

**RESIDENT / HUMANITARIAN COORDINATOR  
REPORT ON THE USE OF CERF FUNDS  
RWANDA  
UNDERFUNDED EMERGENCY/ROUND I 2015**

**RESIDENT/HUMANITARIAN COORDINATOR**

**Lamin M. 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 all UN agencies that received CERF Underfunded grants, and all implementing partners involved in CERF underfunded projects in 2015 including:

- ARC
- AHA
- Plan International
- ADRA
- PAJER
- Water and Sanitation Corporation (WASAC)
- World Vision

At the AAR, the participants went over the achievements and added value of the CERF grant for the Congolese refugee and Rwandan expellee response; 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 reporting process was discussed within the UNCT, and the final CERF report was discussed and cleared by the UNCT during the week of 25 April. 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: 77,956,176		
Breakdown of total response funding received by source	Source	Amount
	CERF	2,498,220
	COUNTRY-BASED POOL FUND (if applicable)	
	OTHER (bilateral/multilateral)	36,192,838
	<b>TOTAL</b>	<b>38,691,058</b>

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 19-Feb-15			
Agency	Project code	Cluster/Sector	Amount
WFP	15-UF-WFP-016	Food Aid	999,760
UNWomen	15-UF-WOM-001	Protection - Sexual and/or Gender-Based Violence	100,171
UNICEF	15-UF-CEF-019	Water, Sanitation and Hygiene	348,285
UNHCR	15-UF-HCR-010	Water, Sanitation and Hygiene	650,000
UNFPA	15-UF-FPA-006	Health	150,000
IOM	15-UF-IOM-008	Water, Sanitation and Hygiene	250,004
<b>TOTAL</b>			<b>2,498,220</b>

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	1,141,229
Funds forwarded to NGOs for implementation	1,031,491
Funds forwarded to government partners	325,500
<b>TOTAL</b>	<b>2,498,220</b>

## **HUMANITARIAN NEEDS**

Rwanda has been hosting refugees from the Democratic Republic of Congo (DRC) since 1996. However, renewed fighting in Eastern DRC in April 2012 led to a more recent influx of 35,000 refugees who crossed into Rwanda from April 2012-May 2013. This more than doubled the Congolese refugee population which today stands at over 74,500. As a result of this crisis, two new refugee camps were constructed, bringing the total number of refugee camps to five. As such, humanitarian agencies are constantly on alert to ensure preparedness in case of another refugee influx. Congolese refugees in Rwanda are almost entirely camp-based and dependent upon humanitarian assistance.

In addition to refugees, Rwanda is also receiving thousands of Rwandan returnees each year, coming home after years—in some cases even decades—living in countries of asylum. In order to ensure protection and reintegration, returnees are initially received in transit centers near the border for registration before they are assisted to return to their places of origin, to rebuild their lives in Rwanda. The Government and UNHCR had planned for 5,000 returnees in 2015; by end 2015 the total number of returnees reached 5,053. Returnees pass through transit centers where they are registered and provided with initial health screening and temporary life-saving food and other assistance before they are transported to their districts of origin for sustainable reintegration. In 2013, Rwanda also was confronted with a sudden influx of 12,500 individuals forcibly returned from Tanzania, who were in need of emergency assistance which was in part covered by CERF funds. Lastly, Rwanda also faces an ever-present possibility of new refugee influx due to chronic regional instability, which materialized in April 2015 with the sudden mass influx of refugees from Burundi, who today number over 75,000.

The context of influx into Rwanda of different population groups as a result of regional dynamics and history presents significant and compelling challenges for the humanitarian community in Rwanda as the needs of these different groups largely surpass financial resources available to respond to the manifold challenges—financial resources which have been increasingly limited in recent years, leading to chronic, cumulative underfunded gaps. This required urgent humanitarian assistance in 2015 in order to avoid further deterioration of the situation for refugees and returnees.

In July 2013, the Government of Tanzania issued an ultimatum to illegal immigrants and undocumented foreigners in Kagera region, north-west Tanzania, to leave the country or be forcibly removed. As a result, 12,500 Rwandans returned from Tanzania in 2013. The Government of Rwanda and humanitarian actors, including WFP, have worked to address the needs of expellees, including shelter, food and other life-saving assistance. During their reintegration process, Rwandan expellees in drought-affected areas of the country have faced some livelihood and food security challenges similar to those faced by refugees, and thus emergency food assistance was essential in order to address expellees' food and nutrition needs.

## **II. FOCUS AREAS AND PRIORITIZATION**

The two newer Congolese refugee camps—Kigeme and Mugombwa, home to 7,700 girls, 7,500 boys, 6,600 women and 3,700 men, or 25,500 refugees in total—faced severe gaps in food security, sanitation, hygiene and health facilities, especially reproductive, maternal and neonatal health in 2015.

As Congolese refugees in Rwanda are living in camps and thus entirely dependent upon humanitarian assistance, life-saving food security and nutrition interventions in all camps were a key priority in 2015. A WFP-UNHCR Joint Assessment Mission (JAM) conducted in May 2014 found that 79% of refugees in Rwanda rely on WFP food assistance as their main source of income to meet their food and non-food needs. Refugees in Rwanda also face a precarious food security situation as a result of their limited livelihood opportunities, notably their lack of access to land for cultivation. As a result more than half (52%) of refugee households have inadequate (poor or borderline) food consumption and poor diet diversity. Many households resort to loans in order to meet their needs, but are therefore exposed to exploitation, particularly those households headed by women and children. In addition, refugees may reduce the number of meals they consume, but this coping strategy also has particularly negative consequences children, the chronically ill and pregnant and lactating women. Food assistance is therefore critical to meet the food and nutrition needs of refugees in Rwanda.

The three camps in Rwanda with the highest rates of acute and chronic malnutrition were the most urgent priority: Kigeme camp and Mugombwa camp in the south, and Gihembe camp in the northeast. According to the 2012 Standardised Expanded Nutrition Survey (SENS), the highest rates of severe chronic malnutrition (14.2%) and chronic malnutrition (38%) were found in Kigeme camp. Gihembe also faced severe and chronic malnutrition problems with rates of 10.8% and 36.6% respectively. While anaemia among women of reproductive age (15-49 years) was relatively low at 14.9 percent, it was above 40 percent among children aged 6-59 months, underlining a severe public health problem in early 2015. In order to address this, provision of in-kind food assistance to refugees in

Kigeme and Mugombwa camp and cash-based transfers for Gihembe camp, where refugees receive money for food through their mobile phones in lieu of food assistance, were critically underfunded life-saving priorities for 2015.

Among the 12,500 Rwandans forcibly returned from Tanzania in 2013, the majority have been successfully resettled with the support of the Government of Rwanda and humanitarian partners. CERF funding in 2013-14 enabled humanitarian actors to provide assistance which, coupled with agricultural opportunities provided by the government, have allowed most expellees to re-establish livelihood activities and to meet their own food and nutrition needs. However, 5,000 expellees who were resettled in drought-affected areas of Rwanda faced total crop failure in 2015 and as a result were vulnerable to critical food shortages and food insecurity until the next harvest. Emergency food assistance was therefore prioritised for 5,000 expellees residing in the following five drought-affected districts: Gatsibo, Nyagatare, Kayonza, Kirehe and Bugesera. Affected households were targeted for a food basket comprised of maize, beans, vegetable oil and salt to meet their food and nutrition needs for a three month period.

Gihembe camp is one of the older refugee camps in Rwanda, home to 3,600 girls, 3,600 boys, 4,500 women and 3,300 men—or 15,000 refugees in total. This camp faced critical shortages of water in recent years, with access to water not exceeding 10 litres per person per day, and sometimes falling as low as 4 litres per person per day. This is a critically insufficient amount of water, considering that it must cover all domestic uses, including drinking, cooking, bathing, washing—in fact it is only one fifth of the standard of 20 litres per person per day. This extreme insufficiency of water has implications for health, sanitation and hygiene, but also more far reaching consequences in protection, education, livelihoods, even sexual and gender-based violence (SGBV). High levels of violence, abuse and exploitation have been recorded in camps including physical aggression, domestic violence, rape, child abuse, neglect, and transactional sex. Adolescents, especially girls between the ages of 12-17 years, are among the most at-risk group. As such, an intervention for life-saving access to adequate amounts of water was critical in 2015.

