

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
RWANDA
UNDERFUNDED EMERGENCIES
ROUND 2 2016**

RESIDENT/HUMANITARIAN COORDINATOR

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REPORTING PROCESS AND CONSULTATION SUMMARY

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

The Central Emergency Relief Fund (CERF) AAR was conducted on 1 August 2017; the meeting included participation of all recipient agencies that received CERF funds in 2016 and implementing partners:

- UN Refugee Agency (UNHCR)
- World Food Programme (WFP)
- UN Children's Agency (UNICEF)
- UN Population Fund (UNFPA)
- World Health Organization (WHO)
- Global Humanitarian and Development Foundation (GHDF)

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

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

YES NO

The CERF report was discussed within UN Country Team (UNCT) and the final CERF Report was cleared by the UNCT before its submission to the CERF Secretariat. Sector leads were involved in producing and reviewing the technical inputs of all agency reports.

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

YES NO

The CERF draft report was circulated to the relevant in-country stakeholders including UNCT, recipient agencies, sector working groups.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response 2016: USD 167,101,990 ¹		
Breakdown of total response funding received by source	Source	Amount
	CERF	4,998,778
	COUNTRY-BASED POOL FUND (if applicable)	
	OTHER (bilateral/multilateral)	62,695,064
	TOTAL	67,693,842²

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 19/08/2016			
Agency	Project code	Cluster/Sector	Amount
UNFPA	16-UF-FPA-036	Health	300,000
UNHCR	16-UF-HCR-035	Multi-sector refugee assistance	2,500,000
UNICEF	16-UF-CEF-089	Health	499,250
WFP	16-UF-WFP-050	Food Aid	1,499,759
WHO	16-UF-WHO-036	Health	199,769
TOTAL			4,998,778

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	3,198,565
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	1,800,213
Funds forwarded to government partners	
TOTAL	4,998,778

¹ This includes funding requirements for both the 2016 and 2017 humanitarian response including:

- 2016 interagency Burundi RRP reqs: 95,201,990
- 2016 Congolese and returnee reqs (UNHCR + WFP): 71,900,000

² This includes funding received against the 2016 and 2017 requirements for the humanitarian response including:

- 2016 interagency Burundi RRP contributions received: 38,871,989 (*incl CERF)
- 2016 Congolese program contributions received (UNHCR + WFP): 28,821,853 (*incl CERF)

HUMANITARIAN NEEDS

Rwanda has been hosting refugees for more than two decades, with the first wave of refugees fleeing from conflict in the eastern Democratic Republic of Congo (DRC) in the mid-1990s, a second mass influx of refugees from the same region fleeing in 2012-13, and then a sudden mass influx of Burundian refugees who fled to Rwanda beginning in April 2015 as a result of election-related violence in Burundi. Today, there are 169,244 refugees and asylum seekers in total in Rwanda, of which 135,685 live in six refugee camps (and five transit/reception centers where they are hosted for some days while being registered for transfer to the camps). Camps and transit/reception centers are managed by UNHCR and the Government of Rwanda, the Ministry for Disaster Management and Refugee Affairs (MIDIMAR).

All camp-based refugees depend upon interagency humanitarian aid for their survival and well-being. The refugee population consists of 52.1% women and 50% children, or 77% women and children. Three percent of the refugee population is elderly, while around 12% of the population consists of individuals with specific needs such as child-headed households, persons with disabilities, unaccompanied or separated children, survivors of violence, etc. Rwanda's largest camp, and only camp for Burundian refugees, is Mahama which is home to 53,858 refugees from Burundi and is divided into two sites (Mahama I and Mahama II). The 81,497 Congolese camp-based refugees are living in five camps spread across the country, which have been in place since 1996 for the oldest camp.

The remaining 33,559 refugees live in urban areas where they are mainly self-reliant with some receiving very limited, targeted support. Each year Rwanda also receives several thousand returnees (Rwandan refugees returning home after living in countries of asylum) whose initial return is supported by UNHCR.

The 135,685 refugees living in camps in Rwanda rely almost entirely on humanitarian assistance for all of their most basic needs according to Joint Assessment Monitoring and nutrition surveys. This dependency covers the full range of needs from shelter, access to water and sanitation, health and reproductive health, non-food items and access to energy, and food security and nutrition, as well as for protection including registration, child protection and sexual and gender-based violence prevention and response services. Due to the chronic underfunding of the protracted Congolese refugee situation and the low level of funding for the 2016 response to the Burundian refugee influx, there are critical gaps in life-saving multi-sectoral assistance. CERF funding in 2016 was critical to addressing some of those key gaps with life-saving support.

II. FOCUS AREAS AND PRIORITIZATION

In Rwanda, refugees in camps depend entirely on food assistance from WFP. CERF funding in 2016 enabled WFP to continue providing life-saving food rations to refugees despite that it had been facing imminent pipeline breaks due to critical funding shortages.

Due to overcrowding and the lack of adequate shelter and basic sanitation/drainage facilities the spreading of endemic diseases constitutes a high risk. Districts hosting refugees already face a high prevalence of diseases such as malaria, diarrhoea and respiratory infections. Cholera has thus far been avoided but there was a typhoid outbreak in late 2015 in Mahama camp, which was linked directly to poor sanitation and inadequate drainage and sanitation facilities. Moreover, refugees have a limited knowledge of health-related issues such as HIV, sexually transmitted infections (STIs) and unwanted pregnancies which present life-threatening health risks. Immunization, reproductive health and epidemic surveillance are critically-needed interventions. Therefore, this CERF grant targeted all six refugee camps in the country and included a thematic focus on the critical areas of health, food security and nutrition, shelter and water, and sanitation and hygiene (WASH).

