

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
BURUNDI
UNDERFUNDED EMERGENCIES
ROUND 1 2016**

**RESIDENT/HUMANITARIAN
COORDINATOR**

**Paolo Lembo during implementation.
Since June 2017: Garry Conille**

REPORTING PROCESS AND CONSULTATION SUMMARY

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

An After Action Review was conducted March 28, 2017. The following agencies participated: FAO, IOM, OHCHR, UNFPA, UNHCR, UNICEF, WFP and WHO.

- 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

- 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 report was shared with the focal points of recipient agencies for final review and final contributions prior sharing the final version of the report with the RC and HCT for approval.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: 62,300,000		
Breakdown of total response funding received by source	Source	Amount
	CERF	12,985,955
	COUNTRY-BASED POOL FUND (if applicable)	NA
	OTHER (bilateral/multilateral)	0
	TOTAL	12,985,955

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 15/02/2016			
Agency	Project code	Cluster/Sector	Amount
FAO	16-UF-FAO-004	Agriculture	1,499,619
IOM	16-UF-IOM-006	Protection	600,000
IOM	16-UF-IOM-007	Shelter	325,000
OHCHR	16-UF-CHR-001	Human Rights	499,960
UNFPA	16-UF-FPA-010	Health	930,000
UNHCR	16-UF-HCR-010	Non-Food Items	1,515,000
UNICEF	16-UF-CEF-017	Child Protection	730,015
UNICEF	16-UF-CEF-018	Nutrition	1,174,956
UNICEF	16-UF-CEF-019	Water, Sanitation and Hygiene	1,184,306
WFP	16-UF-WFP-007	Food Aid	3,000,130
WFP	16-UF-WFP-008	Nutrition	526,973
WHO	16-UF-WHO-009	Health	999,996
TOTAL			12,985,955

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	10,186,222
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	2,704,816
Funds forwarded to government partners	94,917
TOTAL	12,985,955

HUMANITARIAN NEEDS

The adverse impact of the political crisis that began in April 2015 increasingly affected Burundi's population. It was estimated in the Humanitarian Response Plan (HRP) 2016 that 1.1 million people required immediate protection and humanitarian assistance, including urgent access to basic services and livelihoods.

The deteriorating socio-economic conditions due to the economic downturn, which reduced access to basic services, the political crisis, insecurity and natural disasters such as localized flooding had triggered additional humanitarian needs and further threatened the security and dignity of the most vulnerable people, especially young people, women, including pregnant and lactating women, and children under five, who had already adopted harmful coping strategies.

The political crisis led to an escalation of violence that resulted in increased protection concerns and human rights violations by the time of the submission of the CERF proposal, which included 439 deaths (including 22 children), 179 cases of ill-treatment and torture and 3,600 arbitrary arrests according to an OHCHR report. As of April 2015, the crisis also prompted 25,081 Burundians to seek refuge in other provinces and 239,754 Burundians to flee to neighboring countries, including Tanzania (126,000), Rwanda (72,175), Democratic Republic of Congo (DCR) (20,985), Uganda (19,408) and Zambia (980). Additionally, the crisis exacerbated a socio-economic decline that further impacted the Burundian population's livelihoods and vulnerabilities. The reduction of the international community's direct financial support affected the capacity of the Burundian government to provide access to essential basic services such health, education, water and others.

Natural hazards, including floods and landslides, increased the humanitarian needs by resulting in deaths, damaged or destroyed houses and farm lands, and livelihoods, leading to the establishment of two internally displaced people's camps (IDP) in the provinces of Bujumbura Rural and Rumonge. A government led-assessment estimated that around 30,000 people were affected by natural hazards between October 2015 and January 2016. The authorities and the humanitarian community developed a comprehensive flood response plan requiring \$14.6 million to meet the needs of 75,000 people likely to be affected by flood in 11 out of 18 provinces of the country for a six month period. Burundi's comprehensive flood response plan is based on the national contingency plan. It aimed to plan for a better response preparedness to the consequences of the expected excessive rainfalls in 11 provinces of Burundi (Cibitoke, Bubanza, Bujumbura Rural, Bujumbura Mairie, Rumonge, Muyinga, Ruyigi, Cankuzo, Kirundo, Rutana and Karuzi). Both the flood response plan and the contingency plan were considered under this CERF grant.

The Emergency Food Security Assessment (EFSA) from October 2015 showed that 1 out of 5 households was food insecure in the six provinces prioritized for this CERF grant. This corresponded to 648,000 moderately food insecure people (18.5% of the population) and 35,000 severely food insecure people (1% of the population). WFP and FAO estimated the immediate humanitarian food security needs to be around 300,000 most vulnerable to be targeted in the six provinces, which corresponded to nearly half of the 648,000 moderately food insecure people. The October 2015 assessment also showed a slight increase in the prevalence of global acute malnutrition (GAM) among children under 5 years compared to February 2014, from 3.2 % to 3.6 % with the large increase mostly in Bujumbura Rural (+5%), Rumonge (+1.8%), and Makamba (+0.6%).

II. FOCUS AREAS AND PRIORITIZATION

The CERF funded activities targeted either several or all the provinces selected in the prioritization strategy submitted for this grant. The six provinces in the western and northern part of Burundi were prioritized as it was where the convergence of the impacts of the political crisis that led to protection concerns, food insecurity and limited access to basic services was the strongest.

Following a **child protection** assessment done by the Ministry of Human Rights, Social Affairs and Gender, UNICEF and partners, Bujumbura Mairie was considered as a top priority because it is where most demonstrations, violence and other human rights violations took place. The presence of armed forces in some schools created real protection risks for students and teachers. A Handicap International baseline study conducted in 10 schools in Bujumbura Mairie indicated that 77% of students were affected by the impact of 2015 socio-political crisis. They were also exposed to risks related to unexploded ordnance. Access to education was greatly disrupted, with schools closed from May to July 2015 in the most affected areas bringing the school drop-out rate from 7% before the crisis to 20% in some of the most affected regions. Child protection interventions also focused on protection issues in schools. It is estimated that approximately 50% of children (162,000 pupils) in schools in Bujumbura Mairie lived in areas affected by conflict and violence. In 9 of the 13 zones of Bujumbura, 1 child out of 5 directly experienced violence. Child protection interventions targeted 20 schools in 10 of Bujumbura Mairie's hot spots raising awareness about child protection concerns and aiming at capacity building of teachers, students and community members to address the potential risks of violence.

Bujumbura Rural and Cibitoke provinces were not targeted as most children at risk of protection concerns, mainly violence and involvement in political demonstration, were found in Bujumbura Mairie including those from Bujumbura Rural. Makamba, Kirundo and Rumonge were other priority provinces based on IOM's Displacement Tracking Matrix (DTM) report and risk analysis. Makamba and Kirundo appeared to be the provinces most affected by forced displacements in addition to their geographical position on the border of Tanzania for the first and Rwanda for the second. Finally, Rumonge was also of concern due to its exposure to traffic with D.R. Congo and the presence of two IDP camps.

Protection monitoring and life-saving assistance for IDPs, returnees and other vulnerable people from the host community were conducted in Makamba, Rumonge, Bujumbura Rural, Bujumbura Mairie, Cibitoke, Kirundo considered as priorities due to the high level of displacement and their location within border areas affected by significant population movements.

A needs assessment on **human rights** violations conducted in Bujumbura Mairie, Bujumbura Rural, Cibitoke, Kirundo, Makamba and Rumonge and led by OHCHR and partners revealed that human rights defenders, journalists (targeted in the context of the crisis), women and girls (with a rise in gender-based violence) and young men (suspected to have participated in the anti-third term protests) were particularly in need of urgent protection. The lack of action by the authorities resulted in widespread impunity, further fuelling violence around the country, notably in the provinces targeted by the project that were Bujumbura Mairie, Bujumbura Rural, Cibitoke, Kirundo, Makamba and Rumonge.

Concerning **gender based violence** (GBV), the prioritized needs and provinces (Bujumbura Mairie, Bujumbura Rural, Cibitoke, Makamba, Kirundo and Rumonge) have been identified based on results from different assessments comprised mainly of the HNO 2016 and the Inter-agency contingency plan. A rapid needs assessment on Reproductive Health/Adolescents and Youth Sexual and Reproductive Health (ASRH) / GBV in Bubanza, Bujumbura Mairie, Bujumbura Rural, Cibitoke, Makamba, Kirundo and Rumonge and Rutana provinces conducted by UNFPA (May 2015) revealed a decrease of 51% in GBV cases reported to support services, presumed to be related to the deterioration in the availability and accessibility of response services and fear surrounding disclosure.

Following a **WASH sector's** needs assessment, the CERF intervention focused on the most urgent needs in 3 out of the 6 prioritized provinces. These provinces were the most at risks for cholera based on the last cholera episodes, lack of access to safe water and with the highest severe acute malnutrition (SAM) rate and admissions. The identified urgent needs were the provision of safe water, sanitation systems and the promotion of life-saving hygiene practices in targeted communities in Bujumbura Rural, Makamba and Kirundo. In 2015, 400 cases of cholera, including 6 deaths were recorded making fight against cholera another priority for the sector. Bujumbura rural and Makamba are parts of the so called "cholera-belt" and Kirundo was a province with malnutrition rates of 7.2 % GAM and 1.8 % SAM among children under 5 years.

A 2015 inter-agency assessment indicated that six provinces (covering one-third of the population) had an estimated severe acute **malnutrition** rate of 1.3 %. The estimated national annual forecasts for acute malnutrition suggested a continued increase in admissions for the past three years with 23% increase in 2014 and 9% in 2015. This increase in acute malnutrition was due to poor harvests in June-July 2015 and a delayed agricultural season (August-December) due to drought coupled with the effects of the widespread violence and protection crisis. These provinces were Bujumbura Mairie, Bujumbura Rural, Cibitoke, Kirundo, Makamba and Rumonge. The Emergency Food Security and Nutrition Assessment (EFSA) conducted in September 2015 by WFP and partners indicated a slight deterioration of the nutritional state of children in Bujumbura Rural and Rumonge with an increase up to 7% of the global malnutrition rate (GAM) using Mid-Upper Arm Circumference (MUAC). In February 2014, the average GAM rates in these provinces were around 5.4 %. Hence, these provinces became the top priorities for the CERF interventions.

Different assessments carried out mainly during the second half of 2015 concluded that there was a significant worsening in **food security**. The Integrated Food Security Phase Classification (IPC) analysis, conducted in September 2015, had particularly highlighted the provinces of Bujumbura Rural, Makamba and Rumonge (3,194,000 people in phase 3 and 4 at the national level), which were prioritized for the CERF UF 2016 in food assistance. However, the rapid deterioration of the food security situation in the Kirundo province became a top priority for the food security sector. Internally displaced persons (IDPs), households hosting IDPs, spontaneous returnees, households having lost their sources of income, female or widows-headed households or households headed by orphans were targeted for food assistance.

The health sector interventions supported life-saving reproductive health services including emergency obstetrical and newborn care in the six targeted provinces (Bujumbura Mairie, Bujumbura Rural, Cibitoke, Kirundo, Makamba and Rumonge) with this CERF grant. An assessment carried out by UNFPA and the Burundian Red Cross in June 2015 revealed that in previous months, a decrease in the average number of births assisted by trained staff in the provinces of Makamba (-11.0%) and Bujumbura Mairie (-10.1%) was observed. Pregnant women in Bubanza, Bujumbura Mairie, Bujumbura Rural, Cibitoke, Kirundo, Makamba, Rumonge and Rutana provinces were

increasingly unable to access quality antenatal care. For example, for the same period in May 2014 and May 2015 the number of prenatal visits decreased from 325 to 232. Additionally, the provision of health care to the most vulnerable population was done by WHO. By 2015, the Ministry of Health and WHO estimated more than 5 million cases of malaria and 2,333 malaria related deaths. The provinces of Kirundo, Muyinga, Ngozi and Kayance were among the most affected. Cholera epidemics in Burundi in 2015 have been poorly managed with a high case fatality rate (> 1.5%).

For **the agricultural** support, an FAO assessment done following flood damages in May 31, 2016, in Gatumba, Bujumbura rural province deemed necessary to provide support to an additional 1,471 newly affected households by the floods. Almost 7,355 people who were not originally planned were provided assistance. Moreover, in the provinces of Rumonge and Makamba there was a supplement of households due to the priority needs recorded during the identification of the beneficiaries.

In the **shelter and non-food-items sector**, a joint inter-agency mission led by OCHA in November 2015 in Makamba and a multi-sectoral assessment conducted in the capital city in January 2016 estimated that 5,068 houses were damaged and / or destroyed, affecting 30,408 persons. IOM assisted IDPs and vulnerable populations (including locals) in the most at-risk provinces (Cibitoke, Bujumbura Mairie, Bujumbura Rural, Kirundo, Makamba and Rumonge). IOM was actively engaged in assessing areas affected by floods and landslides in the Rumonge province and subsequent planning and set up of IDP sites, which allowed for multiple visits and assessments of the area.

III. CERF PROCESS

Once the Emergency Relief Coordinator (ERC) decided to allocate a \$13 million CERF underfunded emergency grant for Burundi, OCHA convened inter-sector working group meetings (ISC) on January 25 and February 15, 2016. UN agencies and non-governmental organizations (NGO) that are sector members participated in these ISC meetings. NGOs were consulted and offered the opportunity to submit proposals as it was asked that UN agencies identify implementing partners when submitting their proposal to CERF. During the ISC meetings, the priorities and sector allocations of the CERF grant were discussed. After reviewing the humanitarian needs, response and gaps throughout the country, the ISC agreed to prioritize activities aiming to reinforce protection and multi-sector assistance in six provinces. Each sector convened special meetings with their partners, including NGOs and concerned Ministries, to prioritize needs and agree on complementarity of their response across their own sectors. There were also coordination between sectors to ensure a synergy in the activities to be implemented. The Humanitarian Country Team (HCT) met on February 04 and March 24, 2016 to review and adopt the proposed strategy, priorities and funds' allocation from the ISC. While not all HCT members attended the meeting, the outcome of the discussions was shared with all partners, including UN agencies, donor and NGOs representatives and the ICRC.

All the interventions were based on prioritized needs identified in the Humanitarian Needs Overview (HNO), the Humanitarian Response Plan (HRP), the inter-agency contingency plan and flooding response plan. At the sector level, recipient agencies used sectoral assessments to identify the needs and their targets.

