RESIDENT/HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS

BURUNDI

RAPID RESPONSE

Ebola Readiness

2019

19-RR-BDI-33879

RESIDENT/HUMANITARIAN COORDINATOR	**GARRY CONILLE**

REPORTING PROCESS AND CONSULTATION SUMMARY	
a. Please indicate when the After-Action Review (AAR) was conducted and who participated.	N/A
After Action Review did not take place, however regular weekly meetings among recipient CERF Funds Agencies took place and progress reports were discussed twice at HCT forums. In addition, the Minister of Public Health and the Ministry's technical staff were involved from the beginning of the planning process of EVD activities funded by CERF	
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.	Yes ☒ No ☐
At one of the UNCT meetings, the Report was tabled and discussed in broad terms focussing on key achievements, outputs, results and the way forward	
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 final version of the RC Report was shared for review with HCT, recipient agencies and their implementing partners as well as the Health Sector Coordinator and other key government counterparts (MoH)	

PART I

Strategic Statement by the Resident/Humanitarian Coordinator

The CERF allocation to strengthen Burundi's readiness in the event of an EVD outbreak was made in a context of limited donor contributions towards the preparedness effort. The allocation played a catalytical role and helped to kick start the preparedness work. Since then other donors have significantly increased their contributions given the high risk of propagation of EVD and the importance attached to preparedness work.

In July 2019, the WHO Regional Ebola Preparedness Plan classified Burundi among the 'Priority One' countries most at risk of EVD due to their proximity to the outbreak and movement of goods and people across borders. In line with the declaration, health partners in Burundi prioritized support to the Ministry of Public Health (MoH) to design and implement its contingency plan for EVD outbreak and increase epidemiological surveillance at border crossing points, both formal and non-formal, according to International Health Regulations. Provinces close to the Democratic Republic of Congo (Bubanza, Bujumbura Mairie, Bujumbura Rural, Cibitoke, Rumonge, Makamba) were particularly targeted. Following a prioritization exercise, WHO, WFP, UNICEF, UNHCR and IOM were recommended to receive funds and to focus on key strategic areas, including Laboratory capacity, Case Management, capacity building in IPC/WASH, Surveillance, Rapid Response Teams and Points of Entry.

With the support of the CERF funds, WHO was able to provide essential drugs, medical devices and personal protective equipment (PPEs) for points of entry (PoE), the Ebola Treatment Center (ETC) and health facilities in high risk areas. WHO supported MoH's diagnostic capacity through training and procurement of GeneXpert cartridges for rapid detection of EVD cases. WHO also assisted in strengthening the infection prevention and control (IPC) and case management activities by training of clinicians on case management, IPC and safe and dignified burials, and surveillance at PoEs.

WFP contribution was made through provision of logistical and engineering support to the MoH and the WHO in six districts considered priority 1 and installed 30 containers and 6 tents as screening and isolation units at 20 Points of Entries, and constructed a transit and isolation centre in Gatumba, primary point of entry between DRC and Burundi, with an average of 6,000 daily crossings.

UNICEF constructed water points, provided water through water trucking, installed handwashing facilities and hygiene promotion including EVD awareness activities and the construction of latrines at entry points and surrounded communities in priority health districts 1 and 2.

IOM was able to conduct Population Mobility Mapping (PMM) exercises and Flow Monitoring (FM) data collection. Both activities covered priority 1 provinces (i.e. Cibitoke, Bubanza, Bujumbura Mairie, and Bujumbura Rural), which did not have prebious cross-border surveillance data. Four (PMM) workshops were held with provincial level authorities (one workshop for each target province), resulting in the production of four PMM maps and reports displaying points of congregation and vulnerability for each province, as well as a consolidated regional map.

UNHCR contributed to prevention and preparedness efforts through epidemiological and disease surveillance in refugee and repatriation transit camp health centres and trained 140 community health workers on disease surveillance at the community level but also on raising public awareness of EVD behaviour change and availed 100 handwashing devices in health centres and in high-population areas at the community level.

1. OVERVIEW

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)	
a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE	11,789,346
FUNDING RECEIVED BY SOURCE	
CERF	2,384,881
COUNTRY-BASED POOLED FUND (if applicable)	0
OTHER (bilateral/multilateral)	3,876,103
b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE	**6,260,984**

TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US$)			
Agency	**Project code**	**Cluster/Sector**	**Amount**
IOM	19-RR-IOM-003	Health – Health	254,994
UNHCR	19-RR-HCR-001	Health – Health	150,092
UNICEF	19-RR-CEF-008	Water Sanitation Hygiene - Water, Sanitation and Hygiene	600,000
WFP	19-RR-WFP-005	Logistics - Common Logistics	559,796
WHO	19-RR-WHO-004	Health – Health	819,999
TOTAL			**2,384,881**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Total funds implemented directly by UN agencies including procurement of relief goods	**1,930,316**
Funds transferred to Government partners*	216,438
Funds transferred to International NGOs partners*	126,788
Funds transferred to National NGOs partners*	111,338
Funds transferred to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	**454,565**
TOTAL	**2,384,881**

** These figures should match with totals in Annex 1.*

2. HUMANITARIAN CONTEXT AND NEEDS

Burundi's neighbouring country – the Democratic of Congo (DRC) has been experiencing a rapid transmission of the Ebola Virus Disease (EVD) across several localized hotspots in the north-eastern provinces of North Kivu and Ituri. The current 10th outbreak was declared in August 2018 and of 23 January 2019, and has resulted to a total of 699 EVD cases including 433 deaths.[1] IOM's population mobility mapping (PMM) assessments and flow monitoring reports in DRC illustrate significant long-distance movements to and from DRC, across multiple countries through interactions with migrants from mixed origins, and

[1] World health Organization, Ebola Virus Disease, DRC, 23 January 2019 https://apps.who.int/iris/bitstream/handle/10665/279811/SITREP_EVD_DRC_20190123-eng.pdf

risks of cross-border disease transmission that accompanies high-level mobility within the East Africa region. The World Health Organization (WHO) has assessed the risk of the current DRC EVD outbreak at national and regional levels as being "very high" due to the transportation and trade links between the affected areas and the rest of the country.

The risk for Burundi is considered high, due to its proximity and linkage with the DRC especially the provinces of South- and North-Kivu, the latter being linked to Bujumbura by regular flights to Goma. In addition to this taxis link daily Bujumbura and Goma as well as other regions of the DRC by road.[2] Although the WHO Emergency Committee initially decided not to declare the outbreak a public health emergency of international concern (PHEIC), it called for an intensification of the response in DRC and preparedness and surveillance in neighbouring countries, as the outbreak accelerates. Burundi and DRC share porous borders, coupled with high volumes of, cross-border movement of goods and people, mainly; traders, refugees, and travelers. The overall lack of capacity at official POEs between the two countries was identified by the 2018 Joint External Evaluation (JEE) of the International Health Regulations (IHR) as a significant challenge that impedes the country's ability to effectively address the threat of diseases of epidemic potential such as EVD. The risk in Burundi is further exacerbated by the fact that many people in DRC, particularly those in the South-Kivu region are known to frequent health centers in Burundi.[3]

According to the statistics provided by the Ministry of Health, approximately 940,230 travelers came into Burundi between September and December 2018 through the 17 EVD surveillance priority points of entry that border Burundi and DRC. Although migratory flows will differ from POE to POE and from day to day, the stated migration flows roughly translate to about 453 travelers crossing each of the POEs daily into Burundi. The risk of cross-border outbreak transmission in Burundi is therefore high given significant cross-border population mobility against the backdrop of porous borders.

The transmission speed of the disease within the region imposes further challenges and the need to ensure a rapid strengthening of the existing health structures to prevent the spread of the epidemic as well as ensure adequate capacity respond.

3. PRIORITIZATION PROCESS

To identify the priorities for the CERF Ebola allocation the following steps were taken by OCHA in close collaboration with the Resident Coordinator, WHO and the humanitarian community – The first step was to estimate the overall requirements for Ebola preparedness by consolidating national contingency plan requirements with additional UN agency requirements, then the Government and UN agencies undertook the process of further reviewing requirements. This exercise managed to provide an overview of 'who is doing what' and supported overall coordination and monitoring efforts under the leadership of WHO.