III. CERF PROCESS

A UNCT meeting was convened on 25 July 2016 to discuss the urgent needs faced in the refugee response, critical gaps, and possible areas of priority for a CERF submission. The outcome of the UNCT meeting was to propose a technical meeting to be chaired by UNHCR and WFP to agree on sectors to be targeted and to initiate drafting of the proposal. The prioritization process for emergency interventions/activities was led by the recommendations which transpired from this meeting. The refugee response is co-led by MIDIMAR and UNHCR who co-chair weekly coordination meetings at the Head of Agency level in Kigali, and also at field level, for all Government, UN and NGO actors engaged in the refugee response. There is also a sector level coordination of technical interventions in all sectors. This coordination structure supported the prioritization process, application process, implementation and monitoring of the CERF projects. The final CERF proposal reflects some of the most urgent and key elements in the Rwanda chapter of the 2016 Burundi Refugee Response Plan, which also serves as the interagency planning framework to address the Burundi refugee situation.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR¹

Total number of individuals affected by the crisis: 169,244									
Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Food Aid (all camps)	35,278	32,050	67,328	37,670	27,251	64,921	72,948	59,301	132,249
Health (Mahama)	13,646	12,950	26,596	14,300	12,962	27,262	27,946	25,912	53,858
Health (Reproductive health in Mahama & Kigeme)	10,828	15,976	26,804	11,558	12,194	23,752	22,386	28,170	50,556
Multi-sector refugee assistance (Mahama + Kiziba)	15,895	15,693	31,588	16,437	15,048	31,485	32,332	30,741	63,073
Water, Sanitation and Hygiene (Mahama)	13,646	12,950	26,596	14,300	12,962	27,262	27,946	25,912	53,858

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

BENEFICIARY ESTIMATION

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING²

	Children (< 18)	Adults (≥ 18)	Total
Female	35,278	32,050	67,328
Male	37,670	27,251	64,921
Total individuals (Female and male)	72,948	59,301	132,249

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.

UNHCR's beneficiaries for its multi-sectoral assistance program targeted refugees living in different refugee camps in Rwanda.

1. Shelter interventions for Kiziba and Mahama: UNHCR planned that this intervention would directly target 1,000 refugee families in Mahama camp (or approximately 4,000 refugee women, men, girls and boys) and 1,843 refugee families in Kiziba camp (or approximately 9,000 refugee women, men, girls and boys). The intervention benefited 2,834 refugee families in Mahama camp (or 11,336 individuals) and 1,843 refugee families in Kiziba camp (or approximately 9,215 refugee women, men, girls and boys).
2. Sanitation interventions were intended to improve sanitation and reduce health risks for all 53,858 refugees living in Mahama, Mugombwa and Nyabiheke refugee camps. Due to priorities on the ground the intervention focused on Mahama camp only. (Nyabiheke and Mugombwa were not targeted by the CERF grant because of other donor contributions and more urgent pressing needs in Mahama.)

UNHCR also provided multi sectoral assistance in other sectors and areas of intervention for all 169,244 refugees using resources that complemented the CERF grant.

In 2017, procurement and distribution of vaccines and vaccine devices for children under five and pregnant women was organised by UNICEF using CERF funds. Immunisation services targeted 8,668 children under five (4,414 boys and 4,254 girls) and 2,000 pregnant women in Mahama Camp and were carried out in partnership with UNHCR, Save the Children (SC) and American Refugee Committee (ARC), who are responsible for carrying out all health interventions in Mahama Camp. 6,986 children and 1,557 pregnant women were immunised by June 2017. These immunisations prevented disease outbreaks for both Burundian refugees and the host communities.

With CERF funds, UNICEF interventions provided access to improved hygienic latrines for an additional 3,520 refugees in Mahama, thus contributing to a reduced risk of WASH-related diseases. Consideration was given to ensure that women, children, the elderly and people with disabilities were able to safely access the facilities.

WFP assisted 132,249 Burundian and DRC refugees hosted in six refugee camps and 4 transit centres. Through General Food Distribution and targeted supplementary feeding in nutrition activities, 13,960 MT of mixed food commodities were distributed and US\$ 3,436,250 transferred under CBTs as food assistance from October 2016 to June 2017.

WHO's health intervention targeted the population living in Mahama refugee camp which increased from 49,496 at the time of project development in September 2016 to 53,858 refugees during the implementation period of the project.

UNFPA's CERF project targeted all women and girls of reproductive health age and adolescents and young people from Mahama camp (Burundian refugees) and Kigeme camp (Congolese refugees). The targeted population was: 16,766 adolescents and young people, 15,523 women and 14,144 men in Mahama and Kigeme camps.

CERF RESULTS

Food security for refugee camps

With this CERF grant WFP provided monthly in-kind food or cash for food to meet the food and nutrition needs of all 132,249 refugees living in refugee camps in Rwanda. The monthly food basket is composed of maize grain, beans, fortified oil and iodised salt to Congolese refugees in Kiziba camp in Karongi District, Mugombwa camp in Gisagara District. The same food commodities were provided for Burundian refugees in Mahama camp, Kirehe District. Super cereal was added in the food basket to Burundian refugees, replacing a part of the maize ration in response to the higher rate of acute malnutrition observed among this beneficiary group. Monthly cash-based transfers continued to be provided to refugees in Gihembe camp, Gicumbi District, Nyabiheke camp in Gatsibo District and Kigeme camp in Nyamagabe District. Beneficiaries received 6,300 Rwandan Francs (approximately USD 7.7) per person per month.

All refugees met 100 percent of their dietary needs, and the CERF grant contributed to the prevention of cutting rations that the refugees are dependent upon. WFP was also able to pilot a milling project in Mugombwa and Mahama camps in order to provide refugees with maize grain and maize flour as part of their monthly entitlement.

The most vulnerable refugees in the camps receive additional food assistance through different safety net activities. For this grant, funds were disbursed for the Blanket Supplementary Feeding Programme (BSFP) for children aged 6 to 23 months, and pregnant and lactating women (PLW). The BSFP prevents stunting and micronutrient deficiencies and PLW received super cereal, oil and sugar, while super cereal plus was provided for children aged between 6 and 23 months. 100% of all targets under this grant were reached and exceeded, as shown and explained in Table 8 below.

Shelter in Kiziba and Mahama camps

UNHCR

In order to improve the health and protection conditions of refugees living in substandard shelter in Mahama and Kiziba camps, UNHCR prioritized provision of more adequate shelter for refugee households who had been living under deteriorated plastic sheeting.

Refugees in Kiziba have lived in the camp for over 20 years. UNHCR constructed shelter for them over the years but due to the chronically underfunded nature of the Congolese refugee situation was unable to upgrade all refugee homes and some have remained with plastic sheeting for roofs. This has led to sanitation and health problems in the home as well as an undignified living condition throughout the camp.

At the start of the CERF project, it was estimated that over half of the refugees in Kiziba (approx. 9,000 persons or 1,800 households) were living under plastic sheeting that had not been replaced in years. The plastic sheeting was inadequate to provide basic protection for refugees from the elements, and posed health and sanitation risks for them. This CERF grant enabled UNHCR to upgrade 1,843 refugee homes with iron sheeting to replace deteriorated and porous plastic sheeting, directly benefiting approximately 9,215 refugees in Kiziba camp.