For the food security sector, the prioritization of humanitarian needs was decided on the basis of joint studies/assessments (IPC, EFSA and Food Security Monitoring System, FSMS) conducted and / or validated by the humanitarian team in the country. The food security sector prioritized the assistance for around 100,000 people out of 900,000 severely food insecure. Geographically, the targeted beneficiaries were focused in the severely food insecure provinces of Bujumbura Rural, Makamba, Rumonge and Kirundo doubly affected by the current political crisis and the impact of El Niño phenomena. Moreover, the May 2015 joint food security assessment discovered a restriction of cross-border movements with deprivation of workforce and, consequently, lack of access to the source of income for the most vulnerable. Hence, the food security sector prioritized food insecure people in the communes of Nyanza-lac, Bugabira, Busoni and Kirundo. The results of the prioritization process were presented to the inter-sector coordination under the joint coordination of OCHA and the Government through the DRR/DRM National Platform with the other UN Agencies for validation. After this stage, WFP and FAO have undertaken household-level targeting process by taking into account the agreed criteria such as food insecure people were mainly IDPs in the host families, households hosting IDPs, returnees, household having lost their sources of income, female or widows-headed households, households with disabled or members suffering from a chronic disease, and households having exhausted their assets (productive and non-productive)..

The nutrition sector's proposal was developed following consultation among UNICEF, WFP and sector members interested in implementing nutrition activities. International Medical Corps (IMC) was selected due to its expertise in blanket feeding intervention and implementation capacity in terms of human resources. Access to existing health centers at the community level did not provide disaggregated data on both boys and girls as there is no gender differentiation when accessing health facilities and in treatment protocol as well as on specific information on IDP's, migrants or returnees receiving nutritional assistance.

A sectoral capacity assessment of members of both the **education and child protection** working groups identified Handicap International (HI) to conduct the intervention called “schools as zones of peace” while IRC, Play international, Terre des hommes and FVS AMADE were selected for child protection interventions. Gender considerations were taken into account during the design, planning and implementation of interventions at both community and school levels. During activities in child friendly spaces, girls and boys were encouraged to participate at the same level and given same roles and responsibilities, while in the “schools zones of peace” the activities have been carried out with children, mainly peer-educator children including girls, boys and children with trauma.

GBV interventions were implemented by the Burundian Red Cross (BRC), the SERUKA Center, International Rescue Committee (IRC), *Solidarité pour le Développement Intégré Jijuka* (SDI-JIJUKA), Population Media Center and the Ministry of Public Health based on their expertise in providing medical and psycho-social support to survivors of sexual violence. Each partner developed an action plan that was reviewed by UNFPA technical team and validated together with the partners.

Activities related to **human rights** violations were prioritized based on the needs to reinforce the protection environment in order to reduce violations, to provide equal access to protection services and to promote empowerment strategies and community protection mechanisms with a focus on age, gender and diversity.

Protection monitoring and assistance to IDPs, returnees and vulnerable individuals from the host community was conducted with the support of national partners who have an active and solid presence at community level as well as a consolidated cooperation with local authorities and other relevant stakeholders.

For the health sector, UNFPA worked with national and international NGOs such as the BRC, SERUKA (GBV survivors One Stop Center), IRC, SDI-JIJUKA (youth serving organization), Population Media Center and the Ministry of Health through its health facilities at the community level in the targeted provinces. The project was based on gender aspects and markers, targets and beneficiaries have been defined in respect of equity and equality. UNFPA and the identified partners developed tools for monitoring and evaluation, which were gender sensitive. WHO worked in collaboration with the Ministry of Health’s Emergency Department.

For the shelter and Non-Food Items (NFI) sector, IOM selected the Burundian Red Cross based on consultations and on previous working experience as its main implementing partner to carry out technical assistance for shelter and NFI service delivery. Furthermore, IOM closely collaborated with other sector members (Protection, WASH and others), key government partners, such as the Ministry of Human Rights, Social Affairs and Gender, and members of the National Platform for Risk Prevention and disaster management. For the gender aspect, a workshop on GBV in distribution was organized by the sectoral group, in Bujumbura, in March 2016. The outcomes of this workshop included guidance and training methodologies for distribution to which Burundian Red Cross was expected to adhere.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR ¹									
Total number of individuals affected by the crisis: 1.1 million									
Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Agriculture	8,943	41,978	50,921	3,832	30,397	34,229	12,775	72,375	85,150
Child Protection	22,200	323	22,523	33,250	223	33,473	55,450	546	55,996
Food Aid	30,720	39,100	69,820	29,320	30,720	60,040	60,040	69,820	129,860

Health	171,970	305,140	477,110	167,341	301,828	469,169	339,311	606,968	946,279
Human Rights	2,000	9,500	11,500	2,900	14,500	17,400	4,900	24,000	28,900
Non-Food Items	22,813	33,343	56,156	15,681	19,322	35,003	38,494	52,665	91,159
Nutrition	17,129	9,880	27,009	15,890	-	15,890	33,019	9,880	42,899
Protection	40,649	46,475	87,124	37,039	33,510	70,549	77,688	79,985	157,673
Shelter	4,002	3,642	7,644	2,313	2,130	4,443	6,315	5,772	12,087
Water, Sanitation and Hygiene	10,946	3,339	14,285	11,135	3,234	14,369	22,081	6,573	28,654

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

BENEFICIARY ESTIMATION

The total number of beneficiaries per sector (as shown in table 4) was calculated by adding up the total number of reached beneficiaries per project. Double counting was in general avoided and / or limited as much as possible because agencies provided assistance to different groups of people based on specific targeting criteria within the same sector for instance. UNICEF assisted children under five suffering from severe acute malnutrition while WFP to children 6–23 month suffering from moderate acute malnutrition and targeted pregnant and lactating women. Despite agencies targeting the same provinces, the interventions were not implemented in the same communes, *collines* and / or locations. UNICEF's child protection interventions targeted pupils in Bujumbura Mairie's schools.

Finally, most of the sectors had a community based approach involving community members in the selection process and / or validating distribution lists (ie: WFP), hence further decreasing the chance of double counting. OHCHR worked with local networks composed of human rights defenders that shared information on human rights violations.

However, a few cases of double counting were unavoidable. Concerning the mass screening activities, it is important to highlight that the second mass screening done in the same provinces as the first one could have targeted the same children. UNHCR's general protection interventions provided, on a case by case basis, multiple types of assistance such as in protection and shelter.

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING²			
	Children (< 18)	Adults (≥ 18)	Total
Female	155,208	186,494	341,702
Male	158,184	158,883	317,067
Total individuals (Female and male)	313,392	345,377	658,769

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.

The number of reached beneficiaries in table 5 is based on the best available estimates of the number of people that received at least one type of assistance within the same project. Despite the fact that all projects were implemented in the same provinces, some of the projects (i.e.: Human rights project) had a case by case approach to deliver assistance and double counting was generally avoided, resulting in an overall number of beneficiaries covered. This logic was used for each project, which allowed to estimate the overall number of beneficiaries of this CERF UF grant to be 658,769 people.

CERF RESULTS

The CERF funds allowed recipient agencies to reach 658,769 people suffering from an increased level of vulnerability following the 2015 crisis, the socio-economic deterioration, the limited access to essential services, epidemics and the impact of natural hazards.

Nearly 20,000 children in SAM were treated following two mass screenings conducted by the National Integrated Food and Nutrition Program (PRONIANUT) of the Ministry of Health (MoH), UNICEF, World Relief, Concern Worldwide and Pathfinder International. Out of the 728,447 children targeted in the mass screenings, 583,301 were screened in the first round and 458,260 in the second one with an average coverage of 80%. The mass screenings helped to identify Kirundo province as a priority for urgent nutrition activities where the alert threshold of 2% was largely exceeded in 3 out of 7 communes as a priority for a humanitarian response. Finally, the morbidity data collected during the screening showed a high frequency of fever in children in all provinces, particularly in Kirundo. This is in line and most probably linked to the abnormal increase of malaria cases in Burundi.

The intervention of WFP helped stabilize the nutritional status of children under five and pregnant and lactating women. The Post Distribution Monitoring (PDM) done in January 2017 showed that the acute malnutrition rate went from 7% to 6% from March to December 2016. Out of the 23,200 targeted beneficiaries (13,300 children aged 6-23 months and 9,900 pregnant and/or lactating women), 23,172 beneficiaries (13,292 children and 9,880 women) were assisted. This represents a 99.9% coverage. Additionally, 56,225 tons of plumpy doz were distributed to children and 17,784 tons of supercereal, 17,784 tons of vegetable oil and 13,338 tons of sugar to women. 79.6% of the targeted population participated in at least 2/3 of the distributions. The slight difference between targeted and reached beneficiaries is due to estimation errors. The 23,000 to be reached are estimated based on population data while the 23,173 are actuals figures.

The post food distribution (PFD) surveys done by WFP on its food distribution activities showed improvement in food consumption through indicators such as the Food Consumption Score (FCS), Household Dietary Diversity Scale (HDDS) and Coping Strategy Index (CSI). In Rumonge, 94% of beneficiaries had acceptable FCS (superior to 35), the average of the HDDS was estimated to be good at 5.6 (superior to 4.5) and the CSI at 15.3, which is lower compared to the national and provincial average of 20. On the other hand, the Kirundo PDM showed no improvement with only 34% having an acceptable FCS, with an average of 4 for the HDDS and a CSI estimated at 19 (lower than the national and provincial averages of 20 and 30 respectively). Out of 93,000 people initially targeted, 129,860 were reached. It is 28.3% increase compared to the planned figures. This increase was due to the rapid deterioration of food security in Kirundo province, which led to both internally and externally displacements. A total of 3,223 tons of food helped to save lives in a context of high food deficits, to protect their livelihoods and reduce displacement due to food insecurity.

In protection, the CERF funded interventions allowed to provide critical child protection services to vulnerable children and contributed to an improvement in the functioning of schools. The CERF funds allowed to reach a total of 25,353 children, including 2,019 girls who were enrolled in 51 child friendly spaces (CFS). From the initial planned target of 23,840, the project was able to reach more children with the opening of new child friendly spaces out of the capital (Makamba and Rumonge) to respond to increasing protection risk and needs in these sensitive provinces. In addition, 819 (413 M and 406 F) cases in need of special follow up were identified and provided appropriate support. More than 2,000 children not registered at birth were also identified and referred to civil registration through CFS. Training on child protection in emergencies was provided to 213 community actors (121 M and 92 F) amongst whom CFS staff, social workers, staff from family and community development center (CDFC), local authorities, parents, religious leaders and child protection sector members. Up to 1,052 protection cases were identified with 58% of cases resolved. Family reunification assistance was provided to 222 children, including 6 girls arrested in relation to the protest against the third mandate of the current president. In addition, 879 children expelled from Rwanda to Kirundo province and 10 from Tanzania in Makamba Province were reunified with their families. Almost 30,000 students (12,000 girls and 18,000 boys) and 240 teachers (120 women and 120 men) received trainings on how to identify risks related to unexploded ordnance and what to do in presence of such items. The 240 teachers were also trained to detect, provide first psychological aid and if necessary refer children suffering from post-traumatic stress. Twenty schools benefited from the promotion of key principles of schools as zones of peace, including teachers, children and parent committees.

Interventions in GBV funded through CERF helped enhance community participation (men, women, boys and girls) in assistance to GBV survivors through existing social committees at the community level, working directly with the population. The activities reached 2,463 (1,946W and 517M) rape survivors who benefited from medical support, 10,073 adolescents and youth were made aware of emergency services on sexual and reproductive health and GBV prevention and 918 cases of sexually transmitted infections received treatment. Quality medical assistance was supported by the provision of 5,859 dignity kits to 52 health centers, 96 (63M and 33F) social workers trained on the provision of GBV psychosocial assistance to GBV survivors and 57 (34M and 23F) health providers trained on clinical management of rape. In addition, 31 police and justice actors were oriented on GBV prevention and management in emergencies, 372,757 people reached through radio and TV podcasts on GBV prevention and support services via behavior change communication sessions (BCCS), 457,000 condoms distributed and 40 dispensers of condoms installed.

Urgent protection interventions and the prevention of further human rights violations helped foster an increasingly protective environment for people at risk. Around 28,900 persons, including men and women, boys and girls benefited from the project. Similarly, a significant number of pending cases before courts were treated, allowing the release of a number of detainees. The project's goals were achieved with a slight discrepancy between the planned number of beneficiaries (30,000) and the actually reached (28,900). The discrepancy is a result of limited activities of OHCHR-Burundi, due to suspension of the cooperation agreement with the Burundian government, since 11 October 2016, following the human rights commission report of September 2016.

Protection mainstreaming helped to identify and address protection needs and vulnerabilities at both individual and household levels of 47,292 protection cases within the targeted population of IDP, returnees and host communities. Referral mechanisms to available support services and direct emergency assistance (both material and psycho-social) were available. Urgent cases of human rights violations and abuses, including GBV, were prioritized for immediate support and close follow-up. This protection monitoring enhanced as well advocacy interventions vis-à-vis relevant authorities in view of a more conducive protection environment in major areas of displacement and return.

The CERF funds contributed to improve access to safe drinking water to approximately 29,000 people (compared to the 20,000 initially planned) of whom 21,944 are under 18 years (77%) and 6,398 are adults (23 %) through the construction of 3 water systems in Muhuta (Bujumbura rural), Kigozi (Kirundo) and Nyanza lac (Makamba). The water systems allowed to reach more people in need than planned. These water systems cover 3 health centers (1 health center in Muhuta and 2 health centers in Kirundo) and 17 schools (7 schools in Muhuta, 6 schools in Nyanza lac and 4 schools in Kirundo). The CERF contribution also covered the related direct operational cost used to procure water pipelines that served in the construction of the 3 water systems, as well as non-food items to support targeted households affected by the cholera outbreak. Finally, CERF funding allowed the procurement of the cholera kits, cholera beds and other materials to support the MoH respond to the cholera outbreaks which affected 371 people in 2016, among which 137 are under 18 years (36 %) and 234 are adults (64 %).

Access to emergency free of charge health care for vulnerable people, including children under 5 and pregnant women and victims of violence was improved. More than 573,500 people had access to health care (329,244 were under 18 years old and 244,284 adults), 12 hospitals were provided with emergency surgical kits and 236 health centers with essential medicines including Artemisinin-based Combination Therapy (ACT) for malaria case management. In addition, 540 cholera cases were treated where 44% of the cases concerned individuals under 18 years and 56% adults and with a case fatality rate of 0.4%. **The CERF fund helped to support the Ministry of Health and partners to respond rapidly to several emergencies including cholera, conduct monitoring and improve case management.**

The quality of life-saving reproductive health (RH) activities was strengthened in 36 out of 41 health facilities in all 6 targeted provinces by making available a quality RH services through provision of RH kits and training. More than 21,500 safe deliveries and 7,756 caesareans for life threatening pregnancy were conducted, 269 cases of obstetrical complications treated as well as 4,645 people sensitized on signs of pregnancy, STIs / HIV prevention and related services and 74 (53 men and 21 women) health providers trained on emergency obstetrical and newborn care.

