



**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

REPORTING PROCESS AND CONSULTATION SUMMARY

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

The review was conducted on 4th November at the UN Country Team (UNCT) Programme Management Team meeting attended by the Deputy Country Representatives of the UNCT. All CERF agencies participated to review the achievements of the CERF 2014 programme and the lessons learned. The Lessons Learned was then presented to the UNCT on 24th November. The UNCT debated the lessons learnt and provided additional comments based on which the report was finalised.

- 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

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- 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: USD 224,303,989 (as of Revised Regional Response Plan for the South Sudan Refugee Emergency of July 2014 including NGO needs)		
Original requirement at the point of CERF application: US\$ 80,692,484 (including NGO needs)		
Breakdown of total response funding received by source	Source	Amount
	CERF	6,911,547
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)	0
	OTHER (bilateral/multilateral) as of 12 November 2014	91,093,132
	TOTAL ¹	98,004,679

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 05-Feb-14			
Agency	Project code	Cluster/Sector	Amount
UNICEF	14-RR-CEF-004	Multi-sector	1,298,995
FAO	14-RR-FAO-001	Agriculture	299,650
UNFPA ²	14-RR-FPA-003	Multi-sector	353,005
UNHCR	14-RR-HCR-003	Multi-sector	2,033,625
IOM	14-RR-IOM-003	Multi-sector	695,478
WFP	14-RR-WFP-004	Food	1,972,612
WHO	14-RR-WHO-004	Health	258,182
TOTAL			6,911,547

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	6,057,537
Funds forwarded to NGOs for implementation	708,350
Funds forwarded to government partners	145,660
TOTAL	6,911,547

¹ Original appeal for 60,000 refugee new influx was USD 80,692,484 and this was the basis of the CERF application. However, with the further deterioration of the situation in South Sudan, the appeal was revised in March for 100,000 refugees and then in July 2014 for 150,000 refugees. The July South Sudanese refugee emergency revised regional response plan required a total funds of USD 224,303,989. The funds confirmed in this table is against the July appeal and as of 12 November 2014, it was 44 per cent funded.

² UNFPA's activities is both reproductive health and GBV and as such, it has been changed to indicate Multi-Sector.

HUMANITARIAN NEEDS

The situation in South Sudan suddenly deteriorated in early December 2013 with the President Salvar Kiir accusing his ex-Vice President Riek Machar of attempting a coup against the government. Fighting broke out amongst the Sudan People's Liberation Movement (SPLM) on 15 December in Juba which spread to Jonglei and Unity States within a couple of days. A state of emergency was declared in South Sudan and a curfew set in Juba. A large number of civilians became displaced within South Sudan and began arriving in neighbouring countries as refugees. Uganda was already receiving South Sudanese refugees over the past two years. They originated mainly from Jonglei state as the situation there started to deteriorate. However, with the recent wide-spread conflict, beginning 16 December, the influx from South Sudan increased dramatically. Between 16 December and 31 January 2014, Uganda had received 63,572 South Sudanese refugees due to the most recent situation. They were entering through 3 main entry points to Adjumani, Koboko/ Arua and Kiryandongo Districts. Early January saw an arrival rate of over 2,500 per day into Uganda. They were being received at Transit Centres (TC) and Reception Centres (RC) and the most critical situation is in Adjumani District where close to 30,000 refugees were still in the TC which had a capacity for around 5,000 persons. The key priority needs were to set up the reception conditions to receive the refugees and to decongest the TC/RC as quickly as possible by moving the refugees into the settlement. The Office of the Prime Minister Refugee Department (OPM) had been negotiating for additional land from the host community and thus far 3 potential sites had been identified. 87per cent of new arrivals were women and children and more 65per cent of the people were children, many of whom had crossed the border alone and/or been separated from their parents and/or caregivers. This increased the vulnerability of the population. Efforts needed to be put to ensure psycho-social support, particularly for children, and that Gender Based Violence (GBV) incidents were reported and survivors of violence assisted appropriately. The refugee influx also followed a distinct trend: initial arrivals came to Uganda in relatively good health, while later arrivals had often travelled by foot and had a larger number of health concerns (including in nutrition). The CERF funding targeted 60,000 individuals whereof 32,735 were women, 27,265 men and 12,448 children under 5 years of age.

II. FOCUS AREAS AND PRIORITIZATION

Following the mass influx starting on 16 December 2013, an interagency assessment mission took place from 6 – 8 January 2014. The key gaps were identified and initial response plan was established. At the point of CERF Rapid Response (RR) submission, the top priority for the South Sudanese influx remained decongestion from the various TCs and RCs to the settlements. While reception conditions needed to be improved to cater for the large number of new arrivals, parallel activities needed to take place to improve on the reception condition in the settlements. Key gaps were identified in all sectors. Below are some of the key highlights of gaps and response plan identified.

Sector and relevant assessment findings	Transit/ Reception Centres prioritization	Settlements prioritization
<p>Protection/ Community Services 65per cent of the new arrivals being children under the age of 18 years old. 87per cent are women and children. The initial rapid assessment found out that a high number of children were separated from their parents and/or caregivers while running away from South Sudan. Some of these children even crossed the border by themselves without any adult to take care of them. Furthermore the majority of children who had to flee their homes had been exposed to very traumatic experiences, such as loss of their homes and even of their parents, siblings and friends due to the armed conflict. From the participatory assessment conducted with the refugee women, men and adolescence, the key concerns for GBV indicated early marriage, domestic</p>	<p>Construction and provision of services at collection point and Transit Centres. (UNHCR) Registration and profiling of new arrivals (UNHCR) Registration of separated and unaccompanied minors through Rapid FTR (UNICEF) GBV referral, prevention and response, including psychosocial support in Adjumani (UNFPA)</p>	<p>Construction and provision of services at Reception Centres. (UNHCR) Registration and profiling of new arrivals (UNHCR) Child friendly space (UNICEF) GBV referral, prevention and response, including psychosocial support (e.g. women spaces for counselling) in Adjumani (UNFPA)</p>

Sector and relevant assessment findings	Transit/ Reception Centres prioritization	Settlements prioritization
violence and culture of silence in reporting the incidents.		
Logistics (Transport from border via TC to Settlements)	Transport of refugees from border to TC (UNHCR)	Transport of refugees from TC to settlement (UNHCR)
Food/ Nutrition The initial inter-agency rapid assessment reported a Global Acute Malnutrition (GAM) of 4.3per cent and Severe Acute Malnutrition (SAM) of 1.1per cent among 275 children under 5 in Adjumani District. However, subsequent reports from Arua alone confirmed 8 children with SAM. Moreover, due to limited capacity in nutrition, screening was not carried out at all of the transit camps, settlements, and nearby health facilities. It is suspected that the low capacity in screening contributed to the low numbers of reported malnutrition cases	Provision of 2,100 kcal ppd of food items (WFP)	Monthly General Food Distribution (WFP) Support to Health Centres for nutrition supplies and training of health workers (TFP by UNICEF, SFP by WFP)
Food security/ Livelihood		Emergency agricultural assistance (Initial seed/ tools distribution of quick maturing varieties) in Arua and Kiryandongo (FAO)
Shelter and infrastructure	Set up of family tents in transit for PSNs (UNHCR)	Procurement and distribution of Shelter kits (UNHCR)
Household items	Procurement and distribution of NFIs (UNHCR)	Procurement and distribution of NFIs (UNHCR/ UNICEF)
WASH	Emergency water trucking (UNHCR/ UNICEF) Procurement of WASH Supplies (UNHCR/ UNICEF) Construction of communal latrines (UNHCR)	Construction of 15 new boreholes and 4 repairs of existing in Adjumani including establishment and training of water committees (IOM) Construction of 20 new boreholes and rehabilitation of existing ones including establishment and training of water committees (UNICEF) Support in establishing sanitation systems and incinerators in Health Centres (HCs) in Adjumani (IOM) Household (HH) latrines and hand washing facilities in Adjumani (IOM) Training of 50 community hygiene promoters in Adjumani (IOM) Provision of 12 water tanks in Adjumani and Kiryandongo (UNHCR)
Public Health	Provision of vaccines (UNICEF)	Delivery of urgent medical equipment to HC in Adjumani (IOM) Repair of existing health facilities in Adjumani (IOM) Provision of initial drug supplies to HC II, III and IV in the refugee settlement. (UNHCR) Disease surveillance at community and institution level in Adjumani, Arua and Kiryandongo (WHO)

Sector and relevant assessment findings	Transit/ Reception Centres prioritization	Settlements prioritization
		Provision of medicine supplies to the District Hospitals of Adjumani and Arua (WHO) Emergency deployment of health staff for 3 months in Adjumani, Arua and Kiryandongo (WHO) Support to integrated outreach activities (WHO) Procurement of vaccines & Supplies for mass vaccination campaign (UNICEF)
HIV/AIDS and Reproductive Health	Provision of Reproductive Health Kit and Dignity/ Mama kits to the Health Centres in Adjumani. (UNFPA) Support for an additional ambulance in Adjumani (UNFPA)	Provision of Reproductive Health Kit, including PEP kit and Dignity/ Mama kits to the Health Centres in Adjumani. (UNFPA) Emergency deployment of midwives to Health Centres in Adjumani. (UNFPA) Medical services for GBV survivors in Adjumani (UNFPA)
Education		Emergency repair of education facilities in Adjumani (IOM) Provision of sanitation facilities in schools in Adjumani (IOM) Procurement of supplies for temporary learning centres (UNICEF)

The geographic locations and respective response mechanism established were as follows:

- Elegu/ Nimule border crossing: Elegu Collection Point where refugees were initially received and then transferred to Adjumani Settlement.
- Adjumani District: Dzaipi Transit Centre and Nyumanzi Transit Centre, both receiving refugees from Elegu Collection Point. The refugees were transferred to various Settlement Clusters within Adjumani District.
- Koboko District: Keri Way station receiving refugees coming through Yei/ Koboko axis. Refugees were transferred to Arua District from here.
- Arua District: Ocea Reception Centre receiving refugees from Keri Way station and those arriving directly. Refugees were transferred from Ocea Reception Centre to Rhino Camp Settlement within Arua District.
- Kiryandongo District: Refugees arrived directly to the Kiryandongo Settlement's Reception Centre. From there, they were allocated land in Kiryandongo settlement.

