



**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
UNITED REPUBLIC OF TANZANIA
RAPID RESPONSE
EARTHQUAKE 2016**

RESIDENT/HUMANITARIAN COORDINATOR

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REPORTING PROCESS AND CONSULTATION SUMMARY

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

No stand-alone AAR meeting was held, instead continuous progress meetings and interaction between involved agencies and the RCO were held during the implementation period.

- 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 RC/HC CERF report was shared with all UN agencies in Tanzania and progress on implementation on the projects have been presented.

- 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 draft report was developed in consultation with partners and input provided during the drafting process.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: 8 million		
Breakdown of total response funding received by source	Source	Amount
	CERF	1,498,097
	COUNTRY-BASED POOL FUND (<i>if applicable</i>)	
	OTHER (bilateral/multilateral)	
	TOTAL	1,498,097

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 18/10/2016			
Agency	Project code	Cluster/Sector	Amount
IOM	16-RR-IOM-035	Shelter/NFI	750,000
UNICEF	16-RR-CEF-111	Education	449,935
UNICEF	16-RR-CEF-112	Child Protection	198,010
UNICEF	16-RR-CEF-113	Shelter/NFI	100,152
TOTAL			1,498,097

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	908,703.64
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	291,091.26
Funds forwarded to government partners	298,302
TOTAL	1,498,097

HUMANITARIAN NEEDS

On Saturday, 10th September 2016, an earthquake of 5.9 magnitude hit North West Tanzania, at about 44 km from Bukoba town on the western shore of Lake Victoria, in Kagera region. The three districts most affected were Bukoba DC, Bukoba MC and Misenyi. An estimated 117,721 people lost their homes, most were forced to live outside without adequate shelter and basic facilities.

The disaster also impacted the education sector to varying degrees. In the three district councils, a high number of classrooms and latrines were damaged affecting the capacity of schools to accommodate the students. The destruction of school buildings, specifically classrooms and toilets negatively affected learning activities. The destruction of many latrines coupled with lack of nearby safe water facilities increased the pressure on the remaining few facilities thus increasing the likelihood of disease outbreak due to poor hygiene practices (including open defecation). In most visited schools, textbooks and teaching materials were not affected, and were available for use. Observations also indicated that the attendance rate of children rendered homeless or sent to relatives/villages was likely to decline. Additionally, girls would be the most affected from this situation as they would be left behind to care for siblings and watch over properties. The same applies to teachers rendered homeless. In emergency situations children with disabilities are often left behind and suffer multiple vulnerabilities. One of the schools that was hardest hit in Kagera Municipal council was Mugeza Mseto, a school, for children with special needs including albinism.

Apart from damages of water storage facilities reported in one school in Bukoba Municipal, the earthquake didn't generally damage water facilities. At household level, most families were using clay pots for drinking water storage and jerry cans/buckets for water collection. Most families have reported that the water containers were damaged making it difficult to store water safely. Considering that most of the water sources are unprotected springs and a few hand pumps, the risk of contamination of drinking water is very high exposing the affected communities to water borne diseases like cholera – which is still being reported from some regions in the country. Kagera region has reported 191 cases (5 deaths; case fatality ratio 2.6%). Some families reported using boiling as a form of ensuring that their drinking water was safe however, with families houses and water containers damaged, it was difficult to do any form of household (HH) water treatment and safe storage.

Stress and in some cases, significant signs of trauma, were evident in those who were sleeping in the open. Protection risks were exacerbated by the way other sectors have been affected by the earthquake, i.e., with the destruction of shelters, families were sleeping either out in the open or in groups under tents, and the distribution of the “normal routine that schools would have provided. Two of the most affected wards, Hamegembe and Kashai, are highly congested urban areas. The lack of emergency shelters was likely to increase protection incidents and gender-based violence, as women and children are sleeping without proper shelter and now have to walk further away from their homes to use functioning toilets. Many girls are now staying home to care for younger children, but also take care of household properties that are kept outside damaged houses. With the high number of children unable to go to school combined with the family need for income to rebuild, there is an elevated risk that children will not return to school and instead end up working.

Both adults and children have been emotionally/psychologically affected, and are in desperate need of psychosocial support. Unfortunately, parents and caregivers who are expected to support their children are also psychologically stressed and cannot be supportive enough. Amplifying protection concerns is that Kagera does not have a child protection system capacitated with enough social welfare officers (SWOs) to address the myriad of protection concerns that exist on a regular basis, let alone during times of crises.

II. FOCUS AREAS AND PRIORITIZATION

The Government of Tanzania, through the Disaster management department of the Prime Minister's Office and the Kagera Regional Disaster Management Committee, led the overall coordination of the earthquake response. The joint assessment carried out in Bukoba following the earthquake clearly identified three priorities for education:

1. Emergency shelter for those severely affected by the earthquake
2. Construction of temporary learning spaces, renovation and reconstruction of school buildings in schools damaged by the disaster
3. Psychosocial support to families traumatized by the earthquake, particularly children who have lost both homes and schools

Regarding the first component, emergency shelters (as well as household and shelter non-food items), IOM worked closely with regional and district authorities as well as the Disaster Management Department to define the priority actions and specific expected results. In close coordination with government authorities at regional and national level, and following review and approval by the UN CERF secretariat, the decision was taken to set up emergency shelters instead of tents, as this was much more in line with the needs of the beneficiary population.

Once the Tanzania Red Cross Society had been identified as the implementing partner, TRCS and IOM jointly conducted courtesy calls and orientation meetings with government authorities which were convened at regional and district respective offices, aiming at introducing the project objectives and activities in order to create a coordination network among the relevant agencies/ offices involved. It was during these meetings that district authorities were requested to provide lists of the identified affected population in specific districts, to enable TRCS to carry out beneficiaries' verification at the community level. At ward level, ward executive officers were contacted and oriented on the project goals and objectives, in order to support volunteers in beneficiary identification, targeting the affected people who were most vulnerable, Tanzania Social Action Fund (TASAF) clients being among them.