The agricultural inputs facilitated the planting at the 2016C and 2017A¹ agricultural seasons, enabling small producers not to resort to severe coping mechanisms, including selling part of their property. In addition, the availability of vegetables within households helps improve nutrition status through food diversification and to have income through the sale of the (limited) food surplus. Out of the 10,000 households initially targeted, 12,030 households (16.8% increase) were provided with seeds and agricultural inputs

¹ These are agricultural seasons. Season C starts from June to September, Season A from September to January and Season B from February to June. Season A & B are corresponding to rain-fed crop production while during season C, crops are developed in swampland during the dry season.

through input fairs. About 31,278 women were targeted and received assistance through direct distribution for the 2016C season and through fairs for the 2017A season. In total, 377 kitchen gardens were installed instead of the 344 originally planned. Capacity building training sessions were also organized throughout the project area. A total of 24,070 women benefited from the activities of mushroom growing and kitchen gardens. Concerning the distribution of small livestock, 1,400 households were assisted in the provinces of Makamba, Cibitoke and Bujumbura with goats with the distribution of 360 large white pigs and 50 fish ponds built.

There has been an improvement in living standards for the victims of natural disasters as they were able to live in secure habitat and training on construction boosted resilience capacity of IDPs and other affected people. A total of 12,087 individuals (7,000 IDPs), including members of the host community and other vulnerable groups (5,087 persons), benefited from the project activities. IOM and the BRC surpassed the planned targets of 10,800 Burundians (10.6% increase in reached beneficiaries) affected by natural disasters in need of assistance in shelter/NFI and local communities whose houses had been damaged and destroyed. The targets have been exceeded due to the fact that a higher number of people in need of assistance in shelter/NFI were identified during the selection of beneficiaries. A contingency stock set up by the actors of the Shelter and NFI sector working group enabled IOM to provide additional needed Shelter and NFI kits. Based on the findings of the Post Distribution Monitoring (PDM), the majority of beneficiaries were satisfied with the distributed items and their quality. The distributed items were used for the correct purposes, the beneficiaries confirmed that the items were useful and reported changes in well-being as a result of using those items (NFI kits). The beneficiaries confirmed that the registration process was done effectively and the majority confirmed it was well done.

CERF's ADDED VALUE

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

Upon approval by the CERF secretariat of the submitted project proposals, most agencies were able to start implementing their response prior CERF funds disbursement and / or were able to promptly respond to emergencies.

- b) **Did CERF funds help respond to time critical needs??**
YES PARTIALLY NO

CERF funds allowed the recipient agencies and their implementing partners to respond to the critical needs identified by the ISC and the sector groups. For instance, by promoting the 'School as Zone of Peace' model through the child protection project, students (girls and boys) had rapid access to safe and protected learning environments that encourage retention and increase enrolment in learning. The rapid provision of essential and emergency reproductive health interventions contributed to alleviate the suffering and death of mothers and new-borns as well as the consequences of GBV. CERF support to FAO was critical making available to farmers seeds on time, enabling them to resume their agricultural activities, improving their food security and maintaining them in their home when safe. In addition, their livelihood diversification and promotion of income generating activities undertaken in association promoted social cohesion.

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

Some agencies were able to mobilize additional funds from their traditional donors to complement their response. WFP continued to mobilize funds from other traditional donors to build resilience and protect livelihoods of vulnerable households. Additional sources were mobilized to support the MoH in the real-time monitoring of cholera via RapidPro technology and was an essential add on to the cholera response. With support from the KCB Bank, UNFPA contributed to the resilience of 100 young people (48W and 52M) who have been identified and trained in business and commercial capacities. Resources from the United States Office of Foreign Disaster Assistance (OFDA) and Swedish International Development Cooperation Agency (SIDA) were obtained to further support Shelter/NFI assistance

² 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.).

and DTM activities through the Swiss Development Cooperation. The CERF funds were complemented with the WHO contingency funds for emergencies (CFE) following the internal grading process which helped to strengthen the WHO office response capacity. Finally, the CERF project helped raise visibility on OHCHR's work and highlighted the relevance of the protection activities which prompted other donors, including the Peacebuilding Support Office (PBSO) and the European Union, to provide additional funding for protection work.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

The existing humanitarian coordination was not adapted to the rapidly evolving humanitarian context in Burundi. There were more development than humanitarian actors on the ground and there was no capacity and expertise on projects supporting humanitarian needs. With the CERF funding, additional personnel with a humanitarian and emergency background were deployed, which allowed data collection and analysis to be strengthened, sector coordination, including NGOs and concerned government institutions participation to be improved, and standard operational procedures to be established. Overall, the implementation of the emergency response was improved. For instance, the GBV sub-sector was supported by CERF that funded the position of a GBV coordinator for the sub-sector. The achievements of the subsector include the development of SOPs for GBV prevention and response, GBV assessments carried out in over 50 locations, that subsequently informed the 2017 Humanitarian Needs Overview of the Humanitarian Response Plan as well as the National GBV sub sector strategy that is waiting validation by government.

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

The CERF funds were one of the few funding received for the humanitarian response in Burundi as there was no alternative funding available at the time for at least the first six months. Hence the funds allowed to start implementing a response to the most urgent needs identified by the humanitarian community and avoid further deterioration of the humanitarian context. The CERF funds also helped obtain additional funding from other donors.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible
The CERF Underfunded Emergencies allocation for nutrition was crucial to assess and document the deterioration of the nutrition situation of children in Burundi	<p>The nutrition surveillance is an issue in many countries in which data are partially or not available. It is essential to give the opportunities to UN Agencies to document this situation either by a SMART nutrition survey or by doing mass screening to identify and treat children suffering from acute malnutrition.</p> <p>The nutrition sector strongly recommends to consider this type of data of the nutrition situation as a primary activity in humanitarian response.</p>	CERF secretariat
Availability of funds enabled a quick response and improved access to vulnerable people once the Government allowed humanitarian access to districts not yet supported	In case of no access to beneficiaries due to a political situation or a Government decision to limit UN agencies and NGOs movement, the CERF should not consider initial deadline for the end of project and the no cost extension should be granted automatically	OCHA/CERF
The project effectively contributed to life saving activities	There is a need to maintain and even increase the CERF support to meet the urgent needs of Burundian people, especially in the ongoing crisis.	CERF

TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
The involvement of Government counterparts in the planning of humanitarian activities was essential for a successful implementation of the project and sustainability of results.	Government counterparts should be further encouraged to participate in the implementation of the different projects, at all levels.	UNICEF and National Nutrition Program (Ministry of Health)
Coordination of the prevention and response efforts allowed to provide life-saving reproductive health services and appropriate support to survivors within IDP communities and host communities.	Maintain the coordinating mechanism put in place.	UNFPA, OCHA, UNHCR
Administrative processes take time and can delay the implementation of the project.	Elaborate and sign standby Long Term Agreements with the potential implementing partners to anticipate some administrative processes.	UNFPA, Implementing partners
The cooperation with the Civil Society Organizations (CSOs) has been decisive to achieve the project results.	Continue to work with CSOs, for the design, the implementation and evaluation of any given projects.	Humanitarian community
The synergy of efforts between different recipient agencies enabled the intervention to be implemented quickly and efficiently.	Encourage joint programs	RC/HC

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS							
CERF project information							
1. Agency:		FAO		5. CERF grant period:		04-06-2016 - 12-31-2016	
2. CERF project code:		16-UF-FAO-004		6. Status of CERF grant:		<input type="checkbox"/> Ongoing	
3. Cluster/Sector:		Agriculture				<input checked="" type="checkbox"/> Concluded	
4. Project title:		Assistance for vulnerable households, including victims of displacement and natural disasters					
7. Funding	a. Total funding requirements ³ :		US\$ 10,900,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ⁴ :		US\$ 1,499,619	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 89,836	
	c. Amount received from CERF:		US\$ 1,499,619	▪ <i>Government Partners:</i>		US\$ 11,371	
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
<i>Children (< 18)</i>		5,250	4,925	10,175	8,943	3,832	12,775
<i>Adults (≥ 18)</i>		36,000	28,825	64,825	41,978	30,397	72,375
Total		41,250	33,750	75,000	50,921	34,229	85,150
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
<i>Refugees</i>					8,515		
<i>IDPs</i>					17,882		
<i>Host population</i>					51,398		
<i>Other affected people</i>		75,000			7,355		
Total (same as in 8a)		75,000			85,150		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total</i>		Based on a flood assessment done in Gatumba, Bujumbura rural province, FAO provided support to 7,355 additional vulnerable people affected by the flooding. Moreover, in Rumonge					

³ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

⁴ This should include both funding received from CERF and from other donors.

numbers or the age, sex or category distribution, please describe reasons:

and Makamba provinces, registration activities helped to identify an additional 2,795 people who were also provided with assistance.

CERF Result Framework			
9. Project objective	Improve food security and livelihoods of local communities, especially the most vulnerable categories that are affected by displacement and natural disasters.		
10. Outcome statement	75,000 individuals (15,000 households) victims of displacements and natural disasters are facilitated with agricultural kits resuming production on the farms and recovering their livelihoods.		
11. Outputs			
Output 1	15,000 households assisted with agricultural inputs through an emergency kit distribution (seeds and tools)		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of identified agricultural kits beneficiaries (households)	15,000	17,030
Indicator 1.2	Number of hired implementing partners and service providers	6	4
Indicator 1.3	Number of households that have received agricultural inputs	15,000	17,030
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Hire implementing partners	FAO	FAO
Activity 1.2	Identify and select beneficiaries households	NGOs (Help Channel Burundi - HCB, Food for the Hungry - FHI, CONCERN, PACT, BRC) and DPAE (Direction provinciale de l'Agriculture et de l'Elevage)	NGOs (PACT BURUNDI, FHI, HELP CHANNEL BURUNDI) and DPAE
Activity 1.3	Distribution through seeds fairs, agricultural inputs kits	NGOs (HCB, FH, CONCERN, PACT, BRC) and DPAEs	NGOs (PACT BURUNDI, FOOD FOR THE HUNGRY, HELP CHANNEL BURUNDI) and DPAE (
Output 2	33% of targeted beneficiaries households have set up profitable agricultural activities with rapid impact such as mushrooms farming and kitchen gardens		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of identified and selected households to be assisted launching profitable agricultural practices (mushrooms, kitchen gardens)	5,000 households (25,000 beneficiaries)	7,500 households
Indicator 2.2	Number of households that have received kits for profitable agricultural practices	5,000 households (25,000 beneficiaries)	5,800 households
Indicator 2.3	Number of households that have started running profitable agricultural activities	5,000 households (25,000 beneficiaries)	2,500 households
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)

Activity 2.1	Identify people to be supported launching profitable agricultural activities	NGOs/DPAEs/Beneficiaries	GOs (PACT BURUNDI, FOOD FOR THE HUNGRY, HELP CHANNEL BURUNDI) and DPAE
Activity 2.2	Distribute inputs kits for starting	NGOs/DPAEs/Beneficiaries	GOs (PACT BURUNDI, FOOD FOR THE HUNGRY, HELP CHANNEL BURUNDI) and DPAE
Activity 2.3	Sensitize and follow up beneficiaries of inputs kits launching profitable activities	NGOs/DPAEs/Beneficiaries	GOs (PACT BURUNDI, FOOD FOR THE HUNGRY, HELP CHANNEL BURUNDI) and DPAE
Activity 2.4	Train beneficiaries on mushrooms gardening, the best culinary practices and promote networking to mushrooms markets	NGOs/DPAEs/Beneficiaries	GOs (PACT BURUNDI, FOOD FOR THE HUNGRY, HELP CHANNEL BURUNDI) and DPAE
Output 3	20% of the beneficiaries that are affected by natural disasters and displacements crisis are supported to recover their livelihoods through small livestock and integrated rice-fish farming		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of identified and selected households to be supported with integrated rice-fish farming or with livestock	3,000 households	3,010
Indicator 3.2	Number of households that have received livestock, fish and/or agricultural inputs kits	3,000 households	3,010
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Identify and select beneficiaries households	NGOs/DPAEs/Beneficiaries	NGOs (PACT BURUNDI, FOOD FOR THE HUNGRY, HELP CHANNEL BURUNDI) and GVC
Activity 3.2	Distribution of livestock, fish and agricultural inputs kits	NGOs/DPAEs/Beneficiaries	NGOs (PACT BURUNDI, FOOD FOR THE HUNGRY, HELP CHANNEL BURUNDI) and GVC

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>The project managed to include additional beneficiaries and provided them with inputs due to (i) the exchange rate that was favourable during procurement on local market and (ii) the distribution modality through seed fairs facilitated competition among local sellers of planting material and as the inputs were not brought so far, logistical costs were not high. Additionally, the exchange rate during animals' procurement allowed to purchase additional (10) animals. However, due to the fact that some inputs and materials required for income generating activities were imported, the exchange rate was unfavourable and the project didn't manage to meet planned target. In addition to the favourable prices on local market, the budget balance was therefore allotted in order to increase the beneficiaries of essential agricultural inputs.</p>	
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
<p>Beneficiaries were consulted on the types of support to be provided by province and participated in the validation of the distribution lists per activities. In addition, the choice of sites for the development of ponds and the construction of mushroom farms was done by the implementing partner in consultation with FAO, the decentralized technical services of the Ministry of Agriculture and Livestock, the administrative authorities and beneficiaries themselves.</p> <p>At trade fairs, an ad hoc committee composed of the local authorities and the beneficiaries conducted a first visit of the vendors' stands to decide whether or not the vendors can participate in the input market. If the beneficiaries deemed that the inputs did not cater for their needs or were of lesser quality, the vendor would leave the market. The supply modality of assistance through the fairs allowed the beneficiary to exchange the voucher with what they needed the most.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
No specific evaluation was planned. However, the CERF activities were evaluated through global FAO activities which have included provinces covered by CERF.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	IOM		5. CERF grant period:	03-28-2016 - 12-31-2016		
2. CERF project code:	16-UF-IOM-006		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Protection			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Displacement Tracking Matrix, psychosocial assistance and community based protection, including strengthening communicating with crisis-affected communities					
7. Funding	a. Total funding requirements ¹ :	US\$ 2,000,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ² :	US\$ 689,800	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 89,408	
	c. Amount received from CERF:	US\$ 600,000	▪ <i>Government Partners:</i>			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	8,000	7,000	15,000	40,649	37,039	77,688
Adults (≥ 18)	5,000	5,400	10,400	46,475	33,510	79,985
Total	13,000	12,400	25,400	87,124	70,549	157,673
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees	200			6,452		
IDPs	15,000			83,903		
Host population	10,200			40,910		
Other affected people				26,408		
Total (same as in 8a)	25,400			157,673		

¹ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

² This should include both funding received from CERF and from other donors.

