



United Nations

**CENTRAL
EMERGENCY
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

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

RESIDENT/HUMANITARIAN COORDINATOR

Ms. Ahunna Eziakonwa - Onochie

REPORTING PROCESS AND CONSULTATION SUMMARY

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

CERF agencies participated to review the achievements of the second CERF Rapid Response allocation of 2014 and the lessons learnt on 11 September 2015. The Lessons Learnt was then presented to the UNCT on 14 September 2015. The report was finalized based on UNCT feed-back.

- 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

CERF agencies participated to review the achievements of the second CERF Rapid Response allocation of 2014 and the lessons learnt on 11 September 2015. The Lessons Learnt was then presented to the UNCT on 14 September 2015. The report was finalized based on UNCT feed-back.

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

YES NO

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

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: 103,841,804		
Breakdown of total response funding received by source	Source	Amount
	CERF	5,007,893
	COUNTRY-BASED POOL FUND (if applicable)	0
	OTHER (bilateral/multilateral)	27,876,378
	TOTAL	38,884,271

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 21 November 2014			
Agency	Project code	Cluster/Sector	Amount
UNICEF	14-RR-CEF-172	Multi-sector refugee assistance	517,527
FAO	14-RR-FAO-038	Agriculture	265,469
UNFPA	14-RR-FPA-050	Multi-sector refugee assistance	174,000
UNHCR	14-RR-HCR-053	Multi-sector refugee assistance	2,247,324
IOM	14-RR-IOM-047	Water, Sanitation and Hygiene	196,837
WFP	14-RR-WFP-086	Food Aid	1,314,109
WHO	14-RR-WHO-082	Health	163,627
UN Women	14-RR-WOM-003	Protection	129,000
TOTAL			5,007,893

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	2,988,094
Funds forwarded to NGOs for implementation	1,640,103
Funds forwarded to government partners	379,696
TOTAL	5,007,893

HUMANITARIAN NEEDS

With the wide-spread conflict breaking up in South Sudan in early December 2013, the influx of South Sudanese refugees into Uganda increased dramatically. Between 16 December 2013 and 10 November 2014, Uganda had received 129,565 South Sudanese refugees. The newly arrived refugees were entering through two main entry points in Amuru and Koboko districts. From Amuru district, refugees were transferred to Adjumani and from Koboko district, they were transferred to Arua, while some proceed autonomously to Kiryandongo and Kampala. Refugees who arrived in Adjumani, Arua and Kiryandongo districts were provided land in refugee settlements or refugee villages. The Office of the Prime Minister (OPM) had successfully negotiated with the host community for additional land to accommodate the refugees in Arua and Adjumani. Since January, seven refugee settlements, namely: Ayilo I, Ayilo II, Boroli, Baratuku, Nyumanzi, Rhino camp and Kiryandongo; and five refugee villages (classified as areas with populations under 5,000) had been established or expanded to accommodate the new arrivals. The key concern for 2015 was the pull out of operational partners which is creating gaps in services for the newly arrived refugee population. While the numbers were relatively smaller, the situation in Arua and Kiryandongo districts remained dire with fewer partner on the ground and greater gap in unmet needs. As a result, services are spread thinly and the majority of refugees in this area did not have access to emergency care and support. The registration statistics showed 87 per cent of new arrivals being women and children, increasing the vulnerability of the population.

CERF funding was needed to support the creation of a comprehensive protection environment - with focus on legal and physical protection, support to persons with specific needs (PSN), management of unaccompanied/separated children, child protection, sex and gender based violence (SGBV) prevention and support to female headed households - provision of basic services in the transit/reception centres and in settlements, and enhancement of peace building activities. Other priority needs identified included: support to the Ugandan Government in the provision of physical protection, security, and registration; increased food security and livelihood support interventions, including livestock disease surveillance, treatment and vaccinations; support to fill critical gaps in services such as public health, education and WASH; improving settlement infrastructure and road access to ensure services reach refugees within the settlements; invest in environmental protection; and provide stronger emphasis and programming for peaceful coexistence projects.

II. FOCUS AREAS AND PRIORITIZATION

There was a 2015 Regional Interagency Appeal for the South Sudan situation of which Uganda was part. None of the agencies had however funding confirmed for 2015 at the time of the application, making it a real possibility that new arrivals would not be provided with any assistance, and for the current services to stop with no backup or proper exit plans. For Uganda specifically, the planning assumptions were:

- 2014: 150,000 new arrivals by end of 2014
- 2015: Arrival rate of 5,000 refugees per month, 60,000 new refugees.

Total number of refugees: 210,000 refugees by end of 2015. As of 10 November 2014, 129,565 refugees had entered Uganda since the start of the crisis in mid-December 2013. The CERF grant focused on the South Sudanese refugee emergency response in Arua, Adjumani and Kiryandongo districts, addressing the critical needs of newly arriving refugees (25,000 during the first five months of 2015), as well as filling gaps in key areas of protection and service delivery for the refugees arrived during 2014. Specific sector prioritisation included:

Sectors/Priorities	Target Locations	Remarks
<ul style="list-style-type: none"> • registration • public health • site planning services • shelter and NFI kits for new arrivals 	<ul style="list-style-type: none"> • Arua • Adjumani • Kiryandongo • Koboko district (refugee settlements and villages)	
<ul style="list-style-type: none"> • protection and prevention of SGBV • training and monitoring of protection of sexual exploitation and abuse (PSEA) • strengthening gender sensitive programming 	<ul style="list-style-type: none"> • Adjumani (refugee settlements and villages)	In a Joint Assessment SGBV was almost unanimously cited the greatest risk for women and girls, especially when gathering firewood and water, while cultivating in isolated places and while walking to and from school (Joint Assessment OPM-UNHCR- WFP June 2014)
<ul style="list-style-type: none"> • 50% of monthly food ration 	<ul style="list-style-type: none"> • All new South Sudanese 	The most recent nutrition figures from the March 2014

	refugees	Nutrition Survey indicated a GAM of 19.9% and SAM of 4.5% among children under five years in Adjumani, Arua and Kiryandongo Districts. WFP had announced food ration reduction by 50% of entitlement in Uganda as of February 2015 for refugees who arrived prior to August 2014 to continue providing food for the South Sudanese new arrival.
<ul style="list-style-type: none"> • Food security activities through provision of seeds to newly arrived households. 	<ul style="list-style-type: none"> • Arua (Rhino camp) • Kiryandongo (refugee settlements) 	
<ul style="list-style-type: none"> • Water provision through 2 new boreholes • household level sanitation for 300 HH with very vulnerable PSN • institutional sanitation in 2 primary schools 	<ul style="list-style-type: none"> • Arua (Rhino Camp) (refugee settlements)	Critical gaps existed in WASH in institutions (schools and health centres) posing a public health risk which needed to be rectified urgently.
<ul style="list-style-type: none"> • disease surveillance and preparedness • access to quality health services. 	<ul style="list-style-type: none"> • Arua • Adjumani • Kiryandongo (refugee settlements and villages)	By the end of October 2014, 6,260 cases and 157 deaths had been recorded by the World Health Organisation (WHO). Subsequent cholera outbreaks were also identified among the refugee and host populations in Arua District in northern Uganda with 63 cases and 2 deaths reported. Meningitis and Hepatitis B remained a concern together with measles and polio, as vaccination coverage in South Sudan prior to the conflict was very low. Wild polio and cholera are endemic. Anecdotal information showed that South Sudanese children did not present with child health cards on immunization history. Overcrowding and continued influx of new refugees into Uganda increased the risk of outbreaks of polio and measles among the refugee and host communities. Initial social mobilization initiatives had begun to experience challenges related to language barriers pointing to a need to tailor communication to the cultural needs of the refugees. The additional burden of the refugees had overstretched the formal health system in the refugee hosting district. Therefore, support to the healthcare system with human resources, drugs and equipment was needed to cope with the increased demand for services.
<ul style="list-style-type: none"> • Reproductive health • SGBV prevention • support and referral of pregnant women for ante-natal care 	<ul style="list-style-type: none"> • Arua • Adjumani • Kiryandongo 	<ul style="list-style-type: none"> • Rhino Camp • Mungulua I&II; Olwa I&II, Alere, Ayilo I&II, Alere; Nyumanzi; Baratuku and Boroli settlements and villages • refugee settlements
<ul style="list-style-type: none"> • Nutrition services for new arrivals and SAM cases • WASH activities 	<ul style="list-style-type: none"> • Arua • Adjumani • Kiryandongo (refugee settlements and villages)	The December 2014 Food Security and Nutrition Assessment (FSNA) revealed a decrease in Global Acute Malnutrition (GAM) rates in the refugee settlements from 20 per cent in February 2014 to below emergency thresholds (1.9 - 9.0 per cent) by December 2014. However, the assessment report showed that the overall prevalence of anaemia among children and women in the majority of the settlements was classified as critical. While exclusive breastfeeding for children below six months was adequately practised (88.1 – 100 per cent) in all settlements, only 1.2 per cent of children aged 6 - 23 months received minimum acceptable diet according to the infant and young child feeding (IYCF) guidelines

III. CERF PROCESS

Humanitarian response to the refugee crisis is coordinated by the Office of the Prime Minister Refugee Department (OPM) and UNHCR. At Kampala level, interagency meeting takes place on a bi-weekly pace during the emergency. The CERF grant request was prepared under the leadership of UNHCR as per RC request, with support from the UN Resident Coordinator's Office. A clear division of labour existed between UN agencies in responding to the refugee emergency based on the experience gained during the past three years of emergency response in Uganda. With the Uganda chapter of the 2015 regional interagency appeal for the South Sudanese situation still in process at the time of the application, the UN agencies brainstormed on the most critical needs that would need to be covered for the period targeted by the CERF Rapid Response (December 2014 – May 2015) and with the planning parameter of protection and assistance to 175,000 refugees.