In Mahama camp at the time of the project submission, 73% of refugees were living in emergency communal hangars or emergency tents which were established at the onset of the Burundi refugee emergency in April 2015. After nearly a year and a half these hangars and tents—which should normally have a life span of about 6 months—were in a very severe state of disrepair, posing a multitude of health risks, particularly for children. This situation required urgent attention as refugees' health was at risk from the lack of adequate physical protection and overcrowding. Their safety and protection was also compromised by the lack of individual family shelter and overcrowded hangars. Some crucial epidemic prevention measures for malaria and respiratory tract diseases were made impossible with the aged temporary shelter arrangement. The overcrowded nature of the communal hangars also posed other protection risks such as sexual and gender-based violence and child protection issues. With this CERF grant, focus was on construction of mud-brick homes to enable refugees to move out of plastic tents and communal hangars into more durable and dignified family homes. The CERF grant enabled UNHCR to provide adequate shelter for 11,336 refugees in Mahama, through construction of 1,417 shelters. (Due to the lack of land in Rwanda and for cost effectiveness, UNHCR adopted a “duplex” shelter design in which each unit comprises two family homes each accommodating 4 persons on average.) Because moving refugees out of communal hangars was such an urgent priority in Mahama, UNHCR allocated CERF funds according to the needs on the ground and used funds originally intended for WASH activities in Mugombwa and Nyabiheke for additional shelters in Mahama. UNHCR thus constructed 1,417 shelters in Mahama (almost triple the planned 500). Of these, 653 were constructed through private contractors, and 774 with partner American Refugee Committee.

Both shelter interventions have contributed to improved living conditions and protection for families, as well as reducing risks of respiratory illnesses and helping ensure outbreak prevention measures for malaria, benefitting the entire population of both Kiziba and Mahama camps.

Sanitation in refugee camps

UNHCR

Due to the topography of Rwanda and the type of soil (sandy loam) proper drainage in refugee camps is extremely critical to ensure prevention of landslides and formation of ravines, which have caused loss of life, as well as to ensure that shelters and sanitation facilities are not destroyed, thereby reducing the incidence of sanitation-related disease. Damage has already been sustained to public infrastructure including health centres, WASH facilities as well as family-shelters and feeder roads. Poor drainage conditions in certain areas of Mahama refugee camp were also identified as a strong factor in the typhoid outbreak that occurred in late 2015.

Due to unusually heavy rainfall in 2016, road banks in Mahama were washed out. This created a situation in which it was becoming difficult for humanitarian agencies to access certain villages in the camp, which is essential for provision of services and ensuring refugees' protection. There was an urgent need to improve drainage channels and roads to ensure that humanitarian actors have access to protect, assist and bring critical life-saving supplies to the camps, and to protect shelters and infrastructures.

As such this CERF grant enabled UNHCR to construct the drainage system in Mahama and improve access roads, which were urgently needed. These improvements improved the sanitation and hygiene conditions for all 53,858 refugees living in Mahama camp as of 30 June 2017.

[This grant was originally intended to also cover sanitation improvements in Mugombwa and Nyabiheke camps. However, soon after the CERF grant was allocated another donor offered to cover sanitation there and there was an urgent need for shelters and drainage in Mahama, so funding planned for WASH in Nyabiheke and Mugombwa was reallocated to shelter and drainage in Mahama.]

UNICEF

With CERF funds, UNICEF supported construction of an additional 44 blocks of 156 dischargeable latrines. This has resulted in improved hygienic latrines for an additional 3,520 refugees. These newly constructed latrines, which are located closer to the households, have also contributed to enhanced privacy and security, especially for women and children, the elderly and people with disabilities.

Health

UNICEF

CERF funding allowed UNICEF to organise the procurement and distribution of vaccines for Burundian refugee children under five and pregnant women. Vaccines procured included BCG, polio, pneumococcal vaccine, rotavirus vaccines, diphtheria-tetanus-pertussis-haemophilus influenza-Hepatitis B, measles-rubella vaccines and tetanus-toxoid. Immunisation services were organised in partnership

with the Ministry of Health, and vaccination activities were conducted by UNHCR and its implementing partners. During the reporting period (January to June 2017), 6,986 children and 1,557 pregnant women were reached with immunisations. As a result, no outbreaks of vaccine-preventable diseases in Mahama Camp and the surrounding communities were found.

WHO

The CERF grant to WHO permitted the recruitment of a public health officer who provided technical support to strengthen integrated disease surveillance and reporting (IDSR) mechanisms to timely monitor and report the trends of diseases. Data were collected, analysed and communicated timely to inform decisions based on disease patterns. Strengthened and integrated epidemic surveillance permitted early detection and response to malaria increase with screening of all suspected cases, treatment of positive cases and initiation of community health workers to ensure home based management of malaria in the camp. Out of 15,290 refugees with malaria symptoms tested during the intervention, 7,372 (48%) were tested positive and treated early. This intervention permitted the reduction of severe cases of malaria which are most fatal. Due to the overcrowded living conditions in Mahama refugee camp, insufficient hygienic conditions, diarrhoea and respiratory diseases were expected as well as a high number of malaria incidence in the camp which is located in a highly endemic area. The health situation was adequately addressed in the camp and in Kirehe hospital with the provision of two Diarrhoea Diseases Kits (DDK) and two interagency emergency health kits (IEHK 2006) including malaria modules as initially planned in the CERF proposal. The support permit to avoid excess of mortality and the provision of comprehensive and timely quality health services in the camp and host community.

The nearest district hospital of Kirehe and referral laboratory of Kibungo hospital were also supported to cope with the overload caused by the transfers of complicated cases from the camp and to respond to special health services needed. For this reason, reagents and supplies for early detection of epidemics were provided to Kibungo referral laboratory, two kits of inter-agency health emergency kits (IHEK) and two Diarrheal Diseases Kits (DDK) were provided to the health services in the camp and to Kirehe district hospital. For prevention and control of epidemics, integrated diseases surveillance and response (IDSR) services were strengthened in the camp and in all host district; to this effect, a public health officer was recruited for 8 months; the IDSR training of 56 health professionals from the camp and the host district, and the training of 152 community health workers of the camp in epidemic community surveillance were ensured. Finally, significant increase of malaria in the camp were quickly contained through direct support to malaria screening and treatment, training of community health workers of the camp in Home Based Management (HBM) for malaria.

