

PROJECT PERFORMANCE REPORT

Project title:	Primary Health Care Support to South Sudan Refugees and Asylum Seekers residing in Kiryandongo Refugee Settlement
Budget Year:	2016
Situation(s):	1126
Operation:	Kiryandongo Refugee Settlement
Population Planning Group(s):	South Sudanese Refugees and Asylum Seekers
Goal(s):	Protection and Mixed Solutions
Cost Center(s):	12141
Partner Code:	1274128 – Real Medicine Foundation (RMF)
Submitting Partner Name:	Real Medicine Foundation
Reporting Period:	January –March 2016
Date of Report:	April 8, 2015
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1.0 PROJECT OVERVIEW

1.1 Project Statement

Since July 2014, Real Medicine Foundation (RMF) has been delivering quality healthcare services for South Sudanese refugees, asylum seekers, and the host population at Kiryandongo Refugee Settlement.

The number of refugees at Kiryandongo Refugee Settlement is increasing daily. As of December 14, 2015, the Office of the Prime Minister (OPM) had registered over **45,805** refugees, with the rate of registration still growing on a daily basis and attributed to the precarious security situation in South Sudan where pockets of violence are still being experienced in some parts of the country, and reportedly hunger is also believed to be pushing South Sudanese to Uganda.

Despite the constraints placed on national structures and social services by the growing refugee population, the Government of Uganda still maintains its open border policy for South Sudanese. Real Medicine Foundation will continue working to improve the health and well-being of displaced South Sudanese, asylum seekers, and the host population in Kiryandongo Refugee Settlement through accessible and sustainable health services.

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As UNHCR's health implementing partner at Kiryandongo Refugee Settlement, RMF will leverage its well established network of supported primary healthcare (PHC) facilities, namely: Panyadoli Health Centre III, Panyadoli Hills Health Centre II, Nyakadot Health Centre II, and the Reception Centre Clinic to implement comprehensive health programs in the project year 2016.

The project in planning shall ensure that **13,430** children < 5 y/o and **2,523** pregnant mothers will receive regular vaccinations, routine antenatal care including foliate and iron supplementation, and preventive treatment for malaria; **29,644** schoolchildren will receive regular preventive health education, de-worming, and Vitamin A supplementation through school-based health programs; **12,614** women of childbearing age will be targeted for reproductive health services; and **29,644** primary school students >12 y/o and teachers will benefit from HIV/AIDS awareness trainings.

Overall, our **63,072** target population will have ready access to quality curative services through the established health units by the end of 2016.

1.2 Operational Context

The proposed project shall be implemented in Kiryandongo Refugee Settlement as part of the emergency transition to development for the South Sudanese refugees while benefiting other mixed nationalities as well. Health services will be provided through the established health centers, namely Panyadoli Health Centre III, Panyadoli Hills Health Centre II, and the Reception Centre Clinic and community-based health care supporting both refugees and the host community.

Since the influx of South Sudanese refugees in Kiryandongo Refugee Settlement, a number of agencies have provided services to this refugee settlement and are bridging gaps in social service delivery. RMF has maintained an active and consistent presence in the health and vocational skills sectors, while community services, environment, and livelihood are being undertaken by Inter Aid-Uganda; DRC for WASH and livelihood; IRC for reproductive health and WASH; TPO for mental health; Samaritan's Purse for food distribution in collaboration with WFP; ACF for nutrition; Windle Trust for education; Concern World Wide for nutrition; AIRD for logistics; Kiryandongo District Local Government partly in health and nutrition; and OPM and UNHCR for monitoring. It is important to note that all partners have a well-coordinated approach to service provision in the settlement, thus benefiting both the refugees and the host community as a way of promoting peaceful co-existence.

However, with 2016 in focus, communities need to be made aware of how to manage their own health by accessing services in a timely manner, supporting vulnerable households to access health services by use of village stretchers, among others. When this is achieved, communities shall sustainably own project activities.

The operational assumption here is that the project shall receive funding from UNHCR as the influx of refugees and asylum seekers in Kiryandongo Refugee Settlement is projected to increase to about **63,072** by 2016 from the current **45,805** due to the political uncertainty in

South Sudan and since the ceasefire agreement signed in Ethiopia has not yielded peace as anticipated.

The operation shall be structured in such a way that Real Medicine Foundation (RMF) shall hire a program manager who will be responsible for the overall implementation and coordination of planned interventions, whereas OPM and UNHCR will provide oversight functions. Activities will be planned, coordinated, and reviewed on a weekly, monthly, and quarterly basis and through coordination meetings chaired by OPM at the settlement level, where progress of activities including community arising needs will be clearly identified for redress.

1.3 Problem(s), Objective(s), and Intended Impact

- **Problem Analysis 1:** Staffing and Equipment Shortages, Referral Defaults to be Addressed

Most of the current service indicators are stable and within the acceptable range for a stable refugee population though other indicators are still low and a point of attention. For instance, by the end of November 2015, there were recorded: **0.0** crude mortality rate, **0.1** under five mortality rate, access to primary, secondary, and tertiary health were **100%**, hospital utilization rate **0.6**, consultations per clinician per day **1:56**, dropout rate **18.5%**, malaria prevalence rate **30%**, mosquito net usage less than **40%**, complete ANC coverage was **96%**, BCG coverage **52.5%**, polio coverage was at **50.4%**, DPT coverage **50.4%**, measles coverage was at **49.8%**, and the contraceptive prevalence rate is currently at **69%**.