Each UN agencies had NGO partners identified for implementation of various activities or, for some components, they implemented directly through their existing programmes. As such, the prioritisation process took into consideration the institutional advantages of each UN agency and ensured the critical life-saving needs were covered in the initial phase of the emergency as per the above priority table. UNFPA was already supporting reproductive health and SGBV services. Under this proposal, UN Women's activities aimed to complement UNFPA's by enhancing the protection and response to SGBV for new South Sudanese refugees through the provision of specialised emergency legal aid and psychosocial services in Adjumani. An inter-agency platform led by Government and the Office of the Prime Minister responsible for refugees, provided strategic guidance as to the needs to be prioritized for the response to the South Sudanese refugees and more specifically under the CERF grant. Meetings with UN agencies further clarified roles and resource allocations for agencies based on these collectively defined priorities.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR ¹									
Total number of individuals affected by the crisis: 155,514									
Cluster/Sector	Female			Male			Total		
	Girls (below 18)	Women (above 18)	Total	Boys (below 18)	Men (above 18)	Total	Children (below 18)	Adults (above 18)	Total
Multi-sector refugee assistance	48,178	134,191	82,369	51,287	21,758	73,045	99,465	55,949	155,414
Agriculture	5,741	4,331	10,072	5,608	3,980	9,588	11,349	8,311	19,660
Water, Sanitation and Hygiene	2,694	2,309	5,003	6,286	1,540	3,849	8,980	3,849	12,829
Food Aid	12,168	57,364	69,532	12,414	58,522	70,936	24,582	115,886	140,468
Health	19,700	12,100	31,800	20,500	7,700	28,200	40,200	19,800	60,000
Protection	700	6,591	7,291	111	907	1,018	811	7,498	8,309

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

BENEFICIARY ESTIMATION

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING²

	Children (below 18)	Adults (above 18)	Total
Female	48,178	34,191	82,369
Male	51,287	21,758	73,045
Total individuals (Female and male)	99,465	55,949	155,414

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

The population figure entered under the multi-sector cluster is also the total number of refugees registered and assisted. The original CERF application targeted 25,000 newly arrived refugees based on the situation of the South Sudanese influx as of November 2014 with a projection for the coming six months, and gaps for 150,000 refugees assumed to have already arrived by end 2014. The influx continued in 2015 albeit with lower intensity than predicted (with influx spikes in December and March-May). As of 26 June 2015, 155,514 South Sudanese refugees had arrived in Uganda and were assisted, whereof 25,949 were newly arrived over the past 6 months. In the multi-sectoral area, especially for UNHCR protection activities, 100 per cent of new arrivals were assisted at the point of entry and in transit centres and reception centres as well as registered and profiled for any persons with specific needs. Considering the programme of the various UN agencies under the CERF, it is estimated that all 155,414 refugees (new arrivals as per end June 2015) were reached through one or other types of programming conducted. The age and gender-breakdown is derived from the full screening process conducted upon entry.

CERF RESULTS

Collectively the UNCT, together with operational partners with their own funds, managed to provide a holistic and protective environment for the newly arrived refugees from South Sudan and to fill critical gaps for those already arrived. The total number of new South Sudanese refugees received in Uganda as of 26 June was 25,949, out of which 100 per cent were estimated to have been assisted through the CERF rapid response. In addition another 129,565 refugees already arrived since mid-December benefited from this project.

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

Sectors/Priorities	Target Locations	Results
<ul style="list-style-type: none"> • registration • public health • site planning services • shelter and NFI kits for new arrivals 	<ul style="list-style-type: none"> • Arua • Adjumani • Kiryandongo • Koboko district (refugee settlements and villages)	155,414 refugees assisted with public health and site planning services as well as shelter, whereof 25,949 new arrivals registered and given NFI kits
<ul style="list-style-type: none"> • protection and prevention of SGBV • training and monitoring of protection of sexual exploitation and abuse (PSEA) • strengthening gender sensitive programming 	<ul style="list-style-type: none"> • Adjumani (refugee settlements and villages)	7,291 refugee women and girls accessed legal aid and psychosocial services and 106 refugee leaders trained on PSEA
<ul style="list-style-type: none"> • 50% of monthly food ration 	<ul style="list-style-type: none"> • All new South Sudanese refugees 	50% of monthly food ration for 140,468 women, men, boys and girls
<ul style="list-style-type: none"> • Food security activities through provision of seeds to newly arrived households. 	<ul style="list-style-type: none"> • Arua (Rhino camp) • Kiryandongo (refugee settlements)	3,556 households provided with emergency agricultural kits, whereof 1056 households were host communities (106 and 950 refugees in

		Kiryandongo and Rhino Camp respectively) provided with vegetables seeds and tools. This is consistent with Government of Uganda position of allocating some resources to the host communities to facilitate peaceful co-existence. This provision of assistance to the host communities also provided incentives for the host communities to provide additional land for refugee use.
<ul style="list-style-type: none"> • Water provision through 2 new boreholes • household level sanitation for 300 HH with very vulnerable PSN • institutional sanitation in 2 primary schools 	<ul style="list-style-type: none"> • Arua (Rhino Camp) (refugee settlements)	Arua (Rhino Camp) refugee settlement: 12 new boreholes; HH level sanitation (latrines and hand washing facilities) for more than 300 households (1,534 individuals) with very vulnerable Persons with Specific Needs; and institutional sanitation in 2 primary schools through 20 latrines and 4 hand washing facilities.
<ul style="list-style-type: none"> • disease surveillance and preparedness • access to quality health services. 	<ul style="list-style-type: none"> • Arua • Adjumani • Kiryandongo (refugee settlements and villages)	In terms of Completeness and timeliness of weekly surveillance report submission from health facilities to the office of the DHO, IDSR reporting from Arua increased from <60% to >80%. The rest of the districts maintained at >80%. Outbreak of epidemics were detected early and responded to for instance CFR for cholera outbreak was 0%.
<ul style="list-style-type: none"> • Reproductive health • SGBV prevention • support and referral of pregnant women for ante-natal care 	<ul style="list-style-type: none"> • Arua • Adjumani • Kiryandongo 	Arua (Rhino Camp settlement), Adjumani (Mungulua I&II, Olwa I&II, Alere, Ayilo I&II, Alere; Nyumanzi; Baratuku and Boroli settlements and villages) and Kiryandongo refugee settlements: 98% of expected deliveries among refugees took place in a health facility and 12 out of 14 health facilities supplied with lifesaving reproductive health commodities and equipment. 868 of pregnant women assisted to access pregnancy, delivery and postnatal care. 100% of SGBV survivors referred timely.
<ul style="list-style-type: none"> • Nutrition services for new arrivals and SAM cases • WASH activities 	<ul style="list-style-type: none"> • Arua • Adjumani • Kiryandongo (refugee settlements and villages)	<p>52,331 children received vitamin A supplementation; 37,925 children were screened for malnutrition; 70,237 received deworming medication; 509 children treated at ITCs and 4,416 children treated at OTCs for severe acute malnutrition.</p> <p>40,000 Refugees in settlement sites provided with access of 15 litres per person per day safe water from existing water system; 1,934 households with access to appropriate sanitation (Constructing 210 latrines for Persons with Special Needs (PSNs) and supported toilets (785 in Adjumani, 612 in Rhino camp and 327 in Kiryandongo) and 83% of targeted refugee population are aware of safe hygiene practices i.e. washing hand with soap after using latrine</p>

CERF's ADDED VALUE

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

YES PARTIALLY NO

The CERF grant supported agencies to kick start lifesaving activities for new refugees as well as covering gaps for already arrived refugees in the settlements, during a time where UN agencies had no other funding confirmed for 2015. It is likely that, without CERF funds, it would not have been possible to provide any assistance to new arrivals, nor to continue providing ongoing services to refugees who arrived earlier. Further, all settlement locations for the refugees required substantial improvement in relation to access to services and household items.

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

YES PARTIALLY NO

The CERF contribution was the second funding made available in this emergency response for the South Sudan situation and greatly supported the UN agencies to continue their response. The CERF intervention especially contributed in providing the basic lifesaving needs of the refugees which were time critical. Some of the examples are as follows:

WASH services for households and institutions were at critically low levels limiting the dignity of the affected population and supporting the transmission of water borne diseases. Delays in services may have led to outbreaks. Time critical services in integrated management of acute malnutrition arrested deterioration of children's nutrition status. CERF funds supported mobilisation for immunisation given the high risk of the low coverage of vaccination amongst the incoming refugee children.

By providing agricultural inputs in time for first planting season, CERF responded to time critical needs of the refugees by initiating the re-establishment of livelihoods based on available land allocated to the refugees to avoid over dependence on food aid.