UNFPA

In Mahama camp, in collaboration with American Refugee Committee and Save the Children, UNFPA through CERF funds could increase family planning uptake from 10.4 in Mahama I to 20.4% and to 20.6% in Mahama II. The rate of women attending at least 4 antenatal care sessions increased from 12% to 35%. Adolescents and youth reached by Sexual and reproductive messages including, Family planning, HIV /STI prevention, GBV prevention and management represent 50% while those targeted were 30%.

For Mahama camp, 7 health service providers and 80 community health workers were trained on HIV service provision, 80 community workers were trained on HIV/AIDS service provision. Community dialogue sessions targeting different leaders at community level in Mahama camp have been conducted to raise their awareness and engage them to support maternal health and SRH activities in Mahama camp. In total, 747 community leaders including religious, refugee leaders have been sensitized on different theme including; HIV prevention and use of condoms, adolescents and sexual reproductive health, drug abuse prevention parents and children/adolescents communication around SRH, family planning and antenatal care services.

Quarterly coordination meetings targeting different partners for promotion of family planning services and antenatal care were conducted, with 243 participants representing different partners across the meetings. 80 peer educators and female mentors were trained for promotion of SRH services and sensitization of adolescents and young people on ASRH services. Different SRH components included in this training such as, Family planning, Gender based violence prevention and management, HIV prevention and condom use as dual protection, prevention of unplanned pregnancies etc. Peer educators and female mentors have been empowered to conduct outreach activities through incentives and provision of basic equipment such as rain coats, boots, and SRH education material act.

Through CERF Funds, it was intended to build capacity of health service providers in Kigeme and Mahama camp, especially in Family planning service provision, Emergency Obstetric and Neonatal Care (EmONC), HIV/STI and Adolescents sexual and reproductive health services provision. As results, 15 health service providers in Kigeme camp have been trained in EmONC, 15 health service providers trained in Family planning service provision, 15 trained in adolescents sexual and reproductive health service provision and 7 health service providers trained in HIV/AIDS service provision and management. In addition to this, in Kigeme camp, medical equipment and materials have been procured and IEC material produced. Furthermore, one youth friendly service has been constructed and equipped.

CERF's ADDED VALUE

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

YES PARTIALLY NO

In all sectors, CERF funding was instrumental to a fast delivery of assistance, which is of noted added value particularly in contrast to some other funding sources which require a more lengthy and cumbersome process and timeframe. Also, given the underfunded nature of the refugee response in Rwanda, CERF enabled agencies to prioritize life-saving interventions that have been long overdue and that could not have been funded otherwise. In the After Action Review, these factors of added value were highly appreciated by all recipient agencies.

b) Did CERF funds help respond to time critical needs³?

YES PARTIALLY NO

Given that this funding was requested to ensure life-saving interventions in critical sectors, all of the needs presented in the proposal were time critical and CERF funds were essential to enable the response. The quick release of CERF funding enabled agencies to provide targeted solutions in a timely manner.

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

YES PARTIALLY NO

The results described above were achieved with CERF funds. However, it should be noted that during the period of implementation, Burundian refugees continued to arrive in Rwanda, resulting in greater need for interventions in all sectors, within a context of general underfunding. These additional needs were presented in the interagency Burundi Refugee Response Plan and additional interventions were carried out with funds from other donors.

CERF funding was instrumental in kick-starting life-saving assistance, thereby enabling participating agencies to demonstrate results which helped mobilize visibility and interest for the refugee response. This led to substantial further funding as demonstrated in Table 1, and ultimately led to successful management of the refugee emergency and prevention of major disasters such as outbreaks of diseases which have occurred in other similar emergencies. CERF funds also catalysed efforts for agencies to mobilize funds from their core funds. The CERF funds also provided "breathing space" and afforded agencies greater flexibility, as they could begin emergency response without needing to wait for alternative contributions which can be slower to mobilize.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

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

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

Agencies also appreciated some of the flexibility afforded through CERF grants as compared to contributions from other donors. For instance, about provision of life-saving food assistance for refugees, some donors place restrictions on procurement which can lead to

³ 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.).

delays or increased costs. Because CERF does not include such restrictions, agencies were able to procure more food more quickly, maximizing the value of the contribution for refugees.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement	Responsible entity

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
In some cases, procurement may not be a best fitting activity for the short implementation period of CERF grants	It has been observed that in some cases procurement procedures can delay procurement, which can be a challenge in the short implementation period of CERF grants. Therefore, agencies agreed to jointly consider all the factors when discussing whether to include procurement as an activity for CERF grants, such as can the procurement be completed in time, could other activities be prioritized and procurement covered by another donor; etc.	UNCT and technical sector leads
CERF grant supported good cooperation and coordination with health district authorities, MOH, UN agencies and beneficiaries	Maintain the existing structures and momentum for rapid response in humanitarian settings.	MOH, Kirehe district, Kibungo hospital MOH, WHO and UNHCR

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS

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CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	22/09/2016 - 30/06/2017		
2. CERF project code:	16-UF-CEF-089		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Health			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Provision of WASH facilities and Health services in Mahama Refugee Camp					
7. Funding	a. Total funding requirements ⁴ :	US\$ 3,905,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ⁵ :	US\$ 499,250	▪ NGO partners and Red Cross/Crescent:		US\$ 28,255	
	c. Amount received from CERF:	US\$ 499,250	▪ 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)	4,958	5,095	10,053	4,303	4,509	8,812 ⁶
Adults (≥ 18)	11,901	670	12,571	2,403	847	3,251
Total	16,859	5,765	22,624	6,706	5,357	12,063⁷
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees	22,624			12,063		
IDPs						
Host population						
Other affected people						
Total (same as in 8a)	22,624			12,063		
<i>In case of significant discrepancy</i>	There was a significant discrepancy between the numbers of planned and reached					

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

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

⁶ Planned - Females- (704- WASH, 4,254- Health), Males- 681- WASH, 4,414 – Health)

⁷ Achieved – Females -(892- WASH, 3,411-Health), Males (935-WASH, 3,575-Health)

Planned - Females- (665-WASH, 11,236 Health), Males-(670- WASH, 0 – Health)

Achieved – Females- (846-WASH, 1,557-Health), Males- (847- WASH, 0 – Health)

