

**RWANDA
RAPID RESPONSE
FLOOD
2023**

23-RR-RWA-59581

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Resident/Humanitarian Coordinator

PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:

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

8th March 2024

The After-Action Review involved the participation of key stakeholders including MINEMA, RCO, OCHA ROSEA, WFP, WHO, and FAO.

Please confirm that the report on the use of CERF funds was discussed with the Humanitarian and/or UN Country Team (HCT/UNCT).

Yes No

Please confirm that the final version of this report was 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

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

At the strategic level, this allocation from the CERF enabled enhanced collaboration with the Government of Rwanda, particularly through its Ministry in Charge of Emergency Management. This allocation served as a testament to the international community's solidarity and commitment to supporting Rwanda's population during a critical climate shock. It further facilitated the engagement of international partners, including UN agencies, as pivotal stakeholders within the country. Importantly, it supported the Government-led response, aligning the lifesaving interventions closely with MINEMA's Emergency Response Plan published in May 2023. Furthermore, this allocation enabled a rapid and targeted response to floods, concentrating efforts on key areas including food security and livelihoods, health, and shelter and non-food items (NFI). As a result, 82,566 individuals, with 50% being women and girls, and 3,514 persons with disabilities, ultimately benefited from these interventions.

CERF's Added Value:

The Government of Rwanda expresses sincere appreciation for the invaluable support provided through the CERF allocation, recognizing its paramount significance in averting a potential catastrophic crisis. This allocation played a crucial role in preventing the situation from reaching critical levels and instilled a sense of hope among the displaced population due to timely delivery of essential services. Noteworthy is the tangible impact observed through the provision of food and cash-based transfers for essential agricultural inputs, as well as access to crucial health services, including maternal and sexual and reproductive health services (SRH). Through the CERF allocation beneficiaries were able to meet basic food needs, pay rent, cover school fees, rehabilitate houses, and contribute to medical insurance. This helped affected people in coping with shocks, while also addressing their basic and food needs during recovery and rebuilding of their livelihoods. This underscores the direct and transformative effect of the CERF allocation preventing in the affected people to evolve into a devastating situation preventing the affected population from enduring a devastating situation.

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

Yes

Partially

No

The disbursement of CERF funds encountered delays attributed to procedural intricacies inherent in formulating a thorough proposal. Primarily, the initial phase necessitated the compilation of essential data, a portion of which relied upon disaggregated data from the Government of Rwanda which needed time to be collected and published, thereby impeding timely submission. Furthermore, the subsequent stages, encompassing proposal development, approval, and fund disbursement, collectively contributed to the elongated timeline which resulted that the delivery of assistance fell short of optimal expectations.

Did CERF funds help respond to time-critical needs?

Yes

Partially

No

The allocation of CERF funds played a crucial role in addressing time-sensitive needs and mitigating the risk of the situation escalating into a catastrophic state. As a direct result of CERF funding, the situation notably stabilized by June/July 2023.

Did CERF improve coordination amongst the humanitarian community?

Yes

Partially

No

The CERF significantly enhanced coordination within the humanitarian community throughout the crisis response, facilitating a unified approach among all stakeholders as well as linking up the coordination at district and central level. Further, different high-level and technical meetings were convened to ensure proper coordination and collaboration between humanitarian actors and the government. This collaboration fostered vital discussions on life-saving requirements and enabled concerted efforts in crafting a response strategy that demanded a heightened level of coordination.

Did CERF funds help improve resource mobilization from other sources?

Yes

Partially

No

WFP successfully secured additional funds of USD 300,000 from the Republic of Korea and EUR 150,000 (USD 180,000) from Luxembourg. Meanwhile, FAO mobilized internal resources amounting to USD 250,000 through the Technical Cooperation Programme (TCP) and seed SFERA for further assessment for anticipatory action. Additionally, WHO obtained an additional USD 80,000 in internal funding. Overall, these combined efforts led to the mobilization of an extra USD 810,000.