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

YES PARTIALLY NO

The most important contribution to the refugee influx came from host communities allocating communal land for the refugee settlements. The positive impact of CERF funding on host communities is supportive of this generous contribution. The revised interagency regional appeal for the South Sudan emergency launched in June 2014, with planning figure of 150,000 refugees in Uganda, was USD 224,303,989. Out of this requirement, and despite various donor missions to the field and Kampala level donor briefings, only 48% has been funded (as of end 2014). For the inter-agency regional appeal for 2015 20% of the USD 43,168,890 requirement has been funded. CERF funding has filled critical gaps and allowed agencies to sustain life-saving activities. In this sense, CERF funding also functioned as a catalyst for funding directed to other non-life saving activities, such as livelihood support and basic service infrastructure in new refugee settlement areas.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

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

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

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

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

Uganda is a self-starter for Delivering as One. The refugee emergency response and the CERF process contributed to the harmonisation of UN agency's intervention in the refugee emergency and has supported the creation of synergies between the various agencies on the ground. It has also contributed to a better understanding of agencies mandate and operational collaboration at the deep field level. CERF further supported absorptive and adaptive capacity of individuals, households as well as service institutions managing increased needs due to the shock of mass migration resulting from conflict. The implementation of proposed interventions strengthened interaction and coordination between partners engaged in the response to South Sudanese refugees. More specifically, CERF supported progression towards the minimum standards in the provision of WASH and nutrition services. The nutrition assessment provided evidence to allow for time critical information for identification of areas of urgent need as well as deterioration and for identification of cases of acute malnutrition for referral for lifesaving treatment.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
<p>The planning for CERF funds did not adequately cater for the holistic support needed to prevent and respond to protection issues such as child protection and SGBV. The CERF recently concluded evaluation found that SGBV was seriously under-resourced, resulting in inadequate interventions for this key human security issue. An ECHO mission also noted that SGBV not addressed in a holistic manner. Given the demographic composition of the refugee population at the initial flight these issues are imperative.</p>	<p>When reviewing country CERF proposals, CERF secretariat should consider child protection issues, including coordination, and SGBV at equal footing as other emergency interventions. Currently this is not the case</p>	<p>CERF secretariat</p>
<p>The Uganda settlement approach for refugee response is unique globally and requires initial higher investment per capita (compared to other countries) given that emergency response and services are provided within the public service system also servicing host communities (as per the Government policy that at least 30% of support should benefit host communities). Host communities contribute communal land for refugee response and this practice has at times been challenged due to the strains put on the land and refugee impact on public service delivery.</p>	<p>Consider reviewing CERF proposals with a longer-term perspective; recognizing that a higher initial cost may be more cost-efficient and sustainable in the long-run and support a globally best practice of refugee protection and policy that promotes peaceful co-existence, especially given the protracted nature of the refugee crisis in the region and beyond.</p> <p>Per capita cost comparisons between countries should be considered alongside other parameters given very different country contexts.</p>	<p>CERF secretariat</p>

Depending the depth and length of an emergency there may be need for several rapid response grants for the same situation.	CERF flexibility and support for the South Sudanese influx into Uganda was highly appreciated and provides a good practice to build on.	CERF Secretariat
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TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
The Ugandan context allows for refugee settlements with free movement. Given low immunisation coverage rates and possibilities of transmission of communicable diseases, there is a need to extend services (such as immunization, nutrition, etc) to host communities	Future planning for refugee response needs to look more comprehensively at refugee hosting communities	UNHCR and UNCT
Majority of refugees' livelihood is dependent on agricultural production and land has been allocated for this purpose in the different refugee settlements.	Need to prioritize agricultural and livelihood interventions and allocate commensurate resources to fast track self-reliance and re-establish livelihoods.	UNCT and Bilateral development partners and WB.
The legal aid intervention underscored the enormous challenge of accessing justice for women and girls through the formal justice system in humanitarian situations.	There is need to advocate and collectively work with government on the issue of building the operational capacity of Police and the Judiciary in humanitarian situations.	UN Women, OPM, JLOS
As discussed in the inter-agency forum there is a need to review harmonization and standardization of intervention approaches for some areas technical response.	Facilitate a review and learning session with the Inter-agency emergency forum and standardization of some technical response areas, such as community volunteer incentive structures.	UNCT
Given the refugee population demographic and low opportunities for post-primary education in the host communities there is a need to strengthen synergies between education and protection.	Follow up on potential to engage youth positively and constructively within interventions such as livelihoods support.	UNCT

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	18.12.14 – 17.06.15		
2. CERF project code:	14-RR-CEF-172		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Multi-sector refugee assistance			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Emergency Humanitarian Support through Nutrition and WASH interventions					
7. Funding	a. Total project budget:	US\$ 8,426,250	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 1,547, 217	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 203,877	
	c. Amount received from CERF:	US\$517,527	▪ <i>Government Partners:</i>		US\$ 232,277	
Beneficiaries						
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).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
<i>Children (below 18)</i>	31,150	24,350	55,500	35,781	35,450	71,231
<i>Adults (above 18)</i>	9,600	6,400	16,000	7,700	5,400	13,100
Total	40,750	30,750	71,500	43,481	40,850	84,331
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
<i>Refugees</i>	71,500		77,530			
<i>IDPs</i>	0		0			
<i>Host population</i>	0		6,801			
<i>Other affected people</i>	0		0			
Total (same as in 8a)	71,500		84,331			
<i>In case of significant discrepancy between planned and reached beneficiaries, either</i>	Multi-sector: There was an increase in total numbers reached due to the continued influx of refugees during the project implementation period. Nutrition services for					

the total numbers or the age, sex or category distribution, please describe reasons:	refugees reached some host community members who also access the existing health services.
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CERF Result Framework			
9. Project objective	<p>The broad objectives of the project are: To provide essential lifesaving nutrition services for children and women living in the settlements and host communities Specific objectives are:</p> <ol style="list-style-type: none"> 1. To provide refugee women and children with lifesaving IYCF (18,376 caregivers), vitamin A (14,658 children 6-59 months), iron/folic supplementation (3,718 pregnant women), deworming medication (34,606 children 1-14 years and integrated management of acute malnutrition (IMAM) (600 children with SAM) services. 2. Sustain operation and maintenance of existing water and sanitation services and promote good hygiene practices among 40,000 existing and new arrivals. 3. To strengthen social mobilization through interpersonal communication to ensure that children and women within the refugee settlements and host populations access high quality EPI services. 		
10. Outcome statement	<ol style="list-style-type: none"> 1. Improved coverage of treatment of severe acute malnutrition, Vitamin A and deworming among refugee children under 5 years of age. 2. 40,000 refugees have access to improved water and sanitation services. 3. Improved coverage of EPI services to all eligible children in the settlements and host communities. 		
11. Outputs			
Output 1	31,500 children have access to vitamin A supplementation; deworming and an estimated 1,433 children with severe acute malnutrition are identified and treated across the three districts.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Proportion of children (6 – 59 months) receiving Vitamin A supplementation and deworming.	100% (14,658 children)	100% of refugee children and in addition host community children (total of 52,331 children received vitamin A supplementation).
Indicator 1.2	Proportion (%) of children under 5 years screened for malnutrition.	100% (14,658 children)	100% of refugee children and in addition host community children (total of 37,925 children were screened for malnutrition).
Indicator 1.3	Proportion of children 1-14 years given deworming medication.	100% (34,606 children)	100% of refugee children and in addition host community children (70,237 received deworming medication).
Indicator 1.4	Proportion of pregnant women given iron/folic supplementation.	100% (3,718 women)	100% of refugee women and also host community women (68,139 pregnant and lactating mothers received iron/folic acid).
Indicator 1.5	Proportion of caregivers counselled on maternal nutrition and IYCF.	100% (18,376 men & women)	100% (15,975 pregnant & lactating women received maternal nutrition and IYCF counselling, 8,157 men & women counselled during home visits and 77,079 men and women attended health and

			nutrition education sessions).
Indicator 1.6	Proportion of children treated for severe acute malnutrition.	80% (600 children)	85% of children treated at ITC. (509 children treated at ITCs and an additional 4,416 children treated at OTCs.)
Indicator 1.7	Effectiveness of OTC/ITC treatment programs.	(Cure rate > 75%, death rate < 10% and defaulter rate < 15%)	OTC: cured=56.2%, death=7.8% and defaulters=36.0%. ITC: cured=80.6%, death=12.4% and defaulters=7.0% [Sphere standards: cured >75%, death<10% and defaulter <15%.]
Indicator 1.8	Proportion of health workers and VHTs effectively trained on IMAM and IYCF.	80% (240 health workers and 3000 VHTs)	Up to 500 health workers (>100%) trained on IMAM/IYCF and 2,992 VHTs (100%) trained on community nutrition.
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Conduct on job training, coaching/mentoring and support supervision for 240 health workers and 3,000 VHTs from the three districts already implementing the IMAM program.	CONCERN WORLDWIDE and DLGs	Concern Worldwide, Makerere University Public Health School and District Health Offices of Kiryandongo, Arua, Adjumani
Activity 1.2	Conduct nutrition screening for all children under five years (31,500) in Arua, Adjumani and Kiryandongo.	CONCERN WORLDWIDE and DLGs	Concern Worldwide, Makerere University Public Health School and District Health Offices of Kiryandongo, Arua, Adjumani
Activity 1.3	Support training of 240 health workers in the 3 districts on comprehensive IYCF counselling and BFHI.	CONCERN WORLDWIDE, DLGs	Concern Worldwide, Makerere University Public Health School and District Health Offices of Kiryandongo, Arua, Adjumani
Activity 1.4	Provide Vitamin A supplementation and deworming to all children < 5 years.	CONCERN WORLDWIDE, DLGs	Concern Worldwide, Makerere University Public Health School and District Health Offices of Kiryandongo, Arua, Adjumani
Output 2	Refugees in settlement sites have access of 15 litres per person per day safe water from existing water system.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of refugee having access of safe water within 1 km radius.	40,000	40,000
Indicator 2.2	Per cent of targeted motorized water system in settlement sites are functional at any given time.	100%	100%
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Refresher training of water .management Committee.	DLG/DRC/LWF	Danish Refugee Council (DRC)