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. At the District level, the interagency meetings and sectoral meetings are taking place. An interagency assessment mission took place from 6 – 8 January 2014.

The UNCT had an overall appeal for the South Sudanese refugee influx for 60,000 refugees for 6 months which was USD 80,692,484. This was launched end of January 2014 and was the basis of this CERF submission. Out of this requirement, almost no commitment had been made by any donor agencies, although interests have been shown by various donors. Three donor missions were undertaken including 1 led by the State Minister for Disaster Preparedness, Relief and Refugees for local donors. Donor briefing also took place early January and the UNCT and Government Appeal was launched on 28 January by the Office of the Prime Minister and the UN Resident Coordinator.

The CERF grant request was prepared under the leadership of UNHCR with support from the UN Resident Coordinator's Office. UN agencies have a clear division of labour in responding to the refugee emergency based on the past 2 years of emergency response in Uganda. Each UN agency has NGO partners identified for implementation of various activities or for some components, they will be implementing 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 are covered in the initial phase of the emergency as per the above priority table.

Following the initial launch of the Interagency Appeal for 60,000 South Sudanese refugees in January 2014, two more revisions were made as the situation continued to deteriorate. Regional Response Plan for the South Sudan Refugee Emergency (an interagency appeal) was launched in March 2014. The Uganda chapter planned for 100,000 South Sudanese refugees to arrive by end of 2014. A further revision of the Regional Response Plan for 150,000 South Sudanese refugees was launched in July 2014 after the arrival figure exceeded 100,000 refugees in Uganda.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis: 118,409 (as of 30 June 2014)				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Multi-sector	64,602	53,807	118,409
	Agriculture	8,844	8,663	17,507
	Food	57,408	45,290	102,698
	Health	32,735	27,265	60,000

BENEFICIARY ESTIMATION

The original CERF application targeted 60,000 refugees based on the situation of the South Sudanese influx as of early February 2014. However, as of end of June 2014, 118,409 refugees arrived in Uganda and were assisted. All refugees were assisted at least once by one of the CERF intervention, so there is no double counting. In the multi-sectoral area, especially for protection activities, 100per cent 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. Unaccompanied and separated children were identified during the full screening upon entry. As such, it is estimated that all new arrivals who had arrived to Uganda as of 30 June 2014 were assisted in one way or another by CERF funds.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
Female	32,735	64,602
Male	27,265	53,807
Total individuals (Female and male)	60,000	118,409
Of total, children <u>under</u> age 5	12,448	24,566

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. The total number of new South Sudanese refugees received in Uganda as of 17 November 2014 was 129,913 new refugees out of which 118,409 were estimated to have been assisted through the CERF rapid Response.

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

Sector and relevant assessment findings	Transit/ Reception Centres prioritization	Settlements prioritization
<p>Protection/ Community Services 65 per cent of the new arrivals being children under the age of 18 years old. 87 per cent are women and children. From the participatory assessment conducted with the refugee women, men and adolescence, the key concerns for GBV indicated early marriage, domestic violence and culture of silence in reporting the incidents.</p>	<ul style="list-style-type: none"> 94,487 new arrivals received in Uganda by March 2014 in transit sites in Elegu, Koboko as well receiving settlements in Arua, Adjumani and Kiryandongo were identified and registered. (UNHCR) A total of 1,279 separated children have been identified, registered using Rapid FTR and referred for basic support to mandated partners. (UNICEF) 100 per cent of refugee communities have functional community structures for prevention and response to SGBV at Transit centre in place and functional. All of the sexual and physical violence case survivors were referred to the nearest health centre for treatment within 72 hours. (UNFPA) 	<ul style="list-style-type: none"> Profiling of persons of concern of all new arrival refugees were undertaken (UNHCR) 6,000 households received household items (NFIs) (UNHCR) A total of 10 Child Friendly centres were built in conjunction with ECD centres. (UNICEF) 100 per cent of refugee communities have functional community structures for prevention and response to SGBV at settlement in place and functional. Two tents were procured and used to set up women spaces in two settlements in Adjumani district and were used for reproductive health and GBV awareness creation and for provision of psychosocial counselling to survivors of GBV (UNFPA)
<p>Logistics (Transport from border via TC to Settlements)</p>	<ul style="list-style-type: none"> 100 per cent new arrivals in need of transport were transported to a safe location. Buses were arranged with maximum safety measures. (UNHCR) 	<ul style="list-style-type: none"> 100 per cent new arrivals were transported from TC/RC to the settlements. (UNHCR)
<p>Food/ Nutrition The initial inter-agency rapid assessment reported a GAM of 4.3 per cent and SAM of 1.1 per cent among 275 children under 5 in Adjumani District. However, subsequent reports from Arua alone confirmed 8 children with SAM. Moreover, due to limited capacity in nutrition, screening was not carried out at all of the transit camps, settlements, and nearby health facilities. It is suspected that the low capacity in screening contributed to the low numbers of reported malnutrition cases</p>	<ul style="list-style-type: none"> General food rations to 102,698 new refugees (at 100 per cent food ration -2,100kcal per person per day) hosted in transit and reception centres and settlements in Kiryandongo, Adjumani and Arua districts. (WFP) 	<ul style="list-style-type: none"> Food procured covering nearly one and half month food needs for refugees during the period March and April 2014. (WFP) Establishing of Therapeutic Centres at 72 health facilities. Training of 417 health workers on IMAM and 2,697 VHTs on community nutrition & new-born care. Micronutrient supplementation for refugee populations: 10,178 children 6-59 months for vitamin A supplementation, 4,639 children 6-59 months for deworming and 16,180 pregnant women for iron/ folic supplementation. (UNICEF)
<p>Food security/ Livelihood</p>		<ul style="list-style-type: none"> 36.9Mt of seeds distributed to 3,804 households in Rhino Camp and Kiryandongo Refugees settlements and 7,000 pieces of hoes were distributed to 3,500 households

Sector and relevant assessment findings	Transit/ Reception Centres prioritization	Settlements prioritization (FAO)
Shelter and infrastructure	<ul style="list-style-type: none"> 590 plastic rolls procured for communal shelter construction in TC and RC. (UNHCR) 	<ul style="list-style-type: none"> 10,000 Households were given shelter kits for their shelter through provision of plastic sheet and shelter poles (UNHCR)
Household items (NFIs)		<ul style="list-style-type: none"> 6,000 households received household items (UNHCR)
WASH	<ul style="list-style-type: none"> Installed 10 water tanks of 10,000 litre capacity each; 01 at Elegu collection point, 04 at Nyumanzi, 05 at Baratuku and trucked water to increase access to water. (UNHCR) Essential WASH supplies were procured and dispatched to the transit centres and settlement sites in Arua, Adjumani, and Kiryandongo districts (UNICEF) Construction of 61 communal latrines and 61 bathing shelters in reception centres of Ayilo 2 serving approximately 12,000 refugees (UNICEF) Constructed 646 communal latrines (UNHCR) 	<ul style="list-style-type: none"> Provided water to 24,500 refugees, through water trucking over a period of three months (UNICEF) 15 new boreholes have been drilled and installed and 20 rehabilitated and 35 water management committees and 70 caretakers were identified and trained in operation and maintenance of the boreholes with hand pumps. (UNICEF) 15 new boreholes (IOM) Nyumanzi health centre supported with Water Harvesting Systems repaired ,Incinerator constructed, bath shelters constructed, drainable latrines and hand washing facilities (IOM) 1,500 households were provided latrine slabs and latrine digging kits to support construction of household latrines (UNICEF) 3,644 households (18,220) beneficiaries have access to household level latrine and hand washing facilities in three settlements of Baratuku, Boroli and Ayilo I.(IOM) 50 Community Hygiene Promoters recruited and trained to carry out community sensitization, awareness campaign, household monitoring and conduct community meetings at settlement level. (IOM) Six latrine blocks have been constructed in 6 learning centres in settlement area (UNICEF).
Public Health		<ul style="list-style-type: none"> 27 x Medical equipment instruments procured and delivered to Nyumanzi HC II for use on the maternity ward and outpatients department (IOM) Nyumanzi HC equipped with solar panels and waiting sheds (IOM) 8 medical kits were purchased and enabled 10,000 new arrivals to access to essential drugs and medical supplies as well as a malaria module to manage malaria which is the leading cause of mortality and morbidity in Uganda. This covered a

Sector and relevant assessment findings	Transit/ Reception Centres prioritization	Settlements prioritization
		<p>period of 3 months.(UNHCR)</p> <ul style="list-style-type: none"> • Outbreak of cholera, measles and meningitis were reported in the refugee hosting districts of Arua and Adjumani. The epidemics were identified within 72 hours and responded to. (WHO) • Meningitis outbreak contained within the refugee settlements and host population and 66,830 doses of Meningococcal vaccine procured (UNICEF)
HIV/AIDS and Reproductive Health	<ul style="list-style-type: none"> • 2 of the health facilities at transit centre locations (Dzaipi and Nyumanzi) equipped with Emergency Reproductive Health (ERH) Kits. 3,021 dignity kits were procured and distributed to the health facilities serving refugees in Kiryandongo and Adjumani (UNFPA) • The project provided two ambulances that ensured 24/7 referral transportation service availability. At least 108 evacuations for maternal complications were supported by the project (UNFPA) 	<ul style="list-style-type: none"> • 6 health units equipped with Emergency Reproductive Health (ERH) Kits and 2 Medical tents were procured and erected at health facilities to augment space to cater for the extra space requirements (UNFPA) • Recruitment and deployment of 6 midwives to Health centres in Adjumani to support existing staff and enable the facilities cope with the increased workload. In Adjumani and Kiryandongo respectively, 97per cent and 100 per cent of expected deliveries among refugees were conducted safely in health facilities under skilled care. (UNFPA). • 32 cases of GBV were identified and managed during the project period. All of the sexual and physical violence case survivors were referred to the nearest health centre for treatment within 72 hours (UNFPA)
Education		<ul style="list-style-type: none"> • Water Harvesting Systems repaired and eater tank installed at Nyumanzi Primary School attended by 1,600 pupils and drainable latrines constructed with hand washing facilities (IOM) • Through procurement of education related emergency supplies, 23 government primary schools and two community schools in and around the refugee settlements in three districts supported. In addition small tents and ECD kits for the 9 community based ECD centres in Arua and Adjumani procured and delivered (UNICEF)

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 the lifesaving activities, focusing on establishing and improving the Reception/ Transit conditions as well as covering the critical lifesaving activities in the settlements. The refugee influx from South Sudan occurred in an area where there was no UN presence apart from limited presence UNHCR. While some new arrivals had started to arrive since February 2012 following unrest in Jonglei State, the area had not received any major influx in the last 8 years. Rather the area was focus of an intense repatriation to South Sudan following the Comprehensive Peace Agreement in 2005. CERF hence enabled both presences of all critical UN agencies and also to rehabilitate settlement areas currently not in use.

b) Did CERF funds help respond to time critical needs³?