Considerations of the ERC's Underfunded Priority Areas¹:

The CERF allocation was characterized by inclusivity right from the outset, exemplified by the provision of both in-kind and cash assistance. Notably, teenage mothers were identified as a priority group for receiving cash assistance from the initial stages, showcasing a commitment to inclusivity and gender considerations from the outset. Further, women heads of households, girls heading households (orphans) and persons with special needs were on the top of the distribution list. Individuals with disabilities who own land for agricultural production have been facilitated and supported in accessing agricultural inputs. Often, they were accompanied by family members during distribution activities to assist in transporting the seeds and fertilizers they received. Importantly, attention was directed towards the predominance of women among beneficiaries, many of whom attended with their husbands, prompting discussions on the appropriate planning and allocation of resources. Efforts were made to adopt an inclusive approach, ensuring that the needs of vulnerable groups were addressed, although acknowledgment was made of potential areas for improvement and the necessity for additional interventions. WFP and WHO effectively targeted a larger number of women and girls, whereas FAO predominantly engaged with men. This discrepancy can be attributed to cultural norms wherein men are traditionally perceived as the heads of households.

Table 1: Allocation Overview (US\$)

| | |
|---|------------------|
| Total amount required for the humanitarian response | 4,000,000 |
| CERF | 1,500,000 |
| Country-Based Pooled Fund (if applicable) | 0 |
| Other (bilateral/multilateral) | 810,000 |
| Total funding received for the humanitarian response (by source above) | 2,310,000 |

Table 2: CERF Emergency Funding by Project and Sector/Cluster (US\$)

| Agency | Project Code | Sector/Cluster | Amount |
|--------------|---------------|---------------------------------|------------------|
| FAO | 23-RR-FAO-021 | Food Security – Agriculture | 400,000 |
| WFP | 23-RR-WFP-031 | Food Security - Food Assistance | 378,000 |
| WFP | 23-RR-WFP-031 | Shelter and Non-Food Items | 322,000 |
| WHO | 23-RR-WHO-031 | Health | 400,000 |
| Total | | | 1,500,000 |

¹ In January 2019, the Emergency Relief Coordinator identified four priority areas as often underfunded and lacking appropriate consideration and visibility when funding is allocated to humanitarian action. The ERC therefore recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and HCTs/UNCTs when prioritizing life-saving needs for inclusion in CERF requests. These areas are: (1) support for women and girls, including tackling gender-based violence, reproductive health and empowerment; (2) programmes targeting disabled people; (3) education in protracted crises; and (4) other aspects of protection. While CERF remains needs based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the questions and answers on the ERC four priority areas [here](#).

Table 3: Breakdown of CERF Funds by Type of Implementation Modality (US\$)

| | |
|--|----------|
| Total funds implemented directly by UN agencies including procurement of relief goods | |
| Funds sub-granted to government partners* | 0 |
| Funds sub-granted to international NGO partners* | 0 |
| Funds sub-granted to national NGO partners* | 0 |
| Funds sub-granted to Red Cross/Red Crescent partners* | 0 |
| Total funds transferred to implementing partners (IP)* | 0 |
| Total | |

* Figures reported in table 3 are based on the project reports (part II, sections 1) and should be consistent with the sub-grants overview in the annex.

2. OPERATIONAL PRIORITIZATION:

Overview of the Humanitarian Situation:

On 2-3 May, heavy rainfall hit the northern, western, and southern provinces of Rwanda, causing floods, triggering landslides, and leading to casualties and damage. The Government of Rwanda's Emergency Response Plan indicates that 135 individuals lost their lives, while 111 others sustained injuries. Over 6,100 houses were either destroyed or severely damaged, and 18,854 people were displaced. Acute life-saving needs identified by the Government in its Emergency Response Plan include food assistance, agriculture interventions, shelter, non-food items (NFIs), and healthcare. Displaced people were temporarily relocated to 73 evacuation sites some of which were in schools and public facilities, where they were provided with temporary shelter and in-kind food assistance through commodities and hot meals.

Operational Use of the CERF Allocation and Results:

In response to this situation, Emergency Relief Coordinator (ERC) Martin Griffiths allocated \$1.5 million from the Central Rapid Response Fund to support life-saving assistance. This funding enables UN agencies and partners to provide lifesaving assistance, including food assistance, healthcare, shelter materials and basic household items. UN agencies and their partners are providing assistance to 18,854 people, including 5,970 women, 3,243 men, 9,641 children, and including 498 people with disabilities.