The Government-led national contingency plan was developed following extensive consultations with partners. As such, the CERF allocation follows the Plan's planning scenario of 1-5 cases and up to 4 deaths including of health workers in 21 priority districts along the border with DRC where some 5 million Burundians and up to 30,000 Congolese refugees are located. At the time of the allocation process, the plan requested some $5.3 million. Additional Agency requirements amount to $7.8 million. The total combined funding requirement at the time of submitting CERF funding proposal, was 11,789,346 $million.

[2] National Contingency Plan 2018, Burundi.
[3] Ibid.

4. CERF RESULTS

The main objectives of the CERF EVD Funding were to: (1) to enhance Burundi's capacity to efficiently prevent, enable early detection of cases, and effectively manage the spread of an Ebola Virus Disease outbreak from DRC. With this CERF grant, 12 District Hospitals were supplied with kits and equipment to manage EVD cases and safe burials. Training of 48 clinical staffs on EVD case management and infection prevention and control was undertaken, (2) to improve the access of the communities around 14 entry points to adequate water supply with increased awareness knowledge on appropriate hygiene practices; (3) to mitigate and minimise risks of an Ebola outbreak within the population of refugees and other people in Burundi; (4) to contribute to the prevention and detection of an eventual EVD outbreak, through improving access to data on population mobility mapping information; (5) to put in place EVD logistics preparedness in Burundi by equipping 14 points of entry in Burundi with semi-temporary screening structures and semi-temporary isolation structures.

With this CERF grant, WHO's component benefited 2,870,256 people including 1,460,960 women and girls and 1,409,296 men and boys by providing technical and logistical support to 21 Points of entry (in all 21 priority health districts) and health facilities in 12 health districts of priority 1 and 2, while UNICEF procured WASH commodities and supplies to improve 14 water points and rehabilitated five water supply systems and managed to benefit 641,584 people including 320,792 women and girls.
UNHCR provided 90 handwashing facilities, installed three isolation rooms and distributed 7,000 IEC materials in three refugee camps. The project directly targeted and reached 29,788 Congolese refugees and indirectly benefited 3 million host community members.
IOM conducted district level population mobility mapping (PMM) around selected priority health districts to inform public health interventions through four reports. The project benefited 89,695 people, and WFP procured and installed 14 tents and 13 containers and constructed an sizeable isolation structure near the main formal entry point bordering the DRC.

5. PEOPLE REACHED

At the completion of the different components of this activity, UNICEF alone estimates to have reached 2,898,850 people, while WHO reported to have reached 2,870,256, and IOM estimates having reached 50,633 people and UNHCR reached 2,639,600 (among these, 29,788 refugees and 49,888 persons living with disabilities).

TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY[1]

Category	Number of people (Planned)	Number of people (Reached)
Host communities	0	0
Refugees	29,788	48,269
Returnees	0	0
Internally displaced persons	0	0
Other affected persons	2,870,256	2,870,256
Total	**2,900,044**	**2,918,525**

[1] *Best estimates of the number of people directly supported through CERF funding by category.*

TABLE 5: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SEX AND AGE[2]					
	Men (≥18)	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Planned	657,613	678,700	768,695	795,036	**2,900,004**
Reached	659,261	683,044	773,952	802,268	**2,918,525**

[2] *Best estimates of the number of people directly supported through CERF funding by sex and age (totals in tables 4 and 5 should be the same).*

TABLE 6: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PERSONS WITH DISABILITIES) [3]					
	Men (≥18)	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Planned (Out of the total targeted)	0	0	0	0	**0**
Reached (Out of the total reached)	0	0	0	0	**0**

[3] *Best estimates of the number of people with disabilities directly supported through CERF funding.*

TABLE 7a: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (PLANNED)[4]					
By Cluster/Sector (Planned)	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Logistics - Common Logistics	N/A	N/A	N/A	N/A	**N/A**
Health - Health	657,613	678,700	768,695	795,036	**2,900,004**
Water Sanitation Hygiene - Water, Sanitation and Hygiene	199,834	199,834	120,958	120,958	**641,584**

TABLE 7b: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (REACHED)[4]					
By Cluster/Sector (Reached)	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Logistics - Common Logistics	N/A	N/A	N/A	N/A	**N/A**
Health - Health	659,261	683,044	773,952	802,268	**2,918,525**
Water Sanitation Hygiene - Water, Sanitation and Hygiene	985,609	1,014,598	434,827	463,816	**2,898,850**

[4] *Best estimates of the number of people directly supported through CERF funding by sector.*

6. CERF'S ADDED VALUE

a) Did CERF funds lead to a <u>fast delivery of assistance</u> to people in need?

YES ☒ PARTIALLY ☐ NO ☐

All five projects were started on time and allowed for a fast delivery of assistance. However, a number of challenges were reported by UN Agencies, including lack of, or poor MoH's collaboration. With more awareness and advocacy, the MoH authorities promptly supported the implementation of the projects.

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

YES ☒ PARTIALLY ☐ NO ☐

CERF funds helped respond to time-critical needs in many ways, including the fact that there was a real funding gap to urgently begin surveillance at points of entry and ensure continuity of population mobility for trade and other activities, and as a result, strengthen health systems to prevent and respond to pandemics.

c) Did CERF improve coordination amongst the humanitarian community?

YES ☒ PARTIALLY ☐ NO ☐

Coordination amongst the humanitarian community was greatly improved, despite challenges around agreeing on division of labour at the beginning of the implementation phase. Under the effective leadership of the RC, UN agencies and partners established a new coordination platform that met on a weekly basis and that helped improved communication of all stakeholders on the EVD matters. This was a turning point and help calm tensions among key stakeholders. The RC regularly and actively involved himself to participate and lead strategic level discussions during those meetings and helped resolve some of the issues. All recipient UN Agencies met regularly, coordinated by RCO, OCHA and WHO, to share updates and coordinate, harmonise and trouble shoot operational challenges encountered, such as seeking MoH's approvals or negotiating division of labour among Agencies.

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

YES ☒ PARTIALLY ☐ NO ☐

Resource mobilisation has greatly improved with CERF funds serving as a catalyst for additional funding: it encouraged other donors to contribute to preparedness efforts, including US, DFID, China, Japan, EU/ECHO, etc.

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

N/A

7. LESSONS LEARNED

TABLE 8: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement
This was the first time that CERF funding was used in Burundi in the Preparedness/Prevention Phase. It showed that, in special situations, such funding can play a significant role in preventing and mitigating risks. If CERF funding is to be used in the future for EVD preparedness, the roles and responsibilities of OCHA and WHO need to be clearly defined.	Need to have clear guidance on the roles and responsibilities of OCHA and WHO in the context of such allocations.

TABLE 9: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Despite the fact that the overall strategy for the use of these funds had been discussed and accepted by all the recipients, in particular with the commitment of all to ensure the complementarity of actions for an expected impact, the sorting and	Prevent changes in needs and strategy on the part of the beneficiaries, in this case the Ministry of Public Health, during the implementation of projects financed by CERF funds. The fact that the Ministry ordered that partners engaged in the	Reciepients agencies, and in this case WHO and WFP

isolation centre of Gatumba built by WFP is unequipped. However, WHO had undertaken to equip all entry and isolation points. For this reason, the centre was not handed over to the Burundi health authorities at the end of this CERF project.	prevention of Ebola virus disease deposit equipment, supplies and materials in a central store (CAMEBU) meant that WHO no longer had control over the consumables and materials handed over.	
The need for RCO to work closely with WHO to devise workable strategies for WHO to collaborate with other UN Agencies on preparedness and response to public health emergencies.	Regular and close involvement of RCO in early phases of the design and implementation of activities	RCO, WHO and OCHA
The need to clarify a division of labour around EVD preparedness activities.	Once the epidemicin DRC is over, there needs to be an indepth analysis of what has worked and what no to learn lessons for the future.	RCO, WHO, OCHA
Increased national and local ownership is essential, at all stages of the projects' implementation .	More open and communication with MoH and other Ministries, such as Immigration and Border Control could improve strategic and operational decisions	WHO, RCO, and OCHA