Rwanda lacks facilities for ensuring the most basic health and water, sanitation and hygiene (WASH) services for newly arriving refugees and returnees, due to the closure of existing facilities by the Government of Rwanda announced in 2014. Basic health and WASH services were identified as a critical life-saving need in the new transit centre - which was expected to host 5,000 returnees in 2015 as well as any newly arriving refugees who may enter Rwanda in the event of an emergency. Returnees and refugees often arrive in extremely poor conditions of health, water, hygiene, sanitation, and nutrition after walking long distances by foot - must be received in a facility that can immediately improve their condition – and not lead to a deterioration. (In the end, over 5,000 returnees and several thousand Burundian refugees passed through the transit centres in 2015.)

Provision of adequate WASH services in the refugee camps, particularly in Kigeme, Mugombwa and Gihembe camps, was also identified as a top priority by the refugees and included in the 2015 CERF application to reduce risk of potential water-borne diseases or other hygiene related diseases in the camp. The overall WASH intervention for all five refugee camps (including Gihembe) was estimated at USD 2.2 million, with the available budget (in 2015) amounting to 35 per cent of the total projection.

Women and children make up the overwhelming majority of the refugee and returnee population. UNHCR and partners ensure protection in the refugee camps and transit centres through an age, gender and diversity approach, including services for persons with specific needs, who make up nearly one quarter of the population of concern. The operation also faced critically underfunded gaps in reproductive, maternal, and neonatal health, as well as general health and WASH areas that have a direct effect on children's health and well-being. In the three targeted camps, refugees were most vulnerable with regards to WASH services in 2015; women and children, who form the overwhelming majority of the camp population, are also the ones who suffer the most with inadequate access to WASH facilities. Due to water scarcity in Gihembe, women and children who normally fetch water for the whole household, are obliged to spend much more of their time searching for water, which has a detrimental impact on their education (for children) and/or their livelihoods (as time women could spend on income-generating activities is rather wasted queueing for water).

Children are at particular risk of diseases that are commonly spread in contexts of poor sanitation and hygiene, and face risk of death during birth in locations where adequate reproductive, neonatal and delivery facilities are substandard. Given the high proportion of known unaccompanied and separated children and children at risk among Congolese refugees (5% of the population), addressing basic health and WASH are key to prevent a multiplication of consequences that can arise from substandard sanitation, hygiene, and health, notably for children who lack parental assistance and guidance.

SGBV response in the new camps, Kigeme and Mugombwa, was also a key priority. SGBV is largely under-reported in camps in Rwanda, due to social and cultural norms as well as inadequate response to survivors who do come forward. Preventive measures and adequate and timely response to incidents are critical to ensuring that survivors do come forward for help and receive appropriate multidisciplinary services, and this is a key objective of this intervention, through bolstering existing community-based networks and engaging men and boys in the fight against SGBV. The number of reported cases of sexual and gender-based violence incidents in

Kigeme and Mugombwa refugee camps reported to UNHCR and its partner Plan International reached 204 and 238, respectively, in 2014, with 31 child survivors. It is known that additional cases go unreported due to the culture of underreporting of such crimes within the refugee community. SGBV prevention and response were thus identified as critical life-saving priorities for 2015 in Kigeme and Mugombwa camps particularly, being newer camps where social protection systems and infrastructure are not yet strong enough to support those in distress and adequately and holistically respond to SGBV.

Furthermore, the maternal and reproductive health situation in at least two of the camps (Kigeme and Mugombwa) was found to be worrying. These gaps have resulted in substandard services for antenatal care, delivery, and other critical services for 25,500 refugees living in these two camps, of which women of reproductive age are estimated to make up 25% of the population, or 6,500. As such it was critical in 2015 to provide immediate access to life-saving women's health services for refugees, complementing already existing health activities being carried out in the camps by existing actors.

### III. CERF PROCESS

In early 2015 the UNCT was convened by the RC to discuss the possibility of seeking a CERF underfunded grant to respond to critically underfunded gaps in basic services faced by the Congolese refugee population and Rwandan expellee population. The RC proposed a meeting to be chaired by focal points UNHCR and WFP to outline the sectors to be targeted and to initiate drafting of the proposal. The prioritization process for interventions/activities was led by the recommendations which transpired from this meeting, and reflects the priorities described in Section 2 above. Assessments and surveys (e.g. JAM, SENS, SGBV statistics, WASH statistics, etc.) formed the basis for the discussion and the prioritization process.

Prioritization of activities to address the critical needs within the different sectors was done under the general coordination of UNHCR. The implementation was guided by the principle that all participating agencies in the CERF appeal who were not already operational in the refugee response would work with NGOs that were already implementing projects in the targeted refugee camps, who had proven expertise in the respective sectors, in order to maximize the impact for refugees and returnees, and reduce duplication and administrative costs.

The refugee response is co-led by the Ministry of Disaster Management and Refugee Affairs (MIDIMAR) and UNHCR who co-chair biweekly 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.

### IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR <sup>1</sup>									
Total number of individuals affected by the crisis: 87,000									
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
Food Aid (WFP)	9,160	16,230	<b>25,390</b>	9,460	11,240	20,700	18,620	27,470	<b>46,090</b>
Protection - Sexual and/or Gender-Based Violence (UNWOMEN)	5,700	6,200	<b>11,900</b>	6,100	3,550	9,650	11,800	9,750	<b>21,550</b>
Water, Sanitation and Hygiene (IOM, UNICEF, UNHCR)	10,399	16,944	<b>27,343</b>	9,856	11,404	21,260	20,255	28,348	<b>48,603</b>
Health (IOM, UNFPA)	9,758	8,710	<b>18,468</b>	9,171	4,912	14,083	18,929	13,622	<b>32,551</b>

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

## BENEFICIARY ESTIMATION

The individual projects for UNHCR, UNICEF, WFP, IOM, and UN Women are estimated to have benefited the entire refugee population in the camps/transit centers respectively targeted by each project, and in the case of WFP, in addition to the 3 camps targeted for food and cash assistance, 5,000 food insecurity-vulnerable families were also assisted.

In the case of UNFPA, the estimation of beneficiaries of women in reproductive health was based on 25% of the total number of Congolese refugees in Kigeme and Mugombwa camps which at the time of submission was around 25,500 refugees and during implementation of activities the number of refugees increased and women in reproductive health reached 27,551 refugees.

For IOM, the estimate for the number of expected returnees in 2015 was based on the figure provided by UNHCR which has been conducting registration of all the returnees passing through transit centres since 2012. The figure expected in 2015 was 5,000. For the estimate of the host community beneficiaries, IOM faced a challenge in that local government provided a total number but was unable to provide gender- or age-disaggregated information, so IOM used estimates based on percentage, i.e. women:men = 60%:40%. Based on interviews with village leaders, the average household has about five children, so IOM assumed that one family with 7 persons (2 parents and 5 children), and calculated that 72% children and 28% adults. We assumed all the children are under 18 years old.

<b>TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING<sup>2</sup></b>			
	<b>Children (below 18)</b>	<b>Adults (above 18)</b>	<b>Total</b>
<b>Female</b>	11,685	17,921	29,606
<b>Male</b>	11,144	12,368	23,512
<b>Total individuals (Female and male)</b>	<b>22,829</b>	<b>30,289</b>	<b>53,118</b>

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

The total number of direct beneficiaries calculated based on:

- Total population Kigeme, Gihembe and Mugombwa Refugee Camps: 41,575
- Total number returnees assisted: 5,000
- Total expellees assisted (WFP): 4,515
- Total host community directly assisted (IOM WASH): 2,028

## CERF RESULTS

### Food Security

Through the use of CERF Underfunded grant, WFP was able to provide life-saving general food distributions in Kigeme and Mugombwa camps, and cash-based transfers in Gihembe camp, as planned. General food distributions consisted of maize, beans and salt purchased using CERF funds, as well as vegetable oil purchased using other resources. The availability of CERF funds also played a critical role in supporting WFP's general food distributions to refugees and expellees as planned. The provision of food assistance and cash-based transfers was essential in supporting all refugees and expellees in Rwanda to meet their food and nutrition needs.

