfunded ongoing operations and not to start new projects. On this basis, agencies were requested to make budget submissions, while sector leads/specialists engaged concerned partners in their sector on funding priorities and coordination arrangements. The budgets received were still too large compared to CERF, and final prioritization decision was made by the UN Resident Coordinator in collaboration with UNHCR.

The starting point for prioritization in sectors were the existing agreed upon macro-level and sector response strategies, as well as needs assessments, as set in the South Sudan RRP and needs assessment documents. These strategies were reviewed, and then inter agency operations at field level (i.e. at the different refugee settlement locations, through the UNHCR offices in their coordination role) identified immediate life-saving priorities which had to be funded to continue essential operations. Sector leads were consulted at field level in all targeted operational locations and contributed to defining the priorities for this CERF allocation.

All projects included were based on the Uganda specific refugee model by which interventions contribute to the reliance on local Government service providers, the resilience of hosting communities and of refugee communities themselves.



#### IV. CERF RESULTS AND ADDED VALUE

**TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR<sup>1</sup>**

Total number of individuals affected by the crisis: 1,155,461									
Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Agriculture	32,494	21,746	<b>54,240</b>	32,535	15,668	<b>48,203</b>	65,029	37,414	<b>102,443</b>
Early Recovery	3,000	1,125	<b>4,125</b>	3,000	375	<b>3,375</b>	6,000	1,500	<b>7,500</b>
Food Aid	230,674	119,149	<b>349,823</b>	158,719	128,313	<b>287,032</b>	389,393	247,462	<b>636,855</b>
Health	176,734	114,773	<b>291,507</b>	184,344	72,729	<b>257,073</b>	361,078	187,502	<b>548,580</b>
Multi-sector refugee assistance	363,866	240,639	<b>604,505</b>	377,859	173,097	<b>550,956</b>	741,725	413,736	<b>1,155,461</b>
Protection	129,668	305,400	<b>435,068</b>	101,370	190,345	<b>291,715</b>	231,038	495,745	<b>726,783</b>
Sexual and/or GBV		20,846	<b>20,846</b>		6,949	<b>6,949</b>		27,795	<b>27,795</b>
WASH	11,030	8,358	<b>19,388</b>	8,067	4,525	<b>12,592</b>	19,097	12,883	<b>31,980</b>

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

#### **BENEFICIARY ESTIMATION**

The beneficiary numbers in table 4 above were estimated basing on the total number of individual reached by CERF Funds. However, since most of the agencies served in multi-settlements, caution was taken to avoid double counting. As such, in instances where UN agencies working in the same sector operated in different settlements, the beneficiary number was estimated by summing up the beneficiaries reached by all agencies that contributed to the sector. In a situation where all agencies operated in the same settlement on the same sector, the beneficiary number was estimated by considering the agency that reached the largest number - estimation of the total number of individuals reached was based on the figure of one agency that reached all individuals in all settlements, rather than an amalgamation of individuals reached by all agencies.

**TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING<sup>2</sup>**

	Children (< 18)	Adults (≥ 18)	Total
<b>Female</b>	363,866	240,639	<b>604,505</b>
<b>Male</b>	377,859	173,097	<b>550,956</b>
<b>Total individuals (Female and male)</b>	<b>741,725</b>	<b>413,736</b>	<b>1,155,461</b>

<sup>2</sup> Best estimates 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.

## **CERF RESULTS**

**FAO** reached 102,443 (target: 88,156) beneficiaries. With CERF, the proportion of households owning poultry increased to 79.17 (target: 50) while the proportion of households consuming animal sources of food increased to 43.08 (target: 30). The proportion of targeted households generating income from sale of livestock and livestock products however, fell below target (that is, 19.73 per cent against the target of 30 per cent).

**IOM** reached 31,980 (target: 30,000) beneficiaries. The host community members benefitted from hygiene messaging and institutional latrine construction (at schools, health centres and police posts) among others. IOM's intervention reached 4,211 members of the host population instead of the planned 9,000 because villages within proximity to the settlement were less populated and the needs within refugee settlements increased, leading to IOM scaling up activities in the latter.

**UNDP** reached 7,500 (target: 8,500). The discrepancy was due to unexpected increase in the daily wage rate for unskilled labour in Palorinya settlement that necessitated a reduction of the number of beneficiaries and the number of working days, to deliver within the approved budget. The total amount of cash directly injected in the economy was \$180,000 (target: \$ 204,000); 1500 (target 1700) households with no income sources were provided with income support; 10,500 (target 21,000) work days were created in Palorinya settlement through cash for work; while Bidibidi settlement, the target of 30,000 work days was achieved.

**UNFPA** reached 726,783 beneficiaries, above the target number of 568,603. 100 per cent (number=28) of health facilities serving the refugees were well equipped and supplied to provide essential lifesaving interventions in reproductive health including maternal health, HIV and GBV; 11,552 (target: 6,408) pregnant women were attended to by skilled health personnel during childbirth; the number of new FP users among the target refugees reached 8,530 (target: 1,842), because of new arrivals that kept increasing on monthly basis; and all visibly pregnant mothers (2,500) received dignity and clean delivery kit, leading to increased facility-based and safe deliveries. 100 per cent of refugee settlements had functional mechanism for mobilizing youth groups, drama groups, and peer educators to address Adolescent Sexual Reproductive Health needs; 17 youth spaces (target:17) were established and 200 peer educators were trained in ASRH, (ten per youth space). 12 women spaces were established and 14,067 women were reached through the spaces with psychosocial counseling/support, livelihoods, information on available services and GBV prevention messages. Through case management/GBV response, 804 survivors were supported for basic psychosocial and medical services including referral to legal care.

**UNHCHR** reached 1,155,461 beneficiaries (target: 881,554). 100 per cent of persons of concern were registered on an individual basis; 108,700 refugees (target: 108,700) were relocated from reception centres to settlements; 13,916 (target 13,916) emergency shelter kits were provided. Overall, more than 66,000 families were reached and emergency shelter was set-up for more than 2,000 Persons with Specific Needs who could not establish shelter on their own with the emergency kits provided. Access to potable water significantly improved, with an average of 15.6 L/p/d across the targeted settlements by December 2017.

**UNICEF** achieved strong results, with most of activities reaching more people than targeted. The projected annual caseload of children 6-59 months with Severe Acute Malnutrition receiving appropriate treatment increased from 3584 to 5,680, surpassing the target of 2,867. UNICEF immunized 54,297 children against polio (target: 45,875); 106,985 of children aged 6–59 months were covered with two doses of vitamin A supplementation and deworming medication (target: 16,128). In addition, 81,791 pregnant women were reached with iron and folic acid supplementation (target 4,480), more than 25,000 people were reached with access to clean water and more than 96,000 children were reached with psychosocial support services (target 151,895). Separated and unaccompanied children (528) received alternative care services that included foster care, living with relatives or under adult supervision, and 12,193 children born in Uganda with refugee families were registered for birth certificates in intervention districts.

**UN Women** targeted 15,000 beneficiaries, but reached 27,795 refugee women and girls. 6,587 beneficiaries (target 6,600) had access to psychosocial services while 4,186 beneficiaries (target: 1,700) had access to legal services. In addition, 14,431 (target 10,000) men and boys were sensitized on SGBV; 911 (target: 450) refugee leaders were trained on PSEA; and 13,53 (target: 115,000) refugee leaders were trained on gender, GBV and women's/human rights.

**WFP:** Overall, 94 percent of planned beneficiaries received food assistance from WFP. However, given the evolving operational context, the CERF grant was prioritised to provide in-kind food assistance to avert pipeline breaks. WFP procured additional food commodities with CERF funding and reached an additional 97,587 beneficiaries with lifesaving food assistance. The nutrition beneficiaries included participants of the Mother-and-Child Health and Nutrition (PLW) programme, which consisted of pregnant and lactating women and children 6-23 months, as well as targeted supplementary feeding for children 24-59 months to treat moderate acute malnutrition. 5,600 MT (target: 4,525 MT) quantities of food commodities were procured and distributed; and 636,855 (539,268) beneficiaries received food (in-kind) assistance.

**WHO** reached its planned number of beneficiaries (548,580) and attained most of its output targets. Adherence of the health workers on Infection prevention and control standards however, remained low because funding was not adequate to train and provide the required facilities. This explains why the proportion of health facilities adhering to IPC standards was 40 per cent against the target of 70 per cent. Similarly, the proportion of VHTs adhering to immediate reporting requirements was 80 per cent against 100 per cent target.

## **CERF's ADDED VALUE**

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

YES  PARTIALLY  NO

CERF UFE funding contributed towards UNHCR Uganda's total net cash income, which enabled UNHCR Uganda to request an additional operational advance from its Headquarters before the end of the second quarter in 2017. This significantly enabled the operation to scale-up in terms of staffing (implementing partners), and leveraged a more robust response. UNICEF provided lifesaving interventions to the refugees in the form of vaccination to children, water provision and treatment of children with SAM. WHO sustained availability of medical supplies and skilled health workers at site. FAO delivered and distributed poultry to beneficiaries as planned, while IOM could meet the urgent needs of sanitation and hygiene promotion.

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

YES  PARTIALLY  NO

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

CERF UFE funding enabled UNHCR to respond to the most critical protection, WASH, shelter/site/NFIs needs. Interventions such as the provision of water, vaccination and treatment of nutrition related interventions were rapidly implemented due to the CERF funding received. The funding commitment facilitated the use of pre-positioned stocks to initiate time sensitive interventions (UNICEF). The time critical needs of the refugees in terms of planting materials of staple crop and vegetables in time for second planting seasons were met with this round of funding. IOM responded to reduce the prevalence of WASH related diseases. UNDP provided emergency livelihoods for extremely vulnerable households, including in response to flooding in Palorinya in late 2017.

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

YES  PARTIALLY  NO

**Yes**, the eligibility of a country operation to access the CERF Underfunded allocation is an indicator to donor partners that the operation is chronically under-funded, and yet there are tremendous humanitarian needs that must be fulfilled. UNHCR Uganda announced in its regular (monthly) Donor Partner meeting (held in Kampala) that the United Nations agencies in Uganda are joint recipients of the CERF allocation. While the CERF allocation helped to catalyse the field presence of other UN agencies in the Uganda refugee operation, donors came in to provide additional contributions to the UN agencies to which CERF provided initial support. This has strongly supported the spirit of the Comprehensive Refugee Response Framework (CRRF), which seeks to increasingly engage government and developmental partners in the refugee response.

**d) Did CERF improve coordination amongst the humanitarian community?**

YES  PARTIALLY  NO

**Yes**, Coordination amongst the humanitarian community in Uganda follows the Refugee Coordination Model through each of the respective sector and sub-sector working groups which convene regularly at national, district and settlement levels. The meeting of the UN agencies at working level through the CERF Secretariat (as part of the prioritization process) is a highly positive interaction between the UN agencies that strengthens inter-agency relationships between working staff including the technical leads.

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

For most UN agencies working in the refugee operation, the CERF allocation made up a large proportion of the annual humanitarian response contributions received by the UN agencies (naturally, this is not the case for UNHCR and WFP due to the large scale of their budgets in relation to the 1.4 million refugee population).