Part II

8. PROJECT REPORTS

8.1. Project Report 19-RR-HCR-001 - UNHCR

1. Project Information			
1. Agency:	UNHCR	**2. Country:**	Burundi
3. Cluster/Sector:	Health - Health	**4. Project Code (CERF):**	19-RR-HCR-001
5. Project Title:	Implementation of the Ebola Prevention, Preparedness and Response Plan for Congolese (DRC) Refugees in Burundi		
6.a Original Start Date:	01/01/2019	**6.b Original End Date:**	05/08/2019
6.c No-cost Extension:	☒ No ☐ Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		☐ No ☒ Yes (if not, please explain in section 3)	

7. Funding		
	a. Total requirement for agency's sector response to current emergency:	**US$ 900,000**
	b. Total funding received for agency's sector response to current emergency:	**US$ 668,287**
	c. Amount received from CERF:	**US$ 150,092**
	d. Total CERF funds forwarded to implementing partners	**US$ 126,788**
	of which to:	
	Government Partners	US$ 0
	International NGOs	US$ 126,788
	National NGOs	US$ 0
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance
Thanks to this UFE CERF grant, UNHCR and its partners in the field, GVC and COPED, have prepared for the response of the Ebola Virus Disease (EVD) epidemic through epidemiological and disease surveillance. EVD; infection prevention and control in camp health centres; staff training on PCI, epidemiological surveillance and public awareness of behaviour change in Ebola Virus Disease (EVD). This project allowed to: – To carry out epidemiological surveillance of 29,788 people both at the health facility level and at the community level. – Make available at the health centre level surveillance equipment including 90 Thermo flash and PCI equipment including 100 PPEs and 6 sorting and isolation centres. – Train 140 community health workers on disease surveillance at the community level but also on raising public awareness of EVD behaviour change. – Make available 100 handwashing devices in health centres and in high-population areas at the community level. – To sensitize more than 20.000 people through the animators on field and around refugee's camps. This action was undertaken in the communities.

3. Changes and Amendments

No major changes between the project proposal and its implementation. Isolation centres were installed in every camp and in the reception or transit centre for asylum seekers. The bladders were not maintained because UNHCR upgraded the existing water system with a solar-powered pump and a reservoir of 20,000 litres.

4.a. NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Health - Health				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	8,935	7,060	8,077	5,716	**29,788**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	1,245,128	1,312,892	16,659	16,652	**2,591,331**
Total	**1,254,063**	**1,319,952**	**24,736**	**22,368**	**2,621,119**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	23,733	25,029	567	559	**49,888**

4.b. NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Health - Health				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	10,583	11,404	13,334	12,948	**48,269**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	1,245,128	1,312,892	16,659	16,652	**2,591,331**
Total	**1,255,711**	**1,324,296**	**29,993**	**29,600**	**2,639,600**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	23,733	25,029	567	559	**49,888**

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	The total number of refugees and asylum seekers (except for urban refugees) were reached by this project as the preparedness operations were implemented in the 5 camps and the reception and transit centre.

5. CERF Result Framework	
Project Objective	To mitigate and minimise risks of an EDV outbreak within the populations of refugees and other people affected by implementing EVD prevention and preparedness activities.

Output 1	EDV infection prevention: control measures in refugee settings put in place			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	# of infra-red thermometers for EVD screening provided and in use	90	90	inventories of health centers distribution lists
Indicator 1.2	# of CHW trained	133	133	training reports in health centers
Indicator 1.3	# of PPE provided procured	90	100	Delivery slip distribution lists
Indicator 1.4	# of PPE provided at CdS	90	100	inventories of health centers distribution lists
Indicator 1.5	# of isolation rooms installed	3	6	supervision report of the 5 camps inventories of the 6 centers in the camps and the reception centre
Indicator 1.6	# of hand washing facilities provided	90	90	supervision report of the 5 camps inventories of the 6 centers in the camps and the reception centre
Indicator 1.7	# of hand washing facilities in use	90	90	supervision report of the 5 camps inventories of the 6 centers in the camps and the reception centre
Indicator 1.8	# of bladders repaired	2	0*	No bladder was damaged
Indicator 1.9	# of bladders maintained	2	0*	No bladders was damaged
Explanation of output and indicators variance:		UNHCR repaired and upgraded the water system in the reception centre through a solar-powered pump system and an additional tank of 20,000 liters. This activity was funded by the Operation's own resources.		

Activities	**Description**	**Implemented by**
Activity 1.1	Conduct of EVD health screening in CdS upon arrival of new DRC refugees and persons seeking asylum	Medical screening was carried out on more than 5,000 refugees from the DRC and sent to Nyakanda camp. If not in the other camps, all the patients who come to the consultation benefit from a medical screening and the surveillance of the Ebola virus disease. More than 25,000 people were controlled.
Activity 1.2	Training and sensitization of CHW	130 community health workers in the 5 camps were trained on Ebola awareness techniques. They have been sensitized to EVD messages using community

		engagement and interpersonal communication approaches linked to EVD risks
Activity 1.3	Procurement of PPE	100 EPI kits were purchased and distributed in the 5 refugee camps and 1 transit camps
Activity 1.4	Supply of PPE	Each camp has successfully completed 18 EPI kits and the Cishemere transit center has received 10 kits
Activity 1.5	Installation of isolation rooms for the management of patients with confirmed EVD or persons under investigation (PUIs) for EVD	We have supported 5 refugee camps and a transit camp in setting up triage and isolation zones and improving ICP in health centers.
Activity 1.6	Installation of hand washing facilities	A distribution plan of 90 washing devices for public places (including schools and health canters) has been finalized in all 6 camps.
Activity 1.7	Reparation of bladders	UNHCR used the operation's funds to repair and upgrade the water system in the reception centre through a solar-powered pump system and an additional tank of 20,000 liters

Output 2	(ii) Social mobilization and awareness raising as well as public health surveillance strengthened for reinforcement of EVD prevention, preparedness and response capacities within refugee settings			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	# of IEC materials provided	7,000	7000	field visit and beneficiary survey
Indicator 2.2	# of IEC materials specific to refugee settings provided to GoB partner (ONPRA) staff working with refugees	700	700	field visit and beneficiary survey
Explanation of output and indicators variance:		N/A		

Activities	**Description**	**Implemented by**
Activity 2.1	Implementation of social mobilization and community engagement activities in refugee settings, using IEC materials and approaches which take the specificities (including socio-cultural values) of both the refugees and persons seeking asylum in Burundi as well as their host communities into account and ensuring participation and ownership in their conduct	Organization of community dialogue sessions with the support of the health districts on the correct washing of hands in food distribution sites considered to be large agglomerations, during which more than 500 people per camp participated which amounts to more than 2500 people sensitized. Continued door-to-door outreach on preventive EVD measures in camp neighbourhoods with the help of community health workers. More than 2,000 households were sensitized to EVD messages according to the approaches of community engagement and interpersonal communication on EVD risks. During these awareness sessions, leaflets, posters, and picture boxes were used.
Activity 2.2	Sensitization for governmental authorities and host communities to mitigate protection risks for DRC refugees and persons seeking asylum created by the prevalence of Ebola-related risks	Government authorities and host communities, around 5 camps and the reception centre were made aware of the risks and prevention techniques for the Ebola virus disease

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?
This CERF-funded component of the Ebola preparedness operations was designed and planned on the basis of the international standards (such as WHO guidance) which UNHCR implemented with its Health partner with the support of the Government of Burundi through the ministry of Health and the refugee office (ONPRA). Crisis-affected people were involved in the implementation through community-based sensitization and information sharing. They were also involved in the monitoring of the project through beneficiary surveys.
Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?
The community was involved through sensitizations, community dialogues and trainings that engaged every part of the community including marginalized and vulnerable groups.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?	
More than 2,000 households participated in a door to door outreach according to the approaches of community engagement and interpersonal communication. In addition, more than 2,500 people participated in sensitizations focused around prevention techniques such as hand washing. Finally, a large number of IEC material was provided to the beneficiaries including material specific to refugee settings.	
Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.	Yes ☒ No ☐
Complaint boxes were available in each of the camps and the reception centre and every complaint logged in were regularly consulted and followed up through confidential mechanisms. The only person with the key to the box is the head of the field/sub office (Muyinga for the camp of Kinama and Musasa, Ruyigi for the camps of Kavumu, Bwagiriza and Nyankanda) for the camps, and the Protection Officer from the Bujumbura office for the Reception centre of Cishemere	
Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.	Yes ☒ No ☐
In all activities including the Health components, UNHCR has established mechanisms to prevent, report and handle SEA-related incidents and complaints in a secure and confidential manner.	
Any other comments (optional):	
N/A	

