

PROJECT PERFORMANCE REPORT

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|--------------------------------------|---|
| 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 Centre(s): | 12141 |
| Partner Code: | 1274128 – Real Medicine Foundation (RMF) |
| Submitting Partner Name: | Real Medicine Foundation |
| Reporting Period: | July – September 2016 |
| Date of Report: | October 8, 2016 |
| Report Prepared by: | Caroline Tukugize Program Officer RMF Kiryandongo Refugee Settlement |
| Reviewed and Submitted by: | Charles Naku Lwanga Country Director Real Medicine Foundation Uganda |

1.0 PROJECT OVERVIEW

1.1 Project Statement

In July 2014, RMF signed a tripartite agreement with UNHCR and the Government of Uganda to implement a health project aimed at addressing emergency operations and care of refugees and asylum seekers in Kiryandongo Refugee Settlement through the delivery of quality healthcare services. At that time, the refugee population was **24,722**; however, this population has since almost tripled: as of September 2016, the Office of the Prime Minister (OPM) shows **66,673** registered refugees living in Kiryandongo Refugee Settlement. This dramatic increase is due to the perilous security situation, drought, and famine in South Sudan.

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

As UNHCR's Health Implementing Partner in Kiryandongo Refugee Settlement, RMF will leverage its well-established network of supported primary health care (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.

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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** school children 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 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 to 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 InterAid 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 Worldwide for nutrition; AIRD for logistics, Kiryandongo District Local Government for some 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 coexistence.

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, and pursuing other improved health practices. When this is achieved, communities shall sustainably own project activities.

The operational assumption here is that the project shall receive funding from the UNHCR as the population of refugees and asylum seekers in Kiryandongo Refugee Settlement was projected to increase to about **63,072** by 2016 (it has reached over 66,000 in September 2016) from the previous **45,805** due to the political uncertainty in South Sudan 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 perform oversight

functions. Activities will be planned, coordinated, and reviewed on a weekly, monthly, and quarterly basis through coordination meetings chaired by OPM at the settlement level, where progress of activities including the community's 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 September 2016, records show: a **0.1** crude mortality rate, **0.2** under-five mortality rate, **100%** access to primary, secondary, and tertiary health care, **1.2** hospital utilization rate, **1:64** consultations per clinician per day, **17.1%** immunization dropout rate, and a **44%** malaria prevalence rate. Complete ANC coverage was at **90%**, BCG coverage was at **64.4%**, polio coverage was at **56.3%**, DPT coverage was at **56.3%**, and measles coverage was at **96.1%**, while the contraceptive prevalence rate is currently at **54%**.

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's implementation experience, it was noted that the quality of curative services is still poor, and basic preventive services such as antenatal/postnatal 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, there are limited supplies, and limited working space. Overall, health unit equipment and supplies for effective service delivery are 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 the 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 sufficient income to meet their upkeep at referral hospitals, and if not addressed, this will lead to self-discharge and non-adherence to treatment. Additionally, it is observed that language barriers and unfamiliar hospital environments have affected the refugees in accessing services at the referral hospitals.

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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 during 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 the population served, the staffing level will be carefully reviewed with keen interest to recruit additional health workers across all departments, including the laboratory, OPD, maternity, IPD, ART, and other areas on a need basis.

In summary, RMF has envisaged a strategy to strengthen both the curative and preventive service components of health through recruiting staff, equipping 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, **29,644** schoolchildren will receive regular preventive health education, deworming, and vitamin A supplementation through school-based health programs.

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 the Population's Health Status

Intended Impact: **0.0** crude mortality rate, **0.0** under-5 mortality rate, **95%** measles vaccination coverage, **95%** immunization coverage, **100%** access to primary health care, **100%** access to secondary and tertiary health care.

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

In Kiryandongo Refugee Settlement, there is evidence of an increasing trend in institutional safe deliveries — from **1,405 by December 2015**, to **2,100 by September 2016**. Unfortunately, there has not been enough concurrent improvement in infrastructure, especially at the lower health units. During or after childbirth, abortion, or any complication of pregnancy, women may need specialized health services to ensure their survival. But in Kiryandongo, the maternal health program strongly emphasizes institutional delivery, without adequately strengthening all component services: both postnatal and complete antenatal coverage are still low, and tracking children born with HIV/AIDS still remains a challenge. This is attributed to low levels of staffing and inadequate logistics for follow-up with communities.

