RESIDENT / HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS RWANDA RAPID RESPONSE CONFLICT-RELATED DISPLACEMENT 2015

RESIDENT/HUMANITARIAN COORDINATOR	**Mr. Lamin Manneh**

REPORTING PROCESS AND CONSULTATION SUMMARY

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

The CERF AAR was conducted on 9 December 2015; the meeting was convened by UNHCR as the lead agency for refugee response and included participation of the Resident Coordinator's Office as well as UN agencies including UNHCR, WFP, UNICEF, UNFPA and WHO. Implementing partners that also received RR funds were also present including American Refugee Committee (ARC), African Humanitarian Action (AHA), Plan, Ministry of Health (MoH), Adventist Development and Relief Agency (ADRA), Parlement des Jeunes Rwandais (PAJER), and World Vision.

At the AAR, the participants went over the achievements and added value of the CERF grant for the Burundi refugee response in Rwanda; discussed any challenges faced and lessons learned; and agreed on a process and timeline for producing the final report.

b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.

YES ☒ NO ☐

The CERF report was discussed in the UNCT meeting of 15 February 2016, and sector leads were involved in producing and reviewing the technical inputs of all agency reports.

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

YES ☒ NO ☐

The CERF draft report was circulated to the relevant in-country stakeholders.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)		
Total amount required for the humanitarian response: 111,428,334		
Breakdown of total response funding received by source	**Source**	**Amount**
	CERF	7,984,746
	COUNTRY-BASED POOL FUND (*if applicable*)	0
	OTHER (bilateral/multilateral) Burundi Refugee Response Plan (voluntary bilateral donor contributions)	35,377,691
	TOTAL	**43,362,437**

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$)			
Allocation 1 – date of official submission: 12-May-15			
Agency	**Project code**	**Cluster/Sector**	**Amount**
UNICEF	15-RR-CEF-057	Nutrition	162,112
UNICEF	15-RR-CEF-056	Protection	109,461
UNFPA	15-RR-FPA-018	Health	120,001
WHO	15-RR-WHO-019	Health	120,071
WFP	15-RR-WFP-033	Food Aid	1,499,768
UNHCR	15-RR-HCR-020	Multi-sector refugee assistance	5,973,333
TOTAL			**7,984,746**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Type of implementation modality	**Amount**
Direct UN agencies/IOM implementation	5,335,954
Funds forwarded to NGOs for implementation	2,417,586
Funds forwarded to government partners	231,206
TOTAL	**7,984,746**

HUMANITARIAN NEEDS

Beginning on 31 March 2015, Rwanda began to experience a sudden mass influx of refugees fleeing pre-election-related tensions in Burundi; the Rwandan Government and UNHCR began recording refugee arrivals at a pace starting in the low hundreds during the initial days, escalating to 800 per day, then 1,000 per day, as high as 3,500 per day three weeks into the crisis. This rising trend in daily refugee arrivals and the continued insecurity in Burundi forced humanitarian stakeholders to adjust their existing refugee response plans, which were targeted towards over 74,000 protracted Congolese refugees at the start of 2015, with a revised plan to respond to the needs of the new Burundian refugees. As a result some agencies such as UNHCR, WFP and UNICEF had to divert funds allocated for the pre-existing programs to be able to respond to the urgent needs of the new arrivals. An interagency planning figure of 100,000 Burundian refugees was set for Rwanda for the year 2015, based on regional contingency planning for the Burundi refugee situation. All these refugees would require immediate protection and life-saving multi-sectoral humanitarian assistance, which the Government of Rwanda is unable to provide without support from UN and NGO actors; this prompted the request for CERF funding at the outset of the emergency.

During the first days of the influx, refugees were transported by the Ministry of Disaster Management and Refugee Affairs (MIDIMAR) and UNHCR from the border entry points to two reception centres, Bugesera and Nyanza. As the rate of arrival began to dramatically increase in the second week of April, a large-scale registration capacity was required in order to officially record refugees through biometric registration, which is the foundation for protection and access to all services. The government determined that the opening of a refugee camp was necessary, and designated a site on 16 April. After an interagency multi-sectoral assessment of the site on 17 April, construction began immediately and refugees began to be relocated to the camp, Mahama, on 22 April, initially on a daily basis.

On 6 May—the time of the CERF funding request—there were 24,967 Burundi refugees in Rwanda. Between the start of the influx on 31 March and the end of December 2015, the number of refugees registered with UNHCR reached 76,054, though the number of refugees who remained actively registered with UNHCR as of 31 December 2015 was 70,545 as some refugees may have continued onward to other countries, left the camp for urban areas, or returned to Burundi.

II. FOCUS AREAS AND PRIORITIZATION

The CERF request was targeted to the most urgent lifesaving interventions that were needed immediately in order to respond to the needs of refugees while also preventing potential health, nutrition or other disasters. During the first months of the crisis, UNHCR registration data showed that 84% of the newly-arrived refugees were women and children. Of the total number of refugees, 59% were children, and 2% were elderly. Many of the refugees who fled to Rwanda were coming from the northern provinces of Burundi, which even prior to the election-related violence were among the poorest areas of the country. Refugees arrived with very few to no belongings; some travelled to Rwanda on foot, shoeless. As such the need for life-saving humanitarian assistance was urgent and enormous, including provision of emergency shelter, access to water, access to food and cooking supplies and other non-food items. At the initial stage of the crisis results from malnutrition screening showed a Global Acute Malnutrition (GAM) prevalence rate of 17% in Bugesera and 14% in Nyanza reception centres, and 25% in Mahama camp. The prevalence rates were very alarming considering that the threshold established for refugee camps should be below 10% (and 15% for any other emergency contexts), and revealed urgent need for specialised nutritional interventions, in addition to general food distributions.

The transportation of refugees from the border to the reception centers, and then onward to the refugee camp, required a huge logistics operation involving a large convoy of trucks and buses to transport all refugees safely with their belongings—with special provision for the transportation of pregnant and lactating women, persons with disabilities or health issues, and other persons with specific needs—particularly given that the journey from reception to the camp was around 9 hours.

Among the medical cases reported to emergency health facilities during the first months of the crisis were very high rates of malaria, respiratory illnesses, and diarrhoea, which presented major health risks. The possible causes for this trend were poor sanitation and hygiene, overcrowded living conditions, general malnutrition and other side effects, requiring urgent intervention in water and sanitation. Additionally, given the very high proportion of children, there was also an urgent need to supplement ongoing epidemic surveillance and procurement of vaccines to ensure routine immunization for children and pregnant women and to prevent outbreak of disease, including polio, measles and rubella among those under 15 years. Given the high proportion of women and children, including some pregnant and lactating women, support in reproductive health and family planning services were also essential interventions for the emergency.

Burundian refugees arriving in Rwanda exhibited signs that they had suffered physically and psychologically, and children in particular presented signs of severe distress. Additionally, the risk to life and physical security of children was dramatically increased due to the weakening of traditional elements of a protective environment resulting from intimidation of families as well as the alleged attempts to prevent families from crossing the border from Burundi. This meant that children arrived in Rwanda without the protection of their families,

resulting in a large number of children who are unaccompanied or separated (7%—an unusually high proportion). As a result, interventions in child protection were also essential.

III. CERF PROCESS

Within the first two weeks following the start of the mass influx of Burundi refugees, a joint rapid assessment was undertaken on 2 April 2015 by the Government of Rwanda (Ministry of Disaster Management and Refugee Affairs, MIDIMAR), UNHCR and WFP to Bugesera district to assess the needs of the refugees who had crossed the border from Burundi to Rwanda. This was followed by a second assessment mission to Nyanza district on 3 April. As the scale of the influx sharply increased during the second week of April, MIDIMAR determined that a new refugee camp would be required, with a view to transfer all the refugees to a single location, and allocated a site in the south-eastern part of the country, in Kirehe district. On 17 April MIDIMAR, UNHCR, WFP and UNICEF led a multi-sectoral assessment with partners of the new site.