People Directly Reached:

An estimated 82,566 people were reached, including 22,165 women, 24,606 men, 19,143 girls and 16,652 boys. This included 18,854 IDPs and 63,712 other people affected. Double counting was limited by taking the maximum of people per category and sector.

People Indirectly Reached:

An estimated 2.7 million individuals residing in the 7 most affected flood districts indirectly benefited from this CERF RR allocation. This figure is from the health sector, representing the maximum of people indirectly reached across the other sectors. They benefitted from key activities such the enhancement of early warning and surveillance systems for cholera and other outbreak prone diseases associated with flooding. Moreover, the wider community indirectly benefited from the Protection from Sexual Exploitation and Abuse (PSEA) training provided to frontline workers.

Table 4: Number of People Directly Assisted with CERF Funding by Sector/Cluster*

| Sector/Cluster | Planned | | | | | Reached | | | | |
|---------------------------------|---------|-------|-------|-------|--------|---------|--------|--------|--------|---------------|
| | Women | Men | Girls | Boys | Total | Women | Men | Girls | Boys | Total |
| Food Security - Agriculture | 5,970 | 3,243 | 5,156 | 4,485 | 18,854 | 10,852 | 21,363 | 543 | 1,153 | 33,911 |
| Food Security - Food Assistance | 3,996 | 2,171 | 3,451 | 3,002 | 12,620 | 4,883 | 2,474 | 4,338 | 3,305 | 15,000 |
| Health | 5,970 | 3,243 | 5,156 | 4,485 | 18,854 | 22,165 | 12,040 | 19,143 | 16,652 | 70,000 |
| Shelter and Non-Food Items | 713 | 387 | 615 | 535 | 2,250 | 713 | 387 | 615 | 535 | 2,250 |

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

Table 5: Total Number of People Directly Assisted with CERF Funding by Category*

| Category | Planned | Reached |
|-----------------------------|----------------|----------------|
| Refugees | 0 | 0 |
| Returnees | 0 | 0 |
| Internally displaced people | 18,854 | 18,854 |
| Host communities | 0 | 0 |
| Other affected people | 0 | 63,712 |
| Total | 18,854 | 82,566 |

Table 6: Total Number of People Directly Assisted with CERF Funding*

| Sex & Age | Planned | | Reached | | Number of people with disabilities (PwD) out of the total | |
|----------------------|----------------|----------------|----------------|----------------|--|----------------|
| | Planned | Reached | Planned | Reached | Planned | Reached |
| Women | 5,970 | 22,165 | 68 | 1,113 | | |
| Men | 3,243 | 24,606 | 156 | 604 | | |
| Girls | 5,156 | 19,143 | 216 | 961 | | |
| Boys | 4,485 | 16,652 | 58 | 836 | | |
| Total | 18,854 | 82,566 | 498 | 3,514 | | |

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 23-RR-FAO-021

| 1. Project Information | | | |
|---------------------------------|---|--|--|
| Agency: | FAO | Country: | Rwanda |
| Sector/cluster: | Food Security - Agriculture | CERF project code: | 23-RR-FAO-021 |
| Project title: | Emergency agriculture response to support vulnerable people affected by floods and landslides in Rwanda | | |
| Start date: | 20/05/2023 | End date: | 19/11/2023 |
| Project revisions: | No-cost extension <input type="checkbox"/> | Redeployment of funds <input type="checkbox"/> | Reprogramming <input type="checkbox"/> |
| Funding | Total requirement for agency's sector response to current emergency: | | US\$ 500,000 |
| | Total funding received for agency's sector response to current emergency: | | US\$ 250,000 |
| | Amount received from CERF: | | US\$ 400,000 |
| | Total CERF funds sub-granted to implementing partners: | | US\$ 0 |
| | Government Partners | | US\$ 0 |
| | International NGOs | | US\$ 0 |
| | National NGOs | | US\$ 0 |
| Red Cross/Crescent Organisation | | US\$ 0 | |