However, despite the above achievements in Kiryandongo Refugee Settlement, overall health services are still inadequate to meet the needs of the ever-increasing population. More specifically, challenges facing this settlement are significant. According to the findings of the 2015 AGDM exercise and RMF implementation experience, it was noted that quality of curative services is still poor, coverage of basic preventive services such as antenatal/post natal care, nutrition and growth monitoring, family planning, awareness creation, community dialogue, disease surveillance, health education, and capacity building activities still need to be addressed.

Basic health unit equipment and supplies are still lacking. For instance, current laboratory services do not meet the recommended quality and safety standards, i.e. there is no standard working bench, limited supplies, and limited working space. Overall health unit equipment and supplies for effective service delivery is a point of concern in this proposed action.

Kiryandongo District Hospital and Gulu Regional Referral Hospital serve as major referral points for the population of Kiryandongo Refugee Settlement and beyond. Feeding into these main arteries is Panyadoli Health Centre III, which also receives referrals from the lower units, namely: Panyadoli Hills Health Centre II, Nyakadot Health Centre II, and the Reception Centre Clinic. However, refugees do not have

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sufficient income to meet their upkeep at referral hospitals, and this if not addressed will lead to self-discharge and non-adherence to treatment. Additionally, it is also observed that language barriers and unfamiliar hospital environments have affected the refugees in accessing services at the referral hospitals.

In order to keep up to the efficient referral system as per SOPs, there is need to support refugee patients with upkeep for admissions, transport, and payment of other diagnostic services like X-rays, ultrasound scans, and CT scans. The proposed action will also ensure that two health workers shall be identified and facilitated to assist refugees to access services at Kiryandongo and Gulu referral hospitals respectively.

With the ever-increasing numbers of populations served, the staffing level will be carefully reviewed with keen interest to recruit additional health workers across all departments in laboratory, OPD, Maternity, IPD, ART, and on a need basis.

In summary, RMF has envisaged a strategy to strengthen both the curative and preventive services component of health through recruiting staff, equipping the health facilities, and extending preventive services from static units directly to beneficiaries with limited access to the health facilities through support of integrated outreaches covering immunization, antenatal care, HCT, family planning and health education.

Specifically, **13,430** children < 5 y/o and **2,523** pregnant mothers will receive regular vaccinations, routine antenatal care including foliate and iron supplementation, and preventive treatment for malaria, and **29,644** school children will receive regular preventive health education, de-worming, and Vitamin A supplementation through school-based health program.

Overall, the **63,072** target population will have ready access to quality curative services through the established health units by the end of 2016.

➤ **Objective 1: Improvement of Population's Health Status**

Intended impact: **0.0** Crude Mortality Rate, **0.1** Under-5 Mortality Rate, **90%** Measles vaccination coverage, **49.8%** Immunization Coverage, **100%** access to Primary Health Care, **100%** secondary and tertiary health care.

➤ **Problem Analysis 2: Access to Reproductive Health and HIV Services Insufficient, Requires Constant Attention**

In Kiryandongo Refugee Settlement, there is evidence of an increasing trend in institutional deliveries — from less than **530** safe deliveries in 2014 to **1,239** by November 2015. Unfortunately, there has not been enough concurrent improvement in infrastructure, especially at the lower health units and health staffing for MCH staff. During or after childbirth, abortion, or any complications of pregnancy, women may need specialized health services that will ensure that they survive. But in Kiryandongo,

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the maternal health program strongly emphasizes institutional delivery, without adequately strengthening all component services: both post-natal and complete antenatal coverage are still low and tracking children born with HIV/AIDS still remains a challenge. These issues are attributed to low levels of staffing and inadequate logistics for follow-up with communities.

Though most mothers have shown a positive trend in seeking maternal health services, they still battle with social and cultural barriers; men have not been appreciative of reproductive health services such as family planning, antenatal care, post-natal care and couple testing. As a result of pressure to rebuild the population, men's perceptions of institutional deliveries still affect reproductive health services.

At Kiryandongo Refugee Settlement, HIV/AIDS prevalence is recorded at **7.2%**, which is still above the national acceptable standard. There still remains a challenge of new infections, as Kiryandongo Refugee Settlement is less than 5 kilometers from Bweyale Town, which is an MARPs area. ART enrolment at Panyadoli Health Centre III currently stands at **2,119** clients; this calls for accelerated efforts on interventions to prevent and respond to the HIV/AIDS scourge in 2016.

In an effort to promote sustainability and health awareness among communities, linkages will be created between schools, existing community structures, and health units to promote awareness of preventable diseases including HIV/AIDS. RMF recruited Community Health Promoters during 2014 implementation. A replica of the Village Health Teams (VHTs) in refugee settlements, these structures have been very vital in community health, with indicators in measles coverage, ANC, and family planning still below the standards, there is need to maintain these structures and also build their capacity in order to support the health sector and play vital roles like reporting disease outbreaks, providing First Aid at the community level, and initiating social mobilization for health interventions. The present proposal seeks support to implement this strategy.