As a result of these assessments and given the extent and pace of the refugee influx the RC raised the timeliness and appropriateness of requesting CERF funds at the UNCT and proposed a meeting to be chaired by technical focal points (UNHCR and WFP) to outline the sectors to be targeted and to initiate drafting of the proposal. The prioritization process for emergency interventions/activities was led by the recommendations which transpired from this meeting. The refugee response is co-led by MIDIMAR and UNHCR who co-chair weekly coordination meetings at the Head of Agency level in Kigali, and also at field level, for all Government, UN and NGO actors engaged in the refugee response; and there is also a sector level coordination of technical interventions in all sectors. This coordination structure supported the implementation and monitoring of the CERF projects. The final CERF proposal reflected some of the most urgent and key elements in the Rwanda chapter of the Burundi Refugee Response Plan which is the interagency planning framework drafted in April 2015 to address the initial phase of the Burundi refugee situation. The Plan was subsequently extended to December 2015 as refugees continued to flee to Rwanda at a slowed but regular pace through the end of 2015.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR[1]

Total number of individuals affected by the crisis: 76,054

Sector	Female			Male			Total		
	Girls (below 18)	**Women** (above 18)	**Total**	**Boys** (below 18)	**Men** (above 18)	**Total**	**Children** (below 18)	**Adults** (above 18)	**Total**
Nutrition	3,215	N/A	3,215	3,400	N/A	3,400	6,615	N/A	6,615
Child Protection	3,336	N/A	3,336	3,818	N/A	3,818	7,154	N/A	7,154
Health	16,943	18,727	35,670	17,193	17,015	34,208	34,136	35,742	69,878
Food Aid	7,560	7,200	14,760	7,890	7,350	15,240	15,450	14,550	30,000
Multi-sector refugee assistance	8,700	9,000	17,700	7,200	5,100	12,300	15,900	14,100	30,000

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

BENEFICIARY ESTIMATION

UNHCR's beneficiaries for multi-sectoral assistance included all 30,000 refugees targeted at the time of the submission; all 30,000 refugees were registered, transported, and received access to improved water and sanitation, emergency shelter and cooking facilities including firewood and non-food items. It should be noted that during the course of the implementation period the number of refugees vastly exceeded the original targeted population of 30,000; UNHCR protected and provided multi-sectoral assistance for those additional refugees with contributions from other donors. The same was the case for WFP, which also targeted the entire population of refugees for general food distribution, of which 30,000 were assisted with CERF funds.

UNICEF's estimation of beneficiaries of the child protection intervention are based on the number of case files for children receiving protection services and the records of child friendly spaces (CFS). The number of children attending CFS is estimated based on the figures from the latest week in the reporting period to avoid double-counting. At the time of submitting the proposal for CERF, the planning was for an estimated number of 100,000 Burundian refugee population, of which 6,000 (6%) were expected to be children under-five. In the mass nutrition screening campaign, conducted by American Refugee Committee (ARC) with support from UNHCR, UNICEF and WFP in July 2015, 4,370 children under-five were screened.

WHO's CERF project reached 30,000 refugees, out of which 59% are females and 41% are males, targeted at the time of the submission; alongside the implementation of the project the number of refugees increased, and all refugees in Mahama camp and reception centers benefited from WHO's health intervention, of which 30,000 were covered with the CERF funds.

UNFPA's estimation of beneficiaries of women in reproductive health was based on 25% of the number of Burundian refugees which at the time of submission was around 30,000. UNFPA reached these women with SRH services with support of additional funds received from its HQ.

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING[2]

	Children (below 18)	**Adults** (above 18)	**Total**
Female	8,700	9,000	17,700
Male	7,200	5,100	12,300
Total individuals (Female and male)	15,900	14,100	30,000

CERF RESULTS

Child Protection

UNHCR, UNICEF, Save the Children (partnered with UNHCR) and Plan International, together with MIDIMAR, are the main partners working on child protection for refugees since the beginning of the emergency. Coordination of activities was done through child protection coordination meetings, which were held weekly and led by UNHCR. UNHCR and UNICEF both work with Plan International and all results achieved in child protection reflect a collaboration of these actors. A number of field assessments were conducted which informed the design of programme response. The child protection response focused on the most vulnerable children. To date, 1,841 unaccompanied and separated children (UASC) have been assisted in Mahama camp, of which 1,129 are boys and 712 girls. As part of the response, psycho-social support activities were set up by UNICEF and Plan International, who have also established child-friendly spaces in Mahama camp, serving 7,154 children. A referral pathway involving other key sectors such as health, education was established by UNHCR, UNICEF and Plan International and other relevant stakeholders to ensure that timely, adequate and relevant support was provided to children who had been exposed to or were at risk of exposure to neglect, violence, exploitation and abuse in Mahama camp. UNICEF was able to reach the targeted number of children for the child protection intervention. The ratio of boys to girls amongst the unaccompanied and separated children (UASC) was higher than expected (1,129 boys and 712 girls). This was due to the particular nature of the conflict in Burundi where, adolescent boys were being targeted in political violence. Hence more boys than girls decided to leave Burundi as UASC. (This is unusual in refugee situations where usually there are equal numbers or slightly more girls than boys among UASC.) The outcome was to provide protection for all children arriving in Rwanda. UNICEF was able to provide assistance to the most vulnerable children in need of additional protection, including the UASC. The intervention reduced the vulnerability of UASC as well as supported in reducing the distress of children arriving in Rwanda through provision of psycho-social support.

UNICEF, UNHCR, Save the Children, Plan International and MIDIMAR being the key actors in child protection, coordinated activities to ensure that each agency contributed interventions that complemented one another. UNHCR as part of its protection mandate coordinated with the child protection working group, conducted registration and best interest assessments, provided technical support, and supported partner Plan International for comprehensive child protection in all refugee locations. The CERF funding to UNICEF complemented UNHCR's ongoing support to Plan International to enable it to strengthen its activities targeting the most vulnerable children, in particular UASC and to provide essential services to child victims of violence. UNICEF through Plan International worked towards prevention of

violence, abuse and exploitation of vulnerable children by establishing and strengthening community-based mechanisms and by providing psycho-social support services. UNHCR and UNICEF provided coordinated capacity building on child protection to relevant partners.

In summary, UNICEF supported the response with the following activities:

1. Establishing systems to monitor and report and respond to child rights violations
2. Strengthening key child protection mechanisms in the reception centres and refugee camp
3. Providing interim care arrangements for UASC
4. Preventing and responding to violence against children
5. Providing psycho-social support to children and their families

Nutrition

One of the key results achieved with the funding from CERF was continuous nutrition screening of all under-five children living in Mahama camp. Screening was conducted upon arrival in the reception centers, during nutrition surveys and during mass screening for acute malnutrition, reaching 4,370 under-five children in July 2015. Children identified with MAM or SAM were referred for treatment and follow up in the nutrition programmes. As of 31 October, a cumulative total of 516 children (270 males and 246 females) identified with SAM without medical complications were admitted for treatment in the outpatient therapeutic programme and those with medical complications were admitted in the inpatient management unit in the Kirehe district hospital. 340 children (177 males and 163 females) were discharged after getting cured from SAM and were transferred for further follow up in the targeted supplementary feeding programme (TSFP) run by WFP.

The results of the latest standard expanded nutrition survey (SENS) conducted in October 2015 indicated significant reduction in the malnutrition status among under-five children to 6.6 per cent global acute malnutrition (GAM) from 10.3 per cent GAM as per the SENS survey results in May 2015. This result was made possible by the joint efforts of the Government of Rwanda supported by UNHCR, UNICEF, WFP and WHO as well as implementing partners working in Mahama refugee camp.

UNICEF provided technical support and training of nutrition staff in the camp and referral hospitals on anthropometric measurements, identification, referral and follow up of SAM cases for timely and quality treatment. Efforts to prevent acute malnutrition incidences were initiated through the promotion of infant and young child feeding practices including training of community health workers and establishment of mother-to-mother support groups to support the promotion of exclusive breastfeeding among children 0-6 months and complementary feeding among children 6-23 months with continued breastfeeding up to two years.

Health

Funding from CERF supported WHO to support the health response with immunization, ante-natal care and availability of essential drugs. The funding facilitated WHO to conduct a round of supplementary immunization campaigns in the camp. During that campaign, polio vaccine was delivered to children under 5 with a coverage rate of 94% and measles and rubella vaccine was provided to the children of 9 months to 15 years with coverage rate of 87%. Since June 2015 arrangements were made with the Expanded Program on Immunization (EPI) Unit of Ministry of Health (MOH) to provide routine immunization services to all newly-arrived refugee children in the camp. WHO, with the CERF contribution, funded the replenishment of vaccines provided by MoH for polio, measles and rubella immunization campaign and the 10 antigen provided in routine immunization, in collaboration with UNICEF.