2. Project Results Summary/Overall Performance

Through the CERF allocation, FAO coordinated with the Ministry in Charge of Emergency Management (MINEMA), the Ministry of Agriculture and Animal Resources (MINAGRI), and the Ministry of Local Government (MINALOC) as well as other partner institutions like Rwanda Agriculture and Animal resource Board (RAB) and the decentralized agriculture institutions to provide timely access to quality agriculture inputs including seeds and fertilizers to 9,439 vulnerable households. A total of 123,000 kgs of fertilizers, including 66,000 kgs of NPK and 66,000 kgs of DAP, along with 74,620 kgs of climbing beans and 497 kgs of vegetables (onion, carrots, cabbage, and eggplant seeds), were distributed, benefiting 33,911 individuals. CERF funding also enabled FAO to enhance the capacities of agronomists and farmers, addressing climate change, gender inclusion, PSEA, and GBV issues through training sessions attended by 193 participants (100 women and 93 men). Field activities were conducted between September and November 2023, including post-distribution assessments.

The project locations were the following based on the discussions with the MINEMA and MINAGRI: Burera district (Kagogo sector), Gakenke district (Coko and Mugunga sectors) Nyabihu district (Kintobo and Shyira sectors) and Ngororero district (Ngororero, Matyazo, Muhanda, Kavumu and Sovu sectors) in the north province and Rubavu district (Nyundo, Nyamyumba, Kanama, Rugerero and Busasamana sectors), Rutsiro district (Kivumu and Gihango sectors) in Western province.

Results from the FAO post-distribution monitoring survey together with the central and decentralized institutions of MINEMA, MINALOC and MINAGRI indicate positive outcomes. 96% percent of beneficiaries affirmed transparent selection processes without any associated costs. Additionally, 98% stated that the distributed agricultural inputs were aligned with their household needs. Three months after distribution, 76% had already planted the seeds, and 67% had begun using the provided fertilizers, reflecting the project's effectiveness in meeting beneficiary needs and promoting agricultural productivity.

3. Changes and Amendments

The initial plan aimed to operate in 7 districts, but budget constraints discussed with MINEMA, MINAGRI and MINALOC suggested a reduction to 6 districts to reach more beneficiaries, and be more efficient, as advised by the Government of Rwanda. In Output 2, Indicator 2.1, the target of 4,962 households (one person per household) was adjusted to a training of trainers (ToT) approach resulting in 193 people trained. This approach was adopted for three reasons: a) logistical complexities, b) expedite training and meet the agriculture season, c) budget constraint. In terms of cost, FAO spent 25,881 US\$ to train 193 persons, which shows that there was not sufficient budget to cover all beneficiaries as well as to pay agriculture inputs and fertilizers. The final list of trainees was approved by district and sector agronomists based on criteria such as education level, gender, and disability status. In order not to miss the agricultural season, FAO in close collaboration with the line ministries were obliged to agree quickly on certain decisions such as area of intervention, people to be supported to be able to plant before October 15, 2023.

Lessons learned highlighted the need of flexible project designs for CERF to accommodate varying disaster impacts, necessitating adjustments to contingency plans for distribution and training. Future efforts will prioritize rigorous resource allocation, continuous monitoring, and close collaboration with the government to effectively serve those in need.

The support we have provided has triggered additional funding from FAO internal resources (USD 250,000) through Technical Cooperation Programme (TCP) and seed SFERA for additional assessment for anticipatory action.

4. Number of People Directly Assisted with CERF Funding*

| Sector/cluster | Food Security – Agriculture | | | | | | | | | |
|--|-----------------------------|--------------|--------------|--------------|---------------|---------------|---------------|------------|--------------|---------------|
| Category | Planned | | | | | Reached | | | | |
| | Women | Men | Girls | Boys | Total | Women | Men | Girls | Boys | Total |
| Refugees | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Returnees | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Internally displaced people | 5,970 | 3,243 | 5,156 | 4,485 | 18,854 | 0 | 0 | 0 | 0 | 0 |
| Host communities | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other affected people | 0 | 0 | 0 | 0 | 0 | 10,852 | 21,363 | 543 | 1,153 | 33,911 |
| Total | 5,970 | 3,243 | 5,156 | 4,485 | 18,854 | 10,852 | 21,363 | 543 | 1,153 | 33,911 |
| People with disabilities (PwD) out of the total | | | | | | | | | | |
| | 68 | 156 | 216 | 58 | 498 | 132 | 263 | 14 | 7 | 416 |

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

The project has positively impacted 33,911 individuals, with expectations of further beneficiaries as production continues.