YES PARTIALLY NO

The CERF contribution was the first funding made available in this emergency response for the South Sudan situation and greatly supported the UN agencies to respond immediately. The overall emergency response contribution currently stands at 43per cent as of 12 November, but none of the donors were able to respond in the first 2 months of the influx.

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

- 118,409 new arrivals received in Uganda by June 2014 in transit sites in Elegu, Koboko as well receiving settlements in Arua, Adjumani and Kiryandongo were identified registered and profiled that allowed for agencies to plan their intervention through accurate population figures. For the refugees, this allowed them to obtain a household attestation letter confirming their refugee status in Uganda and to facilitate their movement and access to services.
- A total of 1,279 separated children have been identified, registered using Rapid FTR and referred for basic support to mandated partners. These children have also participated in activities organised in Child Friendly spaces that helped them to regain a sense of normalcy in their lives and cope with the trauma that they experienced while they were still in South Sudan or during flight.
- 3,804 household's diets were diversified through consumption of leafy vegetables such as cowpeas, cabbages, amaranths, kales, and tomatoes, which were components of the seed kits being timely distributed.
- 97per cent and 100per cent of expected deliveries among refugees were conducted safely in health facilities under skilled care.
- 80per cent of survivors of rape received appropriate clinical care within 72 hours of incident.
- Safe water indicators which almost started at zero was increased to 15 litres per person per day in Adjumani, 22.5 litres per person per day in Arua and 9 litres per person per day in Kiryandongo.
- Outbreak of cholera, measles and meningitis were reported in the refugee hosting districts of Arua and Adjumani. The epidemics were identified within 72 hours and responded to.
- 34,756 children and adults below 30 years as well as 680 health workers and staff were immunized against meningitis in Adjumani District and the CERF funds enabled the UN to respond timely to the meningitis outbreak which could have spread very quickly in the crowded refugee environment had it not been timely addressed.

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

YES PARTIALLY NO

The original overall UNCT appeal for the South Sudanese refugee influx for 60,000 refugees for 6 months was USD 80,692,484 and this was the basis of the CERF application. The Appeal was launched on 28 January 2014 by the Office of the Prime Minister and the UN Resident Coordinator. Out of this requirement, almost no commitment had been made by any donor agencies at the time of the CERF rapid Response application. Following continued influx the appeal was later revised in March for 100,000 refugees and then in July 2014 for 150,000 refugees. The July South Sudanese refugee emergency revised regional response plan required total funds of USD 224,303,989.

³ 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.).

Since the start of the influx, interest had been shown by various donors and by end of January 2014, 3 donor missions had taken place including 1 led by the State Minister for Disaster Preparedness, Relief and Refugees for local donors. A large scale donor trip was undertaken in May as well as by other key donors interested in refugee issues. All donor missions were supported through the interagency approach and have enhanced further contribution of funds. As of 17 November 2014, 129,913 refugees have now entered Uganda since the start of the current influx in mid-December 2013 as have been assisted. As of 13 November 2014, the July revised appeal of USD 224,303,989 is 45 per cent funded.

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 took place at UNHCR and OPM field office level in Adjumani, Arua and Kiryandongo Districts covering all sectors. Coordination meeting and sectoral meetings took 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.

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 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 has 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.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Synchronizing the funding cycle with agricultural calendar to improve on the impact of food security interventions and increase refugee resilience	Cropping calendar for Uganda is normally March-June and July-November. Funds received in March and July perfectly matches with cropping calendars and it is appreciated that CERF keeps the same timeline.	CERF Secretariat
In an under-served region such as West Nile a massive refugee influx, even though putting strains on service delivery and environment, can be welcomed by local government and host communities due to the additional services brought in to the region for the refugee response.	It is important to have a concrete plan from the onset of an emergency on how to bridge the divide between humanitarian and development. CERF Secretariat can play a catalytical role in connecting CERF assisted countries to the Peace Building Fund, Human Security Fund and UNDP's Bureau for Crisis Prevention and Recovery (BCPR) Trust funds for Transitional Settings. This will allow for seamless transition from emergency to transition.	CERF Secretariat
Many refugees come with cattle and there are concerns for disease such as Creman Congo Disease my jump from unvaccinated cattle to humans.	CERF funding for vaccination of cattle and vaccination should also be considered as lifesaving activities in rapid response context, especially when the affected population are moving with cattle and livestock.	CERF Secretariat

TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
In an under-served region such as West Nile a massive refugee influx, even though putting strains on service delivery and environment, can be welcomed by local government and host communities due to the additional services brought in to the region for the refugee response.	The Uganda draft Refugee and Host Population Empowerment (ReHoPE) strategy is strongly linked to the UNDAF and owned jointly by the UN agencies in Uganda to enhance the household level and district level resilience of the refugees and host communities. There is also a joint programme of UNHCR and WFP to enhance the self-reliance of refugees. These ongoing initiatives would require scaled up to for even more greater coherence.	UNCT/ Government
Strengthening disease surveillance during emergency is important to detect and report any suspected outbreaks (such as meningitis, Hepatitis B, cholera, polio, measles etc).	Training of surveillance teams of Districts within the sub regional level beyond the emergency would be required to ensure continuation of the initial capacity building.	Government supported by WHO
The use of new technology such as RapidFTR for registration of separated children and for sharing the information in real time with other partners has proved to be very successful in shortening the time required for family tracing and reunification.	Continue with innovative ways to enhance protection and assistance in emergencies.	UNHCR/ UNICEF

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	[01.01.14 – 30.06.14]
2. CERF project code:	14-RR-CEF-004	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Multi-sector		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency Support to Refugees and Asylum Seekers from South Sudan		
7. Funding	a. Total project budget: ⁴	US\$ 21,935,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$17,794,347	▪ NGO partners and Red Cross/Crescent: US\$ 225,847
	c. Amount received from CERF:	US\$1,298,995	▪ Government Partners: US\$73,990
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	32,735	82,383	Beneficiaries for nutrition: 70,683 (females; 37,250; Males: 33,433). The number of beneficiaries increased drastically as new arrivals continued to come into Uganda with very poor nutritional status. Health: 35,436 (Females: 20,553 Males: 14 883) Child Protection: 1,279 (Females: 552; Males: 727) WASH: 29,000 (Females:14,790; Males: 14,210) Education: 21,327 (Females: 9,238; Males: 12,089) Some activities were extended to the host population, hence the high number of beneficiaries.
b. Male	27,265	75,342	
c. Total individuals (female + male):	60,000	157,725 ⁵	
d. Of total, children <u>under</u> age 5	12,448	29,293	
9. Original project objective from approved CERF proposal			
The situation of 60,000 women and children arriving at transit centres, and living in settlements in Arua, Adjumani and Kiryandongo improved through the provision of high impact lifesaving interventions in health and nutrition, water, sanitation and hygiene, child protection and emergency education.			
10. Original expected outcomes from approved CERF proposal			
Nutrition (total refugee population of 60,000 with 20.5per cent children aged 6-59 months, 48.4per cent children aged 1-14years, 5.2per cent pregnant women and approximately 3 per cent of under five year old children with SAM)			
<ul style="list-style-type: none"> 80per cent of 12,300 children aged 6-59 months receive Vitamin A supplementation 			

⁴ Updated against the July South Sudanese refugee emergency revised regional response plan.

⁵ The total reached specifically for UNICEF is the total of beneficiaries for their nutrition, Health, CP, WASH and education intervention. The total reached for multi-sector in Table 4 of this report is the total number of refugees who arrived as of 30 June 2014 who were assisted at least once by CERF funded activities. It eliminates duplication as total of various sector intervention will bring the figures too high.

- 80per cent of 29,040 children aged 1-14 years receive deworming tablets
- 70per cent of 3,120 pregnant/lactating women receive iron/folic supplementation
- 90per cent of 369 children with Severe Acute Malnutrition (SAM) given therapeutic care

Immunization of children

All children in the settlements 6 months - 14 years immunized with measles vaccines; All children in the settlements 0 - 59 months immunized with polio vaccine; All children 6 months - 4 years in the in the host communities immunized with measles and polio vaccines

Water, Sanitation and Hygiene (WASH)

- Safe water sources provided to 30,000 refugees in the transit centres and refugee settlements
- 10 Blocks of temporary latrines with hand washing facilities are constructed in transit centres/Reception centres focussing in Arua and Adjumani.
- Formation and training of water management committee for Operation and Maintenance
- 1,500 households provided latrine slabs and digging kits for improved sanitation
- Essential WASH supplies procured and dispatched to the transit centres and settlement sites in Arua, Adjumani, and Kiryandongo districts.

Child Protection

- Vulnerable children and women in the Transit centre as well as in the Refuge settlement are provided with psychosocial support in child-friendly spaces to protect them from further violence and/or family separation.
- All boys and girls unaccompanied and separated from families are reunited with their families or placed under fostering or family- or community-based alternative care.

Emergency Education:

- At least half of the 7,350 children aged 3-5 years old have access to child friendly early childhood (ECD) spaces for psychosocial and cognitive stimulation
- At least half of the 28,200 children of primary school going age have access to basic scholastic materials and child friendly learning environment through provision of scholastic materials and WASH facilities.

11. Actual outcomes achieved with CERF funds

1. Nutrition

UNICEF has a one year contract with CONCERN Worldwide to provide nutrition response in the affected refugee settlements in the 4 districts of Arua, Koboko, Adjumani and Kiryandongo. Through Concern Worldwide operating in both host communities and refugee settlements, physical facility assessment was conducted in 75 health facilities across the 4 districts to establish the gaps/needs required to support nutrition programmes.