Activity 2.2	Provision of spare parts	DLG/DRC/LWF	Danish Refugee Council (DRC)
Activity 2.3	Operation and maintenance of existing water system in refuge settlement sites.	DLG/DRC/LWF	Danish Refugee Council (DRC)
Output 3	Additional 10,000 refugees in settlement site have access to basic sanitation		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of households with access to appropriate sanitation	2,000	1,934 (Constructing 210 latrines for Persons with Special Needs (PSNs), Supported toilets (785 in Adjumani, 612 in Rhino camp and 327 in Kiryandongo).
Indicator 3.2	Per cent of targeted refugee population are aware of safe hygiene practices i.e. washing hand with soap after using latrine.	80%	83%
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Construction of household sanitation (PSN).	LWF/DRC	Danish Refugee Council (DRC)
Activity 3.2	Household hygiene improvement campaign including hand washing with soap.	LWF/DRC	Danish Refugee Council (DRC)
Activity 3.3	Water quality monitoring and surveillance.	LWF/DRC	Danish Refugee Council (DRC)

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

Nutrition

This project contributed to the December 2014 Food Security and Nutrition Assessment (FSNA) that revealed a decrease in GAM rates in the refugee settlements from 20 per cent in February 2014 to below emergency thresholds (1.9-9.0 per cent) by December 2014. However, the assessment report showed that the overall prevalence of anaemia among children and women in the majority of the settlements was classified as critical. While exclusive breastfeeding for children below 6 months was adequately practised (88.1-100 per cent) in all settlements, only 1.2 per cent of children aged 6-23 months received minimum acceptable diet according to the infant and young child feeding (IYCF) guidelines. As a result, activities under this project were strengthened to address highlighted gaps and in the process reached more beneficiaries. Activities strengthened included:

- Increased support to districts to strengthen integrated IYCF and maternal nutrition counselling services with IMAM at facility and community level with technical assistance from implementing partners.
- Continued support to districts for social mobilization of refugees and host communities for integrated immunization and nutrition outreaches.
- Focus on health and nutrition education sessions in communities for men and women and increased support to health unit counselling services for pregnant and lactating women on maternal nutrition and IYCF.
- Scale up of IMAM services through training of additional health workers and village health teams (VHTs) as well as additional distribution of therapeutic supplies to address high caseloads among host community. Additional, technical assistance is still critical to address the IMAM performance indicators.

Although numbers of beneficiaries reached for various indicators were above target, most of the data was not disaggregated (male/female especially for adults and refugee/host community) due to lack of standard nutrition reporting tools. Appropriate data collection tools have since been supplied in the current roll out of new health management information systems (HMIS) tools that

include IYCF/IMAM indicators. A follow-up joint FSNA is planned for November 2015 to estimate the current nutrition and food security situation among both refugees and host communities and to inform, evaluate program performance and to guide future plans.

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

Nutrition:

Nutrition interventions are implemented in close collaboration with the Ministry of Health as well as the District Local Government. Interventions are aligned to government policy and technical provisions. Social mobilisation at outreach sites was adapted to the needs of the refugees through language interpretation. Improvements have been made on Monitoring and evaluation systems for Health and Nutrition through the health information management system (HMIS) to identify client access and success rates of participation in integrated management of acute malnutrition. Health workers were provided with training on nutrition services and surge capacity was supported to be able to manage increased numbers of affected women and children accessing health and nutrition services.

WASH:

WASH community cadres supporting operations and maintenance were adequately prepared to enable them to work in a transparent and supportive with affected refugees. Refresher trainings targeting 65 water management committees (27 in Adjumani, 17 in Rhino cam, 21 in Kiryandongo), 40 hand pump mechanics (20 in Adjumani, 10 in Kiryandongo and 10 Rhino camp) and 65 hygiene promoters (30 in Adjumani, 17 in Rhino camp, 18 in Kiryandongo). Hygiene promotion was conducted in the local languages of affected refugee populations. Hygiene messaging was through 70 sign boards containing hygiene messages on ideal homesteads were installed around water points, three sets of IEC provided to hygiene promoters in Adjumani, 1400 posters were placed at strategic places to ensure visibility of hygiene messages and 65 hygiene promoters were supported through provision of T-shirts, visibility coats, gum boots and stipend which enabled them to carry out routine hygiene promotion activities.

The intervention supported the sanitation of persons with special needs through latrine construction and hygiene promotion. Interventions of water, sanitation and hygiene were designed and implemented in collaboration with primary duty bearers or local institutions of District Local Government and with the knowledge of the Government's Office of the Prime Minister as well as UNHCR.

Within the sanitation intervention, able-bodied refugees were encouraged to construct their own sanitation facilities. The decision was considered in the light of its impact on longer-term development.

UNICEF and its partner supported carrying out water quality monitoring and surveillance targeting 106 samples from water sources and 289 household samples. The samples were obtained from Kiryandongo, Rhino camp and Ayilo settlements. A total of 98 per cent of water sources samples and 65.1 per cent household samples were found safe. Feedback to the communities was done and remedial action for the water sources found contaminated was carried out.

In June 2015, approximately 84 South Sudanese children participated in the World Humanitarian Summit (WHS) consultations in four selected settlements of Adjumani. They expressed concerns about feeling insecure due to conflict at home and fighting amongst themselves. They did not feel safe in the bushy terrain leading to school and were concerned about limited schooling services in terms of lighting, learning and WASH supplies. They expressed fear of being forced into early marriage and highlighted such needs as sanitary supplies, closer water services and being engaged by community leaders making decisions. The children's observations is being utilised for additional improvements in programming.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
The Food Security and Nutrition Assessment (FSNA) that was conducted helped to determine progress of the nutrition programmes. A follow-up joint FSNA is planned for November 2015 to estimate the current nutrition and food security situation among both refugees and host communities and to evaluate program performance and to guide future plans.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information							
1. Agency:		FAO		5. CERF grant period:		18.12.14 – 17.06.15	
2. CERF project code:		14-RR-FAO-038		6. Status of CERF grant:		<input type="checkbox"/> Ongoing	
3. Cluster/Sector:		Agriculture				<input checked="" type="checkbox"/> Concluded	
4. Project title:		Emergency Agricultural Assistance to South Sudanese refugees in Northern Uganda					
7. Funding	a. Total project budget:		US\$ 5,408,486	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:		US\$ 707,458	▪ NGO partners and Red Cross/Crescent:		US\$ 51,761	
	c. Amount received from CERF:		US\$ 265,469	▪ Government Partners:		US\$ 2,110	
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (below 18)		4,075	4,251	8,326	5,741	5,608	11,349
Adults (above 18)		2,530	1,595	4,125	4,331	3,980	8,311
Total		6,605	5,846	12,451	10,072	9,588	19,660
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees		12,451			12,693		
IDPs					0		
Host population					6,967		
Other affected people					0		
Total (same as in 8a)		12,451			19,660		
<p><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></p>		<p>Out of the 3,556 households targeted, 1056 households were host communities (106 and 950 refugees in Kiryandongo and Rhino Camp respectively) which were provided with vegetables seeds and tools. This is consistent with Government of Uganda position of allocating some resources to the host communities to facilitate peaceful co-existence. This provision of assistance to the host communities also provided incentives for the host communities to provide additional land for refugee use.</p>					

CERF Result Framework			
9. Project objective	To provide seeds of quick maturing crops and tools to support 12,451 refugees (2,490 households) in addressing their food security needs.		
10. Outcome statement	Improved self-reliance through own food production and diversify food sources		
11. Outputs			
Output 1	2,500 emergency agricultural kits distributed to 2,500 refugees households in Kiryandongo and Rhino Camp refugee settlements		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of NGO partner contracted (numbers)	1	1
Indicator 1.2	Quantity of staple crop seeds procured and distributed (MT)	28MT	33MT of staple crop seeds procured and distributed
Indicator 1.3	Quantity of traditional/improved vegetable seeds procured (Kgs)	900	989Kgs of vegetable seeds procured and distributed to the beneficiaries.
Indicator 1.4	Quantity of hand hoes procured and distributed (pieces)	5,000	5,000 pieces of hand hoes procured and distributed
Indicator 1.5	Number of lead farmers representative trained	250	2,083 (806 male and 1,277 female) were trained in agronomy of crops seeds provided and 71 demonstration nurseries were established for training purposes. In addition, 2,132 beneficiaries (872 male and 1,246female) were trained in postharvest handling for the crops seed provided
Indicator 1.6	Number of post distribution assessment conducted	1	1 post distribution assessment undertaken
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Contract implementing partner (DRC) for implementation	FAO	FAO
Activity 1.2	Procure and distribute 28MT of assorted staple food crops	FAO and NGO partner (DRC)	FAO (design of the seed kits, technical oversight and procurement) and DRC (distribution)
Activity 1.3	Procure and distribute 900kgs of assorted vegetables seeds	FAO and NGO partner	FAO (design of the seed kits, technical oversight and procurement) and DRC (distribution)
Activity 1.4	Procure and distribute 5,000 pieces of hoes	FAO and NGO partner	FAO (procurement and , technical oversight) and DRC (distribution)