### SGBV prevention and response

UNHCR and its protection partner Plan International established SGBV prevention and response mechanisms in Kigeme and Mugombwa camps when they were opened, and were already working with community mobilizers and community-based protection mechanisms to raise awareness of SGBV and provide needed services to support survivors, and provide survivor-centered case management, inclusive of case management, psychosocial support, and referrals to service providers as requested. However, critical underfunded gaps remained to strengthen SGBV survivors' reinsertion in the communities, and to boost up the awareness raising activities to effect behavioural change. The project worked hand in hand with 2 new "One Stop Centers" for SGBV prevention and

response established with One UN funding in the host communities near the camps. While targeting women and girls from the Kigeme and Mugombwa camps, refugee men and boys were also involved in the programme and benefitted from its outcomes for increased and sustained results.

The overall objective of the ongoing SGBV prevention and response programme is to reduce the risk of and respond to SGBV incidents within all refugee camps in Rwanda.

The specific objectives of the CERF-funded project were as follows:

- To sensitize the camp population on gender, SGBV and human rights related issues
- To ensure survivors access appropriate, timely multisectoral referral services, most notably reinsertion services

UN Women has partnered with UNHCR's existing SGBV prevention and response partner in the refugee response, Plan International, to implement this project with the support of UNHCR and MIDIMAR. Specific activities included:

- Camp-based activities to ensure the participation of community in SGBV prevention and response
- Psychosocial support to victims of SGBV in Kigeme and Mugombwa camps through referral services to One Stop Centers
- Support for the review and implementation of localized SGBV standard operating procedures and referral pathways per site
- Provision of dignity kits to survivors, to support their reinsertion in the community

### **Access to water**

Funding from CERF resulted in increased access to safe water supply to refugees in Gihembe camp, benefitting 14,205 people. This was achieved through an upgrade of the existing water supply system for the camp, including construction of a pipeline of more than 8 km connecting the water treatment plant in Gicumbi City, ancillary infrastructure, and a water storage tank of 250 m<sup>3</sup> capacity within the camp. These interventions contributed to reduced risk of WASH related diseases within the camp, reduced risk of tensions between the host and refugee communities and increased safety for women and girls, who, in the absence of sufficient water in the camp, used to go to the host communities to fetch water.

### **Sanitation and Hygiene**

Funding from CERF resulted in improved access to sanitation facilities in Kigeme and Mugombwa camps: the average number of refugees per latrines stance was reduced from 32 to 30, the most significant impact being in Mugombwa camp where five new latrines were constructed, resulting in an improvement from 38 refugees per drop-hole to 29 refugees per drop-hole. Moreover, the construction of an additional shower block (gender-segregated) has improved safe access to bathing facilities in Kigeme camp.

The funding from CERF also enabled timely and smooth delivery of WASH services in the new transit centre (TC) in Rusizi District, Western Province, benefitting an estimated 5,000 returnees and 2,028 people in host communities. This was achieved through rehabilitation and construction of water supply scheme for the new TC, construction of sanitation facilities including dischargeable latrines, washing facilities and showers. Gender mainstreaming, accountability to the affected population, local community participation and empowerment were considered throughout the project implementation period.

### **Health**

The funding from CERF enabled timely and smooth delivery of critical health services in the new transit centre (TC) in Rusizi District, Western Province, benefitting an estimated 5,000 returnees and 2,028 people in host communities. This was achieved through construction of an emergency health clinic at the TC. Gender mainstreaming, accountability to the affected population, local community participation and empowerment were considered throughout the project implementation period.

### **Reproductive Health**

- Number of New Family Planning users/acceptors in Kigeme and Mugombwa camps: 255
- Percentage of refugee pregnant women who complete at least four antenatal care visits in six months in Kigeme: 22.6% and Mugombwa: 26%
- Direct Obstetric case fatality rate: Mugombwa: 0, and Kigeme: 0.9 %
- Caesarean section as a proportion of all births in Kigeme: 7% and Mugombwa: 10.9 %
- Percentage of births attended by skilled health personnel: 95.5%, Mugombwa: 98.7%
- 800 dignity kits were procured and distributed in Kigeme and Mugombwa camps

In coordination with UNHCR, UNFPA carried out a needs assessment in Kigeme and Mugombwa camps. Based on the findings of the aforementioned assessment, in collaboration with existing partner for health African Humanitarian Action (AHA), UNFPA procured 42 Sexual and Reproductive Health lifesaving commodities which were distributed to Kigeme, Mugombwa camps and Kigeme and Mugombwa district hospitals.

UNFPA in collaboration with AHA also supported different trainings on ASRH and maternal health, as results 23 health service providers were trained on obstetrics and new born care and family planning services provision. These trainings have facilitated to upgrade the skill and knowledge of health care personnel in charge of maternal, newborn & child health (MNCH).

72 Community Health Workers (CHWs) from Kigeme and Mugombwa were trained on MNCH and prevention of HIV/STIs .The training has provided CHWs to increase their knowledge of how and when to timely refer pregnant & breastfeeding women to the health centre for antenatal & postnatal care. In addition to this, 30 peer educators were trained on MNCH and prevention of HIV/STIs in Mugombwa. The training has contributed to build the capacity of CHWs on MNCH and HIV/STIs prevention.

UNFPA provided technical and financial support through AHA to avail medical equipment which greatly contributed in the reduction of unnecessary referrals and prevented foetal distress which was due to lack of instruments or use of old instruments. The ultrasound has helped for easy diagnosis of gestational age or to confirm the fatality of the foetus. Furthermore, echography machine facilities enabled the immediate identification of foetal distress during labour and resuscitation of new-borns and identification of pregnant women who are at risk leading to excellent clinical vitality outcomes, with improved Apgar scores at birth.

### **CERF's ADDED VALUE**

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

YES  PARTIALLY  NO

Thanks to CERF funding, which was disbursed very quickly following the discussion on prioritization, agencies were able to deliver the needed life-saving assistance to refugees and expellees in a quick and timely fashion, and helped agencies to avoid funding shortfalls which could have resulted in reduction of assistance or failing to meet basic humanitarian standards.

**b) Did CERF funds help respond to time critical needs<sup>1</sup>?**

YES  PARTIALLY  NO

Congolese refugees in Rwanda are living in camps and entirely dependent on humanitarian assistance to meet all of their basic needs, however due to the protracted nature of the Congolese refugee situation, which has persisted for 20 years, life-saving interventions for these refugees have become critically underfunded. CERF funding was therefore essential in meeting the needs of Congolese refugees who had no assets or other access to livelihoods to provide for themselves in various sectors.

The timely availability of CERF funds also allowed WFP to meet the government's request to provide food assistance to vulnerable Rwandan expellees affected by drought in five districts of the country. As a result of crop failure, these individuals were at risk of food insecurity and critical food shortages, and so WFP's emergency food assistance played a key role in meeting their immediate food and nutrition needs.

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

YES  PARTIALLY  NO

As a result of the influx of Burundian refugees beginning in late March 2015, attention and support from donors was divided between multiple priorities and new needs for emergency assistance. The CERF underfunded grant provided essential support for agencies to continue assisting Congolese refugees, which in turn helped demonstrate these continued needs and mobilise other donor-specific and multilateral funding. It also attracted other "matching donors: such as in the case of the Rwanda Water and Sanitation Corporation (WASAC) which contributed \$336,000 for access to water following the CERF contribution.

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<sup>1</sup> 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.).

d) **Did CERF improve coordination amongst the humanitarian community?**

YES  PARTIALLY  NO

One critical benefit of the CERF underfunded grant was that it brought new actors to the Congolese refugee operation. As Congolese refugees are living in a protracted situation that has lasted 20 years, at the start of 2015 only UNHCR and WFP were operational in the five Congolese camps. Thanks to the CERF underfunded grant, additional agencies were capacitated to bring their expertise to this critically underfunded refugee program. This improved coordination as it broadened the spectrum of expertise and brought comparative advantage. All assistance provided to refugees was coordinated in collaboration with the Government, UNHCR and NGO partners, and CERF funding also helped to strengthen partnership and coordination with MIDIMAR, other ministries and local authorities. All activities carried out with CERF funds were coordinated generally at the regular refugee coordination meeting chaired by UNHCR and MIDIMAR.

Through its funding of food assistance to expellees, CERF enabled WFP to build the capacity of local government in food storage, handling and distribution. WFP and UNHCR also co-led monthly cash-based transfer coordination meetings in Kigali and at the field level.