The CERF fund also permitted the recruitment of a public health officer who led the introduction and implementation of integrated diseases surveillance and reporting (IDSR) mechanisms in order to monitor and report the evolution of diseases. Data are then analysed to inform decisions based on disease patterns. Additionally WHO supported training of 33 health providers in Mahama camp for IDSR implementation. Due to the high number of diarrhoea cases presenting in Mahama camp a decision was made at the sector level to use CERF funds to procure two Diseases Diarrhoea Kits (DDK) (instead of interagency health emergency kits (IEHK 2006) as initially planned in the proposal).

WHO supported community health structures established in the camp by organizing elections for 110 community health workers in the camp zones in Mahama to support community health education. The community health workers have a played key role in the mitigation of malnutrition and diarrhoea cases, in the control of typhoid fever outbreak and in community based surveillance implementation. They also engaged in continuous community sensitization to reduce the risks of acute respiratory infection diseases. The CERF fund also facilitated timely emergency response by strengthening epidemic diseases surveillance.

Reproductive health
With the CERF funds received, UNFPA in collaboration with ARC achieved the following results:
• 1,107 pregnant women tested in prevention of mother to child transmission (PMTCT), 11 women have been tested positive and were provided with antiretroviral treatment (ART)
• 1,056 women provided with antenatal care (ANC) services, women with danger signs were referred to district hospital for further treatment and management
• 501 women provided with family planning services
• 660 assisted deliveries
• 51 caesarean sections performed
• No maternal death occurred

In collaboration with the American Refugee Committee (ARC), UNFPA conducted a Minimum Initial service Package (MISP) training which contributed to improve the health status and well-being of the Burundian refugees through the provision of quality Sexual and Reproductive Health (SRH) and family planning services.

UNFPA in collaboration with ARC launched family planning services in Mahama Refugee Camp, Kirehe District, and Eastern Province on Saturday 26 September 2015, during the World Contraception Day, which is celebrated each year on 26 September. The annual worldwide campaign aims to create a world where every pregnancy is wanted and is a reminder of commitments made by the global community to expand access to information and methods of family planning for women and couples.
Medical equipment have been procured and distributed to Mahama camp health centers.

Multi-sectoral assistance to refugees

Water and sanitation (WASH)
Mahama Camp was established on 22 April in a remote area of the country identified and provided by the government, where access to water was a known challenge for the local communities even prior to the Burundi refugee influx. Due to the very fast pace of arrival of refugees from Burundi, water trucking was one of the most urgent life-saving interventions needed, including for the prevention of WASH-related diseases—particularly given that drilling of boreholes proved unsuccessful, even at far distances from the camp and long depths into the ground. It became clear that a sustainable solution would be required, but in the meantime to cope with the dire humanitarian needs of the rapidly growing refugee population water trucking was a life-saving necessity. With CERF's contribution UNHCR supplied water to Mahama Camp and to reception centers through water trucking, and installed water distribution and collection points in Mahama camp. As a result UNHCR succeeded in maintaining an average daily water supply in Mahama Camp of 12 to 15 litres per person per day for the period from April to June, and 13 to 17 litres in the reception centers (depending on the number of refugees present in the reception centers, which varied daily). Due to water scarcity in the area around Mahama camp, water trucking from distances as far 50 km away from the camp was necessary, which was far more costly than was originally planned, and the difficult logistics of which impacted on the daily quantity of water supplied, for example due to the occasional truck breakdown.

With CERF funds, UNHCR also constructed temporary sanitation facilities – 60 communal shower blocks and 38 pit latrine blocks, respectively. UNHCR thus managed to maintain the ratio of number of persons per drop-hole well below the emergency standard of 50, keeping to a maximum of 30 refugees per drop hole in Mahama Camp.

Shelter
Given the remote location of Mahama Camp, site clearing and the immediate construction of emergency accommodation was urgently needed to ensure refugees could live in basic conditions of safety and dignity, and to help decongest the reception centers which rapidly became overcrowded due to the fast pace of arrival of refugees from Burundi. UNHCR set up 30 communal hangars as emergency shelters for Burundian refugees during the initial phase of the emergency, and then over the course of the implementation period set up 5,050 family tents, meeting the emergency shelter needs of 30,000 refugees, thanks to CERF funding.

Access to cooking facilities [firewood and non-food items]
As refugees are provided with dry food rations from WFP upon their arrival in the camp, cooking facilities including pots, jerry cans and the ability to cook over a fire, are essential for refugees' survival. UNHCR provided 30 kilograms of firewood per refugee on monthly basis, for 4 months, thanks to CERF funds, to enable refugees to cook their own meals. However, the lack of energy-saving cooking stoves during the emergency resulted in less effective use of the firewood, which resulted in refugees supplementing the firewood distributed by UNHCR with wood they collected outside the camp. Additionally, due to the scarcity of firewood in the region, there were sometimes delays in supply and distribution of firewood, which also contributed to refugees seeking firewood on their own.

Refugee households were provided with a variety of non-food items upon arrival in reception centers, including jerrycans and kitchen sets. Buckets were not distributed as originally planned because jerrycans are more hygienic and preferable for storing water, so buckets were not prioritized for the emergency phase. Instead, UNHCR distributed soap on a monthly basis to ensure that refugees could cook and live in conditions of hygiene. Pending the identification of a local supply for energy-saving stoves, to meet the urgent needs of refugees for their sustenance in the first days of their reception in Rwanda, UNHCR used CERF funds to build communal kitchens with communal stoves to enable refugees to have access to cooked meals. In some cases the food was cooked by refugees themselves, while in others it was cooked by staff UNHCR's partner.

Registration
Registration is an essential, time-critical intervention at the very onset of an emergency refugee influx, as it provides the basis for an individual to establish his or her identity, and very importantly, for her or him to access multi-sectoral services and assistance. Registration by UNHCR must take place immediately upon arrival, in order for all agencies to establish the number of refugees in need of assistance, and in order for assistance to be delivered in a manner that is accountable both to donors as well as to refugees themselves. There is an urgent need to very quickly transfer refugees from the border areas to the two reception centres, for their security and protection, however refugees must first be registered in order to ensure that the Government of Rwanda (GoR), UNHCR and other humanitarian actors know who is being assisted. Individual registration for the entire population of Burundian refugees has been ensured by UNHCR, including identification and referral of persons with specific needs including women at risk, unaccompanied or separated children, persons with disabilities or chronic health issues, and other persons, to ensure they are counselled and can access specialized services. UNHCR established registration centers in areas where there are refugee concentrations, and issued individual documentation (proof of registration) to all Burundian refugees to ensure individual identities. Entitlement documents like ration cards were also issued after registration.

Biometrics were fully incorporated by UNHCR into the registration process (both household and individual) to minimize cases of fraud and ensure credibility of statistics. As a result of these efforts, over 30,000 Burundian refugees were individually and biometrically registered by UNHCR thanks to CERF contribution, double registration was minimized, and individual documentation issued facilitating access for refugees to all services in all sectors.

Transportation of refugees
Refugees fleeing from Burundi to Rwanda are initially received at the border by local authorities, before being transported by UNHCR to reception centers where they undergo initial registration and are temporarily accommodated and provided basic facilities by UNHCR, including health screening, non-food items and water and sanitation services, and food assistance by WFP. After their initial reception, all refugees are transported from the reception centers to Mahama Camp. The journey is very long—taking up to nine hours from the reception centers in the west to the camp in the east—and requires a large fleet of trucks, buses and logistics to ensure that refugees and their belongings are properly accounted for and that the conditions of the journey are safe, including for persons with specific needs such as pregnant women or elderly persons. Thanks to CERF funds, UNHCR transported 30,000 refugees from border entry points to the reception centers where they were initially received, and then from reception centers to Mahama Camp.

Food assistance
Through the CERF funding, WFP was able to provide food assistance to 30,000 Burundian refugees in reception centres and Mahama camp for a period of three months, as planned. The availability of CERF funds played a critical role in enabling WFP to scale up its initial response and to provide urgently-needed food assistance to 30,000 Burundian refugees in the reception centres and Mahama camp. The provision of this food assistance, including both general food assistance for households and specialised nutrition programmes, using CERF funds also played a critical role in reducing the rate of global acute malnutrition among children under 5 years in Mahama camp from 10.3% in May 2015 to 6.6% in October 2015.