- Results achieved in Jan-Jun 2014 with support from CERF included establishing of 17 ITC/OTCs out of the total 72; training of 40 health workers on IMAM out of the 417; training of all 2,697 VHTs; and therapeutic care for 1,032 children with SAM out of 2,054. Supplementary nutrition services and deworming was also provided, however, data could not be obtained until partnership was established with Concern Worldwide for emergency nutrition response through capacity strengthening approaches for detection, treatment and prevention of acute malnutrition and provision of nutrition technical support
- District HMIS reporting in the four districts on 1st dose vitamin A supplementation for 81,888 and 2nd dose for 50,214 children aged 6-59months; 1st dose deworming medication for 204,567 and 2nd dose for 104,154 children aged 1-14 years; and iron/folic supplementation for 41,054 pregnant women.
- Micronutrient supplementation for refugee populations: 10,178 children 6-59 months for vitamin A supplementation, 4,639 children 6-59 months for deworming and 16,180 pregnant women for iron/folic supplementation.
- Nutrition awareness for 71 district health team members, community dialogues with 49 people (18 male & 31 female) including community leaders, VHT coordinators and influential community members and focus group discussions with 92 persons (30 males and 62 females).

2. WASH

- Provided water to 24,500 refugees, through water trucking in Nyumanzi refugee settlement Adjumani District with 60,000 litres (serving 4,000 people) and in Rhino camp refugee settlement in Arua District with 30,000 litres (serving 2000 people) over a period of three months. 15 boreholes have been drilled and installed with hand pumps serving 5000 people (11 in Kiryandongo and 4 in Rhino camp) 20 boreholes (3 boreholes in Kiryandongo refugee settlement and 17 in Rhino camp settlement – Arua district) have been rehabilitated serving 10,000 people.
- 61 communal latrines and 61 bathing shelters were constructed in reception centres of Ayilo 2 serving approximately 12,000 people.
- 35 water management committees and 70 caretakers were identified and trained in operation and maintenance of the boreholes with hand pumps.
- 1,500 households were provided latrine slabs and latrine digging kits to support construction of household latrines targeting 1000 households in Ayilo 2 refugee settlement in Adjumani district and 500 in Kiryandongo refugee settlement, Kiryandongo District
- Essential WASH supplies were procured and dispatched to the transit centres and settlement sites in Arua, Adjumani, and Kiryandongo districts. (including water purification tablets, 10,000 litres water tanks, hand washing facilities, chlorine, soap, hygiene kits, water testing kits, soap, EMO to reduce sludge and stench and prolong life of latrines)
- Six latrine blocks have been constructed in 6 learning centres of Tika, Ocea and Walue in Arua District and Elema, Boroli and Mireyi in Adjumani District.

3. Health

- Meningitis outbreak contained within the refugee camps, settlements and host population.
- 66,830 doses of Meningococcal vaccine procured
- Surveillance of the epidemics increased.

4. Child Protection

A total of 10 integrated Early Childhood Development (ECD)/Child Friendly Spaces (CFS) were constructed and continue to be operated by Save the Children (SCiU). Community participation and ownership was created through the establishment of Centre Management Committees who work with SCiU to maintain CFS facilities and organise events. Training and orientation of Caregivers and Centre Management Committees (CMC) on the child protection code of conduct was provided across the 10 created CFS. (40 caregivers with 4 at each CFS and 100 CMC members).

Recreation Kits with indoor and outdoor materials for structured play as well as other learning materials were provided to the CFS and support the creation of a safe space for children within the transit centres and refugee settlements. Trained Caregivers provide psycho-social support through early childhood development and recreational activities.

UNICEF also supports the protection of Unaccompanied and separated children (UASC) through the registration of Separated Children using RapidFTR. Following a rapid assessment, a total of 1,279 (727 male and 552 female) UASC were registered using the Rapid FTR tool. Unaccompanied minors (UAM) are referred to URCS/ICRC for tracing and reunification and SCiU work within the settlements through the Child Protection Working Group to support alternative care arrangements, including foster care, for Separated Children. Selection and training of Child Protection Committees was conducted across the districts/settlements hosting refugees to assist in identification, tracing and follow up of Separated children and Unaccompanied Minors.

5. Emergency Education:

Through procurement of education related emergency supplies, which included 31 recreation kits, 160 replenishment kits for school in a box, 236 school in a box kits, 253 ECD kits, 192 tarpaulins and 95 tents, UNICEF was able to support 23 government primary schools and two community schools in and around the refugee settlements in three districts of Adjumani, Arua and Kiryandongo. The emergency supplies included tents, teaching and learning materials and recreation materials to be used by the teachers in the schools and the refugee and local children. In addition, through the CERF funding UNICEF has procured small tents and ECD kits for the 9 community based ECD centres in Arua and Adjumani and have supported the transport of the items to the sites and clearing of the grounds in the community based ECD centres within the settlements. In addition, the district local government was supported to monitor the quality of the centres established. A total of 17,848 children (7,645 girls and 10,203 boys) enrolled in the 23 primary schools and 3,479 children (1,593 girls and 1,886 boys) enrolled in the 9 ECD centres benefitted from these supplies that were procured and distributed in the three districts. 47 per cent of set target for ECD children and 63 per cent for the primary schools children were enrolled by the end of the project compared to the planned targets of 50% (of 7,350 ECD children and

28,200 primary school children).	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
Planned outcomes were: <ul style="list-style-type: none"> • Increased immunization coverage for measles of all children in the settlements aged 6 months - 14 years immunized. • Increased immunization coverage of all children in the settlements 0 - 59 months immunized with polio vaccine <p>However, because of the outbreak of Meningitis and it being highly contagious in such a crowded population, procurement of Meningococcal vaccine to carry out massive vaccination was more critical.</p> <p>Initially UNICEF had planned to drill 20 new boreholes. The Inter-Agency WASH assessment in Rhino Camp in Arua, clearly identified that there were quite a number of non-functional existing boreholes, which required major rehabilitation. Hence it was not advised to drilled new boreholes where there was an option of rehabilitating existing boreholes and bring back to operation with less investment to serve the same population. Hence, UNICEF drilled 15 new boreholes and used money of remaining 5 boreholes to rehabilitate 20 existing boreholes and provide access to additional 10,000 refugees.</p>	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If 'YES', what is the code (0, 1, 2a or 2b): If 'NO' (or if GM score is 1 or 0): At the time of the needs assessment, UNICEF and partners identified the specific needs of adolescent girls and boys. During implementation, girls and boys were treated equally but also there were specific interventions to respond to the specific needs of girls, e.g.: separate sanitary facilities for girls near the Child Friendly spaces; organise sport games such as netball and volleyball that would allow girls to play too and provision of hygiene kits to girls for menstrual management. But also there were activities that targeted both boys and girls, such as life-skills education and access to information tailored to the specific needs of boys and girls.	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
Given the short period of the project, no formal evaluation was carried out. However monitoring and regular support supervision was conducted by the implementing partner as well as by UNICEF and jointly with partners responding to the emergency. Mid-year Review Meeting of the Emergency Nutrition Response in West Nile and Kiryandongo held in Oct 2014 to determine whether the emergency nutrition response is on target with the goals that were identified at the beginning of the project and ii) review 'in-house' lessons learnt and to share further learning from other Nutrition and Health Actors programming in similar areas.	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:	06.03.2014 – 05.09.2014
2. CERF project code:	14-RR-FAO-001	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 ⁶ :	US\$ 10,906,469	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 299,650	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 67,444
	c. Amount received from CERF:	US\$ 299,650	▪ <i>Government Partners:</i> US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	9,625	8,844	In Kiryandongo refugee settlement a number of refugees especially children live outside the refugee settlements for purposes of accessing better services such as education. The population leaving outside of the refugee camp was not included in this direct beneficiaries population although they have benefited from the assistance.
b. Male	7,875	8,663	
c. Total individuals (female + male):	17,500	17,507	
d. Of total, children <u>under</u> age 5	3,675	5,984	
9. Original project objective from approved CERF proposal			
To provide seeds of quick maturing crops and tools to support 17,500 refugees (3,500 households) in addressing their food security needs.			
10. Original expected outcomes from approved CERF proposal			
Through the CERF support, there will be increased access to seeds for 3,500 refugee families in the first agricultural season of 2014 Specifically, the following outputs are expected to be produced by the intervention:			
<ul style="list-style-type: none"> • 43 metric tonnes of seed distributed to 3,500 refugee families by end of July 2014; • 1,500 hectares of land planted in several planting cycles with the distributed seeds; • 3,500 refugee families trained in basic agronomic practices of the distributed crop seeds by end of July 2014 ; • At least 1,000 metric tonnes of grain harvested by the refugee families by July 2014; • Increased dietary diversity and improved nutrition levels of 3,500 refugee families. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> • 54.4 Mt of seeds distributed to 3,804 households in Rhino Camp and Kiryandongo Refugees settlements; • 2,003 hectares of land planted with major staple food crops (maize, sorghum, beans and cowpeas) and vegetables by 3,804 refugee households in Kiryandongo and Rhino Camp refugees settlements; • 3,804 refugee households trained in agronomy and post-harvest handling; • 7,000 pieces of hoes were distributed to 3,500 households with each household receiving 2 pieces of hoes; 			

⁶ Updated against the July South Sudanese refugee emergency revised regional response plan.