7. Cash Transfer Programming	
Did the project include one or more Cash Transfer Programmings (CTP)?	
Planned	**Achieved**
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
Not formal evaluation was planned within the project. However, UNHCR evaluated the activities through a Multi-Functional-Team during the 2019 mid-year evaluation as well as through detailed partner reports on a quarterly basis and through regular monitoring conducted by field staff.	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

8.2. Project Report 19-RR-WHO-004 - WHO

1. Project Information			
1. Agency:	WHO	**2. Country:**	Burundi
3. Cluster/Sector:	Health - Health	**4. Project Code (CERF):**	19-RR-WHO-004
5. Project Title:	Strengthening Ebola Virus Disease Operational Readiness and Preparedness in Burundi.		
6.a Original Start Date:	01/01/2019	**6.b Original End Date:**	14/08/2019
6.c No-cost Extension:	☒ No ☐ Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)	☐ No ☒ Yes (if not, please explain in section 3)		

7. Funding		
	a. Total requirement for agency's sector response to current emergency:	**US$2,756,304**
	b. Total funding received for agency's sector response to current emergency:	**US$ 1,200,000**
	c. Amount received from CERF:	**US$ 819,999**
	d. Total CERF funds forwarded to implementing partners	**US$ 0**
	of which to:	
	Government Partners	US$ 0
	International NGOs	US$ 0
	National NGOs	US$ 0
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

Through the project "Strengthening Ebola Virus Disease Operational Readiness and Preparedness in Burundi" funded by CERF, WHO and its partners provided technical and logistical support to 21 Point of entries (in all 21 priority health districts) and health facilities in 12 priority 1 and 2 health districts. A total population of 2,870,256 people including 1,496,960 women and girls and 1,409,296 men and boys benefited from the project with strengthened health security facing to EVD thanks to: (1) enhanced capacity to promptly detect, investigate all suspect EVD cases and follow-up of all contacts in 12 high-risk health districts, (2) an ETC equipped and supplied with medicines, ready for case management and (3) strengthened capacity for EVD case management and emergency response in high risk districts and enhanced MoH capacity for basic infection prevention and control in primary health care facilities in high risk districts.

Overall, according to the last report presented by WHO in July 2019, national preparedness level has been evaluated at 71%. This is a significant improvement as the number was recorded as 31% in March 2019 and 11% in July 2018. This project contributed significantly to this achievement.

3. Changes and Amendments

No major changes, amendments or modifications were recorded during the implementation of the project compared to the original plan. The project was completed in August 2019 despite some challenges faced during the implementation period:

- Long customs clearance process has caused delay in completion of ETU construction work funded through a WB grant
- Inadequate infrastructure at Ruhwa point of entry did not allow timely installation of the thermo scan
- Laborious clearance from MoH did not allow smooth monitoring process in the targeted districts
- Strenuous logistic process at MoH delayed distribution of equipment, drug and consumable in health districts
- Reduced human resources available to the MoH delayed implementation mainly for cascade training in districts

4.a. NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)					
Cluster/Sector	Health - Health				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	648,678	671,640	760,618	789,320	**2,870,256**
Total	**648,678**	**671,640**	**760,618**	**789,320**	**2,870,256**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	**0**

4.b. NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)					
Cluster/Sector	Health - Health				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	648,678	671,640	760,618	789,320	**2,870,256**
Total	**648,678**	**671,640**	**760,618**	**789,320**	**2,870,256**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	**0**	**0**	**0**	**0**	**0**

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	N/A

5. CERF Result Framework	
Project Objective	The main objective of this WHO project is to enhance Burundi's capacity to efficiently prevent, early detect, and effectively manage the spread of an Ebola Virus Disease outbreak from DRC.

Output 1	Staff in 20 high risk districts are trained to promptly detect, investigate all suspect EVD cases and follow-up all contacts.			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**

Indicator 1.1	Proportion and number of health workers trained on EVD case definitions and completion of EVD investigation forms	630	624	Training report (attendance sheet)
Indicator 1.2	Number of community resource persons trained / oriented on community-based disease surveillance for EVD prevention and control	2002	4371	Training report
Indicator 1.3	Number and Proportion of points of entry (PoE"s) conducting screening and messaging for EVD prevention and control	19	21	Supervision report, EVD PoE surveillance report
Indicator 1.4	Number of additional point of entry using thermo-scanner for screening	1	0	Supervision/monitoring report
Explanation of output and indicators variance:		No major discrepancies noted from the target, health workers of one additional health district (Bubanza) were added due to proximity with DRC border. Number of community workers trained is doubled because all 21 priority districts have been trained		

Activities	**Description**	**Implemented by**
Activity 1.1	Maintain surveillance and early warning activities in high-risk health districts by strengthening community-based surveillance involving the community to alert and report suspected cases;	MoH personnel with support of WHO.
Activity 1.2	Train for EVD detection and confirmation including sample collection, packaging, handling and transportation.	WHO
Activity 1.3	Ensure supervision and monitoring of screening and IPC at PoEs and health facilities in high risk districts	WHO and MoH
Activity 1.4	Train additional rapid response team in priority district	To be done by WHO (RRT members nominated by MoH close to the end of implementation period)
Activity 1.5	Procure 1 thermo-scanner at one point of entry	WHO
Activity 1.6	Install 1 thermo-scanner at one point of entry	To be done by WHO (The thermo-scanner was purchased but not installed due to inappropriate screening unit at Ruhwa point of entry)

Output 2	The temporary ETC equipped and supplied with medicines is ready for case management			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	Number of clinical staffs trained on EVD case management and infection prevention & control	48	25	Training report
Indicator 2.2	Number of District Hospitals supplied with Required kits and equipment	12	12	Certificate of donation
Explanation of output and indicators variance:		All expected staff did not show up at training due to high turnover. Only 25 Health workers (doctors and nurses) were available to be trained		

Activities	**Description**	**Implemented by**
Activity 2.1	Training and mentorship of health workers in case management, and infection prevention and control	WHO
Activity 2.2	Procure essential kits and equipment for the temporary Ebola treatment center and District hospitals	WHO

Activity 2.3	Supply District Hospitals and ETU with Kits and equipment	WHO

Output 3	The EVD case management and emergency response teams in high risk districts are rapidly trained.			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 3.1	Proportion (%) of health facilities provided with minimum requirements as per the national infection prevention & control guidelines to implement infection prevention and control	100% (12)	100%	certificate of donation
Indicator 3.2	Number of health districts with at least one trained EVD burial team	100% (12)	4	Training report
Indicator 3.3	Number of health districts with at least one equipped EVD burial team	100% (12)	4	certificate of donation
Indicator 3.4	Number of health districts that have disseminated standard operating procedures for safe & dignified burials and decontamination.	100% (12)	12	certificate of donation
Explanation of output and indicators variance:		PPE for SDB teams provided to all Health districts, however SDB teams are lacking transportation. Additional SDB were trained by Red Cross.		

Activities	**Description**	**Implemented by**
Activity 3.1	Review standard of care tools including: case management protocols, algorithms and tools; infection prevention and control/WASH guidelines/SoPs and strategy; establishment of isolation and ETU/ETC facilities	WHO and MoH
Activity 3.2	Disseminate guidelines and protocols	WHO and MoH
Activity 3.3	Procure drugs, medical supplies, equipment and specific WASH for the isolation units and health centres surrounding the points of entry	WHO
Activity 3.4	Preposition consumables, drugs, equipment and specific WASH devices at isolation units in health centres around point of entry and district hospitals	WHO
Activity 3.5	Training of paramedics, IPC, WASH, hygienist and SDB teams in hospitals, and set up temporary isolation/holding units (secured waiting area for EVD suspected cases while waiting for evacuation of to the Ebola treatment centre)	WHO
Activity 3.6	Supervision and monitoring of field activities related to IPC, case management in Health care centre and district hospitals	WHO

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

WHO worked in close partnership with the Ministry of Health that covers the entire country and offers health services to the entire population. Any interventions undertaken by WHO targeting the population went through this well-structured channel and reached all beneficiaries. Through this channel, WHO received necessary information for the design and implementation of the

project, as well as the feedback from the population regarding WHO's interventions for monitoring and evaluation purpose.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalized groups, what alternative mechanisms have you used to reach these?