Note on results
The results described above were achieved with CERF funds. However it should be noted that during the period of implementation, Burundian refugees continued to arrive in Rwanda in high numbers, resulting in greater need for interventions in all sectors. These were carried out with funds from other donors. CERF funding was instrumental in kick-starting life-saving assistance, thereby enabling participating agencies to demonstrate results which helped mobilize visibility and interest for the refugee response, leading to substantial further funding as demonstrated in Table 1.

CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?
YES ☒ PARTIALLY ☐ NO ☐

In all sectors CERF funding was instrumental to a fast delivery of assistance. Particularly in contrast to some other funding sources which require a more lengthy and cumbersome process and timeframe, CERF was one of the first donors to tangibly mobilize funds for the Burundi refugee crisis in Rwanda. It enabled, inter alia:

- Fast track procurement and timely delivery of essential services including water trucking, food, medicines and nutritional supplements, vaccinations among others
- Staffing capacity on the ground in various sectors which provided urgently needed expertise and manpower in the field to manage the overall operation, oversee and implement technical interventions, and ensure protection and access to services

b) Did CERF funds help respond to time critical needs[1]?
YES ☒ PARTIALLY ☐ NO ☐

Given that this funding was requested in order to ensure life-saving interventions in critical sectors at the onset of the refugee emergency, all of the needs presented in the proposal were time critical and CERF funds were essential to enable the response. For example, Mahama Camp was set up in a water-scarce area, but refugees had to be accommodated there within three weeks of the onset of the emergency. As such, water trucking and setting up emergency shelter were extremely time critical interventions – and costly – and CERF funds made sure that refugees did have access to water and shelter from the start. Similarly, experience shows that children without care-givers are particularly vulnerable in the very early stages of a crisis so it was absolutely essential to be on the ground immediately to support those children. The quick release of the CERF funding enabled UNICEF and partners to provide targeted solutions to vulnerable children in a timely manner, thus reducing the risk to those children significantly. Additionally, given the high prevalence of moderate acute malnutrition among newly arriving Burundian refugees, this grant proved critical in providing life-saving nutrition assistance.

c) Did CERF funds help improve resource mobilization from other sources?
YES ☒ PARTIALLY ☐ NO ☐

The results described above were achieved with CERF funds. However it should be noted that during the period of implementation, Burundian refugees continued to arrive in Rwanda in high numbers, resulting in greater need for interventions in all sectors. These additional needs were presented in the interagency Burundi Refugee Response Plan and additional interventions were carried out with funds from other donors. CERF funding was instrumental in kick-starting life-saving assistance, thereby enabling participating agencies to demonstrate results which helped mobilize visibility and interest for the refugee response, leading to substantial further funding as demonstrated in Table 1, and which ultimately led to successful management of the refugee emergency and prevention of major disasters such as outbreaks of diseases which have occurred in other similar emergencies. CERF funds also catalysed efforts for agencies to mobilize funds from their core funds. The CERF funds also provided "breathing space" and afforded agencies greater flexibility, as they were able to begin emergency response without needing to wait for alternative contributions which can be slower to mobilize.

d) Did CERF improve coordination amongst the humanitarian community?
YES ☒ PARTIALLY ☐ NO ☐

There is an existing coordination structure for the refugee response as mentioned above, and complementarity and coordination were key to achieving consolidated results for the CERF grant. The process of prioritizing areas to propose for CERF funding strengthened the sector level coordination to ensure that there was complementarity within sectors, including through periodic meetings and sharing of progress updates. For example, the health and nutrition sector and food sector met on a regular basis to discuss the implementation of humanitarian assistance as well as existing challenges, including both sector-wide and with regard to CERF projects. As one of the first donors to contribute to the Burundi refugee response, agencies were accountable from the start to a donor which also catalysed coordination.

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

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

The early contribution from CERF as mentioned enabled agencies to deliver results but also to achieve visibility for those results, which contributed to the Burundi refugee situation being covered by media, social media, etc. including on the CERF website. Such public awareness is also critical to the mobilization of later donors to the response. The early support of CERF also contributed to building trust with the government and specific ministries in particular—including at the national as well as local levels—as it enabled agencies to demonstrate results in support of the government. This trust was essential to ensuring a favourable environment for the continued access of refugees to asylum in Rwanda and the provision of land, as well as the very supportive coordination. CERF funds also enabled agencies to strengthen emergency response capacity, specifically by enabling agencies to hire additional, dedicated staff for its emergency operation and facilitate staff travel to monitor programme implementation and ensure CERF targets were being met.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
The timeliness of the availability of CERF funds was critical in ensuring ability to respond rapidly to the influx of Burundian refugees	Recommend CERF to continue ensuring the availability of CERF Rapid Response funds in case of urgent needs for life-saving interventions for Burundi refugees	CERF Secretariat

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
Swift action to lead the process to prioritize and request CERF funds	Keep up in case of future need	Resident Coordinator / UNCT
Effective coordination of partners was essential in ensuring the success of the response as well as collaboration and complementarity	Suggest to maintain the existing inter-sector and sectoral coordination system in order to facilitate effective communication, information sharing and planning by all partners.	MIDIMAR, UNHCR and all sector partners
The leadership of the Government, particularly through MIDIMAR, and UNHCR, was a critical foundation for this emergency response	The active leadership was critical to the effectiveness of the multi-sectoral response to meet the needs of Burundian refugees. Regular Refugee Coordination meetings ensured effective coordination by all partners.	Government, UNHCR (with the involvement of all agencies and NGOs)
Importance of emergency preparedness (both interagency and agency levels)	Emergency preparedness was a key factor in the effectiveness and timeliness of the refugee response. This was achieved through interagency preparedness, which included an interagency contingency plan and emergency simulation exercise led by MIDIMAR and UNHCR in early 2015 with all UN and NGO partners enagged in refugee response. It was also achieved through the agency-specific emergency preparedness plans which helped agencies take immediate, concerted action.	Government, UNHCR; Individual agencies working in refugee response
Pre-positioning of supplies	With additional donor funds, pre-positioning of supplies will help in active emergency response	Donors
Specialised human resources are required for dealing with	In order to respond to a new refugee influx, emergency capacity building in terms of human resources is critical particularly in	Donors

sensitive issues emerging during emergencies.	technical sectors requiring specific expertise such as site planning or WASH, as well as in areas which require presence and continuous monitoring such as protection and child protection	
CERF response increased the trust and collaboration with Government including Ministries, local authorities	Maintain and expand collaboration at all levels (central and local)	Refugee response sectors

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNICEF	**5. CERF grant period:**	01/05/2015–31/10/2015
2. CERF project code:	15-RR-CEF-057	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Nutrition		☒ Concluded
4. Project title:	Effective management of severe acute malnutrition in children under five in Mahama refugee camp		

7.Funding		
a. Total project budget:	US$ 500,000	d. CERF funds forwarded to implementing partners: ▪ *NGO partners and Red Cross/Crescent:* ▪ *Government Partners:*
b. Total funding received for the project:	US$ 310,843	
c. Amount received from CERF:	US$ 162,112	

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (below 18)			6,000	3,215	3,400	6,615
Adults (above 18)						
Total			**6,000**	**3,215**	**3,400**	**6,615**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees	6,000	6,615
IDPs		
Host population		
Other affected people		
Total (same as in 8a)	**6,000**	**6,615**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	Due to continuous arrival of refugee, the number of reached people has exceeded by 10% compared to the planned number.	

CERF Result Framework			
9. Project objective	All cases of severe acute malnutrition in children under five managed over a four-month period in Mahama Refugee Camp		
10. Outcome statement	At least 90% of refugees under five children in need of SAM treatment are admitted into a treatment facility.		
11. Outputs			
Output 1	All refugee children under five (6,000) are screened for acute malnutrition and referred to SAM and MAM treatment		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Children under five screened for acute malnutrition	>90%	75%
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Regular mass Mid Upper Arm Circumference (MUAC) screening of refugee under five children	ARC and AHA	ARC and AHA
Output 2	Estimated 600 cases of severe acute malnutrition in children under five receive appropriate nutrition management services over a four-month period.		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Effective management of SAM as per Sphere standards	Recovery rate is >=75%, mortality rates are <10%	Recovery rate = 87.4% Mortality rate=0.73%
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Deploy UNICEF surge capacity in emergency nutrition to support the Rwanda Country Office and implementing partners	UNICEF	UNICEF
Activity 2.2	Procure and distribute nutrition supplies for screening for acute malnutrition and management of SAM to Mahama Camp and Kirehe District Hospital.	UNICEF	UNICEF
Activity 2.3	Provide continuous technical support to ARC and AHA for implementation of nutrition activities, including SAM management, in the reception centers and Mahama Refugee Camp.	UNICEF	UNICEF

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

The planned figures were based on the population projections during the influx, while the number of reached children were on the basis of current population of all children under-five living in Mahama refugee camp. Due to continuous arrival of refugee, the number of reached people has exceeded by 10% compared to the planned number.