Regarding the second and third components, priorities were also defined in close coordination with the Government, and in discussions between UNRC, Prime Minister's Office and Ministry of Foreign Affairs), the Government informed the UN that they did not want psychosocial support through the UN but more tangible and long term support through rehabilitation and/or construction of schools/classrooms. It was recommended to revise the proposal and discussion was held with counterparts in government at central and local level to ensure their support and agreement on priorities.

In September 2016, The Minister of Education and, the UNICEF Representative visited Bukoba Municipal Council to assess the impact of the earthquake on education. During subsequent discussions with the Minister and ministry officials, the Bukoba Municipal officials and also with the Mugeza Mseto School Committee it was made clear that they did not want any temporary structures but preferred renovation or reconstruction of education buildings, including classrooms, dormitories, and latrines which were severely damaged. Given the costs of rehabilitation of education buildings it was mutually agreed to focus the resource in one of the special schools which was hardest hit i.e. Mugeza Mseto Special School which had a big population of children with disabilities, including children with albinism, which made them even more vulnerable. In addition, it was agreed that UNICEF would be responsible for the procurement of key construction supplies while the Bukoba Municipal Council would be responsible for procurement of locally available materials and hiring and payment of contractors. Given that the local government authority was not sufficiently knowledgeable on UN system., it was also agreed to conduct orientation/training to relevant financial and programme personnel in Bukoba on the handling and liquidation of UNICEF funds to minimize the risks.

III. CERF PROCESS

The joint needs assessment which was the basis of the prioritization was undertaken by: Government partners (National and Regional authorities); UN agencies (IOM, UNICEF, WFP, UNFPA, UNHCR, WHO, FAO & UNDAC); and NGOs (Plan International, Save the Children, BRAC and TRCS). The report was presented to the Regional Disaster Management Committee for verification and approval and was shared with all in-country partners, UN, NGOs and donors. The priority areas identified were agreed by all. In the preparation of the CERF application, UN consulted with the members of the assessment mission, who had conducted secondary data verification from District Councils, complemented with primary data collection through key informant interviews and direct observation in all six affected districts. Further discussions were held with local authorities and beneficiaries directly, in order to find out as much information as possible about the type of shelter and NFI items required. The assessment report provides information as to the availability of certain NFI (e.g. tents, ropes, buckets) on the local market and the type of assistance required in each district based on the context.

All UN agencies were invited to provide their input to a potential CERF application in response to the priority areas identified. Following deliberation, two agencies (IOM and UNICEF) with the comparative advantage to respond within these sectors moved forward to submit an initial proposal of planned interventions to the CERF secretariat who approved a tentative funding envelope. The CERF proposal was shared with the UN Country Management Team before submission to the CERF secretariat.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR¹

Total number of individuals affected by the crisis: 117,721									
Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Child Protection	7,527	1,619	9,146	6,322	1,079	7,401	13,849	2,698	16,547
Education	5,720		5,720	5,703		5,703	11,423		11,423
Shelter	17,896	17,369	35,265	17,004	16,217	33,221	34,900	33,586	68,486

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

BENEFICIARY ESTIMATION

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING²

	Children (< 18)	Adults (≥ 18)	Total
Female	18,773	18,242	37,015
Male	17,846	17,057	34,903
Total individuals (Female and male)	36,619	35,299	71,918

² 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.

Assessment data which included a good breakdown of demographics was the basis for design of the interventions, complemented by the local register for beneficiaries under the Social Protection scheme to identify the most vulnerable. In regards to number of beneficiaries reached, reports from implementation partners have been used which have been validated. Potential overlaps have been reduced as there has been a good registration of beneficiaries under the Shelter interventions, where multiple agencies have provided support. Whereas some beneficiaries received support from more than one agency, based on the humanitarian needs identified, double counting has been avoided as far as possible.

CERF RESULTS

UNICEF in collaboration with the Environmental Engineering Pollution Prevention Control organization (EPCO) provided support for School Water Sanitation and hygiene services (SWASH) in schools affected by the earthquake. 10,660 (5,337 boys and 5,323 girls) pupils in 17 schools have been reached with improved WASH services. In addition, 161 stances of improved latrines were constructed (16 MHM facilities, 33 for pupils with disabilities, 10 urinals for boys and 102 normal dropholes). In each of the target schools, separate blocks for boys, girls and teachers were provided. Each of the girls blocks has a toilet with facilities for menstrual hygiene Management (MHM) to meet needs of the pubescent girls. In addition, each of the boys and girls blocks has a toilet to cater for the needs of pupils with disabilities. Either incinerators or disposal pits were provided in all schools to support hygienic disposal of menstrual sanitary materials. Handwashing stations were set up in all the 17 schools in addition to soap distribution to promote handwashing with soap after latrine use.

The SWASH response included a component on capacity building through training of the District Water and Sanitation Teams (DWST), School management committee and SWASH clubs on Operations and Maintenance (O&M) and sustainability guided by the National School WASH guidelines. 17 SWASH clubs composed of 780 members (425 girls and 355 boys) were trained (one in each school). Together with the school management committees, the SWASH clubs have now taken over the O&M of the SWASH facilities in addition to sensitizing the school community on improved hygiene behaviours. During the last monitoring visit to all the target schools, it was observed that the school environment and the latrines are clean, used and well maintained. Each school has an operational O&M plan.