Activity 1.5	Conduct trainings of lead representatives on key basic concepts in regard to the crops distributed and post-harvest handling	FAO and NGO partner	FAO
Activity 1.6	Conduct a post distribution assessment	FAO and NGO partner	FAO (design of tools , technical oversight and data analysis) and DRC (collection of data)
Activity 1.7	Monitoring of the field activities	FAO and NGO partner	FAO and DRC
Activity 1.8	Provide Technical Support to all Food Security & Livelihood partners	FAO	FAO
Activity 1.9	Reporting	FAO and NGO partner	FAO
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:			
For indicator 1.5, Instead of training only 250 lead farmers with additional resources from FAO internal resources more beneficiaries were trained as outlined above.			
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:			
The accountability to affected people was ensured through involvement of the affected community at all stages of project development including design, implementation and monitoring. The affected population owns the project because their needs have been comprehensively addressed.			
14. Evaluation: Has this project been evaluated or is an evaluation pending?			EVALUATION CARRIED OUT <input type="checkbox"/>
No evaluation planned			EVALUATION PENDING <input type="checkbox"/>
			NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNFPA		5. CERF grant period:	15.12.14 – 14.06.15		
2. CERF project code:	14-RR-FPA-050		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Multi-sector refugee assistance			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Provision of Urgent Lifesaving Reproductive Health and Gender Based Violence Response Services for South Sudanese Refugees in Uganda					
7. Funding	a. Total project budget:	US\$ 3,478,142	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 274,000	▪ NGO partners and Red Cross/Crescent:		US\$ 100,398	
	c. Amount received from CERF:	US\$ 174,000	▪ Government Partners:		US\$ 0	
Beneficiaries						
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).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (below 18)	13,200	13,200	26,400	7,292	4,571	11,863
Adults (above 18)	32,400	25,200	57,600	15,884	9,866	25,750
Total	45,600	38,400	84,000	23,176	14,437	37,613
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees	84,000		31,113			
IDPs						
Host population			6,500			
Other affected people						
Total (same as in 8a)	84,000		37,613			
<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 original CERF application targeted 25,000 newly arrived refugees based on the situation of the South Sudanese influx as of November 2014 with a projection for the coming six months, and gaps for 150,000 refugees assumed to have already arrived by end 2014 The influx continued in 2015 albeit with lower intensity than predicted (with influx spikes in December and March-May). As of 26 June 2015, 155,514 South Sudanese refugees had arrived in Uganda and were assisted, whereof 25,949 were newly arrived over the past 6 months. The number of ERH Kits procured was guided by					

	<p>the number of health facilities that were serving the refugees. This strategy was to ensure that all of the 11 health facilities received kits to be able to provide lifesaving RH services for the refugees. Based on this approach the total number of kits procured was 59. It is on the basis of the 59 kits that the target of 84,000 was arrived at, i.e. the target of 84,000 was based on the service capacity of the 59 kits. However some of the health facilities could not consume the distributed kits within the reporting period because their catchment population was less than the minimum capacity of the kits. Kits that could serve a population of 30,000 were distributed to health facilities that served a population of 10,000 as an example. As a result the target of 84,000 could not be achieved within the reporting period even though the kits remain available at health facilities as needs arise. This strategy was necessary to ensure that all of the refugee population had access to RH services.</p>
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CERF Result Framework			
9. Project objective	To address urgent reproductive health care and protection against SGBV and care needs of South Sudanese refugees in Adjumani, Kiryandongo, and Arua districts		
10. Outcome statement	Improved access to reproductive health and SGBV prevention and response services for South Sudanese refugees in Adjumani, Kiryandongo, and Arua districts in Uganda.		
11. Outputs			
Output 1	84,000 South Sudanese refugees of in Adjumani, Kiryandongo and Arua have access to lifesaving reproductive health services as defined in the Minimum Initial Service Package for Reproductive Health (SPHERE standard)		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	% of expected deliveries among South Sudanese refugees that take place in a health facility	80% (2,160)	98% (663)
Indicator 1.2	Proportion of health facilities serving S. Sudanese refugees supplied with lifesaving reproductive health commodities and basic equipment (Emergency Reproductive Health Kits)	11 out of 11	12 out of 14
Indicator 1.3	Number of pregnant women assisted to access pregnancy, delivery and postnatal care	1,800	868
Indicator 1.4	Number of young refugees (10 to 24 years) reached with lifesaving sexual and reproductive health services and Information	6,000 girls and 6,000 boys	5,898 girls and 3,047 boys
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procure and distribute lifesaving reproductive health kits according to quantified needs (will serve 84,000 people)	UNFPA	UNFPA
Activity 1.2	Recruit additional midwives in 6 health facilities and support provision of reproductive health services for South Sudanese refugees	ACORD	ACORD
Activity 1.3	Undertake pregnancy mapping and follow up to facilitate pregnant women to access pregnancy, delivery, and postnatal care to reach 1,800 pregnant women and about 2,700 newborns	ACORD	ACORD

Activity 1.4	Support 2 youth spaces including peer groups in Adjumani for providing life-saving reproductive health information and services for young refugees	ACORD	ACORD
Activity 1.5	Support operations of ambulance referral services for emergencies	ACORD	ACORD
Output 2	Refugee communities in Adjumani, Kiryandongo and Arua districts have functional structures and mechanisms for protection against and response to SGBV		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	% of SGBV survivors referred timely by type of service (medical, psychosocial, legal)	75%	100%
Indicator 2.2	Number of SGBV cases/survivors identified	500	13
Indicator 2.3	Number of SGBV cases survivors receiving appropriate care (medical, psychosocial, legal)	400	13
Indicator 2.4	% of target refugee communities have functional community structures for protection and response to SGBV	100%	100%
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Support and monitor SGBV prevention structures within refugee settlements and use available referral pathways for easy access to services for survivors of SGBV in selected settlements: Mungulua I&II; Olwa I&II, Alere, Ayilo I&II, Alere; Nyumanzi; Baratuku and Boroli settlements.	ACORD/ ARC	ACORD (Ayilo I, Nyumanzi, Boroli, Baratuku) and ARC (Olua I, Olwa II, Mungula I, Mungula II, Alere, and Ayilo II)
Activity 2.2	Widely disseminate Standard Operating Procedures to the communities to ease access to SGBV protection and care services for survivors in selected settlements: Mungulua I&II; Olwa I&II, Alere, Ayilo I&II, Alere; Nyumanzi; Baratuku and Boroli settlements.	ACORD/ ARC	ACORD (Ayilo I, Nyumanzi, Boroli, Baratuku) and ARC (Olua I, Olwa II, Mungula I, Mungula II, Alere, and Ayilo II)
Activity 2.3	Support community mobilization by women groups, village health teams, and refugee community leaders and protection officers to mitigate risk, facilitate identification, and prompt access to care in selected settlements: Mungulua I&II; Olwa I&II, Alere, Ayilo I&II, Alere; Nyumanzi; Baratuku and Boroli settlements.	ACORD/ ARC	ACORD (Ayilo I, Nyumanzi, Boroli, Baratuku) and ARC (Olua I, Olwa II, Mungula I, Mungula II, Alere, and Ayilo II)
Activity 2.4	Support provision of survivor-centred SGBV care and support services (psychosocial and referral for legal counselling and medical care) for survivors in selected settlements: Mungulua I&II; Olwa I&II, Alere, Ayilo I&II, Alere; Nyumanzi; Baratuku and Boroli settlements.	ACORD/ ARC	ACORD (Ayilo I, Nyumanzi, Boroli, Baratuku) and ARC (Olua I, Olwa II, Mungula I, Mungula II, Alere, and Ayilo II)

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:

Eleven (11) health facilities (out of 11 planned) that were serving refugees in Adjumani, Arua and Kiryandongo districts were equipped and provided with the IASC Emergency Reproductive Health Kits that contain an assortment of supplies and equipment for the management of clean safe delivery, as well as complicated delivery and complications of pregnancy such as miscarriages and abortions; post rape treatment and treatment of sexually transmitted infections. The health facilities supplied were Kiryandongo and Adjumani Hospital; and the health centers of Elema, Lewa, Alere, Maaji, Ayilo, Nyumanzi, Olujobo, Rhino Camp, and Ocea. Altogether 59 kits of different types were distributed. It is estimated that this number of kits met the major reproductive health care needs of a population of 100,000 people for at least 3 months.

The project supported the recruitment of additional midwives who mitigated the overwhelming workload in the existing health facilities exerted by the increased population following the refugee influx.

Provision of supplies, equipment and additional midwives helped ensure good quality of service delivery and as a result 98% of deliveries were conducted safely in these health facilities under skilled care surpassing the target of 80%. Unfortunately, however one maternal death was reported in Nyumanzi HC II in Adjumani district due to excess bleeding after delivery and delay in seeking care. It is also important to note that about 20% of the people served in these health facilities were the host communities who have taken advantage of the improved quality of health services.

24 hour ambulance referral service was maintained to serve all refugee settlements and ensure timely evacuation of medical emergencies including maternal health emergencies.

Health education and community mobilization were conducted in the settlements by community volunteers recruited from among the refugees. The volunteers were able to map out and link 868 pregnant women to existing maternal health services including antenatal, family planning and counselling and safe delivery services. Early diagnosis of pregnancy complications and timely management of risk factors were thus facilitated. The volunteers were provided with IEC materials and job aides to provide the community with other reproductive and other health related information and guidance for health services.

SGBV prevention teams that are comprised of volunteers working with settlement leaders and law enforcement agencies have been set up as SGBV prevention structures to raise awareness and support SGBV survivors and the victims to access services promptly. This CERF project supported establishment of SGBV referral pathways in Mungulua I&II; Olwa I&II, Alere, Ayilo I&II, Alere; Nyumanzi; Baratuku and Boroli settlements in Adjumani. Information Education and Counselling materials on prevention and access to services for SGBV were printed and were distributed to the communities by the volunteers. Standard Operating Procedures were distributed to the communities in the settlements of Mungulua I&II; Olwa I&II, Alere, Ayilo I&II, Alere; Nyumanzi; Baratuku and Boroli. During the reporting period, only 13 SGBV cases were identified indicating the effectiveness of the prevention mechanisms set up. However the target of 500 was a gross over estimation. All of 13 cases were facilitated to access medical and/or psychosocial services within 72 hours of reporting. The rape cases were provided with HIV post exposure prophylaxis, emergency contraceptives and referred to police and for psychosocial and legal services. UNFPA worked in 10 of the 14 refugee settlements/villages in Adjumani district with ACORD (Ayilo I, Nyumanzi, Boroli, and Baratuku) and ARC (in Olua I, Olua II, Mungula I, Mungula II, Alere, and Ayilo II).