<p><i>between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i></p>	<p>pregnant mothers for the tetanus toxoid (TT) vaccination. For this proposal, all women of child-bearing age were initially calculated for the tetanus toxoid vaccine. However, at any given time, not all women of child-bearing age are pregnant.</p> <p>Based on the National Policy, all pregnant women should receive a dose/doses of the TT vaccine. The vaccines were procured after CERF funding was received in September 2016, delivery of all vaccines was completed in December 2016, and vaccinations started in the camp in January 2017. Therefore, based on the estimated number of pregnant women at the time of procurement of TT vaccines, 2,000 TT vaccines were procured instead of the planned figure of 11,236. The planned figure of children under five for 2017 was 8,668, which was an estimated target for a year, including new-borns and new arrivals. By June 2017, 6,986 children were reached with immunisation services, covering 80% of children under five years of age. The planned figure for immunisation is for the whole year.</p> <p>As of June 2017, there were 2,134 pregnant women in Mahama. Vaccination coverage of these women is currently at about 73%, or 1,557 pregnant women.</p> <p>For WASH interventions, there was a change between the numbers of planned and reached beneficiaries. During proposal finalisation, the cost for latrines was estimated based on the cost of earlier work by partners in Mahama Camp. However, during the partnership negotiation, UNICEF and GHDF reviewed the bill of quantities according to the market cost, which resulted in a reduction of the unit cost. This led to an increased number of constructed latrines, from 34 to 44. Subsequently, this also resulted in the increased number of beneficiaries from target population of 2,720 to 3,520.</p>
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CERF Result Framework			
9. Project objective	To reduce the risk of preventable diseases among refugees living in Mahama Camp		
10. Outcome statement	At least 19,904 refugees are provided WASH and health services through construction of sanitation facilities and immunization against vaccine-preventable diseases respectively		
11. Outputs			
Output 1	Improved sanitation facilities constructed for refugees in Mahama Camp as per UNHCR-approved design standard		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of additional blocks of improved latrine constructed	34	44
Indicator 1.2	Number of additional refugees having adequate access to improved sanitation	2,720	3,520
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Preparation of bills of quantities and tender document	UNICEF / GHDF	UNICEF/GHDF
Activity 1.2	Launch of tender, tender adjudication and contract award	UNICEF / GHDF	UNICEF had an agreement with GHDF, which undertook the implementation.
Activity 1.3	Construction of improved latrine blocks	UNICEF / GHDF	UNICEF/GHDF

Output 2	Vaccines (BCG, polio, penta-valent, PCV13, measles, rubella, rotavirus, tetanus toxoid) and devices needed to administer vaccination to children and women in Mahama camp are available.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	% of children who received all vaccines (estimated # of children to receive all vaccines is 8,668)	90% (among new born and new arrivals)	80.59% (6,986 children) were reached with immunisation services among new-borns and new arrivals with CERF funds. Since vaccination is an ongoing activity, from September – December 2016 (before the vaccines were procured from CERF funds), other donor funds were used to cover children under-five for vaccinations.
Indicator 2.2	% of pregnant women vaccinated against tetanus (estimated # of pregnant women to receive vaccine is 11,236)	85% (among new generation of women and new arrivals)	Out of the total number of pregnant women-2,134, until June 2017 in Mahama Camp, 1,557 were reached with TT, which makes it about 73% of target achieved. As explained above, not all women of reproductive age were pregnant during the reporting period.
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Procurement of vaccines and vaccine devices (BCG, polio, penta-valent, PCV13, measles, rubella, rotavirus, tetanus toxoid)	UNICEF	UNICEF
Activity 2.2	Technical assistance to oversee provision of Routine Immunization services	UNICEF, UNHCR and partners	UNICEF, UNHCR, MOH and partners (Save the Children and ARC)

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:

6,986 children were reached with immunisation services against the planned figure of 8,668. As of June 2017, vaccination coverage was at more than 80% against the planned target of 90% for the calendar year.

For the TT vaccination, as explained above, 73% of pregnant women have been reached.

For WASH, CERF funds were used to support construction of 44 permanent blocks of 156 dischargeable latrines. The actual number of blocks constructed (44) was more than planned (34). This has resulted in improved hygienic latrines for 3,520 refugees, thus contributing to a reduced risk of WASH-related diseases. Consideration was given to ensuring that women, children, the elderly and people with disabilities can safely access the facilities. The newly constructed latrines, which are located

closer to the households, have also contributed to enhanced privacy and security, especially for women and children.

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

The AAP participated in the implementation of the project through community health workers (CHWs) who are refugees and were involved in social mobilization for health promotion and immunization services.

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

EVALUATION CARRIED OUT

If evaluation has been carried out, please describe relevant key findings here and attach evaluation reports or provide URL. If evaluation is pending, please inform when evaluation is expected finalized and make sure to submit the report or URL once ready. If no evaluation is carried out or pending, please describe reason for not evaluating project.

EVALUATION PENDING

No evaluation for the project was planned. However, UNICEF, UNHCR and GHDF staff conducted regular monitoring visits to the project site. In addition, third-party monitoring was also used to ensure quality of the works.

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNFPA		5. CERF grant period:	26/09/2016 - 30/06/2017		
2. CERF project code:	16-UF-FPA-036		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Health			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Reproductive health support in Mahama Camp and Kigeme Camp					
7. Funding	a. Total funding requirements ⁸ :	US\$ 1,560,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ⁹ :	US\$ 450,000	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 213,358	
	c. Amount received from CERF:	US\$ 300,000	▪ <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>	8,312	8,454	16,766	10,828	11,558	22,386
<i>Adults (≥ 18)</i>	15,523	14,114	29,637	15,976	12,194	28,170
Total	23,835	22,568	46,403	26,804	23,752	50,556
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
<i>Refugees</i>	46,403			50,556		
<i>IDPs</i>						
<i>Host population</i>						
<i>Other affected people</i>						
Total (same as in 8a)	46,403			50,556		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution,</i>	The increase of the number of beneficiaries reached is due to the continuous increase of Burundian refugees during the implementation period.					