<ul style="list-style-type: none"> • 2,092Mt of grains produced (641Mt in Kiryandongo and 1451Mt in Rhino camp Refugee settlements); • 3,804 households diets diversified through consumption of leafy vegetables such as cowpeas, cabbages, amaranthus, kales, and tomatoes which were components of the seed kits distributed. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
Bean seeds were not procured in the first agricultural season (March to June 2014) as originally planned because of poor quality bean seeds on the market during the first agricultural season. However, the beans seeds were later on procured in the second season (July 2014) and distributed to the beneficiaries respectively.	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 2b):</p> <p>If 'NO' (or if GM score is 1 or 0): As the population of refugees was registered, they were segregated by age and sex. The household characteristics were considered in the composition of the household Seed Kits by the type of plants that were provided to households. Each Seed Kit contained vegetables including amaranthus, kale, cabbage, tomatoes and onions which help to reduce micro-nutrient deficiencies in the population, and especially among children and pregnant women. The three leafy vegetables included were purposively chosen and they help to address the challenge of anaemia in pregnant women</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
Given the short period of the project, no formal evaluation was carried out. However monitoring and regular support supervision was conducted by the implementing partner as well as by FAO and jointly with partners responding to the emergency.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	IOM	5. CERF grant period:	[19.02.14 – 30.09.14]
2. CERF project code:	14-RR-IOM-003	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Multi-sector		<input checked="" type="checkbox"/> Concluded
4. Project title:	South Sudanese Refugees Emergency Response in Adjumani (SRERA)		
7. Funding	a. Total project budget ⁷ :	US\$13,219,254	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 695,478	▪ NGO partners and Red Cross/Crescent: US\$ 0
	c. Amount received from CERF:	US\$ 695,478	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	29,268	51,819	Increased beneficiary outputs from original planning figure relate to increased population size in target settlements. The discrepancy in reduced support to male beneficiaries is due to the fact that the majority males remained in South Sudan, as participants in the conflict, or were reportedly killed during the crisis. Subsequently the majority of the refugees are female headed households.
b. Male	24, 932	8,436	
c. Total individuals (female + male):	54,200	60,255	
d. Of total, children <u>under</u> age 5	11, 382	12,654	
9. Original project objective from approved CERF proposal			
To provide life-saving emergency assistance to newly arrived South Sudanese refugees by providing services in the health and WASH sectors.			
10. Original expected outcomes from approved CERF proposal			
• Expected Outcomes		• Indicators	
Health			
<ul style="list-style-type: none"> Provision of life saving health care services under stable and hygienic conditions. 		<ul style="list-style-type: none"> Urgently needed equipment for maternity ward and outpatient department delivered. Solar panels and one waiting area installed. 	
WASH			
<ul style="list-style-type: none"> New arrival household have access to sanitation. New arrival households are sensitized on basic hygiene and sanitation. New arrival households have access to safe drinking water. Water sources are well managed. 		<ul style="list-style-type: none"> 6,431 households have access to latrines and hand washing facilities. 12,500 new arrivals receive sensitisation on hygiene and sanitation trough 50 CHP. 15 boreholes constructed. Four boreholes repaired. 	

⁷ Updated against the July South Sudanese refugee emergency revised regional response plan.

- Patients, their family members, health centre staff and students have access to sanitary facilities and safe drinking water.
- Health centres have proper waste disposal outlets.

- 15 water management committees are operational.
- Repair of three rainwater harvesting systems
- Five latrines, two communal bathing shelters, seven hand washing facilities, one incinerator and one placenta pit constructed/set up.
- One latrine repaired.

11. Actual outcomes achieved with CERF funds

Health: Provision of life saving health care services under stable and hygienic conditions

Urgently needed equipment for maternity ward and outpatient department delivered:

- 27 x Medical equipment instruments procured and delivered to Nyumanzi Health Centre II for use on the maternity ward and outpatients department. Items included: minor surgery instruments, baby weighing scales, sterilization instruments, blood pressure units, trolleys, stretchers, sutures, dressing instruments, forceps, dilation curettage instruments and a ward screen.

Solar panels and one waiting area installed.

- 2 x solar panels installed at Nyumanzi Health Centre II providing urgently needed lighting equipment for the female maternity ward and the male / female admissions wards; specific support to night deliveries.
- 1 x waiting shed constructed at Nyumanzi Health Centre II. Waiting area equipped with 15 x benches and 1 x solar light.

WASH:

- 3,644 households have access to household level latrine and hand washing facilities in three settlements of Baratuku, Boroli and Ayilo I.
- 838 Persons with Specific Needs (PSN) households supported with latrine construction and household level WASH.
- 13,500 new arrivals receive sensitisation on hygiene and sanitation through 50 CHP.
- 15 boreholes constructed: Nyumanzi (x3) Nyumanzi Health Centre (x1), Baratuku (x1), Boroli (x2) and Ayilo I (8).
- Four boreholes repaired.
- 15 water management committees are operational.
- Repair of three rainwater harvesting systems: Nyumanzi Health Centre and Primary School.
- Five latrines, two communal bathing shelters, seven hand washing facilities, one incinerator and one placenta pit constructed.
- One latrine repaired.
- 50 Community Hygiene Promoters recruited and trained to carry out community sensitization, awareness campaign, household monitoring and conduct community meetings at settlement level.
- 6,450 x Information, Education, Communication (IEC) materials were printed in three respective languages (Dinka, Madi Murle), promoting WASH best practice and disease prevention.
- 18 x Community Sensitization meetings were carried out in the three settlements of Baratuku, Boroli and Ayilo I. Approximate group inclusion ranged from 150 – 350 participants per session.

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

- IOM initially planned to support 6,431 individual households with household level WASH in the district of Adjumani. As a result of a significant number of WASH partners committing to implement similar activities in the same locations, UNHCR acting in capacity of WASH coordinating agency, agreed by consensus amongst all active implementing partners to divide the overall target beneficiaries amongst all partners. Subsequently IOM was allocated 3,644 households to support, with consensus being reached during a WASH sector coordination meeting held in Adjumani. Subsequently, IOM achieved revised target outputs against its sector allocation of 3,444, including those households with Special Needs. Surplus procured equipment was formally handed over to UNHCR for continued distribution to new arrivals.
- Whilst IOM reached the target output of 15 boreholes drilled, the location of boreholes changed significantly from the initial plan. This was due to a combination of needs, gaps and priorities at the time of implementation. The initial target was to drill 12 boreholes in Boroli and 3 in Baratuku. However, at the time of implementation, fewer than 600 refugees had been transferred to Boroli settlement, where three boreholes were already in existence. At the time prioritization of need had shifted to the settlements of Ayilo I and Nyumanzi, with an estimated population of 18,000 and 20,000 respectively, and growing. Subsequently, UNHCR formally requested IOM to employ flexibility and relocate planned drilling to locations of critical need to support gaps. Subsequently, IOM changed locations of borehole drilling, as requested by UNHCR as follows: 8 boreholes were drilled Ayilo I, 3 in Nyumanzi Settlement, 1 in Baratuku and one at Nyumanzi Health Centre.
- Due to the large majority of arrivals from South Sudan being women and children (over 80per cent, UNHCR), and a large number of Persons with Special Needs (PSNs) amongst the caseload of refugee arrivals, self-construction of household level wash interventions, including the digging of refuse pits and latrine construction was found to be not plausible; cultural norms exacerbated the situation. As a result of the exceptionally large number of identified Persons with Special Needs (PSNs) amongst the refugee caseload arriving to Adjumani, completion of household level latrine structures was found to be significantly under achieved across the entire sector amongst WASH partners. Subsequently, IOM identified 838 PSNs in the three settlements of operation (Baratuku, Boroli and Ayilo I) for direct support with all household level WASH activities. PSNs selected and targeted for direct support were identified from amongst UNHCR approved list and criteria. In order to operationalize the unplanned PSN household support, IOM requested and was granted a 6 week No-Cost-Extension (NCE) to mobilize and implement this activity to completion. IOM also procured and distributed 115 solar lamps to PSN households.
- IOM exceeded planned targets and sensitized an additional 1,000 refugee arrivals on basic sanitation and hygiene practices.
- IOM is currently in the process of verifying the quality of works on the construction of 1 female block of drainable latrines at Nyumanzi Health facility. Subsequently the facilities in question remain inoperable until construction works have been satisfactorily validated by IOM. In the interim, beneficiaries continue to utilize the remaining latrine and bathing blocks completed to target.

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?

YES NO

If 'YES', what is the code (0, 1, 2a or 2b):

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

During project implementation, IOM took into consideration the specific sanitary needs of men/ boys and women/ girls and constructed separate latrine facilities. In addition, it constructed washing facilities next to the women/ girls latrines to provide a safe and comfortable place for special female hygiene; all structures also include provisions for disabled persons, both boys/ men and women/ girls. By donating equipment to the maternity ward, IOM also ensured safer deliveries for refugee women. The Water User Committee's mobilized by IOM included 43per cent women, with each committee comprising at least 3 women serving as caretakers or the position of chairperson. The 50 hygiene promotion task force comprised of 40per cent women refugees.

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

EVALUATION CARRIED OUT

A formal evaluation was not contemplated in the project proposal. However, IOM has carried out continuous monitoring of the project, throughout the lifecycle of the project and has made adjustments as required. IOM intends to carry out an in depth evaluation during the upcoming funding stream for 2015 to measure both outputs and impact.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNFPA	5. CERF grant period:	[20.02.14 – 19.08.14]
2. CERF project code:	14-RR-FPA-003	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Multi-Sectoral (Health/ Protection)		<input checked="" type="checkbox"/> Concluded
4. Project title:	Provision of Life Saving Reproductive Health and GBV Prevention and Care Services for South Sudanese Refugees in Northern Uganda		
7. Funding	a. Total project budget ⁸ :	US\$7,105,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$1,532,092	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 197,692
	c. Amount received from CERF:	US\$353,005	▪ <i>Government Partners:</i> US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	17,600	26,549	A higher number of South Sudanese refugees sought assistance in Uganda than initially planned. Consequently the number of direct beneficiaries from the CERF project was more than projected. Secondly, up to 20per cent of beneficiaries of some of the interventions (like delivery care in the health facilities) were host communities.
b. Male	4,000	4,248	
c. Total individuals (female + male):	21,600	30,797	
d. Of total, children <u>under</u> age 5	1,400	2,124	
9. Original project objective from approved CERF proposal			
By 15 August, 2014;			
<ul style="list-style-type: none"> To improve access to life-saving quality reproductive health (RH) care including care for pregnancy, delivery, and delivery complications for new South Sudanese refugee in Adjumani To mitigate risk to sexual and gender based violence in the Dzaipi transit camp and the settlements. To improve access to medical and referral for psychosocial care and legal redress for survivors. 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> 100per cent of health facilities (3) serving the refugees are well equipped and supplied to provide essential lifesaving interventions in reproductive health including maternal health, HIV and GBV. 80per cent of pregnant women attended to by skilled health personnel during childbirth. 100per cent of refugee communities have functional community structures for prevention and response to SGBV at Transit centre and settlement in place and functional 80per cent of survivors of rape receive appropriate clinical care within 72 hours of incident. 2 Youth space supported for full functionality 2 Women space established and fully functional 			
11. Actual outcomes achieved with CERF funds			
Outcome 1: 100 per cent of health facilities (3) serving the refugees are well equipped and supplied to provide essential			

⁸ Updated against the July South Sudanese refugee emergency revised regional response plan.

lifesaving interventions in reproductive health including maternal health, HIV and GBV.