Generally, **12,614** women of childbearing age will be targeted for reproductive health services and **29,644** primary school students >12 y/o and teachers will benefit from HIV/AIDS awareness trainings. **50,458** community members will be reached with HIV/AIDS messages, **127** (only refugees) PoC will benefit from ART services.

➤ **Objective 2:** Optimal Access to Reproductive Health and HIV Services

Intended impact: reduced levels of maternal deaths, increased % of live births attended by skilled health workers, prevalence of HIV/AIDS reduced from **7.2%** to **3.5%**.

2.0 POPULATION OF CONCERN/OTHER SUPPORTED ENTITIES

2.1 Project's Population of Concern

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As of December 14, 2015, there were **45,805** individuals registered by OPM and an estimated **20,000** nationals living within the settlement and the surrounding area who continue to receive services at our health facilities.

2.2 Demographic Data

Population Statistics as of March 30, 2016

Population Planning Group:		<i>Sudanese, Kenyans, and others</i>				
Sub-group (if applicable):		<i>Asylum seekers</i>				
Age Group	Male		Female		Total	
	in numbers	in %	in numbers	in %	in numbers	in %
0-4	3,539	7	3,308	6.3	6,845	13
5-11	7,151	13.8	7,568	14.6	14,719	28
12-17	5,825	11.2	5,068	9.78	10,893	21
18-59	8,046	15.5	10,202	19.6	18,248	35
60 and >	307	0.59	781	1.50	1,088	2
Total:	24,868	48	26,927	52	51,793	100
Major Sites:		<i>Kiryandongo Refugee Settlement</i>				

Source: Office the Prime Minister (OPM)

2.3 Other Supported Entities

Through UNHCR-supported trainings, the proposed project shall build the capacity of RMF staff in areas of Results Based Management (RBM), counseling and client handling, case management and code of conduct, and other trainings deemed necessary.

3.0 IMPLEMENTATION ARRANGEMENTS

- A tripartite agreement shall be signed between UNHCR, OPM, and RMF in order to ensure that the proposed project is implemented as per the agreed work plan, associated budgets, and UNHCR policies.
- Orientation of district health staff and local community leaders will be conducted for proper coordination at district and community levels.
- Establishment of new outposts and checking on the already established ones for outreach programs.
- Training of VHTs and training guidelines and arrangements will be well clarified. IEC materials for all program components will be provided. Training will focus on disease surveillance, referral procedure, and follow-up. Training will include both theoretical and practical sessions.
- Community sensitization on program operations will include targets, health education, and HIV/AIDS prevention and response. Purpose and content of the program will be

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disseminated to local community leaders and other stakeholders in the communities through dialogues and integrated outreaches. This will be done to ensure proper coordination and commitment of the community to program activities for effective implementation.

- Monitoring and evaluation of the program and its outcomes will be an important part of the project. This will be done to assess whether program objectives are being met and if not what could be the barriers. Various health indicators will be used in monitoring and evaluations. The project will also assess knowledge, attitude, practices, and access to the program among the target population.
- Health unit management committees represent the community in monitoring health services weekly and convene for quarterly meetings. Together with the community representatives such as local councils, Refugee Welfare Councils (RWCs) will be involved in monitoring and evaluating project activities on a regular basis. This also forms a basis for ownership and sustainability of program activities by the beneficiary community.
- RMF's Country Director will ensure smooth activity implementation following the terms stipulated in the Sub-Agreement. To support the Country Director, a Program Manager based at the field program office in Kiryandongo Refugee Settlement will directly supervise all aspects of implementation and monitoring of the program, including liaison with partners to ensure a coordinated approach to service delivery.
- The project will benefit from the technical support of the District Health Officer who will ensure that health services are delivered in accordance with the National Health Policy and guidelines of the Ministry of Health, and in conformity with UNHCR health and protection policies through monthly supervisions.
- A number of activities including payment of staff salaries, recruitment of additional staff, capacity building in collaboration with other health partners, medical referrals, essential medicines, and preventive reproductive and HIV services will all be implemented.
- RMF will maintain the presence of a medical doctor and other health workers to provide quality health services to Persons of Concern (PoC) at Panyadoli Health Centre III, Panyadoli Hills Health Centre II, and the Reception Centre Clinic. Availability of adequate staff and medical supplies will go a long way to reduce congestion at Panyadoli Health Centre III, since it will be well equipped to offer quality services to both refugees and nationals.
- The presence of the medical doctor at Panyadoli Health Centre III will help cut down on the rate of referrals to Mulago National Referral Hospital, thus reducing expenses involved as well as creating a future focus for the establishment of an operating theatre to handle minor surgeries. Medical equipment/supplies/materials to support program implementation will also be procured or directly provided by UNHCR.

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- **OPM**, based in Kiryandongo, will assume responsibility for the physical security of refugees, maintenance of law and order, regulation of public information, determination of the status of new arrivals, facilitation of land acquisition, and where applicable and appropriate, work permits for refugees.
- **UNHCR's** field office will monitor project implementation and provide advisory support.