UNICEF through EEPSCO and in collaboration with Kagera region, Bukoba urban and rural and Misenyi District, supported 53,433 people (9,715 households) with household water treatment and safe storage interventions (HHWTSS). Each household received one 20-litre bucket and 4-month equivalent supply of water guard to promote HH water treatment and safe storage. Monitoring of this intervention indicates that 95% of the target HH can describe correctly how to use water guard for drinking water treatment while the same proportion could recall three out of the five critical times for handwashing with soap. Fifty-eight community hygiene volunteers were trained and are the ones who do the distribution of buckets and water guards as well as sensitizing the beneficiaries on the proper use of those supplies. The community hygiene volunteers facilitated 104 community meetings in 60 streets and 44 villages in Bukoba Urbana and rural respectively sensitizing the community on the improved hygiene behaviours with demonstrations on the use of the buckets and water guard for HHWSS promotion. In addition, 285 buckets and water guard were distributed to the 17 schools and 40 health centres to promote water treatment and safe storage in those institution as he requested by DWST.

In response to protection risks, 16,547 individuals were reached via community outreach and through play/recreation activities with support of the child friendly space and recreation kits. Fourteen Social Welfare Officers were able to provide Case Management support to children (and adults) with acute protection concerns, particularly in those wards that were most adversely affected in the three target districts of Bukoba DC, Bukoba MC, and Misenyi DC. In Misenyi DC, a total of 967 'vulnerable' individuals were provided with psychosocial support care (812 children (405M//407F); 63 Adults (21M/42F); and 92 persons with disabilities (combination of children/adults 34M/58F). In Bukoba District Council, 243 (121M/122F) Social Welfare Officers also facilitated identification and training of fit persons in Misenyi District Council as well as training of 75 members of the three District Child Protection Teams in all the three Districts (25 members from each council). Each District Child Protection Team has developed a plan on how to continue supporting children victims of violence and those severely affected by the earthquake, following the national child protection systems guideline. In addition, SWOs also participated in raising community awareness on child protection, including how to identify children at risk of violence and where to report. They also initiated (and supported) case management to children who were living in children institutions in areas severely affected by the earthquake. Through their support, one children institution was closed and children moved to another institution, local government authorities are continuing to develop plans for reintegration of most of these children with their communities.

Access for quality education was provided to 150 pupils following construction of three classrooms at Mugeza Mseto School which accommodated entry doors and ramps for easy access of children with disabilities at the Mugeza Mseto School. In addition, 192 (96 boys/96 girls) were provided with four new dormitory blocks with facilities for disabilities in place. School water and sanitation facilities were improved following construction of two ablution blocks with a total of 16 toilets and 16 bathrooms and disability facilities with standards installed. In addition, one sickbay with two toilet blocks was completed.

IOM and its implementing partner (IP), the Tanzanian Red Cross Society (TRCS), constructed a total of 1,244 emergency shelters for vulnerable households who had been most affected by the earthquake. The total number of beneficiaries who received emergency shelters is 5,556, of whom 2,626 are female and 2,917 male. Following close coordination with relevant local, district and regional authorities, the severely affected district of Bukoba Municipal received the highest number of emergency shelters, 493, benefiting a total of 2,278 persons, of whom 1,079 are male and 1,186 female. Beneficiaries in the remote district of Misenyi received 451 shelters (the population is 1,989 persons, of whom 928 are male and 1,061 female), and in Bukoba Municipal, 493 shelters were constructed for a total of 2,278 persons, of whom 1,079 are male and 1,186 female.

Prior to the construction of the shelters and with support from IOM, TRCS assisted communities in debris removal. Debris removal was done for a total of 133 households in the densely-affected areas in Bukoba Municipality, so as to pave a way for temporary shelter construction. Initially vehicle usage for debris removal was part of the plan; however, after initial site visits, the plan was changed to utilize only trolleys, spades and hoes. This activity was successfully accomplished by the TRCS volunteers in collaboration with family members who were stuck with the huge heaps of broken bricks at their sites with no hope of restoring their shelters.

In preparation for the construction of the emergency shelters, TRCS in collaboration with IOM organized a specialized training for shelter construction for fifty- four participants who had previous experience and expertise in carpentry or construction. TRCS identified volunteers from areas where shelters were to be constructed, to make up teams of 2 trained masons who in the course of action enrolled other 3 assistant volunteers to make a team of 5 people each.

Facilitators for the training were from IOM technical staff and TRCS shelter construction specialized volunteers from Dar es Salaam. The training was held for 2 days at Nyakato ward and completed by all fifty-four participants.

Following registration and verification of beneficiaries, which was carried out by TRCS in close collaboration with local and regional authorities, teams were deployed in wards depending on the number of shelters to be constructed per ward (usually 1 or 2 teams per ward). Each cluster of teams was supervised by a team lead, who had been previously trained to ensure standards were observed during construction. Checklists were in place to approve the completed shelters based on the standards set by TRCS and IOM monitoring teams in the field. In addition, TRCS team leads were responsible for the daily coordination with ward and village leaders.

In addition to the construction of emergency shelters for vulnerable affected households, IOM and TRCS distributed household and shelter non-food items to a total of 2,852 beneficiary households (or a total of 12,936 individuals, of whom 6,092 were male and 6,844 female), who had been selected in a process which was closely coordinated with local and regional authorities. The distribution of material was carried out in different phases. Prior to distribution, coordination meetings were organized involving regional and district disaster coordinators for joint planning of the distribution timeline, modalities and material packaging. NFI materials were agreed to be distributed from ward offices, while shelter poles and other material were transported to village level at the post, where it was convenient for all beneficiaries to collect and transport them to their sites. These sites were designated and allocated by village executive officers.

In order to carry out the distribution, teams of 9 were deployed per distribution site, each team comprised of 6 TRCS volunteers, 1 TRCS supervisor (responsible for organizing the site and cross-checking the list of beneficiaries against their ID, and for site security), ward executive leader (responsible for community mobilization), and one district representative (ensuring standards and procedures were adhered to). Beneficiaries were invited 1 or 2 days before the distribution was planned, and they were informed on the distribution time and site by TRCS and/ or local authorities.