## V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons learned	Suggestion for follow-up/improvement	Responsible
A critical mass of funding is required in large-scale emergencies to rapidly phase-out emergency water trucking by constructing sustainable water systems.	The WASH Working Group promotes the notion that medium-to-long term provision of access to water through sustainable systems in a large-scale context requires comprehensive feasibility studies, detailed design, water table monitoring, and	UNHCR, Ministry of Water and Environment, and WASH partners
Basic services registered improvements but coverage is still below the expected standards due to limited funding e.g. Child Protection, the major key constraint is the limited number of care givers and case workers with a ratio as high as 1 care giver, case worker per 133 to 150 children.	Increased funding support to facilitate improved coverage of services and fulfil the rights of women, men and children affected by displacement, conflict and trauma.	CERF Secretariat
Difficulty in synchronising the agricultural calendar with the refugee arrivals and funding cycles, as well as the short funding period. Agricultural interventions take slightly longer time for impact.	Need to consider No Cost Extension (NCE) when requested.	CERF Secretariat
Women and children form the largest portion of the South Sudanese refugee population and generally carry the burden of WASH.	Gender issues should be considered and integrated into the design of the project to ensure increased gender balance in the roles of men and women in WASH activities.	UN and NGO partners

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons learned	Suggestion for follow-up/improvement	Responsible
Joint consultative meetings were important in ensuring that each agency implements activities guided by its mandate.	Joint monitoring of activities is critical to ensure that the planned activities are implemented according to the plan.	All UN agencies.
Capacity of District Local Government community development department, in respect of child protection as probation officer play the both role of dealing with judiciary and community development.	As per Grand Bargain Commitment on localization of first response (more local responders with strong capacity) –there is a need for purposeful allocations to strengthen government capacity at first phase of emergency response to refugee influx/displacement.	UNCT
With the exponential growth of the case-load of refugees in Uganda, there are limited implementing partners with growing capacity needs in refugee settlements.	A strategy review and recommendations with respect to standing and future capacity (both local authorities and non-state entities).	UNCT
Low prioritisation of livelihood support in the humanitarian response and yet livelihoods support (both for farming and non-farming livelihood options) is critical in enhancing refugees' self-reliance.	Considering ReHoPE and Comprehensive Refugee Response Framework, support an increase in funding of livelihood interventions.	Resident Coordinators Office
Influxes of refugees straining the environmental resources coupled with the effects of climate change, are impacting both the settlements and	Environment conservation practices should be a priority, including tree planting for bio-energy, food and wind breaks to protect natural assets which are currently being degrading in	Resident Coordinators Office

the surrounding host areas.	refugee hosting areas.	
Refugees crossing through illegal border points with unauthorised livestock, affecting the prevention and control of potential transfer of livestock diseases to humans, and is not prioritised in the RRP.	A wider range of Livestock disease surveillance needs to be prioritised at more border points. This is over and above the spot vaccination of livestock distributed to refugees in the settlements.	UNCT /CERF Secretariat
Refugee numbers continue to increase on a daily basis and this poses a challenge in the planning process especially for the distribution of agricultural inputs.	Need to continue to prioritize agricultural and livelihood interventions and allocate commensurate resources to fast track self-reliance and re-establish livelihoods.	UNCT/CERF Secretariat

## VI. PROJECT RESULTS

**TABLE 8: PROJECT RESULTS**

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<b>CERF project information</b>							
<b>1. Agency:</b>		FAO		<b>5. CERF grant period:</b>		21.03.17 – 31.12.17	
<b>2. CERF project code:</b>		17-UF-FAO-011		<b>6. Status of CERF grant:</b> <input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded			
<b>3. Cluster/Sector:</b>		Food Security - Agriculture					
<b>4. Project title:</b>		Emergency agricultural livelihood support for improved resilience and self-reliance of refugees from South Sudan in North and Mid-western Uganda					
<b>7. Funding</b>	a. Total project budget:		US\$ 10,320,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:		US\$ 600,001	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 44,669	
	c. Amount received from CERF:		US\$ 600,001	▪ <i>Government Partners:</i>			
<b>Beneficiaries</b>							
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>							
<b>Direct Beneficiaries</b>		<b>Planned</b>			<b>Reached</b>		
		<b>Female</b>	<b>Male</b>	<b>Total</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
<i>Children (below 18)</i>		28,228	27,936	<b>56,164</b>	32,494	32,535	<b>65,029</b>
<i>Adults (above 18)</i>		18,533	13,459	<b>31,992</b>	21,746	15,668	<b>37,414</b>
<b>Total</b>		46,761	41,395	<b>88,156</b>	54,240	48,203	<b>102,443</b>
<b>8b. Beneficiary Profile</b>							
<b>Category</b>		<b>Number of people (Planned)</b>			<b>Number of people (Reached)</b>		
<i>Refugees</i>		67,812			82,488		
<i>IDPs</i>							
<i>Host population</i>		20,344			19,955		
<i>Other affected people</i>							
<b>Total (same as in 8a)</b>		<b>88,156</b>			<b>102,443</b>		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>		The planned number of beneficiaries was 88,156. However, 102,443 persons were reached because the actual household sizes proved bigger than the planning estimates.					

<b>CERF Result Framework</b>			
<b>9. Project objective</b>	To improve food and nutrition security of refugees and host communities through support to, and skills enhancement, in crop and livestock production		
<b>10. Outcome statement</b>	Self-reliance and resilience to food and nutrition insecurity of 67,912 refugees and 20,344 host community members in North and Mid-western Uganda		
<b>11. Outputs</b>			
<b>Output 1</b>	Availability and diversity of nutritious, short maturing crops among 22,603 refugee and 2,791 host community households increased)		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Change in food consumption patterns (measured by HDDS)	4.0	7.0
Indicator 1.2	Change in food consumption patterns (measured by FCS)	82.17%	76.83%
Indicator 1.3	Proportion of targeted households consuming foods from own production	90	84.54
Indicator 1.4	Number of months of food provisioning met by own production	3	3.55
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Mobilisation, identification, selection, sensitisation and registration of potential beneficiaries	FAO and Implementing Partner (IP)	FAO, Office of the Prime Minister (OPM) and Agency for Accelerated Regional Development (AFARD)
Activity 1.2	Procurement of assorted seeds for vegetable production and staple food crop seeds for multiplication and income generation	FAO	FAO
Activity 1.3	Distribution of assorted seeds for vegetable production and staple food crop seeds for multiplication	IP	FAO
Activity 1.4	Training of beneficiaries on vegetable and crop agronomy and related post-harvest handling	FAO, DLG and IP	FAO and DLGs of Adjumani, Arua, Moyo, Yumbe and Kiryandongo
Activity 1.5	Post-distribution assessments (performance and yield)	FAO and IP	FAO and Agency for Accelerated Regional Development (AFARD)
Activity 1.6	Monitoring field activities	FAO, DLG, IP	FAO. Agency for Accelerated Regional Development (AFARD) and DLGs of Adjumani, Arua, Moyo, Yumbe and Kiryandongo
<b>Output 2</b>	Availability of animal protein and income from livestock (poultry) among 1,400 refugees and 600 extremely vulnerable host community households increased		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Increase in proportion of households owning poultry	50	79.17

Indicator 2.2	Increase in proportion of households consuming animal sources of food	30	43.08
Indicator 2.3	% of targeted households generating income from sale of livestock and livestock products	30	19.73
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Mobilisation, identification, selection, sensitisation and registration of potential beneficiaries from among EVIs and PSNs	FAO and Implementing Partner (IP)	FAO, Office of the Prime Minister (OPM) and Agency for Accelerated Regional Development (AFARD)
Activity 2.2	Procurement of 3-week old Kuroiler chicks, feeds and vaccines	FAO	FAO
Activity 2.3	Distribution of chicks and feeds to identified EVI and PSN households	IP and DLG	FAO
Activity 2.4	Vaccination of distributed chicks and other poultry in the host community	FAO, DLG and IP	FAO, Agency for Accelerated Regional Development (AFARD) and DLGs of Adjumani, Arua, Moyo, Yumbe and Kiryandongo
Activity 2.5	Training on production and management of chicken	FAO, DLG and IP	FAO, Agency for Accelerated Regional Development (AFARD) and DLGs of Adjumani, Arua, Moyo, Yumbe and Kiryandongo
Activity 2.6	Monitoring and on-spot technical assistance to beneficiaries	FAO, DLG and IP	FAO, Agency for Accelerated Regional Development (AFARD) and DLGs of Adjumani, Arua, Moyo, Yumbe and Kiryandongo

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between

<b>planned and actual outcomes, outputs and activities, please describe reasons:</b>	
<p>The intervention increased access to nutritious and diverse diets as shown by improvements in household food security. There was a significant improvement in household dietary diversity scores, food consumption scores, months of adequate household food provisioning and the percentage so households who could obtain food from their own production. Reduction in parcels allocated to arriving households, increased settlement in degraded and unproductive areas, unfavourable weather conditions were among the factors why many households were not able to consume food from own production.</p> <p>The lower than expected proportion of households selling livestock/ livestock products is related to focus of the intervention. The primary focus of FAO's intervention was to increase household access to food especially animal proteins with a secondary focus on household income generation. As such, households were encouraged to first consume all the food and food products produced and afterwards market food products only after household food needs are met.</p>	
<b>13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:</b>	
<p>Affected communities were involved and consulted at all stages of project including design, implementation and monitoring. The affected population owned the project because their needs were comprehensively addressed. FAO also organised project review meetings with stakeholders especially District Local Governments to review progress of implementation and discuss any challenges experienced during implementation.</p>	
<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
<p>The end line evaluation was integrated within a larger and comprehensive Resilience Index Measurement and Analysis (RIMA) for refugees and host communities. This was conducted in December 2017 in collaboration with the Office of the Prime Minister, Uganda Bureau of Statistics and other partners in all the refugee settlements in Northern and Midwestern Uganda.</p>	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

TABLE 8: PROJECT RESULTS						
<b>CERF project information</b>						
<b>1. Agency:</b>	IOM		<b>5. CERF grant period:</b>	20/03/2017 - 31/12/2017		
<b>2. CERF project code:</b>	17-UF-IOM-007		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	WASH: Water, Sanitation and Hygiene			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Emergency sanitation and hygiene promotion for South Sudan refugees in Palorinya settlement – Moyo district					
<b>7. Funding</b>	a. Total funding requirements <sup>2</sup> :	US\$ 4,452,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>3</sup> :	US\$ 2,800,000	▪ NGO partners and Red Cross/Crescent:		US\$ 194,882	
	c. Amount received from CERF:	US\$ 400,000	▪ Government Partners:			
<b>Beneficiaries</b>						
<b>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).</b>						
<b>Direct Beneficiaries</b>	<b>Planned</b>			<b>Reached</b>		
	<b>Female</b>	<b>Male</b>	<b>Total</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
Children (< 18)	9,672	8,928	18,600	11,030	8,067	19,097
Adults (≥ 18)	6,270	5,130	11,400	8,358	4,525	12,883
<b>Total</b>	<b>15,942</b>	<b>14,058</b>	<b>30,000</b>	<b>19,388</b>	<b>12,592</b>	<b>31,980</b>
<b>8b. Beneficiary Profile</b>						
<b>Category</b>	<b>Number of people (Planned)</b>		<b>Number of people (Reached)</b>			
Refugees	21,000		27,769			
IDPs						
Host population	9,000		4,211			
Other affected people						
<b>Total (same as in 8a)</b>	<b>30,000</b>		<b>31,980</b>			
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	IOM assisted 31,980 individuals, exceeding its planned target by 1,980 individuals in Palorinya settlement. The increase in the number of beneficiaries reached was due to a rise in numbers from April 2017 to December 2017. IOM's intervention reached 4,211 members of the host population instead of the planned 9,000 because villages within proximity to the settlement were less populated and the needs within refugee settlements increased, leading to IOM scaling up activities in the latter					

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

<sup>3</sup>This should include both funding received from CERF and from other donors.