3.2 Risk Management

- **District and community leaders:** Working closely with local governments in our areas of operation is very important if we are to achieve our objectives. We must make them fully aware of project objectives to justify the relevance of the project. Without their cooperation, it is difficult to realize our objectives, considering that the district resources for social services are limited and earmarked for the targeted population.
- **Community:** The beneficiaries and community at large must be willing to accept and cooperate with the project team if we are to deliver quality service. The refugee communities in Kiryandongo Refugee Settlement are still caught up with negative traditional practices, and the community self-help support system is generally lacking. Since the community is the target in this project, their cooperation is vital. We shall achieve this through dialogues and continuous engagement with the community.
- **Cooperation with other partners:** Full cooperation and coordination with other implementing partners working on programs like nutrition, WASH, food security, and District Health Technocrats is important if we are to realize our goals and objectives.
- The unpredictable political situation in South Sudan poses a big risk. Peace talks between the rival parties have not yielded positive results thus far. This presents a high possibility of pockets of violence. Combined with the reported food insecurity situation, this results in many refugees crossing into Uganda seeking asylum, placing further strain on available social services. The project in planning will review health indicators on a monthly basis, identify new gaps, and provide workable solutions to UNHCR for additional funding where possible.

3.3 Coordination

During the reporting period, RMF continued to participate in monthly settlement coordination activities, sharing experiences and best practices with other actors. Additionally, RMF continued to work with the Kiryandongo district government's local department of health, especially with the office of the District Health Officer. Coordination meetings with all operating and implementing partners and PoC are conducted regularly and chaired by OPM to share new ideas, areas of operations, achievements, challenges, and new ways forward, all geared to improve service delivery to PoC and the host community. In addition, health sector

meetings with key partners took place throughout the implementation period where cases were referred for appropriate support.

3.4 Review and Reporting

Monitoring and reporting are critical in project implementation to determine the project's progress, achievements, challenges, outputs, impacts, and outcomes. A baseline survey was carried out in the settlement to assess the socioeconomic, health, and water and sanitation situation at the household level and other data relevant to program interventions. The project utilised other existing monitoring systems, such as the WASH monitoring system and Health Information System (HIS) in health centers to provide morbidity and mortality data in relevant sectors such as WASH, HIV and AIDS, etc.

RMF's Country Director continued to visit the field office on a regular basis to monitor program implementation and provide field level supervision and support.

From the commencement of the project, a detailed monitoring plan will be developed in conjunction with UNHCR and OPM. Such a plan will indicate the activities, monitoring timeframe, resources required, location, and responsible persons. Data shall be collected on a daily basis through standard Ministry of Health (MOH) reporting tools at both static and outreach posts. Data clerks will be the central points for collecting, analyzing, and compiling data from various units for review and reporting purposes. The proposed recruitment of the data manager will add value to data analysis and reporting.

In order to review project performance, monthly meetings with the District Health Teams, health partners, UNHCR, OPM, and the project health workers shall be conducted to ascertain whether the project is moving towards achieving the set outcomes.

The proposed project shall take into account monthly joint monitoring missions with involvement of all stakeholders including UNHCR, OPM, and the District Health Teams; this will set a benchmark for the desk review of both the indicators and project expenditures, hence not only guaranteeing value for donor funds, but also making sure that the project is on the right track.

Reports such as the weekly sitreps, monthly HIS, HMIS, quarterly progress reports, and the Implementing Partner Financial Monitoring Report (IPFMR) will be timely developed and shared with UNHCR, OPM, and the District Technical Team on agreed calendar dates as per the details in the monitoring plan.

UNHCR will conduct verification of financial documents and physical verification of activities implemented. Subject to satisfactory performance, UNHCR will release the required quarterly financial instalments to RMF.

3.4 Visibility

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The project's visibility will be enhanced by ensuring that all items procured with UNHCR funds will bear the logo of UNHCR, RMF, and the Government of Uganda. Efforts will be made to acknowledge the contribution of UNHCR in various platforms where RMF has an opportunity to be present.

4.0 RELATED INPUTS AND PROJECTS

4.1 Partner

Since 2008 and continuing, RMF has been paying \$7,000/month (\$84,000/year) towards health, social services, education, and vocational training sectors in Kiryandongo. In 2016, RMF will continue supporting the program with the following:

- Quarterly provision and support of medical supplies to Panyadoli Health Centre III
- Paying staff salaries for 1 Data Clerk, 3 Cleaners, 2 Compound Caretakers, and 1 Watchman for Panyadoli Health Centre III
- Renovation of health units i.e. painting, windows/doors; nets
- Payment of annual end-of-year incentives to all Panyadoli Health Centre III staff
- Direct financial support of schools in the settlement (Panyadoli Secondary School, Can Rom and Arnold Memorial Primary Schools, and Daystar and Beth Cole Nursery Schools)
- Scholastic material support to Panyadoli Secondary School and Can Rom and Arnold Memorial Primary Schools in the settlement
- Latrines built at Arnold Primary School
- Provision of examination fees for national exams for Panyadoli Secondary School students
- Equating of foreign candidates' academic papers into the Ugandan model to enable them to register for Ugandan national exams
- Operation of Panyadoli Vocational Training Institute at Kiryandongo Refugee Settlement
- Support of events celebrated at the camp: World Refugee Day, International Women's Day, International AIDS Day, Day of the African Child, etc.
- Support of Kiryandongo District Local Government during mass campaigns