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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, postnatal care, and couple's testing; their perceptions of institutional deliveries as a result of pressure to rebuild the population still affect reproductive health services.

At Kiryandongo Refugee Settlement, HIV/AIDS prevalence is recorded at **4.5%**, 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 **1,315** clients; this calls for accelerated efforts in intervention to prevent and respond to the HIV/AIDS scourge in 2016 and 2017.

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 our 2014 implementation, who work as a replica of Village Health Teams (VHTs) in refugee settlements and 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 groups and also build their capacity in order to support the health sector and play vital roles such as reporting disease outbreaks, providing first aid at the community level, as well as 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** PoC (only refugees) 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 **4.5%**.

2.0 POPULATION OF CONCERN/OTHER SUPPORTED ENTITIES

2.1 Project's Population of Concern

As of September 28, 2016, there are currently **66,673** individuals registered by the OPM (Office of the Prime Minister) in Kiryandongo Refugee Settlement and an estimated **40,000** nationals living within the settlement and the surrounding communities who continue to receive services at our health facilities.

2.2 Demographic Data

Population Statistics as of September 28, 2016

| Population Planning Group: | | <i>Sudanese, Kenyans, and Others</i> | | | | |
|-----------------------------------|---------------|---------------------------------------|---------------|------------|---------------|------------|
| Sub-Group (if Applicable): | | <i>Asylum Seekers</i> | | | | |
| Age Group | Male | | Female | | Total | |
| | Number | Percentage | Number | Percentage | Number | Percentage |
| 0-4 | 5,408 | 8 | 5,169 | 7.8 | 10,577 | 16 |
| 5-11 | 9,504 | 14.3 | 9,078 | 13.6 | 18,582 | 28 |
| 12-17 | 7,119 | 10.7 | 6,422 | 9.6 | 13,541 | 20 |
| 18-59 | 9,646 | 14.5 | 12,896 | 19.3 | 22,542 | 34 |
| 60 and > | 385 | 0.57 | 1,046 | 1.6 | 1,431 | 2 |
| Total: | 32,062 | 48 | 34,611 | 52 | 66,673 | 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, among other trainings that 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 disseminated to local community leaders and other stakeholders in the communities through dialogues and integrated outreaches. This will be done to

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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 evaluation, and 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 the 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 to the National Health Policy and guidelines of the Ministry of Health, and in conformity with UNHCR health and protection policies through monthly supervision.
- A number of activities including payment of staff salaries, recruitment of additional staff, capacity building in collaboration with other health partners, medical referrals and 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 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 in 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 dialogue 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, presenting a high possibility of pockets of violence. Combined with the reported food shortages, this results in many refugees fleeing to Uganda for 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 Local Government's department of health, especially with office of the District Health Officer. Coordination meetings with all operating and implementing partners and PoC are conducted regularly and chaired by the OPM to share new ideas, areas of operation, 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 aspects in project implementation to determine the project's progress, achievements, challenges, outputs, impacts, and outcomes. A baseline survey was carried out in Kiryandongo Refugee Settlement to provide socioeconomic, health, water and sanitation at the household level, and other data relevant to program interventions. The project utilized other existing monitoring systems, such as the WASH monitoring system and Health Information System (HIS) in health centers to provide morbidity and mortality data on relevant sectors including WASH, HIV/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 the UNHCR and OPM. Such a plan will indicate the activities, monitoring timeframe, resources required, location, and the 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 the UNHCR, OPM, and the District Health Teams; this will set a benchmark for the desk review of both 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 bi-weekly sitreps, monthly HIS and HMIS, quarterly progress reports, and the Implementing Partner Financial Monitoring Report (IPFMR) will be developed in a timely manner and shared with the UNHCR, OPM, and the District Technical Team on agreed calendar dates as per the details in the monitoring plan.