All beneficiaries receiving materials were called by the ward executive leader, and the number of material pieces was loudly announced. The beneficiaries then walked up to the registrar for verification and signing the issuance forms. Control mechanisms were put in place, ensuring, for example, that the supervisor accompanied all beneficiaries out of the distribution area, and volunteers checked that beneficiaries were only those who had previously been approved at the relevant ward meetings.

CERF's ADDED VALUE

Overall CERF funding has improved provision of humanitarian support in funded sectors and enabled the consideration of vulnerable groups such as inclusion of latrines for children with disabilities in school to ensure access to sanitation and WASH facilities. In addition, all the girls' blocks have latrines for menstrual hygiene management. The CERF funding presented the opportunity to demonstrate the application of the National School WASH guidelines in meeting minimum standards in school WASH.

The availability of extra classrooms, dormitories and ablution block have greatly served to decongest the overcrowded classrooms and dormitories and served to greatly improve the living and learning environment. The expansion of the sickbay will serve to support more children, especially children with albinism who are in constant need of specialized medical attention and facilities.

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

YES PARTIALLY NO

The CERF funding contribution enabled partners to immediately respond which otherwise would not have been done due to limited resources for the earthquake emergency. Due to the shift from construction of temporary learning spaces to rehabilitation of Mugeza Mseto special needs school this had implications on the time and scope of the operations resulting into some necessary delays.

b) Did CERF funds help respond to time critical needs¹?

YES PARTIALLY NO

The funds enabled UN with partners to respond to critical needs in most affected sectors. 149 out of the 756 pupils (81 girls and 68 boys) in Mugeza Mseto Primary have some form of physical disabilities with varying degrees of severity. Considering this high number of children with disabilities, all the stances (4 for boys and 5 for girls) constructed by EEP/CO/UNICEF were fitted with facilities for children with disabilities to allow for improved access to the sanitation facilities for these children as well as learning facilities for these children.

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

YES PARTIALLY NO

As a result of the CERF funding, UNICEF has mobilized funds from regular resources to fund water supply at the Mugeza Mseto primary (the school with 149 pupils with special needs), a gap that was not funded by CERF. The process of determining the most suitable technical option was on going at the time of writing this report. Following the rehabilitation/ construction through CERF funds various organizations have begun to provide support to the school mainly some supplies for the children with disabilities. Some of the supplies include: Mattresses; Beds, cupboards, bed sheets, mosquito nets, beds for the sick bay; Braille machines; magnifiers (for children with albinism), wheel chairs, white canes; First aid kits; diagnostic kits, etc.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

The CERF allocation strengthens coordination of UN agencies, the Government and partners at national, and Kagera regional (this case Kagera region) and LGA levels. At the national level, the UN agencies worked together to develop a joint proposal and report. At the field level, the Regional, LGAs, IPs and UN agencies planned and worked together on minimizing duplication and successful completion of the proposed activities for the benefit the people affected by the earthquake. The CERF funding afforded an opportunity to promote the application of the Tanzanian National School WASH guidelines in implementing WASH in schools.

The challenges caused by the shift from temporary structures to rehabilitation and the presence of various implementers' necessitated enhanced coordination to ensure the achievement of the project. Frequent monitoring visits were done by the UNICEF Education and WASH Officers; a coordination team was formed at the district level chaired by the District Executive Director with members from various departments; The Mugeza Mseto school committee was given a unique role of ensuring security and quality assurance of the implementation process. Regular weekly visits were conducted to the site and progress meetings were held with reports shared at various levels.

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

In the 17 schools that were reached with sanitation and hygiene services, the minimum interim access standard ratio of 1 drophole to 41 girls/boys was achieved. With the provision of handwashing stations with soap, MHM rooms for pubescent girls and consideration of special toilet rooms for children with disabilities, the CERF funding enhanced protection of children while in schools and increased confidence of girls to attend school during menstrual periods as well as children with disability gaining confidence of accessing apt sanitation services.

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.).

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
None		

TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
CERF funding through the rapid response window for a fast - evolving emergency situation	This response was funded through the rapid response window. However, by the time UNICEF entered into an agreement with Ministry of Education and Bukoba Municipal Council, the emergency had already evolved into rehabilitation and development phase. The CERF funded temporary structures while the government policy recommends that only permanent structures are to be built in schools. In that regard, there is need to collaborate closely with the Government even at the proposal development stage to get the policy guidance considerations into the programme design to minimize alterations at the implementation stage.	UNICEF/ CERF/ Govt
Involvement of community at different stages of project even in emergency response is crucial for sustainability purposes	Strong school management committee is a good link in engaging with community. In the implementation of the rehabilitation project the strong involvement of the school committee especially in overseeing the quality of the project and day to day management resulted into a quality project reflecting the needs of the children. The school committee were instrumental in identifying gaps in the construction design and demanded some modifications to accommodate some needs of the children with disability e.g. ramps, door and toilet sizes and WASH facilities. They also ensured that no misuse of funds and or materials was done by demanding reports and keeping records. As a result the project was implemented in an efficient and effective way.	UNICEF/ CERF/ Govt
Collaboration with the government at the different levels during the proposal development stage and during implementation for policy guidance and quality assurance to minimize the extent of redesigning the projects after they have been funded by CERF.	Involvement of the government during the CERF proposal design will be critical to input the policy guidance at the earliest stage to minimize the changes that will be required after the funding is granted. CERF funded temporary structures for latrines and classroom spaces however, permanent structures were constructed as per the government guidance that greatly impacted on the number of schools/pupils that were eventually reached in relation to planned.	UNICEF/UNRC

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	06/10/2016 - 05/04/2017		
2. CERF project code:	16-RR-CEF-111		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Education			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Enhancing access to safe and quality education and School Water and Sanitation facilities for schools affected by the Earthquake in Kagera					
7. Funding	a. Total funding requirements ² :	US\$ 1,800,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ³ :	US\$ 449,935	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 135,741	
	c. Amount received from CERF:	US\$ 449,935	▪ <i>Government Partners:</i>		US\$ 173,493	
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
<i>Children (< 18)</i>	8,628	8,289	16,917	5,882	5,703	11,423
<i>Adults (≥ 18)</i>						
Total	8,628	8,289	16,917	5,882	5,703	11,423
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
<i>Refugees</i>						
<i>IDPs</i>						
<i>Host population</i>						
<i>Other affected people</i>			16,917	11,423		
Total (same as in 8a)			16,917	11,423		

² This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

³ This should include both funding received from CERF and from other donors.