4.2 Other Parties

- **The Government of Uganda**, through the office of the Prime Minister (OPM), provides land and security of persons and property, and oversees overall program implementation.
- **UNHCR** provides financial support, as well as supervision of program implementation and protection to Persons of Concern (PoC).
- **Other actors** include: DRC implementing WASH in Ranch 1, Concern Worldwide with the provision of IMAM, nutritional assessments, and IYCFP. Windle Trust Uganda is focused on support towards primary education, and AIRD is concerned with the logistical needs especially Core Relief Items (CRIs).

5.0 UNHCR PROVIDED SUPPORT

During the period under review, UNHCR provided program support towards RMF intervention: first, through provision of financial support, and second, through tactical guidance on program issues. Thus, the support in general helped RMF to implement the planned interventions with minimal difficulty.

6.0 CONCLUSIONS/ LESSONS LEARNED

Over all, program activities have been implemented because of the good working relationship with UNHCR, Office the Prime Minister, and other actors in Kiryandongo Refugee Settlement.

It is important that settlement-level coordination meetings continue, because they provide actors in Kiryandongo with a platform to share success and challenges as parties serving the Kiryandongo refugee caseload.

7.0 RECOMMENDED ACTION PLAN FOR IMPROVEMENT OR REVISION REQUIRED

ACTUAL PROGRESS ACHIEVED TOWARDS PLANNED RESULTS

Results Chain	
Population Planning Group:	South Sudanese Refugees and Asylum Seekers
Goal:	Emergency Response and Assistance
Rights Group:	Basic Needs and Essential Services
Objective Name	
Problem Description:	<p>Health of the population is unsatisfactory or needs constant attention</p> <p><i>Most of the current service indicators are stable and within the acceptable range for a stable refugee population though other indicators are still low and a point of attention. For instance, by the end of November 2015, there were recorded: 0.0 crude mortality rate, 0.1 under five mortality rate, access to primary, secondary, and tertiary health were 100%, hospital utilization rate 0.6, consultations per clinician per day 1:56, dropout rate 18.5%, malaria prevalence rate 30%, mosquito net usage less than 40%, complete ANC coverage was 96%, BCG coverage 52.5%, polio coverage was at 50.4%, DPT coverage 50.4%, measles coverage was at 49.8%, and the contraceptive prevalence rate is currently at 69%.</i></p> <p><i>However, despite the above achievements in Kiryandongo Refugee Settlement, overall health services are still inadequate to meet the needs of the ever-increasing population. More specifically, challenges facing this settlement are significant. According to the findings of the 2015 AGDM exercise and RMF implementation experience, it was noted that quality of curative services is still poor, coverage of basic preventive services such as antenatal/post-natal care, nutrition and growth monitoring, family planning, awareness creation, community dialogue, disease surveillance, health education, and capacity building activities still need to be addressed.</i></p>

Basic health unit equipment and supplies are still lacking. For instance, current laboratory services do not meet the recommended quality and safety standards, i.e. there is no standard working bench, limited supplies, and limited working space. Overall health unit equipment and supplies for effective service delivery is a point of concern in this proposed action.

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In order to keep up to the efficient referral system as per SOPs, there is need to support refugee patients with upkeep for admissions, transport, and payment of other diagnostic services like X-rays, ultrasound scans, and CT scans. The proposed action will also ensure that two health workers shall be identified and facilitated to assist refugees to access services at Kiryandongo and Gulu referral hospitals respectively.

With the ever-increasing numbers of populations served, the staffing level will be carefully reviewed with keen interest to recruit additional health workers across all departments in laboratory, OPD, Maternity, IPD, ART, and on a need basis.

In summary, RMF has envisaged a strategy to strengthen both the curative and preventive services component of health through recruiting staff, equipping the health facilities, and extending preventive services from static units directly to beneficiaries with limited access to the health facilities through support of integrated outreaches covering immunization, antenatal care, HCT, family planning and health education.

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Intended Impact:	Improved health status of the population through delivery of quality health care services.	
Actual Impact:	There has been general improvement in quality of life among the Persons of Concern (PoC); the increase in the number of staff in all health facilities has significantly added value to health services, and the establishment of the Reception Centre Clinic has reduced overcrowding at Panyadoli Health Centre III. Hence, the hospital utilization rate has improved with changed health seeking behavior among refugees. Generally, the health indicators largely increased or remained constant.	
Impact Indicator(s)		
Impact Indicator Name	Site/Location	Actual
<ul style="list-style-type: none"> • Crude mortality rate (per 1,000 population/month) • Under-5 mortality rate (per 1,000 population/month) • Measles vaccination coverage • Extent Persons of Concern have access to primary health care • Extent PoC have access to secondary and tertiary healthcare 	Kiryandongo Refugee Settlement	<p>0.0% Crude Mortality Rate</p> <p>0.1% Under-5 Mortality Rate</p> <p>39.1% Measles vaccination coverage</p> <p>100% access to primary health care</p> <p>100% access to secondary and tertiary health care</p>