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

**V. LESSONS LEARNED**

<b>TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u></b>		
<b>Lessons learned</b>	<b>Suggestion for follow-up/improvement</b>	<b>Responsible entity</b>
The availability of CERF funds can be critical in continuing assistance to refugees living in protracted situations despite the onset of a new emergency	The availability of these funds specifically to meet the needs of agencies' underfunded assistance programmes was essential in enabling them to continue assisting Congolese refugees and expellees at a time when donor attention largely focused on newly arriving Burundian refugees.	CERF Secretariat
CERF underfunded grant also enabled UN agencies which do not ordinarily have ongoing programmes in protracted refugee situations, to bring critical life-saving interventions.	Continue to target funding to protracted refugee situations	CERF Secretariat
Limited implementation time of camp-based activities can affect the sustainability of initiated interventions. Some interventions require a step-by-step approach which can require sufficient time.	The CERF Secretariat should take into account the nature of activities to be implemented in the camps and allow flexibility in the time required for implementation of such activities to be fully effective and sustainable.	CERF Secretariat

**TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS**

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
The leadership of MIDIMAR and UNHCR was a critical foundation for humanitarian assistance to Congolese refugees and Rwandan expellees	The Government's active leadership was critical to the effectiveness of the multi-sectoral response to meet the needs of Rwandan expellees in drought-affected districts. In addition, the coordination of MIDIMAR and UNHCR played an essential role in facilitating and supporting agencies' assistance programmes for refugees.	Government partners, UNHCR (with the involvement of all agencies and NGOs)
Working with project partners who are already operating in the refugee camps speeds up the implementation and yields more successful results while also reducing overhead costs and ensuring that the most resources possible go directly towards helping refugees. It can also contribute to sustainability of the project, beyond the CERF funding period.	UN Country team members who are working in refugee camps should continue to prioritize partnerships with partners already present in refugee camps for future programming and implementation.	UNCT
For large scale water supply projects, it is important to involve local Government from the beginning and consider issues pertaining to land availability/acquisition	Ensure that land availability/acquisition aspects are given due consideration at the project planning stage in future, and ensure the full involvement of local government from the beginning.	Government, UNHCR, UNICEF, IOM and other WASH actors
Coordination of planning, implementation and reporting under UNHCR leadership was effective and led to a timely response.	Maintain the existing structures and momentum for better humanitarian response in humanitarian response.	UNHCR

## VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
<b>CERF project information</b>						
<b>1. Agency:</b>	WFP		<b>5. CERF grant period:</b>	19/03/2015-31/12/2015		
<b>2. CERF project code:</b>	15-UF-WFP-016		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Food Aid			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Critical food aid and management of acute and chronic malnutrition" under PRRO 200744: Food and Nutrition Assistance to Refugees and Returnees					
<b>7. Funding</b>	a. Total project budget:	US\$ 35,149,325	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 21,963,459	▪ NGO partners and Red Cross/Crescent:		US\$ 116,368	
	c. Amount received from CERF:	US\$ 999,760	▪ Government Partners:		US\$ 0	
<b>Beneficiaries</b>						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>						
<b>Direct Beneficiaries</b>	<b>Planned</b>			<b>Reached</b>		
	<b>Female</b>	<b>Male</b>	<b>Total</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
<i>Children (below 18)</i>	12,950	12,200	25,150	9,160	9,460	18,620
<i>Adults (above 18)</i>	12,450	7,900	20,350	16,230	11,240	27,470
<b>Total</b>	<b>25,400</b>	<b>20,100</b>	<b>45,500</b>	<b>25,390</b>	<b>20,700</b>	<b>46,090</b>
<b>8b. Beneficiary Profile</b>						
<b>Category</b>	<b>Number of people (Planned)</b>		<b>Number of people (Reached)</b>			
<i>Refugees</i>	40,500		41,575			
<i>IDPs</i>						
<i>Host population</i>						
<i>Other affected people</i>	5,000		4,515			
<b>Total (same as in 8a)</b>	<b>45,500</b>		<b>46,090</b>			
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe</i>	Using CERF funding, WFP provided general in-kind food assistance or cash-based transfers to refugees and emergency food assistance to forcibly returned Rwandans as planned.					

<i>reasons:</i>	Congolese refugees in Mugombwa and Kigeme camps received monthly general food distributions which included maize, beans and salt purchases through CERF funding, as well as salt purchased using other resources. Refugees in Gihembe camps received cash-based transfers through their mobile phones as planned, in place of in-kind food assistance.
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CERF Result Framework			
<b>9. Project objective</b>	Address critical food needs and acute and chronic malnutrition for 40,500 Congolese refugees and emergency food needs 5,000 forcibly returned Rwandans in drought-affected areas		
<b>10. Outcome statement</b>	Stabilized or improved food consumption over assistance period for targeted households and/or individuals		
<b>11. Outputs</b>			
<b>Output 1</b>	Food, cash transfers and nutritional products distributed in sufficient quantity, quality and in a timely manner to targeted beneficiaries		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of women, men, boys and girls receiving food assistance as % planned	100% (45,500)	101% (46,090)
Indicator 1.2	Quantity of food assistance distributed, as % of planned, to the targeted 31,000 beneficiaries	100% (842mt)	93.4% (787.8mt)
Indicator 1.3	Total amount of cash transferred to the targeted 14,500 beneficiaries	\$145,000	\$182,556
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Procurement and distribution of refugee in-kind food rations and monitoring	WFP/Adventist Development and Relief Agency (ADRA)	WFP/ADRA
Activity 1.2	Procurement and distribution of three-month emergency rations to forcibly returned Rwandans and monitoring	WFP/ADRA	WFP/ADRA
Activity 1.3	Provision of cash transfers to refugees and monitoring	WFP/World Vision	WFP/World Vision

<b>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:</b>
<p>As planned, the CERF funds were used to purchase maize, beans and salt to contribute to the food basket provided to refugees in Kigeme and Mugombwa camps, as well as to transfer cash through mobile phones to refugees in Gihembe refugee camp. A slightly greater proportion of the funds were used to provide cash-based transfers than was planned, enabling CERF funds to support the provision of over one month's worth of cash-based transfers in Gihembe camp rather than one month only as planned.</p> <p>The CERF funds were used to purchase total of 801.1 metric tons (mt) of food commodities, which was distributed as planned to refugees and expellees.</p>
<b>13. Please describe how accountability to affected populations (AAP) has been ensured during project design,</b>

<b>implementation and monitoring:</b>	
<p>Refugees were informed about ration entitlements and the timing of food and cash-based transfer distributions in regular meetings as well as through the sharing of information by refugee representatives including the Executive Committee, church representatives and other influential individuals. In food assistance camps, ration entitlements were also presented in posters at distribution sites.</p> <p>In food assistance camps, WFP and partners' staff was present during distributions to monitor the distribution of food to refugee households. WFP staff ensured that the appropriate scooping equipment was available and being used to provide beneficiaries with the correct ration entitlement. In cash assistance camps, WFP worked with its partners to ensure all refugees received the correct cash-based transfer amount and were informed about the transfer disbursement date. WFP worked with UNHCR and its partners to ensure a team of staff was available in all camps to address any complaints and feedback from beneficiaries, which were then resolved in regular field coordination meetings.</p>	
<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input type="checkbox"/>
<p>An external operational evaluation of PRRO 200744 is under way. The evaluation is commissioned and overseen by WFP's Office of Evaluation, but is managed and conducted by an external evaluation company (TANGO International). The evaluation report is underway.</p>	EVALUATION PENDING <input checked="" type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	UN Women		<b>5. CERF grant period:</b>	17/03/2015-31/12/2015		
<b>2. CERF project code:</b>	15-UF-WOM-001		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Protection - Sexual and/or Gender-Based Violence			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Improving Refugees' Access to Sexual and Gender Based Violence (SGBV) Prevention and Response Services in Kigeme and Mugombwa Camps					
<b>7. Funding</b>	a. Total project budget:	US\$ 2,216,340	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 1,561,981	▪ NGO partners and Red Cross/Crescent:		US\$ 83,250	
	c. Amount received from CERF:	US\$ 100,171	▪ Government Partners:		US\$ 0	
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (below 18)	7,700	7,500	15,200	5,700	6,100	11,800
Adults (above 18)	6,600	3,700	10,300	6,200	3,530	9,750
<b>Total</b>	<b>14,300</b>	<b>11,200</b>	<b>25,500</b>	<b>11,900</b>	<b>9,650</b>	<b>21,550</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees	25,500		21,550			
IDPs						
Host population						
Other affected people						
<b>Total (same as in 8a)</b>	<b>25,500</b>		<b>21,550</b>			
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	The whole population from Mugombwa and Kigeme refugee camps benefited from the CERF programme on SGBV, especially on components of raising awareness against SGBV and sociotherapy programme. Beneficiaries were 21,550.					