<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>In subsequent discussions with the Government (UNRC with PMO and MOFA) they commented that they did not want psychosocial support or tents through the UN but more tangible and long term support through rehabilitation and /or construction of schools/ classrooms. They also had hoped that the money would be transferred to government as there was a concern that some of the money would not reach the beneficiaries.</p> <p>The UNRC recommended that UNICEF should review the proposals and discuss them with our counterparts in government at central and local level to ensure we have their support and meet agreed upon priorities. He also recommended we take out tents and psychosocial support and other "soft" items and replace them with tangible products and assistance to the extent possible.</p> <p>In September 2016, The Minister of Education and, the UNICEF Representative visited Bukoba Municipal Council to assess the impact of the earthquake on education. During subsequent discussions with the Minister and ministry officials, the Bukoba Municipal officials and also with the Mugeza Mseto School Committee it was made clear by the Minister that they are not interested in temporary structures but that they preferred renovation or reconstruction of education buildings, including classrooms, dormitories, and latrines which were severely damaged.</p> <p>Given the huge costs of rehabilitation of education buildings it was mutually agreed to focus the resource in one of the special schools which was hardest hit i.e. Mugeza Mseto Special School which had a big population of children with disabilities, including children with albinism, which made them even more vulnerable.</p>
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CERF Result Framework			
9. Project objective	Improved access to safe learning spaces with adequate and safe water and sanitation facilities in 25 schools in the three district councils of Bukoba Municipal, Bukoba rural and Misenyi, affected by the earthquake for six months.		
10. Outcome statement	Children from schools affected by earthquake access quality and safe education		
11. Outputs			
Output 1	16,917 children in the two districts affected by the earthquake access quality and safe education		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of affected schools provided with Temporary Learning Spaces	25	One Special Needs Primary school
Indicator 1.2	# of learners accessing Temporary learning spaces	16,917	763 children accessing rehabilitated classrooms, improved dormitories, improved toilet facilities and enhanced health services
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of tents and plastic sheets	UNICEF	Bukoba Municipal Council-
Activity 1.2	Hiring cost for construction	UNICEF	Bukoba Municipal Council-

Output 2	6,000 boys and girls from 10 most-affected schools have improved awareness and enabled to practice improved hygiene behaviours.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	# of affected schools provided with adequate handwashing facilities	10	17
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Procurement of supplies soap	UNICEF/EEPCO	UNICEF/EEPCO
Activity 2.2	Formation and training of SWASH Clubs	UNICEF/EEPCO	UNICEF/EEPCO
Activity 2.3	Daily hygiene promotion sessions in 10 targeted schools	UNICEF/EEPCO	UNICEF/EEPCO
Activity 2.4	Monitoring of SWASH activities in the ten schools	UNICEF/EEPCO	UNICEF/EEPCO
Output 3	6,000 girls and boys and their teachers from 10 earthquake-affected schools have improved access to sanitation		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	# latrines for children with disabilities per school	2	2
Indicator 3.2	# latrines equipped for menstrual hygiene management per school	2	1
Indicator 3.3	# schools reached with temporary latrines	10	17
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Construction of 20 blocks of 16 drop holes for pupils and 10 blocks of 2 drop holes each for teachers of temporary latrines in 10 schools affected by earthquake	UNICEF/EEPCO	UNICEF/EEPCO
Activity 3.2	Construction of equipped handwashing stations in 10 schools	UNICEF/EEPCO	UNICEF/EEPCO

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:

Given the huge costs of rehabilitation of education buildings it was mutually agreed between the Minister of Education and the UNICEF Representative visited Bukoba Municipal Council to focus the resource in one of the special schools which was hardest hit i.e. Mugeza Mseto Special School which had a big population of children with disabilities, including children with albinism, which made them even more vulnerable. As such only one school was supported reaching 763 children.

For school WASH, the planning target was 10 primary schools however 17 schools were reached with improved latrines and hygiene promotion. On the other hand, only 161 stances (102 normal dropholes, 33 latrines for children with disabilities, 16 rooms for MHM and 10 urinals) out of the planned 320 stances were achieved. The reasons of the discrepancy are as follows:

- The earthquake occurred on 10th September 2016 while the interventions commenced in January 2017 when responses had switched gear to rehabilitation and development phase. The Government who were leading the response advised that all the structures to be put up in schools had to be permanent as the schools were there to stay. In collaboration with the government, the UNICEF/EEPCO team worked with the local government authorities to change the latrine options from emergency to improved latrines. The response was guided by the national School WASH guidelines. In the target schools, the national schools WASH standards on access was met now at 1 drophole to 41 girls and 1 drophole to 41 boys.
- 17 instead of 10 schools were reached with improved latrines and hygiene promotion. On assessment, 7 schools had one

block each in good condition. With discussion with the school management committees, this old block was left for use by boys while EEPCO supported putting up a new block for girls. This allowed to accommodate more schools hence the increase to 17 schools.

- SWASH reached 10,660 compared to 6,000 planned due to increase of reached schools from 10 to 17.