<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 reasons for the discrepancy between planned and reached beneficiaries are four. 1) The Displacement Tracking Matrix (DTM) identified more IDPs than estimated in the three (3) targeted provinces. 2) The humanitarian hotline was able to conduct promotion campaigns in all 18 provinces of the country, ensuring greater coverage of outreach activities and a higher number of callers than estimated by the end of the project. 3) The psychosocial activities were able to reach a larger amount of community members than anticipated due to dynamic animators and the large attendance to psychosocial social cohesion and peace-building activities within the communities. 4) Mobile clinics were able to identify and refer a larger number of medical cases than planned.
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CERF Result Framework			
9. Project objective	Enhance community-based protection by identifying and profiling the Internally Displaced Persons through the Displacement Tracking Matrix, strengthening communicating with affected communities' mechanisms and providing psychosocial assistance & establishing community-based protection mechanisms		
10. Outcome statement	Affected and displaced communities are better protected through humanitarian need referral mechanisms, access to psychosocial care and reinforcement of community structures.		
11. Outputs			
Output 1	IDPs in Kirundo, Rumonge and Cibitoke provinces are identified and profiled through the Displacement Tracking Matrix		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of sectors and institutions targeted with updates and reports on displaced persons identified and whose needs are assessed through the DTM assessments in the three affected provinces targeted in the project shared with the humanitarian community and the authorities	9 sectors, 30 humanitarian organizations and 5 key-ministries	9 sectors, 30 humanitarian organizations and 5 key-ministries
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Training of surveyors: Trainings of selected surveyors will be held and delivered at field level on the humanitarian context, how to conduct interviews, protection of data and use of the forms.	IOM	IOM
Activity 1.2	Field data collection: Data will be collected at field level on a monthly basis	Burundian Red Cross	Burundian Red Cross
Activity 1.3	Data processing and analysis: The compiled data will be processed and analysed on a monthly basis, with time-sensitive protection information shared more rapidly through bilateral channels	IOM	IOM
Activity 1.4	Publication of results and reports: On a monthly basis, results of the assessments will be shared with the humanitarian community. On a bi-monthly basis, an extensive report will be shared broadly.	IOM	IOM
Output 2	The humanitarian hotline is functional and being promoted to reach out to at least 50% of the population		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Population reached through Accountability Hotline (to be measured through bulk SMS, radio, and partner outreach activities)	50% of the Burundian population	50% of the Burundian population

Indicator 2.2	Calls of affected and displaced communities are attended and recorded through the Community response map as well as callers oriented towards humanitarian assistance available, for which the phone operators receive regular updates from the sector leads/co-leads.	20 calls a day, Bi-monthly meetings between phone operators and sector leads/co-leads.	30 to 50 calls a day, bi-monthly meetings between phone operators and sector leads/co-leads.
Indicator 2.3	Synergy with the Human Rights hotline is enhanced.	Regular coordination meetings with the Human Rights hotline	8 Monthly coordination meetings with the Human Rights hotline
Indicator 2.4	Humanitarian needs reported by community members are adequately referred and addressed through the Community response map and weekly reports to the sectors.	Weekly reports	32 Weekly reports
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Hotline permanence 24/24 and 7/7: A team of Red Cross phone operators work shifts to attend phone calls under the supervision of a team leader.	Burundian Red Cross	Burundian Red Cross
Activity 2.2	The hotline is promoted and the phone number widely disseminated	IOM together with Burundian Red Cross	IOM together with Burundian Red Cross
Activity 2.3	Reporting and referrals of needs recorded through the hotline are addressed and followed up on at inter-sectoral level	IOM and World Vision International	IOM, World Vision International, United Nations Agencies (UNICEF, UNHCR, UNFPA) Government Ministries of Burundi
Output 3	10,000 affected and displaced persons benefit from psychosocial care and community-based protection in 10 Communes in three provinces		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of committees formed and trained	30	30 committees with 600 psychosocial volunteers (264 female and 336 male).
Indicator 3.2	Number of trainings held, counselling sessions, social cohesion campaigns, community mobilization and peace building activities conducted	15 trainings, 300 counselling sessions, 30 social cohesion campaigns, 60 peace building activities	15 trainings (of 264 females and 336 males), 600 counselling sessions, (with 4,152 females and 3,544 males counselled) 30 social cohesion campaigns, 60 peace building activities

Indicator 3.3	Number of people receiving psychosocial counselling	10,000	7,696 (4,152 female and 3,544 male counselled)
Indicator 3.4	Number of cases referred to mental health facilities (CNPK) and financially supported.	100 cases	539 (266 female and 273 male) cases
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Mapping of community resources and composition of committees: Local capacities and community structures are mapped and three (3) psychosocial committees composed of 20 members each established per commune in the 10 targeted communes, respectfully of gender parity and building on community dynamics.	IOM	IOM
Activity 3.2	Trainings of community members in psychosocial support: All committee members will be trained during a few days in psychosocial assistance, how to provide psychosocial support in their communities, organize group counselling sessions and awareness on and anti-stigmatization of mental disorders, including suitable pathways for referral.	IOM	IOM
Activity 3.3	Peace building and community mobilization activities: Six (6) community activities, such as socio-cultural activities, will be organized in each targeted commune to enhance protection and psychosocial support in the communes. Relevant materials will be purchased and handed over to the community.	IOM	IOM
Activity 3.4	Social cohesion campaigns: Three (3) campaigns aiming at promoting social coexistence will be developed jointly with the communities and conducted in the targeted commune to reduce conflict and enhance peaceful coexistence	IOM	IOM
Activity 3.5	Referral of medical cases to mental health facilities: 100 cases identified through psychosocial community mapping will be referred to mental health institutions (CNPK) either in Bujumbura or in Gitega and financially supported.	IOM	IOM, CNPK

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

The Displacement Tracking Matrix (DTM) established a comprehensive system to collect and disseminate data on Internally Displaced Persons (IDPs) in Burundi and built the capacity of the Burundian Red Cross (BRC) volunteers and staff to systematically generate data on IDPs in the targeted provinces of Kirundo, Cibitoke and Rumonge. The activity was successful under the guidance of IOM's DTM team and in close collaboration with the National Platform for Risk prevention and Disaster management. Based on the unanimously acknowledged need for recent and accurate information, two types of systematic IDP assessments were conducted in the targeted provinces: IDP location assessments and displacement area assessments. The IDP location assessments provided baseline numbers of displaced persons at the commune level. The displacement area assessment provided information on humanitarian needs in the *collines* that host more than 40 displaced households. The project tools were adapted from tools used by IOM's DTM globally and developed jointly with the BRC in coordination with all the humanitarian sectors. IOM was able to build the capacity of the BRC in the field to undertake the assessments in a unified and systematized manner to provide reliable information on the IDP situation.

The differing levels of information collected contributed to the provision of a comprehensive profile of the IDP population in Burundi. As of December 2016, the DTM identified 24,650 IDPs (55% women and 45% men and 37% children under 18 years old) in the three (3) targeted provinces. With over 70% of IDPs displaced in these provinces due to natural disasters, the DTM was able to provide potentially life-saving information for national and humanitarian actors to inform effective and timely responses.

The humanitarian hotline activity project was able to conduct awareness campaigns in all 18 provinces of the country which explains the larger number of callers compared to the original number of callers anticipated (indicator 2.2). Before the reception of CERF financing, the hotline received from 10 to 25 calls on a daily basis. Thanks to hotline promotion activities with CERF funds, the hotline received on average 30 to 50 calls daily by the end of 2016. With 2,967 calls received between the months of May and December 2016 and 1,563 calls were received in the NFI, Health, Nutrition, WASH, Food Security, Camp Management and Protection sectors.

Additionally, during the project, a total of 600 psychosocial volunteers (30 committees of 20 volunteers each) were trained on basic emotional and practical support to individuals and families. 15 training sessions (two committees involved per session) were held for one week each. Within communities, trained focal points organized 7,696 individual counselling sessions (4,152 females and 3,544 males counselled). Concerning specialized services and referrals, after a first screening by focal points, the project organized specialized Mobile Clinics for Mental Health and Psychosocial Support, in partnership with the Ministry of Health. A total of 20 mobile clinics were held and 539 beneficiaries were referred for consultation and treatment to the Centre Neuro Psychiatrique de Kamenge (CNPK). The 30 committees screened 1,150 cases and referred 15 cases to partners, public hospitals and psychiatric units. Of the 539 cases referred, four (4) were referred to psychiatric units for severe psychiatric disorders and have received medical treatment as a result of this project.

At the end of the activity, 30 communes and 99 communities in three (3) provinces of Bujumbura Mairie, Bujumbura Rural and Makamba were involved in the project trainings, awareness campaigns, psychosocial and peace building activities, and individual support and follow up activities. The reason for the increase in the number of beneficiaries from the original targets was due to the fact that the proposed methodology was to wait for patients to be sent to CNPK for treatment while the implementation of the mobile clinics methodology assisted this project to increase the number of reached medical patients (Indicator 3.4). Similarly, the project was able to achieve more sessions as a result of well-trained psychosocial animators within the communities who were able to conduct more sessions than originally targeted in the project proposal (indicator 3.2).

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

The DTM and humanitarian hotline activities are centred around increasing accountability to affected populations by strengthening information and communication mechanisms through which humanitarian actors may ensure projects respond to community identified needs and situations. The data collected through the DTM included IDP numbers, areas of heavy displacement, demographics, locations of origin, and approximate length of displacement as well as sectoral humanitarian needs of the IDP population.

Encouraging leadership and governance, information on displacement trends were subsequently shared with the humanitarian community and local authorities respectful of IOM data protection principles to orient appropriate humanitarian response. Information sharing was done through the development and publication of five (5) DTM dashboards and four (4) analytical reports during the project period. The DTM reports and dashboards were broadly shared with the humanitarian community to provide a better understanding of the needs of the displaced populations and to orient the humanitarian response (food distributions, durable solutions and project development).

During data collection, to promote transparency, DTM project objectives and the outcomes for the collected data were regularly communicated to government authorities, key informants and beneficiaries in the targeted provinces. DTM collected data was treated and stored in confidential manner using IOM data protection principles to ensure autonomy of key informants and protection of the targeted community. Feedback was encouraged through the humanitarian hotline for project monitoring.

The humanitarian hotline facilitated communication between communities and responders. Humanitarian actors are informed of events and are able to directly respond according to their sectors of intervention. The hotline has allowed affected populations, of both natural and man-made disasters, to call the toll free hotline when in need of civil protection, local authorities, Red Cross volunteers, or other assistance mechanisms and services. At least 80% of callers received satisfactory responses from the hotline. Due to the promotion of the hotline through awareness campaigns from community leaders, the government, and other associations as well as through communications, such as T-shirts, flyers, posters, signs, commercials and radio emissions, an estimated 50% of the population is aware of the toll free humanitarian line. 257 women and 204 men representing the government, religious institutions and other associations benefited from the humanitarian hotline awareness campaigns in the communities in the targeted provinces.

The psychosocial activities also factored in accountability during program planning and program implementation. In order to promote and ease access to peer psychosocial support within the communities, 600 focal points (264 females and 336 males) were selected. After the training sessions, with support of the IOM psychosocial team, the focal points organized 30 awareness campaigns (one for every committee) and 60 community mobilizations and peace building activities (two per committee). These events were well attended with the lowest attendance being 125 individuals to one (1) event and once about 3,000 individuals attending an event. While it was anticipated that psychiatric patients travel to the CNPK to be treated, the feedback from the local administration and beneficiaries of the program indicated that the transport to the CNPK was too far away and costly for many patients. As a result, the mobile clinic methodology was adopted and doctors were sent into the communities to treat patients.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
A project evaluation was not designed at the beginning of the project.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	IOM		5. CERF grant period:	03-22-2016 - 12-31-2016		
2. CERF project code:	16-UF-IOM-007		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Shelter			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Assistance in shelter/NFI to displaced and flood-affected households					
7. Funding	a. Total funding requirements ¹ :	US\$ 800,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ² :	US\$ 325,000	▪ NGO partners and Red Cross/Crescent:		US\$ 51,462	
	c. Amount received from CERF:	US\$ 325,000	▪ Government Partners:			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	3,500	3,000	6,500	4,002	2,313	6,315
Adults (≥ 18)	2,300	2,000	4,300	3,642	2,130	5,772
Total	5,800	5,000	10,800	7,644	4,443	12,087
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs	8,000			7,000		
Host population						
Other affected people	2,800			5,087		
Total (same as in 8a)	10,800			12,087		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the</i>	The targets have been exceeded due to the fact that a higher number of people in need of					

¹ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

² This should include both funding received from CERF and from other donors.

<i>total numbers or the age, sex or category distribution, please describe reasons:</i>	assistance in shelter/NFI were identified during the selection of beneficiaries. A contingency stock set up by the actors of the Shelter and NFI sectoral working group enabled IOM to provide additional needed Shelter and NFI kits.
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CERF Result Framework			
9. Project objective	Provide assistance through distribution of shelter kits and support to house repairs as well as NFIs to households affected and displaced by natural disasters.		
10. Outcome statement	10,800 people affected by rains across their respective provinces will have improved shelter and access to core relief items		
11. Outputs			
Output 1	Most vulnerable households affected by the rains are provided with shelter and NFI kits		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	900 shelter kits delivered, and households supported to make adequate shelters	5,400	6,040 (3,624 women and 2,416 men)
Indicator 1.2	900 NFI kits delivered	5,400	6,047 (3,628 women and 2,419 men)
Indicator 1.3	Training for selected Burundian Red Cross volunteers how to select beneficiaries according to their profile, SOPs of distribution, support in construction and post distribution monitoring.	80 volunteers	90 volunteers (35 women and 55 men)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of kits: Procurement of 900 shelter kits and 900 NFI kits as per composition agreed upon in the shelter/NFI sectoral group (NFI kit: 2 jerry cans, 2 buckets with lids, 1 kitchen set, 3 mats, 3 mosquito nets, 3 blankets and soap & shelter kit: 2 tarpaulins, 1 plastic sheet, ropes, nails and poles) from Nairobi and on local markets. Note: the composition of kits could be revised if exceptional circumstances require it.	IOM	IOM / BRC
Activity 1.2	Transportation and prepositioning of kits in targeted provinces: Kits will be prepositioned in provinces that have been targeted for humanitarian response and as agreed upon with IOM's logistics partners, in coordination with shelter/NFI sector members	IOM	IOM / BRC
Activity 1.3	Selection of beneficiaries and distribution: Beneficiaries will be selected based on Displacement Tracking Matrix (DTM) assessments and further need evaluations taking into account vulnerability criteria. Shelter and NFI kits will be distributed as per agreed upon trigger mechanism from the shelter/NFI sector. The distributions will be conducted by both male and female staff respecting shelter/NFI distribution SOPs and protection	IOM and Burundian Red Cross	IOM / BRC

	guidelines.		
Activity 1.4	Post distribution monitoring: Post distribution monitoring will follow distributions and assess the beneficiary's satisfaction with the registration and distribution process.	IOM and Burundian Red Cross	IOM / BRC
Activity 1.5	Construction of shelters: With shelter kits, beneficiaries will construct their shelters with support from IOM and the Red Cross and particularly for those vulnerable who may require help.	IOM and Burundian Red Cross with affected populations.	IOM / BRC

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

The project's outcome was the provision of Shelter and NFI assistance to 12,087 people affected by rains across their respective provinces through the distribution of shelter kits and support to house repairs as well as NFIs in order to have improved shelters and access to core relief items. IOM procured shelter and NFI kits as per composition agreed upon in the shelter/NFI sectoral group (NFI kit: 2 jerry cans, 2 buckets with lids, 1 kitchen set, 3 mats, 3 mosquito nets, 3 blankets, soap, and shelter kit: 3 tarpaulins, ropes, nails and poles). The materials were obtained locally or imported from Nairobi.