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Output 1:	Status Update on Progress Achieved		
Access to primary health provided or supported	<Brief status update on the implementation of activities specific to the output>		
Performance Indicator(s)	Site/Location	Performance Target	Actual Progress
# of health workers recruited # of forms and formats procured # of books - Medical Guidelines # of health workers trained	Kiryandongo Refugee Settlement	<ul style="list-style-type: none"> 45 Health workers recruited An assortment of IPD, OPD, Referral forms procured 5 Uganda Clinical Guidelines (UCG), 5 British National Formula (BNF), and 5 Uganda essential medicines and medical supplies list 2012 30 Health workers trained on drug management 	<p>All essential health workers have been recruited and assumed their duties</p> <p>Referral forms procured</p> <p>5 clinical guidelines procured and being utilized by the health workers</p> <p>38 health workers were trained on drug management</p>
Output 2:	Status Update on Progress Achieved		
<i>Output 2: Community Based Preventive Services Provided</i>	Village Health Teams (VHTs) have been selected by their community members, and oriented on their roles and code of conduct in the community. However, what remains to be done is the drafting of Standard Operating Procedure (SOP) on how the VHTs are to be engaged including supporting them with protective gear.		
Performance Indicator(s)	Site/Location	Performance Target	Actual Progress

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# of integrated outreaches	Kiryandongo Refugee Settlement	• 144 integrated outreaches	15 integrated outreaches conducted
# of VHTs supported		• 5,000 IEC materials	40 VHTs supported
% of suspected cases followed up and action taken		• 30 VHTs supported	100% of all suspected cases of AFP and other diseases of outbreak potential
# of HUMC meetings supported		• 100% of all suspected cases of AFP and other diseases of outbreak potential	1 meeting held
# of VHTs trained		• 4 meetings held with key stake holders	Training not held, planned for April
		• 100 VHTs trained on disease surveillance and outbreak	

Output	Status Update on Progress Achieved		
Output 3: Health Services to Children Under 5 Delivered	Specific health interventions for children were planned, but to a great extent not much was registered since information, education, and communication materials needed in raising awareness were funded.		
Performance Indicator(s)	Site/Location	Performance Target	Actual Progress
# of register books	Kiryandongo Refugee Settlement	• 8 Register books procured for outreach posts	Not procured
# of IEC materials		• 5,000 IEC materials	80 pieces of CHC and 800 copies of ANC were procured.

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<p># of IMCI protocols, SOPs, and charts</p> <p># of fridges</p>		<ul style="list-style-type: none"> • 10 IMCI protocols, SOPs and charts • 1 fridge procured for child health 	<p>Under direct implementation</p>
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Output	Status Update on Progress Achieved		
Output 4: Referral Mechanisms Established	The Standard Operating Procedures (SOPs) rightly guided all the referral interventions, identified patients were facilitated with upkeep, transport refunds, and X-rays for those with special conditions. 1 referral nurse from Gulu Regional Referral Hospital and 1 referral nurse from Kiryandongo General Hospital were identified, and a top allowance was paid to them to help support and link refugees to health workers in those respective hospitals.		
Performance Indicator(s)	Site/Location	Performance Target	Actual Progress
<ul style="list-style-type: none"> ▪ # of patients/care takers ▪ # of referral nurses supported 	Kiryandongo Refugee Settlement	<ul style="list-style-type: none"> • 150 Patients/care takers supported • 120 Patients supported with subsistence allowance and transport • 2 Referral nurses provided top up allowance for 12 months • 120 Patients supported with X-ray diagnostic services 	<p>38 Patients/caretakers supported with upkeep</p> <p>57 Patients facilitated with transport refund</p> <p>2 Focal Nurse facilitated to assist in referrals</p> <p>8 Patients supported with X-ray services</p>

Agreement Symbol: <insert data from PPA Art. 4.2>

Project Performance Report

Output 5	Status Update on Progress Achieved		
<i>Output 5: Access to Essential Drugs Provided</i>	A total of 36 refugees whose needs for medicine could be met by the available medicines in the health facilities were supported.		
Performance Indicator(s)	Site/Location	Performance Target	Actual Progress
<ul style="list-style-type: none"> ▪ # of patients supported ▪ % age of all supplies procured 	Kiryandongo Refugee Settlement	<ul style="list-style-type: none"> • 80 patients supported with supplementary drugs • 100% of all supplies procured 	36 patients supported with supplementary drugs