<b>CERF Result Framework</b>			
<b>9. Project objective</b>	To strengthen emergency sanitation and hygiene service delivery to South Sudan refugees and host community in Palorinya settlement – Moyo district		
<b>10. Outcome statement</b>	Access to equitable safe sanitation and adequate hygiene services for 30,000 South Sudan refugees and host community individuals in Palorinya settlement.		
<b>11. Outputs</b>			
<b>Output 1</b>	Children in school and health facilities' patients and food distribution centres have equitable access to safe sanitation facilities		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of latrine blocks constructed	10	10
Indicator 1.2	% Reduction in water borne related diseases	30	3
Indicator 1.3	Number of health facilities with adequate waste management facilities	2	2
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Procurement of contractual services for sanitation facilities construction	IOM	IOM
Activity 1.2	Construction of institutional sanitation infrastructures	IOM /Contractors/stakeholders	IOM/Bobedie Construction Services
Activity 1.3	Completed facilities handover to government	IOM/Contractor	IOM
<b>Output 2</b>	Approximately 2,000 households have access to safe hygienic sanitation services		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Number of targeted population with access to safe household sanitation	2000 households	2,024 households
Indicator 2.2	% targeted refugee and host population using safe hygienic sanitation education	80%	80%
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Consultation with refugees and host community on needs and preferences	LWF	LWF
Activity 2.2	Establish train and equip hygiene promoters	LWF	LWF
Activity 2.3	Establish train and equip drama groups for sanitation and hygiene promotion	LWF	LWF
Indicator 3.1	Capacity building for faith /opinion leaders on social mobilization for sanitation and hygiene improvement in settlement and host community.	LWF	LWF
Indicator 3.2	Targeted Community sensitization and campaigns on good sanitation	LWF	LWF
Indicator 3.3	Procure and distribute latrine digging and hygiene kits	LWF	LWF
Activity 3.1	Construction of 2000 household latrines	LWF	LWF

Activity 3.2	Skilling of women (and girls in reproductive age) and youth groups on making of pads, soap, briquette using locally available materials	LWF	LWF
Activity 3.3	Project Handover	IOM	LWF

**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 approach employed by IOM contributed to reduction in WASH diseases as measured by indicator 1.2. Through construction and increased use of latrines and hand washing practices by beneficiaries at household and institutional level, increased sensitisation efforts by hygiene promoters, drama groups' faith leaders and cultural leaders mainly on diarrheal diseases and their transmission routes the number of cases of these WASH related diseases was substantially reduced. Behavioural change was facilitated through triggering sessions conducted in the community and at household level. These efforts were coupled with improved access to safe water at household level (about both quality and quantity) as well as improved coordination between WASH and health outreaches.

Throughout the project implementation period, the number of cases of watery and bloody diarrhoea decreased from 3,397 to 341 in accordance with a study conducted by MTI – UNHCR's health implementing partner. With prevalence of these diseases in Palorinya at 27 per cent in February 2017, the consequent decrease in the number of cases brought their prevalence down among the population in Palorinya to 3 per cent in December 2017 – the end of the implementation period. This represents a total of 89.9 percent reduction in the number of cases. Though Malaria cases continue to be registered at the health facilities, the project trained the hygiene promoters and worked with Médecins Sans Frontières (MSF) to teach prevention strategies among the targeted communities.

**Note:** By indicator 1.2 per cent Reduction in water borne related diseases", IOM intended to lower the prevalence rate of water borne related diseases with a target of 30. However, December 2017 the prevalence rate had reduced to 3, hence IOM over performed.

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

Local refugee leaders, VHT systems and refugees were consulted and engaged during the needs assessment to identify immediate sanitation and hygiene needs among the refugees, with a special focus on the needs of new arrivals in zone 3 of Palorinya settlement. Through consultation meetings and dialogue, local leaders and beneficiaries ensured the designs of WASH facilities were appropriate and the construction materials were culturally acceptable. Moreover, beneficiaries in flood prone areas of zone three suggested Ecosan and Fossa Alterna model latrines as most appropriate for them.

Hygiene promoters, VHTs, local leaders, volunteers (as natural leaders) were part of the community sanitation and hygiene weekly monitoring to track project performance indicators. When targets were not being met, they contributed to efficient implementation and informed stakeholders on the effectiveness of the project strategies in creating demand for improved hygiene and sanitation facilities among South Sudanese refugees.

**14. Evaluation: Has this project been evaluated or is an evaluation pending?**

EVALUATION CARRIED OUT

IOM did not plan, nor budget for an evaluation. Nevertheless, IOM used continuous monitoring and reporting mechanisms to ensure timely implementation of the project. Through constant monitoring, IOM could analyse the progressive that occurred among the target population.

EVALUATION PENDING

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

TABLE 8: PROJECT RESULTS						
<b>CERF project information</b>						
<b>1. Agency:</b>	UNDP		<b>5. CERF grant period:</b>	21/03/2017 - 31/12/2017		
<b>2. CERF project code:</b>	17-UF-UDP-003		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Early Recovery			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Emergency livelihood support through cash for work for refugees from South Sudan					
<b>7. Funding</b>	a. Total funding requirements <sup>4</sup> :	US\$ 5,000,000	d. CERF funds forwarded to implementing partners: <ul style="list-style-type: none"> <li>▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 367,375</li> <li>▪ <i>Government Partners:</i></li> </ul>			
	b. Total funding received <sup>5</sup> :	US\$ 1,141,000				
	c. Amount received from CERF:	US\$ 400,000				
<b>Beneficiaries</b>						
<b>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).</b>						
<b>Direct Beneficiaries</b>	<b>Planned</b>			<b>Reached</b>		
	<b>Female</b>	<b>Male</b>	<b>Total</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
<i>Children (&lt; 18)</i>	3,400	3,400	6,800	3,000	3,000	6,000
<i>Adults (≥ 18)</i>	1,275	425	1,700	1,125	375	1,500
<b>Total</b>	<b>4,675</b>	<b>3,825</b>	<b>8,500</b>	<b>4,125</b>	<b>3,375</b>	<b>7,500</b>
<b>8b. Beneficiary Profile</b>						
<b>Category</b>	<b>Number of people (Planned)</b>			<b>Number of people (Reached)</b>		
<i>Refugees</i>	5,950			5,250		
<i>IDPs</i>						
<i>Host population</i>	2,550			2,250		
<i>Other affected people</i>						
<b>Total (same as in 8a)</b>	<b>8,500</b>			<b>7,500</b>		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	The number of targeted beneficiaries was 8,500 people. However, 7,500 people were reached by the project. The discrepancy was due to unexpected increase in the daily wage rate for unskilled labour in Palorinya settlement (i.e. 20,000 UGX compared to 14,000 UGX expected). This necessitated a reduction in the number of beneficiaries and the number of working days, to deliver within the approved budget.					

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

<sup>5</sup> This should include both funding received from CERF and from other donors.

CERF Result Framework			
<b>9. Project objective</b>	Deliver emergency livelihood support through cash for work to 1,700 vulnerable households (8,500 individuals) in Bidibidi and Palorinya refugee settlements to address lifesaving needs		
<b>10. Outcome statement</b>	Vulnerable target group is self-reliant in addressing their lifesaving needs with dignity		
<b>11. Outputs</b>			
<b>Output 1</b>	Emergency income generated for 1,700 vulnerable households (8,500 individuals), of which 75% are female-headed, through cash for work activities		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of work days created in Bidibidi settlement through cash for work, unit: work day	30,000	30,000
Indicator 1.2	Number of work days created in Palorinya settlement through cash for work, unit: work day	21,000	10,500
Indicator 1.3	Number of households with no income sources provided with income support (transfer)	1,700 (1,275 female headed)	1,500 (1,125 female headed)
Indicator 1.4	Total amount of cash directly injected in the economy (USD)	\$204,000	\$180,000
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Support sex-disaggregated data collection, compilation and analysis to better understand different needs and priorities of women and men in livelihood sector	UNDP & Implementing Partner	UNDP & ACTED
Activity 1.2	Community mobilization and selection (communication and approval of criteria of eligibility, presentation of the project to local authorities and refugee and host community committees, selection of lifesaving activities etc.)	UNDP & Implementing Partner	UNDP & ACTED
Activity 1.3	Provision of immediate, emergency cash for work opportunities	Implementing Partner	UNDP & ACTED
Activity 1.4	Provision of equipment/inputs for projects selected by beneficiaries	Implementing Partner	UNDP & ACTED
Activity 1.5	Support for project implementation	UNDP	UNDP

**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 planned number of targeted households was 1,700 (total 8,500 people). However, a total of 1,500 households (total 7,500 people) has been reached by the project. The reason for this discrepancy was the unexpected increase in the daily wage rate for unskilled labour in Palorinya settlement (i.e. 20,000 UGX compared to 14,000 UGX expected). This resulted into the need to reduce the number of beneficiaries and the number of working days, to deliver within the approved budget. Therefore, Indicators 1.2 and 1.4 have been equally affected.

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

During project design, a series of consultations were held with officials from the Office of the Prime Minister - Department for Refugees, district local government officials across West Nile sub region, existing implementing partners in the livelihoods sector operating in Yumbe and Moyo district, including UN entities, as well as refugee and host community representatives. The design was further informed by a UNDP-commissioned livelihood needs assessment (UNDP, September 2016), an environmental impact assessment (UNHCR, September 2016), a gender analysis (UN Women, October 2016), and consultations on gender-specific issues with district local government officials, potential implementing partners, and refugees and their host communities (UNDP, January 2017). During consultative meetings at the beginning of the project, key stakeholders and communities were made aware of the project, its objectives, and presented with the anticipated benefits to the primary beneficiaries and the whole community through awareness creation and sensitisation meetings. The beneficiary selection process was highly transparent. A vulnerability assessment was conducted to assess the most vulnerable households within the settlements and the hosting communities, based on indicators revolving around recent exposure to large scale insecurity, income level, health situation (and physical well-being) and the degree of susceptibility to shocks affecting livelihoods.

During implementation of the project, a community-based complaint management mechanism was put in place to ensure accountability to affected populations. It was composed of beneficiaries, the implementing organization (ACTED, on behalf of UNDP) and local/group leaders. After the selection of beneficiaries, any person who intended to raise a complaint about his/her exclusion as a beneficiary of the project could do so through community local leaders, who would then inform ACTED. In consultation with the community local leaders, ACTED would then take a decision about the case and inform the concerned person.

The selection of CfW activities was community-led, and the assets were chosen by the selected beneficiaries, to ensure that the selected infrastructure met the needs of the most vulnerable members of that community and facilitated their access to life-saving services, such as health centres and food distribution points.

During the Cash for Work activities, beneficiaries were grouped and each group (composed of 25 people averagely) was assigned a group leader. Any beneficiary could raise a complaint about the Cash for Work activities or any other implementation arrangements to their group leaders. ACTED then ensured that all the necessary measures were taken.

In addition, ACTED field staff supervised the Cash for Work activities daily. Hence, they had the opportunity to be in contact with the beneficiaries regularly and to treat any complaints directly with them. UNDP visited the project sites for regular monitoring, and further guided ACTED on the measures to be taken to ensure accountability to beneficiaries, when needed.

<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	UNFPA		<b>5. CERF grant period:</b>	27/03/2017-31/12/2017		
<b>2. CERF project code:</b>	17-UF-FPA-011		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Gender-Based Violence Protection and Health			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Provision of life saving Sexual and Reproductive Health services including emergency obstetrical and newborn care, prevention and response to gender-based violence for South Sudanese Refugees in Uganda					
<b>7. Funding</b>	a. Total funding requirements <sup>6</sup> :	US\$ 5,995,550	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>7</sup> :	US\$ 300,000	<ul style="list-style-type: none"> <li>▪ ACORD, IRC, RHU and CARE US\$ 309,604</li> <li>▪ Government Partners: District Local Governments of Adjumani, YumbeKiryandongoMoyo and Arua</li> </ul>			
	c. Amount received from CERF:	US\$ 900,001				
Beneficiaries						
<b>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).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	80,748	88,155	168,903	129,668	101,370	231,038
Adults (≥ 18)	223,389	176,311	399,700	305,400	190,345	495,745
<b>Total</b>	<b>304,137</b>	<b>264,466</b>	<b>568,603</b>	<b>435,068</b>	<b>291,715</b>	<b>726,783</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees	398,022		508,748			
IDPs						
Host population	170,581		218,035			
Other affected people						
<b>Total (same as in 8a)</b>	<b>568,603</b>		<b>726,784</b>			
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	Community outreaches were intensified to reach more/cope with the high number of refugees arriving in the settlements					

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

<sup>7</sup>This should include both funding received from CERF and from other donors.