As mentioned above, WHO always works closely with the Ministry of Health. Community engagement was also carried out using their existing well-structured channel and mechanisms. This project did not consist of specific gender focus activities, but WHO made sure that it addressed the needs of all groups regardless of their age, gender, condition, location as it was about protecting the entire population against the spread of the deadly EVD in the country.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

During community engagement and communication activities, WHO always ensured the visibility of the organisation's relevant information, including its programmes, principles and values.
WHO's Code of Conducts clearly sets out expected behaviours for its personnel and partners (implementing partners, suppliers, etc.). The organization also has a comprehensive package of clauses to address/reinforce existing clauses in contracts and agreement related to adherence to its Code of Ethics and Professional Conduct, Policy on Sexual Exploitation and Abuse Prevention and Response, and Policy on Whistleblowing and Protection Against Retaliation. All of this information is available to the public.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.	Yes ☒ No ☐

WHO has a whistle-blowing hotline—called the Integrity Hotline used as a complaint mechanism. Other channels, such as reporting to supervisor or to HR contact person are also made available.

The WHO Representative in Burundi is responsible and accountable for safeguarding standards and reporting, with support from the Ombudsman. Investigations and reports are completed by Global Office of Internal Oversight Services, the Regional Department for Compliance, Risk Management and Ethics and Regional Human Resources Departments. In short, procedures to address the complaints are undertaken by the Regional Office and Headquarters, and no complaints have been made at WHO Burundi.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.	Yes ☒ No ☐

WHO has already implemented SEA 0 tolerance policy, WHO did not establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse-related complaints for this project. Staff can use the Integrity Hotline for SEA-related complaints. And although not having a mechanism specifically for SEA-related complaints, WHO has developed a manual on Policy and Procedures on Sexual Exploitation and Abuse Prevention and Response.

Similarly, procedures to address SEA-related complaints are undertaken by WHO Regional Office and Headquarters, and no such complaints have been made at WHO Burundi.

Any other comments (optional):

N/A

7. Cash Transfer Programming	
Did the project include one or more Cash Transfer Programmings (CTP)?	
Planned	**Achieved**
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
EVD preparedness is still underway and regularly monitored by WHO, MoH and partners. No specific evaluation was planned for this project, however needs of population based on new assessment of the ongoing preparedness process will be updated during a planning session to be held by the end of 2019	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

8.3 Project Report 19-RR-IOM-003 - IOM

1. Project Information			
1. Agency:	IOM	**2. Country:**	Burundi
3. Cluster/Sector:	Health - Health	**4. Project Code (CERF):**	19-RR-IOM-003
5. Project Title:	Assessing Population Mobility Dynamics and Patterns To Strengthen the Ebola Virus Disease Readiness Activities In Burundi		
6.a Original Start Date:	05/02/2019	**6.b Original End Date:**	04/08/2019
6.c No-cost Extension:	☐ No ☒ Yes	If yes, specify revised end date:	03/11/19
6.d Were all activities concluded by the end date? (including NCE date)		☒ No ☐ Yes (if not, please explain in section 3)	

7. Funding		
	a. Total requirement for agency's sector response to current emergency:	**US$ 3,000,000**
	b. Total funding received for agency's sector response to current emergency:	**US$ 1,422,645**
	c. Amount received from CERF:	**US$ 254,994**
	d. Total CERF funds forwarded to implementing partners	**US$ 0**
	of which to:	
	Government Partners	US$ 0
	International NGOs	US$ 0
	National NGOs	US$ 0
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

Through this CERF RR grant activated in February 2019, IOM was able to conduct both Population Mobility Mapping (PMM) exercises and Flow Monitoring (FM) data collection . Both activities covered priority 1 provinces (i.e. Cibitoke, Bubanza, Bujumbura Mairie, and Bujumbura Rural), all having a previous lack of cross-border surveillance data identified. Four (4) PMM) workshops were held with provincial level authorities (one workshop for each target province), resulting in the production of four (4) PMM maps and reports displaying points of congregation and vulnerability for each province, as well as a consolidated regional map. Additionally, three (3) FM Points were established in two (2) priority 1 provinces (Bubanza and Bujumbura Rural), based on the findings from the PMM exercises. IOM DTM department developed four (4) dashboards to display the data collected over the months of July-October 2019, as well as accompanying data reports, and one consolidated report for PMM and FM, to be published on the CERF website. Products were shared with relevant regional, government and humanitarian partners. The project has assisted to inform partners on crucial data concerning population flows, basic demographic makeup, motivations behind displacement of people moving between DRC and Burundi, and points of vulnerability along the border.

3. Changes and Amendments

As established in several interim reports sent to OCHA, and as per Kobo reports on access, IOM faced significant access challenges with regards to implementation of PMM and flow monitoring activities, particularly in the province of Cibitoke, where suspicion surrounding any kind of data collection along the border by the local authorities impeded progress despite all flow monitoring data being validated by the National Platform, with which IOM is in partnership. Due to coordination issues at the central level with regards to communication on the importance of conducting PMM and FM activities to improve surveillance data collection at the provincial level, activity implementation was delayed by several months. A no-cost extension was requested and approved on the 1st of August in order to continue with a new end date of 3rd November 2019. It was deemed by the RCO that IOM had sufficient reason, due to its ongoing access issues at the provincial level, and poor coordination at the central level, to be eligible for an NCE. Finally, access and

communication issues at the provincial level were not able to be solved in time to re-recruit DTM staff for data collection to allow for the addition of Flow Monitoring Points (FMP) in Cibitoke, and other alternative points were considered unsuitable due to a lack of significant migratory flows or physical access issues. Although this has been mitigated with intense engagement for the near future, only three out of the five proposed FMP were established for this CERF round. The amount that would have remained (which was less than 15% of the total budget) was redirected to other activities specifically towards additional enumerators at Gatumba which had more travellers than had initially been anticipated (over 4000 travellers per day). Changes to the allocated budget stayed within the 15% acceptable limit of change to any single category.

4.a. NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Health - Health				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	27,576	23,904	16,583	21,632	**89,695**
Total	**27,576**	**23,904**	**16,583**	**21,632**	**89,695**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	**0**

4.b. NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Health - Health				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	28,339	16,285	2,419	3,591	**50,633**
Total	28,339	16,285	2,419	3,591	**50,633**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	**0**

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	There is no significant discrepency. While the intervention was forecasted to reach 89,000 persons, this was based on average figures of previous year's cross border movements at the points being monitored, and the actual figure of 59,000 persons reached was contingent upon the actual volume of flow captured at the time. The discrepancy from the previous year's estimates movements of people from DRC into

	neighboring countries could be due to multiple factors from displacement due to armed conflict to reduced movement due to improved screening and control measures within DRC."

5. CERF Result Framework

Project Objective	Contribute to the prevention and detection of EVD outbreak, through improving access to data on population mobility mapping information.