- UNFPA equipped and supplied 8 instead of 3 planned health units that were serving refugees (i.e. 267 per cent of planned number) with the Emergency Reproductive Health (ERH) Kits. This was because more health units had to come to serve the refugees than originally projected as more settlement sites were opened with the increasing number of refugee population. Thus, in addition to Dzaipi Health Centre (HC), Nyumanzi HC, and Adjumani Hospital that were originally targeted, the following health facilities were also supplied: Elema HC, Bira HC, Ayilo HC, and Nyumanzi HC in Adjumani District and Panyandoli HC and Kiryandongo Hospital in Kiryandongo District. The ERH Kits contain medical supplies and equipment for conducting safe deliveries, treating rape survivors and sexually transmitted infections, as well as treatment of delivery complications including caesarean operations.
- 2 Medical tents were procured and erected at health facilities to augment space to cater for the extra space requirements. IEC materials on maternal Health and Family Planning and for Adolescent sexual and reproductive health (SRH) were printed and distributed to improve awareness about the available reproductive health services including clinical management of survivors and victims of rape.
- The project provided two ambulances that ensured 24/7 referral transportation service availability. At least 108 evacuations for maternal complications were supported by the project.
- 3,021 dignity kits were procured and distributed to the health facilities serving refugees in Kiryandongo and Adjumani. The dignity kits which contained sanitary towels, soap, buckets and warm clothing for the new born, among others, were given to new mothers to enable them cope in the difficult circumstance of giving birth and caring for a new born in a refugee situation.

Outcome 2: 80per cent of pregnant women attended to by skilled health personnel during childbirth

- The target of 80 per cent skilled birth attendance was surpassed. In Adjumani and Kiryandongo respectively, **97 per cent and 100 per cent of expected deliveries among refugees** were conducted safely in health facilities under skilled care as indicated by the UNHCR Health Information System. Activities supported also contributed to improved pregnancy care with antenatal care coverage reaching 55 per cent and 93 per cent of expected pregnant refugee women in Adjumani and Kiryandongo respectively. In addition, **36 per cent and 43 per cent Contraceptive Prevalence Rate (CPR)** among refugee women in Adjumani and Kiryandongo respectively was achieved.
- The project supported the recruitment and deployment of 6 midwives to support existing staff and enable the facilities cope with the increased workload. Furthermore, 21 health workers from the 8 refugee serving health facilities in Adjumani District were oriented on the provision of emergency obstetric and new born care (EmONC).
- 20 Volunteers were trained and facilitated by the project to identify and support pregnant refugee women to utilize lifesaving pregnancy related services including antenatal care (ANC) and deliver safely under skilled supervision. Cumulatively a total of 2,037 pregnant refugee women were identified and supported.
- Outreach camps were organized to deliver integrated reproductive health services including family planning, HIV counselling and testing, treatment of sexually transmitted diseases and cervical cancer screening to reach refugees in locations where health facilities/services were unavailable.

Outcome 3: 100per cent of refugee communities have functional community structures for prevention and response to SGBV at Transit centre and settlement in place and functional

- GBV prevention and response structures in the settlement clusters comprising of volunteers identified from among the refugees, refugee welfare committees, and settlement management officials were supported through deployment of 3 GBV specialists, training and facilitation of 50 volunteers, training of 60 peer counsellors, training of 28 social workers, and training of 30 health workers on clinical management of rape survivors. The number of settlement and refugee villages kept increasing as more refugees entered Adjumani. As a result volunteers were trained in only 6 of the 12 refugee villages.
- The GBV counsellors were facilitated to work with the trained volunteers, refugee welfare committees, other partners in the settlements, and the settlement management officials and to meet regularly to continuously monitor the GBV situation in the settlements and discuss matters pertaining to protecting the refugee women against GBV and facilitating survivors to report and access services. Standard Operating Procedures and GBV referral pathway for the settlements were agreed on shared and used to facilitate prompt referral.
- Community dialogue sessions were conducted with women and men's groups, cumulatively reaching a total of 17,098 people. The dialogue sessions integrated issues of reproductive health and HIV prevention. This included agreeing on and dissemination of the Standard Operating Procedures and the referral mechanisms for GBV cases. IEC materials were then printed and distributed.

Outcome 4: 80per cent of survivors of rape receive appropriate clinical care within 72 hours of incident.

- In all, 32 cases of GBV were identified and managed during the project period. The cases comprised rape, attempted rape, physical violence, economic violence by denial of resources, and adultery. All of the sexual and physical violence case survivors were referred to the nearest health centre for treatment within 72 hours. The volunteers follow up all the cases and

provided ongoing psychosocial counselling.

Outcome 5: 2 Youth space supported for full functionality

- Two youth spaces were established in Adjumani and activities to engage the refugee youth and educate and counsel them on reproductive health were supported. This was done through recreational activities including sports, drama, music and dance. At least 4,390 youth (2,474 boys and 1,916 girls) were directly reached through these activities.
- The youth activities linked young people to health facilities where health workers had been oriented by the project to provide youth friendly reproductive health services. A total of 26 health workers from the 8 refugee serving health facilities in Adjumani district were oriented.

Outcome 6: 2 Women space established and fully functional

- Two tents were procured and used to set up women spaces in two settlements in Adjumani district and were used for reproductive health and GBV awareness creation and for provision of psychosocial counselling to survivors of GBV.
- Skills building activities for young women were undertaken in the women spaces. Over 100 young women and girls from 4 of the major settlements and refugee villages in Adjumani were trained to enhance their life skills including in bakery, hairdressing, soap making, tailoring as well as enterprise selection and IGA planning and management. This activity was aimed at mitigating the young girls risk to GBV.

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

Initially 3 health facilities were planned to be supplied with Emergency Reproductive Health (ERH) Kits. In the end, 8 facilities actually received the ERH Kits. This was because as the number of refugees increased and filled up the initial settlements, new settlements were opened that were distant from the original three health facilities and hence more health facilities had to be supplied to ensure that all the settlements had access to lifesaving reproductive health care. The kits meant for 3 health facilities were hence shared among the 8.

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?

YES NO

If 'YES', what is the code (0, 1, 2a or 2b):

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

By design the project catered for the special needs of women and young people focusing on improving their access to reproductive health services and protection against Gender Based Violence including care and support to survivors. The project took into account the Gender dimensions especially with regard to their special needs and timing of community activities and services ensured that both men and women equitably reached.

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

EVALUATION CARRIED OUT

Given the short period of the project, no formal evaluation was carried out. However monitoring and regular support supervision was conducted by the implementing partner as well as by UNFPA and jointly with partners responding to the emergency. This provided constant information about the performance of the project and enabled implementation to be tailored to respond to the needs of the refugees and achievement of planned objectives. The project activities were coordinated with partners through the regular coordination meetings led by the Office of the Prime Minister and the UNHCR both at headquarter and field level.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information				
1. Agency:	UNHCR	5. CERF grant period:	01/01/2014 – 30/06/2014	
2. CERF project code:	14-RR-HCR-003	6. Status of CERF grant:	<input type="checkbox"/> Ongoing	
3. Cluster/Sector:	Multi-sector		<input checked="" type="checkbox"/> Concluded	
4. Project title:	Emergency Response for the South Sudanese Situation			
7. Funding	a. Total project budget ⁹ :	US\$ 123,167,156	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US\$ 51,636,320		▪ NGO partners and Red Cross/Crescent: US\$ 208,440
	c. Amount received from CERF:	US\$ 2,033,625		▪ Government Partners: US\$ 0
Results				
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).				
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>	
a. Female	16,368	51,551	Against the total of 60,000 influx projected, Uganda received 118,409 refugees as of 30 June 2014. UNHCR programmed on average 3 months of activities in the CERF application, targeting 30,000 refugees. Considering that registration activities covered all new arrivals, the reached estimate has been revised upwards in line with the new arrivals as of end of March 2014.	
b. Male	13,633	42,936		
c. Total individuals (female + male):	30,001	94,487		
d. Of total, children <u>under</u> age 5	6,224	19,603		
9. Original project objective from approved CERF proposal				
<ol style="list-style-type: none"> 1. Quality of registration and profiling improved or maintained 2. Logistics and supply system developed and implemented 3. Shelter and infrastructure established, improved and maintained 4. Population has sufficient basic and domestic items (NFIs) 5. Supply of potable water increased or maintained 6. Population lives in satisfactory conditions of sanitation and hygiene 7. Health status of the population improved 				
10. Original expected outcomes from approved CERF proposal				
<p>Outcome 1: All persons of concern registered individually to allow disaggregation by age and sex;</p> <ul style="list-style-type: none"> • Number of refugees individually registered; <p>All persons with specific needs identified and recorded for relevant follow up.</p> <ul style="list-style-type: none"> • Number of PSNs recorded <p>Outcome2: All refugees transported in safety and dignity from the border to the TC/ RC and from TC/RC to the settlement areas.</p> <ul style="list-style-type: none"> • Number of refugees transported; <p>Outcome3:</p>				

⁹ Updated against the July South Sudanese refugee emergency revised regional response plan.

All refugees accommodated:

- Number of emergency shelter provided;
- Number of persons receiving emergency shelter

Outcome 4:

All refugee families receive NFI and shelter kit according to the agreed countrywide standards:

- Number of households received household items (NFIs)

Outcome5:

- Provision of safe water
- Provision of 7 litres per person per day initially to be increased to 15 litres per person per day.