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

The implementing partners conducted extensive consultation with the District Water and Sanitation teams (DWST). 32 primary schools were assessed from which 17 most affected schools were selected for intervention. EEPCO then worked closely with the school management committee in siting for the WASH facilities as well drawing of the O&M plans. The school management committee and SWASH clubs were trained and have now taken over the O&M of the SWASH facilities as well as continued sensitization of the school community on improved hygiene practices.

In the implementation of the rehabilitation project the strong involvement of the school committee especially in overseeing the quality of the project and day to day management resulted into a quality project reflecting the needs of the children. The school committee were instrumental in identifying gaps in the construction design and demanded some modifications to accommodate some needs of the children with disability e.g. ramps, door and toilet sizes and WASH facilities. They also ensured that no misuse of funds and or materials was done by demanding reports and keeping records. As a result the project was implemented in an efficient and effective way.

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

EVALUATION CARRIED OUT

No formal evaluation was planned or conducted related to the response to the earthquake in Kagera region. UNICEF used regular monitoring mechanisms as a means to collect information and data on outputs/results. The monitoring methods included field monitoring visits, spot checks and through the monitoring by the LGAs, Kagera regional secretariat as well as the Department of Disaster at the Prime Ministers' office (PMO). With the changes in approach of implementation by the Local government that caused delays in start of the project, it was difficult to plan and complete any formal evaluation.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	06/10/2016 - 05/04/2017		
2. CERF project code:	16-RR-CEF-112		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Child Protection			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Support to the protection of children affected by the earthquake in Kagera					
7. Funding	a. Total funding requirements ⁴ :	US\$ 1,400,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ⁵ :	US\$ 198,010	<ul style="list-style-type: none"> ▪ <i>NGO partners and Red Cross/Crescent:</i> 			
	c. Amount received from CERF:	US\$ 198,010	<ul style="list-style-type: none"> ▪ <i>Government Partners:</i> US\$ 124,671 			
Beneficiaries						
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).						
<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 (< 18)</i>	6,500	5,000	11,500	7,527	6,322	13,849
<i>Adults (≥ 18)</i>	4,000	3,500	7,500	1,619	1,079	2,698
Total	10,500	8,500	19,000	9,146	7,401	16,547
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>						
<i>IDPs</i>						
<i>Host population</i>						
<i>Other affected people</i>	19,000			16,547		
Total (same as in 8a)	19,000			16,547		
<i>In case of significant discrepancy between planned and reached</i>	The 16,547 above reflects the estimated number of individuals reached via community outreach and through play/recreation activities with support of the child friendly space and recreation kits, estimated to serve 50 pax each x 250 kits. That said, the SWOs					

⁴ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

⁵ This should include both funding received from CERF and from other donors.

<i>beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	did carry out case management for children with acute protection concerns.
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CERF Result Framework			
9. Project objective	Strengthening protection of children in two earthquake affected districts in Kagera.		
10. Outcome statement	Children from schools affected by earthquake are protected from violence, abuse, neglect and exploitation and receive psychosocial support		
11. Outputs			
Output 1	21 SWOs officers deployed to three districts in Kagera (Bukoba Urban and Bukoba Rural as well as Misenyi Districts- the most affected districts) to provide protection services.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of SWO deployed	14	21
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Support deployment of 14 SWO to three districts for six (6) months	UNICEF/LGAs of Bukoba rural and Bukoba urban as well as Misenyi	UNICEF/LGAs of Bukoba rural and Bukoba urban as well as Misenyi
Output 2	An estimated 10,000 children reached through psychosocial support by provision of 250 play/recreational kits to 20 schools and to Plan International		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	# of children getting access to play/recreational kits	10,000	12,500
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Procurement of CFS kits	UNICEF	UNICEF
Activity 2.2	Distribution of CFS Kits to Bukoba rural, Bukoba urban, and Misenyi	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:	
<p>As per the above, the numbers reached is based on estimates; however, the 21 Social Welfare Officers were able to provide Case Management support to children (and adults) with acute protection concerns, particularly in those wards that were most adversely affected in the three target districts of Bukoba DC, Bukoba MC, and Misenyi DC. In Misenyi DC, a total of 967 'vulnerable' individuals were provided with psychosocial support care and in Bukoba District Council, 243.</p> <p>Social Welfare Officers also facilitated identification and training of fit persons in Misenyi District Council as well as training of 75 members of the three District Child Protection Teams in all the three Districts (25 members from each council). Each District Child Protection Team has developed a plan on how to continue supporting children victims of violence and those severely affected by the earthquake, following the national child protection systems guideline.</p> <p>In addition, SWOs also participated in raising community awareness on child protection, including how to identify children at risk of violence and where to report. They also initiated (and supported) case management to children who were living in children institutions in areas severely affected by the earthquake. Through their support, one children institution was closed and children moved to another institution, local government authorities are continuing to develop plans for reintegration of most of these children with their communities.</p>	
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
<p>UNICEF worked closely with the Local governments of the affected districts including Social Welfare Officers to identify protection needs and design implementation plans and monitoring of protection needs. SWOs were embedded in the existing Local government structures to ensure continuity in implementation of protection of children.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
<p>No formal evaluation was planned or conducted related to the response to the earthquake in Kagera region. UNICEF used regular monitoring mechanisms as a means to collect information and data on outputs/results. The monitoring methods included field monitoring visits, spot checks and through the monitoring by the LGAs, Kagera regional secretariat as well as the Department of Disaster at the Prime Ministers' office (PMO). With the changes in approach of implementation by the Local government that caused delays in start of the project, it was difficult to plan and complete any formal evaluation.</p>	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNICEF IOM	5. CERF grant period:	06/10/2016 - 05/04/2017 (UNICEF) 06/10/2016 - 05/04/2017 (IOM)			
2. CERF project code:	16-RR-CEF-113 16-RR-IOM-035	6. Status of CERF grant:	<input type="checkbox"/> Ongoing			
3. Cluster/Sector:	Shelter/Non-Food Items		<input checked="" type="checkbox"/> Concluded			
4. Project title:	Providing Life-Saving Emergency Shelter and Non-Food Items to People Affected by the Earthquake in Kagera					
7. Funding	a. Total funding requirements ⁶ :	USD 7,000,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ⁷ :	US\$ 850,152	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 155,350	
	c. Amount received from CERF:	US\$ 850,152	▪ <i>Government Partners:</i>			
Beneficiaries						
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).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	12,776	12,275	25,050	17,896	17,004	34,900
Adults (≥ 18)	12,725	12,225	24,950	17,369	16,217	33,586
Total	25,500	24,500	50,000	35,265	33,221	68,486
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs						
Host population						
Other affected people	50,000			68,486		

⁶ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

⁷ This should include both funding received from CERF and from other donors.