UNHCR will conduct verification of both 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

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, RMF has paid (and continues to pay) \$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 at Panyadoli Health Center III
- Paying staff salaries for 1 Data Clerk, 3 Cleaners, 2 Compound Caretakers, and 1 Guard for Panyadoli Health Centre III
- Renovation of the health units i.e. painting and window/door 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, Can Rom and Arnold Memorial Primary Schools in the settlement
- Latrines built at Arnold Primary School
- Provision of national examination fees for students at Panyadoli Secondary School
- Equating of foreign candidates' academic papers to the Ugandan model, enabling them to register for Ugandan national exams
- Operation of Panyadoli Vocational Training Institute (PVTI) at Kiryandongo Refugee Settlement
- Support of events celebrated at the camp: World Refugee Day, International Women's Day, World AIDS Day, Day of the African Child, etc.
- Support to 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 and **Concern Worldwide** with the provision of IMAM, nutrition assessments, and IYCFP. **Windle Trust Uganda** is focused on support towards primary education, and **AIRD** is concerned with logistic needs, especially Core Relief Items (CRIs).

5.0 UNHCR PROVIDED SUPPORT

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

6.0 CONCLUSIONS/ LESSONS LEARNED

Overall, program activities have been implemented because of good working relationships with the UNHCR, Office the Prime Minister (OPM), Kiryandongo District Local Government, and other actors in Kiryandongo Refugee Settlement.

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

7.0 RECOMMENDED ACTION PLAN FOR IMPROVEMENT OR REVISION REQUIRED

- Monitor the use and retention of distributed mosquito nets
- Engage VHTs to conduct health education on disease prevention and use of LLINs

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 | Health of the Population is Unsatisfactory or Requires Constant Attention |
| Problem Description: | <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 September 2016, records show: a 0.1 crude mortality rate, 0.2 under-five mortality rate, 100% access to primary, secondary, and tertiary health care, 1.2 hospital utilization rate, 1:64 consultations per clinician per day, 17.1% immunization dropout rate, and a 44% malaria prevalence rate. Complete ANC coverage was at 90%, BCG coverage was at 64.4%, polio coverage was at 56.3%, DPT coverage was at 56.3%, and measles coverage was at 96.1%, while the contraceptive prevalence rate is currently at 54%.</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's implementation experience, it was noted that the quality of curative services is still poor, and basic preventive services such as antenatal/postnatal 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> <p><i>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, there are limited supplies, and limited working space. Overall, health unit equipment and supplies for effective service delivery are a point of concern in this proposed action.</i></p> |

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 the 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 sufficient income to meet their upkeep at referral hospitals, and if not addressed, this will lead to self-discharge and non-adherence to treatment. Additionally, it is 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 during 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 the population served, the staffing level will be carefully reviewed with keen interest to recruit additional health workers across all departments, including the laboratory, OPD, maternity, IPD, ART, and other areas on a need basis.

In summary, RMF has envisaged a strategy to strengthen both the curative and preventive service components of health through recruiting staff, equipping 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, **29,644** schoolchildren will receive regular preventive health education, deworming, and vitamin A supplementation through school-based health programs.*

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| | <i>Overall, the 63,072 target population will have ready access to quality curative services through the established health units by the end of 2016.</i> | |
| Intended Impact: | Improved Health Status of the Population Through Delivery of Quality Healthcare Services | |
| Actual Impact: | There has been a general improvement in quality of life among Persons of Concern (PoC); the increase in the number of staff in all health facilities has significantly added value to health service delivery. 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 behaviors among refugees. Generally, the health indicators largely increased or remained constant. | |
| Impact Indicator(s) | | |
| Impact Indicator Name | Site/Location | Actual Progress |
| <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 | 0.1 Crude mortality rate 0.2 Under-5 mortality rate 96.1% Measles vaccination coverage 100% access to primary health care 100% access to secondary and tertiary health care |

| | | | |
|--|--|---|---|
| Output 1 | Status Update on Progress Achieved | | |
| <i>Output 1: Access to Primary Health Care Provided or Supported</i> | <Brief status update on the implementation of activities specific to the output> | | |
| Performance Indicator(s) | Site/Location | Performance Target | Actual Progress |
| Number of health workers recruited | Kiryandongo Refugee Settlement | <ul style="list-style-type: none"> • 45 Health workers recruited | 17 additional health workers recruited: 3 Lab Assistants, 4 |

