

**RESIDENT/HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
BURUNDI
RAPID RESPONSE
DISPLACEMENT
2018**

RESIDENT/HUMANITARIAN COORDINATOR	Garry Conille
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REPORTING PROCESS AND CONSULTATION SUMMARY

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

No formal After Action Review (AAR) was organized due to competing priorities and changes in the operating context, which have impacted the workload of humanitarian agencies. For example, the suspension of INGO operations by the Government as of 1 October 2018 for three months, during the same period impacted the global schedule. However, in drafting of the report we have relied on the data provided in the interim report and in the final reports submitted by the recipient agencies. The heads of agencies, members of the Humanitarian Country Team and officials of the Government technical services who were involved in the implementation of this project have also been consulted.

- b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report on the use of CERF funds was discussed in the Humanitarian and/or UN Country Team.

Due to late submission of reports by some beneficiary agencies linked to the suspension of activities by some INGO implementing partners, the report was not ready by the time of the last HCT and therefore it will be discussed at the next meeting. Nevertheless, extensive discussions on the report have taken place on bilateral basis during the drafting of the report and the allocation has been discussed at the HCT on several occasions.

YES NO

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

YES NO

PART I

Strategic Statement by the Resident/Humanitarian Coordinator

The CERF Rapid Response allocation has been used to kick start the provision of life-saving assistance to 15,000 new refugees from DRC that arrived to Burundi between January and February 2018. The assistance focused on providing protection services and support for meeting basic needs. With the funds partners have put in place reception facilities in Rumonge and Nyanza Lac, transferred Asylum Seekers to the temporary points of entry and Transit Centres as well as provided medical screening/assistance, registration and shelter/NFI and food assistance. The funds have also been used to protect women and girls from sexual abuse and exploitation. As the Government of Burundi has adopted an in-camp refugee policy, humanitarian actors led by UNHCR, have facilitated and implemented a sensitization campaign on transferring more asylum seekers to refugee camps. As a result, 9,210 people (61,4%) agreed to be taken to the refugee camps while the rest (38,6%) have opted to remain in urban areas. The CERF funds have been used to facilitate the transfer of the asylum seekers to the transit centres located in western area of Burundi to refugees camps in the eastern zone. The funds were also used to support the needs of the host communities in areas surrounding the reception points and transit centres but also around the refugee camps to minimize pressure on host communities that are already affected by the ongoing socio-economic crisis.

1. OVERVIEW

18-RR-BDI-29151 TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)

a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE	7,750,000
FUNDING RECEIVED BY SOURCE	
CERF	2,350,572
COUNTRY-BASED POOLED FUND (<i>if applicable</i>)	N/A
OTHER (bilateral/multilateral)	
b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE	2,350,572

18-RR-BDI-29151 TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US\$)

Allocation 1 – date of official submission: 13/03/2018			
Agency	Project code	Cluster/Sector	Amount
UNFPA	18-RR-FPA-014	Protection - Sexual and/or Gender-Based Violence	297,610
UNHCR	18-RR-HCR-014	Multi-Cluster - Multi-sector	987,994
UNICEF	18-RR-CEF-034	Protection - Child Protection	149,997
UNICEF	18-RR-CEF-035	Water Sanitation Hygiene - Water, Sanitation and Hygiene	299,953
WFP	18-RR-WFP-020	Food Security - Food Aid	615,018
TOTAL			2,350,572

18-RR-BDI-29151 TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Total funds implemented directly by UN agencies including procurement of relief goods	1,136,053
- Funds transferred to Government partners*	12,781
- Funds transferred to International NGOs partners*	371,283
- Funds transferred to National NGOs partners*	762,440
- Funds transferred to Red Cross/Red Crescent partners*	68,012
Total funds transferred to implementing partners (IP)*	1,214,512
TOTAL	2,350,572

* These figures should match with totals in Annex 1.

2. HUMANITARIAN CONTEXT AND NEEDS

The CERF funds were used to kick start the provision of assistance to Congolese refugees arriving to Burundi between January and February 2018 due to violence in Fizi area in South Kivu Province (Eastern DRC) which prompted the movement of people towards Burundi.

At the time, humanitarian actors had just launched the 2018 Humanitarian Response Plan for Burundi targeting 2.4 million vulnerable people. The plan, requiring US\$ 142 million targeted people in need of food assistance (IPC 3&4), people in need of protection, displaced communities as well as those hosting them and people in need of WASH, health and nutrition services. Due to the Government's rejection of the figures put forward in the plan following the launch of the HRP, fundraising activities were severely hampered and humanitarian action remained underfunded especially during the first months of the year and partners did not have sufficient resources to respond to the influx of the new refugees.

Upon the arrival of the refugees, the Government of Burundi, through ONPRA (Office National de Protection des Réfugiés et Apatrides), and with the support from UNHCR partners, opened reception structures along the Tanganyika Lake, which were for example used to screen the health conditions of the new arrivals. The vast majority of the asylum seekers have entered through the Rumonge and Nyanza-Lac transit centres. According to UNHCR, 250 to 400 asylum seekers crossed the Tanganyika lake daily over a period of one month (between 16 January and 18 February 2018). By the end of April 2018, 15,000 people had arrived in Burundi and were registered by the services of ONPRA and UNHCR partners.

As per the policies of the Burundian Government, majority of the refugees have been placed in the refugee camps of Musasa, Kavumu, Kinama and Bwagiriza, located in eastern Burundi after a short stay in transit centres. Of the 15,000 refugees, 61.4 per cent have been placed in camps and 38.6 per cent in urban areas.

According to registrations organized by UNHCR partners, over 48 per cent of the asylum seekers are women and girls and 57.4 per cent children, some of whom were separated from their parents. The family reunification activities set up at the reception points have made it possible to reunite a number of families before transferring them to the above-mentioned refugee camps.

The screening done by UNHCR/ according to assessment done by UNHCR, many of the asylum seekers arrived with limited belongings and presented symptoms of malaria diseases. Presence of the long stay of these people in the bush affected the respiratory systems of children under 5 years of age, 20% of whom suffered from acute respiratory infections. The priority needs of the asylum seekers included food, shelter and bedding kits, healthcare and support for people with special needs such as the elderly and people with disabilities.

The arrival of the refugees in Rumonge and in Nyanza-Lac area has put pressure on host communities, many of them already affected by the socio-economic crisis as described in the 2018 HNO and HRP and therefore support was also provided to the communities hosting the refugee population.

Additionally, some of the areas where the refugees arrived had been affected by landslides and more than 3,000 Internal Displaced Persons had just been relocated to the villages of Mayengo (Kigwena).

With the CERF funds, UNHCR and its partners and United Nations agencies (WFP, UNICEF, UNFPA) have been able to provide for the immediate needs of the newly arrived refugees and the communities hosting them. The funds have allowed UNHCR to organize transportation from reception or transit centres to refugees camps for some 15,000 asylum seekers. WFP has provided hot meals at transit centres and monthly food rations in camps, while UNICEF has ensured the functioning of water, hygiene and sanitation infrastructures to prevent waterborne disease, especially at reception points and transit sites. Children emerging from conflict areas have received psycho-social support. The specific needs of 14,071 women and girls have been addressed by UNFPA through 25 sessions of training of local leaders, direct sensitization of beneficiaries and distribution of dignity kits during the pre and post-natal medical consultations.