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

During the project design and implementation, it was ensured that the affected population receive quality and timely services to achieve desired results of keeping children healthy. This was done through the following with communities:

- Community interaction sessions
- Joint monitoring field visits
- Focused group discussions

The interactions with the beneficiaries were planned and conducted to find out if they were aware about the available nutrition services and determine their satisfaction with the services. In addition, the community health workers conducted home visits on a regular basis to follow up on the malnourished children and ensuring that RUTF was being utilised as per the prescription.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☒
Two standardised expanded nutrition surveys (SENS) were conducted in May and October 2015 in Mahama refugee camp. The results indicated a reduction in the prevalence of malnutrition (GAM) among children 6-59 months from 10.3 per cent in May to 6.6 per cent in October 2015.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☐

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNICEF	**5. CERF grant period:**	05/05/2015– 04/11/2015
2. CERF project code:	15-RR-CEF-056	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Child Protection		☒ Concluded
4. Project title:	Protection of Burundian refugee children from violence, abuse and exploitation		

7.Funding

a. Total project budget:	US$ 600,000	d. CERF funds forwarded to implementing partners:	
b. Total funding received for the project:	US$ 209,461	▪ *NGO partners and Red Cross/Crescent:*	US$ 94,763
c. Amount received from CERF:	US$ 109,461	▪ *Government Partners:*	

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (below 18)	2,500	2,500	5,000	3,336	3,818	7,154
Adults (above 18)	1,500	500	2,000			
Total	**4,000**	**3,000**	**7,000**	**3,336**	**3,818**	**7,154**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees	7,000	7,154
IDPs		
Host population		
Other affected people		
Total (same as in 8a)	**7,000**	**7,154**

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	UNICEF was able to reach more than the targeted number of children for the child protection intervention. This included all children attending CFS and all UASC (a total of 7,154 children). The ratio boys to girls amongst beneficiaries was higher than expected due to the high number of accompanied and separated boys (1,129) amongst children beneficiaries – an unexpected and unusual feature of this crisis.

CERF Result Framework			
9. Project objective	Refugee girls' and boys' rights to protection from violence, abuse and exploitation are sustained and promoted.		
10. Outcome statement	All children are protected against violence, exploitation, abuse and neglect, have protective mechanisms to prevent and address any violations, and are provided psychosocial support; grave violations against children are monitored.		
11. Outputs			
Output 1	Grave violations of children's rights are monitored and reported.		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Forms for child protection monitoring developed and in use	1	1
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Developing monitoring forms	UNICEF and PLAN	Monitoring forms developed
Activity 1.2	Collecting information and producing reports	UNICEF and PLAN	Weekly and quarterly reports prepared
Output 2	Key child protection mechanisms in reception and refugee camps are strengthened within a four-month period.		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	No. of child protection mechanisms (CPM) established	12	181 CPM established, this included; Para-social workers (67), child protection community mobilisers (50), and child-friendly space (CFS) mobilisers (64).[2]
Indicator 2.2	No of trainings conducted	12	15 trainings conducted. Weekly capacity building/supervision of social workers was conducted through individual case conference.
Indicator 2.3	No. of people trained	100%	100%. 8 professional staff were trained on case management. These included; 4 Child Protection Officers, 1 Protection Coordinator, 1 Community Engagement Officer, 1 Community Services Officer, and 1 Senior Protection Coordinator.

[2] Community-based child protection mechanisms have been developed and implemented in a collaborative way by UNICEF, UNHCR and Plan International. Partnerships and complementarity have been key. See note on complementarity in the original CERF RR Rwanda submission.

Indicator 2.4	No. of cases managed	100% of identified cases (100)	100% of 152 cases identified as of 31 October 2015
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Establishment of CPM	PLAN/UNICEF	PLAN/ UNICEF
Activity 2.2	Training of members of CPM	PLAN/UNICEF	PLAN/ UNICEF
Activity 2.3	Support to case management by community-based child protection mechanisms	PLAN/UNICEF	PLAN/ UNICEF
Output 3	Promote family-based interim care arrangements		
Output 3 Indicators	**Description**	**Target**	**Reached**
Indicator 3.1	No. of unaccompanied and separated children living in family-based alternative care arrangements	100% of identified cases	100% of identified cases (1,168 unaccompanied and 755 separated children) were supported (1,841 in total).
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	Identification, vetting, and training of alternative care-givers	PLAN/UNICEF	PLAN/UNICEF
Activity 3.2	Support visits and psycho-social activities	PLAN/UNICEF	PLAN/UNICEF
Activity 3.3	Monitoring visits	PLAN/UNICEF	PLAN/UNICEF
Output 4	Prevention and response to violence against children is in place.		
Output 4 Indicators	**Description**	**Target**	**Reached**
Indicator 4.1	No. and % of cases of violence that have received support	100% of identified cases	100% of 152 cases were received and handled
Indicator 4.2	No. of social workers and para-social workers recruited and trained	100	Para-social workers (67), child protection community mobilisers (50), and child-friendly space (CFS) mobilisers (64) were recruited and trained.[3]
Output 4 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 4.1	Case management of violence against children	PLAN/UNICEF	PLAN/UNICEF
Activity 4.2	Training of social and para-social workers	PLAN/UNICEF	PLAN/UNICEF
Output 5	Psycho-social support to children and their families provided.		

[3] Id.

Output 5 Indicators	Description	Target	Reached
Indicator 5.1	Number of children attending child-friendly spaces (locations to be determined based on the needs on the ground)	3,000	6,400
Output 5 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 5.1	Establishment and running of child-friendly spaces, including provision of psycho-social support to children and their families	PLAN	PLAN
Activity 5.2	Training of volunteers	PLAN and UNICEF	PLAN and UNICEF

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

One of the main issues was the high number of unaccompanied (1,090) and separated children (751). Plan International had reorganised its database on UASC, and was able to report on the number UASC who received home visits from para-social workers, child protection community mobilizers, and/or child protection officers.

The number of children attending CFS varied from week to week as this was an extracurricular activity. Children were, however, encouraged to attend the CFS after attending the school.

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

The affected population is now enabled to play an active role in the implementation of the child protection support provided. This was done through participatory consultation with the affected population in the design, location and running of the child friendly spaces, through focus group discussions with children on their needs for recreational activities, focus group with community-based volunteers on the key child protection issues affecting the refugee population, that have been followed by periodic assessments and participatory dialogues with the community on the services provided within the Child Friendly Spaces and by the community-based volunteers who have played an active role in the protection of vulnerable children.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNFPA	**5. CERF grant period:**	17/04/2015 – 16/10/2015
2. CERF project code:	15-RR-FPA-018	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Health		☒ Concluded
4. Project title:	Lifesaving Maternal and Neonatal Health services in Mahama refugee camp		

7.Funding

a. Total project budget:	US$ 200,000	d. CERF funds forwarded to implementing partners:	
b. Total funding received for the project:	US$ 200,000	▪ *NGO partners and Red Cross/Crescent:*	US$ 46,980
c. Amount received from CERF:	US$ 120,001	▪ *Government Partners:*	US$ 0

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached****		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (below 18)	8,700	9,000	17,700	16,943	17,193	34,136
Adults (above 18)	7,200	5,100	12,300	18,727	17,015	35,742
Total			**30,000**	**35,670**	**34,208**	**69,878**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees	30,000	69,878
IDPs		
*Host population***		92,500
Other affected people		
Total (same as in 8a)*	**30,000**	**162,378**

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	*The number of beneficiarieshave been underestimated at the planning stage as only "refugees" had been calculated among the planned number of persons (30,000). Table 8a reflects actual refugees reached. **The number of people reached for the "host population" concern only women in reproductive health age which represent 25% of the total population or 92,500