CERF Result Framework			
<b>9. Project objective</b>	Risk of SGBV is reduced and quality of response improved		
<b>10. Outcome statement</b>	Refugees Kigeme and Mugombwa are aware of the negative consequences of SGBV and active community involvement in the prevention and response activities ensured, with each identified survivor receiving appropriate package of support, inclusive of mental health and psychosocial support.		
<b>11. Outputs</b>			
<b>Output 1</b>	Participation of community in SGBV prevention and response		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	# of reported incidents of SGBV adequately addressed with support services	100	96
Indicator 1.2	Extent known SGBV survivors receive appropriate support	100% of identified cases	100%
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	SGBV community mobilizers support the development and strengthening of community-based protection mechanisms	Plan International	Plan International
Activity 1.2	Targeted programming to engage men and boys in SGBV prevention and response	Plan International	Plan International
Activity 1.3	Targeted programming to empower women and girls in SGBV prevention and response	Plan International	Plan International
Activity 1.4	Monitor all assistance provided to refugees at the camp so that men, women and children have equal rights to access services for the benefit of the whole family.	Plan International	Plan International
Activity 1.5	Provision of dignity kits for refugee women	Plan International	Plan International
Activity 1.6	Coordination of this CERF intervention	UN Women	UN Women
<b>Output 2</b>	Psychosocial support provided to victims of SGBV in Kigeme and Mugombwa camps <sup>2</sup>		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	# of reported SGBV incidents for which survivors receive psychosocial counselling	100 (100% of the total)	100%
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>

<sup>2</sup> Although such services were already provided in Kigeme and Mugombwa camps by Plan International with the support of UNHCR, UN Women contributed to support SGBV survivors in enhancing their inclusion in and access to national services dedicated to SGBV survivors (i.e. One Stop Centers).

Activity 2.1	Implement sociotherapy groups in Kigeme and Mugombwa, inclusive of training and evaluation	Plan International	Plan International
Activity 2.2	Coordination of CERF interventions	UN Women	UN Women
<b>Output 3</b>	Safe and survivor centred SGBV response procedures and coordination mechanisms functional <sup>3</sup>		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	Interagency SOPs for SGBV response agreed upon and functioning (yes/no)	Yes	Yes
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Putting in practice localized SGBV standard operating procedures and referral pathways per site	Plan International	Plan International
Activity 3.2	Coordination of this CERF intervention	UN Women	UN Women

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

1. Participation of community in SGBV prevention and response:

SGBV community mobilizers supported the referral and reporting of 57 cases of gender-based violence in Kigeme and Mugombwa throughout the project's implementation. With a baseline of 52 cases, the target of 100 cases was reached and slightly surpassed. Community mobilizers are refugees themselves and live in the camps and are able to serve as a frontline protection mechanism, referring cases to Plan International whenever needed. Community mobilizers are now engaged in weekly dialogues with the refugees on SGBV prevention. Frequent topics discussed include teenage pregnancy, the importance of school for adolescent girls, drug and alcohol abuse, and encouraging women to act as decision-makers in their homes and refugee communities.

In terms of engaging men and boys in SGBV prevention and response, 200 boys in Kigeme and Mugombwa were involved in one-day trainings from 2 to 12 October 2015. The trainings targeted boys aged 12-17, members of anti-GBV clubs, in and out of school. The content of the trainings focused on discussions about gender and sex, positive masculinities, gender roles and male engagement in SGBV prevention.

As for activities to empower girls and women in SGBV prevention and response, 40 women mentors aged between 20 and 35 were recruited in collaboration with the local community and the Ministry of Refugee Affairs and Disaster Management (MIDIMAR). The training curriculum used to train the 40 mentors, focusing on reproductive health and healthy relationships, was revised to reflect the realities of the two camps. In collaboration with the 40 trained mentors, the same partners selected and provided training in life skills to 200 vulnerable adolescent girls who were either pregnant, child mothers, heads of households, illiterate or those who dropped out of school, and those who had expressed interest in leaving the camps for looking for domestic work or begging. The related training curriculum topics included communication skills, interpersonal relationships, family, understanding gender roles and development, health (STIs, HIV and AIDS), reproductive health and teenage pregnancy, gender-based violence, entrepreneurship and financial management. The key message that was sent out and also printed on T-shirts distributed to both the trainees and the trainers was "Girls, we are able, lets fight for our bright future". Trainings were followed by mentorship activities and dialogues between adolescent girls and their mentors. These activity will continue beyond the life of the project to ensure that connection is maintained and to observe the daily life of adolescent girls, behaviour change and involvement in the community. Income-

<sup>3</sup> Localized SGBV SOPs were drafted by Plan International with the support of UNHCR and inputs from other partners working in Kigeme and Mugombwa camps.

generating activities were also proposed for these groups and six related projects were approved by the Camp Committee for implementation but only four of them received funding from Plan International and are being implemented. The four projects have opened bank accounts to encourage saving. Plan International has committed to continue work closely with the 4 groups to ensure equal access to income-generating activities for both men and women beyond the life of the project.

With CERF support, 96 dignity kits were purchased and distributed to women refugee survivors of SGBV in Mugombwa and Kigeme camps. The dignity kits included underwear, sanitary pads, soaps, kitenge (piece of wrap cloth), towels, body lotion, and toothbrush and tooth paste.

In order to respond to the psychological distress among Congolese refugees caused by extreme violence, stresses resulting from leaving their homes, their families and communities as well as fear of integration into a new society, UN Women in collaboration with Plan International has implemented a community based sociotherapy programme in Kigeme and Mugombwa refugee camps. This programme was designed to connect the process of psychological healing with that of peace building at community level. The programme recognises a restored social fabric as an important contribution to the improvement of people's mental health.

The sociotherapy program assists people to constructively deal with the consequences of massive violence on their current lives and to contribute to sustainable processes of reconciliation and psycho-trauma healing within their communities. It focuses in particular on the reconstruction of trust, respect, dignity and feelings of safety within the society. It uses the group as a therapeutic medium for the creation of an open environment for discussion and formation of peer support structures. In this context, 24 sociotherapists have been trained and 12 socio-groups formed. Within this project 150 people have graduated from the sociotherapy training and this helps them and their immediate environment to benefit from sociotherapy. In general, 774 people have benefited from this program in the two camps. Sociotherapy sessions will also continue beyond the life of the project with Plan International support to sustain the gains reached and reach out to more people in the camps.

During the implementation period, localized Standard Operating Procedures were prepared in collaboration with UNHCR, MIDIMAR, Rwanda National Police, Africa Humanitarian Agency (AHA), Adventist Development and Relief Agency (ADRA), American Refugee Committee (ARC) and Rwandan Association for the Defence of Human Rights (ARDHO). All stakeholders have now endorsed the SOPs for implementation. It is expected to conduct peer-controlled monitoring for partners involved in SOPs implementation for accountability and quality assurance.

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

Accountability to affected populations, in this case refugee women and girls of Mugombwa and Kigeme camps, has been ensured through their involvement and consultations prior to implementing specific activities and during the implementation of agreed upon activities and processes.