Total (same as in 8a)	50,000	68,486
<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>	For the case of the emergency shelter and household NFI distribution, IOM and was able to reach a higher number of beneficiaries due mainly to the change from the planned procurement of tents to the purchase, distribution and construction of emergency shelters with corrugated iron sheets.	

CERF Result Framework			
9. Project objective	To provide temporary shelter and NFI to 1,000 most vulnerable households and access to safe water for 10,000 households in the affected districts of Kagera region in Tanzania, Bukoba Municipal Council, Bukoba District Council and Misenyi District Council.		
10. Outcome statement	Most vulnerable households who have lost their houses as a result of the earthquake protected against imminent risks to health and security		
11. Outputs			
Output 1	Most vulnerable affected households provided with household NFI kits		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of households who have received NFI kits	1,330	3,182
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procure household NFI kits	IOM	IOM
Activity 1.2	Hold meetings with district executive officers, Implementing Partner and other stakeholders to match lists of most vulnerable households with earthquake-affected households who have lost their homes and decide on distribution list	IOM and Tanzanian Red Cross Society (TRCS)	IOM, TRCS
Activity 1.3	Distribute household NFI kits to beneficiaries	TRCS	TRCS
Activity 1.4	Monitoring and coordination between partners and government	IOM	IOM
Output 2	Most vulnerable affected households provided with shelter kits		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	# of households who have received shelter kits	1,330	1,580
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Procure shelter kits	IOM	IOM
Activity 2.2	Hold meetings with district executive officers, Implementing Partner and other stakeholders to match lists of most vulnerable households with earthquake-affected households who have lost their homes and decide on distribution list	IOM, TRCS	IOM, TRCS

Activity 2.3	Distribute shelter kits	TRCS	TRCS
Activity 2.3	Monitoring and coordination between partners and government	IOM	IOM
Output 3	Most vulnerable affected households requiring help to set up temporary shelter provided with construction assistance		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	# of volunteers trained to help families set up temporary shelters	70 (35 men and 35 women)	54 supervisor-carpenters, all men (due to difficulty in finding female carpenters in short time available)
Indicator 3.2	# of temporary shelters constructed for affected vulnerable households	1,000	1,244
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Train volunteer trainers to build temporary shelters	TRCS	TRCS
Activity 3.2	Construct temporary shelters for affected vulnerable households	TRCS	TRCS
Activity 3.3	Monitoring and coordination between partners and government	IOM	IOM
Output 4	Most vulnerable families in urgent need of tents provided with IFRC-UNHCR standard family tents		
Output 4 Indicators	Description	Target	Reached
Indicator 4.1	# of households who have received tents	100	0
Output 4 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 4.1	Procure tents	IOM, ShelterBox	Not done following consultation with government authorities
Activity 4.2	Hold meetings with district executive officers, Implementing Partner and other stakeholders to match lists of most vulnerable households with earthquake-affected households who have lost their homes and decide on distribution list	IOM, TRCS, ShelterBox	Not done following consultation with government authorities
Activity 4.3	Distribute tents	TRCS	Not done following consultation with government authorities
Activity 4.4	Monitoring and coordination between partners and government	IOM	Not done following consultation with government authorities
Output 5	10,000 households affected by earthquake are enabled to access adequate and safe drinking water through HH water treatment and safe storage.		
Output 5 Indicators	Description	Target	Reached

Indicator 5.1	# household who have received chlorine tablets	10,000	9,715
Indicator 5.2	# households who have received drinking water storage buckets	10,000	9,715
Output 5 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 5.1	Procurement of supplies (chlorine tablets and buckets)	UNICEF/TRCS/EEPSCO	UNICEF
Activity 5.2	Distribution of water guard and buckets to 10,000HH	UNICEF/TRCS/EEPSCO	UNICEF/EEPSCO
Output 6	10,000 households and communities have improved awareness and are empowered to adopt and sustain behavior on HH water treatment and safe storage and other hygiene behaviors.		
Output 6 Indicators	Description	Target	Reached
Indicator 6.1	% of the target population who can recall 3 critical for washing hands with soap	80%	95%
Indicator 6.2	% of target population who can describe how to treat drinking water using chlorine tablets.	80%	95%
Output 6 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 6.1	Facilitate a half-a-day emergency orientation for 100 community volunteers on use of water treatment tables and personal hygiene	UNICEF/TRCS/EEPSCO	UNICEF/EEPSCO
Activity 6.2	Information, Communication and Education for households on use for water treatment tablets through house to house/Schools visit and distribution of educative materials	UNICEF/TRCS/EEPSCO	UNICEF/EEPSCO

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:

9,715 households out of 10,000 planned were reached with HHWTSS. The remaining 285 buckets and water guard and soap were distributed in 40 dispensaries for handwashing promotion, water treatment and safe storage which was not in the initial plan. This was as per the advice from the District Water and Sanitation Teams (DWST) from the three target LGAs.

Activities 4.1-4.4 were not done due to amended plans as advised by the Local government in Kagera.