These individuals include members of households that received support, transporters of agricultural inputs, vendors of vegetable seeds and fertilizers, as well as labourers involved in loading and unloading agricultural inputs and fertilizers at all levels.

6. CERF Results Framework

Project objective Support urgent food security and agriculture needs of vulnerable people affected by floods and landslides in 7 districts of Rwanda through provision of agriculture inputs such as, seeds and fertilizers.

Output 1 Time-critical agriculture production and capacity development for vulnerable people is restored

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Food Security – Agriculture

| Indicators | Description | Target | Achieved | Source of verification |
|---------------|--|--------|----------|-------------------------------------|
| Indicator 1.1 | Ag.1 Number of people receiving agricultural inputs (items/packages/kits) | 4,962 | 9,436 | Lists of distribution |
| Indicator 1.2 | Number of people (individuals) impacted by the distribution of agriculture inputs and Fertilizers | 18,854 | 33,911 | Number of persons by HH |
| Indicator 1.3 | AP.4b Percentage of affected people who state that the assistance, services and/or protection provided correspond with their needs | 80 | 96 | Post distribution Monitoring survey |

Explanation of output and indicators variance :

In certain districts like Karongi and Rutsiro, local authorities decide to reduce the agricultural-inputs and fertilizers planned per HH to serve more farmers, reduce conflicts, and be more equitable. People receiving agricultural inputs (indicator 1.1) doubled and those impacted by it doubled (indicator 1.2).

The number of persons affected floods and landslides were many in different districts and sectors. It was realized that the CERF project was just a contribution and only some persons were assisted by CERF funds.

No Implementing Partner was hired. The Government advised to use funds planned for this to increase the quantity of fertilizers.

FAO was able to mobilize additional resources from internal technical cooperation programme TCP and SFERA.

| Activities | Description | Implemented by |
|--------------|--|---|
| Activity 1.1 | Identification of Implementing Partner | No Implementing Partner |
| Activity 1.2 | Identification of the beneficiaries | Government institutions (Decentralized institutions from the Ministry of Local Government in collaboration with Ministry of Emergencies were responsible of this task and Ministry of Agriculture) particularly the agronomists |
| Activity 1.3 | Procurement of Agriculture inputs | FAO |

| | | |
|--------------|------------------------------------|---|
| Activity 1.4 | Distribution of Agriculture inputs | FAO in collaboration with local authorities (District +Sectors and cells) under Ministry of Local Government as well as MINAGRI agronomists |
| Activity 1.5 | Monitoring and Evaluation | FAO and staff from Ministry of Local Government as well as MINAGRI agronomists |

Output 2 Awareness on disaster and climate risk management among the communities suffered from floods and landslides

Was the planned output changed through a reprogramming after the application stage? Yes No

| | | | | |
|---|---|---|-----------------|-------------------------------|
| Sector/cluster | Food Security – Agriculture | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 2.1 | Ag.6 Number of people trained on climate smart agriculture practices, disaggregated by gender | 4,962 | 193 | Training report |
| Indicator 2.2 | AP.2b Percentage of affected people who state that they are aware of feedback and complaints mechanisms established for their use | 80 | 82 | Post distribution assessment |
| Indicator 2.3 | Number of people aware of existing coping mechanisms on floods and landslides | 70 | 193 | Training report |
| Indicator 2.4 | Number of people sensitized on PSEA and GBV | 70 | 193 | Training report |
| Explanation of output and indicators variance: | | Indicator 2.1 - In terms of cost, FAO spent 25,881 US\$ to train 193 persons which means that the available budget was not sufficient to train all beneficiaries and pay agriculture inputs and fertilizers. It is in this context that a TOT approach identified as the best option. All thematic were discussed during the main training on climate smart agriculture by introducing related modules. This explains the increase in the numbers of people reached for indicators 2.3 and 2.4 | | |
| Activities | Description | Implemented by | | |
| Activity 2.1 | Capacitate target people on climate smart agriculture technologies | FAO | | |
| Activity 2.2 | Create awareness raising on floods prevention and protection | FAO | | |
| Activity 2.3 | Sensitization target farmers/people on PSEA and GBV | FAO | | |

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas² often lacking appropriate

² These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas

consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)³:

Prior to distributing agricultural inputs and fertilizers, meetings were convened at district and sector levels to organize distributions, determine work sites, and allocate responsibilities. At the sector level, authorities were tasked with informing and organizing beneficiaries regarding the timing and locations of distribution. Each distribution event commenced with an informational meeting, clarifying the purpose and objectives of the activity. This included detailing the type and quantity of support available to each beneficiary and providing technical guidance on the efficient use of agricultural inputs and fertilizers. The primary aim was to ensure transparency, mitigate conflicts, and encourage beneficiaries to optimize production. These efforts were conducted in close collaboration with FAO, local authorities, and representatives of beneficiaries, with priority given to women heads of households, persons with disabilities, and individuals with productive land.

b. AAP Feedback and Complaint Mechanisms:

Project partners, including technicians and farmers, were provided with official email addresses and telephone numbers by the distribution and training/sensitization organizers. These contacts were designated for reporting complaints to relevant government authorities and FAO via email. Conversely, beneficiaries' contact information was recorded during distribution for communication purposes during the post-distribution assessment. A subset of beneficiaries was subsequently contacted to gauge their satisfaction with the interventions.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

Farmers and agronomists received training on preventing all forms of sexual exploitation and abuse. They were also informed about existing national mechanisms, such as the Isange One Stop Center, and provided with toll-free hotline numbers to use in case of emergencies.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

During the beneficiary identification phase, priority was given to women heading households, girls in charge of households (orphans), and individuals with special needs for distribution. During training sessions, facilitators emphasized the importance of inclusivity, particularly for women and youth, in all planned interventions. Special attention was directed towards women and girls as statistics indicate their significant contribution to Rwanda's economy, notably in the agricultural sector where they comprise 79% of the labor force. The CERF project presented a significant opportunity for women to access improved seeds, especially vegetables, enabling them to generate income through sales, enhance food security, and mitigate malnutrition through increased consumption.

e. People with disabilities (PwD):

People with disabilities who own land for production received the same support and access to agricultural inputs and fertilizers as other farmers affected by floods and landslides. In many instances, they were accompanied by family members during distribution to assist in

to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

³ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

transporting the seeds and fertilizers they received. Throughout the project implementation, individuals with disabilities, like everyone else, benefited from the regular protection provided by their parents, siblings, and neighbors.

f. Protection:

N/A

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

| Planned | Achieved | Total number of people receiving cash assistance: |
|---------|----------|---|
| No | No | 0 |

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

The CVA was not considered because it is not yet established in FAO system at country level.

Parameters of the used CVA modality:

| Specified CVA activity (incl. activity # from results framework above) | Number of people receiving CVA | Value of cash (US\$) | Sector/cluster | Restriction |
|---|--------------------------------|----------------------|-----------------|-----------------|
| [Fill in] | [Fill in] | US\$ [insert amount] | Choose an item. | Choose an item. |
| [Fill in] | [Fill in] | US\$ [insert amount] | Choose an item. | Choose an item. |
| [Fill in] | [Fill in] | US\$ [insert amount] | Choose an item. | Choose an item. |

9. Visibility of CERF-funded Activities

| Title | Weblink |
|--------|---|
| Photos | https://photos.app.goo.gl/ktJLSyj37NxK29SP7 |
| Photos | https://photos.app.goo.gl/YYX9ttjPA5Fy5tTm8 |
| Videos | https://we.tl/t-uJephQA2or |