<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input type="checkbox"/>
No evaluation was planned for this project.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	UNICEF		<b>5. CERF grant period:</b>	16/03/2015-31/12/2015		
<b>2. CERF project code:</b>	15-UF-CEF-019		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Water, Sanitation and Hygiene			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Access to water in Gihembe camp					
<b>7. Funding</b>	a. Total project budget:	US\$ 2,156,368	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 661,500	▪ NGO partners and Red Cross/Crescent:	US\$ 0		
	c. Amount received from CERF:	US\$ 348,285	▪ Government Partners:	US\$ 325,500		
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (below 18)	3,600	3,600	7,200	3,376	3,375	6,751
Adults (above 18)	4,500	3,300	7,800	4,352	3,102	7,454
<b>Total</b>	<b>8,100</b>	<b>6,900</b>	<b>15,000</b>	<b>7,728</b>	<b>6,477</b>	<b>14,205</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees	15,000			14,205		
IDPs						
Host population						
Other affected people						
<b>Total (same as in 8a)</b>	<b>15,000</b>			<b>14,205</b>		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>		The number of beneficiary reached is approximately five per cent less than the planned target. This is due to decrease in the camp population due to resettlement programme, deactivation and/or death.				

CERF Result Framework			
<b>9. Project objective</b>	Address the severe water crisis in Gihembe Refugee Camp through improving the availability of safe water supply		
<b>10. Outcome statement</b>	15,000 children, women and men living in Gihembe Refugee camp are provided sufficient quantity of safe water in line with the humanitarian standards		
<b>11. Outputs</b>			
<b>Output 1</b>	Water supply system in Gihembe Refugee Camp is upgraded		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Average quantity of water available per person/day in Gihembe Camp	15	15
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Preparation of designs, specification, bills of quantities and tender documents	UNICEF and Rwanda Water and Sanitation Corporation	UNICEF and Rwanda Water and Sanitation Corporation
Activity 1.2	Launch of tenders, tender adjudication and contract award	UNICEF and Rwanda Water and Sanitation Corporation	UNICEF and Rwanda Water and Sanitation Corporation
Activity 1.3	Construction of water supply infrastructure including power transmission line, laying of new pipeline and construction ancillary infrastructure	UNICEF and Rwanda Water and Sanitation Corporation	UNICEF and Rwanda Water and Sanitation Corporation
<b>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:</b>			
As planned, the CERF funds were used to support upgradation of the existing water supply system including laying of over 8 kilometres of the pipeline, construction of a 250 m <sup>3</sup> water tank and ancillary infrastructure. This has resulted in provision of improved and reliable water supply to the refugees in the Gihembe refugee camp thus contributing to reduced risk of WASH related diseases. The actual number of beneficiaries (i.e. 14, 205) was slightly lower than the planned (i.e. 15,000) because of decrease in the camp population due to resettlement programme, deactivation and/or death.			
<b>13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:</b>			
As stated earlier, this project was designed based on the feedback of the refugees living in the camp who identified severe water crisis in Gihembe Camp as the most pressing need during the JAM organised in February 2014 by UNHCR, WFP, UNICEF and other partners. The refugees were also involved during implementation of the project through consultation with the existing Shelter and WASH committees in matters related to the site selection and availability of the land for the construction of the water tank within the camp, relocation of shelters which had to be demolished and identification of gaps and needs.			
<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>			EVALUATION CARRIED OUT <input type="checkbox"/>

No evaluation for the project is planned, however Rwanda Water and Sanitation Corporation (WASAC), UNICEF and UNHCR conduct regular monitoring visits to the project site. UNHCR and American Refugee Committee will continue to work with WASAC to ensure sustainability of the project interventions.

EVALUATION PENDING

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	UNHCR		<b>5. CERF grant period:</b>	16/03/2015-31/12/2015		
<b>2. CERF project code:</b>	15-UF-HCR-010		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Water, Sanitation and Hygiene (WASH)			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Improved conditions of sanitation and hygiene in Kigeme and Mugombwa Refugee Camps					
<b>7. Funding</b>	a. Total project budget:	US\$ 4,162,901	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 650,000	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 607,477	
	c. Amount received from CERF:	US\$ 650,000	▪ <i>Government Partners:</i>		US\$ 0	
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (below 18)</i>	7,700	7,500	15,200	8,346	8,114	16,460
<i>Adults (above 18)</i>	6,600	3,700	10,300	7,011	3,765	10,776
<b>Total</b>	<b>14,300</b>	<b>11,200</b>	<b>25,500</b>	<b>15,357</b>	<b>11,879</b>	<b>27,236</b>
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>	25,500			27,236		
<i>IDPs</i>						
<i>Host population</i>						
<i>Other affected people</i>						
<b>Total (same as in 8a)</b>	<b>25,500</b>			<b>27,236</b>		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	The number of beneficiary reached is about eight per cent more than the planned target. This is mainly due to relocation of about 2,000 refugees from Nyabiheke to Mugombwa camp.					

CERF Result Framework			
<b>9. Project objective</b>	Refugee populations of Kigeme and Mugombwa camps live in satisfactory conditions of sanitation and hygiene		
<b>10. Outcome statement</b>	Gender-segregated sanitation facilities improved and adapted to the refugee needs		
<b>11. Outputs</b>			
<b>Output 1</b>	Construction of latrines and shower block for Kigeme and Mugombwa refugee camps		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of persons of concern per drop-hole in communal latrines	24	30
Indicator 1.2	Number of persons of concern per shower room in communal bathing facilities	56	56
Indicator 1.3	Number of latrines constructed	24	10
Indicator 1.4	Number of gender-segregated shower blocks constructed	1	1
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Replace temporary mobile latrines in <b>Mugombwa camp</b> with permanent dischargeable latrines to increase number of drop holes from 184 to 244 to decrease the congestion from 38 to 29 persons per drop hole	UNHCR (World Vision)	UNHCR (World Vision)
Activity 1.2	Replace temporary pit latrines in <b>Kigeme camp</b> by constructing permanent dischargeable latrines to increase number of drop holes from 618 to 846 to decrease the congestion from 30 persons per drop hole to 22 persons per drop hole	UNHCR (PAJER)	UNHCR (PAJER)
Activity 1.3	Construction of an additional shower block, which will be gender-segregated (3 doors Female and three 3 doors Male) in <b>Kigeme camp</b> , constructed with permanent structures	UNHCR (PAJER)	UNHCR (PAJER)
<b>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:</b>			
While five new latrines were constructed in Mugombwa camp, in Kigeme camp the Operation did not manage to meet the planned target of fifteen additional latrines; instead CERF money was used to reconstruct 5 out of the 21 faulty dischargeable latrines as well as for the maintenance and dislodging of the 47 dischargeable latrines which was deemed to be a key sanitation priority. One shower block was constructed, from a baseline of 53 to a final number of 54.			
<b>13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:</b>			
This project was designed based on the feedback received from the respective field and need assessment. PoC (person of concern) access to adequate sanitation facilities is one of UNHCR "provision of basic needs" mandate. All constructed facilities are gender-segregated. With regards to feedback mechanism, both camps have WASH committees composed of refugees who work hand in hand with WASH actors in the camps, so there is a constant feedback process. There were no specific feedback for this			

project.

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

EVALUATION CARRIED OUT

No specific, separate evaluation planned for this individual project, however the activities are monitored and evaluated as part of UNHCR's ongoing annual programming cycle.

EVALUATION PENDING

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	UNFPA		<b>5. CERF grant period:</b>	17/03/2015-31/12/2015		
<b>2. CERF project code:</b>	15-UF-FPA-006		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Health			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Improved Reproductive, Maternal and Neonatal Health services in Kigeme and Mugombwa refugee camps					
<b>7. Funding</b>	a. Total project budget:	US\$ 730,370	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 427,584	▪ NGO partners and Red Cross/Crescent:		US\$ 51,968	
	c. Amount received from CERF:	US\$ 150,000	▪ Government Partners:		US\$ 0	
Beneficiaries						
<b>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).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (below 18)	7,700	7,500	15,200	8,108	8,071	16,179
Adults (above 18)	6,600	3,700	10,300	7,360	4,012	11,372
<b>Total</b>	<b>14,300</b>	<b>11,200</b>	<b>25,500</b>	<b>15,444</b>	<b>11,967</b>	<b>27,551</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees	25,500		25,500			
IDPs						
Host population***	376,621		2,051			
Other affected people						
<b>Total (same as in 8a)</b>	<b>402,121</b>		<b>27,551</b>			
<p><i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i></p>			<p>*** The project reached a slightly larger population of refugees due to population growth in the camp.</p> <p>As the interventions carried out for the primary benefit of refugees were undertaken in health centers which also serve host community members, there was a secondary impact on indirect beneficiaries comprising 2,051 women of reproductive age in the host community. .</p> <p>All complicated obstetrical cases from Kigeme and Mugombwa refugee camps are</p>			