⁸ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

⁹ This should include both funding received from CERF and from other donors.

please describe reasons:

CERF Result Framework			
9. Project objective	To Contribute to the reduction of maternal mortality and morbidity through lifesaving maternal health and SRH interventions including family planning and Adolescent sexual and reproductive services targeting 23,835 women in reproductive health age and 22,568 men including adolescent and young people.		
10. Outcome statement	Improved Critical and Lifesaving Reproductive, Maternal and Neonatal and adolescent/ youth friendly Health services in Mahama and Kigeme refugee camps.		
11. Outputs			
Output 1	Capacity of health facilities in Mahama and Kigeme camps and host community health facilities to provide lifesaving maternal health and SRH interventions to Burundian and Congolese refugees' women is increased.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Contraceptive Prevalence Rate (under this project, it is expected to increase the proportion of women in reproductive age who use family planning methods from 10.4% to 18% in Mahama and from 26% to 35% for Kigeme camp	Mahama: 18 % Kigeme: 35%	Mahama: 20.4 % Kigeme: 31%
Indicator 1.2	Percentage of pregnant women with at least 4 antenatal care visits (under this project it is expected to increase the percentage of women completing antenatal care services from 12% to 20% in Mahama camp and from 32% to 39% in Kigeme campC	Mahama: 20% Kigeme: 39 %	Mahama: 35% Kigeme: 49 %
Indicator 1.3	Number of youth accessing ASRH services.	Mahama: 6,000 Kigeme: 3,000	Mahama: 16,698 Kigeme: 8,715
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement and provision of lifesaving medical equipment, lifesaving medicines including emergency reproductive health kits and dignity kits, HIV tests regent for Mahama and Kigeme camps.	UNFPA	UNFPA
Activity 1.2	Trainings for health service providers and Community Health Workers on obstetrics and new born care; family planning; HIV prevention and elimination of Mother To Child Transmission (eMTCT)	ARC, AHA	ARC, AHA
Activity 1.3	Demand creation and awareness rising on use of Family Planning services, antenatal care among Burundian and Congolese refugees.	ARC, SCI, AHA	ARC, AHA, SCI
Output 2	Adolescents and youth have increased access and utilization of lifesaving SRH including FP, SGBV services in Mahama camp.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Percentage of adolescents and young people accessing the Youth Friendly Services (YFS)	30%	50% (Mahama only)
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Demand creation for SRH using trained Female mentors and young peer educators to increase the use of ASRH youth friendly services.	SCI, AHA	SCI, ARC, AHA
Activity 2.2	Trainings and incentives for female mentors, peer	SCI, AHA	SCI, ARC, AHA

	educators to implement ASRH interventions in Mahama and Congolese camps		
Activity 2.3	Procurement of material, IEC and learning material and ASRH tools for the youth friendly services	SCI, AHA	SCI, AHA

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

Through this project, UNFPA generally met the expected results. The family planning rate has increased in both Congolese and Burundian camps, however the planned target for family planning planned for Kigeme camp was not reached as expected. Awareness campaign on Family planning need to be increased in Kigeme camp.

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

During design of this project, field teams for both Kigeme and Mahama camps were involved in discussions. The affected populations were much involved through implementation of this project using beneficiaries' representatives such as peer educators, community female mentors for adolescents and young people, community health workers and community leaders for adults to sensitize community on use of Sexual and reproductive health services.

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

EVALUATION CARRIED OUT

If evaluation has been carried out, please describe relevant key findings here and attach evaluation reports or provide URL. If evaluation is pending, please inform when evaluation is expected finalized and make sure to submit the report or URL once ready. If no evaluation is carried out or pending, please describe reason for not evaluating project.

EVALUATION PENDING

UNFPA conducted regular monitoring with regular data collection, field visits and regular meetings to ensure all activities are being implemented according to the project document and women and girls, adolescents and young people benefits from quality maternal and SRH information and services through the ongoing sector coordination mechanism.

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNHCR		5. CERF grant period:	26/09/2016 - 30/06/2017		
2. CERF project code:	16-UF-HCR-035		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Multi-sector refugee assistance			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Multisectoral support to Burundian and Congolese refugees in Rwanda					
7. Funding	a. Total funding requirements ¹⁰ :	US\$ 105,400,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ¹¹ :	US\$ 44,645,114	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ \$1,511,092	
	c. Amount received from CERF:	US\$ 2,500,000	▪ <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>	19,256	19,575	38,831	15,895	16,437	32,332
<i>Adults (≥ 18)</i>	18,957	16,916	35,873	15,693	15,048	30,741
Total	38,213	36,491	74,704	31,588	31,485	63,073
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
<i>Refugees</i>	74,704			63,073		
<i>IDPs</i>						
<i>Host population</i>						
<i>Other affected people</i>						
Total (same as in 8a)	74,704			63,073		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution,</i>	The CERF project was originally planned to intervene in 4 refugee camps, including Mahama, Kiziba, Nyabiheke and Mugombwa. Due to other donors stepping in to cover sanitation needs in Nyabiheke and Mugombwa, and also due to pressing needs for shelter and drainage in Mahama, UNCR focused its CERF-funded intervention on					

¹⁰ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹¹ This should include both funding received from CERF and from other donors.

<i>please describe reasons:</i>	<p>Mahama and Kiziba only.</p> <p>As such, the total population covered included the entire population of Mahama camp (53,858) which benefited from the improved drainage system and a portion of which benefited from improved shelter, and roughly half the population of Kiziba camp (9,215) which benefited from improved shelter.</p>
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CERF Result Framework			
9. Project objective	Ensuring basic health through support in shelter, sanitation and drainage for Mahama, Kiziba, Nyabiheke and Mugombwa refugee camps		
10. Outcome statement	Saving lives of refugees in four camps through improved conditions of health and sanitation		
11. Outputs			
Output 1	4,000 refugees in Mahama will benefit from improved temporary family shelters.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Total % of the total population that receives improved temporary family shelter	36% (9% increase as a result of CERF contribution) ¹²	47% (20% increase)
Indicator 1.2	Total number of Persons provided with improved family shelter	17,500	24,836 (11,336 increase)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	500 temporary duplex family shelters will be constructed by local contractors (each shelter accommodates 2 families)	UNHCR direct implementation through contractor	UNHCR direct implementation through contractor American Refugee Committee
Output 2	1,800 household shelters are upgraded into semi-permanent shelters in Kiziba Camp		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of households who receive temporary shelter support	1,800	1,843
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Refugee households currently living under deteriorated plastic sheeting receive improved temporary shelter materials	American Refugee Committee (ARC)	American Refugee Committee
Output 3	5,760 refugees in Nyabiheke have improved sanitation conditions by having access to dischargeable latrines		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of additional blocks of improved latrines constructed	22	0

¹² The CERF contribution (USD 650,000) will allow the construction of 500 duplex family shelter to accommodate approximately 4,000 persons, which is about 9% of the population in Mahama camp.

Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	22 dischargeable gender-appropriate latrines of 12 stances will be constructed in Nyabiheke camp to facilitate 5,280 refugees to access safe latrines.	American Refugee Committee (ARC)	N / a
Output 4	Road banks protected, formation of ravines prevented, and the incidence of sanitation-related diseases reduced in Mahama Camp		
Output 4 Indicators	Description	Target	Reached
Indicator 4.1	1 drainage system improved in Mahama Camp	1	1
Indicator 4.2	Number of refugees benefitting from an appropriate drainage system (total camp population)	50,000	53,858
Output 4 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 4.1	The project consists of constructing 14.2 km drainage along the roads in Mahama camp, placement of 46 culverts, and installation of 60 pipes. 3 existing dangerous gullies will be maintained as well.	American Refugee Committee (ARC)	American Refugee Committee (ARC)
Output 5	Mitigations measures to minimize land-sliding, to protect shelters and WASH facilities, to prevent/reduce the incidence of sanitation-related diseases in Mugombwa Camp		
Output 5 Indicators	Description	Target	Reached
Indicator 5.1	1 drainage system improved in Mugombwa Camp	1	0
Indicator 5.2	Number of refugees benefitting from appropriate drainage system (total camp population)	8,664	0
Output 5 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 5.1	A proper drainage system will be constructed to protect the sliding land in Mugombwa and to properly drain rainwater.	World Vision International (WVI)	N/A

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:

This grant was originally intended to also cover sanitation improvements in Mugombwa and Nyabiheke camps. However, soon after the CERF grant was allocated other donor contributions enabled support for sanitation in Mugombwa and Nyabiheke, and there was an urgent need for shelters and drainage in Mahama, so funding planned for WASH in Nyabiheke and Mugombwa was reallocated to shelter and drainage in Mahama. As such the refugee beneficiaries included the entire population of Mahama camp (53,858) who benefited from the drainage works, which includes the households in Mahama who received improved shelter thanks to the CERF grant; and the 9,215 refugees in Kiziba camp who benefited from improved shelter materials.

As such, World Vision was not in receipt of any funds granted by CERF; UNHCR worked with private contractors and INGO ARC on the implementation of all shelter and drainage activities in Kiziba and Mahama camps.

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

Refugee coordination mechanisms have been established in all camps and other refugee locations in Rwanda, and ensure the participation of all stakeholders. UNHCR's operation follows an age, gender and diversity approach which includes conducting assessments and regular monitoring activities in camps with representatives reflecting the camp population to ensure the voices of all refugees are heard, including persons with disabilities, chronic illnesses, or elderly who cannot leave their homes, and uses feedback mechanisms to ensure performance is monitored in concert with persons of concern. UNHCR's continuous presence in the field in all refugee locations also ensures that refugees at any time are able to access relevant staff and lodge complaints.

UNHCR and MIDIMAR who coordinate the refugee response ensure that refugees' concerns also feed into the weekly refugee coordination meetings co-chaired by UNHCR and MIDIMAR with all heads of agency engaged in the refugee response.

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

EVALUATION CARRIED OUT

UNHCR conducts regular periodic monitoring of its targets and impact and end year reporting on all activities including those implemented with CERF grants.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	WFP		5. CERF grant period:	26/09/2016 - 30/06/2017		
2. CERF project code:	16-UF-WFP-050		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Food Aid			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Food and Nutrition Assistance to Refugees in Rwanda					
7. Funding	a. Total funding requirements ¹³ :	US\$ 14,397,635	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ¹⁴ :	US\$ 12,850,368	▪ NGO partners and Red Cross/Crescent:		US\$ 47,508	
	c. Amount received from CERF:	US\$ 1,499,759	▪ Government Partners:			
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)	34,139	34,415	68,554	35,278	37,670	72,948
Adults (≥ 18)	34,738	28,898	63,636	32,050	27,521	59,571
Total	68,877	63,313	132,190	67,328	64,921	132,519
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees	132,190			132,249		
IDPs						
Host population						
Other affected people						
Total (same as in 8a)	132,190			132,249		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution,</i>	N / A					

¹³ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹⁴ This should include both funding received from CERF and from other donors.

please describe reasons:	
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CERF Result Framework			
9. Project objective	Address critical food needs and nutrition for 132,190 Congolese and Burundian refugees		
10. Outcome statement	Improved food consumption and stabilized nutritional situation among refugee population over assistance period		
11. Outputs			
Output 1	Food and nutritional assistance provided to refugee population		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	% of women, men, boys and girls receiving assistance	100% (132,190, including 46,000 receiving cash)	102.9%
Indicator 1.2	% food entitlement each refugee is receiving	100% (GFD: 565g/person/day; Nutrition: 240g/woman/day and 200g/child/day)	100%
Indicator 1.3	% amount of cash transferred to targeted beneficiaries (46,000 beneficiaries for one month)	100% (\$368,000)	103.75% (\$381,806)
Indicator 1.4	Pregnant and lactating women and children under 2 years receive additional supplementary food	5,100 pregnant and lactating women 6,800 children under 2	10,559 pregnant and lactating women 11,311 children under 2 years.
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement and distribution of refugee in-kind food rations and monitoring	WFP/ADRA/ARC/SCI	WFP/ADRA/ARC/SCI
Activity 1.2	Provision of cash transfers to refugees and monitoring	WFP/EQUITY BANK/WORLD VISION	WFP/EQUITY BANK
Activity 1.3	Update of the beneficiaries' distribution list	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:

Cash-based transfers (CBT) are a market based intervention usually affected by price fluctuation especially in the context of poor production. The east African region has been affected by drought spells, including in Rwanda, causing a rise in market prices. Based on WFP continuous monthly monitoring of market prices in and around refugee camps, in February 2017 the CBT entitlement for refugees was revised upward from RWF 6,300 to RWF 7,000 per person per month, which explains why the cash transfer amount was slightly increased.

The overachievement in nutrition activities (Indicator 1.4) in the reporting period was due to additional nutritional screening combined with reference from nutrition surveys of malnourished children, as well as increased community sensitization about the prevention programmes targeting children all 6-23 months and pregnant lactating mothers.