IOM assisted IDPs and vulnerable populations in the most at risk provinces. IOM's assistance in Shelter/NFI have been aligned with OFDA's guidelines for shelter and the construction of settlements and ensured respect of human dignity and security with a focus on Disaster Risk Reduction. Kits were prepositioned in provinces that have been targeted for humanitarian response and as agreed upon with IOM's logistics partners, in coordination with shelter/NFI sector members. With shelter kits, beneficiaries constructed their shelters with support from IOM and the Red Cross for those requiring assistance.

The CERF funds enabled IOM and its partner, the BRC, to meet and surpass the planned target of 10,800 Burundians affected by natural disasters in need of assistance in shelter/NFI and local communities whose houses had been damaged and destroyed. A total of 12,087 individuals (7,000 IDPs), including members of the host community and other vulnerable groups (5,087 persons), benefited from the project activities. The targets have been exceeded due to the fact that a higher number of people in need of assistance in shelter/NFI were identified during the selection of beneficiaries. A contingency stock set up by the actors of the Shelter and NFI sectoral working group enabled IOM to provide additional needed Shelter and NFI kits.

There has been an improvement in living standards for the victims of natural disasters as the project's distribution of shelter and NFI Kits has enabled them to live in a secure habitat and live dignified lives in their communities. With the support and training provided to the beneficiaries in construction, the project enhanced the capacity and resilience of IDPs and other affected people.

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

Beneficiaries were selected based on DTM assessments and other need evaluations (described in section I) taking into account vulnerability criteria. Affected persons were involved in the project implementation through consultations and participation in and support to key activities. Distributions were conducted by both male and female staff respecting shelter/NFI distribution Standard Operating Procedures and protection guidelines. Post distribution monitoring followed distributions and assessed beneficiary satisfaction with the registration and distribution process. Based on the findings of the PDM, the majority of beneficiaries were satisfied with the distributed items and their quality. The distributed items were used for the correct purposes, the beneficiaries confirmed that the items were useful and reported changes in well-being as a result of using those items (NFI kits). The beneficiaries confirmed that the registration process was done effectively and the majority confirmed it was well done.

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

EVALUATION CARRIED OUT

A project evaluation was not designed at the beginning of the project.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	OHCHR		5. CERF grant period:	01/04/2016 – 30/04/2017		
2. CERF project code:	16-UF-CHR-001		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Human Rights			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Human rights interventions through legal assistance, advocacy and awareness raising					
7. Funding	a. Total funding requirements ¹ :	US\$ 1,000,000	d. CERF funds forwarded to implementing partners: <ul style="list-style-type: none"> ▪ NGO partners and Red Cross/Crescent: ▪ Government Partners: 			
	b. Total funding received ² :	US\$ 499,960				
	c. Amount received from CERF:	US\$ 499,960				
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)	1,500	3,000	4,500	2,000	2,900	4,900
Adults (≥ 18)	10,500	15,000	25,500	9,500	14,500	24,000
Total	12,000	18,000	30,000	11,500	17,400	28,900
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs						
Host population						

¹ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

² This should include both funding received from CERF and from other donors.

<i>Other affected people</i>	30,000	28,900
Total (same as in 8a)	30,000	28,900
<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>	Due to the suspension and lack of trust in OHCHR by the Government, the agency has not been able to implement a number of activities as previously planned, hence there is discrepancy between planned and reached beneficiaries.	

CERF Result Framework			
9. Project objective	Respond urgently to increasing human rights violations and abuse and prevent further degradation of the human rights situation in Burundi.		
10. Outcome statement	Human rights violations as identified and reported by OHCHR-B have significantly declined		
11. Outputs			
Output 1	The handling of cases linked to the crisis is expedited.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of people tried by mobile courts, including for crimes related to the crisis and SGBV-related offences by the end of the project (December 2016)	30	375
Indicator 1.2	Number of people convicted by mobile courts, including for crimes related to the crisis and SGBV-related offences by the end of the project (December 2016)	30	Pending
Indicator 1.3	Human rights violations as identified and reported by OHCHR-B have significantly declined (by December 2016)	3000 over 9 months under this project	Lack of verified cases due to distrust of the government
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Advocacy for, and support to, the resumption of the mobile court system by the judicial authorities	OHCHR-B, with Ministry of Justice and AFJB (partners listed in this results framework are not implementing partners of OHCHR; all project activities will be directly implemented by OHCHR and no funding will be transferred to other organizations under this project)	HCHR-B, with Ministry of Justice, Women's Lawyers Association (AFJB), Bar Association, Stamm Foundation
Output 2	Human rights violations and abuses are systematically documented and reported upon.		
Output 2 Indicators	Description	Target	Reached

Indicator 2.1	Number of human rights violations documented and verified according to OHCHR methodology by the end of the project (December 2016)	3,000 over 9 months under this project	4,515
Indicator 2.2	Number of reports produced by the end of the project (December 2016). This includes daily (5 per week), weekly, and monthly reports. One additional thematic public report will be prepared with the resources provided by this project.	226 over 9 months under this project	224
Indicator 2.3	Number of visits to places of detention	226 under this project	452
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	On-site visits to places where violations are reported to have occurred	OHCHR-B, and with partners (UNICEF, UNFPA, Government counterparts, members of OHCHR-B's mentored National Network of Human Rights Observers) where relevant)	OHCHR-B, and with partners (UNICEF, Government counterparts, members of OHCHR-B's mentored National Network of Human Rights Observers, African Union, Commission Nationale Indépendante des Droits de l'Homme - CNIDH, where relevant)
Activity 2.2	Regular visits to places of detention	OHCHR-B, and with partners (UNICEF, UNFPA, Government counterparts, members of OHCHR-B's mentored National Network of Human Rights Observers where relevant)	OHCHR-B, and with partners (members of OHCHR-B's mentored National Network of Human Rights Observers, African Union, where relevant)
Activity 2.3	Interviews of victims and witnesses of human rights violations	OHCHR-B	OHCHR-B, OHCHR-B's mentored National Network of Human Rights Observers, where relevant
Output 3	Individual protection cases are speedily and efficiently treated by relevant actors.		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of protection cases treated by the police and other security forces by the end of the project (December 2016)	20	15
Indicator 3.2	Average number of days individuals remain arbitrarily detained by the end of the project	15 days	15 days

	(December 2016)		
Indicator 3.3	Number of police human rights focal points appointed	18	0 (due to the distrust of the government)
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Advocacy with the Ministry of Public Security for the establishment of human rights focal points within the police at the provincial level	OHCHR-B	N/A (due to the distrust of the government)
Activity 3.2	Provide financial and technical support for the establishment of focal points	OHCHR-B	N/A (due to the distrust of the government)
Output 4	Cases of human rights violations and abuses are taken to court		
Output 4 Indicators	Description	Target	Reached
Indicator 4.1	Number of cases taken to court by the end of the project (December 2016)	15	0
Indicator 4.2	Number of judicial decisions taken following the laying of complaints by the end of the project (December 2016)	15	0
Output 4 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 4.1	Sponsoring of lawyers to prepare official complaints on behalf of victims of human rights violations	OHCHR-B	OHCHR-B
Activity 4.2	Advocacy for the holding of hearings in cases relating to human rights violations	OHCHR-B	OHCHR-B
Output 5	Efficient protection measures are provided to victims and witnesses		
Output 5 Indicators	Description	Target	Reached
Indicator 5.1	Number of individuals (such as human rights defenders) receiving protection (for example relocation in-country or out of country: provision of safe accommodation; monitoring of personal situation; media exposure or advising for a reduction of at-risk activities such as public reporting; and other measures as relevant) by OHCHR-B by the end of the project (December 2016)	10 under this project	8
Output 5 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 5.1	Screening of individuals that seek our assistance	OHCHR-B	OHCHR-B
Activity 5.2	Provision of emergency relocation (in-country or abroad)	OHCHR-B	OHCHR-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:

In terms of outcomes, the implementation of the project has been successful, with the holding of two rounds of the mobile courts system, during which 375 cases were considered, bringing relief to individuals who may have had to wait weeks or even months before being tried, detained in often inhumane conditions. A prison census supported by CERF funding also allowed the authorities to establish a list of all detainees as well as conditions of detention with a view to addressing arbitrary detention and reducing prison overcrowding. Victims and witnesses of human rights violations/abuses also received assistance, including assistance to relocate to a safer area, and to receive psychological, medical and legal assistance.

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

Prior to project design, needs assessments have been carried out through OHCHR-B's extensive monitoring of the situation since the beginning of the crisis, including through multiple interviews with victims and their family members, and on-site visits to places where violations have occurred. OHCHR-B also worked closely with a wide network of civil society organisations and actors, including the national network of human rights observers established by Peace Building Fund III (PBF III) and operating under the auspices of OHCHR-B.

In cooperation with partners involved in the implementation of the project, OHCHR took steps to constantly align the activities with the needs of the affected population within the evolving situation in Burundi. For instance, following the first round of the mobile courts, and considering challenges encountered, a reprogramming of the project was undertaken to address these challenges. This initiative followed an assessment of the project's progress through discussion and consultation with the affected population in order to be consistent with their needs.

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

EVALUATION CARRIED OUT

The cooperation between OHCHR-Burundi and the Government has been suspended since 11 October 2016, and because most of the project activities were implemented in cooperation with the Government, no evaluation has been conducted and/or foreseen.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNFPA		5. CERF grant period:	28/03/2016 – 31/12/2016		
2. CERF project code:	16-UF-FPA-010		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Health			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Support to lifesaving reproductive health services including emergency obstetrical and newborn care and prevention and response to gender-based violence					
7. Funding	a. Total funding requirements ³ :	US\$ 2,650,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ⁴ :	US\$ 930,000	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 249,068	
	c. Amount received from CERF:	US\$ 930,000	▪ <i>Government Partners:</i>		US\$ 58,244	
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>				4,524	5,549	10,073
<i>Adults (≥ 18)</i>	125,000	125,000	250,000	179,860	182,824	362,684
Total	125,000	125,000	250,000	184,384	188,373	372,757
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>						
<i>IDPs</i>	25,000			25,000		
<i>Host population</i>						
<i>Other affected people</i>	225,000			347,757		

³ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

⁴ This should include both funding received from CERF and from other donors.

Total (same as in 8a)	250,000	372,757
<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>To avoid any discrimination / stigmatization among the beneficiaries or IDPs to be targeted, the beneficiaries didn't disclose their status due to the politico-security context in the country.</p> <p>Beneficiaries showed a lot of interest in the activities of behaviour change communication (BCC) on GBV conducted by UNFPA's implementing partner PMC.</p>	

CERF Result Framework			
9. Project objective	Improve emergency obstetrical and neonatal care, and life-saving response to HIV transmission and sexual and gender-based violence in 6 affected provinces of Burundi.		
10. Outcome statement	Affected populations of Burundi have access to quality services of emergency obstetrical and neonatal care, and SGBV survivors' support.		
11. Outputs			
Output 1	Support 36 health facilities in 6 provinces to ensure access to quality emergency obstetrical and new-born care.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of safe birth attendance assisted	21,362 (5,623 under this project)	29,224
Indicator 1.2	Number of case of caesarean section managed in the referral health facilities	6,042 (419 under this project)	7,756
Indicator 1.3	Number of reproductive health kits provided	67 (36 under this project)	106
Indicator 1.4	Number of health providers trained	125 (72 under this project)	74 (53M/21F)
Indicator 1.5	Number of people aware of signs of pregnancy, STIs/HIV prevention and related services	120,000 (120,000 under this project)	34,645
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Provide life-saving reproductive health kits, essentials drugs, medical supply and equipment on functioning health facilities	UNFPA	UNFPA
Activity 1.2	Reinforce 72 health services providers on MISP/EMONC and clinical rape management	Programme National de la Santé de la Reproduction (PNSR)	PNSR
Activity 1.3	Raise awareness of communities (including young people) on danger sign of pregnancy, STIs/HIV prevention and related services	Croix Rouge BURUNDI	Burundian Red Cross
Activity 1.4	Monitor and provide supportive supervision on life saving RH intervention to targeted health facilities	UNFPA	UNFPA

Output 2	Ensure multi-sectorial response to survivors of gender-based violence, including sexual violence and provide psychosocial and medical assistance.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of dignity kits distributed	9,537 (5,000 under this project)	5,859
Indicator 2.2	Number of health and specialized centers reinforced for quality medical and/or psychosocial assistance to survivors(disaggregated)	40 (9 under this project)	52
Indicator 2.3	Number of people who benefited from the psycho-social support disaggregated by age and gender	2,000 (2,000 under this project)	880 (820W/60M)
Indicator 2.4	Number of rape survival who benefit from medical support disaggregated by age and gender	3,800 (2,193 under this project)	2,463 (1,946W/517M)
Indicator 2.5	Number of people aware on GBV prevention and support services	120,000 (120,000 under this project)	372,757
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Provide dignity kits to vulnerable women and girls and survivors of GBV	Red Cross Burundi	Red Cross Burundi
Activity 2.2	Train 60 social workers on the provision of GBV psychosocial assistance to GBV survivors (including children)	IRC/Seruka Center	IRC/Seruka Center
Activity 2.3	Train 60 health providers for clinical management of rape	Ministry of health	Ministry of Health
Activity 2.4	Provide medical and psychosocial assistance to GBV survivors	Health facilities and specialized support centers	Health facilities and specialized support centers
Activity 2.5	Develop and disseminate GBV survivors referral pathway in each of the 6 targeted provinces	GBV working group	GBV working group
Activity 2.6	Strengthen the 3 existing hot lines (OHCHR for human rights, IOM/Red Cross for humanitarian issues, and Seruka Center for GBV response) for a comprehensive communication with GBV' survivors and reference to support services.	UNFPA	UNFPA
Activity 2.7	Support community-based organizations to develop community protection mechanism, provide basic assistance to GBV survivors and refer them to more comprehensive care services	IRC	IRC
Activity 2.8	Sensitize police and justice actors on their role in protection and response to GBV	Ministry of Justice, Ministry of public security	UNFPA
Activity 2.9	Strengthen GBV monitoring and data collection mechanism	UNFPA/IRC	UNFPA/IRC
Activity 2.10	Strengthen the existing GBV coordination system mechanism	UNFPA/IRC	UNFPA/IRC

Activity 2.11	Elaborate and disseminate GBV prevention messages and information related to availability of response services	Population Media Center (PMC)	PMC
Output 3	Ensure access to quality sexual and reproductive health services in emergency settings for adolescents and youth		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of cases of STI received treatment	1,000 (490 under this project)	918
Indicator 3.2	Number of adolescents and youth aware on emergency sexual and reproductive health services	4,700 (3,000 under this project)	10,073
Indicator 3.3	Number of STI kits provided	40 (32 under this project)	0
Indicator 3.4	Number of health facilities offering youth-friendly services	6 (2 under this project)	6
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Provide health facilities with STI kits and HIV prevention services	UNFPA	UNFPA
Activity 3.2	Strengthen existing safe spaces for adolescents and young people	UNFPA	UNFPA
Activity 3.3	Provide youth-friendly sexual and reproductive health information and services.	Association Burundaise pour le Bien-être Familial (ABUBEF)	SDI-JIJUKA
Activity 3.4	Strengthen the capacities of health care providers in youth-friendly services	PNSR	PNSR

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:

Indicator 2.3 : Number of people who benefited from the psycho-social support disaggregated by age and gender
 The number of people who benefited from psycho-social support is less than the number of people who benefited from medical support because most of Ministry of Health facilities receiving the survivors are not able to provide psycho-social support.