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| Number of forms and formats procured | | <ul style="list-style-type: none"> An assortment of IPD, OPD, and referral forms procured | <p>midwives, 5 Nursing Officers, and 5 Clinical Officers.</p> <p>Stock cards, bin cards, pellets, and wall thermometer procured</p> |
| Output 2 | | Status Update on Progress Achieved | |
| <i>Output 2: Community Based Preventive Services Provided</i> | 44 VHTs are providing continuous mobilization of the community for health action, promoting health to prevent disease, checking for danger signs in the community, reporting and referring ill community members to health workers, and keeping records up to date. | | |
| Performance Indicator(s) | Site/Location | Performance Target | Actual Progress |
| <p>Number of integrated outreaches</p> <p>Number of VHTs supported</p> <p>Percentage of suspected cases followed up and action taken</p> <p>Number of VHTs trained</p> | Kiryandongo Refugee Settlement | <ul style="list-style-type: none"> 144 integrated outreaches 30 VHTs supported 100% of all suspected cases of AFP and other diseases of outbreak potential 100 VHTs trained on disease surveillance and outbreak | <p>48 integrated outreaches conducted</p> <p>44 VHTs supported</p> <p>100% of all suspected cases of AFP and other diseases of outbreak potential</p> <p>All VHTs trained on cholera, activity facilitated by UNHCR</p> |
| Output 3 | | Status Update on Progress Achieved | |
| <i>Output 3: Health Services to Children Under 5 Delivered</i> | Specific health interventions for children were planned and continuous child-based interventions are ongoing. | | |

| Performance Indicator(s) | Site/Location | Performance Target | Actual Progress |
|--------------------------|--------------------------------|--|-----------------------------------|
| Number of register books | Kiryandongo Refugee Settlement | <ul style="list-style-type: none"> • 8 register books procured for outreach posts | Planned for in the coming quarter |
| Number of IEC materials | | <ul style="list-style-type: none"> • 5,000 IEC materials | Held in the previous quarter |

| Output 4 | Status Update on Progress Achieved | | |
|---|--|---|--|
| <i>Output 4: Referral Mechanisms Established</i> | <p>The Standard Operating Procedures (SOPs) rightly guided all referral interventions. Identified patients were facilitated with upkeep, transportation 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-up allowance was paid to them to help support and link refugees to health workers in those respective hospitals.</p> | | |
| Performance Indicator(s) | Site/Location | Performance Target | Actual Progress |
| <ul style="list-style-type: none"> • Number of patients/caretakers | Kiryandongo Refugee Settlement | <ul style="list-style-type: none"> • 150 patients/caretakers supported | 32 Patients/caretakers supported with upkeep |
| <ul style="list-style-type: none"> • Number of referral nurses supported | | <ul style="list-style-type: none"> • 120 patients supported with subsistence allowance and transport | 95 Patients facilitated with transport refund |
| | | <ul style="list-style-type: none"> • 2 referral nurses provided top-up allowance for 12 months each | 2 Focal nurse paid top-up allowance |

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| | | <ul style="list-style-type: none"> 120 patients supported with x-ray diagnostic services | 28 Patients supported with x-ray services |
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| Output 5 | | Status Update on Progress Achieved | |
|---|--------------------------------|---|--|
| Output 5: Access to Essential Drugs Provided | | A total of 36 refugees whose needs could be met by available medicines in the health facilities were supported. | |
| Performance Indicator(s) | Site/Location | Performance Target | Actual Progress |
| <ul style="list-style-type: none"> Number of patients supported Percentage of all supplies procured | Kiryandongo Refugee Settlement | <ul style="list-style-type: none"> 80 patients supported with supplementary medicines 100% of all supplies procured | 32 patients supported with supplementary medicines 90% of required supplies procured |

| Output 6 | | Status Update on Progress Achieved | |
|---|--------------------------------|--|---|
| Output 6: Quality of Laboratory Services Improved | | 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 1,250 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"> Percentage of laboratory reagents and supplies Number of gas cylinders Number of times the gas cylinder is refilled | Kiryandongo Refugee Settlement | <ul style="list-style-type: none"> 100% laboratory reagents and supplies 1 Gas cylinder | Procured HemoCue cuvettes, RPR strips, automatic pipettes, gas slides, and Bunsen burner 2 gas cylinders procured in the previous quarter and refilled |