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

No information available	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
<p>If evaluation has been carried out, please describe relevant key findings here and attach evaluation reports or provide URL. If evaluation is pending, please inform when evaluation is expected finalized and make sure to submit the report or URL once ready. If no evaluation is carried out or pending, please describe reason for not evaluating project.</p> <p>During the duration of the CERF contribution, no evaluation was planned, however the full Operation was evaluated in 2016 and the results confirmed relevance and suitability of the operation, as well as positive impact especially on nutrition and food security.</p>	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	WHO		5. CERF grant period:	22/09/2016 - 30/06/2017		
2. CERF project code:	16-UF-WHO-036		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Health			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Epidemic surveillance in Mahama Camp					
7. Funding	a. Total funding requirements ¹⁵ :	US\$ 500,000	d. CERF funds forwarded to implementing partners: <ul style="list-style-type: none"> ▪ <i>NGO partners and Red Cross/Crescent:</i> ▪ <i>Government Partners:</i> 			
	b. Total funding received ¹⁶ :	US\$ 199,769				
	c. Amount received from CERF:	US\$ 199,769				
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	12,379	12,934	25,313	13,646	14,300	27,946
Adults (≥ 18)	12,033	12,150	24,183	12,950	12,962	25,912
Total	24,412	25,084	49,496	26,596	27,262	53,858
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees	49,496			53,858		
IDPs						
Host population						
Other affected people						
Total (same as in 8a)	49,496			53,858		
<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 was targeting all the population living in Mahama refugee camp. Their number was 49,496 at the time of application to CERF in September 2106. Because of continuous influx of new asylum seekers, the population of the camp reached 53,858 during the implementation of the project. Therefore the beneficiaries reached increased from 49,496 to 53,858.				

¹⁵ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹⁶ This should include both funding received from CERF and from other donors.

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CERF Result Framework			
9. Project objective	Contribute to the reduction of morbidity and mortality attributable to epidemic diseases and nutrition, by strengthening core capacities of health facilities and community for effective nutrition and disease surveillance, epidemic preparedness and timely epidemic response in Mahama refugee camp.		
10. Outcome statement	Morbidity and mortality related to epidemic diseases and nutrition are reduced		
11. Outputs			
Output 1	Surveillance system, epidemic preparedness and response are strengthened in the camp and hosting district		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Improved timeliness and completeness of Integrated Diseases Surveillance and Response (IDSR) weekly report from camp health facilities to the MOH	95%	100%
Indicator 1.2	% of epidemic detected timely according to national indicator	100%	100%
Indicator 1.3	Time lag between reception of information by MOH/WHO and deployment of RRT in the field for investigation of the epidemic	Less than 24 hours	Less than 24 hours
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Support collection, analysis and dissemination of critical epidemic information data	WHO/UNHCR	WHO/UNHCR
Activity 1.2	Support the procurement of laboratory supplies for early detection and diagnosis	WHO	WHO
Activity 1.3	Procure and pre-position emergency health and diarrhoea disease kits and stockpiles	WHO	WHO
Activity 1.4	Develop and disseminate treatment protocol for common epidemic diseases in the refugee camp	WHO	WHO
Output 2	Nutrition surveillance system is reinforced and growth monitoring is ensured in all villages within the camp		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Prevalence rate (%) of global acute malnutrition in infants less than 6 months of age based reduced by 40%	2.5%	2.5%
Indicator 2.2	Prevalence rate (%) of severe acute malnutrition in children 6 to 59 months of age based reduced by 50%	0.25%	0.25%
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Support the continuation of nutrition surveillance system through community based nutrition program in the camp	WHO	UNICEF/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:

N/A

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

The health needs assessment was jointly identified by WHO, UNHCR under the coordination of MOH and Kirehe district hospital. During planning and implementation process, WHO worked closely with UNHCR, MOH, Kirehe and Kibungo referral hospitals, to ensure the provision of quality services including the health interventions supported by CERF funds. The updates, achievements and challenges were regularly reported and monitored through the coordination meetings chaired by UNHCR, gathering NGO health implementers of UNHCR in Mahama camp, WHO, MOH and Kirehe health authorities.

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

EVALUATION CARRIED OUT

If evaluation has been carried out, please describe relevant key findings here and attach evaluation reports or provide URL. If evaluation is pending, please inform when evaluation is expected finalized and make sure to submit the report or URL once ready. If no evaluation is carried out or pending, please describe reason for not evaluating project.

EVALUATION PENDING

WHO conducts regular periodic monitoring of its targets and outcomes. Development of the report about project implementation is still ongoing (joint evaluation under coordination of UNHCR).

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-CEF-089	Water, Sanitation and Hygiene	UNICEF	NNGO	\$28,255
16-UF-FPA-036	Health	UNFPA	INGO	\$53,285
16-UF-FPA-036	Health	UNFPA	INGO	\$80,635
16-UF-FPA-036	Health	UNFPA	INGO	\$79,438
16-UF-FPA-036	Health	UNFPA	NNGO	\$28,255
16-UF-WFP-050	Food Assistance	WFP	INGO	\$47,508
16-UF-HCR-035	Multi-sector refugee assistance	UNHCR	INGO	\$1,511,092

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

Acronym	Name
AAP	Accountability to Affected Populations
AAR	After Action Review
ADRA	Adventist Development and Relief Agency
AHA	Africa Humanitarian Action
ARC	American Refugee Committee
ASRH	Adolescent Sexual and Reproductive Health
BSFP	Blanket Supplementary Feeding Programme
CBT	Cash-Based Transfers
CERF	Central Emergency Response Fund
CHWs	Community Health Workers
DRC	Democratic Republic of Congo
DDK	Diarrhoea Diseases Kits
eMTCT	Elimination of Mother To Child Transmission
GFD	General Food Distribution
GHDF	Global Humanitarian and Development Foundation
HBM	Home Based Management
IDSR	Integrated Disease Surveillance and Response
IEC	International Electrotechnical Commission
IHEK	Inter-Agency Health Emergency Kits
IOM	International Organization for Migration
MIDIMAR	Ministry for Disaster Management and Refugee Affairs
MOH	Ministry of Health
PLW	Pregnant and Lactating Women
RC	Resident Coordinator
RRP	Refugee Response Plan
RRT	Rapid Response Team
SCI	Save the Children International
SGBV	Sexual and Gender Based Violence
SRH	Sexual and Reproductive Health
TT	Tetanus Toxoid
UNCT	United Nations Country Team
UNHCR	United Nations High Commission for Refugees

UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
WHO	World Health Organization
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
YFS	Youth Friendly Services