Indicator 2.5 : Number of people aware on GBV prevention and support services
 The Burundi Red Cross responsible for this activity was the partner of most of international NGOs and UN agencies who had limited access to deliver assistance to the affected populations. The Red Cross was overloaded and could not run properly all activities taken. They received also the funds late.

Indicator 3.3 : Number of STI kits provided
 The STI kits were not provided to the 06 health facilities offering youth-friendly services because they had drugs in their stocks for the syndromic management of STI, but were given to other health facilities in need..

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

From designing and implementing this project, the beneficiaries were involved. Many assessments were conducted to identify gaps to address the needs of the affected populations. During the implementing period, awareness raising campaigns were conducted to inform the beneficiaries on the services available at the delivery points (health facilities and community level).

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

EVALUATION CARRIED OUT

No evaluation was initially planned, but UNFPA together with implementing partners organized monitoring field visits.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNHCR		5. CERF grant period:	06/04/2016 – 31/12/2016		
2. CERF project code:	16-UF-HCR-010		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Non-Food Items			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Protection monitoring and life-saving assistance for IDPs, returnees and other vulnerable people					
7. Funding	a. Total funding requirements ¹ :	US\$ 4,500,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ² :	US\$ 2,367,449	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 324,878	
	c. Amount received from CERF:	US\$ 1,515,000	▪ <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
<i>Children (< 18)</i>	20,867	17,937	38,804	22,813	15,681	38,494
<i>Adults (≥ 18)</i>	14,615	18,277	32,892	33,343	19,322	52,665
Total	35,482	36,214	71,696	56,156	35,003	91,159
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
<i>Refugees</i>						
<i>IDPs</i>	36,821			22,395		
<i>Host population</i>	25,875			29,651		
<i>Other affected people (**)</i>	9,000			39,113		
Total (same as in 8a)	71,696			91,159 (*)		

¹ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

² 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>(*) It is to be noted that figures under para. 8b include an estimation of the breakdown by personal category (IDP, member of the host community and returnee) of individuals who have received the NFI kits within the interventions of psycho-social assistance, since not for all these beneficiaries the personal status was captured. In particular, for 7669 cases the given proportion of 25.2% IDP, 31.2% host population and 43.5% returnees has been applied in order to provide the required estimation. Relevant break-down is, therefore, as follows (all figures refer to the number of individuals): - NFI = IDP: 10,674; Host population: 13,252; Others: 18473; - Shelter = IDP: 200; Host population: 608; Others: 902; - Protection cases = IDP: 11,521; Host population: 15,791; Others: 19,738. (**) It is to be noted that, within the scope of this project, under the given category “other affected people/others”, RETURNEES related data have been reported</p>
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CERF Result Framework			
9. Project objective	Internally displaced persons, host communities and other persons of concern (returned Burundian refugees) will benefit from effective protection and humanitarian assistance, in a safer protection environment, with a strong focus on gender, age, diversity and participation.		
10. Outcome statement	Protection monitoring and life-saving assistance for the most vulnerable and shelter improvement and maintenance for IDPs /spontaneous returnees		
11. Outputs			
Output 1	Identification and strengthening/set-up of community-based protection mechanism and monitoring for IDPs and returnees		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of protection incidents followed and reported by the Community Humanitarian Monitors	50	47,292 ³
Indicator 1.2	Number of Case management and situation protection meetings organized to address protection needs in the covered areas	54 situations /case managements meetings	48
Indicator 1.3	Number of protection and border focal point nominated for an early warning system	25 Protection and border focal points	Border monitoring focal points: 20 Protection monitoring focal points: 42
Indicator 1.4	Number of awareness and community mobilization activities for Security Forces and local authorities are strategically and systematically conducted to avoid situations where those State actors are a risk factor.	18 training sessions for 1500 security forces and local authorities 15 trainings, 200 counselling sessions, 30	1 national two-day training course for PAFE; 1 national three-day training course on basic services provision, identification of vulnerable individuals and psycho-

³ As regards to the protection monitoring, it is to be noted that it includes both 47,050 cases of identification of protection needs at household level (hereinafter, detailed cases) and 242 urgent protection incidents, addressed at individual level. This urgent case management, carried out through community monitors on the basis of the incident affecting one or more individuals, did not systematically capture with readable data the breakdown by age, sex and individual category. Therefore, despite having targeted with a tailored protection response - by ensuring referral to available support services - a totality of 47,292 protection cases (both detailed and urgent), the 242 urgent ones have not been reported under para. 8a-8b due to lack of breakdown.

		community cohesion campaigns,	social assistance also involving public local institutions such as CDFC from the 6 covered provinces.
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Protection case management meetings to mitigate protection incidents and violation	UNHCR, Caritas, Croix Rouge Burundaise	UNHCR, Caritas, Croix Rouge Burundaise
Activity 1.2	Protection/border monitoring by CHMs in the covered area	UNHCR, Caritas, BRC	UNHCR, Caritas, Croix Rouge Burundaise
Activity 1.3	Awareness sessions on Human Rights, IHL, IDPs rights (African Union Kampala Convention and UN Guiding Principles), SGBV and children rights and Information, Education and Communication (IEC) material targeting both duty bearers (state institutions) and rights holders (civil society groups, vulnerable groups and litigants)	UNHCR	UNHCR with the support of BRC and CEJP ("Commission Episcopal Justice et Paix", subcontracted by Caritas).
Output 2	Strengthened data collection, analysis and sharing, for effective response		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of protection data report produced and shared	9 monthly reports (9 reports under this project)	Weekly reports for the Protection monitoring were produced (from 20 August 2016 to 31 March 2017); monthly reports for the border monitoring were produced (same reporting period). Related major findings have been shared within the Protection Sector Working-groups meeting (bi-weekly/monthly basis).
Indicator 2.2	Number of advocacy meetings held	6 meetings (6 under this project)	6
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Protection data management set up	UNHCR	UNHCR and Partners data management focal national coordinators.
Activity 2.2	Meetings of Humanitarian actors and core protection group (PWG) to analyses and report on sensitive protection issues and trends	UNHCR	Bi-weekly/monthly meetings of the Protection Sector Working-group, plus periodical coordination inter-sectoral meetings held in

			Makamba and chaired by the UNHCR Field Unit Makamba Protection staff.
Output 3	Provision of life-saving psychological support to person with special needs, improving access for victims and securing information		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of persons with specific needs identified and assisted in a safe and protection sensitive manner with CRIs (NFIs, shelter, birth / deceased kit, dignity kits)	15,000	12,519
Indicator 3.2	Number community protection mechanisms set up	20 (14 under this project)	16
Indicator 3.3	Number of community /psychosocial peer support networks in place	45 (35 under this project)	58
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Distribution CRIs (NFIs, shelter, birth / deceased kit) to person with specific needs	UNHCR, Caritas , BRC	UNHCR, Caritas , BRC
Activity 3.2	Support of BRC and Caritas centres for psychosocial support, for survivors of SGBV, abused children, UAMs and other victims of violence and human rights violations and creation of community assistance committees	UNHCR, Caritas , BRC	UNHCR, Caritas , BRC
Activity 3.3	Awareness and capacity building session and IEC(Information and Education Material) material for mass communication	UNHCR, Caritas , BRC	UNHCR, Caritas , BRC

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:	
4 national two-day training courses targeting partners staff and 130 community protection monitors, including on basic principles of international human rights and humanitarian law, identification of vulnerable groups and referrals.	
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
Focus group discussions among the target population for the identification of major needs and the implementation's monitoring were conducted by UNHCR staff. Moreover, the criteria for the identification of beneficiaries have been clarified within meetings held by UNHCR and Partners with local authorities.	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
No evaluation per se was conducted. However, an evaluation session of the results with all relevant partners' coordinators (except with the beneficiaries) was held at the UNHCR national protection staff retreat, which took place in Ngozi from 22 to 24 February 2017. The analysis of the results achieved by the project as of early February 2017, as well as of the gaps/constraints and the lessons learnt were consolidated in a PowerPoint presentation (available internally). Major findings were also shared by the Protection Sector coordinator at the inter-sector coordination meeting of 20 March 2017.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	28/03/2016 – 31/12/2016		
2. CERF project code:	16-UF-CEF-017		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Child Protection			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Identification, integrated care, psychosocial support & protection of children separated from their families, arrested or charged with participation with armed groups, or at risk of gender based violence; establishment of targeted schools as zones of peace					
7. Funding	a. Total funding requirements ¹ :	US\$ 1,000,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ² :	US\$ 730,015	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 576,821	
	c. Amount received from CERF:	US\$ 730,015	▪ <i>Government Partners:</i>		US\$ 25,302	
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>	12,000	8,000	20,000	22,200	33,250	55,450
<i>Adults (≥ 18)</i>	1,920	1,920	3,840	323	223	546
Total	13,920	9,920	23,840	22,523	33,473	55,996
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>	23,840			55,996		

¹ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

² This should include both funding received from CERF and from other donors.

Total (same as in 8a)	23,840	55,996
<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>	Due to the context in the country, UNICEF has encouraged a joint intervention for child protection in both schools and communities to make sure both the learning and living conditions of children are safe and protected, which explains the high number of reached children. The project was implemented as planned with the CERF funded but another UNICEF funding was used to support the education component addressing the protection issues in schools. The improved collaboration between education and child protection allowed additional beneficiaries to be reached.	

CERF Result Framework			
9. Project objective	Ensure the safety, protection and access to education of children affected by violence, within their families, in schools and communities, with emphasis on children arrested and charged with participation in armed groups, children separated from their families and at risk of gender based violence		
10. Outcome statement	Children affected by the conflict receive protection and psychosocial support activities and have access to learning in safe and protective environment		
11. Outputs			
Output 1	Children arrested and charged with participation in armed groups will be reintegrated in their community		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of children arrested and charged with alleged participation in “insurrectional movements” or “armed groups” who are reintegrated in their families	120 (an increased by 54 from the baseline under this project)	212 ³
Indicator 1.2	Number of social workers trained on case management	47	213
Indicator 1.3	Number of children reintegrated in school	80 (addition 35 under CERF)	172
Indicator 1.4	Number of children receiving vocational training	40 (additional 30 under CERF)	44
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Advocacy, identification and Individual and family assessment of the children	UNICEF, Ombudsperson Office, Terre des Hommes (TdH), Fondation Stamm	UNICEF, Ombudsperson Office, TdH, Fondation Stamm, Handicap International
Activity 1.2	Refresher training on case management for social workers (37 from government and 10 from NGOs)	UNICEF, IRC	UNICEF, IRC, FVS, TDH

³ Including children arrested in relation with the protest against the third mandate of the President or scribbling on the president's photo in their school books.

Activity 1.3	Provision of reintegration Kits, including beds, mosquito nets, clothes and school material	UNICEF	UNICEF, IRC, FVS, TDH
Activity 1.4	Family tracing and reunification	TdH, IRC, Fondation Stamm, FVS Amade, CDFC	TdH, IRC, Fondation Stamm, FVS Amade, CDFC
Output 2	180 community based child protection committees (CPCs) reinforced in the targeted provinces to prevent child recruitment and promote GBV prevention & referral		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of CPCs reinforced/trained on child protection in emergencies and GBV	180 (includes additional 126 under CERF)	ND
Indicator 2.2	Actions taken by the CPCs to prevent violence, abuse and neglect, with emphasis on prevention of recruitment, gender based violence, and family separation ⁴	252	ND ⁵
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Training of CPCs on child protection in Emergencies and GBV	TdH, IRC, Fondation Stamm, FVS Amade	TdH, IRC, Fondation Stamm, FVS Amade
Activity 2.2	Follow up on the activities conducted by the CPCs	CDFC, TdH, IRC, Fondation Stamm, FVS Amade	CDFC, TdH, IRC, Fondation Stamm, FVS Amade
Output 3	Psychosocial support activities in the affected areas in schools and Child Friendly Spaces		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of Child Friendly Spaces providing psychosocial support and GBV prevention and referral	50 (includes additional 23 under CERF)	51
Indicator 3.2	Number of schools providing psychosocial support	70 (20 with CERF)	20
Indicator 3.3	Number of schools as zone of peace	70 (20 with CERF)	20
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Training of Child Friendly spaces animators and school staff on psychical support and GBV prevention and response	Plateforme des intervenants en Psychosocial et en Santé Mentale (PPSM), IRC	PPSM, IRC, Play International
Activity 3.2	Psychosocial support activities are implemented at schools and Child Friendly Spaces	Play International, PPSM	PPSM, IRC, Play International
Activity 3.3	Establishment of targeted Schools as zone of peace	MoE, Handicap	MoE, Handicap

⁴ Example of actions could be the CPCs intervention at family level or with the chief of the colline to prevent a child departure. One CPC could take at least 2 concrete actions: 126 x 2=252.

⁵ Finally CPC intervention were many and complementary thus it was difficult to track them separately. However, they were discussed in community monthly meetings and ways forward decided with the community workers support.

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

The project contributed to respond to the need of children with special protection needs especially cases of trauma and children expelled from Tanzania and Rwanda. About 144 cases were documented amongst which 57 were cases of sexual assault and abuse. Children with confirmed trauma were referred to the Kamenge psychiatric centre for appropriate follow up while psychologists from PPSM a project implementing partner continued to work with the families.

Indicator 3.2 and 3.3:

70 schools were targeted by the project promoting the "School as Zone of Peace" model, by strengthening the capacities of teachers in psychosocial support to enable them to detect and refer children suffering from post-traumatic stress. Twenty schools in various hot pots of Bujumbura Mairie were targeted, as well as the surrounding communities with the CERF funding. The rest of schools were with UNICEF resources.

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

Communities / beneficiaries actively participated in strategic implementation choices and management of the project through Child protection committees (CPC) and parents' committees in selected schools. Most of child friendly spaces were established on grounds provided by or identified with community support and local authorities were consulted on regular basis on choices and changes to be made to the project implementation plan for both school and community based interventions. Youth in the community were trained and included in child friendly management teams as part of the project exit strategy.