<b>CERF Result Framework</b>			
<b>9. Project objective</b>	Improving sexual reproductive health and GBV prevention and care services for the new South Sudanese Refugees in Uganda in Nine months		
<b>10. Outcome statement</b>	Outcome 1: 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.		
<b>11. Outputs</b>			
<b>Output 1</b>	<b>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.</b>		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	% 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.	100%	100%
Indicator 1.2	# of pregnant women attended to by skilled health personnel during childbirth.	6408	11,552
Indicator 1.3	Number of new FP users among the target refugees	1,842	8,530
Indicator 1.4	Number of condoms distributed	239,760	228,049
Indicator	All visibly pregnant mothers receive dignity and clean delivery kit	2500	2,500
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Procure and distribute ERH kits	UNFPA	UNFPA
Activity 1.2	Distribute ERH kits to health facilities	UNFPA	UNFPA
Activity 1.3	Recruit and support 3 midwives to Adjumani, 1-Kiryandongo, 2-Arua, 2-Yumbe, 1-Moyo	IPs and DHO	ACORD, CARE, IRC
Activity 1.4	Procure of dignity Kits among pregnant women to improve facility-based deliveries.	UNFPA and IP	UNFPA
Activity 1.5	Distribute dignity Kits among pregnant women to improve facility based deliveries	UNFPA/IP	ACORD, IRC and CARE
Activity 1.6	Conduct pregnancy mapping and referral to health facilities for skilled antenatal and delivery services.	IP	ACORD, IRC and CARE
Activity 1.7	Support referral services (Hire, functioning and maintenance of ambulance services)	IP	ACORD, CARE and IRC
Activity 1.8	Provide 5 medical tents (one per new zone in settlements HF) to increase space for service delivery.	UNFPA and IP	ACORD, IRC and CARE
Activity 1.9	Support provision of integrated SRH/FP/HIV services through outreaches within the settlements	IP	ACORD, IRC and CARE

Activity 1.10	Adapt, print and distribute IEC materials on maternal Health and Family Planning and for Adolescent SRH	UNFPA and IP	UNFPA, ACORD, IRC and CARE
Activity 1.11	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)	IP	ACORD, CARE and IRC.
<b>Output 2</b>	<b>Adolescents have increased access to comprehensive sexual and reproductive health information and services.</b>		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	% of refugee settlements have functional mechanism for mobilizing (youth groups, drama groups, and peer educators) to address Adolescent Sexual Reproductive Health needs)	100%	100%
Indicator 2.2	Number of youth spaces established	17	17
Indicator 2.3	Number of peer educators trained in ASRH disaggregated by sex (ten per youth space)	200	200
Indicator 2.4	Number of young people served disaggregated by sex by peer educators	167,495 Female: 79,340 Male: 88,155	189,423 Females: 90345 Males: 99078
Indicator 2.5	Number of young people reached with services through the youth spaces disaggregated by age, sex and type	167,495 Female: 79,340 Male: 88,155	189,423 Female: 90345 Males: 99078
Indicator 2.6	Number of young people reached with SRH services through outreaches disaggregated by age, sex and type.	167,495	8087(3660M, 4427 F) by anti GBV clubs, 41112 (15385 f, 25,729F) male action groups And 9843 (7152 M; 2691 F) peer educators=189423 :(F 90345 M 99078) Totaling to <b>248,465</b> youths reached. This increase was as result of new arrivals that kept increasing the population every month.
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Procure and equip 5 youth spaces in the settlements.	IP	ACORD, CARE
Activity 2.2	Identify and train peer educators/volunteers	IP	ACORD, CARE
Activity 2.3	Support peer educators to conduct community mobilisation and sensitisation for SRH/GBV services	IP	ACORD, CARE
<b>Output 3</b>	<b>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.</b>		

<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	% of refugee host districts have functional coordination systems and mechanism for prevention and response to GBV (SOPs, Referral pathways, coordination meetings)	5	5
Indicator 3.2	% of reported survivors of rape receive appropriate clinical care within 72 hours of incident.	100%	100%
Indicator 3.3	% of refugee settlements have functional women and girls' spaces.	100%	100%
Indicator 3.4	Number of good practices documented (one per sector)	2	2
Indicator 3.5	Number of a functional GBV Information Management System in all supported settlements.	5	5
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Enhance GBV multi sectoral coordination system and mechanisms including SOPs and referral pathway (development or review), coordination meetings	UNFPA and IP	UNFPA, CARE, ACORD, IRC
Activity 3.2	Identify and train volunteers among the refugees to identify and refer survivors for medical, psychosocial, and legal services)	IP	CARE, IRC, ACORD
Activity 3.3	Mobilize communities for GBV risks mitigation including male involvement	IP	CARE, IRC, ACORD
Activity 3.4	Print and distribute IEC materials on GBV among women, girls and men	UNFPA, IP	UNFPA, CARE, ACORD, IRC
Activity 3.5	Establish and support functionality of safe women spaces in the settlements for GBV activities for women and girls	IP	CARE, IRC, ACORD
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.	IP	CARE, IRC, ACORD
Activity 3.7	Support medical counselling for all women and young girls that are exposed to GBV	IP	CARE, IRC, ACORD
Activity 3.8	Support GBV case management in all the settlements (identification, clinical management, counselling and referral for legal support services)	IP	CARE, IRC, ACORD
Activity 3.9	Support routine data collection, management and documentation	IP	CARE, IRC, ACORD

**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 improved sexual reproductive health and GBV prevention and care services for South Sudanese Refugees in Uganda during the nine months of implementation. In general, the project achieved all the set targets.

**Capacity strengthening for SRHR/GBV service provision**

- 30 health workers trained on Minimum Initial Service Package (MISP) for quality SRH service provision
- 66 nurses, midwives and clinical officers trained on Emergency Obstetric and Newborn Care
- 50 Doctors, Midwives and Clinical Officers trained on Clinical management of Rape.
- 119 Peer Educators and Volunteers oriented on SRHR/GBV.
- 2,000 – mother's ANC Cards and 2500 RH job aids were printed and utilised in health facilities

**Community mobilisation for SRH/GBV services**

- **Over 600,000** community members reached with SRH and GBV messages, by trained community volunteers, MAG (220), 803 SASA Activists, through weekly outreach activities and integrated SRH/HIV/FP/GBV service outreaches

**Maternal health**

- 98% of deliveries conducted in health facilities (target = 80%)
- 2,500 new mothers benefited from dignity kits, leading to increased facility based and safe deliveries. Distributed IN Adjumani, Yumbe, Arua and Kiryandongo in 28 Health facilities.
- **65** ERH kits, **9** HIV testing kits, **2500** Dignity kits and **3** delivery beds procured and distributed to distributed to **28** health facilities, for clean and assisted deliveries, obstetrical complications' management, FP, STI/HIV services, GBV cases management.
- 9 midwives were recruited, 3 in Adjumani, 2Yumbe, 2Arua, 1 Kiryandongo and 1 Moyo and 11951 deliveries handled.
- 11,788 pregnant women mapped by IP (ACORD, IRC and CARE).
- 5 ambulances operated by IPs; 2 by ACORD, one by CARE and 2 by IRC referring 1898 complications of obstetric and gynaecological complications, GBV, miscarriages.
- 5 medical tents procured and installed 2 ACORD, 2 IRC and 1 CARE
- 50 outreaches and 36 dialogues conducted reaching 71,758 people;3234 ANC, 1723 FP 885 new users, 378 STI, 232 HIV, 12,675 others like malaria general check-up ARSH information, 53,516 Condom.
- 5013 (2,000 – mother's ANC Cards printed, 2500 RH job aids and 11 posters,5 banners, 120 t-shirts, 150 young talk booklets, 200 straight talk,)
- 44 mobilizations reaching 622,533 people; by ACORD, CARE and IRC. This is through community volunteers, Male action groups, VHTs, Anti GBV clubs, Peer educators.
- Adolescents and youth SRH information and skills
- Number of new FP users among the target refugees reached was 8,530 against 1,842 targeted. This increase by 21% was as a result new arrival that kept increasing on monthly basis.

**Functional 12 youth spaces** in 10 settlements with:

- 4631 young girls and boys skilled for livelihood activities
- Two youth/girls' drama groups supported in each settlement totalling to 6 groups reaching 59,042 individuals, with information.
- 17 youth spaces were established and functional reaching to 189423 youth.5 youth spaces equipped two in Adjumani, one Yumbe, 2 in Arua settlements.
- 200 peer educators recruited and trained on ASRH in Adjumani, Yumbe, Arua and Moyo.
- 189,423, Females: 90345, Males: peer educators reached 99078 through youth by peer educators.
- 189,423, Female: 90345, Males: peer educators reached 99078 youths.
- 8087(3660M, 4427 F) by anti GBV clubs, 41112 (15385 f, 25,729F) male action groups. And 9843, (7152 M; 2691 F) peer educators=189423 :( F 90345 M 99078).
- About 189423 adolescents and youth benefited from SRH/GBV information.
- **2,000** girls benefited from hygiene kits.
- **804** survivors supported for basic psychosocial & medical services including referral to legal care
- Support provided to the establishment of functioning GBV response and referral pathway structures
- 12 functional **12** women spaces with **48,201** women reached with information on SRH/GBV and **14,067** women and girls who benefited from livelihood activities (bakery, bids confection)
- Five functional GBV coordination systems with SOPs and referral pathways printed and distributed.
- 100%of survivors received 72 hours response reaching 804 GBV cases managed at the health facilities and 97

- received care with 72 hours.
- 100% women spaces were functional with total of 14 women spaces (IRC has four women spaces, CARE 4, and ACORD 6).
- Four functional databases supported by IRC, CARE, and ACROD, which submitted 804 GBV cases in the GBVIMS through UNHCR. In addition, districts that have the district database also feed in the database.
- Four SOPs reviewed, Referral pathway printed and disseminated in all the settlement.
- 49,201 people reached with GBV prevention and response information. 41,112 by male action group and 8087 by Anti GBV club. Through the male action groups, men were able to support their women to attend ANC, FP and encourage deliveries at the health centres, and through them and Anti GBV clubs GBV prevention messages were passed to community stop GBV.
- 150 SASA and nine other GBV posters and billboards with referrals IEC materials developed and disseminated.

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

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, RHU 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 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 conducted in 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**

TABLE 8: PROJECT RESULTS						
CERF project information						
<b>1. Agency:</b>	UNHCR		<b>5. CERF grant period:</b>	17/03/2017 - 31/12/2017		
<b>2. CERF project code:</b>	17-UF-HCR-006		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Multi-sector refugee assistance			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Targeted protection services and emergency response for refugees from South Sudan in the shelter/site/NFI and WASH sectors					
<b>7. Funding</b>	a. Total funding requirements <sup>8</sup> :	US\$ 568,800,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>9</sup> :	US\$ 220,070,705	▪ NGO partners and Red Cross/Crescent:		US\$ 617,005	
	c. Amount received from CERF:	US\$ 4,651,651	▪ Government Partners:			
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	282,277	279,355	561,632	363,866	377,859	741,725
Adults (≥ 18)	185,332	134,590	319,922	240,639	173,097	413,736
<b>Total</b>	<b>467,609</b>	<b>413,945</b>	<b>881,554</b>	<b>604,505</b>	<b>550,956</b>	<b>1,155,461</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees	678,119			951,026		
IDPs						
Host population	203,435			204,435		
Other affected people						
<b>Total (same as in 8a)</b>	<b>881,554</b>			<b>1,155,461</b>		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	The number of new refugees in the targeted area increased at a higher rate than expected.					