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

Implementation planning and reviews were done with consultation of the beneficiaries through an entry meeting and follow up field monitoring visits that were conducted by both UNFPA implementing partners ACORD and ARC. During such visits interviews and/or focus group discussions as well as community dialogues were held with community leaders and community members on issues affecting them in the area of reproductive and maternal health and SGBV. The Office of the Prime Minister as the government agency responsible for the refugee program as well as the District Local Government authorities were consulted regularly on planned interventions and to provide leadership on program focus, prioritization and coordination.

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

EVALUATION CARRIED OUT

The period of project implementation was short and therefore, no formal evaluation was carried out. However monitoring and regular support supervision was conducted both by the implementing partner and by UNFPA. Program review meetings were through regular sector meetings by the relevant partners and by the office of the Prime Minister and UNHCR through the Inter-Agency meetings at field level and central level.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNHCR		5. CERF grant period:	18.12.14 – 17.06.15		
2. CERF project code:	14-RR-HCR-053		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Multi-sector refugee assistance			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Protection and emergency assistance to new arrival South Sudanese refugees in Uganda					
7. Funding	a. Total project budget:	US\$ 49,723,710	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 17,787,620	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 1,131,740	
	c. Amount received from CERF:	US\$ 2,247,324	▪ <i>Government Partners:</i>		US\$ 109,309	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (below 18)</i>	57,281	59,746	117,027	48,178	51,287	99,465
<i>Adults (above 18)</i>	35,554	22,419	57,973	34,191	21,758	55,949
Total	92,835	82,165	175,000	82,369	73,045	155,414
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>	175,000			155,414		
<i>IDPs</i>				0		
<i>Host population</i>				The host population benefited indirectly and directly from the refugee response operation (all facilities in refugee settlements – such as wells, health services, schools – are accessible to the host population)		
<i>Other affected people</i>				0		
Total (same as in 8a)	175,000			155,414		

<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>	<p>The original CERF application targeted 25,000 newly arrived refugees based on the situation of the South Sudanese influx as of November 2014 with a projection for the coming 6 months, and gaps for 150,000 refugees already arrived by end 2014.</p> <p>The influx continued in 2015, albeit with lower intensity (with influx spikes in December and March-May). As of 26 June 2015, 155,514 South Sudanese refugees had arrived in Uganda and were assisted, whereof 25,949 newly arrived over the past 6 months.</p>
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CERF Result Framework			
9. Project objective	Protect and provide basic needs as well as essential services to the South Sudanese new arrival refugees		
10. Outcome statement	All new arrival refugees are safely transported, registered and have access for basic needs (NFI, Shelter and health and site planning services)		
11. Outputs			
Output 1	Reception conditions improved		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Profiling of persons of concern undertaken	25,000 new arrivals profiled (disaggregate by age (<18) and sex)	25,949 (of which: 12,196 male, 13,753 female; of which: 16,607 < 18 years)
Indicator 1.2	Registration conducted on an individual basis with minimum set of data required	25,000 new arrivals registered on an individual basis with minimum set of data required (disaggregate by age (<18) and sex)	25,949 (of which: 12,196 male, 13,753 female; of which: 16,607 < 18 years)
Indicator 1.3	Transport system is established to transport newly arrived refugees	Number of newly arrived persons transported	18,353
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Record the profile of new arrival refugees and asylum seekers.	Office of the Prime Minister Refugee Department (OPM)	Office of the Prime Minister Refugee Department (OPM)
Activity 1.2	Register individual asylum seekers on an individual basis	OPM	OPM
Activity 1.3	700 trips of Trucks and buses will be hired to transport new arrival refugees	UNHCR	UNHCR
Output 2			
Health status of the population improved			
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Access to primary health care services provided or supported	Number of health facilities assisted	MTI & RMF: 20 health facilities assisted
Indicator 2.2	Referral mechanisms established	Number of persons referred to secondary and tertiary	MTI & RMF: 1,241

		medical care	referrals
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Deliver basic health services to the asylum seekers and refugees	Medical Teams International (MTI) & Real Medicine Foundation (RMF)	Medical Teams International (MTI) & Real Medicine Foundation (RMF)
Activity 2.2	Setup an efficient referral mechanism	MTI & RMF	Medical Teams International (MTI) & Real Medicine Foundation (RMF)
Output 3	Shelter and infrastructure established, improved and maintained		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Emergency shelter provided	25,000 of persons are accommodated in emergency shelter	25,949 individuals accommodated in emergency shelter
Indicator 3.2	Shelter materials and maintenance tool kits provided	5,000 households receiving shelter support	5,190 households received shelter support
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Provide shelter at the Transit and Reception centre	Danish Refugee Council (DRC)	DRC
Activity 3.2	Supply shelter kits to newly arrived refugees	DRC	AIRD, DRC, LWF
Output 4	New arrival refugees has access to basic and domestic items (NFIs)		
Output 4 Indicators	Description	Target	Reached
Indicator 4.1	Household goods provided	5,000 households provided with NFI kits	3,765
Indicator 4.2	Timely procurement of supplies and transporting it to the TCs	Number of days of delay between order and delivery of supplies	14 days
Output 4 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 4.1	Procurement of NFIs	UNHCR	UNHCR
Activity 4.2	Transport NFIs	UNHCR	AIRD
Output 5	Logistics and supply optimized to serve operational needs		
Output 5 Indicators	Description	Target	Reached
Indicator 5.1	General project management services	100% NFI kits stored safely	100%
Indicator 5.2	Warehousing managed and maintained	3 warehouses managed	3
Output 5 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 5.1	Distribution of NFIs to the new arrival refugees	African Initiative for Relief and Development (AIRD),	African Initiative for Relief and

		Lutheran World Federation (LWF), Danish Refugee Council (DRC)	Development (AIRD), Lutheran World Federation (LWF), Danish Refugee Council (DRC)
Activity 5.2	Storage of NFIs and management of warehouses	African Initiative for Relief and Development (AIRD), Lutheran World Federation (LWF), Danish Refugee Council (DRC)	African Initiative for Relief and Development (AIRD), Lutheran World Federation (LWF), Danish Refugee Council (DRC)

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

N/A

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

A core component of all sector activities are refugee community committees (health committee, water management committees etc.), and the participation of refugee community volunteers. In addition, UNHCR and partners have carried out participatory assessments and held regular consultations with member of the refugee community. In this way persons of concern are part of programme design, can provide feedback and report concerns.

Field assessment and monitoring were carried out on a weekly and monthly basis. Technical Meetings with working groups were regularly held to discuss, achievements, gaps and challenges being faced and issues raised were addressed.

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

EVALUATION CARRIED OUT

Regular implementation and indicator monitoring forms part of the response operation, including the detailed monitoring of sector indicators. Result reporting takes place on a regular basis, both by UNHCR and implementing partners. A specific external evaluation in addition is not foreseen.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	IOM		5. CERF grant period:	16.12.14 – 15.06.15		
2. CERF project code:	14-RR-IOM-047		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Water, Sanitation and Hygiene			<input checked="" type="checkbox"/> Concluded		
4. Project title:	South Sudanese Refugee Emergency Response in Arua, Uganda					
7. Funding	a. Total project budget:	US\$ 3,925,402	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 196,837	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 0	
	c. Amount received from CERF:	US\$ 196,837	▪ <i>Government Partners:</i>		US\$ 0	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (below 18)	5,878	1,211	7,089	2,694	6,286	8,980
Adults (above 18)	1,502	1,501	3,003	2,309	1,540	3,849
Total	7,380	2,712	10,092	5,003	7,826	12,829
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees	10,092			12,829		
IDPs						
Host population						
Other affected people						
Total (same as in 8a)	10,092			12,829		
<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>	Households had more members than originally expected; therefore IOM assisted a larger number of refugees. A higher number of boys were assisted than originally expected given that three out of the four latrines constructed at schools were for boys. More adult women were assisted than men given that household latrines targeted vulnerable households, a major category being female-headed households.					

CERF Result Framework			
9. Project objective	Prevent the loss of life of South Sudanese refugees by ensuring access to safe drinking water and sanitation facilities.		
10. Outcome statement	Increase water and sanitation coverage for refugee beneficiaries in Arua.		
11. Outputs			
Output 1	7,152 refugees have increased access to clean water at minimum 15 litres per person per day within 1,000 metres from household.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of boreholes drilled / repaired.	12 boreholes	12 boreholes
Indicator 1.2	Number of beneficiaries accessing safe water	7,152	11,533
Indicator 1.3	Number of metres of pipeline extensions installed.	1,880 metres	630
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Assessment to identify locations for drillings and repairs	IOM	IOM
Activity 1.2	Contract contractors for borehole drilling, repairs and water pipe works	IOM	IOM
Activity 1.3	Drill two new boreholes and install two mechanical hand pumps.	IOM + Contractor	IOM + Contractor
Activity 1.4	Repair ten boreholes and procure tools for maintenance and repairs.	IOM + Contractor	IOM + Contractor
Activity 1.5	Install 1,880 metres of water pipeline extensions into three villages.	IOM + Contractor	IOM + Contractor
Activity 1.6	Procure hand pump spare parts and tools for borehole repairs.	IOM	IOM
Output 2	1,440 primary school children have increased sanitation coverage at two primary schools.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of latrine stances constructed.	20	20
Indicator 2.2	Number of communal hand washing facilities installed.	8 hand washing facilities	4 hand washing facilities
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Contract contractors to undertake latrine construction	IOM	IOM
Activity 2.2	Construct 20 stances of drainable latrines at two primary schools.	IOM + Contractor	IOM + Contractor
Activity 2.3	Install eight communal hand washing facilities at two primary schools.	IOM	IOM
Activity 2.4	Formal handover of works to the Local District Government.	IOM	IOM

Output 3	300 PSN households (1,500 individuals) have access to household latrines and hand washing facilities.		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of household latrine pits dug and latrine structures build.	300 latrines	270
Indicator 3.2	Number of beneficiaries have access to household latrines and hand washing facilities	1,500	1,534
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Procurement of locally available materials.	IOM	IOM
Activity 3.2	Construct household latrines for 300 PSN households.	IOM	IOM

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:

IOM fell short by 30 latrines for beneficiary households. The contractor hired for this task did not have enough poles and nails to complete the latrine superstructure and did not present a request for these additional until the project was already finalized and IOM was no longer in a position to procure additional items. It is important to note, however, that all 300 pits were dug and that 270 latrines were fully finalized (pit and superstructure). Even with this setback, the number of beneficiaries reached by IOM surpassed the expected target given the large size of many of the households assisted. As part of its closeout plan, IOM handed over 30 jerry cans and 350 iron sheets, which it had already procured for these superstructures, to UNHCR and their implementing partner Danish Refugee Council (DRC) who agreed to support these households to finalize their latrines.