CERF Result Framework			
9. Project objective	To ensure immediate availability of, and access to life-saving reproductive health, maternal and new-born health services and information for approximately 10,000 affected pregnant and lactating women, as well as for adolescent girls and young women, in Mahama Camp over a four-month period		
10. Outcome statement	Improved Critical and Lifesaving Reproductive, Maternal and Neonatal Health services in Mahama refugee camp		
11. Outputs			
Output 1	7,500 refugee females residing in Mahama camp able to access to sexual and reproductive health services, including safe deliveries, post-rape treatments		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Percentage of pregnant mothers reporting safe delivery	100%	The institutional delivery rate in Mahama camp is 98% and all women (100 %) reported safe delivery
Indicator 1.2	Percentage of complicated delivery and birth that benefit from referral services	80%	100%
Indicator 1.3	Percentage of pregnant mothers requiring and benefiting from caesarean section	80%	All pregnant women with obstetrical complications referred from Mahama camp to Kirehe district hospital have received adequate service. The caesarean section rate in Mahama camp is around 3%
Indicator 1.4	Number of condom (male and female) distributed	53,460	Male condom: 103,680 Female condoms: 3,240
Indicator 1.5	Percentage of reported GBV cases benefiting from medical care within 72 hours of incident	100%	100%
Indicator 1.6	Number of Minimum Initial Service Package (MISP) sessions organized for the targeted beneficiaries	2	2
Indicator 1.7	Number of targeted people attending MISP sessions disaggregated by gender	40	38 (F=18, M=20)
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Procurement and shipment of Emergency RH kits to be distributed in Health post within Mahama camp and Kirehe District Hospital.	UNFPA	UNFPA
Activity 1.2	Conduct the orientation sessions to the health care providers and local leaders on the Minimum Initial Services Package (MISP) including voluntary family	UNFPA/ARC	UNFPA/ARC

	planning, standards antenatal, postnatal, post abortion care, HIV/STIs and GBV.		
Output 2	1,000 pregnant refugee women residing in Mahama Camp will have improved access to safe delivery care and emergency Obstetric care in the camp health centre and Kirehe district hospital		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Direct Obstetric case fatality rate reduced due to successful referral	<1	0%
Indicator 2.2	Percentage of pregnant mothers requiring and benefiting from caesarean section	80%	100%
Indicator 2.3	Percentage of births attended by skilled health personnel	90%	94%
Indicator 2.4	Number of CHWs receiving training on SRH including FP, HIV/STI and SGBV	80	110
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Successful procurement of Emergency RH kits and hygiene kits (to be distributed in Health post in Mahama camp as well as in Kirehe district hospital)	UNFPA	UNFPA
Activity 2.2	Successful shipment of Emergency RH kits and hygiene kits (to be distributed in Health post in Mahama camp as well as in Kirehe district hospital)	UNFPA	UNFPA
Activity 2.3	Successful distribution of Emergency RH kits and hygiene kits (to be distributed in Health post in Mahama camp as well as in Kirehe district hospital)	UNFPA	UNFPA
Activity 2.4	Successful procurement of the following medical equipment: gynaecology/delivery tables, examination lights, Doppler, hospital beds with mattress and oxygen concentrator	ARC	ARC
Activity 2.5	Successful delivery of the following medical equipment: gynaecology/delivery tables, examination lights, Doppler, hospital beds with mattress and oxygen concentrator	ARC	ARC
Activity 2.6	Successful distribution of the following medical equipment: gynaecology/delivery tables, examination lights, Doppler,	ARC	ARC

	hospital beds with mattress and oxygen concentrator		
Activity 2.7	Conduct training of CHWs on ASRH&R, including FP, HIV/STI and SGBV	ARC	ARC
Output 3	Effective implementation, monitoring and reporting		
Output 3 Indicators	**Description**	**Target**	**Reached**
Indicator 3.1	RH coordinator recruited	1	One RH coordinator has been recruited
Indicator 3.2	Functional reproductive health technical working group	1	There is health sector working group where all health issues including SRH issues are discussed
Indicator 3.3	Data collection tools available	1	Data collection tools are available
Indicator 3.4	Number of monitoring reports produced	3	26
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	Participate in coordination meetings at central and decentralized levels	UNFPA	UNFPA
Activity 3.2	Conduct regular field visit	UNFPA	UNFPA
Activity 3.3	Ensure regular monitoring and reporting	UNFPA	UNFPA

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

In collaboration with the American Refugee Committee (ARC), UNFPA has conducted a Minimum Initial service Package (MISP) training including family planning sessions, targeting 38 doctors, social workers, midwives and nurses representing service delivery points run by the Government of Rwanda, ARC and Save the Children. The training has contributed to improve the health status and well-being of the Burundian refugees as well as host population in Kirehe District through the provision of quality Sexual and Reproductive Health (SRH) and family planning services.

o In collaboration with UNICEF, UNFPA has also supported ARC to build capacity of 110 Community Health Workers in Maternal health, sexual reproductive health including HIV, Family planning. In addition to this, 50 Community Health workers in charge of maternal and new health care commonly named Agents de Santé Maternelle (ASM) were trained to provide knowledge on Maternal and Neonatal Health Care to Community Health Workers in order to reinforce the preventative and curative health services at the camp, for the well-functioning health information system targeting women of reproductive age, pregnant women and epidemic surveillance.

o UNFPA in collaboration with ARC launched family planning services in Mahama Refugee Camp, Kirehe District, and Eastern Province on Saturday 26 September 2015, during the World Contraception Day (WCD), which is celebrated each year on 26 September. The annual worldwide campaign aims to create a world where every pregnancy is wanted and is a reminder of commitments made by the global community to expand access to information and methods of family planning for women and couples.

o Since the initiation of FP family planning service in the camp on 11 August 2015, a total of 501 women have received Family planning services. A six-day campaign on Adolescent sexual and Reproductive health targeting youth and family planning sensitization for young women in Mahama camp has been conducted to increase awareness on Family planning services and adolescent sexual and reproductive health issues in the camp.

o Medical equipment have been procured and distributed to Mahama camp health centers. These include: delivery beds, hospital beds, trolley, pulse oximeter, stethoscopes, pen lights, urinals, bed pans, bed sheets, consultation registers and stethoscope double foyer and an ultra sound machine, to be used in maternity.

o 103,680 male condoms and 3,240 female condoms were procured and distributed to refugee populations in Mahama camp through ARC.

o Lifesaving medicine and material; RH kit 6A (3), RH kit6B (3), RH kit 8(3), RH kit 9(2), RH kit10 (2), RH kit 11(1), RH kit 11B (2), RH kit 12(1) were procured and distributed to Mahama camp and Kirehe district hospital.

o 1,600 hygienic kits were procured and handed over to Burundian refugees in Mahama camp

o During a Typhoid Fever outbreak, UNFPA in collaboration with WHO has provided information and messages to CHW s in Mahama refugee Camp to allow them to sensitize the population on how to prevent Typhoid Fever

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

Burundian refugees community have been involved in implementation of this projects. Community health workers have been trained to contribute to provide maternal health/SRH information and strengthen referral system for maternal/SRH services

These Agents de Santé Maternelle (ASM) have been elected from and by the refugees' communities. Among other responsibilities they form a link between the health facilities and the community. They ensure regular follow up of all related maternal and neonatal issues from the community and are reporting and supervised by the officer in charge of health community at health centre.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
UNFPA in collaboration with partner ARC agreed on a tight project monitoring process with regular data collection, field visits and regular meetings to ensure all activities were being implemented according to the project document and that the refugees population received quality services.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	WHO	**5. CERF grant period:**	17/04/2015– 16/10/2015
2. CERF project code:	15-RR-WHO-019	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Health		☒ Concluded
4. Project title:	Health emergency response to Burundian refugees in Rwanda		

7.Funding

a. Total project budget:	US$ 400,000	d. CERF funds forwarded to implementing partners:	
b. Total funding received for the project:	US$ 356,571	▪ *NGO partners and Red Cross/Crescent:*	US$ 0
c. Amount received from CERF:	US$ 120,071	▪ *Government Partners:*	US$ 0

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (below 18)	8,700	9,000	17,700	8,700	9,000	17,700
Adults (above 18)	7,200	5,100	12,300	7,200	5,100	12,300
Total	**15,900**	**14,100**	**30,000**	**15,900**	**14,100**	**30,000**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees	30,000	30,000
IDPs		
Host population		
Other affected people		
Total (same as in 8a)	**30,000**	**30,000**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:		