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| | | <ul style="list-style-type: none"> • 4 times gas cylinder refilled in a year | |
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| 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 | Insufficient Access to Reproductive Health and HIV/AIDS Services or Requires Constant Attention |
|-----------------------------|---|
| Problem Description: | <p><i>In Kiryandongo Refugee Settlement, there is evidence of an increasing trend in institutional safe deliveries — from 1,405 by December 2015, to 2,100 by September 2016. Unfortunately, there has not been enough concurrent improvement in infrastructure, especially at the lower health units. During or after childbirth, abortion, or any complication of pregnancy, women may need specialized health services to ensure their survival. But in Kiryandongo, the maternal health program strongly emphasizes institutional delivery, without adequately strengthening all component services: both postnatal and complete antenatal coverage are still low, and tracking children born with HIV/AIDS still remains a challenge. This is 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, postnatal care, and couple’s testing; their perceptions of institutional deliveries as a result of pressure to rebuild the population still affect reproductive health services.</i></p> |

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| | <p><i>At Kiryandongo Refugee Settlement, HIV/AIDS prevalence is recorded at 4.5%, 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 1,315 clients; this calls for accelerated efforts in intervention to prevent and respond to the HIV/AIDS scourge in 2016 and 2017.</i></p> <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 our 2014 implementation, who work as a replica of Village Health Teams (VHTs) in refugee settlements and 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 groups and also build their capacity in order to support the health sector and play vital roles such as reporting disease outbreaks, providing first aid at the community level, as well as 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 PoC (only refugees) will benefit from ART services.</i></p> | |
| Intended Impact: | Optimal Access to Reproductive Health and HIV/AIDS Services | |
| Actual Impact: | During the reporting period, there was 1 incident of maternal death due to abortion sepsis. There has been an increased percentage of live births attended by skilled personnel and the prevalence of HIV/AIDS was maintained at 4.5%. | |
| Impact Indicator(s) | | |
| Impact Indicator Name | Site/Location | Actual Progress |
| Number of PoC receiving ART | Kiryandongo Refugee Settlement | 234 (exceeding our initial goal of 127) |
| PoC have the same access to ART services as the local community (yes/no) | | Yes |

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| PoC have access to male and female condoms (yes/no) | | Yes |
| Number of qualified midwives/MCH staff | | 8 qualified midwives |

| Output 1 | Status Update on Progress Achieved | | |
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| <i>Output 1: Safe Motherhood Services</i> | The activities under this output have not been implemented to a greater extent; these activities have been hindered by the shift in VHT selection criteria. | | |
| Performance Indicator(s) | Site/Location | Performance Target | Actual Progress |
| <ul style="list-style-type: none"> Number of children followed up Number of community dialogues carried out on safe motherhood | Kiryandongo Refugee Settlement | <ul style="list-style-type: none"> 60 children followed up and necessary support provided 4 dialogues carried out | <p>21 babies followed up and accorded appropriate support</p> <p>0 community dialogues on safe motherhood were conducted</p> |

| Output 2 | Status Update on Progress Achieved | | |
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| <i>Output 2: Preventive Reproductive Health and HIV Services Provided</i> | Preventive measures in reproductive health and HIV services were undertaken during the reporting time through provision of key messages on family planning, HIV prevention including tracing of clients. | | |
| Performance Indicator(s) | Site/Location | Performance Target | Actual Progress |
| <ul style="list-style-type: none"> Number of post-test clubs supported Extent of activities during WAD supported | Kiryandongo Refugee Settlement | <ul style="list-style-type: none"> 2 post-test clubs supported 60% of World AIDS Day activities supported | <p>1 post-test club supported with uniforms</p> <p>Planned for fourth quarter</p> |

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| <ul style="list-style-type: none"> Percentage of testing kits, buffers, and vacutainers Number of clients traced | | <ul style="list-style-type: none"> 100% of all supplies procured 300 clients traced | <p>All relevant test kits and buffers procured</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> | Since the beginning of the program, a total of 2,546 clients have been supported and 81 community outreaches to the refugee community have been performed, reaching the population and sensitizing them on coping strategies. | | |
| Performance Indicator(s) | Site/Location | Performance Target | Actual Progress |
| <ul style="list-style-type: none"> Number of clients supported Number of outreaches – ART | Kiryandongo Refugee Settlement | <ul style="list-style-type: none"> 30 clients 144 outreaches | <p>2,546 clients supported</p> <p>81 outreaches held</p> |

| Results Chain | |
|-----------------------------------|--|
| Population Planning Group: | South Sudanese Refugees and Asylum Seekers |
| Goal: | Emergency Response and Assistance |
| Rights Group: | Basic Needs and Essential Services |