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

	NO EVALUATION PLANNED <input checked="" type="checkbox"/>
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TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	22/03/2016 – 31/12/2016		
2. CERF project code:	16-UF-CEF-018		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Nutrition			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Screening and treatment of children 6 to 59 months suffering from severe acute malnutrition					
7. Funding	a. Total funding requirements ¹ :	US\$ 3,000,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ² :	US\$ 1,174,956	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 630,031	
	c. Amount received from CERF:	US\$ 1,174,956	▪ <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)	9,346	8,626	17,972	10,217	9,510	19,727
Adults (≥ 18)						
Total	9,346	8,626	17,972	10,217	9,510	19,727
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs						
Host population						
Other affected people	17,972			19,727		
Total (same as in 8a)	17,972			19,727		

¹ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

² This should include both funding received from CERF and from other donors.

<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>	Number of SAM reached exceeded by 109% of the number planned due to critical food insecurity and the malaria epidemic.
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CERF Result Framework			
9. Project objective	The nutrition status of 642,686 children aged 6-59 months is monitored to prevent further deterioration associated with humanitarian crisis in 6 targeted provinces (Bujumbura Mairie, Bujumbura Rural, Cibitoke, Kirundo, Makamba and Rumonge)		
10. Outcome statement	The nutrition well-being of 642,686 children aged 6 to 59 months is monitored and response provided to treat severe acute malnutrition when needed in 6 targeted provinces (Bujumbura Mairie, Bujumbura Rural, Cibitoke, Kirundo, Makamba and Rumonge).		
11. Outputs			
Output 1	2 community mass-screening are completed every 6 months in each of the 6 targeted provinces (Bujumbura Mairie, Bujumbura Rural, Cibitoke, Kirundo, Makamba and Rumonge) for a total of 12 mass community screening completed		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of community mass-screening completed (2 screenings x 6 provinces = 12 screenings)	12	12
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Implementation of community mass-screening in each provinces 2 times over a 6-months period	UNICEF, Ministry of Health, Concern Worldwide, Pathfinder International and World Relief	UNICEF, Ministry of Health, Concern Worldwide, Pathfinder International and World Relief
Activity 1.2	Identification and referral of severely acute malnourished children as a results of the community mass-screening	UNICEF, Ministry of Health, Concern Worldwide, Pathfinder International and World Relief	Ministry of Health, Concern Worldwide, Pathfinder International and World Relief
Activity 1.3	Identification of health districts at higher risk of acute malnutrition after the first mass-screening to ease targeting of children aged 6-23 months and pregnant and lactating women for further nutrition interventions	Nutrition sector partners under the lead of the Ministry of Health	Nutrition sector partners under the lead of the Ministry of Health
Output 2	About 6,375 children aged 6-59 months will be treated for severe acute malnutrition over the 17,972 severely acute malnourished children expected after screening		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number (#) of admissions of severely acute malnourished children	6,375 under this project (sex disaggregation is not documented in the national database)	19,727 (girls= 10,217 ; Boys =9,510)
Indicator 2.2	Proportion (%) of children with severe acute malnutrition cured as per National Protocol	>85%	88%

Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Supply order of RUTF	UNICEF	UNICEF
Activity 2.2	Distribution of RUTF to 100% of health districts located in the 6 targeted provinces	UNICEF, Ministry of Health	UNICEF, Ministry of Health
Activity 2.3	Treatment of severe acute malnutrition of all affected children at the health centre level	Ministry of Health	Ministry of Health

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

The number of SAM cases to be admitted was exceeded by 109% due to the deterioration of the nutrition situation of children created by high level of food insecurity and malaria epidemic. The referral system supported by NGO, following mass screening can explain this high level of admission.

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

Nothing to report.

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

EVALUATION CARRIED OUT

No evaluation was initially planned.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	28/03/2016 – 31/12/2016		
2. CERF project code:	16-UF-CEF-019		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Water, Sanitation and Hygiene			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Emergency water supply, sanitation and hygiene services for people affected by political crisis, floods and epidemics in Burundi					
7. Funding	a. Total funding requirements ¹ :	US\$ 2,585,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ² :	US\$ 1,184,306	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 496,592	
	c. Amount received from CERF:	US\$ 1,184,306	▪ <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)	4,600	4,400	9,000	10,946	11,135	22,081
Adults (≥ 18)	5,600	5,400	11,000	3,339	3,234	6,573
Total	10,200	9,800	20,000	14,285	14,369	28,654
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs	5,000			5,000		
Host population	5,000			5,000		
Other affected people	10,000			18,654		
Total (same as in 8a)	20,000			28,654		

¹ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

² This should include both funding received from CERF and from other donors.

<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 project reached more than planned people because the focus was on provision of safe water to affected population and the 3 water system constructed were able to cover the need of more than the 20,000 people targeted.
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CERF Result Framework			
9. Project objective	To improve the living conditions of the population affected by the floods and epidemic disease such Cholera Outbreak.		
10. Outcome statement	To contribute to reduce the morbidity and mortality linked to waterborne diseases for 20 000 IDPs and hosting population affected by the floods and cholera outbreak		
11. Outputs			
Output 1	Adequate and timely WASH response to humanitarian crisis in Burundi		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of emergency assessments beginning within 5 days after getting report on WASH gaps in an emergency situation.	10	11
Indicator 1.2	Number of emergency interventions beginnings after identifying needs and completion of assessment report	10	6
Indicator 1.3	Number of emergency WASH/ Hygiene Kits items distributed within one week of verification of needs taking into account the specific needs of women.	4,000	7,000
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Conduction of rapid needs assessments	UNICEF, BRC, OAP, Conseil pour l'Education et le Développement (COPED) & Action Intégrée pour le Développement et la protection de l'Environnement (AIDE)	OAP, AIDE, COPED
Activity 1.2	Participation on humanitarian meetings	UNICEF, BRC, OAP, COPED, AIDE & WASH sector partners	OAP, AIDE, COPED, UNICEF, BRC sectors partners
Activity 1.3	Provision of integrated WASH package	BRC, OAP, COPED & AIDE	OAP, AIDE, COPED
Output 2	Access to safe water and adequate sanitation is improved for 20 000 people affected by the floods and epidemics.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of persons have access to 7.5 L/D of water with at least 0.5 mg/l of residual chlorine in normal situation and 0.8 mg/l of residual chlorine during epidemic outbreak	20,000	28,654

Indicator 2.2	Number of constructed latrines are clean, adequately maintained and properly used by the targeted population	800	126
Indicator 2.3	Number of persons washing their hands with water and soap after using latrines	16,000	28,654
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Improvement of distribution, management and provision of safe water supply.	BRC, Organisation d'Appui à l'Auto Promotion (OAP), COPED & AIDE	OAP AIDE COPED
Activity 2.2	Improvement of the access to basic sanitation systems	BRC, OAP, COPED & AIDE	BRC
Activity 2.3	Distribution of 2 000 Hygiene kits and provision of basic hygiene promotion for 2 000 HH	DPSHA (Direction de la Promotion de la Santé, de l'Hygiène et Assainissement)	2150
Output 3	Supplies are available at districts level to ensure rapid response to cholera outbreaks		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of districts equipped with cholera kits	15	15
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Procurement of cholera kits, tents, tarpaulin and cholera beds	UNICEF	UNICEF
Activity 3.2	Distribute Cholera Kits and other supply items to cholera treatment centres	UNICEF, Ministry of Health,	MoH
Output 4	Implement and follow-up activities in the field		
Output 4 Indicators	Description	Target	Reached
Indicator 4.1	Number of follow-up missions realized	6	6
Output 4 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 4.1	Ensure correct management of cholera cases in cholera treatment centres	Districts and health centres teams, Africa Humanitarian Aid (AHA), Burundi Red Cross, Médecins Sans Frontières (MSF)	District and health centres team, MSF
Activity 4.2	Undertake 1 monthly follow-up mission in the 15 cholera prone districts	UNICEF, Ministry of Health, WHO, AHA, Burundi Red Cross, MSF	District and health centres team, MSF

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:

Latrines were required only in Gatumba IDP camp where 126 have been built to meet the needs of the IDPs.

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

The affected population were consulted before implementation of the activities linked to the project.

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

EVALUATION CARRIED OUT

EVALUATION PENDING

No evaluation was initially planned.

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	WFP		5. CERF grant period:	28/03/2016 – 31/12/2016		
2. CERF project code:	16-UF-WFP-007		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Food Aid			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Assistance to refugees and vulnerable food-insecure people					
7. Funding	a. Total funding requirements ¹ :	US\$ 25,000,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ² :	US\$ 13,000,130	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 163,713	
	c. Amount received from CERF:	US\$ 3,000,130	▪ <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).						
<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>	22,000	21,000	43,000	30,720	29,320	60,040
<i>Adults (≥ 18)</i>	28,000	22,000	50,000	39,100	30,720	69,820
Total	50,000	43,000	93,000	69,820	60,040	129,860
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>						
<i>IDPs</i>	25,000			34,900		
<i>Host population</i>	30,000			41,890		
<i>Other affected people</i>	38,000			53,070		
Total (same as in 8a)	93,000			129,860		

¹ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

² 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>The number of beneficiaries reached is estimated to be 140% of the planned figure due to a rapid deterioration of the food security situation in Kirundo province, which led to displacements of families both internally and externally. An increase of the number of beneficiaries was then decided in order to limit the flow of displacements.</p>
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CERF Result Framework			
9. Project objective	Save lives and protect livelihoods in emergencies for IDPs, host families, spontaneous returnees and severely food insecure people.		
10. Outcome statement	Improved food consumption over assistance period for targeted households and/or individuals.		
11. Outputs			
Output 1	Two months of General Food Distribution to 93,000 vulnerable people (25,000 IDPs and 68,000 spontaneous returnees and other most vulnerable people included the host community) of Rumonge, Makamba and Bujumbura rural provinces.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	% of beneficiaries receiving food assistance (in-kind and cash or voucher transfer), disaggregated by activity, sex against the plan.	93,000 people (100%)	129,860 (140%)
Indicator 1.2	% of quantity of food distributed (in-kind) disaggregated by activity and sex against the plan.	(1,308 tons and 1,350,000 USD) 100%	(3,223 tons and 0 USD)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Food commodity items procurement	WFP's CERF Procurement plan	WFP's CERF Procurement plan
Activity 1.2	Community targeting process	WFP, Local administration, (Premiere Urgence, Croix Rouge du Burundi and OXFAM)	WFP, Local administration and Cooperating Partners (National Red Cross and Food for the Hungry -FHI)
Activity 1.3	Beneficiary lists validation using participative approach	Beneficiaries committees, WFP, Local authorities and CPs	Beneficiaries committees, WFP, Local authorities and CPs (ended by a public validation)
Activity 1.4	Two months of targeted distributions (GFD) implementation	CPs (Croix Rouge, Premier Urgence and OXFAM)	Burundian Red Cross and FHI
Activity 1.5	Monthly joint distribution monitoring	WFP Monitors and CPs	WFP Monitors and CPs
Activity 1.6	Onsite Complains and Feed-back Management (Accountability for Assisted People)	WFP, CPs, Local authorities and beneficiaries	WFP, CPs, Local authorities and beneficiaries

		committees (joint helpdesk)	committees (joint helpdesk)
Activity 1.7	Monthly After Action Review	WFP, CPs, Local authorities and beneficiaries committees	WFP, CPs, Local authorities and beneficiaries committees
Activity 1.8	Post Distribution Monitoring	WFP using an Independent Evaluation company or consultant	Consultant from CURDES

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

The implementation was done in collaboration and in complementarity with FAO, who provided seeds and agricultural tools to vulnerable households' farmers to support agricultural production and livelihood early recovery. 23 beneficiary committees which include 50% of women were created to facilitate targeting and distribution processes. During the implementation, it was discovered that the women members of committee were a key of success to reach the most vulnerable.. In addition, food assistance to household was directly distributed to female heads of household after a sensitization of all beneficiaries. A joint helpdesk was systematically established during food distributions to receive complaints and feed-back from beneficiaries. All complains were documented and addressed respecting confidentiality and the "do no harm" principles. While the WFP project was expected to reach 93,000 people from the provinces of Makamba, Rumonge and Bujumbura rural, the number of beneficiaries increased up to 129,860 people mainly due to crisis in Kirundo from the second half of 2016; The rapid deterioration in the food security situation in the Kirundo province (due to both climate hazards and consequences of political crisis) increased the number of beneficiaries by 40 per cent. In addition, the originally planned cash transfer modality was refused by the provincial authorities at the end of a joint preparation process (case of Kirundo province), which prompted WFP to request the reprogramming of funds for regional purchases (*reference to the approval of partial reprogramming request for the WFP project 16-UF-WFP-007, 29th august 2016*). This reprogramming has consequently changed the outputs of the project, including the increase in food distributed (3,228 tons instead of 1,308 tons) while no cash transfer at all took place (0 USD instead of the planned 1,350,000 USD).

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

The beneficiaries targeting process went through community participation, including set up of systematic gender balanced committees of beneficiaries, public validation and feedback mechanisms on the distribution process, etc.

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

EVALUATION CARRIED OUT

Two evaluations were conducted separately, one in Rumonge province (end of May 2016, <https://goo.gl/T5d9up>) and another in Kirundo province (December 2016, <https://goo.gl/nydr7e>). The results from both the evaluations showed an improvement of output indicators such as Food consumption score(FCS), households Diet Diversity Score (HDDS) and Coping Strategy Index (CSI) among beneficiaries of food assistance. Nevertheless, climatic hazards continued to be worse thereafter the CERF food assistance and put again the majority of households at risk of food insecurity especially in the same area (North, West and southern of the country).

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	WFP		5. CERF grant period:	03-28-2016 - 12-31-2016		
2. CERF project code:	16-UF-WFP-008		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Nutrition			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Assistance to refugees and vulnerable food insecure populations					
7. Funding	a. Total funding requirements ¹ :	US\$ 6,000,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ² :	US\$ 2,526,973	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 33,007	
	c. Amount received from CERF:	US\$ 526,973	▪ <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).						
<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>	6,916	6,384	13,300	6,912	6,380	13,292
<i>Adults (≥ 18)</i>	9,900		9,900	9,880		9,880
Total	16,816	6,384	23,200	16,792	6,380	23,172
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>	23,200			23,172		
Total (same as in 8a)	23,200			23,172		

¹ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

² This should include both funding received from CERF and from other donors.