<sup>8</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>9</sup>This should include both funding received from CERF and from other donors.

CERF Result Framework			
<b>9. Project objective</b>	Targeted protection services and emergency response for refugees from South Sudan in the protection, water, and shelter/site/NFI sectors		
<b>10. Outcome statement</b>	New arrivals are received, screened, registered and settled in a safe and dignified manner that allows for effective service provision based on specific needs, including emergency access to safe water. CERF funding will indirectly target an estimated 881,554 beneficiaries (including 678,119 refugees and 203,435 members of the host communities). The funding will directly target an estimated 392,418 beneficiaries with reception, registration and relocation assistance (including identification of specific needs); provision of non-food items and emergency shelter kits; and access to safe drinking water.		
<b>11. Outputs</b>			
<b>Output 1</b>	Quality of profiling, registration and documentation improved or maintained		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	% of persons of concern registered on an individual basis	100	100
Indicator 1.2	# of refugees relocated from reception centers to settlements	108,700	108,700
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Protection monitoring, screening and registration of new refugee arrivals, identification of persons with specific needs and case management	OPM, UNHCR	OPM, UNHCR
Activity 1.2	Relocation of refugees from reception centers to settlements.	UNHCR	UNHCR, OPM
<b>Output 2</b>	Supply of potable water increased or maintained		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Average # of Liters of potable water available per person per day targeting 241,971 individuals	15	15.6L/p/d
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Provision of emergency potable water at Palorinya and Imvepi settlements, and Rhino Camp zone 3, (including by water trucking, motorised wells and water distribution systems) according to assessment and design by the WASH Working Group	UNHCR, Oxfam	UNHCR, Oxfam
<b>Output 3</b>	Shelter and infrastructure established, improved and maintained		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	# of emergency shelter kits provided	13,916	13,916
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Procurement of emergency shelter kits for refugees	UNHCR	UNHCR
Activity 3.2	Provision of emergency shelter for refugee families,	AIRD	AIRD

	including site preparation for new refugee settlements and construction of basic semi-permanent reception centres in Imvepi settlement		
<b>Output 4</b>	Population has sufficient basic and domestic items		
<b>Output 4 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 4.1	# of households receiving non-food items	13,916	13,916
<b>Output 4 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 4.1	Procurement of emergency non-food items	UNHCR	UNHCR
Activity 4.2	Distribution of emergency non-food items	AIRD	AIRD

**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:**

Protection monitoring, screening and registration of new refugee arrivals continued to be a joint effort. A well-coordinated reception process for many new arrivals from South Sudan (as many as 3,292 per day) was achieved through collaboration with humanitarian partners receiving other sources of funding i.e. International Committee of the Red Cross (ICRC) for family tracing, Medical Teams International (MTI) for health screening, World Vision International (WVI) for child protection and the International Rescue Committee (IRC) for protection issues. All refugees were registered by the Government of Uganda's Office of the Prime Minister (OPM) into the Refugee Information Management System (RIMS) before being relocated to settlements. Through CERF funding, 108,700 refugees were relocated from collection points to transit/reception centers to their own household plots within the refugee settlements, while total numbers increased to a significantly higher level as the South Sudan situation developed.

Access to potable water was significantly improved during the implementation period with an average of 15.6 L/p/d across the targeted settlements by December 2017. In Kiryandongo (15.1 L/p/d) and Palorinya (16.1 L/p/d) access to water increased above the target. However, the target of 15 L/p/d was not fully met in Adjumani (14.1 L/p/d), Rhino (13.9 L/p/d), Imvepi (14.7 L/p/d) and Bidibidi (14.7 L/p/d), respectively, by the end of 2017. Water was trucked from two separate water treatment facilities on the River Nile (run by Medecins sans frontiers and the Uganda Red Cross Society using different funding sources). Water was trucked to networks of 10,000 L water tanks of which 85 10,000L tanks were installed by Oxfam with CERF funding. The under achievement of the daily water access target was due to the high cost of water trucking and observations on the actual usage of water by the refugees, themselves. The planning and implementation of sustainable water sourcing for all refugees and host community requires significant efforts in the identification of needs, risks and suitable solutions. With CERF funding, Oxfam constructed 8 hand pump wells, and motorized 2 existing boreholes.

While water trucking has been reduced from 37 per cent in May 2017 to 23 per cent in December 2017 in Uganda's refugee settlements, long-term solutions will be a core component of the WASH response in 2018. In order to phase out water trucking as the refugee populations stabilize, WASH activities in 2018 will include the establishment of 70 new motorized water schemes in the West Nile Sub Region, including completion of the geo-physical investigation and drilling of boreholes. A Feasibility Study and Detailed design of integrated Water schemes in ongoing simultaneously with an Integrated Water Resource Management Study and an Optimization assessment and Organization and Methods (operations and maintenance) overview study. CERF funding for water trucking provided critical stop-gap support to ensure the timely provision of life-saving access to water in the remote rural settlements that were rapidly established from bushlands in 2016 and 2017.

13,916 emergency shelter kits were provided with the funding of CERF UFE. Overall, more than 66,000 families were reached and emergency shelter was set-up for more than 2,000 Persons with Specific Needs who could not establish shelter on their own with the emergency kits provided. With funding from CERF, UNHCR was able to upgrade Goboro Reception Center in Yumbe and Elegu Transit Center in Adjumani District, while ensuring the maintenance (including regular repairs, cleaning and fumigation of reception and transit facilities at Kuluba, Elegu, Goboro and Rhino). In Imvepi settlement, AIRD constructed and maintained a total of 320 km of roads, of which CERF UFE funding was utilized to open a 50km road network, including the gravelling of the CERF-funded roads.

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

UNHCR worked with implementing and operational partners to ensure a 'do no harm' conflict sensitive and rights-based approach to project design, implementation and monitoring following the age, gender, diversity mainstreaming participatory approach that includes beneficiary participation in the design and feedback on the interventions. UNHCR Uganda applies the Refugee Coordination Model, which outlines roles and responsibilities of each partner through the sector working groups, offers an inclusive platform for planning and coordinating refugee operations, and clarifies coordination modalities in relation to wider humanitarian system.

At the field level, UNHCR maintained Sub Offices in Arua, Adjumani, Mbarara and Hoima while OPM maintains corresponding Refugee Desk Offices. These offices worked together to coordinate activities at the district level with the district local governments (DLGs) and within the refugee settlements. UNHCR, OPM, and all implementing partners have permanent presence at the refugee settlements, and coordinate via monthly interagency and sector meetings at District and settlement level (weekly in the emergency context), which review the implementation progress of all partner activities. In addition, sector meetings are held to review activity implementation by sector and develop detailed sector 3Ws to identify humanitarian gaps and avoid duplication of activities.

Inter-agency frameworks are in place to ensure a coordinated approach is undertaken in the provision of emergency and life-saving assistance for refugees in Uganda. Coordination meetings took place in the field and at Kampala-level throughout the full implementation period for the CERF UFE allocation, and served to strengthen the refugee response by addressing key issues as identified.

**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 emergency influx from South Sudan in 2017.

EVALUATION PENDING

Monitoring and evaluation was based on regular reports and observations by the partners and local authorities (i.e. OPM and District Local Governments) during joint monitoring activities, and on direct observation and ongoing assessments by UNHCR (e.g. on the spot visits to project sites, supportive supervision, Monitoring activities were carried out at various levels (i.e. settlement, zone, block, household) by partners implementing UNHCR Project Partnership Agreements (PPAs) signed in tripartite between UNHCR, OPM and each respective implementing partner. These agreements serve to govern and monitor activities implemented with CERF UFE funds and stipulate the parameters of the project activities, the timeframe for implementation and related modalities, including narrative and financial reporting. UNHCR's technical experts evaluate projects based on UNHCR standards by sector, cost-benefit analyses, current market prices, observed quality of the final product, and refugee acceptance. Evidence on project quality and progress gathered during joint monitoring and evaluation visits was captured during quarterly field monitoring/verification reports that were compiled, filed and maintained by the UNHCR Project Control Section.

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	UNICEF		<b>5. CERF grant period:</b>	29/03/2017 - 31/12/2017		
<b>2. CERF project code:</b>	17-UF-CEF-024		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Multi-sector refugee assistance			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Multi sectoral response to the South Sudan refugees through Health, Nutrition, WASH and Child Protection interventions					
<b>7. Funding</b>	a. Total funding requirements <sup>10</sup> :	US\$ 37,600,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>11</sup> :	US\$ 13,778,979	▪ NGO partners and Red Cross/Crescent:		US\$ 1,204,455	
	c. Amount received from CERF:	US\$ 2,183,537	▪ Government Partners:		US\$ 136,040	
Beneficiaries						
<b>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).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	282,277	279,356	561,633	141,784	83,740	225,524
Adults (≥ 18)	185,332	134,590	319,922	116,005	74,260	190,265
<b>Total</b>	<b>467,609</b>	<b>413,946</b>	<b>881,555</b>	<b>257,789</b>	<b>158,000</b>	<b>415,789</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees	678,119			291,052		
IDPs						
Host population	203,436			124,736		
Other affected people						
<b>Total (same as in 8a)</b>	<b>881,555</b>			<b>415,788</b>		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	Please note that during the proposal writing phase the multi-agency target found in the chapeau of 881,555 was inadvertently used as the UNICEF target, therefore the planned versus achieved data is not accurately reflecting UNICEF's achievements. When viewing the results, UNICEF has reached well above the targeted figures in most of activities.					

<sup>10</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>11</sup> This should include both funding received from CERF and from other donors.

CERF Result Framework			
<b>9. Project objective</b>	To provide a life-saving health, nutrition and WASH support and a protective environment where children, adolescents and caregivers can recover from war trauma and displacement.		
<b>10. Outcome statement</b>	Progressively enhanced social service delivery capacity in refugee hosting areas and local government systems benefitting 881,555 people including children and women.		
<b>11. Outputs</b>			
<b>Output 1</b>	45,875 refugees and host children immunized against polio.		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of children immunized against polio	45,875	54,297 (Male- 26,606 & Female- 27,691)
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Procurement of 137,625 does of polio vaccines	Ministry of Health	Ministry of health
Activity 1.2	Provide financial support to health workers to conduct outreaches.	District Local Government	District Local Government Doctors with Africa (CUAMM),
Activity 1.3	Social mobilization/community dialogues conducted by four districts partners for improved uptake of EPI services.	District Local Government	District Local Government, Program for accessible health, communication and education (PACE)
Activity 1.4	Support VHTs to register and track defaulter children in the refugee settlements.	District Local Government\	District Local Government
Activity 1.5	Monitoring and supervision of activities	Ministry Of Health, District Local Governments and UNICEF,	Ministry Of Health, District Local Government and UNICEF, Doctors with Africa (CUAMM)
<b>Output 2</b>	Approximately 16,128 children under 5 years have access to Vitamin A supplementation and deworming, 4,480 pregnant women have access to iron/folate supplementation and 2,867 children under 5 years treated for severe acute malnutrition.		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	% & # of projected annual caseload of children 6-59 months with Severe Acute Malnutrition receiving appropriate treatment	2867 (80% of old caseload)	5,680 (>100% of the old caseload)
Indicator 2.2	% & # of children aged 6–59 months covered with two doses of vitamin A supplementation and deworming medication.	16,128 (80% of U5 population)	106,985 >80% of U5 population)
Indicator 2.3	% & # of pregnant and lactating women receiving 90+ iron/folic supplementation	4480 (80% of pregnant/lactating women)	81,791 (>80% of pregnant/lactating women)