3. PRIORITIZATION PROCESS

Upon the arrival of the first asylum seekers, the humanitarian community, in partnership with the Government, deployed a rapid assessment mission to Rumonge and Nyanza-Lac to assess the conditions of the arrivals. This assessment was used as the basis of identifying the most urgent needs and it also helped to inform the CERF Rapid Response allocation. The assessment also looked into the response capacity available in the country and in the area in terms of funds and human resources. While the necessary human resources were estimated to be in place to implement programmes, the overall humanitarian response in Burundi was severely underfunded.

After analysing the data collected during the first evaluation mission, an in-depth analysis was carried out in order to identify the specific needs of the asylum seekers. UNHCR and its partners also carried out screening activities at all points of entry and in the villages in and around of Rumonge and Nyanza-Lac to complement this information. As a result of the assessment, UNHCR and partners deemed necessary to organize a community sensitization campaign to ensure peaceful coexistence between asylum seekers and the host community members.

UNHCR, WFP, UNICEF, UNFPA and their international and national NGO partners and Government technical services were involved in the process of building consensus on the needs of the new arrivals as well as ways to respond to them. The Resident Coordinator, with support from OCHA, also organized HCT meetings during the priorities were discussed along with the allocation of the funds. Given UNHCR's lead in refugee response, the HCT also agreed that the UNHCR should take the lead in this operation, given that the population concerned was primarily refugees.

The sudden influx of refugees from DRC had not been anticipated when developing the 2018 humanitarian strategy documents. Due to the Government's position on the HRP, it was also agreed that only the data and findings collected during the rapid assessment process should be used. The involvement of local leaders, Technical Government actors', NGOs and United Nations agencies provided a guarantee of the credibility of the results of this evaluation

According to registration data, 48.4 per cent of the population were women and girls, and 57.4 per cent children. Their most urgent needs include legal documentation, basic needs such as food assistance, shelter and health care, prevention and response to GBV and child protection, including family tracing and other protection measures for 465 unaccompanied and separated children (199 girls and 266 boys).

With the help of UNFPA experts and the SGBV sectoral sub-group, a gender needs analysis was carried out and it was established that as the groups fighting in the Fizi area (in DRC) mainly targeted men, men constituted the majority of asylum seekers.

To prioritize the use of CERF funds, HCT decided that the operations will mainly carried out in the transit centres established in Rumonge and Nyanza-Lac, as well as in the surrounding communities and in the refugee camps in eastern Burundi.

4. CERF RESULTS

CERF allocated \$2,350,572 to Burundi from its window for rapid response to cover a part of the initial costs to assist 15,000 newly arrived refugees from DRC. This funding enabled UN agencies and partners to provide emergency protection services including for sexual and gender based violence; food assistance to 15,000 people; access to water and sanitation facilities to 19,172 people and transport for 8,000 people from the transit centres established in Rumonge and Nyanza-Lac to refugees camps in the eastern provinces. People with specific needs were assisted; among them 458 females at risk of sexual and gender based violence as well as resorting to negative coping mechanisms and 112 elderly people with specific needs such health care and 150 single parents. Special measures were taken to reunite families through family tracing, and registration and provision of emergency protection assistance for 465 unaccompanied and separated children (199 females and 266 males). At least 1,172 malnourished children received nutritional support.

Achieved (section 11)

18-RR-FPA-014: A total of 17,041 people participated in the Human Right and GBV sensitization sessions organized by nurses and midwives during the prenatal consultations, the family planning sessions at the health centre (CDS = centre de santé) level. Other sessions were held in and around the refugees camps by 66 community leaders and 160 women leaders trained by the INGO GVC.

18-RR-HCR-014: UNHCR and partners provided to 4,187 newly arrived (and registered) Congolese refugee men, 4,471 Congolese refugee women and 6,362 Congolese refugee children health care assistance, including measles vaccinations and general health/nutritional screening, and ensured that the 15,000 persons of concern and their belongings were safely brought to refugee camps (mostly Kavumu, transport by bus) where they were all provided with shelter.

18-RR-CEF-034: UNICEF and partners provided emergency protection services to 10,741 children (5,954 boys, 4,787 girls) in the provinces of Rumonge (3,719 boys, 2,933 girls) and Makamba (2,235 boys, 1,854 girls). Among children assisted, 240 (including 99 girls) suffering from psychological distress were referred to the platform of actors in mental health and psychosocial support (PPSM) for appropriate care and follow up.

To achieve these results, UNICEF and partners established 10 Child Friendly Spaces (CFS) in the communities that hosted Congolese refugees. Twenty community social workers were recruited and trained to provide appropriate services to vulnerable children including documentation, case management and referral of protection cases including gender-based violence (GBV).

The project also trained 346 members (including 124 women) from 40 Child Protection Committees (CPCs) on basic child protection and child protection in emergencies, including GBV and the protection of refugee children. Members of the refugee community (34 males and 22 females) attended these trainings.

18-RR-CEF-035: CERF funding enabled UNICEF and its implementing partners to provide 19,172 vulnerable people, including refugees and members of host communities in Rumonge and Nyanza Lac (southern Burundi), with safe drinking water, sanitation and nutrition services as per the SPHERE Standards.

Safe drinking water was provided through the construction of two small water schemes and the training of 26 committees to manage the distributions at collection points. Regular water quality analyses for turbidity, conductivity, pH and E. coli using DelAgua Kit were performed. Additionally, the targeted population received health and hygiene promotion messages and hygiene supplies including soap for personal hygiene, buckets, cups and jerrycans for water conservation.

Regarding sanitation, eight schools were equipped with 66 latrines - newly constructed and/or rehabilitated. Each latrine is equipped with handwashing facilities segregated for girls and boys. 20 segregated showers were also provided in community around the transit centres. To keep clean latrines and encourage their adequate use and maintenance, eight clubs were set up and trained. The provided latrines are serving 6,109 school children including 2,912 girls.

Regarding Nutrition interventions, 36 health providers were trained in managing severe acute malnutrition. Additionally, ready-to-use therapeutic foods (RUTF) were provided to treat 1,871 SAM children aged 6-59 months.

18-RR-WFP-020: With the CERF funding, WFP provided 664.73 MT of food assistance to 16,372 people (9,474 under five years, 6,898 adults over 18 years, 7,907 female and 8,465 males) between February and April 2018 as per the project implementation plan. This CERF grant allowed WFP Burundi to meet food and nutrition needs of asylum seekers and refugees from their arrival in transit centres (Cishemere, Rumonge, Nyanza-lac, Gitara and Songore) and during their first two months of stay in camps (Bwagiriza, Kavumu, Kinama and Musasa) where they were transferred as final destinations. WFP assistance played a vital role in stabilizing the food security and nutrition situation in refugee camps and transit sites as asylum seekers have no viable livelihood options and rely entirely on humanitarian assistance for their survival.

5. PEOPLE REACHED

According to the results of the final evaluations made by the fund recipient agencies, the expected number of people were reached during the implementation period, and in some sectors, the assistance reached more people than initially planned.. Assistance was provided both to asylum seekers/refugees and to host communities, as per the results of the rapid assessment. The improvement and repair of water infrastructure has enabled 19,172 people, among whom 8,131 adults and 11,041 children, to have access to drinking

water. Activities to fight against gender-based violence have been carried out without distinction between asylum seekers and local communities. Thus, a total of 17,041 people were assisted by GBV activities as compared to the planned 5,000 people.

The asylum seekers were clearly identified and counted upon their arrival at various entry points and transit sites and identification documents were granted by ONPRA upon their arrival to the refugee camps. Host communities were only able to access to community assistance implemented around their villages. The sharing of beneficiary lists between agencies and implementing partners during the implementation period of CERF projects was ensured to avoid double-counting of the beneficiaries. Some distributions, particularly for food and NFI, were also held concurrently to minimize the cost of distributions but also to limit the risk of counting the same people several times. There were some difficulties in distinguishing between the new asylum seekers and groups of Congolese people who had arrived long time ago to Burundi and wanted to take the opportunity to register on the refugee's camps lists. UNHCR and ONPRA used a new technology equipment with fingerprinting to identify the beneficiaries to prevent fraud and prevent some people from registering twice or that local people are on the refugee lists.

18-RR-BDI-29151 TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR ¹									
Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Food Security - Food Aid	4584	3390	7974	4747	3651	8398	9496	6876	16,372
Multi Sector - Multi-sector	4167	3031	7198	4471	3331	7,802	8638	6362	15000
Nutrition - Nutrition	598	0	598	574	0	574	1172	0	1172
Protection - Sexual and/or Gender-Based Violence	4692	9379	14071	1380	1705	3085	6072	11084	17156
Child protection	4787	124	4911	5954	222	6176	10741	346	11087
WASH - Water, Sanitation and Hygiene	5326	3874	9200	5715	4257	9972	11041	8131	19172

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

18-RR-BDI-29151 TABLE 5: TOTAL NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING ²									
	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	4,167	3,031	7,198	4,471	3,331	7,802	8,638	6,362	15,000
Reached	4383	3188	7571	6545	4876	11421	11041	8131	19,172

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.

18-RR-BDI-29151 TABLE 6: PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY		
Category	Number of people (Planned)	Number of people (Reached)
Refugees	15,000	15,000
IDPs		

Host population		4,172
Affected people (none of the above)		
Total (same as in table 5)	15,000	19,172

6. CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to people in need?

YES

PARTIALLY

NO

These funds helped to activate and deliver assistance as faster as possible. When these asylum seekers came the HRP were underfunded (less than 2%) and discussions were ongoing with the Government of Burundi on the use of figures. These funds were used to start operations and to attract the attention of other donors who financed the rest of the operations, particularly in the refugee camps.

b) Did CERF funds help respond to time-critical needs?

YES

PARTIALLY

NO

CERF funds helped to save lives of these people who escaped to fights between local rebels and regular forces. Many of these people, especially women and children received assistance once on Burundian territory and made testimonies on how the aid they received alleviated their suffering

c) Did CERF improve coordination amongst the humanitarian community?

YES

PARTIALLY

NO

From the beginning when the first person arrived in Rumonge, all humanitarian actors worked together under the RC overall leadership. UNHCR and its partners worked closely with other UN agencies to make sure that the assistance is given to the right people. The information sharing was the key of this success.

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

YES

PARTIALLY

NO

While UNHCR and WFP received funds from their classic donors, UNFPA and UNICEF didn't receive any additional funds to continue their operation in favour of these targeted people.

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

It can be noted that CERF became one of the biggest donors for Burundi. Its allowed humanitarian actors to activate the assistance and to bring other donors to fund timely.

7. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement
The needs prioritization process used a consultative approach and within a short period of time actors were able to agree on the priorities to be addressed through the CERF funds and which actors had comparative advantage to respond efficiently. This fast	Streamline the forms used for project submission and interim and final reports. Need of simplify the forms.

and efficient process will serve as a best practice for future allocations.	
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TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Importance of working together: consensus was reached quickly on the priorities and people targeted through HCT discussions and agency consultations and with the help of assessment findings.	The link between the field level and Bujumbura in terms of data sharing needs to be further reinforced to ensure that the HCT can take informed decisions on the use of funds and priorities.	UN beneficiaries agencies, OCHA and RCO

PART II

8. PROJECT REPORTS

8.1. Project Report 18-RR-FPA-014 - UNFPA

1. Project information			
<p>- To check/uncheck the YES/NO boxes, double click on the grey square box and select the appropriate value ("Not checked" or "Checked") in the pop-up window.</p>			
1. Agency:	UNFPA	2. Country:	Burundi
3. Cluster/Sector:	Protection - Sexual and/or Gender-Based Violence	4. Project code (CERF):	18-RR-FPA-014
5. Project title:	UNFPA response to urgent and immediate needs of the refugees from DRC		
6.a Original Start date:	15/03/2018	6.b Original End date	15/10/2018
6.c. No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency: <i>Guidance: Refer to the project proposal for the amount in 7a. For <u>rapid response</u> requests, this refers to the funding requirements of the requesting agency in the prioritized sector for this specific emergency and the new emergency response phase only. For <u>underfunded emergency</u> requests, this refers to the agency's funding requirements for the corresponding activities in the HRP. If HRP project exists, use the project requirement. Where no HRP exists, 'total project requirement' should reflect the funding requirements of the requesting agency for its humanitarian programme in the prioritized sector.</i>		US\$ 900.000
	b. Total funding received for agency's sector response to current emergency: <i>Guidance: Indicate the total amount received to date against the total indicated in 7a above. Should be identical to what is recorded on the Financial Tracking Service (FTS). This should include funding from all donors, including CERF.</i>		US\$ 297,610
	c. Amount received from CERF:		US\$ 297,610
	d. Total CERF funds forwarded to implementing partners of which to: <i>Guidance: Please make sure that the figures reported here are consistent with the ones reported in Annex 1.</i>		US\$ 44,408
		<ul style="list-style-type: none"> ▪ Government Partners ▪ International NGOs ▪ National NGOs ▪ Red Cross/Crescent 	US\$ 44,408

2. Project Results Summary/Overall Performance

Guidance:

Provide a brief qualitative description - not exceeding 200 words - summarizing the project's overall performance and its main achievements. It is recommended to start with a paragraph summarizing the main outputs achieved supported by key figures, followed by a paragraph stating the outcome achieved by the project. The following information should be provided:

- The project's CERF funding window (UFE/RR) and implementing UN agency;
- Numbers of people reached with specific goods and/or services;
- The total number of people reached by the project (from Table 9.);
- Project location and implementation period;
- the outcome achieved.

Please refer to the example below:

"Through this CERF UFE grant, UNICEF and its partners provided nutritional screening of 2,143 children under five; referred 256 malnourished children for treatment; trained 7 staff in management of severe malnutrition; provided nutritional supplies and equipment benefiting estimated 300 children; provided education on nutrition to 634 pregnant and lactating women; and sensitized 75 community support facilitators on infant feeding practices.

The project assisted a total of 26,344 people and allowed for maintaining the malnutrition indicators within the SPHERE standards in Kakuma refugee camp in Turkana County, Kenya between March and December 2016. This was achieved during the period of increased influx of South Sudanese refugees, which exceeded the 2016 planning figures."

Through the CERF allocation, UNFPA and its partners ensured that service providers were reinforced to deliver quality and multi-sectorial services to the targeted population. Major results include:

a. Trainings organized in collaboration with the Ministry of Health through the National Reproductive Health Program:

- Training of medical providers in refugee camps on contraceptive technology: 22 participants including 12 men and 10 women
- Training of female midwives: 22 participants including 10 men and 12 women
- Training of nurses and midwives of referral hospitals (Ngozi and Kiremba) on low emergency neonatal obstetric care): 10 beneficiaries including 4 men and 6 women
- Training of doctors, nurses and midwives in refugee camps on obstetric emergencies: 15 people including 6 men and 9 women
- Training community animators in the camps on reproductive and sexual health: 66 including 34 men and 32 women
- Training women leaders of the camps on reproductive and sexual health: 164 women

Total beneficiaries of trainings: 318 including 85 men and 233.

b. Reproductive health services delivered in the 4 refugee camps

Delivered RH services	GASOR WE	MUSA S A	BWAGIRIZ A	KAVUM U	TOTAL
Family planning new cases	130	170	55	171	526
Family planning old cases	619	302	1914	495	3,320
Assisted delivery	101	121	122	164	508
Low birth weight	1	1	2	5	9
Prenatal consultation in the 1st trimester	14	35	114	57	220
Prenatal consultation higher than the 1st trimester	159	97	83	201	540
Prenatal follow-up consultation	140	180	176	280	776
Postnatal consultation	95	120	112	160	487
Assisted rape before 72 hours	0	1	0	3	4
Assisted rape after 72 hours	2	0	0	1	3
Abortion	6	3	1	2	12
Number of midwives	1	2	1	1	5
Number of obstetric complications	24	11	10	12	57

Number of caesareans performed	16	9	8	8	41
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Testimony: I see that the maternity staff (nurses and midwives) have become more trustworthy and their performance at work has improved significantly after the different trainings they have benefited from thanks to this project. Now they use the sucker successfully when needed, which was not the case before; the diagnoses are now sufficiently well done and consequently there is a decrease in decision-making delays on when to transfer patients to referral hospitals in emergencies; they are now very well doing the reanimation of newborns without the help of the doctor, which was not the case before. All these new practices contribute greatly to reducing the risks of maternal and child deaths in our health facility. **Doctor in charge of the CDS - Congolese refugees camp of Bwagiriza.**

3. Changes and Amendments

Guidance:

Explain/justify any changes, deviations or amendments in the project from the original proposal or project plan (including over- and/or under-achievements, delays, etc.), and describe the circumstances or factors that prompted them. (do not exceed 400 words)

- This might include a brief mention of how the humanitarian context has changed, changes in the needs of the beneficiaries, or other challenges or constraints encountered that required adapting the implementation plan, activities, indicators, or outcomes.
- Indicate specifically where a modification from the original plan (re-programming or no-cost extension) was requested and approved by CERF.
- If modifications of the original plan were not communicated and approved by CERF, a justification for not having consulted the CERF secretariat should also be provided.
- Please also indicate if delays/changes in implementation resulted in any unspent balance and if the unspent funds have already been returned to CERF or when the recipient agency plans to return them.

No changes : The project was implemented as planned

4. People Reached

4a. Number of people directly assisted with cerf funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	375	3,375	3,750	250	1,000	1,250	625	4,375	5,000
Reached	4,692	9,379	14,071	1,380	1,705	3,085	6,072	11,084	17,156

4b. Number of people directly assisted with cerf funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees	5,000	14724
IDPs		
Host population		2432
Affected people (none of the above)		
Total (same as in 4a)	5,000	17156

<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 increased number of people reached mainly resulted from Sensitisation sessions, trainings and information on existing laws against GBV, on specialized available services for survivors, SRH etc. In total 25 sessions instead of 7 planned were held. These include the international day of refugees, during pre and post-natal medical consultations and dignity kits distribution</p> <p>For the sustainability purpose, capacity reinforcement on different techniques were undertaken for refugees and services providers within the camps</p> <p>In addition, the presence / availability of midwives in the camps health centres , increased the demand and the provision of quality services , while number of referred cases to referral hospitals decreased.</p>
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5. CERF Result Framework	
Project objective	Ensure access to quality reproductive health services and protection against GBV to refugees and asylum seekers

Output 1	Women and girls are better protected from GBV risks through prevention mechanisms and provision of dignity kits.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of women and girls at the bearing age recovered their dignity through dignity kits distribution	3,750	3200	Activity reports including list of beneficiaries
Indicator 1.2	Number of community-based information sessions realized	7	25	Sensitization sessions' reports
Indicator 1.3	Number of people informed on existing laws against GBV and available services for survivors (per sex)	5,000	10,000	Sensitization sessions' reports
Explanation of output and indicators variance:		<p>The cost of one dignity kit was estimated to 27 USD and it finally costed around 31 USD including logistics.</p> <p>A total of 10,000 people participated in the RH and GBV sensitization sessions organized by the nurses and midwives during the prenatal consultations, the family planning sessions at the CDS level. Other</p>		

		sessions were held in and around the camps by 66 community leaders and 160 women leaders trained by partner GVC.
Activities	Description	Implemented by
Activity 1.1	Acquisition of 3,750 dignity kits	UNFPA
Activity 1.2	Prepositioned of 3,750 dignity kits in the areas where refugees will be settled	UNFPA
Activity 1.3	Kits distribution to beneficiaries	UNFPA
Activity 1.4	Sensitize and inform the population on existing laws against GBV, on specialized available services for survivors, through 07 community-based information sessions in and out of refugees Camps.	UNFPA

Output 2	Referral health facilities serving refugee camps are reinforced to provide appropriate care to pregnant women and GBV survivors.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of health structures in and around refugees camps, transit camps and reception centres reinforced to provide appropriate care to pregnant women and GBV survivors	8	8 (4 health facilities in the refugee's camps (Musasa, Kinama, Bwagiriza and Kavumu) and 4 referral hospitals. (Ngozi, Gashoho, Ruyigi and Cankuzo)	Formative supervision Reports; Health facility monthly report; SRH kits distribution reports; financial reports (salaries for midwives)
Explanation of output and indicators variance:		NA		
Activities	Description	Implemented by		
Activity 2.1	Provide drugs and medical supply to health facilities including lifesaving reproductive health kits (each emergency health kit (IEHK) is for 10,000 persons for 3 months	UNFPA		
Activity 2.2	Prepositionne of RH kits in Health Facilities	UNFPA		
Activity 2.3	Support the provision of 04 midwives in the refugees' camps health facilities	MoH-PNSR		

Activity 2.4	Monitor the use of RH kits in the health facilities	UNFPA / CDFC / MoH-PNSR
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6. Accountability to Affected People

A) Project design and planning phase:

A field visit was organized in refugees camps and other involved structures which allowed to discuss with services providers ; camp managers ; refugee representatives ; to jointly assess tangible needs ; prioritize them and formulate possible response actions : The visit findings resulted in the provision of midwives and SRH kits to camps health centers and referral hospitals ; capacity reinforcement of services providers ; sensitization on prioritized topics and assistance to GBV survivors and the most vulnerable women and girls at the bearing age

B) Project implementation phase:

To ensure sustainability; reinforced actors were encouraged to lead planned actions and may continue to take possible initiatives. . It has been confirmed that activities were conducted out of the project period.

C) Project monitoring and evaluation:

UNFPA carried out a follow-up mission of RH/GBV activities in the 4 camps of the Congolese refugees in Burundi. The monitoring mission offered an opportunity for the beneficiaries and service providers to express their satisfaction from interventions undertaken and gaps to be filled by future interventions. It emerged from this mission that according to UNFPA's support to the health facilities in refugee camps, their capacities and technical expertise to respond to Reproductive and GBV emergency needs have improved. However, some needs still remain that need to be addressed.

7. Cash-Based Interventions

7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.

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

There was no budget affected for a final evaluation of the project, but just field monitoring missions	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.2. Project Report 18-RR-HCR-014 - UNHCR

1. Project information			
1. Agency:	UNHCR	2. Country:	Burundi
3. Cluster/Sector:	Multi-Cluster - Multi-sector	4. Project code (CERF):	18-RR-HCR-014
5. Project title:	Emergency response to the Congolese (DRC) Refugee Crisis in Burundi		
6.a Original Start date:	07/02/2018	6.b Original End date	06/08/2018
6.c No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 3,700,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 987,994
	c. Amount received from CERF:		US\$ 987,994
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 881,650
	<ul style="list-style-type: none"> ▪ <i>Government Partners</i> US\$ 0 ▪ <i>International NGOs</i> US\$ 231,000 ▪ <i>National NGOs</i> US\$ 650,650 ▪ <i>Red Cross/Crescent</i> US\$ 0 		

2. Project Results Summary/Overall Performance
<p>This CERF-UFE-funded project component implemented by UNHCR and its partners in the period between 7 February 2018 and 6 August 2018, aimed at providing a humanitarian/emergency response to the sudden arrival of thousands of refugees from the Democratic Republic of the Congo (DRC) following the January 2018 influx sparked by violence caused by the Mai Mai rebel group, has been fully realised as planned.</p> <p>Thanks to this funding, UNHCR and partners provided 4,187 newly arrived (and registered) Congolese refugee men, 4,471 Congolese refugee women and 6,362 Congolese refugee children with health care assistance, including measles vaccinations and general health/nutritional screening, and ensured that all 15,000 persons of concern and their belongings were safely brought to existent refugee camps (mostly Kavumu, transport by bus) where they were all provided with shelter.</p>

3. Changes and Amendments
N/A

4. People Reached									
4a. Number of people directly assisted with cerf funding by age group and sex									
	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	4,167	3,031	7,198	4,471	3,331	7,802	8,638	6,362	15,000
Reached	4,167	3,031	7,198	4,471	3,331	7,802	8,638	6,362	15,000
4b. Number of people directly assisted with cerf funding by category									
Category	Number of people (Planned)					Number of people (Reached)			
Refugees	15,000					15,000			
IDPs						N/A			
Host population						N/A			
Affected people (none of the above)						N/A			
Total (same as in 4a)	15,000					15,000			
<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>	N/A								

5. CERF Result Framework	
Project objective	To provide life-saving Shelter, Health services and Transportation (border to Transit Centres and camps) for the 15,000 Congolese refugees newly arrived in Burundi.

Output 1	A new camp and reception transit centres are built and four existing camps are extended			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# asylum seekers received and accommodated	15,000	15,000	UNHCR database (ProGres)
Indicator 1.2	# of buildings/ structures constructed	1 New Camp, 1 transit centre	1 new refugee camp (Nyankanda, capacity 11,000 persons), 1 transit centre (Makombe, capacity 1,000 persons)	COPED
Indicator 1.3	# shelter in constructed in the extension of the current camps	1,000	1,000 shelter constructed in the former four (4) refugee camps	COPED
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		

Activity 1.1	Extension of the four camps in order to accommodate additional 4,500 of the new refugees.	COPED
Activity 1.2	Establishment of a new camp with the capacity to host 10,500 persons.	COPED
Activity 1.3	Construction of 1 new reception facility to receive new arrivals in a good reception condition.	COPED

Output 2	Access to primary, health care services provided or supported			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	# of refugees screened for nutrition and health status	15,000	8,000	GVC
Indicator 2.2	# and % of refugees who have access to primary health care	5,000 and 100%	5000	GVC
Indicator 2.3	# of persons referred to secondary and tertiary medical care	1000	500	GVC
Explanation of output and indicators variance:		In regard to 2.3, less cases requiring medical referrals were found.		
Activities	Description	Implemented by		
Activity 2.1	Health and Nutrition screening of the refugees at their arrival	GVC		
Activity 2.2	Provision of a basic package of health services	GVC		
Activity 2.3	Provision of transportation means or fees to support referral of patients	GVC		

Output 3	Logistics and supply conditions to serve operational needs are optimized			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Extent logistics management mechanisms working effectively	100%	100%	UNHCR
Indicator 3.2	# of newly arrived persons seeking asylum transported to transit centres and refugee camps	15,000	15,000	IRC
Indicator 3.3	# Coordination meeting held	6	6	UNHCR
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 3.1	Facilitate the procurement and transportation of goods and persons, and the management of distribution of non-food items in order to provide an adequate and timely assistance to the protection and well-being of persons of concern.	UNHCR		
Activity 3.2	Provide transport from reception centres to transit centres and camps for the 15,000 new Asylum Seeker	IRC		
Activity 3.3	Coordination meeting with stakeholders	UNHCR		

6. Accountability to Affected People

A) Project design and planning phase:

Like in any other of its interventions, UNHCR applied the Age, Gender and Diversity Mainstreaming (AGDM) perspective to all design- and planning-related steps of this emergency response.

This has been done through a reflection on how those aspects might affect the needs of a particular beneficiary. Given that people react differently to the situation of displacement depending especially on their sex or on their age, which might potentially manifest itself in that they develop different specific needs, UNHCR ensured throughout the design and planning period that the prospective projects will leave space for addressing those particularities, i.e. for that groups such as pregnant women or children without vaccination receive the kind of medical attention they require,

Moreover, at all sites used in this (and any other) interventions ensure that awareness raising sensitization on the prevention of sexual and gender-based violence (SGBV) is conducted and that they address challenges in existing barriers to achieving gender equality.

B) Project implementation phase:

During the registration upon arrival, UNHCR recorded also the information relevant to apply the above-mentioned approach, as per the beneficiaries' statements during the registration process.

C) Project monitoring and evaluation:

During the monitoring and evaluation conducted by UNHCR, beneficiaries' opinion on the conduct of this intervention have been sought through interviews with randomly chosen representatives of this group of beneficiaries, with overall positive feedback as a result.

7. Cash-Based Interventions

7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
	US\$ N/A	Choose an item.	Choose an item.	Choose an item.
	US\$ N/A	Choose an item.	Choose an item.	Choose an item.

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

This intervention will be evaluated in the framework of the ongoing Year-End-Report (YER) 2018 of UNHCR Burundi, however, no specific evaluation is envisaged as the activities undertaken, while targeting beneficiaries which were not planned for in the operational plan, overall consisted of standard operation activities of UNHCR Burundi.

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

8.3. Project Report 18-RR-CEF-034 - UNICEF

1. Project information

1. Agency:	UNICEF	2. Country:	Burundi
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3. Cluster/Sector:	Child Protection	4. Project code (CERF):	18-RR-CEF-034
5. Project title:	To provide essential child protection services to refugees from DR Congo in host communities, reception and transit centres		
6.a Original Start date:	15/02/2018	6.b Original End date	14/08/2018
6.c. No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date (including NCE date)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)		
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 450,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 149,997
	c. Amount received from CERF:		US\$ 149,997
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 140,182.94
	<ul style="list-style-type: none"> ▪ <i>Government Partners</i> US\$ 0 ▪ <i>International NGOs</i> US\$ 95,875.47 ▪ <i>National NGOs</i> US\$ 21,908.44 ▪ <i>Red Cross/Crescent</i> US\$ 22,399.03 		

2. Project Results Summary/Overall Performance

CERF funding has enabled UNICEF and its partners to provide emergency protection services to 10,741 children (5,954 boys, 4,787 girls) in the provinces of Rumonge (3,719 boys, 2,933 girls) and Makamba (2,235 boys, 1,854 girls). Among children assisted, 240 (including 99 girls) suffering from psychological distress were referred to the platform of actors in mental health and psychosocial support (PPSM) for appropriate care and follow up.

To achieve these results, UNICEF and partners established 10 Child Friendly Spaces (CFS) in the communities that hosted Congolese refugees. Twenty community social workers were recruited and trained to provide appropriate services to vulnerable children including documentation, case management and referral of protection cases including gender-based violence (GBV). Support to the Burundian Red Cross allowed to monitor and provide appropriate support to street children including refugee children arrested in the targeted provinces following the Government decision to end the street children phenomenon in Burundi.

The project also trained 346 members (including 124 women) from 40 Child Protection Committees (CPCs) on basic child protection and child protection in emergencies, including GBV and the protection of refugee children. Members of the refugee community (34 males and 22 females) attended these trainings.

3. Changes and Amendments

N/A

4. People Reached

4a. Number of people directly assisted with cerf funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	4,200		4,200	4,400		4,400	8,600		8,600
Reached	4,787	124	4,911	5,954	222	6,176	10,741	346	11,087

4b. Number of people directly assisted with cerf funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees	8,200	10,741
IDPs		
Host population		
Affected people (none of the above)	400	346
Total (same as in 4a)	8,600	11,087

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:

To encourage positive interaction between refugees and members of the host communities and avoid discrimination, UNICEF and partners adopted a community-based approach for this project which encourages both refugee and host community children to benefit equally from the implemented activities.

Except protection case management and reference of individuals to appropriate service providers, most of the project activities were group based and open to all children from the community. To avoid discrimination, children were not identified based on their status unless they had specific problem that needed further documentation. For this reason, it is difficult to breakdown the total number of reached children (10,741) by category as required in this table (4b). UNICEF assumption is that at least 90% of all refugee children in the project areas were reached by project interventions.

5. CERF Result Framework

Project objective	To provide essential child protection services to refugees from DR Congo in host communities, reception and transit centres
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Output 1	8,600 refugee children benefit from psychosocial support activities in the Child Friendly Spaces in targeted areas			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of Child Friendly Spaces providing psychosocial support and GBV prevention and referral	10	10	Partners reports
Indicator 1.2	Number of refugee children benefitting from recreation activities and psychosocial support, including referral	8,200	10,741	Partners reports
Explanation of output and indicators variance:		Most project activities were community-based and open without discrimination to all children living in the targeted community. This allowed all children including refugee (new and old cases), IDP, returnee and repatriated children to participate. Children from the host communities also attended the project activities including out-of-school children. The number of out-of-school children in Burundi is in increase due to the ongoing socioeconomic crisis.		
Activities	Description	Implemented by		

Activity 1.1	Procurement of recreation kits for CFS	UNICEF
Activity 1.2	Training for CFS staff on Psychosocial support and GBV prevention and response)	War Child Hollande, PPSM
Activity 1.3	Psychosocial support and recreation activities organized in CFS	UNICEF and War Child Hollande

Output 2 20 child protection committees (CPCs) reinforced in the targeted provinces to prevent and respond to child protection concerns including GBV and child recruitment.

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of CPCs reinforced/trained on child protection in emergencies and GBV	20	40	UNICEF report
Indicator 2.2	Number of Protection cases (prevention and response to violence, abuse and neglect, with emphasis on prevention of recruitment, gender-based violence, and family separation) addressed by CPC in targeted provinces	500	804	UNICEF report

Explanation of output and indicators variance: Among the 804 protection cases, 512 children benefited from birth certificates in addition to other protection services deemed necessary for their cases (psychosocial care, economic support, etc.). There were more protection cases than planned due to round up by the Police against children living on the street. Given the distribution of children attending the CFSS, the project involved more CPCs than planned to ensure their members are able to meet child protection challenges related to presence of refugee children.

Activities	Description	Implemented by
Activity 2.1	Training of 20 CPCs on child protection in Emergencies	War child Hollande (WCH) working in collaboration with Centre for Family and Community Development (CDFC), Burundian Red Cross (BRC), Platform of actors in mental health and psychosocial support (PPSM)
Activity 2.2	Follow up on the activities conducted by the CPCs	WCH, CDFC, BRC, PPSM
Activity 2.3	Training of 20 CPCs on community child protection monitoring and reporting	WCH, CDFC, BRC, PPSM

Output 3 Child protection working group and supervision at provincial level reinforced and effective

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of functioning coordination mechanisms in targeted provinces	2	2	UNICEF report
Indicator 3.2	Number of Coordination events organized including meetings and field assessments	10	20	UNICEF report

Explanation of output and indicators variance: Following the round up by Burundian police against children living on the streets including refugee children in the project targeted provinces, additional activities including joint field visits and ad hoc meetings were organized by CP partners to address emerging urgent questions such as temporary care arrangements or family reunifications.

Activities	Description	Implemented by
Activity 3.1	Support Coordination through the CDFC and the provincial Child Protection in emergency working group	UNICEF, WCH, CDFC

Activity 3.2	Support organization of Government and partners field monitoring visits	UNICEF, WCH, CDFC, BRC
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6. Accountability to Affected People

A) Project design and planning phase:

During the project design phase, discussions were held with communities in targeted areas to decide on the project design, management and the role of all stakeholders. CDFC, CPCs and Refugee committees participated in the choice of places to establish CFSs and were involved in the recruitment of community volunteers who supported activities in CFSs. Project's coordination mechanisms were discussed and validated at this stage.

B) Project implementation phase:

The facilities and/or places to establish CFSs were provided by communities in collaboration with refugee committees and CPCs in the project areas. CPCs and refugee committees were involved in the management of the project through participation in monthly meetings where strategic choices and priorities were decided.

C) Project monitoring and evaluation:

The monitoring of the project was participatory. Volunteers from the refugee and host communities were involved in the daily activities of the project. Under War child Holland leadership, monthly meetings are organized, and the local authorities represented by the CDFC were invited. In addition, CPCs attended monthly Child Protection Working Group meetings where they expressed their concerns in regard to project implementation.

7. Cash-Based Interventions

7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.

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

There was no budget affected for a final evaluation of the project, but just field monitoring missions	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.4 Project Report 18-RR-CEF-035 – UNICEF

1. Project information			
1. Agency:	UNICEF	2. Country:	Burundi
3. Cluster/Sector:	Water Sanitation Hygiene - Water, Sanitation and Hygiene	4. Project code (CERF):	18-RR-CEF-035
5. Project title:	Emergency WaSH and Nutrition services for refugees in hosts communities and transit centers		
6.a Original Start date:	15/02/2018	6.b Original End date	14/08/2018
6.c. No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency: <i>Guidance: Refer to the project proposal for the amount in 7a.</i> <i>For <u>rapid response</u> requests, this refers to the funding requirements of the requesting agency in the prioritized sector for this specific emergency and the new emergency response phase only.</i> <i>For <u>underfunded emergency</u> requests, this refers to the agency's funding requirements for the corresponding activities in the HRP. If HRP project exists, use the project requirement. Where no HRP exists, 'total project requirement' should reflect the funding requirements of the requesting agency for its humanitarian programme in the prioritized sector.</i>		US\$ 900,000.00
	b. Total funding received for agency's sector response to current emergency: <i>Guidance: Indicate the total amount received to date against the total indicated in 7a above. Should be identical to what is recorded on the Financial Tracking Service (FTS). This should include funding from all donors, including CERF.</i>		US\$ 299,953
	c. Amount received from CERF:		US\$ 299,953.00
	d. Total CERF funds forwarded to implementing partners of which to: <i>Guidance: Please make sure that the figures reported here are consistent with the ones reported in Annex 1.</i> <ul style="list-style-type: none"> ▪ Government Partners US\$ 12,781.39 ▪ International NGOs US\$ 0 ▪ National NGOs US\$ 87,819.58 ▪ Red Cross/Crescent US\$ 45,613.32 		US\$ 146,214.29

2. Project Results Summary/Overall Performance

CERF funding enabled UNICEF and its implementing partners to provide 19,172 vulnerable people, including refugees and members of host communities in Rumonge and Nyanza Lac (southern Burundi), with safe drinking water, sanitation and nutrition services as per the SPHERE Standard.