Outcome6:

All refugee family have access to sanitation facilities based on emergency indicator:

- Achievement of 1 temporary latrine to 50 persons

Outcome 7:

- Access to primary health care for all refugees who need access:
- Availability of staff and drug supplies

11. Actual outcomes achieved with CERF funds

Outcome 1: Protection - Registration, identification and follow up with PSNs:

- 94,487 new arrivals received in Uganda by March 2014 in transit sites in Elegu, Koboko as well receiving settlements in Arua, Adjumani and Kiryandongo were identified and registered;
- Profiling of persons of concern of all new arrival refugees were undertaken;
- Registration and profiling data shared in line with data protection framework in the transit centres;
- Registration data were updated on a continuous basis in the TC and settlement areas.
- A total of 6,293 PSNs were recorded with 1,912 being children with special needs
- The following UNHCR staff were deployed/hired and carried out project activities in the areas of community services, protection, management and coordination and general service delivery: Protection Associate, Senior Community Services Assistant, Registration Assistant, 20 registration clerks, 5 drivers.
- 75 Best Interest Determination assessment carried out in Adjumani, Kiryandongo and Arua settlements
- 29 child friendly spaces set up
- 37 community child protection groups formed and supported
- 61 GBV cases reported and supported
- Special arrangement for protection and care of UAMs established (support to direct care for UAM in kind support to foster families. Daily visits by UNHCR community services staff were conducted to get the views of the fostered children and the fostering family.
- 243 UASCs (165 males and 78 females) were identified with 216 under foster care, 24 within the UAM shelters and 3 within the protection house. UASC's verification still ongoing in the field.
- 266 children (167 males and 99 females) UASC's were reunified with their families.

Outcome2: Transport/Logistics: Number of refugees transported;

- 100per cent new arrivals were transported to a safe location. Buses were arranged with maximum safety measures.
- 100per cent of refugees in need was transported in safety and dignity from the border to the TC/ RC and from TC/RC to the settlement areas.
- 62,083 were transported to Adjumani and 11,985 to Arua settlements. UNHCR buses and commercially hired buses and trucks were used during convoy movement to relocate refugees from the transit sites to receiving refugee settlements.

Outcome3: Shelter: Number of emergency shelter provided; Number of persons receiving emergency shelter

- 10,000 Households were given shelter kits for their shelter through provision of plastic sheet and shelter poles; (each HH received 5 building poles for shelter construction; 1-4 HH member get 1 plastic sheeting; 4+ HH member get 2 plastic sheeting);
- 6,000 plastic sheeting were procured and distributed as part of the above shelter kit.

- 910 family tents procured for PSNs.
- 590 plastic rolls were procured for communal shelter construction in TCs and RCs.
- Senior Site Planner was deployed to do the site layout in the new refugee settlements and refugee villages.

Outcome 4: NFIs – refugee families receive NFI and shelter kit according to the agreed countrywide standards:

- 6,000 households received household items (NFIs) according to the agreed countrywide standards The following NFIs were distributed as part of the NFI kit for an average family size of 5:
 - 3 blankets and sleeping mats
 - 2 Jerry cans,
 - 1 kitchen set (including pots, plates, cups)
 - 2 plastic basins and
 - 2 mosquito nets
 - 3 pcs of soap per person

Outcome 5: Water - Provision of 7 litres per person per day initially to be increased to 15 litres per person per day.

- Increased refugees' access to safe water from 10.8 litres per person per day to 15 litres per person per day in Adjumani, 22.5 litres per person per day in Arua and 9 litres per person per day in Kiryandongo.
- Installed 10 water tanks of 10,000 litre capacity each; 01 at Elegu collection point, 04 at Nyumanzi, 05 at Baratuku and 2 water tanks in Kiryandongo.
- DRC trucked 7,564,000 litres of water at Nyumanzi, Baratuku, and Ayilo I refugee settlements, Elegu collection point, and Dzaipi transit centre.

Outcome 6: Sanitation - 100per cent refugee family have access to sanitation facilities based on emergency indicator: Achievement of 1 temporary latrine to 50 persons.

- Constructed 646 communal latrines: 324 in Nyumanzi settlement, 88 in Nyumanzi transit centre, 20 in Dzaipi health centre, 50 in Dzaipi transit centre, 04 at Elegu collection centre, 102 at Baratuku and 58 at Ayilo-II refugee settlement
- In Adjumani, 14.30 persons per communal latrine, in Arua 10.00 persons per communal latrines and in Kiryandongo 18.50 persons per communal latrines (UNHCR standard is 20 persons per latrine and Sphere is 50)

Outcome 7: Health - 100 per cent refugees had access to primary health care for all refugees who need access. Health staff and drugs were made available in health facilities at the reception centres and in settlements for 10,000 refugees

- 8 medical kits were purchased and enabled 10,000 new arrivals to access to essential drugs and medical supplies as well as a malaria module to manage malaria which is the leading cause of mortality and morbidity in Uganda. This covered a period of 3 months.
- CMR was maintained at 0.02 deaths/10,000/day in Adjumani, Arua and Kiryandongo (UNHCR and Sphere standards are less than 1 deaths/10,000/day)
- Deployment of Food security and Nutrition officer in Adjumani
- Global acute malnutrition rates were 10.30 per cent in Adjumani, 10.40 per cent in Arua and 5.80 per cent in Kiryandongo (UNHCR standard is less than 10 per cent and Sphere is less than 15 per cent)

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

Against the total of 60,000 influx projected, Uganda received 118,409 refugees as of 30 June 2014. UNHCR programmed on average 3 months of activities in the CERF application, targeting 30,000 refugees initially. Considering that registration activities covered all new arrivals, the reached estimate has been revised upwards to 94,487 in line with the new arrivals as of end of March 2014. For other activities (such as the number of NFI kit and shelter kits coverage) although the achievement rate was close to 100 per cent, the number of kits contributed by CERF remained the same.

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?

YES NO

If 'YES', what is the code (0, 1, 2a or 2b):
If 'NO' (or if GM score is 1 or 0):

All UNHCR projects have age, gender, diversity mainstreamed and all UNHCR's partners are required to ensure that their project enhances gender equality. In addition to the regular monitoring, UNHCR Uganda conducts participatory assessment once a year taking into consideration the age, gender and diversity of the refugee population. This was conducted in mid-October in West Nile refugee settlements. The result and findings will be incorporated in the 2015 programme planning. In addition to this, UNHCR protection and community services staff hired under the project provided assistance and support to vulnerable women and girls as well as those with specific needs. This included referral of 61 GBV cases for medical and psychosocial support, provision of specialised non-food items to vulnerable children and women as well as support to 78 separated and unaccompanied girls in terms of protection, shelter and re-unification efforts.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
A formal evaluation was not conducted for the CERF project. Monitoring of planned activities was carried out by UNHCR in collaboration with implementing and operational partners. More specifically, UNHCR's sub and field offices oversee the day to day implementation and carried out monitoring and guidance of activities which were carried out by implementing partners with overall coordination and guidance by the Kampala office. A mid-year evaluation of UNHCR's programme takes place with partners and refugees to comprehensively review where we stand and establish a detailed plan for the following year. This was conducted in July 2014 with partners and November and December 2013 with 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:	[19.02.14 – 18.08.14]
2. CERF project code:	14-RR-WFP-004	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Food		<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 ¹⁰ :	US\$ 23,834,596	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$14,793,103	▪ NGO partners and Red Cross/Crescent: US\$ 8,927
	c. Amount received from CERF:	US\$1,972,612	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	32,735	57,408	During March-April, the average rate of arrivals increased to nearly 300 people per day (from the earlier 200) bringing the total number to 102,698 persons which was higher than the number projected in the CERF proposal. All these refugees were provided with food assistance.
b. Male	27,265	45,290	
c. Total individuals (female + male):	60,000	102,698	
d. Of total, children <u>under</u> age 5	12,448	20,129	
9. Original project objective from approved CERF proposal			
The main objective of the project is to meet 100 per cent food needs for 60,000 new refugees from the Republic of South Sudan for 2 months			
10. Original expected outcomes from approved CERF proposal			
Expected Outcomes		Indicators	
Improved food consumption over the assistance period for new refugees from South Sudan;		<ul style="list-style-type: none"> Household food consumption score among the new arrivals greater than 28 	
11. Actual outcomes achieved with CERF funds			
<p>A food security and nutrition assessment was conducted among the new South Sudanese refugees in Adjumani, Arua and Kiryandongo districts, by School of Public Health, Makerere University in February 2014 and reported 65 per cent of the population having either acceptable or borderline food consumption (food consumption score greater than 28) while 35 per cent had poor food consumption score (<28). The refugees in the transit or reception centres had a better food security status than those already resettled. A more comprehensive food security and nutrition assessment is planned to take place in October 2014.</p> <p>With CERF funding and other donor contributions, WFP provided general food rations to 102,698 new SS refugees (at 100 per cent food ration -2,100kcal per person per day) hosted in transit and reception centres and settlements in Kiryandongo, Adjumani and Arua districts. With CERF funding, a total of 2,032mtn of food commodities (Maize meal – 1,397mt, Peas – 320mtn, Oil – 110mt,</p>			

¹⁰ Updated against the July South Sudanese refugee emergency revised regional response plan.

CSB+ - 185mt and 20mt of salt) were procured and distributed to the new SS refugees. The food procured covered nearly one and half month food needs for SS refugees during the period March and April 2014.	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
The food security and nutrition assessment was conducted in February 2014 at the beginning of the influx from SS and the majority of the new refugees were still at the transit and reception centres or had just been relocated to newly identified plots within the existing settlements. A more comprehensive assessment is planned to take place in October which is expected to provide better information on the outcomes of the support provided to the new SS refugees in the three Districts where refugees are accommodated in settlements and refugee villages.	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 2b):</p> <p>If 'NO' (or if GM score is 1 or 0):</p> <p>WFP mission of fighting global hunger worldwide can only be achieved if women, men, girls and boys are equal in terms of opportunities, access to resources and services, and participation in decisions. To effectively implement this, WFP has a Gender Office whose main responsibility is to ensure that gender is mainstreamed throughout all WFP's policies, programmes and actions that support partner countries in addressing food and nutrition challenges.</p> <p>At the field level, the refugee needs assessments in transit and reception centres and settlements are jointly determined jointly by key stakeholders WFP, UNHCR, UNICEF, FAO, Government and partners. Furthermore, beneficiary verifications are conducted on more regular basis to ensure their specific needs identified and met. The targeted food distributions, ration sizes are based on the estimated net nutrition gaps which ensure children and pregnant and lactating mothers have access to appropriate nutritious diet, thus reducing incidences of malnutrition.</p> <p>WFP jointly with the 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. WFP gender policy advocates for at least 50 per cent of the food management committee members are women to ensure gender parity. This is followed during formation of FMCs in the refugee and other WFP food assistance programmes.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
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 <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	WHO	5. CERF grant period:	[01.03.14 – 31.08.14]
2. CERF project code:	14-RR-WHO-004	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 influx from South Sudan		
7. Funding	a. Total project budget ¹¹ :	US\$ 5,207,690	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 258,182	▪ NGO partners and Red Cross/Crescent: US\$ 0
	c. Amount received from CERF:	US\$ 258,182	▪ Government Partners: US\$ 71,670
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	32,735	32,735	N/A
b. Male	27,265	27,265	
c. Total individuals (female + male):	60,000	60,000	
d. Of total, children <u>under</u> age 5	12,488	12,488	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> To ensure access to emergency primary health services through the existing health facilities, outreach programs and community health services Strengthen disease surveillance, information analysis and sharing among the stakeholders in order to identify disease outbreak and institute rapid response 			
10. Original expected outcomes from approved CERF proposal			
Outcomes		Indicators	
The refugee community will have access to basic health services		Out Patient Department (OPD) attendance rate maintained at greater than 1	
		Immunization coverage for measles in the camps maintained at greater than 95 per cent	
The trend of major communicable disease among the refugee community monitored on a weekly bases		Completeness and timeliness of Weekly surveillance reports maintained at greater than 90 per cent	
Response to outbreaks is timely and relevant		Proportion of disease outbreaks investigated within 72 hrs is at greater than 90 per cent	
		Case Fatality rates of outbreak maintained within the acceptable range.	
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> OPD attendance rate was maintained at greater than 1%. Attendance rate is the number of outpatients consultation per person 			