IOM installed four hand washing facilities of 120 litres each as opposed to installing eight hand washing facilities of 60 litres each as originally planned. The reason for the deviation, was that Arua district has a specific latrine model which includes a permanent (anchored in concrete) hand washing facility with a tank of 120 litres. In previous CERF-funded projects implemented in other districts, IOM had installed transportable hand washing facilities with a tank of 60 litres. IOM was requested by district authorities to use the Arua district model; hence IOM installed a 120 litre tank on top of a concrete structure. The eight 60 litre tanks that were procured at the beginning of the project were handed over to UNHCR and DRC.

IOM installed fewer meters of pipeline than originally expected because the cluster of villages that benefited from the pipeline was relatively close to the water tank. Originally we had been requested to assist another cluster of villages which was farther away from a tank; but by the time the project started this village had already been targeted by another humanitarian agency.

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

Project design

- Local refugee leaders and a few refugees (selected by refugee leaders) were consulted during the needs assessment.
- Local refugee leaders were consulted to find out what materials to use for construction.

Project implementation stage.

- Local refugee leaders and host community leaders were involved in the identification of local labour for the construction of the household latrines.
- Local refugee leaders were involved in the identification of the persons of concern.
- Local leaders were involved in the distribution of the project items.

Monitoring :

- Local refugee leaders were involved in the confirmation of the status of construction of the latrines and in verifying latrine finalization.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
All available resources had to be allocated to the programmatic activities as there was an urgent need for latrines and water facilities for refugees.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	WFP		5. CERF grant period:	18.12.14 – 17.06.15		
2. CERF project code:	14-RR-WFP-086		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Food Aid			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Emergency Food Assistance to new South Sudanese refugees in transit centres and settlements in Adjumani, Arua and Kiryandongo districts					
7. Funding	a. Total project budget:	US\$ 15,768,661	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 12,114,350	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 63,514	
	c. Amount received from CERF:	US\$ 1,314,109	▪ <i>Government Partners:</i>		US\$ 0	
Beneficiaries						
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).						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (below 18)</i>	57,281	59,746	117,027	12,168	12,414	24,582
<i>Adults (above 18)</i>	35,554	22,419	57,973	57,364	58,522	115,886
Total	92,835	82,165	175,000	69,532	70,936	140,468
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>		<i>Number of people (Reached)</i>			
<i>Refugees</i>	175,000		140,468			
<i>IDPs</i>			0			
<i>Host population</i>			0			
<i>Other affected people</i>			0			
Total (same as in 8a)	175,000		140,468			
<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>	A lower number of South Sudanese refugees sought assistance in Uganda than initially planned hence the number of direct beneficiaries from the CERF project was less than projected.					

CERF Result Framework			
9. Project objective	To provide emergency food assistance to save lives and protect livelihoods of new South Sudanese refugees in transit centres and settlements in Adjumani, Arua and Kiryandongo districts		
10. Outcome statement	Stabilised or improved food consumption over assistance period for the targeted new South Sudan refugee households and/or individuals		
Outcome Indicators	Description	Target for Indicator	
Indicator 1.1	Reduced prevalence of poor consumption of targeted households/Individuals	80%	
Indicator 1.2	Coping strategy index of targeted households reduced or stabilised	80% of households	
11. Outputs			
Output 1	Food commodities distributed in sufficient quantity, quality and in a timely manner to targeted beneficiaries		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of women, men, boys and girls receiving food assistance (disaggregated by beneficiary category) as % of planned	100%(175,000)	80%
Indicator 1.2	Quantity of food assistance distributed, as % of planned distribution (disaggregated by type)	100% (1,766 mtn)	104% (1,829 mtn)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Food Procurement and transportation	WFP	WFP
Activity 1.2	Monthly food distribution and Reporting	World Vision Uganda	World Vision Uganda Samaritan's Purse
Activity 1.3	Monthly food basket monitoring and Reporting	Moroto County Development Association (MOCAD)	Andre Food Consult (AFC)
Activity 1.4	Post –Distribution monitoring and Reporting	WFP	WFP
Activity 1.5	Beneficiary sensitization on ration entitlements, food distribution systems and roles and responsibilities	WFP and partners	WFP and partner
Activity 1.6	Training of Food Management Committees (FMCs)	WFP and partners	WFP and partner

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:

A comprehensive food security and nutrition assessment by government, UNHCR, WFP and UNICEF was undertaken in Nov-December 2014 prior to receiving CERF grant and a follow-up assessment is planned for the last quarter of 2015 therefore the outcome level data/information is not available. Nevertheless, accordingly to the assessment 65%-72% of refugee households had acceptable food consumption score; 17%-30% borderline and 5-13% had poor food consumption scores in the three settlements of Adjumani, Kiryandongo and Rhino camp.

With CERF grant, WFP procured sorghum instead of maize meal which was cheaper hence higher overall quantity of food commodities procured and distributed than planned.

At the time of submission of CERF proposal, WFP was in the process of identifying cooperating partners for 2015 which resulted into a change in Food Basket Monitoring partner from Moroto County Development Association (MOCAD) to Andre Food Consult (AFC)

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

WFP jointly with its partners – World Vision and Samaritan’s Purse and key stakeholders, UNHCR and the Government conducted sensitization and training of beneficiaries, Food Management Committees (FMC) and Refugee Welfare Council (RWC) on their ration entitlements, roles and responsibilities and food distribution system. The beneficiaries are informed in time of the days of the distribution and food basket composition and any changes in the rations due to ration adjustments.

At the food distribution points, information boards or banners are provided by the cooperating partners and they indicate food entitlement per person per day/month. Food basket monitoring is also conducted by different partner (AFC and AHA) to assess if the beneficiaries are receiving their rightful entitlement and checks on the distribution system on a monthly basis in selected distribution points. FBM reports are shared and discussed during post-distribution meeting and follow-up action as necessary.

During food distribution, WFP and its partner ensures a functional complaints management desk which is supported by OPM and UNHCR. Food Management Committees and Refugee Welfare Council leaders also support in registration compliant at community level and refer to the relevant stakeholders. Majority of refugees know where to report their concerns. Beneficiary complaints are recorded and follow-up action taken by the relevant agency as the complaints are not limited to food relation issues only.

Beneficiaries, through the supervision of the FMCs, participate in the offloading food and loading food balances during distributions. They also participate in targeting of during the EVI verification exercise and support Unaccompanied minors during food distribution.

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

EVALUATION CARRIED OUT

The project has not been evaluated during the period of CERF funding. The WFP PRRO programme under which the new SS refugees are assisted receives contributions from various donors and the planned mid-term and end of programme evaluations do not fall within the CERF funding period.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	WHO		5. CERF grant period:	01.12.14 – 31.05.15		
2. CERF project code:	14-RR-WHO-082		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Health			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Emergency health response to refugees from South Sudan					
7. Funding	a. Total project budget:	US\$ 3,391,900	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 520,000	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 0	
	c. Amount received from CERF:	US\$ 163,627	▪ <i>Government Partners:</i>		US\$ 36,000	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (below 18)</i>	19,700	20,500	40,200	19,700	20,500	40,200
<i>Adults (above 18)</i>	12,100	7,700	19,800	12,100	7,700	19,800
Total	31,800	28,200	60,000	31,800	28,200	60,000
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>	60,000			60,000		
<i>IDPs</i>						
<i>Host population</i>						
<i>Other affected people</i>						
Total (same as in 8a)	60,000			60,000		
<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>						

CERF Result Framework			
9. Project objective	Improved access to emergency primary health care by the refugees and reduce avoidable morbidity and mortality from among the refugees		
10. Outcome statement	1. Communicable diseases among the refugees community monitored on weekly basis 2. Response to disease outbreaks are timely and relevant		
11. Outputs			
Output 1	Communicable diseases among 60,000 refugees and host community monitored on weekly basis by the district health office and they have access to existing health facilities, outreach programs and community health providers		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Completeness and timeliness of weekly surveillance report submission from health facilities to the office of the DHO improved from the current level of below 80% in the district of Adjumani, Kiryandongo and Arua	Greater than 90%	IDSR reporting from Arua increased from <60% to >80%. The rest of the districts maintained at >80%
Indicator 1.2	Per capita utilization of health services by refugees	Greater than 1	Greater than 1
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Print and distribute reporting tools to the VHTs in Arua, Kiryandongo and Adjumani	WHO	WHO
Activity 1.2	Support the office of the DHO to conduct support supervision to the non-reporting health facilities.	WHO	WHO
Activity 1.3	Identification and training of 100 VHTs	WHO, MOH & DHT	WHO, MOH & DHT
Activity 1.4	Provision of VHT kits to the 100 VHTs	WHO	WHO
Activity 1.5	Support monthly VHT review meetings of the 100 VHTs	WHO	WHO
Activity 1.6	Conducting/supporting integrated outreach services from health facilities to the refugee community	DHT & health facilities	DHT & health facilities
Activity 1.7	By monthly support supervision by the DHT to the lower health units	DHT & Health facilities	DHT & health facilities
Output 2	Disease outbreaks from among the refugees population responded to effectively		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Case Fatality rates of outbreak	Maintained within the acceptable range.	CFR <0 % for cholera in Arua
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Support transportation of laboratory specimens for confirmation to the Central Public Health laboratory and Uganda Virus Research Institute	WHO	WHO
Activity 2.2	Print and distribute guidelines, SoP etc. to the	WHO	WHO