Output 1	Cross-border surveillance and active case findings at points of entry with DRC and important travellers' congregation points in and around selected high-risk cross-border locations are improved.			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	# of PMM reports	4	4	See reports (OCHA)
Indicator 1.2	# of flow monitoring reports	4	4	See reports (OCHA)
Indicator 1.3	Combined report indicating the results of the population mobility mapping and flow monitoring	1	1	See reports (OCHA)
Explanation of output and indicators variance:		N/A		

Activities	**Description**	**Implemented by**
Activity 1.1	Conduct district level population mobility mapping (PMM) around selected priority health districts to inform public health interventions	IOM
Activity 1.2	Conduct commune level population mobility mapping (PMM) around selected communes in priority health districts to inform public health interventions	IOM
Activity 1.3	Train enumerators on data collection and flow monitoring to inform public health interventions	IOM
Activity 1.4	Conduct flow monitoring at major congregation points of targeted intervention sites	IOM

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?
Population Mobility Mapping exercises are consultative and participatory exercises involving community and provincial stakeholders from varied backgrounds, including community leaders with active roles in identifying points of vulnerability (markets, schools, transit stops, etc). It is also the duty of the facilitator of these exercises to ensure that contextual and demographic factors concerning crisis-affected populations were taken into account.
Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?
IOM strives to ensure gender balance in all activities, including for the Participative Population Mobility Mapping exercises. DTM Flow Monitoring data collection was conducted with the aid of the National Platform for data collection, as well as the consent and participation of community and provincial authorities. Marginalized key populations were taken into account by consulting

	community leaders (men and women) during the mapping process.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?	
IOM has a strong relationship with most local authorities in the provinces where we work and therefore most understand that IOM is a UN agency that abides by the UN humanitarian principles among which is doing no harm. However, before the commencement of the project, IOM visited all relevant local authorities in the target provinces (governors, heads of the health province, heads of the health district and commune leaders) to explain to them what the project was about as well as what the project aimed to deliver. At the workshops as well as during data collection, IOM also explained this to the participants. At the workshops in particular, all participants were provided with a simply easy to understand terms of reference to explain about the project.	
Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.	Yes ☐ No ☒
IOM maintains regular, clear communications with its government partners with regard to implementation. When a complaint is received at the local level, IOM consults with the requisite line ministry on the best way forward and executes mitigation of complaints appropriately.	
Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.	Yes ☒ No ☐
IOM has a policy of zero tolerance of sexual exploitation and abuse (SEA) by IOM staff members and the employees or any other persons engaged and controlled by IOM Contractors. For this project, IOM Burundi complied with its SEA policy. Most of the staff that were involved in this project have been trained on the PSEA mandatory IOM course which requires that IOM staff members conduct themselves and their work in a manner that respects and fosters the rights of beneficiaries. Because of the inherent and important power differential in the interactions between staff members and beneficiaries, IOM prohibitsstaff members from having any sexual relationships with beneficiaries or any abusive and exploitative sexual encounters with beneficiaries are absolutely prohibited. There were no cases of sexual abusive or abuse of power reported during the implementation of this project.	
Any other comments (optional):	
N/A	

7. Cash Transfer Programming	
Did the project include one or more Cash Transfer Programming (CTP)?	
Planned	**Achieved**
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
The IOM project team undertook continuous project monitoring through reporting and consultation with key stakeholders in the process, including local leaders, regular monthly meetings, field visits to review progress made against the work plan, discussion of successes and challenges, and addressing identified bottlenecks. The project manager liaised with the resource management officer to review the project budget and expenditure on a monthly basis. The reason a final evaluation has not been planned yet is that Flow Monitoring activities emerging from the PMM exercises will continue under several different sources of funding and will be subject to recurring evaluations under these programmes. Lessons learned from the monitoring processes will be incorporated to support delivery of continued flow monitoring activities in priority 1 provinces and continue efforts to improve EVD and infectious disease surveillance in Burundi. An evaluation may be needed to determine how partners used the data to inform their programming.	EVALUATION CARRIED OUT ☐ EVALUATION PENDING ☐ NO EVALUATION PLANNED ☒

8.4 Project Report 19-RR-WFP-005 - WFP

1. Project Information			
1. Agency:	WFP	**2. Country:**	Burundi
3. Cluster/Sector:	Logistics - Common Logistics	**4. Project Code (CERF):**	19-RR-WFP-005
5. Project Title:	Ebola preparedness, logistic support in six priority provinces in Burundi		
6.a Original Start Date:	17/12/2018	**6.b Original End Date:**	16/06/2019
6.c No-cost Extension:	☐ No ☒ Yes	If yes, specify revised end date:	16/09/2019
6.d Were all activities concluded by the end date? (including NCE date)		☐ No ☒ Yes (if not, please explain in section 3)	

. Funding		
	a. Total requirement for agency's sector response to current emergency:	**US$ 943,914** *(but revised later to US$ 2,400,000)*
	b. Total funding received for agency's sector response to current emergency:	**US$ 958,181**
	c. Amount received from CERF:	**US$ 559,796**
	d. Total CERF funds forwarded to implementing partners of which to:	**US$ 0**
	Government Partners	US$ 0
	International NGOs	US$ 0
	National NGOs	US$ 0
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

Through this CERF RR grant, Project No. 19-RR-WFP-005 (WFP Grant 70000521), WFP provided logistical & engineering support to the Ministry of Health and the World Health Organization in six districts considered priority 1. The implementation period started on 17th December 2018 until 16th September 2019. WFP hired an EVD Logistics coordinator to support the Ministry of Health for the logistics coordination and the logistics subcommittee; hired an engineer that provided some support for the permanent Ebola Treatment Centre in Mudubugu; installed 26 containers 20ft, 4 containers 40ft and 6 tents as screening and/or isolation units at the following 20 Points of Entries : Gasenyi-Nemba, Kobero, Kanyaru Haut, Vugizo, Cishemeye/Byganda, Ruhwa, Nyamugari, Gitaza, Magara, Port de Rumonge, Kabonga Rusoro, Kabonga 2, Kagwema,Ndava, Mparambo (Cibitoke), Transversal Gasenyi, Nyabugete, Mparambo (Buj), Frontiere Mugina, Centre de transit UNHCR Mugina; constructed a transit and isolation centre in Gatumba, primary point of entry between DRC and Burundi;and provided information management and GIS services for the Logistics Subcommittee.
These actions allowed in coordination with the other UN agencies to strengthen the EVD preparedness in Burundi, especially at the border with the Democratic Republic of Congo.

3. Changes and Amendments

The request for no-cost extension was due to discussions between the Ministry of Health and WHO concerning the construction of the transit and isolation centre. There have been different back and forth on the matter, especially concerning the location, the nature and the set-up of the centre. However since the plans were finalized, the tender finalized and contractor selected with funds committed to him, WFP needed the no cost extension to be able to build the centre properly.
Moreover, while some sites only required one isolation container and a tent instead of two containers, the savings from it allowed WFP to set up screening and isolation units at more points of entry, especially that the Ministry of Health raised the number of prioritized Points of Entry.

4.a. NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)					
Cluster/Sector	Logistics - Common Logistics				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	0	0	0	0	**0**
Total	**0**	**0**	**0**	**0**	**0**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	**0**

4.b. NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)					
Cluster/Sector	Logistics - Common Logistics				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	0	0	0	0	**0**
Total	**0**	**0**	**0**	**0**	**0**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	**0**

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	N/A

5. CERF Result Framework	
Project Objective	To put in place EVD logistics preparedness in Burundi

Output 1	Points of Entry have temporary semi-adapted facilities for EVD screening and isolation			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Points of entry sites are equipped with	100 % of the 14 sites	100%	Field Assessment

	semi-temporary screening structures	have a semi-temporary screening structure		
Indicator 1.2	Points of entry sites are equipped with semi-temporary isolation structures	100 % of the 14 sites have a semi-temporary isolation structure	100%	Field Assessment
Explanation of output and indicators variance:		Facilities were established as planned. The number of containers were established at the expected points of entry.		

Activities	**Description**	**Implemented by**
Activity 1.1	Install 4 tents on 4 sites for screening area (some site will have tents and containers)	WFP
Activity 1.2	Install 2 tents on 2 sites for isolation area (some site will have tents and containers)	WFP
Activity 1.3	Transform 30 containers on 20 sites for screening/isolation area	WFP
Activity 1.4	Transport 30 containers on 20 sites for screening/isolation area	WFP
Activity 1.5	Install 30 containers on 20 sites for screening/isolation area	WFP
Activity 1.6	Coordinate the installation of the above tents and containers with the Ministry of Health and WHO	WFP

Output 2	Set up full isolation and screening points			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	Burundi has a screening and isolation Ebola Unit in line with MoH/WHO standards to accommodate Ebola cases detected at the Gatumba point of entry	100% of EVD cases are accommodated at the screening – isolation Ebola Unit	100%	Field Assessment
Explanation of output and indicators variance:		N/A		

Activities	**Description**	**Implemented by**
Activity 2.1	Provide infrastructure (fencing, gravel, tents, containers, waste management) to reinforce the isolation and screening points in priority districts including Cibitoke and Bubanza	WFP
Activity 2.2	Hire a local engineer and get temporary support from international engineer for construction work	WFP
Activity 2.3	Hire a local constructor for construction activities	WFP

Output 3	Strengthen EVD logistics coordination			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 3.1	Percentage of logistics subcommittee meetings of the Ministry of Health supported by a logistics expert	100% of the 20 logistics subcommittee meetings support by WFP	100%	Minutes of meeting, even organization of these meetings in WFP
Indicator 3.2	100% of logistics recommendations from the steering committee followed up and feedback are provided	100% of the minutes are sent to the steering committee and 100% of recommendations receive feedback	N/A	

Explanation of output and indicators variance:	The steering committee has not been reunited in more than three months, the recommendations of the logistics subcommittee were not transmitted to this committee and to the Minister of Health by the chair of the Logistics Subcommittee.

Activities	Description	Implemented by
Activity 3.1	Hire an EVD logistics expert	WFP
Activity 3.2	Coordinate the logistics subcommittee with MoH support	WFP
Activity 3.3	Follow up and share information with all actors on Ebola related logistics	WFP

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?
The community around the transit and isolation centre of Gatumba was reluctant to the construction of the centre. WFP collaborated with the hospital next to the site. There were several discussions with the Director of the Hospital to determine how to explain the project to the crisis-affected people. The Director of the Hospital was the one communicating directly with the community about the implementation of the project.
Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?
There was no mechanism in place. WFP communicated mainly through the management of the hospital. However during the implementation of the project, WFP collaborated with the constructor to employ members of the community around the construction site and to also involve women.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?	
Screening and isolation units were set at the points of entry identified along the border between Burundi, DRC and Rwanda. These infrastructures are marked with signposts and stickers in French and local languages allowing the population to understand, recognize and refer to it whenever necessary. But in the UN consortium UNICEF was the one in charge of the community preparedness/awareness.	
Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.	Yes ☐ No ☒
N/A	
Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.	Yes ☐ No ☒
N/A	
Any other comments (optional):	
N/A	

7. Cash Transfer Programming	
Did the project include one or more Cash Transfer Programmings (CTP)?	
Planned	**Achieved**
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
No evaluation has been carried out yet since activities for EVD preparedness are still going on. WFP will conduct a lessons-learned process during the first quarter of 2020.	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

8.4 Project Report 19-RR-CEF-008 - UNICEF

1. Project Information			
1. Agency:	UNICEF	**2. Country:**	Burundi
3. Cluster/Sector:	Water Sanitation Hygiene - Water, Sanitation and Hygiene	**4. Project Code (CERF):**	19-RR-CEF-008
5. Project Title:	EVD Preparedness Project in 14 Entry Points in Burundi		
6.a Original Start Date:	05/02/2019	**6.b Original End Date:**	04/08/2019
6.c No-cost Extension:	☒ No ☐ Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		☐ No ☒ Yes (if not, please explain in section 3)	

7. Funding		
	a. Total requirement for agency's sector response to current emergency:	**US$ 600,000**
	b. Total funding received for agency's sector response to current emergency:	**US$ 0**
	c. Amount received from CERF:	**US$ 600,000**
	d. Total CERF funds forwarded to implementing partners of which to:	**US$ 327,777**
	Government Partners	US$ 216,439
	International NGOs	US$ 0
	National NGOs	US$ 111,338
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

The CERF fund allowed UNICEF and it partners to provide appropriated water, sanitation and hygiene services and Ebola Virus diseases (EVD) awareness messages through risk communication and community engagement activities.

In terms of water, sanitation and hygiene, the CERF funds, allowed the construction of water points, the provision of water through water trucking, the installation of handwashing facilities and hygiene promotion including EVD awareness activities and the construction of latrines at entry points and surrounded communities in priority health districts 1 and 2.

Specifically, the CERF funds allowed the construction of 17 equivalents water points including five protected wells equipped with hand pumps and 12 water taps (with DFID co-funding) to provide sustainable safe water to 7,500 people (including 2,550 children and 2,525 women). The project has also allowed, the provision of temporary water supply through water trucking to approximately 202,500 travelers crossing the borders at 14 entry points. In total the project allowed 210,000 to gain access to water for drinking and handwashing.

In term of hygiene promotion, 45,088 school children (22,950 girls and 22,138 boys) from 100 schools were sensitized and provided with handwashing facilities and soaps for improved hand washing practices at their schools. In addition, the same 202,500 travellers crossing the borders had access to handwashing facilities at 14 entry points in priority health districts 1 and 2. In total 247,588 people gained access to handwashing facilities.

Finally, thanks to the project, 12 entry points and one school (in Bujumbura Mairie) were provided with latrines to respond to the needs of travellers who cross the border at entry points and 2,092 school children (including 1021 girls).

This intervention allowed to provide appropriated water, sanitation and hygiene services to 247,588 peoples including community members surrounding the entry points, travellers crossing the borders, health workers and others state workers at targeted entry points. Thanks to the CERF funding, 13 out of 14 targeted entry points and surrounded communities were provided with sustainable water points among which 12 with sustainable latrines for long term water, sanitation and hygiene services provision

to travellers crossing the borders and surrounding communities.

Behaviour change activities implemented by UNICEF and the Ministry of Health with supports from CERF reached 742,773 (307,842 men; 242,566 women; 192,365 children) with interpersonal communication in the priority health districts 1 and 2. Multiple interpersonal communication channels were used including theatre, community performances, and mobile cinema, to ensure that key EVD prevention messages reached various layers of the population. Over 6.2 million SMS messages were sent for each of the five varying messages (55% of population has a mobile telephone). A total of 9 (national and local) radio stations broadcast messages in local languages and reached 4,5 million people nationwide (including 1,586,643 women and 1,395,745 young people and children). Television broadcasts reached over 1 million people. Training occurred with 40 radio journalists and 30 theater performers received capacity building to deliver EVD prevention messages to the population. In addition, 180 providers from public and private hospitals were also equipped with key prevention messages to address rumours and improve case management.

3. Changes and Amendments

During the implementation of the project, UNICEF identified a new sanitation risk, the absence of latrines, that would have exposed travellers, health staff and other staff from border services to open defecation increasing the risk of spreading EVD at the entry points and in surrounding communities. To respond to this need, in addition to the provision of safe drinking water and hand washing stations, UNICEF also built latrines in 12 entry points (Mparambo, Transversal Gaseyni, Ndava, Kagwema, Gatumba, Migera, Gitea, Rumonge, Mvugo, Kabonga and Rusoro) and two (2) in one school in Bujumbura Mairie.

4.a. NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	199,834	199,834	120,958	120,958	**641,584**
Total	**199,834**	**199,834**	**120,958**	**120,958**	**641,584**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	**0**

4.b. NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	985,609	1,014,598	434,827	463,816	**2,898,850**

Total	985,609	1,014,598	434,827	463,816	2,898,850
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	**0**

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	[The combination of several channels and communication media approach has allowed to reach all population group in the project implementing areas, both directly and indirectly].