CERF Result Framework			
9. Project objective	To ensure that quality, lifesaving primary health preventive and curative services are available in Mahama refugees' camp.		
10. Outcome statement	Excess of mortality and morbidity especially among women and children, in the population of the refugees of Mahama reduced		
11. Outputs			
Output 1	Prevention and timely detection of epidemics through strengthening disease surveillance		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Timeliness and completeness of Integrated Diseases Surveillance and Response (IDSR) weekly report from Health Post to District	100%	100%
Indicator 1.2	Number of community health workers in Mahama refugees camp trained in the first month of the project in the use of IDSR community based surveillance guidelines	100%	100%
Indicator 1.3	Number of health workers in Mahama health post trained in the first month of the project in the use of the guidelines and SOPs for IDSR implementation	100%	100%
Indicator 1.2	Polio immunization coverage	>92%	94%
Indicator 1.3	Measles and rubella immunization coverage	>90%	87%
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Refresh training skills of health workers staff in the use of the guidelines and SOPs for IDSR implementation	WHO/MOH/ARC	WHO/MOH
Activity 1.2	Refresh training of CHWs in the use of IDSR community based surveillance guidelines in order to implement community based surveillance in the camp	WHO/MOH/ARC	WHO/MOH
Activity 1.3	Support operation cost to conduct an immunization campaign against polio, rubella and measles for the under 15	WHO/UNICEF	WHO/UNICEF
Output 2	Provided timely quality basic primary health and nutrition care services including routine immunization, treatment of minor ailments, maternal and child care, HIV/STI/SGBV, TB treatment, nutrition and psychosocial care.		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Routine immunization of children coverage	80%	>90%
Indicator 2.2	Infant mortality rate/1000	<50	<40/1000
Indicator 2.3	Utilization rate of curative services	>100%	>200% (This estimate is based on the high number of new cases requesting health services daily (a lot of

			influenza cases, respiratory diseases, diarrhoea, malaria, etc.)
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Procure and deliver Inter-Agency Emergency Health Kits (IEHK) kits to Mahama health post and Bukora health center for access to emergency primary health care,	WHO/UNHCR	WHO/UNHCR/ARC
Activity 2.2	Provision of 10 types of vaccine for routine to the nearest health center Bukora for access to routine immunization	WHO/MOH	WHO/UNICEF/MOH
Activity 2.3	Sensitize the community on the prevention of water borne diseases and good hygiene, prevention of STIs including HIV	WHO/ARC	WHO/UNICEF/UNHCR/ARC
Output 3	Project monitoring and reporting		
Output 3 Indicators	**Description**	**Target**	**Reached**
Indicator 3.1	Number of supervision with report	5	5
Indicator 3.2	Number of monitoring reports produced	3	10
Indicator 3.3	Project implementation report developed and shared	1	1
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	Undertaken regular field visit to Mahama health post for supervision	WHO	WHO/UNHCR
Activity 3.2	Participate in the stakeholders coordination meeting at central and field levels	WHO	WHO/UNHCR
Activity 3.3	Ensure regular monitoring and evaluation of the project	WHO	WHO/UNHCR
Activity 3.4	Produce and share the report at the end of the project	WHO	WHO/UNHCR

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

Funding from CERF enabled the Mahama health facilities to offer primary health care services to all refugees and facilitated timely emergency responses by strengthening epidemic diseases surveillance and response capacity in the camp and the provision of emergency kits; and by establishing community health workers system in accordance to the Ministry of Health guidelines. Globally, the health indicators reported were good as evidenced by the low crude mortality rate at 0.18/10,000/day, and under 5 mortality rate of 0.6/10,000/day.

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

The health assessment for needs identification was jointly conducted under the coordination of UNHCR, then the assessment report was communicated and approved by MOH and respective head of agencies involved in health sector. The planning was supervised by MOH and UNHCR; in regard to the implementation of activities, WHO worked closely with the Epidemic surveillance and Response Division of MOH at central level, and Kirehe district hospital (the nearest district hospital to Mahama refugee camp), and UNHCR medical doctor to ensure the provision of quality services including the health interventions supported by CERF funds. The updates, achievements and challenges were regularly reported and monitored through the weekly health sector coordination meetings chaired jointly by MOH and UNHCR.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
The health assessment for needs identification was jointly conducted under the coordination of UNHCR, then the assessment report was communicated and approved by MOH and respective head of agencies involved in health sector. The planning was supervised by MOH and UNHCR; in regard to the implementation of activities, WHO worked closely with the Epidemic surveillance and Response Division of MOH at central level, and Kirehe district hospital (the nearest district hospital to Mahama refugee camp), and UNHCR medical doctor to ensure the provision of quality services including the health interventions supported by CERF funds. The updates, achievements and challenges were regularly reported and monitored through the weekly health sector coordination meetings chaired jointly by MOH and UNHCR.	EVALUATION PENDING ☒ NO EVALUATION PLANNED ☐

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	WFP	**5. CERF grant period:**	22/05/2015– 21/11/2015
2. CERF project code:	15-RR-WFP-033	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Food Assistance		☒ Concluded
4. Project title:	Critical food and Nutrition assistance to Burundian Refugees (WFP PRRO 200744: Food and Nutrition Assistance to Refugees and Returnees)		

7.Funding

a. Total project budget:	US$ 5,000,000	d. CERF funds forwarded to implementing partners:	
b. Total funding received for the project:	US$ 5,000,000	▪ *NGO partners and Red Cross/Crescent:*	US$ 36,148
c. Amount received from CERF:	US$ 1,499,768	▪ *Government Partners:*	

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (below 18)	8,700	9,000	17,700	7,560	7,890	15,450
Adults (above 18)	7,200	5,100	12,300	7,200	7,350	14,550
Total	**15,900**	**14,100**	**30,000**	**14,760**	**15,240**	**30,000**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees	30,000	30,000
IDPs		
Host population		
Other affected people		
Total (same as in 8a)	**30,000**	**30,000**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:		

CERF Result Framework

9. Project objective	Address critical food needs and acute malnutrition of 30,000 Burundian refugees for three months		
10. Outcome statement	Stabilized or improved food consumption over assistance period for targeted households and/or Individuals. Reduced Acute Malnutrition rates of children under five, pregnant and nursing women		
11. Outputs			
Output 1	Food and nutritional products distributed in sufficient quantity, quality and in a timely manner to targeted beneficiaries		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of women, men, boys and girls receiving food assistance as % planned	100% (30,000)	100% (30,000)
Indicator 1.2	Prevalance of Moderate Acute Malnourished (MAM) Children	<10%	6.6% (October 2015)
Indicator 1.3	% of MAM children successfully rehabilitated	70%	91.3%
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Procurement of food for general food distribution (GFD) and nutrition intervention	WFP	WFP
Activity 1.2	Distribution and Monitoring of general food ration	WFP/UNHCR/Adventist Development and Relief Agency (ADRA)	WFP/UNHCR/Adventist Development and Relief Agency (ADRA)
Activity 1.3	Distribution and monitoring of special nutritious food for children under five to address acute malnutrition	WFP/UNHCR/American Refugee Committee (ARC)/ African Humanitarian Agency (AHA)	WFP/UNHCR/American Refugee Committee (ARC)/ African Humanitarian Agency (AHA)
Activity 1.4	Implementation of rehabilitation centre for MAM children and monitoring of performance indicator	WFP/UNHCR/ARC/AHA	WFP/UNHCR/ARC/AHA

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

The prevalence of acute malnutrition was measured in Mahama camp through Standardised Expanded Nutrition Surveys in May and October 2015. Over this period there was a significant improvement in the malnutrition situation in the camp, with the rate of moderate acute malnutrition declining from 10.3% in May 2015 to 6.6% in October 2015.

Using CERF funding, WFP reached 30,000 beneficiaries for a three month period, as planned. However, during the implementation period of assistance under this grant, Burundian refugees continued to arrive in Rwanda. At the time of distribution of the final food commodities purchased under this grant in early December 2015, the number of Burundian refugees in Rwanda being assisted by WFP had risen to 46,860. These additional Burundian refugees (other than the 30,000 reached under this grant) received WFP food assistance using funds from other donors.

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

Refugees were informed about ration entitlements and the timing of general distributions in regular meetings as well as through the sharing of information by refugee representatives including the Executive Committee, bloc leaders, church representatives and other influential individuals. Ration entitlements were also presented in posters at distribution sites. Information about nutrition and

the treatment programme for children with MAM was disseminated with support from Rwanda Red Cross volunteers, as well as through in-person sensitization during health screenings and nutrition supplement (Plumpy'Sup) distribution.