<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
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, CUAMM and host District Local Government;
Activity 2.2	Financial and technical support for implementing of routine integrated outreaches and bi-annual CHDs for micronutrient supplementation (includes Vitamin A, Iron and Folic acid), deworming	Concern Worldwide and host District Local Governments	Concern Worldwide, CUAMM and host District Local Government
<b>Output 3</b>	Approximately 12,000 South Sudan refugees in Zone 2 of Bidibidi settlement have access to improved WASH services		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	Number of additional refugees in Bidibidi, Zone 2, provided with at least 20 litres of water per person per day	12,000	25,000
Indicator 3.2	Number of additional households in Bidibidi, Zone 2, supported with household latrine construction	2,000	2,000
Indicator 3.3	% of targeted refugee population who are aware of safe hygiene practices in Bidibidi Zone 2	80%	78%
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Construction of two solar powered motorized water supply systems with a total output of 20 m3/hr targeting 12,000 refugees	Water Missions Uganda	Water Mission Uganda and OXFAM Novib
Activity 3.2	Operation and maintenance of solar powered systems	Water Missions Uganda	Water Mission Uganda
Activity 3.3	Support construction of 2000 household latrines targeting 10,000 refugees	Danish Refugee Council	OXFAM Novib
Activity 3.4	Hygiene promotion targeting 12,000 refugees	Danish Refugee Council	OXFAM Novib
Activity 3.5	Conduct water quality monitoring and surveillance	Danish Refugee Council	OXFAM Novib
<b>Output 4</b>	151,895 refugees and host community children provided with psychosocial support including case management and family tracing, reunification and placement under appropriate alternative care arrangements for separated and unaccompanied children.		
<b>Output 4 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 4.1	Number of children in humanitarian situations benefitting from psychosocial support.	151,895 (100% of the old caseload)	96,012 (boys 56,881 and girls 39,131)
Indicator 4.2	Number of separated and unaccompanied children receiving appropriate alternative care services.	13,960 (100% of the old caseload)	16,528 (boys 8,737 and girls 7,791)

Indicator 4.3	Number of children (girls and boys) and women who received multi-sectoral support in response to consequences of sexual violence in humanitarian situations.	363	431 (boys 24 and girls 407)
<b>Output 4 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 4.1	Financial and technical support to operate and maintain 77 Child Friendly Spaces including ensuring functionality of the CFS, provision of psychosocial support to children through structured play and recreational activities, strengthening community based child protection mechanisms, monitoring and reporting.	Save the Children (55 CFS), World Vision International (11 CFS) and TPO (11 CFS)	Save the Children (55 CFS), World Vision International (11 CFS) and TPO (11 CFS)
Activity 4.2	Financial and technical support to identify, register, conduct family tracing and reunification and placement of unaccompanied and separated children in appropriate alternative care arrangements.	Save the Children and World Vision International	Save the Children International and World Vision International
Activity 4.3	Procurement and distribution of supplies (154 recreation kits for 77 CFS, 2 kits per CFS per year)	Save the Children (110 kits), World Vision International (22 kits) and TPO (22 kits)	Save the Children (110 kits), World Vision International (22 kits) and TPO (22 kits)
Activity 4.4	Financial and technical support to operate and maintain 77 Child Friendly Spaces including ensuring functionality of the CFS, provision of psychosocial support to children through structured play and recreational activities, strengthening community based child protection mechanisms, monitoring and reporting.	Save the Children (55 CFS), World Vision International (11 CFS) and TPO (11 CFS)	Save the Children (55 CFS), World Vision International (11 CFS) and TPO (11 CFS)

**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:**

**Health**, there was change in the implementation methodology, UNICEF procured the required 137,625 doses of polio. In addition, 12,750 doses of tetanus toxoid (TT) and 92,070 doses of measles were procured to ensure that 63,281 (measles) and 54,297 (polio) children are reached with lifesaving vaccines against the planned 45,875 children aged 0 – 59 months thus achieving 118 per cent coverage beyond what was initially planned. The change in the plan to more children guided by the high influx numbers as the response procedure is to ensure each new arrival (child) receives Measles and Polio antigens and all pregnant mothers receive TT. The high influx of new arrivals in the Months of June and August that warranted UNICEF to procure additional Measles and TT vaccines to cater for the ever-increasing numbers of eligible children and Pregnant mothers. UNICEF worked with implementing partner PACE to facilitate for uptake of services.

**Nutrition**: CERF funds enabled UNICEF and its implementing partners (Ministry of Health, Doctors with Africa (CUAMM) to save lives of children under five and pregnant women from iron deficiency (anaemia). More than 100 percent of children aged 6-59 months suffering from severe acute malnutrition (5,680 of a targeted 2,867) were reached in the five districts of Adjumani, Arua, Moyo, Yumbe and Kiryandongo. Through Vitamin A supplementation, children aged 6-59 months (106,985 reached from a planned target of 16,128) were supported on rapid growth and help to combat infections. CERF funds supported prevention against worm infestation to 155,481 reached versus a planned target of 16,125 children aged 12-59 months who received deworming medication. A total of 81,791 pregnant women were reached out of a target of 4,480 with iron Folic acid

supplementation the will prevent and treat anaemia.

According to preliminary findings from the October 2017 food security and nutrition assessment (FSNA)<sup>[1]</sup>, four out of the intervention area settlements had GAM levels above the WHO recommended threshold of 10 per cent. i.e. Arua 10.3 per cent; Adjumani 11.8 per cent; Palorinya (Moyo) 11.1 per cent; and Bididi in Yumbe district at 11.3 per cent). Severe acute malnutrition (SAM) was low in intervention areas in Kiryandongo (0.5 per cent); Moyo (0.4 per cent); Yumbe( 0.2 per cent) and Adjumani (0.6 per cent). Contrary to the refugee settlements, anemia prevalence exceeded the WHO threshold in more host communities (Arua 47.5 per cent, Adjumani 43.9 per cent, Kiryandongo 49.8 per cent, Moyo 41.85, Yumbe 40.5 per cent). Contrary to the children, anemia was lower than 30 per cent among women across all communities. Across all communities, vitamin A coverage was higher than 80 per cent.

**WASH:** The CERF funds supported improvements in water supply, through construction of two solar powered systems in Bidibidi refugee settlement Zone 2 and Bidibidi refugee settlement zone 3. The water supply system in Bidibidi zone 2 has a daily output of 360,000 litres serving approximately 18,000 people. While the water supply system in Bidibidi zone 3 has a daily output of 140,000 litres serving approximately 70,000 people. Therefore, the total number of people served is 25,000 against the planned 12,000 people. This was achieved by identifying a high yield borehole in Bidibidi zone 2, which provides the source of water of the system. The water systems are composed of pump houses, solar panels, submersible pumps with backup generators, transmission and distribution pipe network, water storage tanks and tap stands.

**In child protection,** UNICEF supported child-friendly spaces with activities (Psychosocial support, games, music, dance, drama and other structure and unstructured activities) for refugee children to build individual resilience after the occurrence of psychosocial issues, trauma including sexual violence: 96,012 (boys 56,881 and girls 39,131) refugee and host community children received psychosocial support. In addition, 16,528 (boys 8,737 and girls 7,791) separated and unaccompanied children received alternative care services that include foster care, living with relatives or under adult supervision. 407 girls and 24 boys received multi-sectoral support (Psychosocial, health, shelter etc.) in response to consequences of sexual violence. UNICEF and its partners established child protection community based prevention and response mechanisms and 1,092 Child Protection Committee members and community members were trained and mobilized and they help to identify child protection issues and risks at their respective community level and refer cases of child protection to child protection actors and raising awareness of their respective communities on child protection issues. 1,634 (894 boys and 740 girls) adolescent refugees and host community children have been trained as Peace Club members and equipped with skills to mobilize and reach out to the community through the Empowering Children as Peace Builders model to promote the culture of peaceful co-existence among refugee and host community. These trained adolescent peace club members engaged and mobilized 10,575 adolescents (boys 5,941 and girls 4,635) refugees and host children in the community for promoting culture of peaceful co-existence. UNICEF also trained 254 child protection stakeholders in child protection in emergencies and child protection case management. This included all implementing partners in the refugee settlements plus official District Local Government, representatives from Office of the Prime Minister and UNHCR.

To fulfil the right to identity, UNICEF and District Local Governments supported birth registration using the National Mobile Vital Registration system (MVRS) in all refugee hosting districts demonstrating the integration of the refugee response within national systems. 12,193 (boys 6,453 and girls 5,740) children born in Uganda with refugee families were registered from intervention districts.

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

To ensure accountability, monitoring of the project was undertaken and reported monthly through Situation Reports specific to the South Sudanese refugees. Monitoring field visits were conducted by UNICEF staff based in Gulu Zonal Office and quarterly joint monitoring visits by UNICEF staff based in Kampala.

In WASH, UNICEF worked in partnership with the Yumbe District Local Government and service providers OXFAM Novib and Water Missions Uganda. UNICEF completed the existing supply chains and partnerships to deliver humanitarian aid quickly, equitably and sustainably. In addition, UNICEF co-chaired Child Protection Working groups and attended the routine WASH, Nutrition, and health sector coordination meetings, providing an opportunity for wider consultation on key implementation

<sup>[1]</sup>Government of Uganda, UNICEF, UNHCR, WFP. (2017). Food security and nutrition assessment in refugees and hosting communities.

constraints and progress and reduce duplication with other key partners. Allocation of resources was done jointly during sector coordination meetings. Village Health Teams that comprises of both refugees and host community leaders were involved in establishing immunization and nutrition service points, mobilization of all eligible children for Nutrition and immunization, identification of locations stand-taps and tanks.

UNICEF Uganda utilized innovations in humanitarian action including U-Report, a free short message service for refugees to voice their opinions and concerns. U-report was implemented to report deaths, the breakdown of equipment, gender-based violence and corporal punishment, as well as to ensure that the voices of displaced populations are amplified, heard and incorporated into the national dialogue

<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS						
<b>CERF project information</b>						
<b>1. Agency:</b>	UN Women		<b>5. CERF grant period:</b>	20/03/2017 - 31/12/2017		
<b>2. CERF project code:</b>	17-UF-WOM-001		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Protection: Sexual and/or Gender-Based Violence			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Emergency Protection of South Sudanese Refugee Women and Girls					
<b>7. Funding</b>	a. Total funding requirements <sup>12</sup> :	US\$ 3,800,000	d. CERF funds forwarded to implementing partners: <ul style="list-style-type: none"> <li>▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 248,016</li> <li>▪ <i>Government Partners:</i></li> </ul>			
	b. Total funding received <sup>13</sup> :	US\$ 1,150,000				
	c. Amount received from CERF:	US\$ 351,512				
<b>Beneficiaries</b>						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>						
<b>Direct Beneficiaries</b>	<b>Planned</b>			<b>Reached</b>		
	<b>Female</b>	<b>Male</b>	<b>Total</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
<i>Children (&lt; 18)</i>						
<i>Adults (≥ 18)</i>	12,000	3,000	15,000	20,846	6,949	27,795
<b>Total</b>	<b>12,000</b>	<b>3,000</b>	<b>15,000</b>	<b>20,846</b>	<b>6,949</b>	<b>27,795</b>
<b>8b. Beneficiary Profile</b>						
<b>Category</b>	<b>Number of people (Planned)</b>			<b>Number of people (Reached)</b>		
<i>Refugees</i>	11,000			19,951		
<i>IDPs</i>						
<i>Host population</i>	4,000			7,844		
<i>Other affected people</i>						
<b>Total (same as in 8a)</b>	<b>15,000</b>			<b>27,795</b>		