The intended projects outcomes were successfully attained, reaching beyond the target number of beneficiaries initially projected mainly for NFIs and Shelter kits activities. The procurement of tents (output 4) did not take place due to the change in demand at community and central government level as the beneficiaries requested to have enhanced temporary shelter which can withstand the local weather condition for better duration and physical protection. With the approval of the donor, the allocated budget was revised during a no-cost- extension, to procure corrugated iron sheets for roofing of the enhanced temporary shelters hence, increased the number of target households from 1,000 to 1,250 households (the numbers indicated above also included the 350 households listed in our baseline, who had received some NFI from donations carried out immediately after the earthquake occurred). Village and district leaders as well as regional authorities have reiterated their gratitude on behalf of the beneficiaries, who – without exception among all interviewed by IOM - regard the shelters very favourably, as they are well built and the material (especially the iron sheets) can easily be used as they gradually rebuild the walls replacing the current tarpaulins with bricks again.

Finally, due to some savings made on the cost of locally procured NFI, IOM was able to make additional purchases and increase the number of NFI beneficiaries, all of whom had been pre-identified by local authorities and the implementing partner during the verification exercise.

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

The community hygiene volunteers were selected from the respective target villages. In addition, the beneficiary lists were drafted by the respective villages, consolidated by the LGAs while verification was carried out by a team from the District Water and Sanitation Teams (DWST), village government and EEPKO.

The project was designed based on a multiagency assessment finding where the affected population participated in problem identification, particularly in reporting damages and expressing their needs. Moreover, they also participated in beneficiary registration and verification exercise: every household gave the necessary information to help target the most vulnerable and needy households in the framework of the prioritization exercise by officials of the disaster management committee in consultation with the Tanzania Red Cross Society, as the implementing partner (IP). The criteria to identify the most affected and most vulnerable were set in line with the Tanzania social security fund database and mainly comprised child-headed households, widows with children, people with disabilities, and elderly people. The Tanzania Red Cross Society worked hand in hand with ward, village and district authorities in the outreach to and selection of beneficiary households. The distribution of household and shelter NFI was carried out by ward leaders in the villages, in the presence and with support of the Tanzania Red Cross Society, who ensured that the distribution was carried out transparently and equitably among the beneficiary households. Target households signed and collected the NFI kits and shelter construction materials from distribution centres in the presence of local leadership and other community members. The IP explained to local authorities how allocations were made to each target household before the actual distribution so that beneficiaries knew their shares in advance.

The IOM project team was on the ground every day monitoring the distribution of NFI and shelter kits as well as the construction of the emergency shelters on the basis of pre-prepared and structured shelter monitoring forms. The monitoring team also carried out at least one interview with every beneficiary household leader. Any problems that were identified were reported back to the implementing partner, who addressed the situation together with the shelter construction team or the local authorities the following day. The local and regional authorities equally prepared their own monitoring plans for distribution and shelter construction.

Finally, beneficiary households themselves participated during construction of temporary shelter through labour and provision of plots of land, tools, more poles and wooden doors. In addition, the IP submitted regular reports to the concerned Regional Emergency Centre for follow up.

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

EVALUATION CARRIED OUT

No formal evaluation was planned or conducted related to the response to the earthquake in Kagera region. UNICEF used regular monitoring mechanisms to collect information and data on outputs/results. The monitoring methods included field monitoring visits, spot checks and through the monitoring by the LGAs, Kagera regional secretariat as well as the Department of Disaster at the Prime Ministers' office (PMO). With the changes in approach of implementation by the Local government that caused delays in start of the project, it was difficult to plan and complete any formal evaluation.

IOM prioritized daily and close monitoring of the distribution and construction plans. Two IOM shelter and emergency response experts from the IOM regional office in Nairobi and one from its headquarters in Geneva were deployed to assist the Tanzania Red Cross and local authorities in designing the work plan, carrying out the distribution and monitoring the distribution of NFI and the construction of emergency shelters. Through the UN Resident Coordinator's office, IOM also requested changes to the previously agreed budget allocation and timeframe, in order to adapt the work plan to maximize the benefit to the beneficiaries. Once distribution had been carried out and construction of temporary shelters was well underway, IOM deployed two teams on a daily basis to monitor progress and gather feedback from the beneficiaries. Prioritizing the daily monitoring on the ground over an ex-post evaluation meant that changes could be made during the project lifespan, thus responding to changing needs and maximizing the overall benefit of the project.

The structured monitoring forms completed by IOM staff for all selected beneficiary households as well as the narrative reports for each monitoring visit are available from IOM Tanzania.

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\$
16-RR-CEF-113	Shelter & NFI	UNICEF	NNGO	\$37,214
16-RR-CEF-111	Education	UNICEF	NNGO	\$135,741
16-RR-CEF-111	Education	UNICEF	GOV	\$173,493
16-RR-CEF-112	Child Protection	UNICEF	GOV	\$61,303
16-RR-CEF-112	Child Protection	UNICEF	GOV	\$63,368
16-RR-IOM-035	Shelter & NFI	IOM	NNGO	\$118,136

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAP	Accountability to Affected Populations
CERF	Central Emergency Response Fund
DWST	District Water and Sanitation Teams
EEPCO	Environmental Engineering pollution control organization
FAO	Food and Agriculture Organization of the United Nations
HH	household
HHWTSS	Household Water treatment and safe Storage
IOM	International Organization for Migration
IP	Implementing Partner
MHM	Menstrual Hygiene Management
NFI	Non Food Items
PMO	Prime Minister's Office
RC/HC	Resident Coordinator and Humanitarian Coordinator
SWASH	School Water, Sanitation and Hygiene
SWO	Social Welfare Officers
TASAF	Tanzania Social Action Forum
TRCS	Tanzania Red Cross Society
UNDAC	United Nations Disaster Assessment and Coordination
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNRC	United Nations Resident Coordinator
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization