

**RESIDENT/HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
UNITED REPUBLIC OF TANZANIA
UNDERFUNDED EMERGENCIES ROUND 1
DISPLACEMENT
2018**

RESIDENT/HUMANITARIAN COORDINATOR	Alvaro Rodriguez
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REPORTING PROCESS AND CONSULTATION SUMMARY

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

After-Action Review Meeting was held on 22nd January 2019 with all the UN agencies that received a grant through CERF in 2018: IOM, UNFPA, UNICEF, UNHCR and WFP. Cluster coordinators and implementing partners were consulted by each agency prior to the meeting.

- 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.

The use of CERF funds was discussed within the Humanitarian Team and the CERF report was shared with the entire UN Country Management Team.

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

The CERF report was prepared in consultation with implementing partners and cluster coordinators. The final report was shared through UN agencies with their partners and cluster coordinators, as well as key government counterparts.

PART I

Strategic Statement by the Resident/Humanitarian Coordinator

The CERF grant has provided a lifeline for UN Tanzania to address the most critical shortfalls caused by chronic underfunding, acutely and widely felt by the refugee population. The grant contributed to reaching 100% food ratios in November 2018, first time since February 2017. Adequate shelter coverage was increased from 42% to 60%, water supply was scaled up above the minimum Sphere standard in two camps, and enabled inclusion of vulnerable groups such as girls and children with disabilities in provision of sanitation and WASH services. Access to these basic services also contributed to other sectors through lower risk of SGBV cases, vulnerability to diseases, acute malnutrition and stunting.

With improved maternal and sexual and reproductive health services, UN was able to increase deliveries attended by skilled health workers and reduce maternal deaths by 80%. Overall, the CERF grant enabled UN to improve health status of refugees and maintain above standard immunization rate, crude and under-five mortality rate, and SAM death rate. UN also provided legal and psychosocial support and clinical management for SGBV survivors, providing 69% of survivors with care within critical first 72 hours.

In addition, UN was able to support durable solutions for refugees by assisting over 20,000 voluntary repatriations to Burundi with CERF funds, approximately 50% of the total returnees. CERF was also invaluable in sustaining case management for increased number of separated and unaccompanied children due to the return operation.

1. OVERVIEW

18-UF-TZA-28525 TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)	
a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE	109,205,701
FUNDING RECEIVED BY SOURCE	
CERF	9,995,458
COUNTRY-BASED POOLED FUND (<i>if applicable</i>)	N/A
OTHER (bilateral/multilateral)	53,323,160
b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE	63,318,618

18-UF-TZA-28525 TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US\$)			
Allocation 1 – date of official submission: 12/02/2018			
Agency	Project code	Cluster/Sector	Amount
IOM	18-UF-IOM-004	Protection - Protection	555,386
UNFPA	18-UF-FPA-007	Health - Health	350,000
UNHCR	18-UF-HCR-007	Multi-Cluster - Multi-sector refugee assistance	4,146,664
UNICEF	18-UF-CEF-015	Health - Health	401,647

UNICEF	18-UF-CEF-016	Protection - Child Protection	298,528
UNICEF	18-UF-CEF-017	Water Sanitation Hygiene - Water, Sanitation and Hygiene	450,470
WFP	18-UF-WFP-009	Food Security - Food Aid	3,792,763
TOTAL			9,995,458

18-UF-TZA-28525 TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Total funds implemented directly by UN agencies including procurement of relief goods	6,096,133
- Funds transferred to Government partners*	
- Funds transferred to International NGOs partners*	2,096,258
- Funds transferred to National NGOs partners*	236,934
- Funds transferred to Red Cross/Red Crescent partners*	1,566,133
Total funds transferred to implementing partners (IP)*	3,899,325
TOTAL	9,995,458

* These figures should match with totals in Annex 1.

2. HUMANITARIAN CONTEXT AND NEEDS

In January 2018, Tanzania hosted approximately 360,000 refugees and asylum-seekers, majority of them residing in three overcrowded refugee camps in the Kigoma Region, close to the Burundi border, in need of international protection. The UNHCR Refugee Situation Statistical Report for the month of January 2018 indicated that there were 276,595 Burundian, 84,202 Congolese, and 564 Persons of Concern from other nationalities (Rwanda, Uganda, Sudan, Kenya and others). Since the influx in April 2015, Tanzania has become the largest host of Burundian refugees in the region. The situation in the Democratic Republic of the Congo (DRC) led to an influx of 1,774 Congolese refugees in 2018. The UNHCR Inter-Agency Operational Update on the Congolese Refugees and Asylum Seekers, indicated 81% of the new arrivals to be women and children, and identified 40 % of the households with specific needs.

Due to strict encampment policy by the Government of Tanzania (GoT), refugees and asylum-seekers are entirely dependent on humanitarian assistance. Recent additional restrictions by the GoT, including lifting of the prima facie recognition for asylum-seekers from Burundi have led to ad hoc status determination and rejections at border entry points without the necessary legal protections and procedural safeguards contained in the 1998 Refugees Act. Since September 2017, the voluntary repatriation of Burundian refugees has been facilitated following a meeting with the Tripartite Commission between the United Republic of Tanzania, Republic of Burundi, and UNHCR in August 2017. However, the Tripartite Commission also acknowledged that while some refugees may opt to return now, others may still have well-founded reasons for not seeking to return at present and will continue to be in need of international protection. While return is not promoted by the UN, support to informed and voluntary return is provided. Some returnees have indicated that hardship in the host country, particularly reduced food rations in Tanzania and the lack of opportunity to supplement household income, has contributed to their decision to return to Burundi. As of 31 December 2017, a total of 13,102 Burundian was assisted to voluntary return to Burundi, with numbers expected to increase in 2018.

Women and children make up 78 per cent of the total population, with around 6% of refugees identified requiring additional support due to specific needs. Children make up 58 per cent of the refugee population, 6.4 per cent of whom are unaccompanied and separated children (UASC). Delivery of critical protection services and follow up to children at risk, SGBV survivors, and other persons with specific needs are severely affected by inadequate number of social workers as well as gaps in other life-saving sectors such as food and WASH. Reductions in food rations, forcing women to search for work or food outside the camp, and communal latrines continue to pose serious risks of security and SGBV incidents.

There is an acute need for additional decentralised health and nutrition facilities, equipment and supplies, and sufficient personnel. According to the 2017 SENS, 3.91 per cent of children under the age of five had global acute malnutrition (GAM) in the camps. These results were similar to the results from the second round of child health and nutrition month campaign done in December 2017 where the proportion of under-five with GAM was 2.04 per cent. Despite the challenges, the health sector maintained low under-5 mortality rate of 0.7/1,000/month and a crude mortality rate of 0.3/1,000/month throughout 2017. Increased access to comprehensive primary health care is crucial, as is response to widespread diseases, such as cholera in the host communities, need to be addressed to prevent them reaching the camps.

Approximately 4,620 deliveries are expected in the next six months and according to the sphere standards, 15% will end up with obstetric complication that will require Comprehensive Emergency Obstetric care (CEmOC). For the approximately 57,750 women of reproductive age and some 46,000 sexually active men access to sexual and reproductive health services, including family planning, prevention of sexually transmitted infection and HIV, and provision of clinical treatment to survivors of sexual violence is crucial.

Due to severe congestion of camps, provision of vital emergency shelters for newly arriving persons of concern as well as urgent replacements for the population (65% of refugees) living in dilapidated shelters is critical. Despite efforts to maintain water supply, regular breakdowns of water pumps and their generators persist due to excessive utilization and aging equipment. It's critical to ensure that all families have access to a latrine nearby their dwelling, a shared communal latrine or a family latrine. However, only 33% of households in all camps have their own family latrines.

Ratio reductions and pipeline breaks have far reaching and potentially life altering consequences for refugees. The Coping Strategies Index (CSI) has almost doubled (12.2) in 2017 compared to 2016 (CHS 2017), disproportionately affecting the most vulnerable. Due to lack of funds in 2017, the kilocalorie ration was reduced to 60-72% of the recommended requirement, potentially resulting in acute malnutrition and increased vulnerability to disease. As a result, overall prevalence of stunting among children 6-59 months is very high at over 40% (2017 Nutrition Survey preliminary report) and the proportion of households with "acceptable" food consumption decreased from 89% in 2016 to 87% in 2017 (CHS 2017). Coping mechanisms are widespread among refugee households, with 83% reducing the number of meals eaten in a day, 78% limiting portion sizes and 56% borrowing food or money (CHS 2017).

Chronic underfunding for the refugee response has severely hampered the humanitarian response and negatively affected the quality of protection, despite the efforts by UN and partners since the beginning of the emergency. While the UN has a strong presence in the camps providing basic services to refugees, a fivefold increase in the refugee population over the past 2 years has led to a sharp increase in the need for resources to support the refugees. Total financial needs in 2018 for the five sectors amounts to USD 161 million (including all humanitarian actors), of which the CERF contribution will cover 6.2%. Each agency is individually fundraising for its sectors and therefore the contribution will be part of a multi-donor action to achieve the presented objectives.

The 2017 Burundi RRRP was funded at only 17 per cent, and the 2018 RRRP identifies major gaps directly linked to underfunding, including cuts in food rations, dilapidated shelters, limited capacity to respond to SGBV, insufficient investment in integrated social services, minimal livelihood opportunities, and inability to carry out population verifications, provide documentation, and train government officials on refugee status determination. Currently, in Tanzania, only 19 per cent of the total fund requirement for protection, health, WASH, food and shelter sectors in 2018 has been mobilized by UN agencies. At the same time, collective efforts by humanitarian actors in Tanzania to raise additional funds will continue. As part of the efforts, the official launch of the 2018 Burundi RRRP on February 6th, 2018 by the UN High Commissioner for Refugees is being used as a platform for international appeal to raise additional funds to the forgotten, protracted refugee crises, highlighting the severe state of underfunding and the impact on refugees.

3. PRIORITIZATION PROCESS

The Burundi Regional Refugee Response Plan 2018, developed after extensive consultations with key humanitarian actors, including the Government of Tanzania, UN agencies, and international and national NGOs, form basis of the current inter-agency response to support Burundian refugees and asylum-seekers as well as the CERF strategy. The RRRP identifies critical needs and responses to support the 275,000 persons of concern from Burundi. Prioritization process was further guided by sectoral needs assessments, the latest Joint Needs Assessment (JAM) conducted in October/November 2017 between the Government of Tanzania, UNHCR and WFP, the Standard Expanded Nutrition Survey (SENS) conducted in August/September 2017, Community and Household Surveillance undertaken in August 2017, monthly Statistical Reports on Refugee population by UNHCR in the camps, and participatory assessments conducted throughout the year with beneficiaries were also used.

Five critical and life-saving sectors were prioritized: protection, food, health and nutrition, shelter and WASH. Geographical coverage of the grant focused on the Kigoma region where all three refugee camps are located. Identification of the life-saving interventions addressing most critical humanitarian needs, the gaps/needs they are responding to, the number of beneficiaries, the expected results/impact and the funding need was conducted in two-fold consultations, first with the field sector leads in Kigoma Region, followed by inter-agency consultation in Dar es Salaam.

For agencies to be included, capacity on the ground, current programs in the camps aligned with RRRP, and proven track record in delivering humanitarian assistance in the refugee camps was a criterion. Criteria used for the selection of projects included review of most acute needs, targeted beneficiaries to ensure most vulnerable groups are reached, capacity to implement the project within the time frame, existing or projected funding for the project, as well as complementarity of the key objectives.

There are existing accountability mechanisms in place, ensuring that refugees targeted by the projects are informed of the services available to them, that target communities are consulted, and their feedback is taken into consideration. These mechanisms, including regular assessments where communities identify challenges, gaps and priorities, were already used in the planning stage for targeted sector response. Regular town hall meetings, refugee leader meetings and other mass meetings, key information is shared with refugee population including on food distribution, shelter construction, health risks and available services etc. These forums, together with community feedback mechanisms and complaints response mechanisms, also enable refugees to ask questions or voice any concerns. For food sector, specifically, a litigation desk and food basket monitoring were established in each distribution site, giving beneficiaries the opportunity to check the rations received, air their grievances and receive required support.

Responding to the multi-faceted and cross-cutting protection and assistance gaps of refugees, as outlined above in the description of overall humanitarian situation and response, a multi-sectoral strategy with prioritised key objectives was developed, acknowledging the need for complementary interventions by different UN agencies. This approach was selected to ensure that a comprehensive response plan is in place to provide Burundian refugee with critical protection and basic services. For example, taking into account large proportion of female population in the camps, the grant will not only support provision of required food rations but will also protect the most vulnerable groups from related health issues and, specifically for women who are often forced to take risks to search for work or food outside the camps, protect them from heightened risk of SGBV.

4. CERF RESULTS

CERF allocated \$10 million to Tanzania from its 2018 window for underfunded emergencies to sustain provision of life-saving protection and basic service assistance to Burundian and Congolese refugees and asylum-seekers in line with international norms. CERF grant provided critical relief funds to the five priority sectors but also enabled UN to better target vulnerable groups such as persons with disabilities. CERF funding enabled UN to increase basic food and nutrition rations up to 100% for the entire refugee population by November 2018 and to provide SAM services to 2,514 children. The grant supported a total of 7,505 families to receive transitional shelters, provided access to safe water to 149,533 people and improved sanitation facilities for the entire refugee population, also expanding access to 30,937 school children. UN also supported 20,589 voluntary

repatriations to Burundi and scaled up child protection assistance to increased number of 7,590 unaccompanied and separated children.

With CERF funds, UN maintained basic health services for the entire Burundian population. Reproductive, maternal, new-born, and child health services were provided to estimated 219,300 women and children, with 15,567 safe deliveries supported across the camps, 97% attended by a skilled birth attendant. Sexual and gender-based violence response services were provided to 535 women and girls, and 70 awareness raising campaigns were organized to reduce SGBV in the camps. Furthermore, 35,401 under-five children were vaccinated, Vitamin A supplementation was provided to 53,153 children and deworming tablets to 45,769 children.

IOM and its partners provided emergency transportation assistance, a core component of the response, to refugees to meet their protection needs. IOM supported safe and dignified return for 20,589 Burundians who had expressed to UNHCR a willingness to return to their country of origin, thereby contributing toward sustainable reintegration. Often in connection to voluntary repatriation, IOM also supported timely and safe inter-camp transportation to 6,849 refugees and pre-embarkation checks and medical services to 27,438 refugees. IOM was also set to provide immediate onward transportation to refugees at border entry points but due to a major shift in arrivals, this support was only provided to one refugee.

UNFPA and its partners contributed to a reduction in maternal and under-five mortality by improving access to reproductive, maternal, new-born, and child health services and commodities to 103,950 refugees. During the project, 15,567 safe deliveries were supported across the camps with 97% attended by a skilled birth attendant and 563 adolescents accessed SRHR services and information in Nyarugusu camp. UNFPA delivered 248 inter-agency reproductive health kits and 10,387 dignity kits to women and girls, and supported 335 GBV survivors, out of which 69% received care within the critical first 72hrs. The provision of contraceptives averted an estimated 2,121 pregnancies and prevented an estimated 476 abortions.

A prerequisite to access basic services of other sectors, UNHCR and its partners registered the entire Burundian refugee and asylum seeker population (215,397 as of December 2018) on an individual basis. UNHCR also provided material, legal and psychosocial support to more than 200 survivors of SGBV through survivor centred approach. Over 300 partners were trained on SGBV prevention and response, and 70 sessions of SGBV awareness raising campaigns were organized to refugee population across the three camps.

With support from CERF funding, all seven health facilities (incl. hospitals, health centres and health posts) in Nyarugusu and Mtendeli camps were functional throughout 2018, providing services to 242,121 outpatient consultations and 13,308 in-patient admissions for Burundian refugees. Crude mortality rate for 2018 was recorded at 0.2 per 1000 population/month, contributed by timely recruitment of 345 health positions by UNHCR and partners. Essential medicines, drugs and medical supplies were also locally procured as an alternative to avoid delays experienced with international procurement.

A total of 10,542 plastic sheeting materials and 579 tents were procured and distributed by UNHCR and partners for emergency shelter needs. Additionally, a total of 3,412 transitional shelters were constructed in Nduta and Mtendeli camps. Use of some construction materials procured in the previous year had attributed to exceeding the target by more than 100%. Therefore, a total of 7,505 families in Nduta and Mtendeli camps benefited from improved shelters.

UNHCR supported construction of a total of 3,201 latrines. The operation was able to save funds and construct more latrines than planned by changing the materials used for the superstructure from corrugated iron sheets to earth brick and involving the households to a greater degree in constructing the latrines, thereby further reducing costs. More than 10,000 people participated in each of the 83 hygiene promotion campaigns conducted.

Through lifesaving vaccines, medicines and supplies, and outreach by Health Information Teams to 201,308 refugees, UNICEF maintained under-five immunization above 95% in all camps and addressed high mortalities among under-fives. A total of 186,077 refugee women and children were reached with basic maternal and paediatric services, Long Lasting Insecticide Treated Nets to prevent malaria were provided to 6,000 pregnant women and 1,000 HIV exposed infants were diagnosed and

treated. Coverage of nutrition services improved among children under five, with SAM cure rate of 89% and SAM death rate of under 2% achieved. Overall coverage of Vitamin A was 98 % and deworming 99% of children.

UNICEF and partners provided case management support to 7,590 unaccompanied and separated children. A cumulative 2,629 children were placed with foster parents across the three camps. With a view towards addressing prevention and response to violence, 702 adolescents in Mtendeli attended with life-skills programming (including GBV), and 753 parents of adolescents participated in a companion positive parenting programme in Nduta camp. UNICEF also supported its partners to commence roll-out of the new cloud-based Child Protection Information Management System (CPIMS+), a critical tool in identification of children with acute protection concerns and to generate statistics on protection issues.

UNICEF and partners supported provision of safe water, sanitation and hygiene services for 149,533 refugees in the three camps. Through installation of new pumps and equipment, water supply and storage as well as distribution coverage increased, enabling beneficiaries to access water above the required minimum Sphere standard (15l/p/d). Access to WASH facilities was improved to 30,937 children to meet the school WASH guideline requirements, including menstruation management rooms and rooms for children with disabilities. Focus groups discussions with the children indicate improvements in the learning environment, especially for girls. Interpersonal communication activities were conducted to ensure proper use and to avoid outbreak of diseases.

WFP provided basic food and nutrition assistance to 212,783 Burundian refugees with General Food Distribution rations reaching 108,519 women and girls and 104,264 men and boys. Specialized nutritious food was provided to 67,472 Burundian refugees, including pregnant and lactating women, and children under 5. Beneficiaries also received nutrition counselling and Social Behaviour Change Communication (SBCC) messages focused on nutrition. WFP provided food support to patients admitted at camp hospitals and High Energy Biscuits (HEB) to Burundians repatriating back to their country. Food assistance played a great role in averting any further deterioration of nutrition status of refugees. Performance of the supplementary feeding programme continued to exceed corporate targets for coverage, adherence, and MAM treatment rates.

5. PEOPLE REACHED

To avoid double counting when estimating the total number of direct beneficiaries, the figure includes the total Burundian population and the identified Congolese refugees, with a total of 277,076 people.

Due to the on-going voluntary repatriation that peaked in 2018, the sectors that aimed to cover the total Burundian population (food assistance, WASH and protection), had to adjust their targets accordingly from the planning figure of 231,001 Burundian refugees. Food sector reached estimated 212,783 refugees, and both protection and WASH sectors estimated 215,397 refugees. The return operation also caused some challenges with estimating total number of beneficiaries, since the number of refugees assisted varied from month to month.

At the same time, the return operation greatly increased the need for transport assistance, with 20,589 Burundians returned instead of the target 7,560, and caused increase in number of unaccompanied and separated children, with 7,590 supported instead of target 7,000. Peak in voluntary repatriation, combined with decrease in number of new arrivals (1 refugee in 2018 against target of 3,780), forced IOM to shift the project focus fully to transportation assistance for returning Burundian refugees and the related medical services.

In some sectors, such as protection, WASH and health, the same facilities and services provided with CERF funds are used by both Congolese and Burundian refugees. Therefore, the estimated number of reached beneficiaries in the health sector (277,076) and in WASH sector (232,022) exceed the planned target that only included Burundians. In sectors where multiple agencies collaborated, the aim has been to avoid double counting. For example, in WASH sector the figures represent the Burundian population from UNHCR project and the Congolese population reached by UNICEF. It's possible that due to the calculation some beneficiaries have been excluded and the actual reach is slightly higher.

When calculating the estimated number of beneficiaries for health sector, the assumption was made that same female population may have accessed basic health services and other targeted health services (incl. maternal health and SRHR services). Therefore, to avoid risk of double counting, the adult female population directly reached with CERF funding only includes the beneficiaries from UNICEF project and the under-aged female/male population only includes beneficiaries from UNICEF (under-5) and UNFPA (adolescents) projects. While double counting of beneficiaries has been avoided to the extent possible, it's possible that some beneficiaries under health sector have benefitted from the basic health services (UNHCR) and from SRHR commodities (UNFPA) through two different projects but the services provided are different in nature.

18-UF-TZA-28525 TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR¹

Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Food Security - Food Aid	62,941	45,578	108,519	61,516	42,748	104,264	124,457	88,326	212,783
Health - Health	78,631	63,325	141,956	77,344	57,776	135,120	155,975	121,101	277,076
Protection - Child Protection	3,664	175	3,839	4,628	578	5,206	8,292	753	9,045
Protection - Protection	N/A	N/A	13,860	N/A	N/A	13,578	N/A	N/A	27,438
WASH - Water, Sanitation and Hygiene	69,622	45,389	115,011	69,091	47,920	117,011	138,713	93,309	232,022
Multi-Cluster - Multi-sector refugee assistance	60,122	45,389	105,511	61,966	47,920	109,866	122,088	93,309	215,397

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

18-UF-TZA-28525 TABLE 5: TOTAL NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING²

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	62,255	50,936	113,191	64,796	53,014	117,810	127,051	103,950	231,001
Reached	78,631	63,325	141,956	77,344	57,776	135,120	155,975	121,101	277,076

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-UF-TZA-28525 TABLE 6: PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY

Category	Number of people (Planned)	Number of people (Reached)
Refugees	231,001	277,076
IDPs		
Host population		
Affected people (none of the above)		
Total (same as in table 5)	231,001	277,076

6. CERF's ADDED VALUE

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

YES

PARTIALLY

NO

Due to the nature of a pooled fund and the ability of the Humanitarian Team to allocate funds to priority areas in accordance with the most recent Regional Refugee Response Plan 2018, the CERF funds lead to a fast delivery of assistance to people in need. Furthermore, due to a shift in priority from assisting new arrivals to assisting returning refugees, the CERF funds allowed immediate assistance to higher number of refugees registering for voluntary repatriation and respond to increase in child protection cases. Finally, CERF funds enabled UN to maintain life-saving health services by deploying additional staff when the need was most critical.

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

YES

PARTIALLY

NO

CERF funds helped UN to respond to time-critical needs, including procurement of life-saving vaccines and medicines, provision of higher food rations (reaching 100% in November 2018) during non-farming season, provision of supplementary food to lactating women and patients, as well as ensuring sufficient capacity to respond to a sudden increase in refugees who registered for voluntary repatriation, preventing long waiting time. CERF funds also enabled UN to deploy additional health staff to replace a sudden turnover, ensuring that life-saving health services, including safe deliveries and timely referrals of women with obstetric complications, were provided continuously.

c) Did CERF improve coordination amongst the humanitarian community?

YES

PARTIALLY

NO

While the Humanitarian Team already has a coordination structure in place, CERF prioritisation process enhanced inter-agency coordination and ensured that agencies providing critical services including transportation assistance for refugees wanting to return to their home country, maternal and SRHR services, as well as targeted WASH services were included in the strategy. Through enhanced inter-agency collaboration UN was also better able to target vulnerable beneficiaries including adolescent girls and children with disabilities and to respond to emerging needs such as increase in food assistance required for returning refugees as well as increase child protection services required due to the return operation. Furthermore, the CERF funds enabled UN to better respond to SGBV through collaboration between UN agencies but also by linking implementing partners to provide more effective clinical and psychosocial support to survivors.\

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

YES

PARTIALLY

NO

For agencies with low core funds for humanitarian response, CERF funds helped improve resource mobilization from other sources. For example, UNFPA was able to mobilize additional funds for GBV response, capacity development of health staff deployed through CERF funds as well as for a study that will inform adolescent and youth health behaviours in humanitarian settings. IOM was also able to mobilize additional funds from other sources to continue supporting voluntary repatriation.

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

N/A

7. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement
For multi-sectoral projects it was not a requirement to indicate # of target beneficiaries per sector during development of the proposal nor in the individual report format, but this is required in the consolidated report.	For ease of continuous monitoring, it would be better if the number of beneficiaries per sector was already included in the project proposal and in the individual agency report for multi-sectoral projects.

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
When used strategically, CERF funds add significant value in targeting most vulnerable groups. In WASH sector, this allowed inclusion of latrines for children with disabilities in school to ensure access to sanitation and WASH facilities and to provide latrines for menstrual hygiene management in girls' blocks. Focus group discussions demonstrated improvements in school participation as a result.	UN will continue seeking opportunities to demonstrate application of the National School WASH guidelines in meeting minimum standards in school WASH, ensuring that no one is left behind.	UN agencies and partners
Distribution of dignity kits encouraged more pregnant women to deliver in health facilities leading to more safe deliveries and post-delivery care.	Scale up voluntary family planning services, including distribution of SRH commodities and supplies; provision of dignity kits to mothers of new-borns; promote integrated FP service provision	UN agencies and partners
Access to SGBV preventive and response services within the reach of the community (safe spaces) has improved medical, legal and psychosocial care of survivors.	Comprehensive support to SGBV prevention and response (clinical and psychosocial care combined) will be continued in collaboration with partners, including evidence based approaches (EMAP and SASA!, Survivor Centred Approach).	UN agencies and partners
Due to limited facilities, more adolescent boys were able to access Adolescent Sexual and Reproductive Health Services. More data is required on ASRH behaviours to inform programming, including services and awareness raising.	With additional funding, a study will be undertaken to inform adolescent and youth health behaviours and to improve targeted programming.	UN Agencies and partners
Voluntary repatriation put an unexpected stress on children's case management, as many unaccompanied minors were left by families choosing to partake in VolRep operation. This caused an unexpected increase/need for more foster families and alternative care options. At the same time, some adolescents dropped out of life-skills programmes due to VolRep.	UN will seek more foster families and alternative care options but also build the lessons into wider case management discussions.	UN agencies and partners
Participation in voluntary repatriation caused adolescents to drop out from life-skills programmes and required adjustments in number of beneficiaries in other sectors.	Target estimation for sectors and projects need to be adjusted in next programme cycle to accommodate potential drop-outs and decrease in beneficiaries.	UN agencies and partners
While CERF funds supported UN to provide critical life-saving services, funds are still inadequate to support human resources for immunization, RMNCAH, nutrition services, to procure life-saving equipment, medicines and vaccines to respond to the full need.	Continuous fund raising is needed to address emerging needs, e.g. procurement of equipment for nutrition services, staff training, and appropriate IEC materials, and support to human resources to strengthen immunization and RMNCAH services, procuring life saving equipment, medicines and vaccines.	UN agencies and partners
High staff turnover in health sector created demand for new recruitment, and capacity building to newly recruited Health Care and Nutrition workers.	UN agencies will assess what will be the best methodology to address the issue of high turnover in the future. Salaries may need to be increased to government	UN agencies and partners

	hospital levels and provision of mentorship and coaching will be explored to motivate staff to stay.	
Chronic and non-communicable diseases, ear nose throat (ENT) and ophthalmologic services, specialized lab and surgical equipment in the camps are inadequate. At the same time, capacity of local hospitals is insufficient to provide health services for referral patients from the camps. Due to long travel and related cost, referral services outside the region are extremely prioritized.	UN is raising funds for Kigoma Joint Programme that is aiming to improve health services in host communities. This programme has potential to also contribute to improved health services for refugees.	UN agencies and partners
Depletion and reduction of water sources especially ground water sources due to lowering of water levels as a result of prolonged dry season and environmental degradation through deforestation as well as communities upstream using the same water for other purposes like irrigation.	It is important to increase collaboration with environmental management teams for promotion of environmental preservation activities, targeting both host and refugee communities.	UN agencies and partners
Frequent breakdown of water pumping equipment and generators due to prolonged pumping hours as no back-up equipment's.	Funds required to upgrade water pumping systems to using solar power.	UN agencies and partners

PART II

8. PROJECT REPORTS

8.1. Project Report 18-UF-IOM-004 - IOM

1. Project information			
1. Agency:	IOM	2. Country:	United Republic of Tanzania
3. Cluster/Sector:	Protection - Protection	4. Project code (CERF):	18-UF-IOM-004
5. Project title:	Providing Life-Saving Transportation Assistance to Refugees in Tanzania		
6.a Original Start date:	08/03/2018	6.b Original End date	31/12/2018
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	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 2,025,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 1,080,368 GBP 300,000
	c. Amount received from CERF:		US\$ 555,386
	d. Total CERF funds forwarded to implementing partners		N/A

2. Project Results Summary/Overall Performance
<p>Through the 18-UF-IOM-004 UFE grant, IOM and its partners provided emergency transportation assistance to refugees to meet their protection needs. IOM used CERF funds to provide transport assistance to newly arrived refugees as well to facilitate the voluntary repatriation of Burundian refugees to Burundi. IOM's proposed interventions under this CERF grant contributed to the achievement of CERF's objectives: (a) promote early action and response to reduce loss of life; (b) enhance response to time-critical requirements; and (c) to strengthen the core elements of humanitarian response in underfunded crises.</p> <p>Refugee transport is a core component in the overall refugee response operations in the United Republic of Tanzania, with IOM having been the sector lead involved in transport since 2015. The first objective of the project was to provide refugee from neighbouring countries (Burundi and Democratic Republic of Congo) at border entry points with immediate onward transportation to refugee camps in Tanzania. This was aimed at easing the congestion in border entry points and mitigating psychosocial issues, cohesion problems, health vectors, among others. Based on the 2017 arrival trends and projections, transport assistance was expected to be provided to 3,780 or new arrivals. Upon arrival in border entry areas, refugees were to be processed/registered and camp assignments designated.</p> <p>The second objective of the project was to provide transport under the voluntary return for Burundian refugees. This aimed at safe and dignified return for Burundians who had expressed to UNHCR a willingness to return to their country of origin, thereby contributing toward sustainable return and reintegration.</p> <p>A target of 15,120 refugees was initially set to benefit from this project. 3,780 refugees were to be provided with onward transport assistance and 7,560 Burundians were to be voluntarily repatriated.</p>

Thanks to the support of CERF, IOM ultimately provided transport assistance to approximately 27,438 beneficiaries, largely exceeding the overall planned target of 15,120 individuals. However, this is only a rough estimate of how many people were *reached with CERF funding directly*; if one accounts the total number of persons reached with the support of *CERF and other donors*, IOM supported 54,875 beneficiaries over the reporting period.

More specifically, the targets for inter-camp movements (16,316 individuals) and voluntary returns (44,764 individuals) were exceeded as seen further below. However, due to the situation described below and a dramatic reduction in the number of refugees arriving to Tanzania, IOM did not meet the target of assisting 3,870 new arrivals.

3. Changes and Amendments

On 28 March 2018, the 20th Meeting of the Tripartite Commission for the Voluntary Repatriation of Burundian Refugees in the United Republic of Tanzania was held in Bujumbura, Burundi. In a joint communique, Tripartite Commission members the United Republic of Tanzania, the Republic of Burundi, and the United Nations High Commissioner for Refugees agreed to implement a work plan for the voluntary repatriation of 72,000 Burundians.

This, combined with a limited capacity of transit and reception centres, caused a major delay in both the pace and the numbers of returns. The project had to make adjustment to realign itself from focusing on the very low number of new arrivals to meet the demand of the expanded operation of voluntary returns.

Consequently, the intended target of onward transportation assistance to new arrivals was not met, while the targets for inter-camp movements and voluntary returns were far exceeded.

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	4,075	3,334	7,409	4,241	3,470	7,711	8,316	6,804	15,120
Reached	Not available	Not available	13,860	Not available	Not available	13,578	Not available	Not available	27,438

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

Category	Number of people (Planned)	Number of people (Reached)
<i>Refugees</i>	15,120	27,438
<i>IDPs</i>		
<i>Host population</i>		
<i>Affected people (none of the above)</i>		
Total (same as in 4a)	15,120	27,438

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

On 28 March 2018, the 20th Meeting of the Tripartite Commission for the Voluntary Repatriation of Burundian Refugees in the United Republic of Tanzania was held in Bujumbura, Burundi. In a joint communique, Tripartite Commission members the United Republic of Tanzania, the Republic of Burundi, and the United Nations High Commissioner

	<p>for Refugees agreed to implement a work plan for the voluntary repatriation of 72,000 Burundians.</p> <p>This, combined with a limited capacity of transit and reception centres, caused a major increase the pace and numbers of returns. The project had to make a necessary realignment due to the shift from focusing on the very low number of new arrivals to manage the expanded operation for voluntary returns.</p> <p>Thanks to the support of CERF, IOM ultimately provided transport assistance to approximately 27,438 beneficiaries, largely exceeding the overall planned target of 15,120 individuals. However, this is only a rough estimate of how many people were <i>reached with CERF funding directly</i>; if one accounts for the total number of persons reached <i>with the support of CERF and other donors</i>, IOM supported 54,875 beneficiaries over the reporting period.</p> <p>Due to the situation described above, IOM did not meet the target of assisting 3,870 new arrivals.</p> <p>Unfortunately, age aggregated data were not collected.</p>
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5. CERF Result Framework

Project objective	To complement ongoing humanitarian efforts to provide for emergency and protection needs of refugees in Tanzania.
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Output 1	Newly arrived refugees are provided with timely and safe transport, in a dignified manner, from border entry points to refugee camps.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of refugees provided with transport assistance.	Up to 3,780 refugees	1	IOM transport assistance records of new arrivals/intercamp/VolRep
Explanation of output and indicators variance:		In coordination with UNHCR, given the low number of new arrivals in 2018, it became necessary for IOM to realign and to shift the focus of operations towards the voluntary repatriation of Burundians. IOM hired and deployed additional staff to manage the expanded operation for voluntary repatriations.		
Activities	Description	Implemented by		
Activity 1.1	Organize appropriate # of buses for transport + trucks for luggages	IOM		
Activity 1.2	Organize operations and medical personnel	IOM		

Output 2	Refugees for transfers to other camps are provided with timely and safe transport, in a dignified manner, from one camp to another.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of refugees transported to other camps	Up to 3,780 refugees	6,849	IOM transport assistance records of new arrivals/intercamp/VolRep
Explanation of output and indicators variance:		There are three refugee camps in the United Republic of Tanzania: Mtendeli, Nduta and Nyarugusu, all within the Kigoma region. Nduta camp was designated as the departure point for all returnees. Mtendeli refugee camp and Nyarugusu refugee camp are approximately 45 kilometres and 75 kilometres from Nduta camp respectively. To get them to their designated departure point,		

	<p>IOM provided transport to Nduta camp for refugees who were residing in Mtendeli and Nyarugusu.</p> <p>The explanation of the variance between target and achieved is that the intercamp movements were most often linked to the voluntary repatriation – as repatriations were high, so were the intercamp movements.</p> <p>It should be noted that this figure of 6,849 is only a rough estimate of how many people were reached with CERF funding directly; if one accounts for the total number of persons reached with the support of CERF and other donors, IOM supported 13,697 intercamp beneficiaries over the reporting period.</p>	
Activities	Description	Implemented by
Activity 2.1	Organize appropriate # of buses for transport + trucks for luggages	IOM
Activity 2.2	Organize operations and medical personnel	IOM

Output 3	Burundian refugees who enlist for voluntary return, are provided with timely and safe transport, in a dignified manner, from Tanzania to Burundi.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of returnees transported to Burundi	Up to 7,560 returnees	20,589	IOM transport assistance records of new arrivals/intercamp/VolRep
Explanation of output and indicators variance:		<p>Transportation assistance to Burundi (Songore transit centre) was provided following a three-day, pre-departure logistical preparation window. Movements were conducted by hired buses.</p> <p>The explanation of the variance between target and achieved is, as stated earlier in this report, the number of persons who registered to be repatriated far exceeded the projections set under this project.</p> <p>It should be noted that this figure of 20,589 is only a rough estimate of how many people were reached with CERF funding directly; if one accounts for the total number of persons reached with the support of CERF and other donors, IOM supported 41,177 voluntary repatriations over the reporting period</p>		
Activities	Description	Implemented by		
Activity 3.1	Organize appropriate # of buses for transport + trucks for luggage.	IOM		
Activity 3.2	Organize operations and medical personnel	IOM		

Output 4	All refugees, assisted with transport support, are fit to travel.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	Number of refugees who underwent pre-embarkation medical screening	Up to 15,120 refugees	27,438	IOM transport assistance records of new arrivals/intercamp/VolRep
Explanation of output and indicators variance:		<p>IOM provided pre-embarkation checks and medical services to all refugees involved in transport movements – whether intercamp and voluntary repatriation. The pre-embarkation checks ensured that the refugees are fit to travel, and those in need of further medical assistance will be given medical escort and referred to appropriate services in their communities of return. If a person was found to be severely malnourished or unwell during pre-departure</p>		

		<p>medical checks, then the person was declared not fit to travel and referred to a dedicated organization.</p> <p>The explanation of the variance between target and achieved is, as stated earlier in this report, the number of persons who registered to be repatriated far exceeded the projections set under this project.</p>
Activities	Description	Implemented by
Activity 4.1	Identification of refugees who have medical conditions requiring further medical attention.	IOM and partners (Tanzanian Red Cross, MSF, NRC)
Activity 4.2	Identification of refugees who are in need of further specialist care referrals	IOM and partners

6. Accountability to Affected People

A) Project design and planning phase:

Implicit within IOMs responsibility to be accountable to affected populations is the concept of DO NO HARM – or ensuring that IOMs transport support and services, does not in any way, further harm, or negatively affect the refugee target groups in this project. Overall, providing aid with respect and in meaningful consideration of affected populations.

B) Project implementation phase:

As part of its accountability to affected populations, and where transport services are concerned, IOM carried out due diligence on transport service providers and strictly complied with institutional policies on procurement. IOM also performed due diligence as regard the medical credentials of its medical staff.

Through transport activities, IOM took refugee feedback to relevant sector leads (food, protection, etc), towards addressing refugee issues, while in transit.

In pre-embarkation medical screenings, IOM made sure that records were accurate and well-maintained, and where referrals or further medical interventions were needed, refugees' consent to share their medical records were obtained.

C) Project monitoring and evaluation:

IOM attended sectoral meetings, to report on progress, and to lay issues out for relevant agencies to address, in a coordinated manner. IOM also regularly met with other refugee response agencies towards establishing a results-based monitoring framework.

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
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Supplementary information (optional)

N/A

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

An ex-post evaluation was not budgeted for in this project. This was admittedly a flaw in the project design. However, throughout the project duration, IOM worked within an inter-agency operational environment where evaluation outcomes from other sectors and agencies also informed the IOM interventions. IOM attended sectoral meetings, to report on progress, and to lay issues out for relevant other agencies to address in a coordinated manner. IOM also coordinated with other refugee response agencies towards establishing a results-based monitoring framework, called R4R – Results for Refugees, led by UNICEF.

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

8.2. Project Report 18-UF-FPA-007 - UNFPA

1. Project information			
1. Agency:	UNFPA	2. Country:	United Republic of Tanzania
3. Cluster/Sector:	Health - Health	4. Project code (CERF):	18-UF-FPA-007
5. Project title:	Emergency basic health services in support of the Burundian refugee influx into Tanzania		
6.a Original Start date:	02/03/2018	6.b Original End date	31/12/2018
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	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 1,353,452
	b. Total funding received for agency's sector response to current emergency:		US\$ 527,000
	c. Amount received from CERF:		US\$ 350,000
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 28,622
		<ul style="list-style-type: none"> ▪ Government Partners ▪ International NGOs ▪ National NGOs ▪ Red Cross/Crescent 	US\$ 28,622

2. Project Results Summary/Overall Performance
<p>Through the 18-UF-FPA-007 CERF UFE grant, UNFPA and its partners contributed to a reduction in maternal and under-five mortality among Burundian refugees by improving access to reproductive, maternal, new-born, and child health services.</p> <p>UNFPA used CERF funds to deliver 248 interagency reproductive health kits (including contraceptives; materials and drugs required for safe delivery; blood transfusion kits; post-abortion care; and post-rape kits); deployed 15 nurse midwives to enhance capacity for institutional delivery; and distributed 10,387 dignity kits to women and girls. Equipment was procured for the operating theatre at Nyarugusu camp and the capacity of healthcare providers strengthened.</p> <p>The project assisted a total of 102,841 refugees across Nyarugusu, Mtendeli, and Nduta refugee camps in the Kigoma Region of Tanzania during the period between March and December 2018. During the project there were 15,567 safe deliveries across the camps with 97% of births attended by a skilled-birth attendant. The provision of contraceptives averted an estimated 2,121 pregnancies and prevented an estimated 476 abortions. 563 adolescent girls and boys accessed SRHR services in Nyarugusu camp. 335 GBV survivors were treated, 69% of which received care within the critical first 72hrs.</p>

3. Changes and Amendments

During the project, a challenge was encountered with an inadequate number of service providers with capacity to provide family planning service due to high staff turnover and inadequate funding. To maintain service provision, incentive staffs were deployed to provide family planning services.

Funds were allocated for development of culturally-appropriate IEC materials on family planning and SRH to increase family planning uptake.

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	17,495	35,520	53,015	16,809	34,126	50,935	34,304	69,646	103,950
Reached	17,255	34,417	51,672	15,968	33,893	49,861	33,877	68,364	101,533

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

Category	Number of people (Planned)	Number of people (Reached)
<i>Refugees</i>	103,950	102,241
<i>IDPs</i>		
<i>Host population</i>		
<i>Affected people (none of the above)</i>		
Total (same as in 4a)	103,950	102,241
<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	Reduce maternal and under-five mortality among Burundi refugees by improving access to maternal, newborn and child health services
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Output 1	Lifesaving sexual and reproductive maternal and newborn health services are strengthened in the 3 refugee camps			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Proportion of Burundian refugees giving birth in a health facility.	100% (approximately 770 deliveries monthly)	97%	UNHCR Information database Health system

Indicator 1.2	Number of qualified health workers mobilized and deployed to 2 refugee camps	15 nurse midwives (10 Nyarugusu; 5 Mtendeli)	15	UNFPA programme monitoring report
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 1.1	Recruit and deploy 15 nurse mid-wives to Nyarugusu and Mtendeli refugee camps.	TRCS		
Activity 1.2	Procurement of 58 of interagency reproductive health kits delivered to women and men of reproductive age in 3 refugee camps.	UNFPA		
Activity 1.3	Procure life-saving Obstetric theater equipments for Nyarugusu main health facility.	UNFPA		
Activity 1.4	Procure and distribute 16,650 dignity kits.	UNFPA/TRCS		

6. Accountability to Affected People

A) Project design and planning phase:

Project design was affirmed by needs assessment such as JAM (UNHCR, WPF, 2017) where focused group discussions were held with refugees. Through structured meetings refugees have had an opportunity to provide inputs to project design and planning

B) Project implementation phase:

Ongoing community mobilisation and awareness activities were conducted by Health Information Teams (HIT) to ensure that targeted refugee community members are aware of the services available. IEC materials were prepared in Kirundi and disseminated. Outreach activities were conducted to increase uptake of family planning services, including condom use. Community consultations were carried out during bi-weekly town hall meetings where refugees provided feedback.

C) Project monitoring and evaluation:

Monitoring and evaluation was conducted through routine visits by the UNFPA field time and data was collected using the HMIS tools for analysis and report generation. Zone leaders participated in discussions on data for the purpose of developing strategies to improve service uptake.

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.

Supplementary information (optional)

N/A

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

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

8.3. Project Report 18-UF-HCR-007 - UNHCR

1. Project information			
1. Agency:	UNHCR	2. Country:	United Republic of Tanzania
3. Cluster/Sector:	Multi-Cluster - Multi-sector refugee assistance	4. Project code (CERF):	18-UF-HCR-007
5. Project title:	Protection and life-saving assistance to Burundian refugees in camps		
6.a Original Start date:	08/03/2018	6.b Original End date	31/12/2018
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	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 88,259,944
	b. Total funding received for agency's sector response to current emergency:		US\$ 19,856,391
	c. Amount received from CERF:		US\$ 4,146,664
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 2,797,280
	<ul style="list-style-type: none"> ▪ Government Partners N/A ▪ International NGOs US\$ 1,510,599 ▪ National NGOs US\$ 79,272 ▪ Red Cross/Crescent US\$ 1,207,409 		

2. Project Results Summary/Overall Performance
<p>Through this CERF 18-UF-HCR-007 funding, UNHCR and its partners managed to assist approx. 215,397 Burundian refugees and asylum seekers. The population is hosted in three camps in Kigoma region, namely: Nyarugusu, Nduta and Mtendeli. The project covered Protection, Health, Shelter and Sanitation sectors. The project contributed to the recruitment of 18 registration staff under UNOPS Individual Contract Agreements through whom updating of refugee population data capturing of information on departures, arrivals and births was done and therefore the population data kept update to date. 100% of Burundian refugees and asylum seekers who counted to 199,793 on December 31st, 2018 were registered on individual basis. This does not take into account around 1,026 who have not yet been registered due to access of territory restrictions, the mater that needs more advocacy with the Government.</p> <p>The project also contributed to material, legal and psychosocial support to more than 200 survivors of SGBV through survivor centred approach. More than 300 persons from partners and Government received training on SGBV prevention and response. A total of 70 sessions of awareness raising campaigns on SGBV prevention and response were organised and conducted by IRC in the three camps covering different groups of the populations in the camps.</p> <p>Also, health care services were provided by TRCS in Nyarugusu through one main hospital, one health centre and three health posts for the Burundian caseload, while in Mtendeli health services were delivered through a one hospital and one</p>

Health post for the same caseload. With support of the CERF funding, all seven health facilities in the two camps were functional throughout 2018. Crude mortality rate for 2018 was recorded at 0.2 per 1000 population/month). The relatively low mortality rate as compared with the target was contributed by timely replacement of vacant position whereby 76 staff were newly recruited out of the 345 recruited through the funding. Outpatient consultations in Nyarugusu and Mtendeli counted 242,121, whereas inpatient admissions counted 13,308 for Burundian refugees. Essential medicines, drugs and medical supplies were also locally procured through this funding as an alternative to delays in international procurement that the operation has suffered continuously for years due strict government regulations on importations.

A total of 10,542 plastic sheeting materials and 579 tents were procured and distributed for emergency shelter needs. Additionally, through this funding, a total of 3,412 transitional shelters were constructed in Nduta and Mtendeli camps. Use of some construction materials procured in the previous year had attributed to exceeding the target by more than 100%. Therefore, a total of 7,505 families in Nduta and Mtendeli camps benefited from the shelter intervention (4,093 transitional shelters and 3,412 transitional shelters) as a result of this funding.

Through the funding, a total of 3,201 latrines were constructed out the targeted 2,112. The operation was able to save funds and construct more latrines than planned by changing the materials used for the superstructure from corrugated iron sheets to earth brick and involving the households to a greater degree in constructing the latrines, thereby further reducing costs.

The count of number of persons who attended in all sessions added up to 837,551 persons with an average coverage of more than 10,000 persons per campaign with different themes on hygiene promotion

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	62,255	50,936	113,191	64,796	53,014	117,810	127,051	103,950	231,001
Reached	60,122	45,389	105,511	61,966	47,920	109,866	122,088	93,309	215,397

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

Category	Number of people (Planned)	Number of people (Reached)
<i>Refugees</i>	231,001	215,397
<i>IDPs</i>		
<i>Host population</i>		
<i>Affected people (none of the above)</i>		
Total (same as in 4a)	231,001	215,397

<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>	Burundian refugee population in Tanzania planning figure decreased from 231,001 to 199,793 at the end of the year 2018. The figures indicated in table 4a and 4b above are the average of the figures in the two periods.
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5. CERF Result Framework	
Project objective	Protection and life-saving assistance provided to Burundian refugees in camps in Kigoma region

Output 1	Quality of registration and profiling improved or maintained			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	% of persons of concern registered on an individual basis	100%	100%	UNHCR Registration Data
Indicator 1.2	# of PoC registered on an individual basis with minimum set of data required	231,001	199,793	Data base for Burundian refugees living in camps
Explanation of output and indicators variance:		The variance is according to population decrease due to facilitated VOLREP and other demographical changes such as births.		
Activities	Description	Implemented by		
Activity 1.1	Retention/recruitment of registration personnel in Kibondo and Kasulu	UNHCR		
Activity 1.2	Continuous registration and update of data	UNHCR		

Output 2	Risk of SGBV is reduced and quality of response improved			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Extent known SGBV survivors receive appropriate support	100% (200/200)	100%	UNHCR Key indicator report
Indicator 2.2	# of partner, government and UNHCR staff and refugee community leaders trained on SGBV prevention and response	300	317	UNHCR Key indicator report
Indicator 2.3	# of awareness raising campaigns on SGBV prevention and response conducted	70	70	UNHCR Key indicator report
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 2.1	Provision of required appropriate support to SGBV survivors including legal assistance	IRC		
Activity 2.2	Training of partner staff on SGBV prevention and response	IRC		
Activity 2.3	Awareness raising campaigns on SGBV prevention and response in Nyarugusu, Nduta and Mtendeli camps	IRC		

Output 3	Health status of the population improved			
Indicators	Description	Target	Achieved	Source of verification

Indicator 3.1	Crude mortality rate (per 1000 population/month)	0.4	0.2	Health Information System
Indicator 3.2	Number of health personnel and support staff recruited	345	345	TRCS Project Partnership agreement with UNHCR (Partner Personnel list)
Indicator 3.3	# of health facilities equipped and rehabilitated	4	7	UNHCR Year-end report
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 3.1	Provision of In-patient and Out-patient health services in Nyarugusu and Mtendeli camps	TRCS		
Activity 3.2	Equipping health facilities in Nyarugusu and Mtendeli camps	UNHCR		
Activity 3.3	Procurement of medicines and medical supplies	UNHCR		

Output 4	Provision of emergency and transition shelters (tents or shelter materials)			
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	# of transitional shelters constructed and allocated to Burundian refugees in Nduta	1608	3,412	UNHCR Shelter Sector Report and AIRD and NRC year end reports
Indicator 4.2	# of tents and plastic sheeting material procured and distributed	11,000	11,121	Report from UNHCR Shelter Sector & AIRD and NRC Year end reports
Explanation of output and indicators variance:		4,070 transitional shelters were constructed in all three camps (Nduta: 1,622; Mtendeli: 1,590; Nyarugusu: 658). The reported figure beyond the target for Nduta and Mtendeli (as per the CERF proposal) was due to utilisation of some construction materials that were already procured in the preceding year. Out of the reported figure of 11,121, a total of 579 tents and 10, 542 pieces of plastic sheeting were used in shelter construction/rehabilitation.		
Activities	Description	Implemented by		
Activity 4.1	Construction, maintenance and repair of emergency and transitional shelter for persons with specific needs	AIRD and NRC		
Activity 4.2	procurement and distribution of material and tools for community based shelter construction	UNHCR, AIRD and NRC		

Output 5	Population lives in satisfactory conditions of sanitation and hygiene			
Indicators	Description	Target	Achieved	Source of verification
Indicator 5.1	# of latrines constructed/replaced	2,112	3,201	Field visits, weekly & monthly reporting by WASH Sector
Indicator 5.2	# of age and gender sensitive hygiene promotion/training conducted	70	83	Field visits, weekly & monthly reporting by WASH Sector

Explanation of output and indicators variance:		The operation was able to save funds and construct more latrines than planned by changing the materials used for the superstructure from corrugated iron sheets to earth brick and involving the households to a greater degree in constructing the latrines, thereby further reducing costs. The count of number of persons who attended in all sessions added up to 837,551 persons with an average coverage of more than 10,000 persons per campaign with different themes on hygiene promotion.
Activities	Description	Implemented by
Activity 5.1	Procurement and distribution of construction materials and tools for community based latrine construction	OXFAM, NRC and TCRS
Activity 5.2	Training on hygiene promotion to different groups and committees, hygiene promotion campaigns and sensitisations	OXFAM, NRC and TCRS
Activity 5.3	Construction of latrines and decommissioning of filled-up latrines for persons with specific needs and on communal places	OXFAM, NRC and TCRS

6. Accountability to Affected People

A) Project design and planning phase:

During project designing and planning phase, findings and recommendations made from Age, Gender and Diversity Mainstreaming (AGDM) Assessment and from UNHCR, UNWFP and MHA Joint Assessment Mission as well as other assessments had taken into consideration priorities made by different age, gender and other diverse groups in planning and Projects designing to ensure that groups or persons with different or specialises needs are given due attention. Examples are person with disabilities, single females, and people with protection concerns, victims of violence, school going children boys and girls, youths and adolescents, ethnic minorities and so on.

B) Project implementation phase:

Involvement of affected populations both from refugee and host communities in implementation of Projects implemented in th camp has been common in all camp and in almost every sector. Refugees are recruited in different positions with reference to their educational, technical and professional backgrounds and paid some incentives for that. The affected population in host communities also benefitted from opportunities ranging from non-skilled labour to Professional jobs from partners working in the camps. Meeting in camps were conducted on time intervals fluctuating from weekly to monthly to ensure that refugees (affected populations) are well-informed on their entitlements before any distribution of assistance is done. It is within such forums that concerns from different groups were raised and solutions to address them were sought. Complaint reporting mechanisms are also in place.

C) Project monitoring and evaluation:

Monitoring involved the affected populations through individual interviews, focused groups discussions, home visits. Findings from issues raised by affected populations (refugees and host communities) were included in monitoring report for review process and use in the subsequent planning cycles and decision making.

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.
<i>Supplementary information (optional)</i> N/A				

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
UNHCR usually carries out the performance and impact monitoring whose findings are documented in the year end key indicator report for each corresponding output and objective/outcome.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input checked="" type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

8.4. Project Report 18-UF-CEF-015 - UNICEF

1. Project information			
1. Agency:	UNICEF	2. Country:	United Republic of Tanzania
3. Cluster/Sector:	Health - Health	4. Project code (CERF):	18-UF-CEF-015
5. Project title:	Emergency basic health and nutrition services in support of the Burundian and Congolese refugees in Tanzania ¹		
6.a Original Start date:	09/03/2018	6.b Original End date	31/12/2018
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	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 1,100,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 501,647
	c. Amount received from CERF:		US\$ 401,647
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 242,976
	<ul style="list-style-type: none"> ▪ Government Partners ▪ International NGOs ▪ National NGOs ▪ Red Cross/Crescent 		US\$ 242,976

2. Project Results Summary/Overall Performance
<p>Through this CERF 18-UF-CEF-015 project, access to immunization for refugee under-five children was maintained above 95 per cent in all refugee's camps through procurement of lifesaving vaccines. Outreach services were conducted by Health Information Teams (HITs) to villages more than 5km from nearest health post to trace unvaccinated children. To address high mortalities among under-five and to ensure capacity is sustained in addressing health needs in the facilities, UNICEF supported the mentorship and coaching of health care workers. Lifesaving medicines and supplies (ORS/Zinc, antibiotics, antimalaria, rapid test kits, Folic and ferrous sulphate) have been procured. 186,077 refugee women and children were reached with basic maternal and paediatric services. Among them 6,000 pregnant women were provided with Long Lasting Insecticide Treated Nets (LLITNs) to prevent Malaria.</p> <p>Salary for eight nurses' midwives have been paid to ensure provision of quality and continuing services at labour and delivery, preterm unit, immunization and maternal health and child services. Timely diagnosis and treatment of 40 HIV exposed infants Dry Blood Samples (DBS) were transported to and from the screening collection centre in Mwanza. About 150,308 refugees have been reached with health promotion and preventive messages on the causes of mortalities and morbidities among under-fives children and pregnant women through household visits by the Health Information Teams.</p>

¹ The original project title in the application did not include the the Congolese but was changed during the implementation.

Coverage of nutrition services has improved among children under-five children in the camps by treating 2,514 (98%) children with severe acute malnutrition (SAM) and achieved a cure rate of 89 per cent, with SAM death rate of 2 per cent. Overall coverage of Vitamin A was 98 per cent, reaching 53,153 children aged 6-59 months and 45,769 (99%) deworming for children aged 12-59 months. UNICEF was able to support the assessment of the nutrition situation and nutrition response through a Standardized Expanded Nutrition Survey (SENS) to understand the nutrition situation in the camps for evidence-based planning.

3. Changes and Amendments

All CERF funds were spent as per proposal submitted no changes were made.

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	61,376	63,325	124,701	61,376	0	61,376	122,752	63,325	186,077
Reached	61,376	63,325	124,701	61,376	0	61,376	122,752	63,325	186,077

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

Category	Number of people (Planned)	Number of people (Reached)
<i>Refugees</i>	186,077	186,077
<i>IDPs</i>		
<i>Host population</i>		
<i>Affected people (none of the above)</i>		
Total (same as in 4a)	186,077	186,077

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

N/A

5. CERF Result Framework

Project objective	Avert mortality and morbidity among the refugee population by providing basic essential health and nutrition services and ensuring epidemic preparedness and response.
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Output 1	Quality, life-saving management of severe acute malnutrition services provided to all girls and boys under five years in Kigoma refugee camps
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Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Children with SAM treated (%)	>90% (> 1,800 children with SAM)	98%	HIS report
Indicator 1.2	SAM Cure rate (%)	>75% (> 1,350 children with SAM)	89%	HIS report
Indicator 1.3	SAM Death rate (%)	<10% (< 180 children with SAM)	2%	HIS report
Explanation of output and indicators variance:		Targets fully achieved		
Activities	Description	Implemented by		
Activity 1.1	Procure and distribute ready to use therapeutic food and therapeutic milk for treatment of children with SAM	UNICEF		
Activity 1.2	Train healthcare providers on identification and treatment of children with SAM	TRCS		
Activity 1.3	Provide mentoring and supportive supervision to healthcare providers	TRCS		

Output 2	Vitamin A supplementation, deworming and mass screening services provided twice-a-year to all girls and boys under five years in Kigoma camps			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	% of children aged 6-59 months who received vitamin A supplementation (VAS)	90% (52,000 children)	98%	VAS campaign report
Indicator 2.2	% of children aged 12-59 months who received Mebendazole	90% (45,000 children)	99%	VAS campaign report
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 2.1	Procure and distribute vitamin A and mebendazole tablets for child health and nutrition month (CHNM) campaigns	UNICEF		
Activity 2.2	Train healthcare providers on VAS and deworming	TRCS		
Activity 2.3	Provide mentoring and supportive supervision to healthcare providers	TRCS		

Output 3	Nutrition situation and response regularly monitored and assessed in Kigoma camps			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of Standardized Expanded Nutrition Survey (SENS) conducted	1	1	SENS report
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 3.1	Conduct the Standardized Expanded Nutrition Survey (SENS)	Collaboration between UNICEF, WFP, UNHCR, and partners TRCS, MSF		

Output 4	Maintain under-five children immunization access (coverage above 98%).			
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	Number of vaccination outreaches conducted in the camps	12	12	TRCS Outreaches reports
Indicator 4.2	Number of 6 vaccinators and 53 volunteer's salary/allowances maintained	59	59	TRCS allowances and payroll financial report allowances and payroll support
Indicator 4.3	Number of health workers (on site) trained on vaccination and cold chain management	4	15	TRCS Training report
Explanation of output and indicators variance:		The number of Health Workers was underestimated during planning phase for the two camps as such, had to increase from four to 15 with no changes in the budget.		
Activities	Description	Implemented by		
Activity 4.1	Introduction immunization and family planning outreaches for village > 5 km from nearby health facility/post	TRCS		
Activity 4.2	Strengthen human resource capacity to deliver immunization and premature/preterm services	TRCS		
Activity 4.3	Training of health staff on vaccination and cold chain management	TRCS		

Output 5	Improve refugee community engagement in health promotion and disease prevention (Target Pop 124,118)			
Indicators	Description	Target	Achieved	Source of verification
Indicator 5.1	Number of Health Information Team (HITs) trained on community IMCI	55	132	TRCS Training report
Indicator 5.2	Number of HITs trained on BCC refresher course	108	77	TRCS Training report
Indicator 5.3	Numbers of IEC materials procured (printed)	200	200	UNICEF Procurement report
Explanation of output and indicators variance:		The training needs for the HITs was underestimated during planning phase. However, funds received was allocated to train 55 HITs at Mtendeli camp and 77 HITs at Nyarugusu camp.		
Activities	Description	Implemented by		
Activity 5.1	Health Information Team (HITs) training on Community IMCI	TRCS		
Activity 5.2	Refresher training to Health Information Teams (HIT)	TRCS		
Activity 5.3	Print A3 posters: key ministry of health posters community IEC materials for maternal neonatal & child health	TRCS		

Output 6	Improve basic maternal and paediatric health services (50% maternal 7 under-five mortality)			
Indicators	Description	Target	Achieved	Source of verification

Indicator 6.1	Number of DBS trips to Bugando, Mwanza	12	12	TRCS Trip retirement report
Indicator 6.2	Number of staffs on BEmONC	10	13	TRCS BeMONC training report
Indicator 6.3	Number of Mentorship conducted	2	2	TRCS Mentorship report
Indicator 6.4	Number of CME sessions conducted	12	12	TRCS CME sessions report
Indicator 6.5	Number of HCWs trained on Helping Baby Breath	15	15	TRCS HBB training report
Indicator 6.6	Number of HCWs trained on principles and practice of Infection Prevention Control	20	20	TRCS IPC training report
Indicator 6.7	Number of HCWs oriented on Principles of 5 - S	15	15	TRCS 5s quality improvement training report
Indicator 6.8	Procurement report	90%	100%	TRCS Ngaraganza warehouse delivery reports.
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 6.1	HIV exposed infants DBS sample transportation to and result collection from Central laboratory Bugando Medical Centre, Mwanza.	TRCS		
Activity 6.2	Training for health staff on BEmONC and Focused ANC	TRCS		
Activity 6.3	Mentorship to HCW who provide emergency additional & situation care at labor, delivery and postnatal wards for 1 week.	TRCS		
Activity 6.4	Introduction of Continued Medical education session with focus on main causes of under-five mortality and morbidity	TRCS		
Activity 6.5	Training to Health Care Workers on Helping Baby Breath	TRCS		
Activity 6.6	Training to Health Care Workers on principles and practice of Infection Prevention Control	TRCS		
Activity 6.7	Orientation of HCWs on Principles of 5 - S -	TRCS		
Activity 6.8	Procure medicines and medical supplies for Cholera preparedness, under-fives and women of reproductive age	TRCS		

6. Accountability to Affected People

A) Project design and planning phase:

Findings from the Standardized Expanded Nutrition Survey which included refugee pregnant and lactating women as well as the 2017 refugee Health facility performance reports were used in designing and planning phase for 2018 CERF funding. Inputs from caregivers of children and pregnant women through household visits by Health information teams were also used for evidence-based planning.

B) Project implementation phase:

Health information Teams provided necessary information to caregivers on the availability of immunization outreaches services in the camps as well as provided feedback from communities that required action. Community mobilization was part and parcel of provision of nutrition services especially the Child Health and Nutrition Month (CHNM) campaigns. In addition, HITS and Community Nutrition Volunteers (CNVs) ensured that the affected population received relevant information on nutrition services.

C) Project monitoring and evaluation:

Emergency Health Specialist who is based in Kibondo provided monthly field support supervision and monitoring to implementing partner TRCS at Mtendeli and Nyarugusu camps to ensure that activities are implemented at highest standards. In addition, Nutrition Officers from Dar es Salaam office made quarterly program monitoring visits to ensure quality services were provided. Partnership review meeting was conducted with implementing partners on the ground to share achievements, challenges as well as recommendations for improvement.

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
	N/A	Choose an item.	Choose an item.	Choose an item.
<i>Supplementary information (optional)</i>				
N/A				

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

8.5. Project Report 18-UF-CEF-016 - UNICEF

1. Project information			
1. Agency:	UNICEF	2. Country:	United Republic of Tanzania
3. Cluster/Sector:	Protection - Child Protection	4. Project code (CERF):	18-UF-CEF-016
5. Project title:	Providing protection and humanitarian assistance to Burundian and Congolese refugee children in Nduta, Mtendeli and Nyaragusu camps		
6.a Original Start date:	09/03/2018	6.b Original End date	31/12/2018
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	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 530,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 378,528
	c. Amount received from CERF:		US\$ 298,528
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 210,172
	<ul style="list-style-type: none"> ▪ Government Partners ▪ International NGOs ▪ National NGOs ▪ Red Cross/Crescent 		US\$ 210,172

2. Project Results Summary/Overall Performance

CERF funding through project 18-UF-CEF-016 enabled UNICEF and partners to provide case management support to 7,590 (4,216 male; 3,374 female) unaccompanied and separated children, which required supporting case workers, providing computers, and foster families. A cumulative 2,629 children (1,163 male; 966 female) were placed with foster parents across the three camps. With a view towards addressing prevention and response to violence, Plan International supported 702 adolescents (412 male; 290 female) in Mtendeli with life-skills programming (including GBV), and a companion positive parenting programme in Nduta for 753 parents (578 male; 175 female) of adolescents for which an adolescent programme was already underway (804 children: 329 male; 475 female). The parenting programme will be replicated upon evaluation.

A critical element of case management is being able to not only manage cases, but also generate statistics on protection concerns and analyse trends. With the CERF contribution, UNICEF supported its partners to commence rolling out the new cloud-based Child Protection Information Management System (CPIMS+) built on a platform known as Primero™ (Protection Related Information Management) to replace the pre-existing CPIMS platform being phased out by the Global CPIMS Steering Committee. Primero will serve as a critical case management tool in the identification of children with acute protection concerns, and will “go live” in the first quarter of 2019.

3. Changes and Amendments

N/A – All CERF funds were committed in accordance with the original proposal.

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	3,500	450	3,950	4,400	450	4,850	7,900	900	8,800
Reached	3,664	175	3839	4,628	578	5,206	8,292	753	9,045

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

Category	Number of people (Planned)	Number of people (Reached)
<i>Refugees</i>	8,800	9,045
<i>IDPs</i>		
<i>Host population</i>		
<i>Affected people (none of the above)</i>		
Total (same as in 4a)	8,800	9,045

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

The number of unaccompanied and separated children is population dependent; however, there was a substantial discrepancy in the positive parenting programme. Traditionally these programs are weighted heavily with women and women are the customary care givers. Men do not often attend, hence there became a concerted focus on bringing men into the picture, resulting in a disproportionate number of men. Overall, this is not necessarily considered a negative issue.

5. CERF Result Framework

Project objective	Protection of refugee children including Unaccompanied and Separated Children
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Output 1	Unaccompanied and separated children receive quality case management services and safe alternative family-based care			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# of UASC received tailored case management support	7,000 children (this number may fluctuate), but all unaccompanied and separated children are included in any case)	7,590 children (4,216 male; 3,374 female)	Consolidated reports from partners-IRC and Plan International (Nov. 2018)

Indicator 1.2	% of UASC from the new Congolese refugees identified and referred for relevant/appropriate services from other service providers	100%	100%	IRC data updates
Explanation of output and indicators variance:		Data for UASC may have changed due to data cleaning exercise conducted by UNHCR and Ministry of Home Affairs to include unregistered refugee children in the refugee camps.		
Activities	Description	Implemented by		
Activity 1.1	Support to case management, including support to CPMIS, case worker capacity, and alternative family based care placement	International Rescue Committee and Plan International.		

Output 2	Through Plan International adolescents in Mtendeli and Nduta receive targeted life skills training.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	# of boys and girls completing adolescent life skills programme	900 (450 male; 450 female)	702 (412 male; 290 female)	Reports from Plan International
Indicator 2.2	# of caregivers completing positive parenting adolescent programme	900	753 (578 male, 175 female)	Reports from Plan International
Explanation of output and indicators variance:		Plan International manages the life skills programme for adolescents and the positive parenting programme. The initial target was to reach 900 adolescents and have at least 750 graduates in each camp. With the ongoing Voluntary Repatriation exercise, some children dropped out from the programme in Mtendeli camp.		
Activities	Description	Implemented by		
Activity 2.1	Roll out adolescent life skills programme in Mtendeli	Plan International		
Activity 2.2	Roll out adolescent positive parenting in Mtendeli	Plan International		

6. Accountability to Affected People

A) Project design and planning phase:

Prior to embarking on both the adolescent programme and the positive parenting programme, Plan International had consultative meetings with both groups to ascertain that the content matter was appropriate. Prior to the roll-out of the adolescent programme in Mtendeli, it was rolled-out in Nduta with observations and lessons learned incorporated into the Mtendeli roll out. The positive parenting programme was the first of its kind for a camp-based parent/adolescent intervention and was designed to be a companion activity to the adolescent programme already underway in Nduta.

B) Project implementation phase:

Both the adolescent and parenting programmes are participatory and feedback on when and how the programme should be rolled-out involved community consultation. For example, an adolescent that happens to be in school cannot attend a session

during the day. Similarly, in order for parents to attend they need to be free to attend, which requires assessing the daily activities and commitments.

C) Project monitoring and evaluation:

Plan International is a field-based operation and their personnel are in place on a daily basis. UNICEF has a Child Protection in Emergencies specialist based in Kibondo who meets with partners and discusses programmes and bottlenecks regularly. Plan will be assessing the impact of the positive parenting programme before further investment is made.

7. Cash-Based Interventions				
7.a Did the project include one or more Cash Based Intervention(s) (CBI)?				
Planned		Actual		
No		Choose an item.		
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
		Choose an item.	Choose an item.	Choose an item.
<i>Supplementary information (optional)</i> N/A				

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
An informal assessment of both the parenting and adolescent programmes is incorporated into Plan’s work; however, where an evaluation is planned is the CPIMS+/Primero roll-out, specifically of the contractor’s work vis-à-vis deliverables and in whether the platform – once launched – is being used to its maximum capacity. The functionality of the CPIMS+/Primero platform in Tanzania is of interest to a number of actors, including the Global CPIMS Steering Committee.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input checked="" type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

8.6. Project Report 18-UF-CEF-017 - UNICEF

1. Project information			
1. Agency:	UNICEF	2. Country:	United Republic of Tanzania
3. Cluster/Sector:	Water Sanitation Hygiene - Water, Sanitation and Hygiene	4. Project code (CERF):	18-UF-CEF-017
5. Project title:	Provision of Emergency WASH services for Burundian and Congolese refugees		
6.a Original Start date:	03/01/2018	6.b Original End date	31/12/2018
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	
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\$ 506,779
	c. Amount received from CERF:		US\$ 450,470
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 296,789
	<ul style="list-style-type: none"> ▪ Government Partners ▪ International NGOs ▪ National NGOs ▪ Red Cross/Crescent 		<p style="text-align: right;">US\$ 191,126</p> <p style="text-align: right;">US\$ 105,663</p>

2. Project Results Summary/Overall Performance

Under the CERF project 18-UF-CEF-017, UNICEF worked in collaboration with WASH partners, Tanganyika Christian Refugee Services (TCRS), Norwegian Refugee Council (NRC) and Oxfam to support the provision of safe water, sanitation and hygiene services for 149,533 refugees including children in schools, Child Friendly Spaces and in health care facilities. For water supply - UNICEF through the CERF funding supported with the procurement of high capacity surface pump and electrical submersible pumps for Nduta and Mtendeli camps as well as support with funding for installation of the same. Through this activity, total amount of water supplied in the camps increased. For Mtendeli, support was also provided to procure pipes and plumbing accessories that were used to connect the new high capacity borehole and increased distribution system coverage. In Nyarugusu, high volume tanks were procured to increase the general camp water storage as well as pressure in the distribution system to reach all areas of the camp. The water supply in Mtendeli, previously below sphere standard, was increased, while in Nduta managed to reduce pumping hours that was causing frequent breakdown. Through this support, beneficiaries in the three camps are accessing water above the required minimum sphere standard of 15l/p/d.

As for sanitation, UNICEF worked with the WASH partners to support in the increase of school WASH facilities. In schools, new sanitation facilities were constructed that are in-line with the school WASH guidelines where they include menstruation management rooms and also room for children with disability. The actions implemented in school WASH managed to reach 30,937 children in the three camps that is 14,312 Burundians (7,089 girls; 7,223 boys) and 16,625 Congolese (9,500 girls;

7,125 boys). Through focus group discussion with school going children, they informed of their satisfaction with the facilities that have improved the learning environment especially for school girls due to addition of MHM facilities in the new structures.

Interpersonal communication activities have been going on in the camps in tandem with the provision of water and sanitation services to ensure proper use to avoid outbreak of diseases. These activities are carried out through community meetings, house to house visits and through drama groups especially in schools where school clubs have been formed.

3. Changes and Amendments

No changes made to the original proposal – implementation carried out as planned and completed on time

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	14,300	11,700	26,000	13,200	10,800	24,000	27,500	22,500	50,000
Reached	16,589	61,220	77,809	14,348	57,376	71,724	30,937	118,596	149,533

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

Category	Number of people (Planned)	Number of people (Reached)
<i>Refugees</i>	50,000	149,533
<i>IDPs</i>		
<i>Host population</i>		
<i>Affected people (none of the above)</i>		
Total (same as in 4a)	50,000	149,533

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

It was possible to reach this high number of beneficiaries due to the upgrading of the water system in the camps that has been able to reach more people especially in Nduta and Mtendeli camps where the installation of high capacity pump as well as equipping the high yield boreholes increased water pumped into the camp where more people have access and above the minimum required Sphere standard.

5. CERF Result Framework

Project objective	Improving WASH services for 50,000 Congolese and Burundian refugees in the camps for three months.
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Output 1	Emergency safe/adequate water supply to 50,000 Congolese and Burundian refugees.			
Indicators	Description	Target	Achieved	Source of verification

Indicator 1.1	% HH accessing 15l/p/d	50,000 refugee children and women access quality WASH services	149,533 refugees accessing quality WASH services	Water system installation report and household water survey from TCRS, NRC and Oxfam
Indicator 1.2	# of water storage tanks installed	Target: 5 - T95 tanks for camp system, 21 – 2m3t: tanks for schools.	21 – 2m3 storage tanks procured and installed while 5-T95 tanks were procured where installation is yet to be carried out as it was not planned under this CERF funding	Procurement report, construction and installation reports from Oxfam, NRC and TCRS
Indicator 1.3	KMs pipeline installed	Target: 5 - T95 tanks for camp system, 21 – 2m3t: tanks for schools. Target: 13.4km (9km Mtendeli, 2km Nyarugusu new site and 2.4km markets and schools connection)	6,088 metres (45%) (1,488m Nyarugusu, 3,000m Mtendeli, 1,600 Nduta) of pipeline procured and installed	Procurement, construction and partner progress reports from Oxfam, NRC and TCRS
Indicator 1.4	# of school children accessing improved WASH services	21 schools	21 schools with 30,937 (16,589 girls, 14,348 boys) school children are accessing improved WASH services under this project	Implementation reports, KAP surveys and FGD with school going children
Explanation of output and indicators variance:		The length of pipes bought is less due to the price fluctuation that was observed between the time the proposal was prepared and at the time implementation started		
Activities	Description	Implemented by		
Activity 1.1	Installation of water storage tank	NRC- Nyarugusu		
Activity 1.2	Water connection and distribution system in schools in Nyarugusu 16 schools, Nduta 2 schools and Mtendeli 3 schools	NRC- Nyarugusu Oxfam GB – Nduta TCRS Mtendeli		
Activity 1.3	Procurement of pipes and plumbing materials for new water source connection to Mtendeli camp	TCRS		
Activity 1.4	Connection of water to the markets	Oxfam – Nduta -3 markets		
Activity 1.5	Procurement of aqua tabs for HH water treatment - 150 boxes each 32,000 tabs	UNICEF		

6. Accountability to Affected People

A) Project design and planning phase:

As a preparation of the implementation of the project, a survey was carried out to determine the needs in terms of water accessed by community and also in schools the assessment regarding the school learning environment where WASH was noted as of great needs especially sanitation facilities. This supported in the design and planning of the project.

B) Project implementation phase:

During implementation of the project, beneficiaries were continuously engaged through dialogues and direct participation in the implementation to ensure understanding of all the process to increase the self-managing of the installed facilities. On commissioning of the new system, a follow up water user survey was conducted to inform on the changes acquired through installation of the system as well as provide insight on the improvements in the system to ensure equitable access.

C) Project monitoring and evaluation:

During implementation of the project, continuous monthly monitoring and consultations with beneficiaries was undertaken that ensured a continuous improvement of the water supply services in the manor that it was serving their purposes. Quarterly Joint Programmatic visits were done by WASH Specialists from Dar, Kibondo and with IPs to assess progress and work out solutions on the sites. Annual Partnership review meetings with implementing partners were conducted to assess achievements made, key challenges and recommendations for action for UNICEF and partners for evidence-based planning.

7. Cash-Based Interventions

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

Planned	Actual
No	Choose an item.

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.
<i>Supplementary information (optional)</i> N/A				

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

The project has not been evaluated and it is not planned to be evaluated due to the reason that time period of implementation was short and the continuous monitoring that were undertaken during implementation were able to provide valuable information that helped to sharpened better the project. However, quarterly Joint Programmatic visits were done by WASH Specialists from Dar, Kibondo and with IPs to assess progress and work out solutions on the sites. Annual Partnership review meetings with implementing partners were conducted to assess achievements made, key challenges and recommendations for action for UNICEF and partners for evidence-based planning.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.7. Project Report 18-UF-WFP-009 - WFP

1. Project information			
1. Agency:	WFP	2. Country:	United Republic of Tanzania
3. Cluster/Sector:	Food Security - Food Aid	4. Project code (CERF):	18-UF-WFP-009
5. Project title:	Emergency Food Assistance to Refugees in Tanzania		
6.a Original Start date:	08/03/2018	6.b Original End date	31/12/2018
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	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 81,361,020
	b. Total funding received for agency's sector response to current emergency:		US\$ 40,076,867
	c. Amount received from CERF:		US\$ 3,792,763
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 236,360
	▪ Government Partners		
	▪ International NGOs		US\$ 184,361
	▪ National NGOs		US\$ 51,999
	▪ Red Cross/Crescent		

2. Project Results Summary/Overall Performance
<p>Through this CERF UFE grant, WFP provided basic food and nutrition assistance to 212,783 Burundian refugees hosted in Tanzania, with General Food Distribution rations reaching 108,519 women and girls and 104,264 men and boys.</p> <p>WFP also provided specialized nutritious food to 67,472 Burundian refugees, including pregnant and lactating women, and children under 5. These beneficiaries received 1,210 mt of various food commodities for treatment of moderate acute malnutrition and prevention of chronic malnutrition and micronutrient deficiencies. Beneficiaries also received nutrition counselling and Social Behaviour Change Communication (SBCC) messages focused on nutrition. WFP also provided food support to patients admitted at camp hospitals and High Energy Biscuits (HEB) to Burundians repatriating back to their country.</p> <p>Food assistance played a great role in averting any further deterioration of nutrition status of refugees. Performance of the supplementary feeding programme continued to exceed corporate targets for coverage, adherence, and MAM treatment rates. Compared to the 2015 Demographic and Health Survey, the proportion of refugee children aged 6-23 months who consume a diet that meets frequency and diversity recommendations exceeds that of the host region (8 percent) and Tanzania overall (9 percent). About 50 percent of refugee women are also consuming a diet of adequate diversity.</p>

3. Changes and Amendments

Throughout March to October, GFD rations were below 100% due to limited resources. WFP provided reduced rations to refugees ranging from 72% in Jan to 96% in October. Rations were increased to 100% in November 2018 for the first time since February 2017. During ration reduction period, the distributions for reception and transit centres, as well as the supplementary feeding for treating of moderate acute malnutrition and prevention of stunting were kept at 100%.

While the planning figure of 231,000 beneficiaries was not reached due to a net decline in the Burundian population following repatriation, all Burundian refugees present in the camps were assisted by WFP to meet their basic food and nutrition requirements.

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	62,255	50,936	113,191	64,796	53,014	117,810	127,051	103,950	231,001
Reached	62,941	45,578	108,519	61,516	42,748	104,264	124,457	88,326	212,783

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

Category	Number of people (Planned)	Number of people (Reached)
<i>Refugees</i>	231,001	212,783
<i>IDPs</i>		
<i>Host population</i>		
<i>Affected people (none of the above)</i>		
Total (same as in 4a)	231,001	212,783

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

The number of GFD beneficiaries reached is below planned figure of 231,000 mainly due to repatriation of Burundian refugees from all three camps.

5. CERF Result Framework

Project objective	231,000 Burundian refugees and other acutely food insecure people in Tanzania are able to meet their basic food and nutrition requirements in times of crisis
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Output 1	231,000 vulnerable populations targeted by WFP receive sufficient cash-based and/or food-based transfers to enable them to meet their basic food and nutrition requirements			
Indicators	Description	Target	Achieved	Source of verification

Indicator 1.1	Number of women, men, boys and girls receiving food/cash-based transfers/commodity vouchers	113,191 female, 117,810 male (Based on planning figures)	108,519 female, 104,264 male	Cooperating Partner's Monthly Food Distribution Report
Indicator 1.2	Quantity of food provided	29,621 MT of various commodities	22,291 MT of various food commodities	Cooperating Partner's Monthly Food Distribution Report
Explanation of output and indicators variance:		The decline in population and tonnage was due to voluntary repatriation of Burundians. The planned requirements also included US\$ 7.1 million for cash-based transfers which were not implemented at the request of the Government and therefore only in-kind rations were distributed.		
Activities	Description	Implemented by		
Activity 1.1	Resource mobilization and procurement of food for the refugee programme	WFP		
Activity 1.2	Management and monthly general distribution of food to refugee population in the 3 camps of Nyarugusu, Nduta and Mtendeli	World Vision Tanzania in Nyarugusu camp; Danish Refugee Council in Nduta and Mtendeli camps		
Activity 1.3	Implementation of information desks, and complaint and feedback mechanisms for beneficiaries	World Vision Tanzania in Nyarugusu camp; Danish Refugee Council in Nduta and Mtendeli camps		
Activity 1.4	Food basket monitoring and post distribution monitoring	Tanzania Red Cross Society (Food basket monitoring); WFP together with World Vision Tanzania, Danish Refugee Council and Tanzania Red Cross Society (post distribution monitoring)		

Output 2	Targeted beneficiaries provided cash and/or food based transfers, including specialized nutritious foods, to address stunting prevention, treatment of MAM and prevention of micro-nutrient deficiencies			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Quantity of specialized nutritious foods provided (MT)fortified food provided	1 ,398 MT	746 MT	Cooperating Partner's Monthly Food Distribution Report
Indicator 2.2	Number of people exposed to WFP-supported nutrition messages	28,220	27,770	Cooperating Partner's Monthly Food Distribution Report
Indicator 2.3	Number of people receiving WFP-supported nutrition counselling	28,220	27,770	Cooperating Partner's Monthly Food Distribution Report
Explanation of output and indicators variance:		The decline in population and tonnage was due to voluntary repatriation of Burundians.		
Activities	Description	Implemented by		
Activity 2.1	Management and distribution of supplementary food rations to vulnerable refugee population in the 3 camps of Nyarugusu, Nduta and Mtendeli	World Vision Tanzania (Nduta and Mtendeli); Tanzania Red Cross Society (Nyarugusu)		
Activity 2.2	Screening and registration of beneficiaries in appropriate feeding program as per protocols	World Vision Tanzania (Nduta and Mtendeli); Tanzania Red Cross Society (Nyarugusu)		
Activity 2.3	Conduct nutrition awareness and hygiene promotion sessions in the TSFP centres and camps	World Vision Tanzania (Nduta and Mtendeli); Tanzania Red Cross Society (Nyarugusu)		
Activity 2.4	Provision of supplementary rations to the identified children with moderate acute malnutrition (MAM) as per protocols	World Vision Tanzania (Nduta and Mtendeli); Tanzania Red Cross Society (Nyarugusu)		

Activity 2.5	Conduct community mobilization and sensitization sessions	World Vision Tanzania (Nduta and Mtendeli); Tanzania Red Cross Society (Nyarugusu)
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6. Accountability to Affected People

Each month WFP receives and analyses feedback from the on-site distribution monitoring as well as litigation desks. WFP also receives beneficiary concerns periodically through post-distribution monitoring (PDMs). WFP has used this feedback to redesign assistance to improve safety and security of refugees, ensure protection and improve accountability to affected populations. Examples include:

- i) Making distribution safer through construction of waiting shelters to protect against heat or rain and improved crowd control during GFD. August 2018 CHS findings showed that 71 % of refugees surveyed reported to be satisfied with the distribution process (higher compared to 52 % or less during previous surveys).
- ii) Complaints and feedback desks are present at all WFP food distribution sites. Sensitization is done by WFP and its partners for refugees to use these facilities. Currently, the help desks are used to address specific concerns about the distribution process, such as issues with the ration received, missing cards etc. Third-party food basket monitoring for GFD was strengthened enabling WFP to track, and beneficiaries to verify, the food received against their entitlement before leaving the distribution site. The CHS 2018 survey indicated that about half of the respondents are aware of the existence of feedback mechanisms. There is a need to further sensitize refugees on how to share concerns and receive feedback or support.
- iii) Ration information is disseminated to beneficiaries through various means. The August 2018 CHS indicated that 76 percent of the interviewed households knew their family entitlement, an improvement compared to 58 percent in the August 2017 CHS. Most of the households also indicated that they were informed of distribution dates and changes in rations prior to food distribution.
- iv) The CHS and PDMs questionnaires were redesigned to include cross cutting aspects of gender, protection and accountability to affected population. WFP and partners collected information from refugees through standardised questionnaires/tablets which are filled in during focus group discussion or household visit. Through a consultative process, WFP shared assessment findings with partners and refugees and an action plan prepared to guide implementation.