¹¹ Updated against the July South Sudanese refugee emergency revised regional response plan.

per year. It is a proxy indicator for accessibility and utilization of health services that may reflect the quality of services. It does not measure the coverage of this service, but the average number of visits in a defined population. The indicator was achieved as a result of availability of medicines and medical supplies, availability of human resource and outreach activities from the health centres to the refugee hosting areas.

- Immunization coverage for measles improved in all the three refugee hosting districts as follows:
 - Arua district from 131 per cent to 167 per cent
 - Kiryandongo district 99 per cent to 117 per cent
 - Adjumani district from 31 per cent to 49 per cent.

[Note that the figure used for the denominator is a projection of the 2002 population census. A number of events occurred following this census for instance the repatriation of South Sudanese refugees after the Comprehensive Peace Agreement in South Sudan. As such, some percentage has exceeded 100 per cent, but will be adjusted once the census result is out.]

- Completeness of weekly Integrated Disease Surveillance and Response (IDSR) reporting increase in all the refugee hosting district was follows:
 - Adjumani and Kiryandongo district from an average of 60 per cent to average of 71 per cent
 - Arua district from 19 per cent to 41 per cent.
- Outbreak of cholera, measles and meningitis were reported in the refugee hosting districts of Arua and Adjumani. The epidemics were identified within 72 hours and responded to. The Case Fatality Rate (CFR) for the epidemics were within the acceptable norms of <5 per cent for meningitis and 2 per cent for cholera

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

The funds received for the emergency response were inadequate to train at least two health workers from each of the reporting health facilities in the district. This could partially explain the persistence poor performance of IDSR reporting in Arua district.

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?

YES NO

If 'YES', what is the code (0, 1, 2a or 2b):

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

1/3 of the Village Health Teams targeted were female.

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

EVALUATION CARRIED OUT

One WHO staff was stationed in the project area to monitor the implementation. In addition frequent visits to the project sites were conducted from the WHO country office in Kampala

EVALUATION PENDING

NO EVALUATION PLANNED

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-CEF-004	Child Protection	UNICEF	Save the Children	Yes	INGO	\$34,845	17-Mar-14	17-Mar-14	There was a pre-existing cooperation agreement with the partner to which CERF activities were charged.
14-RR-CEF-004	Health	UNICEF	Arua district local government	Yes	GOV	\$2,767	25-Jun-14	05-May-14	CERF activities were part of a pre-existing agreement with the Districts. Training of Village health teams (VHTs) started with recruitment and registration before the actual training happened
14-RR-CEF-004	Health	UNICEF	Adjumani district local government	Yes	GOV	\$3,934	25-Jun-14	05-May-14	CERF activities were part of a pre-existing agreement with the Districts. Training of Village health teams (VHTs) started with recruitment and registration before the actual training happened
14-RR-CEF-004	Health	UNICEF	Kiryadongo district local government	Yes	GOV	\$2,778	25-Jun-14	18-May-14	CERF activities were part of a pre-existing agreement with the Districts. Training of Village health teams (VHTs) started with recruitment and registration before the actual training happened
14-RR-CEF-004	Health	UNICEF	Koboko district local government	Yes	GOV	\$2,112	25-Jun-14	18-May-14	CERF activities were part of a pre-existing agreement with the Districts. Training of Village health teams (VHTs) started with recruitment and registration before the actual training happened
14-RR-CEF-004	Health	UNICEF	Nwoya district local government	Yes	GOV	\$15,904	25-Jun-14	18-May-14	CERF activities were part of a pre-existing agreement with the District Local Government. Preparation for the training started in May 2014 by

									hiring the training venue and invitation of participants..
14-RR-CEF-004	Health	UNICEF	Moyo district local government	Yes	GOV	\$17,084	30-Jun-14	27-Apr-14	CERF activities were part of a pre-existing agreement with the District Local Government. Preparation for the training started in April 2014 for the training.
14-RR-CEF-004	Nutrition	UNICEF	Arua district local government	Yes	GOV	\$16,706	24-Apr-14	24-Apr-14	CERF activities were part of a pre-existing agreement with the District Local Government.
14-RR-CEF-004	Nutrition	UNICEF	Concern Worldwide	Yes	INGO	\$31,563	30-Jun-14	18-Mar-14	CERF activities were part of a pre-existing agreement with the partner and the preparation of the activity starts earlier before the funds are disbursed to the partner.
14-RR-CEF-004	Nutrition	UNICEF	Koboko district local government	Yes	GOV	\$9,123	1-Apr-14	1-Apr-14	CERF activities were part of a pre-existing agreement with the DLG.
14-RR-CEF-004	WASH	UNICEF	Danish Refugee Council	Yes	INGO	\$129,242	22-Apr-14	22-Apr-14	There was a pre-existing cooperation agreement with the partner to which CERF activities were charged.
14-RR-CEF-004	Education	UNICEF	Ministry of Education & Sports	Yes	GOV	\$1,643	10-Jun-14	10-Jun-14	CERF activities were part of a pre-existing agreement with the Ministry.
14-RR-CEF-004	Education	UNICEF	Adjumani district local government	Yes	GOV	\$1,940	20-Mar-14	20-Mar-14	CERF activities were part of a pre-existing agreement with the Ministry.
14-RR-CEF-004	Education	UNICEF	Save the Children	Yes	INGO	\$30,197	25-Jun-14	20-Apr-14	There was a pre-existing cooperation agreement with the partner to which CERF activities were charged.
14-RR-FAO-001	Agriculture	FAO	Danish Refugee Council	No	INGO	\$67,444	16-Apr-14	3-Apr-14	Preliminary activities normally start during negotiation of agreement with implementing partner and actual activities start as soon as an agreement is signed which is normally prior to disbursement of the first installment.

14-RR-FPA-003	Multi-sector refugee assistance	UNFPA	Agency for Cooperation, Research and Development (ACORD)	Yes	INGO	\$197,692	29-Mar-14	1-Apr-14	UNFPA already had a pre-existing partnership agreement with ACORD
14-RR-HCR-003	Multi-sector refugee assistance	UNHCR	Danish Refugee Council	Yes	INGO	\$208,440	28-Jan-14	28-Jan-14	
14-RR-WFP-004	Food Assistance	WFP	Moroto County Development Association	Yes	NNGO	\$8,927	21-Jul-14	18-Feb-14	Pre-existing agreement
14-RR-WHO-004	Health	WHO	Local Government	Yes	GOV	\$71,670	1-Apr-14	1-Apr-14	There was a pre-existing cooperation agreement with the partner to which CERF activities were charged.

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ANC	Antenatal care
BCPR	Bureau for Crisis Prevention and Recovery
CERF	Central Emergency Response Fund
CFR	Case Fatality Rate
CFS	Child Friendly Space
CMC	Centre Management Committees
CMR	Crude Mortality Rate
CPCs	Child Protection Committees
CPR	Contraceptive Prevalence Rate
DLG	District Local Government
ECD	Early Childhood Development
EMO	Efficient Micro-Organisms
EmONC	Emergency Obstetric and New born Care
FAO	Food and Agriculture Organization of the United Nations
FMC	Food Management Committees
GAM	Global Acute Malnutrition
GBV	Gender Based Violence
HCS	Health Centre(s)
HH	Household
HIV	Human Immunodeficiency Virus
ICRC	International Committee of the Red Cross
IDSR	Integrated Disease Surveillance and Response
IEC	Information, Education and Communication
IOM	International Organization for Migration
ITC	Inpatient Therapeutic Centre
MONUSCO	United Nations Organisation Stabilisation Mission in the Democratic Republic of Congo
NFI(s)	Non Food Item(s)
NGO(s)	Non-Governmental Organisation(s)
OPM	Office of the Prime Minister Refugee Department
OTC	Outpatient Therapeutic Centre
PEP kit	Post Exposure Prophylaxis kit
PMT	UN Programme Management Team
PRRO	Protracted Relief and Recovery
PSN(s)	Person(s) with Specific Needs
RapidFTR	Rapid Family Tracing and Reunification
RC	Reception Centre
ReHoPE	Refugee and Host Population Empowerment
SAM	Severe Acute Malnutrition
SCIU	Save the Children in Uganda
SFP	Supplementary Feeding Programme
SGBV	Sexual and Gender Based Violence
SPLM	Sudan People's Liberation Movement
SRH	Sexual and Reproductive Health
TC	Transit Centre
TFP	Therapeutic Feeding Programme
UAM(s)	Unaccompanied Minor(s)

UASC	Unaccompanied and separated children
UNCT	UN Country Team
UNDAF	UN Development Assistance Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	The office of the United Nations High Commissioner for Refugees
UNICEF	The United Nations Children's Fund
URCS	Uganda Red Cross Society
VHT	Village Health Teams
VIP latrine	Ventilated Improved latrine
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization
WUC	Water User Committees