Output 6	Status Update on Progress Achieved		
<i>Output 5: Quality of Laboratory Services Improved</i>	Assorted laboratory reagents and supplies: disposable gloves, automatic pipettes-2 pieces, typhoid reagent 2 sets, glass slides 10,000 kits, prickers 10,000, syphilis test strips 12,500 were procured to support the provision of quality health services to persons of concern and host populations.		
Performance Indicator(s)	Site/Location	Performance Target	Actual Progress
<ul style="list-style-type: none"> ▪ % of laboratory reagents/supplies ▪ # of gas cylinders ▪ # of times the gas cylinder is refilled 	Kiryandongo Refugee Settlement	<ul style="list-style-type: none"> • 100% laboratory reagents and supplies • 1 gas cylinder • 4 times gas cylinder refilled in a year 	30% of laboratory reagents and supplies procured and expended 2 gas cylinders procured 1 gas cylinder refilled

Results Chain	
Population Planning Group:	South Sudanese Refugees and Asylum Seekers
Goal:	Emergency Response and Assistance
Rights Group:	Basic Needs and Essential Services
Objective Name	Access to reproductive health and HIV/AIDS services insufficient or needs constant attention.
Problem Description:	<p><i>In Kiryandongo Refugee Settlement, there is evidence of an increasing trend in institutional deliveries — from less than 530 safe deliveries in 2014 to 1,239 by November 2015. Unfortunately, there has not been enough concurrent improvement in infrastructure, especially at the lower health units and health staffing for MCH staff. During or after childbirth, abortion, or any complications of pregnancy, women may need specialized health services that will ensure that they survive. But in Kiryandongo, the maternal health program strongly emphasizes institutional delivery, without adequately strengthening all component services: both post-natal and complete antenatal coverage are still low and tracking children born with HIV/AIDS still remains a challenge. These issues are attributed to low levels of staffing and inadequate logistics for follow-up with communities.</i></p> <p><i>Though most mothers have shown a positive trend in seeking maternal health services, they still battle with social and cultural barriers; men have not been appreciative of reproductive health services such as family planning, antenatal care, post-natal care and couple testing. As a result of pressure to rebuild the population, men’s perceptions of institutional deliveries still affect reproductive health services.</i></p> <p><i>At Kiryandongo Refugee settlement, HIV/AIDS prevalence is recorded at 7.2%, which is still above the national acceptable standard. There still remains a challenge of new infections, as Kiryandongo Refugee Settlement is less than 5 kilometers from Bweyale Town, which is an MARPs area. ART enrolment at Panyadoli Health Centre III currently stands at 2,119 clients; this calls for accelerated efforts on interventions to prevent and respond to the HIV/AIDS scourge in 2016.</i></p>

Agreement Symbol: <insert data from PPA Art. 4.2>

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	<p><i>In an effort to promote sustainability and health awareness among communities, linkages will be created between schools, existing community structures, and health units to promote awareness of preventable diseases including HIV/AIDS. RMF recruited Community Health Promoters during 2014 implementation. A replica of the Village Health Teams (VHTs) in refugee settlements, these structures have been very vital in community health, with indicators in measles coverage, ANC, and family planning still below the standards, there is need to maintain these structures and also build their capacity in order to support the health sector and play vital roles like reporting disease outbreaks, providing First Aid at the community level, and initiating social mobilization for health interventions. The present proposal seeks support to implement this strategy.</i></p> <p><i>Generally, 12,614 women of childbearing age will be targeted for reproductive health services and 29,644 primary school students >12 y/o and teachers will benefit from HIV/AIDS awareness trainings. 50,458 community members will be reached with HIV/AIDS messages, 127 (only refugees) PoC will benefit from ART services.</i></p>	
Intended Impact:	Population has optimal access to reproductive health and HIV/AIDS services.	
Actual Impact:	During the reporting period there was no incident of maternal death identified. Increased % of live births attended by skilled personnel and the prevalence of HIV/AIDS maintained at 3.2%.	
Impact Indicator(s)		
Impact Indicator Name	Site/Location	Actual
# of PoC receiving ART	Kiryandongo Refugee Settlement	19 persons
PoC have the same access to ART services as the local community (yes/no)		yes
PoC have access to male and female condoms (yes/no)		yes
# of qualified midwives/MCH staff		3 qualified midwives

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Project Performance Report

Output 1	Status Update on Progress Achieved		
Output 1: Safe Motherhood Services	The activities under this output have not been implemented to a greater extent; these activities have been hindered by the shift in the VHT selection criterion.		
Performance Indicator(s)	Site/Location	Performance Target	Actual Progress
<ul style="list-style-type: none"> ▪ # of children followed up ▪ # of community dialogues carried out on safe mother hood ▪ # of protective gear procured for MCH staff 	Kiryandongo Refugee Settlement	<ul style="list-style-type: none"> • 60 children followed up and necessary support provided • 4 dialogues carried out • 150 mothers receive ultrasound scans 	<p>59 babies followed and accorded appropriate support</p> <p>No dialogue on safe motherhood has been conducted</p> <p>27 mothers supported with ultrasound scan services</p>