Safe drinking water was provided through the construction of two (2) small water schemes and the training of 26 committees to manage the distribution at collection points. Regular water quality analyses for turbidity, conductivity, pH and E. coli using DelAgua Kit were

performed. Additionally, the targeted population received health and hygiene promotion messages and hygiene supplies including soap for personal hygiene, buckets, cups and jerrycans for water conservation.

Regarding sanitation, eight (8) schools were equipped with 66 latrines newly constructed and/or rehabilitated. Each latrine is equipped with handwashing facilities segregated for girls and boys. 20 segregated showers were also provided in community. To keep clean latrines and encourage their adequate use and maintenance, eight (8) clubs were set up and trained. The provided latrines are serving 6,109 school children including 2,912 girls.

Regarding Nutrition interventions, 36 health providers were trained in managing severe acute malnutrition. Additionally, ready-to-use therapeutic food (RUTF) were provided to treat 1,871 SAM children aged 6-59 months.

3. Changes and Amendments

The project was implemented as planned with the main change being the increase in the number of beneficiaries. However, UNICEF was able to provide both the 15,000 refugees and 4,172 members of the host communities with emergency WASH and nutrition services.

4. People Reached

4a. Number of people directly assisted with cerf funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	4,167	3,031	7,198	4,471	3,331	7,802	8,638	6,362	15,000
Reached	5,326	3,874	9,200	5,715	4,257	9,972	11,041	8,131	19,172

4b. Number of people directly assisted with cerf funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees	15,000	15,000
IDPs		
Host population		4,172
Affected people (none of the above)		
Total (same as in 4a)	15,000	19,172

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:

Initially the project targeted only 15,000 refugees. However, with an additional 4,172 members of the host community benefiting from the water scheme, hygiene promotion activities and nutrition services, the interventions reached more people than originally planned.

5. CERF Result Framework

Project objective	To provide lifesaving WaSH and Nutrition services to refugees from DR Congo in host communities and transit centers
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Output 1	Access to safe water and adequate sanitation is improved for 15, 000 refugees in host communities, reception and transit centers			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	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	15,000	19,172	Partners reports
Indicator 1.2	Number of constructed latrines clean, adequately maintained and properly used by the targeted population	30	30	Partners reports
Indicator 1.3	Number of latrines clean and rehabilitated used by targeted population	50	56*	Partners reports
Explanation of output and indicators variance:		(*) This total 56 includes 36 latrines rehabilitated and 20 showers constructed.		
Activities	Description	Implemented by		
Activity 1.1	Improvement of distribution, management and provision of safe water supply.	CRB, AIDE		
Activity 1.2	Improvement of the access to basic sanitation systems	CRB		
Activity 1.3	Rehabilitation of latrine	CRB,		
Activity 1.4	Procurement of pipes and pipes accessories	AIDE		

Output 2	15, 000 refugees have improved knowledge on key health and hygiene practices			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Nb of people sensitized(M/F/Children)	15,000	19,172	Partners reports
Explanation of output and indicators variance:		In addition to 15,000 refugees initially targeted by project activities, 4,172 members of host communities benefited of project activities implemented under this output.		
Activities	Description	Implemented by		
Activity 2.1	Health and Hygiene promotion on communicable diseases and lifesaving health and hygiene practices	AIDE		
Activity 2.2	Procurement of non-food items	Purchased by UNICEF and distributed by CRB		

Output 3	1,172 severe acute malnourished children received treatment in targeted host communities and transit centers			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of boxes of RUTF distributed	1,875	1,875	Financial report
Indicator 3.2	Number of children and targeted women suffering from severe acute malnourished children treated	1,172	1,871	DHIS2/MoH
Indicator 3.3	Number of Health providers trained on Supply management and rapid SMS	30	36	Training report/MoH
Indicator 3.4	Number of supervision reports	3	3	Supervision report/MoH
Explanation of output and indicators variance:				
Activities	Description	Implemented by		

Activity 3.1	Provision of Ready-to-Use Therapeutic Food (RUTF)	PRONIANUT (Nutrition Direction)
Activity 3.2	Monitoring of SAM and MAM admissions and RUTF utilisation using Real-Time Rapid	PRONIANUT (Nutrition Direction)
Activity 3.3	Refresher training on supply management and Rapid SMS	PRONIANUT (Nutrition Direction)
Activity 3.4	Monthly joint supervision of interventions by Ministry of Health and UNICEF	PRONIANUT (Nutrition Directorate) and UNICEF

6. Accountability to Affected People

A) Project design and planning phase:

Intensive consultation of the stakeholders, including affected populations, was key to the design and planning of the project. Information Meetings and joint field trips including with the government counterparts and NGOs were necessary to identify the most affected population and the geographical zone for the intervention.

B) Project implementation phase:

During the implementation phase, different committees were trained. The committees represent the link between the service providers and the communities. For the nutrition component, Community Health Workers conducted screening and referral of SAM cases to the health centres and they perform follow up at community level. For the WASH component, water management committees and hygiene school clubs were trained in water provision or sanitation facilities management and use.

C) Project monitoring and evaluation:

UNICEF conducted programmatic visits, spot checks as well as post-training monitoring in targeted areas. Data related to “community management of acute malnutrition (CMAM)” were collected and transmitted through the “District Health Information Software (DHIS)” for analysis to evaluate the performance of activities and inform the development of future interventions if deemed necessary.

7. Cash-Based Interventions

7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.

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

No evaluation planned, however it is worth noting that UNICEF is planning to carry out evaluation activities alongside with other humanitarian actions with other sector such as WASH	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.4. Project Report 18-RR-WFP-020 - WFP

1. Project information			
1. Agency:	WFP	2. Country:	Burundi
3. Cluster/Sector:	Food Security - Food Aid	4. Project code (CERF):	18-RR-WFP-020
5. Project title:	Emergency Food Assistance to new Congolese refugees in Burundi		
6.a Original Start date:	07/02/2018	6.b Original End date	06/08/2018
6.c No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 1,800,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 615,018
	c. Amount received from CERF:		US\$ 615,018
	d. Total CERF funds forwarded to implementing partners of which to: <i>Guidance: Please make sure that the figures reported here are consistent with the ones reported in Annex 1.</i>		US\$ 615,018
	<ul style="list-style-type: none"> ▪ Government Partners ▪ International NGOs ▪ National NGOs (Caritas Burundi) ▪ Red Cross/Crescent 		US\$ 0 US\$ 0 US\$ 2, 063.98 US\$ 0

2. Project Results Summary/Overall Performance

With the CERF funding, WFP provided 664.73 MT of food assistance to 16,372 people (9,474 under five years, 6,898 adults over 18 years, 7,907 female and 8,465 males) between February and April 2018 as per the project implementation plan. This CERF grant allowed WFP Burundi to meet food and nutrition needs of asylum seekers and refugees from their arrival in transit centres (Cishemere, Rumonge, Nyanza-lac, Gitara and Songore) and during their first two months of stay in camps (Bwagiriza, Kavumu, Kinama and Musasa) where they were transferred as final destinations. WFP assistance played a vital role in stabilizing the food security and nutrition situation in refugee camps and transit sites as asylum seekers have no viable livelihood options and rely entirely on humanitarian assistance for their survival.

3. Changes and Amendments

With the CERF funding (US\$ 615,018), WFP initially planned to purchase 833.25 MT to support 15,000 beneficiaries for three months. When the funding was made available to WFP, food prices had increased, and WFP was able to purchase only 664.73 MT of food. However, many asylum seekers have chosen not to be transferred to the camps. They were only assisted for one month at the transit centres. The two-month difference has allowed WFP to feed more people than planned (16,372 beneficiaries) in camps and transit centres.