	refugee hosting districts		
Activity 2.3	Procurement of 2 IAEHK	WHO	WHO

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:	
Suspected disease outbreaks were responded to within 48 hrs.	
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
The affected population were consulted through the design, implementation and monitoring period. Views from the beneficiary population were incorporated during the design period.	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
No evaluation planned however frequent monitoring visits were conducted by the country office during the implementation period	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UN Women		5. CERF grant period:	15.12.14 – 14.06.15		
2. CERF project code:	14-RR-WOM-003		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Protection			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Emergency Protection for Refugee Women and Girls in Adjumani					
7. Funding	a. Total project budget:	US\$ 129,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 129,000	▪ NGO partners and Red Cross/Crescent:		US\$ 88,812	
	c. Amount received from CERF:	US\$ 129,000	▪ Government Partners:		US\$ N/A	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (below 18)				700	111	811
Adults (above 18)	9,993			6,591	907	7,498
Total	9,993		9,993	7,291	1,018	8,309
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees	9,993		7,889			
IDPs			Not applicable			
Host population	400		420			
Other affected people			Not applicable			
Total (same as in 8a)	9,993		8,309			
<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>	<ul style="list-style-type: none"> - There were delays in the receipt of funds by Implementing Partners which led to a loss of a month - Irregular court sessions led to delay in processing of cases and resulted in decreased number of beneficiaries accessing comprehensive legal aid services - Activities were set up in new refugee areas reaching new influxes of refugees where legal aid and psychosocial services were not available before. This required a large amount of targeting exercises, training and sensitisation raising to build trust and awareness, resulting in a lower number of beneficiaries reached than planned. 					

CERF Result Framework			
9. Project objective	Improved emergency protection of South Sudanese refugee women and girls		
10. Outcome statement	The most vulnerable South Sudanese refugee women and girls receive enhanced life-saving protection services which promote and adequately integrate their right to the provision of equal access to services and equal participation throughout the emergency response in Uganda		
11. Outputs			
Output 1	Women and girls in the refugee settlements have increased access to emergency protection including SGBV services		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of refugee women and girls accessing the various services offered (disaggregated by type: legal aid and psychosocial)	10% of 9,993; 999 women and girls and host communities (200= 20% of 999) Baseline: 0	7,291
Indicator 1.2	# of SGBV cases reported	300	79
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Provide legal aid services to SGBV survivors, to include referrals for emergency services, e.g., health and further psychosocial trauma care	War Child Canada	War Child Canada
Activity 1.2	Provide psychosocial services to SGBV survivors, to include community based approaches, e.g., peer counselling	TPO	TPO
Output 2	Capacity of existing security mechanisms in the refugee settlements to prevent and respond to SGBV is strengthened		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	# of SGBV cases reported	300	77
Indicator 2.2	# of women involved in decision making roles within the settlements	50	225
Indicator 2.3	# refugee leaders trained on PSEA	150	106
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Conduct trainings on mediation skills for refugees, including community policing committees, particularly focusing on women and adolescent girls	War Child Canada	War Child Canada
Activity 2.2	Facilitate dialogues on conflict resolution and mitigation	War Child Canada	War Child Canada
Activity 2.3	Build capacity of refugee community management structures to ensure women and adolescent girls active participation in decision-making processes	War Child Canada	War Child Canada
Activity 2.4	Conduct awareness raising activities for men and	War Child Canada	War Child

	boys to promote the prevention of SGBV		Canada
Activity 2.5	Provide adequate protection from sexual exploitation and abuse by providing information on the issue to the beneficiary population through PSEA pocket guides, establishing a reporting complaints mechanism and by providing training for humanitarian partners, including refugee leaders, on IASC guidelines on PSEA	War Child Canada / UN Women	War Child Canada
Output 3	Strengthened gender equality coordination mechanisms and gender sensitive humanitarian programming		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	# of coordination forums convened	3 forums held	3
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Provide technical support for the mainstreaming of gender in the different South Sudanese refugee responses	War Child Canada /UN Women	UN Women
Activity 3.2	Establish a network of gender humanitarian and development partners at both national and local level	War Child Canada /UN Women	UN Women

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:	
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
Assessment was carried to determine the level of need	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
No	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name	Sub-grant made under pre-existing partnership agreement	Partner Type	Total CERF Funds Transferred to Partner US\$	Date First Installment Transferred	Start Date of CERF Funded Activities By Partner*	Comments/Remarks
14-RR-WHO-082	Health	WHO	Government of Uganda	Yes	GOV	\$36,000	15-Dec-14	1-Dec-14	
14-RR-WFP-086	Food Assistance	WFP	World Vision Uganda	Yes	INGO	\$40,842	30-Apr-15	1-Jan-15	Agreement covers period beyond CERF.
14-RR-WFP-086	Food Assistance	WFP	Samaritan's Purse	No	INGO	\$18,083	20-Apr-15	1-Jan-15	Agreement covers period beyond CERF
14-RR-WFP-086	Food Assistance	WFP	Andre Food Consult	No	NNGO	\$4,589	29-May-15	1-Feb-15	New partner was identified for FBM for 2015
14-RR-CEF-172	Multi-sector refugee assistance	UNICEF	Danish Refugee Council (DRC)	Yes	INGO	\$203,877	27-Feb-15	15-Jan-15	First installment transferred 27 February 2015, start date of interventions was on the 15th of January 2015. CERF activities were part of a pre-existing agreement Program Co-operation Agreement (PCA) with DRC, to which funds were disbursed to support WASH.
14-RR-CEF-172	Multi-sector refugee assistance	UNICEF	Makerere University-Public Health School	Yes	GOV	\$69,650	20-Mar-15	18-Dec-14	Consultancy: payment was disbursed when work was concluded. Consultancy to conduct a Food and Nutrition Security Assessment.
14-RR-CEF-172	Multi-sector refugee assistance	UNICEF	District Health Offices	Yes	GOV	\$162,627	3-Jun-15	18-Dec-14	Funds transferred to District Health Teams of Arua, Kiryandongo & Adjumani. Funds disbursed after completion of accountabilities for activities pre-financed from other sources.
14-RR-HCR-053	Multi-sector refugee assistance	UNHCR	Inter-Aid, Uganda	Yes	NNGO	\$67,309	20-Jan-15	1-Jan-15	This implementer was not initially envisioned carry out reception activities in 2015 but was allocated Reception centre management in Kiryandongo and therefore implemented this activity as part of the 2015 emergency project

14-RR-HCR-053	Multi-sector refugee assistance	UNHCR	Lutheran World Federation, Switzerland	Yes	INGO	\$163,074	19-Jan-15	1-Jan-15	
14-RR-HCR-053	Multi-sector refugee assistance	UNHCR	Danish Refugee Council	Yes	INGO	\$464,974	20-Jan-15	1-Jan-15	
14-RR-HCR-053	Multi-sector refugee assistance	UNHCR	Office of the Prime Minister	Yes	GOV	\$109,309	27-Jan-15	1-Jan-15	
14-RR-HCR-053	Multi-sector refugee assistance	UNHCR	REAL MEDICINE FOUNDATION	Yes	INGO	\$127,265	21-Jan-15	1-Jan-15	
14-RR-HCR-053	Multi-sector refugee assistance	UNHCR	African Initiative for Relief and Development	Yes	NNGO	\$7,928	19-Jan-15	1-Jan-15	
14-RR-HCR-053	Multi-sector refugee assistance	UNHCR	MEDICAL TEAMS INTERNATIONAL	Yes	INGO	\$301,191	20-Jan-15	1-Jan-15	
14-RR-FPA-050	Multi-sector refugee assistance	UNFPA	Agency for Cooperation and Research for Development (ACORD)	Yes	INGO	\$77,051	20-Feb-15	1-Jan-15	
14-RR-FPA-050	Multi-sector refugee assistance	UNFPA	American Refugee Council (ARC)	Yes	INGO	\$23,347	24-Feb-15	1-Jan-15	
14-RR-WOM-003	War Child Canada	UN Women	INGO	Yes	INGO	\$58,503	19-Feb-15	20-Jan-15	Partner got authorization from UN Women to prefinance activities pending receipt of funds
14-RR-WOM-003	TPO	UN Women	INGO	No	INGO	\$30,310	11-Feb-15	22-Jan-15	Partner got authorization from UN Women to pre-finance activities pending receipt of funds

14-RR-FAO-038	Agriculture	FAO	DRC	Yes	INGO	\$51,761	11-May-15	1-Mar-15	During the inception meeting held on 20 May 2015 for the project involving OPM, UNHCR, FAO, DRC and InterAid(partner to UNHCR), it was noted that FAO and InterAid were providing the same type of inputs. Based on this OPM advised distribution of inputs for FAO to be pushed to the second planting season. This resulted into staggering of the distribution especially in Kiryandongo with vegetable seeds distributed during the first planting season 2015 while staple crop seeds were distributed during second planting season 2015 (starting June/July 2015). For the case of Rhino Camp, the seed distribution went on as planned. Because of the above, a request for No Cost Extension was submitted however it was not approved by CERF Secretariat
14-RR-FAO-038	Agriculture	FAO	District Local Government Kiryandongo and Arua	No	GOV	\$2,110	1-Jun-15	1-Jun-15	For trainings