<sup>12</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>13</sup> This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	The discrepancy between planned and actual beneficiary number was due to the need for UN Women and partners to respond to the sudden and dramatic increase in the influx. Through employing a new methodology in awareness raising and community mobilisation, UN Women could reach this large increase with the same resources though using more efficient but equally effective approaches that enabled us to surpass our targets and reach the new refugees arriving, for example through the recruitment of community volunteers,
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<b>CERF Result Framework</b>			
<b>9. Project objective</b>	Emergency protection for women and girl refugees from South Sudan, including SGBV response, in Adjumani and Yumbe		
<b>10. Outcome statement</b>	Increased protection and response to SGBV for 15,000 refugees (critical psychosocial and legal aid services, in line with the SGBV referral pathway in Adjumani and Yumbe)		
<b>11. Outputs</b>			
<b>Output 1</b>	Women and girls in the refugee settlements have increased access to emergency protection including SGBV services		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of refugee women and girls accessing the psychosocial services offered	6,600	6,587
Indicator 1.2	Number of refugee women and girls accessing legal services offered	1,700	4,186
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Provide psychosocial services to SGBV survivors, to include individual and community based counselling and psycho-economic activities	Transcultural Psychosocial Organisation (TPO)	TPO
Activity 1.2	Provide Legal Aid support services to SGBV survivors, including toll free line, mobile aid clinics, referrals, case management and court assistance	War Child Canada	WCC
<b>Output 2</b>	Strengthened capacity of existing security mechanisms in the refugee settlements to prevent and respond to SGBV		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Number of men and boys sensitized on SGBV	10,000	14,431
Indicator 2.2	Number of refugee leaders trained on PSEA	450	911
Indicator 2.3	Number of refugee leaders trained on gender, GBV and women's/human rights	15,000	13,531
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Provide training and awareness-raising for the refugee community leaders on issues of gender, SGBV and women's/human rights	UN Women, IRC	UN Women, TPO and WCC
Activity 2.2	Conduct awareness raising activities for men and boys to promote the prevention of SGBV	UN Women, IRC, TPO and War Child Canada	UN Women, TPO and WCC

Activity 2.3	Sensitising humanitarian partners on IASC guidelines on protection of sexual exploitation and abuse (PSEA)	UN Women and War Child Canada	UN Women and TPO
<b>Output 3</b>	Strengthened gender equality coordination mechanisms and gender sensitive humanitarian programming		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	Number of participants in coordination forums convened	1,200	2,104
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Provide technical support for the mainstreaming of gender in the different South Sudanese refugee responses	UN Women	UN Women
Activity 3.2	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	War Child Canada	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:**

In 2017, CERF funding enabled UN Women Uganda to reach 27,795 people (19,951 refugees and 7,844 host community members). UN Women's intervention provided emergency protection for women and girl refugees from South Sudan, the SGBV response. The intervention focused on critical psychosocial and legal aid services – which were carried out in line with the SGBV referral pathway in place in Adjumani and Yumbe refugee hosting districts.

The large increase between the planned and actual beneficiary number was due to the need for UN Women and partners to respond to the sudden and dramatic increase in the influx. In addition to this the partners we worked with on this project employed a new methodology for activity implementation whereby they increased the number of staff on the project which subsequently enabled an increase in the number of beneficiaries reached, particularly in legal aid awareness raising.

**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 Zone 2 settlement 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 evaluations 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 evaluation during this period.

EVALUATION PENDING

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	WFP		<b>5. CERF grant period:</b>	29/03/2017 - 31/12/2017		
<b>2. CERF project code:</b>	17-UF-WFP-014		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Multi-sector refugee assistance			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Life-saving food assistance for refugees from South Sudan					
<b>7. Funding</b>	a. Total funding requirements <sup>14</sup> :	US\$ 145,362,560	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>15</sup> :	US\$ 103,393,096	▪ NGO partners and Red Cross/Crescent:		US\$ 84,873	
	c. Amount received from CERF:	US\$ 5,200,002	▪ Government Partners:			
Beneficiaries						
<b>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).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	217,136	214,889	432,025	230,674	158,719	389,393
Adults (≥ 18)	142,563	103,531	246,094	119,149	128,313	247,462
<b>Total</b>	<b>359,699</b>	<b>318,420</b>	<b>678,119</b>	<b>349,823</b>	<b>287,032</b>	<b>636,855</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees	678,119			636,855		
IDPs						
Host population						
Other affected people						
<b>Total (same as in 8a)</b>	<b>678,119</b>			<b>636,855</b>		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	Overall, 94 percent of planned beneficiaries received food assistance from WFP. Given the evolving operational context, the CERF grant was prioritised to provide in-kind food assistance to avert pipeline breaks. Therefore, this CERF grant was not utilised for cash-based transfers, as this activity received multi-donor funding during the CERF grant period. Therefore, WFP, could procure additional food commodities with CERF funding and reach an additional 97,587 beneficiaries with lifesaving in-kind food assistance. The difference in planned versus reached beneficiaries was due to the modification of assistance from cash transfers to full in-kind food assistance.					

<sup>14</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>15</sup> This should include both funding received from CERF and from other donors.

CERF Result Framework			
<b>9. Project objective</b>	Stabilizing food consumption among refugees		
<b>10. Outcome statement</b>	Stabilized or improved food consumption over assistance period for a total of 678,119 <sup>16</sup> targeted households and/or individuals.		
<b>11. Outputs</b>			
<b>Output 1</b>	Food commodities distributed in sufficient quantity and quality in a timely manner.		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Quantity of food commodities procured	4,525 MT	5,600 MT
Indicator 1.2	Quantity of food commodities distributed	4,525 MT	5,600 MT
Indicator 1.3	Number of beneficiaries receiving food (in-kind) assistance	539,268	636,855
Indicator 1.4	% of the households with acceptable food consumption scores <sup>17</sup>	87%	40%
Indicator 1.5	Improved household diet diversity score (HDDS)	5 (medium)	4.08
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Procurement of food commodities	WFP (March – May)	WFP
Activity 1.2	Distribution of food commodities to targeted refugee households	NGOs (April – June)	World Vision and Samaritan's Purse
Activity 1.3	Food basket and post distribution monitoring	WFP and NGOs (April - August)	WFP
<b>Output 2</b>	Cash transfers distributed in sufficient quantity in a timely manner		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Amount of cash transferred to refugees	\$1,149,686	\$0
Indicator 2.2	Total number of beneficiaries receiving cash	138,851	0
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Distribution of cash to targeted refugee households	WFP/Post Bank (May – May)	N/A
Activity 2.2	Cash basket and post distribution monitoring	NGOs (May – August)	N/A
<b>Output 3</b>	Stabilized or improved undernutrition among children aged 6-59 months as well as pregnant and lactating women		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	Quantity of food commodities procured	242 MT	403
Indicator 3.2	Quantity of food commodities distributed	242 MT	403

16 Planning figures as of 3 February 2017 for end-December 2017.

17 Preliminary findings of the 2017 Food Security and Nutrition Assessment

Indicator 3.3	Number of beneficiaries receiving nutrition assistance	50,119	44,449
Indicator 3.4	% of the households with acceptable food consumption scores	87%	40%
Indicator 3.5	Improved household diet diversity score (HDDS)	5 (medium)	3.77
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Procurement of food commodities	WFP (March – May)	WFP
Activity 3.2	Distribution of food commodities to targeted refugee households	NGOs (April – June)	ACF MTI AFOD
Activity 3.3	Food basket and post distribution monitoring	WFP and NGOs (April - August)	WFP

**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:**

WFP Uganda planned to provide US\$1,149,686 of this CERF grant for cash-based transfers to support refugees to meet their food needs. However, due to a pipeline break in food commodities during the reporting period, WFP prioritised the use of in-kind food assistance to avert a deterioration in food security amongst households that were planned to receive in-kind food assistance. Therefore, WFP provided in-kind food assistance instead of cash-transfers to refugees in the targeted settlements.

The quantity of food commodities procured was 124 percent more than planned due to the allocation of funding for cash transfers being utilised instead for in-kind food purchase. Therefore, the amount of food procured and distributed was more than initially planned during the submission of the CERF underfunded proposal in early 2017.

The preliminary findings of the 2017 Food Security and Nutrition Assessment indicated that 40 percent of households had an acceptable Food Consumption Score (FCS). However, in early 2018, upon further examination of the data, WFP and UNHCR concluded that the data would need to be recollected and analysed to establish a more accurate FCS. Therefore, it is not possible to compare the baseline FCS in 2016 to 2017 at the time of submission of the CERF final report.

The Household Dietary Diversity score amongst the targeted settlements improved from 2016, however, did not meet the target of 5. This may be attributed to the fact that households in Bidibidi and Palorinya, two of the largest settlements targeted, have a higher consumption of cereals and beans. Moreover, during the reporting period, households in Bidibidi, Palorinya and Imvepi did not receive cash transfers. The FSNA and prior studies found that the use of cash transfers can be correlated to dietary diversity, as households have the flexibility to purchase produce and meat in markets to supplement their diet. Additionally, as a result of insufficient funding, WFP was forced to institute ration cuts during the duration of the CERF grant which may have impacted the food consumption and dietary diversity of targeted households.

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

During the project design phase, WFP developed communication tools to monitor the proportion of assisted people who are informed about the food assistance programme, including who is eligible to receive assistance, the amount of assistance and where food collection points are located. Moreover, WFP designed food collection locations and procedures to ensure safe distribution, with a specific focus on the protection of women during food collection. This includes minimal travel distance to food collection points and distribution during the day. WFP’s partnership agreements with cooperating partners also includes clauses regarding protection to affected populations and cooperating partners are trained on procedures for safe food distributions.

WFP’s dedicated Analysis, Monitoring and Evaluation (AME) unit conducted post-distribution monitoring This exercise assessed beneficiary participation and the level of satisfaction with the food distribution process, including the waiting time, distance travelled to collect food, awareness of the distribution days, etc, as well as the refugees’ perceptions regarding targeting, quality and quantity of food received, and the gender, protection and accountability roles. In July 2017, WFP conducted a post-distribution monitoring in West Nile settlements, collecting a random sample from 501 households across 8 settlements (73 food distribution points). The report found that 63 percent of households travelled less than 1 kilometre to collect food and the average

waiting time was 3-4 hours. Overall, 90 percent of the sampled refugees did not experience safety concerns because of the food distribution.

In November 2017, the Uganda country office launched the WFP Toll-Free Helpline. The helpline directly and rapidly connects WFP management to the community and provides real-time, secure and confidential methods for the community to make inquiries or submit feedback and complaints, especially as it relates to fraud, corruption and sexual exploitation. WFP is raising awareness of the helpline through diverse communication channels, including radio talk shows and announcements, brochures and visual awareness, including staff wearing visibility items (t-shirts) with the helpline contact information. The country office has a dedicated helpline unit, responsible for ensuring community awareness is effective and recipients of WFP food assistance know their rights and entitlements. The helpline unit diversifies the communication channels to ensure all levels of the community, down to the individual household, is engaged and informed. In 2018, a comprehensive rollout of the helpline will be conducted at the household level, with a focus on raising awareness of beneficiary entitlements, rights and responsibilities. The establishment of the helpline unit ensures WFP can monitor and address issues, feedback and complaints to provide accountability to affected populations.