5. CERF Result Framework

Project Objective	The project aims to improve the access of the communities around 14 entry points to adequate water supply with increased awareness knowledge on appropriate hygiene practices as part of the national EVD preparedness plan

Output 1	Communities, cross bordering travellers and health staff in targeted entry points have access to adequate water supplies for washing and safe drinking water			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	# of people with access to functional handwashing facilities with soap	17,084	247,588 including 45,088 with permanent access and 202,500 travelers crossing the borders at entry points	Implementing Partner Report
Indicator 1.2	# of people gained access to safe drinking water	17,084	210,000 people with sustainable access to safe water and 202,500 travelers crossing the borders with temporary access to safe water	Water points reception report, Civil Protection activities report, AHAMER (Agence Burundaise de l'Hydraulique et de l'Assainissement en Milieu Rural) project report, Entry points screening report
Indicator 1.3	# of water quality controls at water point	14	[5]	[Residual chlorine check from water tanks AHAMER (Agence Burundaise de l'Hydraulique et de l'Assainissement en Milieu Rural) Water Quality control or analysis
Explanation of output and indicators variance:	The CERF funds allowed to provide permanent water points at entry points and surrounding communities, but also temporary water to travelers who have used the water either for drinking or for handwashing. As the handwashing is mandatory for all travelers crossing the borders, all travelers were counted as beneficiaries. Concerning the water tap connection to existing water supply network, DFID funds have been used to co-fund this activity to reach more surrounding communities to the entry points and to provide permanent handwashing facilities to schools. This explains the significant increase between the initial target and final number			

	of persons having access to water and handwashing facilities. For water quality control, only 5 out of 17 water points (13 at entry point and 4 in communities) constructed, were controlled since 12 water points were connected to existing water supply managed by REGIDESO (the national company in charge for water supply) which are not required quality control also the Gatumba entry point, water is supplied using water trucking approach with chlorinated water. So only residual chlorine check is conducted at Gatumba.

Activities	**Description**	**Implemented by**
Activity 1.1	Provision of fuel for water trucking for one month	[Civil Protection]
Activity 1.2	Establishing of 14 water points by rehabilitation of 5 water supply systems in entry points	[UNICEF through private contractors for the water taps and AHAMR (Agence Burundaise de l'Hydraulique et de l'Assainissement en Milieu Rural) for the wells]
Activity 1.3	Ensure water quality by systematically Monitoring at water points according to WHO standards	[Civil Protection and AHAMR and Ministry of health]

Output 2	Increased awareness and appropriate hygiene practices of populations around entry points and neighbouring communities.			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	At least 75% of the target population in the 14 entry points and host communities sensitized and informed about Ebola	64,500	64,500 from the 14 entry points and an additional 571.685 for immediate neighbouring communities Total 635.185	Activities report from Ministry of Health
Indicator 2.2	Hygiene promotion and Ebola prevention activities in 50 schools reaches at least 40,000 students, within six months	40,000	[45,088]	[Activities report by implementing partners AIDE, Health staff and teachers training report and list of presence by Direction de la Promotion de la Santé de l'Hygiène et de l'Assainissement from Ministry of Health.]
Indicator 2.3	Interactive community theatre reaches 20,000 people in the 14 host communities within six-month period	20,000	61,500	Activities report from Ministry of Health
Indicator 2.4	At least 25% of the population in the 6 target districts are reached by radio communication programming	480,000	480,000 from targeted districts plus an additional 4,045,216 nationwide	Activities report from Ministry of Health
Explanation of output and indicators variance:		Interventions implemented with support from CERF reached a total of 4,525,216 people nationwide and specifically 604,500 in the priority 1 health district. The Ministry of Health leveraged on other existing resources and therefore proactively implemented additional theater performances, mass-video screening, caravans, in underserved areas with high populations (notably in Bujumbura Mairie). The use of the RTNB (Radio Television National du Burundi) and other proximity radios improved the coverage of the radio campaigns and prevention messages were aired beyond the targeted		

	districts. The increase in the number and frequency of activities and the expanded the coverage zone is reflected in the high numbers of population reached by the behavior changes interventions.

Activities	Description	Implemented by
Activity 2.1	Conduct of Hygiene promotion and social mobilisation on Ebola prevention activities in 14 entry points (which include fishing villages and major transport hub). Cost driver will include development and multiplication of IEC materials, transport, incentives, portable communication equipment etc..	Ministry of Health
Activity 2.2	Carry out hygiene promotion and social mobilization on Ebola prevention activities in 50 schools and encourage students to educate their family.	AIDE Ministry of Health/DPSHA
Activity 2.3	Conduct at least 70 Interactive community theatres in 14 communities around entry points. 5 sessions will be held in each community and cost driver will include rental of sound systems, transport, incentives, etc…	Ministry of Health / troupe théâtrale Ninde
Activity 2.4	Production of materials (spots, shows, interviews) for radio communication programming (flipchart, 46,830 pamphlets in Kirundi, 500 posters in Kirundi and 1000 stickers	Ministry of Health
Activity 2.5	Dissemination of materials (spots, shows, interviews) for radio communication programming in 16 radio stations	Ministry of Health

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

During the identification of the project activities and the implementation of the project; affected populations were involved in decision making.
UNICEF and its implementing partners conducted joint field visits to inform all stakeholders about the project. Implementing partner AIDE has identified local community leaders and local health agents from the different communities to conduct focus group discussions to inform the population about the project activities and have their contribution.
There was also the setup of local committees at “colline” level who were involved in EVD preparedness and local response plans. For the infrastructures such as water points and latrine construction, all the stakeholders were involved in the identification of appropriated construction sites.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

[The project is in line with the government strategy regarding EVD preparedness. The project addresses the specific needs of populations living in the border area with Democratic Republic of Congo and those of travelers crossing the borders between the DRC and Burundi.

The different administrative and local authorities and stakeholders involved in the preparation of the MVE at the entry points and in the surrounding communities were consulted and their rights and opinions were taken into account to improve the project implementation.

	Also, the different communication tools were developed in close collaboration with community actors and specialist from the Ministry of health in order to take in account the social and cultural aspect of the population. Meetings were regularly held with the affected population to take in their opinion and adjust the response. A particular attention was given to vulnerable and marginalized groups during the implementation of the project

6.b IASC AAP Commitment 3 – Information, Feedback and Action

	How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?	
	During the implementation of the project beneficiary populations and stakeholders at all level were regularly informed on the impartial nature of the assistance. They were also informed that the assistance should be provided to all person in need without discrimination and stigmatization based on origin, sex, age, ethnic and religious background or affiliation]	
	Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? **Briefly describe some of the key measures you have taken to address the complaints.**	Yes ☒ No ☐
	A 'rumours bank' has been established through the sub-commission on Ebola risk communication and community engagement, in coordination with the Ministry of Health to document beneficiaries' perceptions and reactions to prevention's interventions. The National Hotline to Ebola hosted by the Ministry of Health received capacity building to better respond to population's queries resulting in an increase of the number of Ebola alerts and suspect case reporting.	
	Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? **Briefly describe some of the key measures you have taken to address the SEA-related complaints.**	Yes ☒ No ☐
	The Red Cross Burundi (CRB) has a hotline number in place for complaints (#109). It is currently being used for protection and gender reporting / information. All partners and people who collaborate with UNICEF on this project were informed and had to comply with UNICEF policy on Sexual Exploitation and Abuse. People, organizations and beneficiaries were invited to report immediately any SEA allegation to the National Hotline run by the Burundian Red Cross.	
	Any other comments (optional):	
	N/A	

7. Cash Transfer Programming

Did the project include one or more Cash Transfer Programmings (CTP)?

Planned	Achieved
No	No

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

The initial proposition did not include final evaluation of the project. However, in terms of monitoring UNICEF in coordination with implementing partners conducted numerous field missions on both WASH and C4D activities to evaluate the quality of the interventions. The Ministry of Health and Ministry of Education were involved in the supervision and quality control of the intervention done by implementing NGOs.	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US$
19-RR-HCR-001	Health	UNHCR	INGO	$126,788
19-RR-CEF-008	Water, Sanitation and Hygiene	UNICEF	NNGO	$111,338
19-RR-CEF-008	Education	UNICEF	GOV	$140,922
19-RR-CEF-008	Water, Sanitation and Hygiene	UNICEF	GOV	$39,026
19-RR-CEF-008	Health	UNICEF	GOV	$36,492

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AIDE	Action Integrée pour l'Environnement et le Développement
AHAMER	Agence Burundaise de l'Hydrolique et de l'Assainissement en Milieu Rural
COPED	Conseil Pour l'Education et le Developpement
CRB	Croix Rouge du Burundi
EPI Kits	Equipement de Protection Individuelle
DPSHA	Direction de la Promotion de la Sante Hygiene et Assainissement
IEC	Information Education Communication
GVC	Gruppo de Volontariato Civile
MSPLS	Ministère de la Santé Publique et de la Lutte contre le SIDA
REGIDESO	Regie des Eaux et Electricite
RTNB	Radio Television Nationale du Burundi
ONPRA	Office National pour la Protection des Refugies et Apatrides