WFP hosted a gender, protection and Accountability to Affected Population (AAP) internal support mission, and commissioned an inter-agency standing committee (IASC) Gender Capacity advisor to support the UN country team on gender and AAP under refugee response. Refugees were engaged in these assessments and provided valuable inputs for improvement of the GFD and related service delivery.

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.
<i>Supplementary information (optional)</i> N/A				

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

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
18-UF-HCR-007	Multi-sector refugee assistance	UNHCR	INGO	\$761,616
18-UF-HCR-007	Multi-sector refugee assistance	UNHCR	INGO	\$125,713
18-UF-HCR-007	Multi-sector refugee assistance	UNHCR	INGO	\$431,462
18-UF-HCR-007	Multi-sector refugee assistance	UNHCR	INGO	\$191,808
18-UF-HCR-007	Multi-sector refugee assistance	UNHCR	RedC	\$1,207,409
18-UF-HCR-007	Multi-sector refugee assistance	UNHCR	NNGO	\$79,272
18-UF-WFP-009	Food Assistance	WFP	INGO	\$184,361
18-UF-WFP-009	Food Assistance	WFP	NNGO	\$51,999
18-UF-FPA-007	Health	UNFPA	RedC	\$31,315
18-UF-CEF-017	Water, Sanitation and Hygiene	UNICEF	INGO	\$63,010
18-UF-CEF-017	Water, Sanitation and Hygiene	UNICEF	INGO	\$128,116
18-UF-CEF-017	Water, Sanitation and Hygiene	UNICEF	NNGO	\$105,663
18-UF-CEF-016	Child Protection	UNICEF	INGO	\$129,054
18-UF-CEF-016	Child Protection	UNICEF	INGO	\$81,118
18-UF-CEF-015	Nutrition	UNICEF	RedC	\$131,304
18-UF-CEF-016	Health	UNICEF	RedC	\$196,105

ANNEX 2: Success Stories

Success Story 1

Project title: Emergency Food Assistance to Refugees in Tanzania (18-UF-WFP-009 – WFP)

Love in the time of exodus—revisited

Life goes on in a Burundian refugee camp in Tanzania as young couples marry and plan a future together. Starting a family in a refugee camp wasn't part of the plan for Uwimana and his wife Ndagijimana, but with the outbreak of violence in Burundi in 2015, the couple was forced to flee their home and seek refuge in Tanzania, along with 250,000 other Burundians.

Tanzania, a traditional host of refugees in the region, reopened two camps, Mtendeli and Nduta to accommodate the influx of refugees from Burundi. In the nearby Nyarugusu Camp, 65,000 refugees, primarily from the Democratic Republic of Congo, were already settled.

Before fleeing, Uwimana, an electrician by training, was working as a motorcycle driver in Nyanza-Lac, a small town in Burundi on the shores of Lake Tanganyika. Ndagijimana, his girlfriend, was planning on finishing her studies before getting married and starting a life with Uwimana. But that was three years ago. The couple then made the decision to marry while in the camp.

“We have to try and keep going in life—we have no idea what tomorrow will bring,” said Uwimana.

The last time the World Food Programme (WFP) spoke with the family, Ndagijimana was seven months pregnant. They now have two children, Ombeni who is 2 and Uwimana, named after his father, is six-months-old.

Refugees in Tanzania are not allowed to work and movement outside the camps is limited, making them highly dependent on humanitarian assistance to meet their basic food needs.

WFP Assistance

WFP delivers maize meal, pulses, salt, oil and fortified blended food to meet the minimum calorie requirement needed to maintain a healthy weight. WFP also provides supplementary nutritious foods for pregnant and breastfeeding women to ensure the growth and development of children under 5 years of age like Ombeni and baby Uwimana. People with HIV/AIDS and hospital in-patients also receive supplementary nutritious foods from WFP. Hot meals and high energy biscuits are provided to people repatriating at departure centres.

“The food is so helpful because we have no other way to make money or provide for the family,” said Uwimana. “Without food you can't live.”

Uwimana has also learned from Ndagijimana about the importance of good nutrition for their young children. The right nutrition, particularly in the first 1,000 days, is critical for a child's physical and cognitive development. When Ndagijimana first became pregnant, she started attending sessions on nutrition that are held in the camp, where she received important information on how good food is important for a child to grow properly.

“We are trying to plan our lives, but it is hard to know the future,” said Uwimana. “My goal is for our children to attend school and to have careers that make them happy. It's hard to think about these things without a home, but I want my children to have a life like any other child in the world.”

Voluntary repatriation of refugees started in September 2017. To date, 40,000 people have returned to Burundi.

Uwimana and his family are not sure when they will return to Burundi. The children are still too young to make the journey, however for now, the family is grateful for WFP's support.

Donor Support

WFP is entirely funded by voluntary donations and is only able to conduct its refugee programmes thanks to the contributions from donors. In 2018, WFP received support from donors including USA, United Kingdom, European Union, Ireland, Denmark, Sweden, Canada, Germany and United Nations Central Emergency Response Fund.

Website link for photos: <https://insight.wfp.org/love-in-time-of-exodus-return-47bdb0cbda82>

Contact person from agency for follow up: Max WOHLGEMUTH, max.wohlgemuth@wfp.org

Success Story 2

Project title: Emergency basic health services in support of the Burundian refugee influx into Tanzania (18-UF-FPA-007 – UNFPA)

Duration: 9 months

Implementing partners: UNFPA Tanzania and Tanzania Red Cross

Name of location and region/province: Nyarugusu, Nduta, and Mtendeli Refugee Camps, Kigoma Region.

Brief description of the context and project

In 2018, there were 284,300 Burundian and Congolese refugees hosted in three refugee camps in the Kigoma Region of Tanzania. Of this population, estimated 71,022 were women and girls in need of comprehensive sexual and reproductive health (SRH) services, without which they would be vulnerable to unintended pregnancies, life-threatening obstetric complications, HIV infection, and sexual violence.

UNFPA and its partners work to provide access to consistent, reliable and effective SRH services for both host and displaced communities in Kigoma, Tanzania, including quality maternal and child health services. Under the project, UNFPA funded 15 nurse midwives who were deployed to improve the quality and coverage of emergency obstetric newborn care services for the 6,000 women in Nyarugusu camp who give birth every year.

UNFPA also procured life-saving obstetric theatre equipment for the new operating theatre at the main Nyarugusu health facility, after the existing theatre was damaged beyond repair. The new facility will ensure obstetric emergencies can be treated without delays in referral to other facilities.

UNFPA distributed 248 Emergency Reproductive Health Kits to all partners working in the camps. The kits contain the life-saving equipment and supplies needed to ensure the basic sexual and reproductive health needs of women and girls. The project distributed 10,387 Dignity Kits to new mothers on their discharge from maternity wards, to promote healthy and hygienic postnatal care.

Number of people reached and/or relief items/assistance provided in 2018:

- 102,241 women, girls, men and boys were reached with SRH services;
- 2,121 unintended pregnancies and an estimated 476 abortions were averted;
- 97 per cent of pregnant women gave birth in a health facility under the supervision of skilled healthcare professionals;
- 10,387 Dignity Kits were distributed to vulnerable women and girls;
- 248 Emergency Reproductive Health Kits were distributed in all three refugee camps.

Basic information on individual (name, age and background):

Reproductive and maternal health has traditionally been considered a woman's issue. But men too have an important role to play. Meet Abdul Nyamguma and Hofne Chrisostom Yohana, two UNFPA-funded nurse midwives, who are working hard to make pregnancy and childbirth safer in Tanzania's Nyarugusu refugee camp.

Providing comprehensive reproductive health care to displaced communities

Abdul and Hofne are two of 15 UNFPA-supported nurse midwives who have been deployed to the three refugee camps in Kigoma through the 'Emergency basic health services in support of the Burundian refugee influx into Tanzania' project funded by the Central Emergency Response Fund (CERF).

Midwives deployed under the project deliver comprehensive maternal and child health care. There are over 10,000 births a year across the three camps, and demand for maternal health services is high. On a typical day in the delivery ward Hofne admits patients for delivery, taking note of their antenatal care visits, vital statistics, and any complications. He monitors and cares for women in labour, manages their delivery and reassures them at every stage. Once the baby is born he/she is dried, the airways are cleaned, and the baby is placed on the mother's abdomen for skin-to-skin contact. If the baby doesn't cry Hofne stimulates him or her. Within a minute the umbilical cord is cut and the mother is administered oxytocin injections to manage the third stage of labour – delivering the placenta.

Making motherhood safer

Hofne actively manages the third stage of labour to reduce the risk of postpartum haemorrhage (PPH) and is well trained for any complications that may occur – he constantly monitors patients for symptoms of eclampsia or PPH. In the case of an emergency he talks to the patient and discusses the next steps, and theatre is quickly prepared if needed. Systems in place for obstetric complications at the camps are working well and saving lives.

Hofne remembers the first time he witnessed a patient die of PPH. "Seeing her die because of PPH, a manageable condition, gave me a lot of pain", he says. It serves as a reminder of how important it is to have trained midwives, quality emergency obstetric and newborn facilities, effective referral systems, and voluntary family planning services in place, especially in humanitarian contexts.

Abdul delivers postnatal care. Every day he begins by compiling a report on patients being discharged and any issues that need to be monitored or followed up. Postnatal care includes taking the baby's weight, and a comprehensive check-up for mothers and babies to identify any issues. Complicated cases are referred to doctors or other services. Women make three postnatal visits to the health facility after birth: on day 7, day 28, and day 42 when the baby starts their immunization schedule. Health education sessions are also held for women at the facility. This is organized by topic depending on the day. Some days the topic is voluntary family planning, on others it is nutrition and baby care. At the end of each day, Abdul cleans used instruments and tools, ensuring everything is sterile, and is ready for another day.

Saving lives

The project is saving lives and enabling women and girls to realize their sexual and reproductive health and rights (SRHR) – deciding whether, when and how many children they would like to have – and ensuring those giving birth can do so safely. In 2018, 2,121 unintended pregnancies were averted, and 97 per cent of pregnant women gave birth in a health facility under the supervision of skilled healthcare professionals. UNFPA will continue to provide life-saving SRHR services throughout the protracted crisis and recovery phase of the humanitarian emergency in Kigoma, ensuring no one is left behind.

ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAP	Accountability to Affected Populations
AIRD	AFRICAN INITIATIVE FOR RELIEF AND DEVELOPMENT
BEmONC	Basic Emergency Obstetric and Newborn Care
CEmOC	Comprehensive Emergency Obstetric Care
CERF	Central Emergency Response Fund
CHS	Community Household Surveillance
CPIMS+	Child Protection Information Management System
CSI	Coping Strategies Index
DBS	Dry Blood Samples
DRC	Danish Refugee Council
GAM	Global acute malnutrition
GFD	General Food Distribution
GoT	Government of Tanzania
HEB	High Energy Biscuits
HIT	Health Information Teams
IASC	Interagency Standing Committee
IOM	International Organization for Migration
IRC	International Rescue Committee
JAM	Joint Assessment Mission
LLITN	Long Lasting Insecticide Treated Nets
NRC	NORWEGIAN REFUGEE COUNCIL
PDM	Post Distribution Monitoring
SBCC	Social Behavioral Change Communication
SENS	Standard Expanded Nutrition Survey
SAM	Severe Acute Malnutrition
SOP	Standard Operating Procedure
SRHR	Sexual and reproductive health and rights
TCRS	Tanganyika Christian Refugees Services
TRCS	Tanzania red crosss society
UASC	Unaccompanied and separated children
UNHCR	United Nations High Commissioner for Refugees
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WFP	World Food Programme
WVT	World Vision Tanzania