<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>	Out of the 23,200 beneficiaries planned, 23,173 were reached. This difference is due to estimation errors. The 23,000 to be reached are estimated based on population data while the 23,173 are actuals figures.
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CERF Result Framework			
9. Project objective	Save lives and protect livelihoods in emergencies		
10. Outcome statement	Stabilized or reduced under nutrition among children aged 6–23 months and pregnant and lactating women in Bujumbura Rural and Rumonge.		
11. Outputs			
Output 1	Food nutritional products distributed in sufficient quantity and quality in timely manner to children aged 6-23 months and pregnant and lactating women		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of children under two years of age, pregnant and lactating women receiving assistance as % of planned (disaggregated by food, sex)	100% (13,300 children, 9,900 women)	100% (13,292 children, 9880 women)
Indicator 1.2	Quantity of nutrition supplies distributed, as % of planned distribution (disaggregated by type)	100% 265MT (Plumpy doz: 56 MT Supercereal: 178.8 MT Veg Oil: 18MT Sugar: 13MT)	100% 265.1 MT (Plumpy doz: 56.2 MT Super cereal: 177.8 MT Veg Oil: 17.8 MT Sugar: 13.3 MT)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Nutrition supplies procurement	WFP	WFP
Activity 1.2	Organization of an orientation session for health staff and CHWs on the project strategy	Implementing Partner (International Medical Corps)	International Medical Corps (IMC)
Activity 1.3	Community registration and validation of beneficiary lists (MoH will not receive money under this project)	IMC, Ministry of Public Health through Health District and CHW	IMC, Ministry of Public Health through Health District and CHW
Activity 1.4	Transportation of nutrition supplies from WFP warehouse to health facilities	WFP	WFP
Activity 1.5	Distribution of nutrition supplies to beneficiaries	IMC	IMC
Activity 1.6	Community mobilization and sensitization on the importance of preventing acute malnutrition	IMC, Ministry of Public Health through Health District and CHW	IMC, Ministry of Public Health through Health District and CHW
Activity 1.7	Monthly joint monitoring visit	WFP, Ministry of Public Health	WFP, Ministry of Public Health

		through Health District and IMC	through Health District and IMC
Activity 1.8	Monthly report	IMC	IMC
Activity 1.9	Final evaluation report	WFP	WFP

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

The intervention of WFP and its Cooperating Partners has stabilized the nutritional situation. Indeed, the Post Distribution Monitoring carried out in January 2017 showed that :

- ✓ The global acute malnutrition rate decreased from 7% to 6%.
- ✓ 79.6% of target population participated in at least 2/3 of distribution.
- ✓ 99.9% (13,292 out of 13,300) of eligible children under two participated in programme (coverage).
- ✓ 23.4% children aged 6-23 months consumed a minimum acceptable diet. This low proportion could be explained by the low minimum dietary diversity (49.7%) and minimum meal frequency (38.6%).

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

WFP and its implementing partner organized a start-up ceremony to present the project objective, duration, targeting criteria and ration size to community members and local authority. The selection of food distribution points and distribution time were discussed with beneficiaries to ensure they can collect their ration without struggling. To distribute food rations, WFP and its partner set distribution committees comprised of community health volunteers. An awareness-raising meeting was organized for the main actors in the implementation of the intervention. These are the National Integrated Food and Nutrition Program (PRONIANUT), the health provinces and districts, the communal and c authorities. Community leaders have been involved in mobilisation of targeted populations for screening, distribution process and Post Distribution Monitoring Survey (PDM).

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

EVALUATION CARRIED OUT

Main findings of Post Distribution Monitoring Survey report (<https://goo.gl/EPXC1f>) could be summarised as follows:

EVALUATION PENDING

- ✓ 79.6% of target population participated in at least 2/3 of distribution
- ✓ 6% of children aged 6-59 months was acute malnourished
- ✓ 41% of children aged 6-59 months was screened stunted
- ✓ 21.5 % of children aged 6-59 months was screened underweight
- ✓ 99.9% (13,292 out of 13,300) of eligible children under two participated in programme (coverage).
- ✓ 23.4% of children aged 6-23 months consumed a minimum acceptable diet. This low proportion could be explained by the low minimum dietary diversity (49.7%) and minimum meal frequency (38.6%). The required minimum acceptable diet must be at least 70%.
- ✓ Almost 60% of target pregnant and breastfeeding mothers consumed all received food groups (super cereal, vegetable oil and sugar). 39% of target pregnant and breastfeeding mothers shared received food group mainly with children under five.
- ✓ Almost ¾ (73.5%) of children aged 6-23 months consumed received nutrition product (Plumy Sup). 21.7% of children aged 6-23 months shared their ration while around 5% have sold part of the received rations.

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	WHO		5. CERF grant period:	28/03/2016 – 30/04/2016		
2. CERF project code:	16-UF-WHO-009		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Health			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Provide life-saving support through emergency health care to the most vulnerable people					
7. Funding	a. Total funding requirements ¹ :	US\$ 2,917,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ² :	US\$ 1,087,996	▪ <i>NGO partners and Red Cross/Crescent:</i>			
	c. Amount received from CERF:	US\$ 999,996	▪ <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)	113,517	109,503	223,020	167,446	161,792	329,238
Adults (≥ 18)	96,700	93,280	189,980	125,280	119,004	244,284
Total	210,217	202,783	413,000	292,726	280,802	573,522
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees			152			
IDPs	15,000		11,470			
Host population	367,400		527,488			
Other affected people	30,600		34,412			
Total (same as in 8a)	413,000		573,522			

¹ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

² 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>The country is facing a malaria outbreak. The number of cases has increased from 4,716,152 cases in 2014 to 5,365,721 cases in 2015 and 8,167,484 cases in 2016. This situation has led to an increase in the number of health centres for all categories of the population, especially in the northern and north-eastern parts of the country.</p>
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CERF Result Framework			
9. Project objective	Improve access to comprehensive emergency health care in health centre and hospitals of six targeted provinces of Burundi for 413,000 people, including 79,118 under-five children, 22,100 pregnant women and 600 violence - injured patients, 15,000 IDPs as well for 30,000 flood affected people at risk of outbreak of water-borne disease		
10. Outcome statement	Intra hospital morbidity and mortality are improved among under five children, pregnant women, violence - injured and cholera affected patient		
11. Outputs			
Output 1	79,118 Under five children, 22.100 pregnant women and 600 violence-injured patients have access to free- of- charge essential medicines and surgical treatment		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Under five children and pregnant women have at least one consultation a year with free-of-charge medicines including anti malaria drugs	1 consultation per person per year for 101,218 people	118,146 under five children and pregnant women had at least one consultation with free-of-charge medicines including anti-malaria drugs.
Indicator 1.2	All violence-injured patients have access to critical emergency care free- of- charge within 24 hours	600 patients (100%)	396 (66%)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Provide essential medicines including anti malaria drugs to ensure critical health services for under-five children and pregnant women are functional in health centres and district hospitals	MoH/WHO	MoH/WHO
Activity 1.2	Provide surgical kits and essential medicines free-of- charge to health facilities for surgical and medical care to violence-injured patients	MoH/WHO	MoH/WHO
Output 2	Water borne disease outbreaks including cholera outbreak threatening 15,000 IDP's and 30,000 flood affected people in 6 targeted provinces are adequately managed by health stakeholders		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Malaria , measles and cholera as the most killer l epidemic- prone disease outbreaks including water born disease are timely detected and responded to within 48 hours	100%	100% of cholera outbreak outbreaks was timely detected and responded to within 48 hours. Late

			detection and delayed response for the malaria outbreak. The country had no epidemic of measles during the period concerned.
Indicator 2.2	The case fatality rate among cholera affected people is reduced under 1% during outbreak of cholera in targeted provinces	<1%	0.4%
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Technical and logistic support provided to the surveillance system of the Ministry of health for better management of water - borne disease outbreak including cholera outbreak in provinces at risk	WHO	WHO
Activity 2.2	Purchase and Ensure a ready-for-use stockpile of Emergency Diarrheal Disease kits is available in 5 targeted provinces at risk of cholera outbreak and 1 affected by cholera (Makamba province)	WHO	WHO
Output 3	Support from WHO and health stakeholders to improve the availability of adequate and accessible medicines for provision of health care to targeted 413,000 most vulnerable people (of 1,938,825 in need), is regularly monitored		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of stock-outs (Health facilities are regularly provided with essential medicines and NO STOCK OUT of medicines is notified during the WHO health project implementation and health information management)	0	0
Indicator 3.2	Monthly inventories of the health sector emergency kits are done and consumption regularly monitored and followed up at national and district levels by dedicated emergency staff to be recruited	9	9
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Recruit and deploy an emergency humanitarian Officer to strengthen the health sector for tracking disease trends and support the health information management	WHO	WHO
Activity 3.2	Recruit a logistician Assistant and ensure minor rehabilitation of the warehouse to ensure adequate management (storage, distribution and follow up) of emergency health kits, including monthly inventories	WHO	WHO

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 regard of the results indicators, the project has reached more beneficiaries than expected, but the health situation remains dire given with the ongoing malaria outbreak despite the joint effort of health partners in a socio-political crisis. The effects of El Nino combined to worsening food insecurity can negatively impact and deteriorate the nutritional status of the population, making it even more vulnerable to disease.

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

WHO supports the Ministry of Health at all levels: central, provincial and local. With the national level, the activities are implemented in a concerted manner to bring together support at the provincial and local level. During medication delivery and evaluation meetings, the local management committees where the population is represented contribute in the activity.

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

EVALUATION CARRIED OUT

No evaluation of the project was initially planned. However, WHO conducted regular follow up and monitoring visits for this project.

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-UF-HCR-010	Shelter & NFI	UNHCR	RedC	\$106,518
16-UF-HCR-010	Shelter & NFI	UNHCR	NNGO	\$218,360
16-UF-CEF-019	Water, Sanitation and Hygiene	UNICEF	NNGO	\$153,650
16-UF-CEF-019	Water, Sanitation and Hygiene	UNICEF	NNGO	\$173,766
16-UF-CEF-019	Water, Sanitation and Hygiene	UNICEF	NNGO	\$169,176
16-UF-CEF-017	Child Protection	UNICEF	INGO	\$83,700
16-UF-CEF-017	Child Protection	UNICEF	INGO	\$76,935
16-UF-CEF-017	Child Protection	UNICEF	INGO	\$162,647
16-UF-CEF-017	Child Protection	UNICEF	INGO	\$111,741
16-UF-CEF-017	Child Protection	UNICEF	INGO	\$97,450
16-UF-CEF-017	Child Protection	UNICEF	INGO	\$44,348
16-UF-CEF-017	Child Protection	UNICEF	GOV	\$25,302
16-UF-WFP-007	Food Assistance	WFP	INGO	\$88,162
16-UF-WFP-007	Food Assistance	WFP	RedC	\$75,551
16-UF-WFP-008	Nutrition	WFP	INGO	\$33,007
16-UF-FAO-004	Agriculture	FAO	GOV	\$11,371
16-UF-FAO-004	Agriculture	FAO	NNGO	\$24,154
16-UF-FAO-004	Agriculture	FAO	NNGO	\$24,987
16-UF-FAO-004	Agriculture	FAO	INGO	\$16,673
16-UF-FAO-004	Agriculture	FAO	INGO	\$24,022
16-UF-IOM-006	Protection	IOM	RedC	\$89,408
16-UF-IOM-007	Shelter & NFI	IOM	RedC	\$51,462
16-UF-CEF-018	Nutrition	UNICEF	INGO	\$111,407
16-UF-CEF-018	Nutrition	UNICEF	INGO	\$98,811
16-UF-CEF-018	Nutrition	UNICEF	INGO	\$112,527
16-UF-CEF-018	Nutrition	UNICEF	INGO	\$97,403
16-UF-CEF-018	Nutrition	UNICEF	INGO	\$105,281
16-UF-CEF-018	Nutrition	UNICEF	INGO	\$104,602
16-UF-FPA-010	Health	UNFPA	GOV	\$58,244
16-UF-FPA-010	Health	UNFPA	INGO	\$93,256
16-UF-FPA-010	Health	UNFPA	RedC	\$19,922
16-UF-FPA-010	Health	UNFPA	NNGO	\$62,634
16-UF-FPA-010	Health	UNFPA	INGO	\$46,344
16-UF-FPA-010	Health	UNFPA	NNGO	\$26,912

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAP	Accountability to Affected Populations
AAR	After Action Review
ACT	Artemisinin-based Combination Therapy
AFJB	Association des Femmes Juristes du Burundi
AHA	Africa Humanitarian Aid
AIDE	Action Intégrée pour le Développement et la protection de l'Environnement
ASRH	Adolescents and Youth Sexual and Reproductive Health
BCCS	Behavior Change Communication Sessions
BRC	Burundian Red Cross
CDFC	Family and Community Development Center (<i>Centre de développement familial et communautaire</i>)
CEJP	Commission Episcopale Justice et Paix
CERF	Central Emergency Response Funds
CFE	Contingency Funds for Emergencies
CFS	Child Friendly Spaces
CNIDH	Commission Nationale Indépendante des Droits de l'Homme
CNPK	Centre Neuro-Psychiatrique Kamenge
CPC	Child Protection Committees
COPEd	Conseil pour l'Education et le Développement
CSI	Coping Strategy Index
CSO	Civil Society Organization
CURDES	Centre Universitaire de Recherche pour le Développement Economique et Social
DPAE	Direction Provinciale de l'Agriculture et de l'Elevage de RUMONGE
DPSHA	Direction de la Promotion de la Santé, de l'Hygiène et Assainissement
DRC	Democratic Republic of Congo
DTM	Displacement Tracking Matrix
EFSA	Emergency Food Security Assessment
ERC	Emergency Relief Coordinator
FAO	Food and Agriculture Organization
FCS	Food Consumption Score
FHI	Food for the Hungry
FSMS	Food Security Monitoring System
FVS -AMADE	Family to Overcome AIDS - World Association of Friends of Childhood (<i>Famille pour Vaincre le SIDA - l'Association Mondiale des Amis de l'Enfance</i>)
GAM	Global Acute Malnutrition
GBV	Gender Based Violence
GVC	Gruppo di Volontariato Civile (<i>Groupe de Volontaire Civil</i>)
HCB	Help Channel Burundi
HCT	Humanitarian Country Team
HDDS	Household Dietary Diversity Scale
HI	Handicap International
HIV	Human Immunodeficiency Virus
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
ICRC	International Committee of the Red Cross
IDP	Internally displaced persons
IMC	International Medical Corps
IOM	International Organization for Migrations

IPC	Integrated Food Security Phase Classification
IRC	International Rescue Committee
ISC	Inter-sector Coordination
MoE	Ministry of Education
MoH	Ministry of Health
MSF	Médecins Sans Frontières
MUAC	Mid-Upper Arm Circumference
NFI	Non-food items
NGO	Non-governmental Organization
OCHA	Office for the Coordination of Humanitarian Affairs
OFDA	Office of Foreign Disaster Assistance
OAP	Organisation d'Appui à l'Auto Promotion
PAFE	Air, Borders and Aliens Police (<i>Police de L'air, des Frontières et des Étrangers</i>)
PBSO	Peacebuilding Support Office
PDM	Post Distribution Monitoring
PFD	Post Food Distribution
PMC	Population Media Center
PNSR	Programme National de la Santé de la Reproduction
PPSM	Plateforme des intervenants en Psychosocial et en Santé Mentale
RH	Reproductive Health
SAM	Severe Acute Malnutrition
SDI-JIJUKA	Solidarity for Integrated Development (<i>Solidarité pour le Développement Intégré Jijuka</i>)
SIDA	Swedish International Development Cooperation Agency
STI	Sexually Transmitted Infection
TdH	Terre des Hommes
UN	United Nations
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children's Emergency Fund
WASH	Water, Sanitation and Hygiene
WFP	World Food Program
WHO	World Health Organisation
WVI	World Vision International