WFP staff were always present during distributions to monitor the distribution of food to refugee bloc leaders at communal kitchens and further by leaders to households within each bloc. WFP staff ensured that the correct scooping equipment was available and being used to provide beneficiaries with the correct ration entitlement. WFP worked with UNHCR, ADRA and MIDIMAR to ensure a team of staff was available in the reception centres and Mahama camp to address any complaints and feedback from beneficiaries, which were then resolved in regular field coordination meetings.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
An external operational evaluation will take place in 2016. The evaluation is commissioned and overseen by WFP's Office of Evaluation, but it managed and conducted by an external evaluation company Technical Assistance for Non-Governmental Organization (TANGO). The evaluation report is expected in Q2 2016.	EVALUATION PENDING ☒
	NO EVALUATION PLANNED ☐

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNHCR	**5. CERF grant period:**	17/04/2015 – 16/10/2015
2. CERF project code:	15-RR-HCR-020	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Multi-sector refugee assistance		☒ Concluded
4. Project title:	Multisectoral lifesaving assistance in response to emergency influx of Burundi refugees in Rwanda		

7.Funding

a. Total project budget:	US$ 85,460,534	d. CERF funds forwarded to implementing partners:	
b. Total funding received for the project:	US$ 29,139,627	▪ *NGO partners and Red Cross/Crescent:*	US$ 2,239,695
c. Amount received from CERF:	US$ 5,973,333	▪ *Government Partners:*	US$ 231,206

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (below 18)	8,700	9,000	17,700	8,700	9,000	17,700
Adults (above 18)	7,200	5,100	12,300	7,200	5,100	12,300
Total	**15,900**	**14,100**	**30,000**[4]	**15,900**	**14,100**	**30,000**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees	30,000	30,000
IDPs		
Host population		
Other affected people		
Total (same as in 8a)	**30,000**	**30,000**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:		

[4] This CERF application targets 30,000 refugees expected to be in Rwanda imminently based on daily arrival rate currently averaging 520 per day.

CERF Result Framework			
9. Project objective	Multi sectoral assistance to 30,000 Burundian refugees located in Bugesera, Nyanza and Mahama over a four-month period		
10. Outcome statement	Burundian refugees during their stay in Rwanda will have access to protection and multi sectoral assistance		
11. Outputs			
Output 1	WASH facilities and supplies provided to serve up to 30,000 persons located in Reception Centres and in Refugee camp		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Average # of litres of potable water available per person per day	15	12-15 (varied daily within this range)
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Construction/installation, operation and maintenance of water supply infrastructures including water trucking, installation of water storage facilities, water distribution pipeline system-water points	UNHCR, PAJER and World Vision	UNHCR, PAJER and World Vision
Output 2	Refugees provided with emergency shelters while in Reception Centres (Bugesera and Nyanza) and in Mahama refugee camp		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Number of refugees receiving emergency shelter (including tents, hangars, rehabilitation of existing semi-permanent structures)	30,000	30,000
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Procurement and delivery of emergency family tents	UNHCR	UNHCR
Activity 2.2	Installation of emergency family tents, Hangars, rub-halls	UNHCR with: ADRA (in Bugesera, Nyanza) ARC (in Mahama)	UNHCR with: ADRA (in Bugesera, Nyanza) ARC (in Mahama)
Output 3	Quality of registration and profiling improved or maintained		
Output 3 Indicators	**Description**	**Target**	**Reached**
Indicator 3.1	# of persons of concern for whom data disaggregated by sex, age, location and diversity is available	30,000	30,000
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	Registration conducted on an individual basis with minimum set of data required	UNHCR, MIDIMAR, ADRA	UNHCR, MIDIMAR,

Output 4	Alternative/renewable energy promoted		
Output 4 Indicators	**Description**	**Target**	**Reached**
Indicator 4.1	# refugees receiving biomass energy e.g. firewood/charcoal	30,000	30,000
Output 4 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 4.1	People of concern are provided with energy supply of firewood to enable them cook their meals	UNHCR, MIDIMAR and ADRA	UNHCR, MIDIMAR and
Output 5	People of concern are relocated from Reception Centres to Mahama refugee camp		
Output 5 Indicators	**Description**	**Target**	**Reached**
Indicator 5.1	# of People of concern provided with transport to Reception Centres to Mahama camp	30,000	30,515
Output 5 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 5.1	People of concern and their personal belongings are relocated to Mahama camp with safe and dignified transport facilities.	UNHCR, ADRA and MIDIMAR	UNHCR, ADRA and MIDIMAR

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

UNHCR and partners conducted water trucking for refugees in Mahama camp and reception centers and established a system of water distribution and water points. UNHCR also constructed 60 communal shower blocks and 38 pit latrine blocks.

UNHCR procured and set up 5,050 family tents and 30 communal hangars as emergency shelters.

All Burundian refugees were individually registered capturing biometric data.

UNHCR distributed 30 kilograms of firewood per refugee on monthly basis, for 4 months, thanks to CERF funds, to enable refugees to cook their own meals.

UNHCR, the Government of Rwanda and ADRA transported all refugees from the border entry points to the reception centers, and from reception centers to Mahama Camp.

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

At a very early stage of the Burundian emergency response, refugees were involved in the rapid assessment, conducted with participation of all NGO partners and other UN agencies. The coordination mechanism has been established at the camp, reception centres, field offices and branch office level to ensure participation of all stakeholders. UNHCR's operation follows an age, gender and diversity approach which includes conducting assessments and regular monitoring activities in Mahama camp with representatives reflecting the camp population to ensure the voices of all refugees are heard, including persons with disabilities, chronic illnesses, or elderly who cannot leave their homes, and uses feedback mechanisms to ensure performance is monitored in concert with persons of concern. UNHCR's continuous presence in the field in all refugee locations also ensures that refugees at any time are able to access relevant staff and lodge complaints. UNHCR and MIDIMAR who coordinate the refugee response ensure that refugees' concerns also feed into the weekly refugee coordination meetings co-chaired by UNHCR and MIDIMAR with all heads of agency engaged in the refugee response.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☒

UNHCR conducts regular periodic monitoring of its targets and impact, and two internal evaluations of the refugee response were undertaken by UNHCR Headquarters (Africa Bureau and Emergency Section) in mid and end 2015 and reports circulated.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☐

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US$
15-RR-CEF-056	Child Protection	UNICEF	INGO	$94,763
15-RR-FPA-018	Health	UNFPA	INGO	$46,980
15-RR-WFP-033	Food Aid	WFP	INGO	$26,788
15-RR-WFP-033	Food Aid	WFP	INGO	$9,360
15-RR-HCR-020	Multi-sector refugee assistance	UNHCR	INGO	$1,200,164
15-RR-HCR-020	Multi-sector refugee assistance	UNHCR	INGO	$630,326
15-RR-HCR-020	Multi-sector refugee assistance	UNHCR	NNGO	$374,170
15-RR-HCR-020	Multi-sector refugee assistance	UNHCR	INGO	$35,035
15-RR-HCR-020	Multi-sector refugee assistance	UNHCR	GOV	$231,206

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ADRA	Adventist Development and Relief Agency
AHA	African Humanitarian Action
ANC	Antenatal care
ARC	American Refugee Committee
ART	Antiretroviral treatment
ASM	Agents de Santé Maternelle
CFS	Child-Friendly spaces
CPM	Child Protection Mechanism
DDK	Diseases Diarrhoea Kit
EPI	Expanded Program on Immunization
GAM	Global Acute Malnutrition
GoR	Government of Rwanda
IEHK	Inter Agency Emergency Health Kit
IDSR	Integrated Disease Surveillance and Response
MAM	Moderate Acute Malnutrition
MIDIMAR	Ministry of Disaster Management and Refugee Affairs
MISP	Minimum Initial service Package
MOH	Ministry of Health
MUAC	Mid-Upper Arm Circumference
PAJER	Parlement des Jeunes Rwandais
PMTCT	Prevention of mother to child transmission
RUTF	Ready to Use Therapeutic Food
SAM	Severe Acute Malnutrition
SENS	Standardised Expanded Nutrition Survey
SRH	Sexual and Reproductive Health
TANGO	Technical Assistance for Non-Governmental Organization
TSFP	Targeted Supplementary Feeding Programme
UASC	Unaccompanied and Separated Children
UNFPA	United Nations Population Fund
UNICEF	United Nations Childrens Fund
UNHCR	United Nations High Commissioner for Refugees
WFP	World Food Programme
WHO	World Health Organization