WFP helped to establish Cash Management Committees (CMC) in all settlements where WFP provides cash-based transfers. In the south west there are a total of 133 CMC members across three settlements: Rwamwanja (29), Kyaka II (69) and Kyangwali (35), of which women represent 26 percent. WFP is actively working to increase the participation and representation of women in the CMCs. The community elects the members, with each cash distribution point averaging 9-15 members. The CMCs receive training from WFP, UNHCR, OPM and cooperating partners on their roles and responsibilities. CMCs support cash distribution at the settlement level through community mobilisation and sensitisation. This helps to maintain orderliness, security and management of the cash distributions. CMCs also form one of the critical links between the community and WFP's cooperating partners that manage the cash distributions. CMCs have contributed to community ownership and participation – effectively acting as a mechanism for accountability to affected populations.

**14. Evaluation: Has this project been evaluated or is an evaluation pending?**

EVALUATION CARRIED OUT

The project was evaluated through post-distribution monitoring, conducted from July to October 2017 in south west and West Nile settlements. The results indicated that households benefitted from the MCHN programme and treatment of moderate acute malnutrition. However, the Food Consumption Scores (FCS) varied drastically amongst the settlements, with 87 percent of households in Rwamwanja recording an 'acceptable' FCS in July 2017, whereas only 21 percent of households in Oruchinga had an 'acceptable' FCS now.

EVALUATION PENDING

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	WHO		<b>5. CERF grant period:</b>	21/03/2017 - 31/12/2017		
<b>2. CERF project code:</b>	17-UF-WHO-008		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Health			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Addressing life-threatening health problems related to outbreak prone diseases among the South Sudan refugees in Uganda					
<b>7. Funding</b>	a. Total funding requirements <sup>18</sup> :	US\$ 1,450, 250	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>19</sup> :	US\$ 110,000	<ul style="list-style-type: none"> <li>▪ <i>NGO partners and Red Cross/Crescent:</i></li> <li>▪ <i>Government Partners:</i></li> </ul>			
	c. Amount received from CERF:	US\$ 300,000				
Beneficiaries						
<b>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).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	176,734	184,344	361,078	176,734	184,344	361,078
Adults (≥ 18)	114,773	72,729	187,502	114,773	72,729	187,502
<b>Total</b>	<b>291,507</b>	<b>257,073</b>	<b>548,580</b>	<b>291,507</b>	<b>257,073</b>	<b>548,580</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees	421,983			421,983		
IDPs						
Host population	126,597			126,597		
Other affected people						
<b>Total (same as in 8a)</b>	<b>548,580</b>			<b>548,580</b>		
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:						

<sup>18</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>19</sup> This should include both funding received from CERF and from other donors.

CERF Result Framework			
<b>9. Project objective</b>	To enhance emergency capacity for outbreak prevention and response in refugee hosting districts through effective institution of measures for early warning and outbreak control in the districts of Adjumani, Moyo, Kiryandongo, Arua and Yumbe.		
<b>10. Outcome statement</b>	548,580 people including refugees and host communities especially mothers, children and other vulnerable groups are protected from outbreak prone diseases through timely detection and response.		
<b>11. Outputs</b>			
<b>Output 1</b>	Life saving measures for outbreak control instituted		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Attack rates for outbreaks	3.5 per 100,000	No outbreaks
Indicator 1.2	Case fatality rates	0%	0%
Indicator 1.3	New OPD attendants screened for outbreak prone diseases (active triage)	At least 548,580 people	556,808 patients
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Procure emergency medicines and supplies to respond to acute emergencies	Ministry of Health, WHO, Refugee hosting districts	WHO
Activity 1.2	Conduct instruction of health workers on infectious disease prevention and case management (Cholera & Meningitis)	Ministry of Health, WHO	WHO
Activity 1.3	Conduct health education sessions on outbreak prone diseases	Refugee hosting districts, VHTs	WHO
<b>Output 2</b>	Infection prevention and control standards in rolled out and adhered to in all health facilities		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Proportion of Infections reported among health workers in outbreaks	0%	0%
Indicator 2.2	Proportion of health facilities adhering to IPC standards	70%	40%
Indicator 2.3	Proportion of patient attendants admitted after 24 hours of stay in the infectious units	0%	0%
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Conduct orientation of health workers on infection prevention and control while handling patients suspected on dangerous pathogens	Ministry of Health, WHO & Refugee hosting district	WHO
Activity 2.2	Procure IPC supplies for the health facilities	Ministry of Health, WHO & Refugee hosting districts	No, funding was not adequate to cover this activity because of increased demand for antimalarial

Activity 2.3	Supervision and mentorship of the health workers	WHO, Ministry of Health, refugee hosting districts	WHO
<b>Output 3</b>	Community based health initiative through the Village Health Teams harmonized and rolled out		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	Number of VHTs trained and equipped	1,000	1,000
Indicator 3.2	Proportion of VHTs adhering to immediate reporting requirements	100%	80%
Indicator 3.3	Proportion of VHTs reporting to the Health Facilities Quarterly	80%	80%
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Orientation sessions with all selected VHTs from new settlements/hosting sub counties on CBDS including awareness on SGBV	Ministry of Health, WHO & Refugee hosting district	WHO
Activity 3.2	Dissemination of guidelines and job aids for VHTs from new settlements.	Ministry of Health, WHO & Refugee hosting districts	WHO
Activity 3.3	Procure and distribution of materials & supplies for facilitating the work of the VHTS from new settlements	Ministry of Health, WHO & refugee hosting districts	WHO
Indicator 4.1	Conduct feedback and supervision meetings with the VHTs	MoH, WHO & Districts	WHO

<b>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:</b>	
Financing was not enough to cover all the facilities in the targeted districts. Only Moyo and Yumbe were covered and this explains why the proportion of health facilities adhering to IPC standards was 40 per cent against the target of 70 per cent . Similarly, the proportion of VHTs adhering to immediate reporting requirements was 80 per cent against 100 per cent target because some of the VHTs reported outside the required timeframe of within 24 hours; a case of suspected Guinea worm in Adjumani. Intensified supervision and mentorship is required.	
<b>13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:</b>	
Refugee hosting districts were consulted during the time of developing the grant application. Field observations and assessment reports by UNHCR done through direct interaction with refugees was reviewed and included. During implementation, village volunteers selected by refugees themselves were included in the implementation as part of the implementers. Consultation with humanitarian agencies who were involved in the day to day interactions with the refugees and hosting communities was sorted and the interventions adjusted as required	
<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input type="checkbox"/>
Evaluation of the project was not provided for in the grant application.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

## ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
17-UF-IOM-007	Water, Sanitation and Hygiene	IOM	INGO	\$194,882
17-UF-FPA-011	Health	UNFPA	INGO	\$78,331
17-UF-FPA-011	Gender-Based Violence	UNFPA	INGO	\$8,792
17-UF-FPA-011	Health	UNFPA	INGO	\$35,500
17-UF-FPA-011	Gender-Based Violence	UNFPA	INGO	\$34,213
17-UF-FPA-011	Health	UNFPA	INGO	\$85,561
17-UF-FPA-011	Gender-Based Violence	UNFPA	INGO	\$40,260
17-UF-FPA-011	Health	UNFPA	INGO	\$26,947
17-UF-FAO-011	Agriculture	FAO	NNGO	\$44,669
17-UF-WOM-001	Protection	UN Women	NNGO	\$131,016
17-UF-WOM-001	Protection	UN Women	INGO	\$117,000
17-UF-UDP-003	Multi-sector refugee assistance	UNDP	INGO	\$367,375
17-UF-HCR-006	Water, Sanitation and Hygiene	UNHCR	INGO	\$267,005
17-UF-HCR-006	Shelter & NFI	UNHCR	INGO	\$350,000
17-UF-CEF-024	Multi-sector refugee assistance	UNICEF	INGO	\$180,316
17-UF-CEF-024	Multi-sector refugee assistance	UNICEF	INGO	\$202,642
17-UF-CEF-024	Multi-sector refugee assistance	UNICEF	GOV	\$117,619
17-UF-CEF-024	Multi-sector refugee assistance	UNICEF	GOV	\$7,612
17-UF-CEF-024	Multi-sector refugee assistance	UNICEF	GOV	\$10,810
17-UF-CEF-024	Multi-sector refugee assistance	UNICEF	INGO	\$239,173
17-UF-CEF-024	Multi-sector refugee assistance	UNICEF	INGO	\$51,842
17-UF-CEF-024	Multi-sector refugee assistance	UNICEF	NNGO	\$32,410
17-UF-CEF-024	Multi-sector refugee assistance	UNICEF	INGO	\$273,030
17-UF-CEF-024	Multi-sector refugee assistance	UNICEF	INGO	\$80,256
17-UF-CEF-024	Multi-sector refugee assistance	UNICEF	INGO	\$144,786
17-UF-WFP-014	Multi-sector refugee assistance	WFP	INGO	\$44,425
17-UF-WFP-014	Multi-sector refugee assistance	WFP	INGO	\$16,377
17-UF-WFP-014	Multi-sector refugee assistance	WFP	INGO	\$24,071

## ANNEX 2: ACRONYMS AND ABBREVIATIONS

AAP	Accountability to Affected Populations
ACF	Action Contre la Faim
ACORD	Agency for Cooperation and Research in Development
ADA	Austrian Development Agency
AFARD	Agency for Accelerated Regional Development
AFOD	Andrew Food International Alliance Forum for Development
ANC	AnteNatal CARE
ASRH	Adolescent Sexual and Reproductive Health
BFHI	Baby Friendly Hospital Initiative
CERF	Central Emergency Response Fund
CFS	Child Friendly Space
CHD	Child Health Days
CLTS	Community Led Total Sanitation
CRRF	Comprehensive Refugee Response Framework
CUAMM	Doctors with Africa
DANIDA	Danish International Development Agency
DFID	Department for International Development (UK)
DHO	District Health Officer
DLG	District Local Government
EmONC	emergency obstetric and neonatal care
EVI	Extremely Vulnerable Individuals
FCS	Food Consumption Source
FP	Family Planning
GAM	Global Acute Malnutrition
GBV	Gender Based Violence
GOJ	Government of Japan
GoU	Government of Uganda
HDDS	Household Dietary Diversity Score
HIV	Human Immunodeficiency Virus infection
IOM	International Organisation for Migration
IP	Implementing Partner
IPC	Integrated Food Security Phase Classification
IRC	International Rescue Committee
LWF	Lutheran World Federation
MISP	Minimum Initial Service package
MIYCAN	Maternal, Infant, Young Child and Adolescent Nutrition
MNCH	Maternal Neonatal Child Health
MT	Metric ton
MTI	Medical Teams International

NCE	No Cost Extension
NFI	Non-Food Items
NGO	Non-governmental organization
OPM	Office of the Prime Minister
PACE	Program for accessible health, communication and education
PHAST	Participatory Hygiene And Sanitation Transformation
PLW	Pregnant and Lactating Women, Mother-and-Child Health and Nutrition
PNC	Post Natal Care
PSEA	Prevention of Sexual exploitation and Abuse
PSN	People with Special Needs
RC	Resident Coordinator
RCM	Refugee Coordination Model
RCO	Resident Coordinators Office
ReHoPE	Refugee and Host Population Empowerment
RIMA	Resilience Index Measurement and Analysis
RLP	Refugee Law Project
RMNCAH	Reproductive Maternal, Newborn, Child and Adolescent Health
RRP	Refugee Response Plan
SAM	Severe Acute Malnutrition
SASA	Start, Awareness, Support and Action
SGBV	Sexual and gender-based violence
SIDA	Swedish International Development Cooperation Agency
SOPs	Standard Operating Procedures
SRH	Sexual Reproductive Health
STI	Sexually Transmitted Diseases
ToT	Training of Trainers
TPO	Transcultural Psychosocial organisation
TT	Tetanus Toxoid
UNCT	United Nations Country Team
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Children's Fund
URCS	Uganda Red Cross Society
VHT	Village Health Team
WASH	Water, Sanitation and Hygiene
WCC	War Child Canada