	referred to two district hospitals. To alleviate the burden on local health facilities caused by referrals of refugees, UNFPA used CERF funds to support these 2 district hospitals with reproductive health kits containing commodities, drugs and equipment usable at referral levels. The host community benefited from these RH kits as indirect beneficiaries.
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CERF Result Framework			
<b>9. Project objective</b>	To ensure immediate availability of, and access to life-saving reproductive health, maternal and new-born health services and information for affected pregnant and lactating women, as well as for adolescent girls and young women		
<b>10. Outcome statement</b>	Improved Reproductive, Maternal and Neonatal Health		
<b>11. Outputs</b>			
<b>Output 1</b>	6,375 refugee females residing in Kigeme and Mugombwa camps will have improved access to the Minimum Initial Services Package (MISP) including voluntary family planning, standards antenatal, postnatal, safe deliveries, post abortion care, HIV/STIs and GBV.		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of New Family Planning users/acceptors	765	255 new users in both camps (1,285 women using in total)
Indicator 1.2	Percentage of Refugee pregnant women who complete at least four antenatal care visits in six months in Kigeme and Mugombwa camps	50%	22.6% in Kigeme 26.1% in Mugombwa camp
Indicator 1.3	Number of personnel oriented on voluntary family planning, standards antenatal, postnatal, safe delivery and post abortion care, HIV and GBV.	30	23 health service providers were trained on obstetrics and new born care and family planning services provision. 72 Community Health Workers from Kigeme and Mugombwa were trained on MNCH and prevention of HIV/STIs 30 peer educators were trained on MNCH and prevention of HIV/STIs in Mugombwa
Indicator 1.4	Number of RH Kits # 3, 5, 6, 7, 8, 9 and 10 distributed in Kigeme and Mugombwa camps.	30	42 RH kits were distributed to Kigeme, Mugombwa camps. these are: RH Kits: # 3, 5, 6, 7, 8, 9 and 10
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Procurement and shipment of Emergency RH kits to be distributed in Health post in Mugombwa and Kigeme camps.	UNFPA	UNFPA procured and shipped RH kits which were distributed to Kigeme and Mahama camps. As the following: RK it 3 (6), RH kits 5(6), RH kit 6A (3) RH kit 6B (3), RH kit7(3), RH kit 8 (3), RH kit 9: (3), RH kit, RH kit 10 (3)
Activity 1.2	Conduct the orientation sessions to the health care providers and local leaders on the Minimum Initial Services Package	AHA with the support of UNFPA	This was done through AHA 23 health service providers were trained on obstetrics and new born care and

	(MISP) including voluntary family planning, standards antenatal, postnatal, post abortion care, HIV/STIs and GBV.		family planning services provision. 72 Community Health Workers from Kigeme and Mugombwa were trained on MNCH and prevention of HIV/STIs.  30 peer educators were trained on MNCH and prevention of HIV/STIs and Prevention and management of SGBV in Mugombwa
<b>Output 2</b>	765 pregnant refugee women residing in Kigeme and Mugombwa camps will have improved access to safe delivery care and emergency Obstetric care in the camp health centres and Kigeme district hospital		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Direct Obstetric case fatality rate	<1%	0 for Mugombwa and 0.9 for Kigeme
Indicator 2.2	Caesarean section as a proportion of all births	5-10%	10.9% in Mugombwa camp and 7% in Kigeme camp
Indicator 2.3	Percentage of births attended by skilled health personnel	100%	Kigeme: 95.5% and Mugombwa camp: 98.7%
Indicator 2.4	Number of RH Kits # 11 and 12 distributed in Kigeme and Mibilizi Hospitals	12	UNFPA distributed 16 RH kits 11A(4) , Kit 11B (4) and Kit 12 (4) to Kigeme and Kibilizi districts hospitals
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Procurement <sup>4</sup> , shipment and distribution of Emergency RH kits and hygiene kits (to be distributed in Health post in Mugombwa and Kigeme camps as well as in Kibilizi and Kigeme district hospitals)	UNFPA	UNFPA procured and distributed to RK it 3 (6), RH kits 5(6), RH kit 6A (3) RH kit 6B (3), RH kit 7(3), RH kit 8 (3), RH kit 9: (3) distributed to Kigeme and Mugombwa camps and RH kits 11A(4) , Kit 11B (4) and Kit 12 (4) distributed to Kibilizi and Kigeme district hospitals.
Activity 2.2	Procurement and distribution of the following medical equipment: gynaecology/delivery tables, examination lights, Doppler, hospital beds with mattress and oxygen concentrator	AHA	UNFPA provided technical and financial support to AHA to procure the following medical equipment: - Ultrasound - Suction machine - Echography - Resuscitation machine - Office material
<b>Output 3</b>	Effective coordination, monitoring and reporting using UNFPA Core Funds		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	Functional health technical working group	1	1
Indicator 3.2	Data collection tools available	1	1
Indicator 3.3	Number of reports produced	3	5 field visits and handover reports exists

<sup>4</sup> Procurement of Emergency RH Kits will be done from Copenhagen

Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Participate in coordination meetings at central and decentralized levels	UNFPA	UNFPA has been an active member of health sector coordination meeting
Activity 3.2	Conduct regular field visit	UNFPA	UNFPA
Activity 3.3	Ensure regular monitoring and reporting	UNFPA	UNFPA
<p><b>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:</b></p> <p>No discrepancy between planned and implemented activities. Health sector working group exists in each camp under the lead of UNHCR to discuss and update on humanitarian response and provide early alert on emerging needs</p> <p>As the project targeted adolescent girls, young people, and women in reproductive health age, the CERF funds were used to purchase critical reproductive health supplies and life-saving medicines, which include emergency RH kits and dignity kits. The CERF funds contributed also to roll out orientation trainings for implementation of the Minimum Initial Service Package (MISP) for health service providers from 2 health posts in the camps, 2 health centers surrounding the camps and 2 referral District hospitals in the catchment area of Mugombwa and Kigeme refugee camps as well as local leaders who have emergency issues in their responsibilities. This has contributed to improving the birthing environment and reducing common causes of maternal and neonatal morbidity and mortality during delivery.</p> <p>As planned, this project has contributed to respond to the underfunded gaps for reproductive, maternal and neonatal health.</p>			
<p><b>13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:</b></p> <p>Congolese refugees have been involved in implementation of this project. During the project design and implementation, it was ensured that the affected population receives quality and timely maternal/Sexual Reproductive Health services to achieve desired results by providing immediate access to life-saving women's health services and by complementing already existing health activities being carried out in the camps by existing actors. This was done through the Community Health Workers interaction sessions, joint monitoring field visits and focused group discussions. As Community health workers work day to day with the refugees' community, they have been trained to contribute to provide maternal health/SRH information and strengthen referral system for maternal/SRH services so that there is a constant feedback between the community and the health facility.</p>			
<p><b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b></p>			<p>EVALUATION CARRIED OUT <input type="checkbox"/></p>
<p>UNFPA in collaboration with partner AHA have conducted regular monitoring with regular data collection, field visits and regular meetings to ensure all activities are being implemented according to the project document and refugees' population receive SRH quality services.</p>			<p>EVALUATION PENDING <input type="checkbox"/></p>
			<p>NO EVALUATION PLANNED <input checked="" type="checkbox"/></p>

**TABLE 8: PROJECT RESULTS**

CERF project information							
<b>1. Agency:</b>		IOM		<b>5. CERF grant period:</b>		20/03/2015-31/03/2016 (NCE approved)	
<b>2. CERF project code:</b>		15-UF-IOM-008		<b>6. Status of CERF grant:</b>		<input type="checkbox"/> Ongoing	
<b>3. Cluster/Sector:</b>		Water, Sanitation and Hygiene				<input checked="" type="checkbox"/> Concluded	
<b>4. Project title:</b>		Provision of critical health and WASH Services in new transit centre (TC)					
<b>7. Funding</b>	a. Total project budget:		US\$ 500,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:		US\$ 250,004	▪ NGO partners and Red Cross/Crescent:		US\$ 172,428	
	c. Amount received from CERF:		US\$ 250,004	▪ Government Partners:		US\$ 0	
Beneficiaries							
<b>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).</b>							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (below 18)		1,650	1,100	2,750	2,525	1,684	4,209
Adults (above 18)		1,350	900	2,250	1,691	1,128	2,819
<b>Total</b>		<b>3,000</b>	<b>2,000</b>	<b>5,000</b>	<b>4,216</b>	<b>2,812</b>	<b>7,028</b>
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees							
IDPs							
Host population***					2,028		
Returnees		5,000			5,000		
<b>Total (same as in 8a)</b>		<b>5,000</b>			<b>7,028</b>		
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 project reached out to a larger number of people than expected during the project development phase since IOM and partner ADRA - in great technical support provided by the local government (Rusizi District) - found an alternative water source and channel which also served the host community directly, in addition to what was originally planned for the returnees and possible refugees at the new transit centre (TC) in Rusizi.					