4. People Reached									
4a. Number of people directly assisted with cerf funding by age group and sex									
	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	4,167	3,031	7,198	4,471	3,331	7,802	8,638	6,362	15,000
Reached	4584	3390	7974	4747	3651	8398	9496	6876	16,372
4b. Number of people directly assisted with cerf funding by category									
Category	Number of people (Planned)					Number of people (Reached)			
Refugees	15,000					16,372			
IDPs									
Host population									
Affected people (none of the above)									
Total (same as in 4a)	15,000					16,372			
<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>As previously explained, the difference is justified by the fact that some asylum seekers have chosen not to join the camps. They received food assistance for only one month in transit centres or in towns as urban refugees. The two-month difference has served to assist additional refugee caseload.</p>									

5. CERF Result Framework	
Project objective	Save lives of 15,000 new DRC refugees through food assistance

Output 1	Refugees receive unconditional food assistance to enable them to meet their basic food and nutrition needs			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of beneficiaries receiving food assistance (in-kind), disaggregated by sex and age against the plan.	15,000 people	16,372	WFP Burundi database (COMET) and 2018 annual report (SPR)
Indicator 1.2	Quantity (tonnes) of food distributed (in-kind)	833.25 MT	664.73	WFP Burundi database (COMET) and LESS
Explanation of output and indicators variance:		<p>More beneficiaries were reached than planned because many asylum seekers have chosen not to be transferred to the camps. They received food assistance for only one month instead of three months initially planned. The two-month difference allowed WFP to feed additional caseload of beneficiaries.</p> <p>Less food was purchased than planned because when the CERF funding was made available to WFP, food prices have increased forcing WFP to purchase less food than planned.</p>		
Activities	Description	Implemented by		
Activity 1.1	Food commodity items procurement/ replenishment	WFP Burundi's Budget Programming Officer		

Activity 1.2	Beneficiary registration and validation	Office of refugee and stateless protection in collaboration of UNHCR and WFP.
Activity 1.3	General food distribution	Caritas Burundi
Activity 1.4	Onsite joint distribution monitoring	WFP field Offices
Activity 1.5	Onsite Complaints and Feed-back Management in addition to 8-hour daily hotline (Accountability for Assisted Populations)	Helpdesk jointly managed by WFP, ONPRA, Caritas and UNHCR
Activity 1.6	Pre-distribution baseline	WFP
Activity 1.7	Three months After Action Review	WFP, UNHCR and other stakeholders
Activity 1.8	Post-Distribution Monitoring	WFP's Monitoring and Evaluation team in partnership with(Josephine to specify)

6. Accountability to Affected People

A) Project design and planning phase:

WFP response to the influx of Congolese refugees and Asylum seekers was designed and planned in close collaboration with the Government of Burundi through the Minister of Interior, UNHCR and other stakeholders including WFP cooperating partners such as Caritas and international Rescue Committee (IRC).

B) Project implementation phase:

During the implementation phase, WFP involved beneficiaries in list verification and validation. In addition, a food distribution committee was established at every transit centre or camp. Before any food distribution, WFP provided beneficiaries with information related to the kind of food that will be distributed, the period of distribution, the quantity and composition of rations per person, the utilisation, etc. Whenever possible, WFP prioritized female as main food assistance recipients to ensure food is effectively utilised at the household level. WFP has also set up a complaints and feedback mechanism (CFM) including joint helpdesks to address issues relating to under or over scooping of food during distributions, exclusion errors, etc.

C) Project monitoring and evaluation:

WFP regularly conducted onsite distribution monitoring in collaboration with Caritas and UNHCR. The onsite monitoring by WFP staff helped address common issues raised by beneficiaries such as lack of information on the composition of rations, distribution methodologies as well as the use of calibrated scales to avoid under or over scooping. WFP in collaboration with BESD (Bureau d'Etudes Statistiques et Demographique) also conducted a Food Security Outcomes Monitoring study which revealed that CERF has contributed to stabilizing the food security and nutrition situation in refugee camps and transit sites. The main indicators such as food consumption score (62%)' rCSI (13.8 to 14) are within the acceptable range.

7. Cash-Based Interventions

7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.

	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
<p><i>Supplementary information (optional)</i> [Add text here]</p> <p><i>Please briefly explain why each CBI modality has been selected and add a brief description of the delivery setup including the role of partners.</i></p>				

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
WFP in collaboration with BESD (Bureau d'Etudes Statistiques et Demographique) has conducted a Food Security Outcomes Monitoring study which revealed that CERF has contributed to stabilizing the food security and nutrition situation in refugee camps and transit sites. The main indicators such as food consumption score (62%) and CSI (14) are acceptable. WFP is actually working to improve the proportion of food expenses and food diversity by using CBT and direct cash for fresh food.	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

ANNEX 2: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
18-RR-FPA-014	Protection	UNFPA	INGO	44,408
18-RR-HCR-014	Multisectoral	UNHCR	INGO	231,000
18-RR-HCR-014	Multisectoral	UNHCR	NNGO	650,650
18-RR-CEF-034	Child protection	UNICEF	INGO	95,875.47
18-RR-CEF-034	Child protection	UNICEF	NNGO	21,908.44
18-RR-CEF-034	Child protection	UNICEF	RC	22,399.03
18-RR-CEF-035	WASH	UNICEF	Gov	12,781;39
18-RR-CEF-035	WASH	UNICEF	NNGO	87,817.58
18-RR-CEF-035	WASH	UNICEF	RC	45,613.32
18-RR-WFP-020	Food Aid	WFP	NNGO	2,063.98

ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

UNFPA	United Fund for Population
GVC	Groupe de Volontariat Civil
DRC	Democratic Republic of Congo
GBV	Gender Based Violence
SRH	Sexual and Reproductive Health
MoH	Ministry of Health
PNSR	Programme National de Santé de la Reproduction
CDFC	Centre de Developpement Familial et Communautaire
UNFPA	United Fund for Population
GVC	Groupe de Volontaire Civil
DRC	Democratic Republic of Congo
UNHCR	United National High Commissioner for Refugee
ONPRA	Office National de Protection des Réfugiés et d'Apatrides
COPEDE	Conseil pour l'Education et le Développement
ADGM	Age, Gender and Diversity Mainstreaming
CFS	Child Friendly Space
CPC	Child Protection Committee
UNICEF	United Nations Children's Emergency Fund
N/A	Not Applicable
IDP	Internally Displaced persons
WCH	War Child Holland
CDFC	Centre for Family and Community Development
BRC	Burundi Red Cross
PPSM	Platform of actors in Mental Health
CP	Child Protection
RUTF	Ready-to-use therapeutic food
SAM	Severe Acute Malnutrition
DHIS2	District Health Information Software
CMAM	Community Management of Acute Malnutrition
NGO	Non Governmental Organization
MT	Million Tons
WFP	World Food Program
CBT	Cash Based Transfer
BESD	Bureau d'Etudes Statistique et Démographie
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
AIDE	Action Intégrée pour le Développement et la protection de l'Environnement
CMAM	Community Management of Acute Malnutrition
DHIS2	District Health Information System
PRONIANUT	Nutrition Department at the Ministry of Health
WASH	Water Hygiene and Sanitation
AIDE	Action Intégrée pour le Développement et la protection de l'Environnement
IRC	International Rescue Committee
CRB / RC	Croix Rouge du Burundi / Red Cross