Agreement Symbol: <insert data from PPA Art. 4.2>

Project Performance Report

Output 2		Status Update on Progress Achieved	
<i>Output 2: Preventive Reproductive Health and HIV Services Provided</i>		Preventive measures in reproductive health and HIV services were undertaken during the reporting period through provision of key messages on family planning and HIV prevention including tracing of clients.	
Performance Indicator(s)	Site/Location	Performance Target	Actual Progress
<ul style="list-style-type: none"> ▪ # of post-test clubs supported ▪ Extent activities during WAD supported ▪ % of testing kits, buffers and vacutainers ▪ # of clients traced 	Kiryandongo Refugee Settlement	<ul style="list-style-type: none"> • 2 post-test clubs supported • 60% of World AIDS Day activities supported • 100% of all supplies procured • 300 clients traced 	<p>No post-test clubs but there is 1 family support group</p> <p>Planned for fourth quarter</p> <p>4,400 test kits and buffers but no vacutainers</p> <p>122 clients traced through telephone calls and home visits</p>
Output 3		Status Update on Progress Achieved	
<i>Output 3: Care and Treatment of PoC Living with HIV and AIDS Provided</i>		Through community outreaches in refugee communities, over 100 clients have been reached and sensitized on coping strategies.	
Performance Indicator(s)	Site/Location	Performance Target	Actual Progress
<ul style="list-style-type: none"> ▪ # of clients supported ▪ # of outreaches – ART 	Kiryandongo Refugee Settlement	<ul style="list-style-type: none"> • 30 clients • 144 outreaches 	<p>144 clients supported</p> <p>6 outreaches held</p>

Agreement Symbol: <insert data from PPA Art. 4.2>

Project Performance Report

Results Chain	
Population Planning Group:	South Sudanese Refugees and Asylum Seekers
Goal:	Emergency Response and Assistance
Rights Group:	Basic Needs and Essential Services
Objective Name	Operations management, coordination strengthened and optimized
Problem Description:	<p><i>Real Medicine Foundation Sister Project continues to support health services by provision of quarterly drugs and payment of salaries for cleaners and guards. Additionally, RMF’s country office offers support to the field team to ensure that planned results are achieved. To this effect, RMF provides its Country Director and Deputy Country Director to offer support, supervision, and monitoring. The one-year implementation period has identified the need for more support to the country office to facilitate transport costs, utility bills, and communication costs to ensure optimum program management in delivery of health services, thus demonstrating a need for program overhead costs in the proposed project.</i></p> <p><i>The program is implemented by a dedicated team of 37 contracted national staff backed by 3 international staff based in Los Angeles with reputable experience. An additional 36 incentive earners consisting of community health promoters and interpreters constituted from the beneficiary refugee and host communities also support the program.</i></p> <p><i>To support program operations, we have a coordination vehicle, an ambulance for referrals, and two motorcycles. For efficient management of the program fleet, there is need for fuel, maintenance and repair, and procurement of tires for timely delivery of services.</i></p> <p><i>Regular monthly/annual planning and review meetings are crucial in tracking project progress and impact; however, these meetings need to be facilitated in order to draw meaningful participation from the staff and partners.</i></p>

Agreement Symbol: <insert data from PPA Art. 4.2>

Project Performance Report

		<i>With the expanding number of staff, the available furniture should be supplemented, and as step forward to ensure efficient service delivery, the proposed project will ensure that all supplies, equipment, and amenities required to support the program are all procured on time.</i>	
Intended Impact:	Improved service delivery to PoCs in health sector		
Actual Impact:	All program management functions duly supported thus improved service delivery to refugees and host populations.		
Impact Indicator(s)			
Impact Indicator Name	Site/Location	Actual	
Extent program management mechanisms working effectively	Kiryandongo Refugee Settlement	90% program mechanisms working	
Output 1		Status Update on Progress Achieved	
Output 1: General Project Management Services Provided		The program management function was well supported to ensure effective service delivery to the persons of concern and host populations.	
Performance Indicator(s)	Site/Location	Performance Target	Actual Progress
# of staff # of IDs procured # of staff trained Extent project fleet is functioning efficiently	Kiryandongo Refugee Settlement	<ul style="list-style-type: none"> 5 senior management staff 150 travel missions 100% of all staff benefit from medical insurance coverage 43 pieces of IDs procured. 5, 628 ltrs of diesel for coordination vehicle 	<p>3-month salaries effected for program management: Country Director, Program Manager, finance, and administration</p> <p>XY authorized missions facilitated</p> <p>43 pieces of staff Identity Cards procured</p> <p>27 authorized travels (DSA and Per diem) paid for staff and</p>

Agreement Symbol: <insert data from PPA Art. 4.2>

Project Performance Report

			<p>Airtime for 3 months for staff and internet subscription effected to support communication with stakeholders</p> <p>Assorted office stationery for program work procured and expended</p>
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Output 2	Status Update on Progress Achieved		
Output 2: Monitoring Conducted	For effective program implementation, a project monitoring tool was developed, and 1 planning session was held with stakeholders on the progress of the project. However, there was no joint monitoring visit done during the reporting period.		
Performance Indicator(s)	Site/Location	Performance Target	Actual progress
<ul style="list-style-type: none"> ▪ # of planning sessions ▪ # of staff meetings conducted ▪ # of joint/review meetings 	Kiryandongo Refugee Settlement	<ul style="list-style-type: none"> • # of planning sessions • # of staff meetings conducted • # of joint/review meetings 	<p>1 planning session held</p> <p>1 staff meeting conducted</p> <p>No joint review meeting held</p>