CERF Result Framework			
<b>9. Project objective</b>	Contribute to the improvement in reception conditions for all returnees through effective and all-inclusive WASH and health services delivery in Rwanda.		
<b>10. Outcome statement</b>	Timely and smooth delivery of critical health and WASH services in new TC in Rusizi District.		
<b>11. Outputs</b>			
<b>Output 1</b>	5,000 returnees are safely accommodated in the new TCs and have access to good hygiene and sanitation facilities whilst being provided with safe drinking water and water for personal hygiene and other activities until they have returned to their area of origin.		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Average quantity of water available per person/day at the new TC in Rusizi	20	42.8
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Procure ADRA to implement rehabilitation and supply of water	IOM	IOM
Activity 1.2	Water rehabilitation and distribution to the new TC	ADRA	ADRA
Activity 1.3	Purchase of Water Tanks (10 x 10 m3)	ADRA	ADRA
Activity 1.4	Transport of Water Tank to the new TC	ADRA	ADRA
<b>Output 2</b>	5,000 returnees in the new TCs are provided with proper sanitation facilities including personal hygiene		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Number of latrines at new TCs in Rusizi	24	25
Indicator 2.2	Number of showers at new TCs in Rusizi	10	12
Indicator 2.3	Number of washing facilities at new TC in Rusizi	1	3
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Procure ADRA to construct latrines, showers and washing facilities	IOM	IOM
Activity 2.2	Construct dischargeable latrines, shower rooms, washing and washstands	ADRA	ADRA
Activity 2.3	Handover the facilities to Government of Rwanda (MIDIMAR)	IOM	IOM
<b>Output 3</b>	5,000 returnees in the new TCs have access to basic health services		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	Number of health facilities available at the new TC in Rusizi	1	1
Indicator 3.2	Number of returnees at TCs provided with access to basic health services	5,000	5,000
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>

Activity 3.1	Procure ADRA to construct emergency health clinic	IOM	IOM
Activity 3.2	Construction of a temporary emergency health clinic	ADRA	ADRA
Activity 3.3	Handover the facilities to Government of Rwanda (MIDIMAR)	IOM	IOM

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

In addition to the original target beneficiaries of 5,000 returnees coming back to Rwanda, over 2,000 host community members in two villages now also have access to water thanks to the CERF funds. The host community members include widows, vulnerable groups, 518 students at primary school, 116 boarding students of a vocational training school, and a genocide memorial site for the host community.

The finalization of project implementation delayed by three months due to the identification of alternative design for water supply scheme and request from Local Government to implement the alternative design which is cost-effective, more sustainable and bigger impact on the host community. Despite this delay, the project objective of timely and smooth delivery of critical health and WASH services in new TC in Rusizi District was fully achieved by the new project deadline (31<sup>st</sup> March 2016) following the NCE approval from CERF in October 2015. The objective was achieved through the three set outputs; **Output 1:** 5,000 returnees are safely accommodated in the new TCs and have access to good hygiene and sanitation facilities whilst being provided with safe drinking water and water for personal hygiene and other activities until they have returned to their area of origin; **Output 2:** 5,000 returnees in the new TCs are provided with proper sanitation facilities including personal hygiene; and **Output 3:** 5,000 returnees in the new TCs have access to basic health services.

The local government of Rusizi District has been actively participating in the project, and committed to ensure community participatory maintenance, as well as technical and financial sustainability of the water supply system in the host community. The WASH and health facilities inside the TC were officially handed over to MIDIMAR. With the support of UNHCR, MIDIMAR will ensure the maintenance and operational sustainability.

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

Although planning was done by Government authorities (MIDIMAR and Rusizi District), participatory consultation was conducted across the sector to the village level through the local administrative channels. The announcement of the project activities, the positive and negative impact on the affected population, as well as the roles and responsibilities of the community were discussed continuously since the inception of the project. This was done due to the fact that some members of the local community, the Shagasha Tea Factory and Shagasha Tea Cooperative were affected by the project since the water channel passed through their land. Rusizi District took full responsibility in ensuring transparency in land exploitation process in the host community and MIDIMAR has ensured fair compensation of the affected population. The joint field visit team including IOM, local government officials, MIDIMAR and UNHCR met with the manager of Shagasha Tea Factory to make sure the factory and its stakeholders were not negatively affected by this project.

All- women and men, boys and girls were targeted and benefitted from project interventions. Special consideration was taken to ensure equitable access to services for both groups. Gender sensitive models were used for the construction of latrines and health facilities. With regards to local employment and income generating activities, many locals were employed as unskilled labourers, and a few as skilled labourers. Many women participated in the project by transporting water and cement.

IOM conducted semi-structured interviews with the low-skilled labourers at the site, as well as village leaders, women, men and children in the two villages to capture some complaints and concerns with regards to the project. For instance, IOM raised a concern on the delayed payment of the workers hired by ADRA to the senior management level at the capital.

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

EVALUATION CARRIED OUT

No project evaluation has been carried out so far. However, monitoring visits to the field

EVALUATION PENDING

were conducted at least every two months, involving all the key stakeholders (IOM/ADRA, Local Government, UNHCR and MIDIMAR). At least seven monitoring visits were conducted. In addition, technical visits for quality control were regularly conducted by ADRA and the district engineers. Three progress reports which described the progress and challenges of the construction work, verified by the District Engineer, were submitted to IOM by ADRA. A full inspection was conducted on March 17<sup>th</sup> by UNHCR together with IOM/ADRA and MIDIMAR representative to thoroughly assess the completed WASH and health facilities. The final inspection was conducted on March 28<sup>th</sup> after a one week period for implementing the recommendations proposed by UNHCR. The work was accepted as complete and satisfactory by all project stakeholders.

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-UF-CEF-019	Water, Sanitation and Hygiene	UNICEF	GOV	\$325,500
15-UF-FPA-006	Health	UNFPA	INGO	\$51,968
15-UF-WOM-001	Gender-Based Violence	UN Women	INGO	\$83,250
15-UF-WFP-016	Food Assistance	WFP	INGO	\$51,116
15-UF-WFP-016	Food Assistance	WFP	INGO	\$65,252
15-UF-IOM-008	Water, Sanitation and Hygiene	IOM	INGO	\$172,428
15-UF-HCR-010	Water, Sanitation and Hygiene	UNHCR	NNGO	\$305,661
15-UF-HCR-010	Water, Sanitation and Hygiene	UNHCR	INGO	\$301,816

## ANNEX 2: ACRONYMS AND ABBREVIATIONS (in order of appearance)

ADRA	Adventist Development and Relief Agency
AHA	African Humanitarian Action
ARC	American Refugee Committee
ARDHO	Association Rwandaise pour la Defence des Droits de l'Homme
CHWs	Community Health Workers
DRC	Democratic Republic of Congo
IOM	International Organization for Migration
JAM	Joint Assessment Mission
MIDIMAR	Ministry of Disaster Management and Refugee Affairs
MISP	Minimum Initial Services Package
MNCH	Maternal, New-born & Child Health
SENS	Standardised Expanded Nutrition Survey
SGBV	Sexual and gender-based violence
TC	Transit centre (for refugees and returnees)
UNCT	UN Country Team
UNFPA	United Nations Population Fund
UNHCR	UN High Commissioner for Refugees
UN Women	UN Entity for Gender Equality and the Empowerment of Women
WASAC	Rwanda Water and Sanitation Corporation
WASH	Water, sanitation and hygiene
WFP	World Food Programme