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| Objective Name | Operations Management, Coordination Strengthened and Optimized |
| Problem Description: | <i>Real Medicine Foundation continues to support health services by provision of quarterly drugs and payment of salaries for cleaners and guards. Additionally, RMF's Uganda 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 Uganda 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> |

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| | <p><i>The program is implemented by a dedicated team of 63 contracted national staff backed by 3 reputable, experienced international staff members based in Los Angeles. An additional 44 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> <p><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></p> | | | |
| Intended Impact: | Improved Service Delivery to PoC in the Health Sector | | | |
| Actual Impact: | All program management functions were duly supported, thus improved service delivery to refugees and the host population. | | | |
| Impact Indicator(s) | | | | |
| | Impact Indicator Name | Site/Location | Actual Progress | |
| | Extent to which program management mechanisms are working effectively | Kiryandongo Refugee Settlement | 100% program mechanisms working | |
| Output 1 | | Status Update on Progress Achieved | | |
| <i>Output 1: General Project Management Services Provided</i> | | The program management functions were well supported to ensure effective service delivery to the PoC and host populations. | | |
| | Performance Indicator(s) | Site/Location | Performance Target | Actual Progress |

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| Number of staff | Kiryandongo Refugee Settlement | <ul style="list-style-type: none"> • 5 senior management staff and medical staff | 9-month salaries effected for 5 senior management and 44 medical and support staff |
| Number of IDs procured | | <ul style="list-style-type: none"> • 43 IDs procured | 43 ID cards previously procured, yet to procure for the new staff |
| Number of staff trained | | <ul style="list-style-type: none"> • 100% of all staff trained | 100% of staff are trained and continuous CMEs have been held; so far 15 held during the quarter |
| Number of travel missions authorized | | <ul style="list-style-type: none"> • 150 travel missions | 139 authorized travel missions facilitated in the form of DSA and Per Diem paid for staff |
| Percentage of all procurements done | | <ul style="list-style-type: none"> • 100% of all planned procurements carried out – staff uniforms, health facility cleaning materials, water dispensers, and color-coded waste bins | 80% of planned procurements done |
| <ul style="list-style-type: none"> • Procure diesel for ambulance and coordination van | | 6,000 liters of diesel for Ambulance 5,628 liters of diesel for coordination vehicle | 2,060 liters of diesel for ambulance 1,729 liters of diesel for coordination vehicle procured and used |

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| <ul style="list-style-type: none"> • Procure petrol for motorcycles • M/R and third party insurance for vehicles • M/R and third party insurance Motorcycles • Provide communication costs (airtime, internet, modems) • Procurement of office stationery and supplies | <p>840 liters of petrol for motorcycles</p> <p>600 liters of petrol for the generator</p> <p>Third party insurance for motorcycles and vehicles procured</p> | <p>208 liters of petrol for motorcycles</p> <p>346 liters for the generator</p> <p>400 liters of kerosene</p> <p>Third party insurance for the coordination vehicle and 2 motorcycles procured directly by UNHCR</p> <p>9-month airtime for staff and internet subscription procured to support communication with stakeholders</p> <p>Assorted office stationery for program work procured and expended</p> |
|---|---|---|

| Output 2 | Status Update on Progress Achieved | | |
|---|--|---|-------------------------|
| <i>Output 2: Monitoring Conducted</i> | 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 during the reporting period. | | |
| Performance Indicator(s) | Site/Location | Performance Target | Actual Progress |
| <ul style="list-style-type: none"> • Number of planning sessions • Number of staff meetings conducted | Kiryandongo Refugee Settlement | <ul style="list-style-type: none"> • Number of planning sessions | 1 planning session held |

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| <ul style="list-style-type: none"> • Number of joint/review meetings | | <ul style="list-style-type: none"> • Number of staff meetings conducted • Number of joint/review meetings | <p>3 staff meeting conducted</p> <p>1 joint review meeting held with stakeholder</p> |
|---|--|---|--|