3.2 Project Report 23-RR-WFP-031

| 1. Project Information | | | |
|---------------------------------|---|--|--|
| Agency: | WFP | Country: | Rwanda |
| Sector/cluster: | Food Security - Food Assistance Shelter and Non-Food Items | CERF project code: | 23-RR-WFP-031 |
| Project title: | Flood and landslide emergency response | | |
| Start date: | 27/05/2023 | End date: | 26/11/2023 |
| Project revisions: | No-cost extension <input type="checkbox"/> | Redeployment of funds <input type="checkbox"/> | Reprogramming <input type="checkbox"/> |
| Funding | Total requirement for agency's sector response to current emergency: | | US\$ 2,850,000 |
| | Total funding received for agency's sector response to current emergency: | | US\$ 460,000 |
| | Amount received from CERF: | | US\$ 700,000 |
| | Total CERF funds sub-granted to implementing partners: | | US\$ 0 |
| | Government Partners | | US\$ 0 |
| | International NGOs | | US\$ 0 |
| National NGOs | | US\$ 0 | |
| Red Cross/Crescent Organisation | | US\$ 0 | |

2. Project Results Summary/Overall Performance

Through the CERF RR grant, WFP, in collaboration with the Ministry in Charge of Emergency Management (MINEMA) and its cooperating partners, provided food assistance to 12,260 individuals across 61 sectors from 6 districts which are Karongi (11), Rutsiro (13), Rubavu (5), Ngororero (12), Burera (7), and Nyabihu (13) districts. In-kind cooked food was provided when they arrived at evacuation sites when landslides and floods commenced in May 2023. Cash-based transfers were given upon their return home to support them in purchasing food and other basic needs. Following the assessment, the Government (MINEMA) advised keeping the 6 most affected districts rather than the 7 districts initially planned.

WFP collaborated with MINEMA to launch a sensitization campaign in September 2023 to provide information regarding: (i) cash distribution targeting criteria; (ii) financial service providers; (iii) transfer values and assistance objectives; and, (iv) guidance to beneficiaries on how to access their cash assistance. The cash distribution was handled through Western Union (WU), allowing beneficiaries to withdraw their assistance through paper vouchers at designated WU agents.

In October 2023, WFP distributed approximately USD 351,000 in cash assistance to 3,225 households (HHs), benefiting 13,160 people across 61 sectors in Karongi (11), Rutsiro (13), Rubavu (5), Ngororero (12), Burera (7), and Nyabihu (13) districts. Furthermore, the project also supported the provision of 18 Mobile Storage Units (MSUs) to the MINEMA, benefiting approximately 2,500 individuals affected by the crisis.

A Post-Distribution Monitoring (PDM) survey conducted in November 2023 affirmed the successful distribution of entitlements to beneficiaries as communicated during sensitization sessions. Beneficiaries confirmed the use of the assistance to meet basic food needs, pay rent, cover school fees, rehabilitate houses, and contribute to medical insurance. This helped affected people in coping

with shocks, while also addressing their basic and food needs during recovery and rebuilding of their livelihoods. Additionally, it alleviated some of the burdens on the Government by reaching a large number of vulnerable individuals affected by disasters.

3. Changes and Amendments

In the proposal, WFP was expected to cover 7 districts: Karongi, Rutsiro, Rubavu, Nyabihu, Burera, Ngororero, and Gakenke. However, only 6 districts were covered. This discrepancy arose because MINEMA provided districts that were significantly affected by floods, where affected individuals remained for an extended period at sites. Gakenke district, although affected by floods, did not have people displaced and evacuated to sites, leading to its exclusion from the list shared with WFP. Therefore, MINEMA identified only those districts heavily impacted by floods where people were displaced and evacuated to various sites, including Karongi, Rutsiro, Rubavu, Nyabihu, Burera, and Ngororero.

Obtaining final participant lists from the government posed certain challenges due to data errors and time delays. Budget constraints mandated the application of targeting criteria, prompting additional communication efforts with MINEMA, sectors, and WFP for list refinement. Some beneficiaries' absence from sensitization sessions resulted in erroneous name details, which caused distribution delays in some cases. Correcting this involved contacting WFP's Community Feedback Mechanism (CFM) desk for direct cash out, submitting revised details to Western Union, and updating information in their system. Last-minute confirmations or changes to planned activity timelines, especially those requiring government approval, occasionally led to delays in commencing project activities as scheduled.

4. Number of People Directly Assisted with CERF Funding*

| Sector/cluster | Shelter and Non-Food Items | | | | | | | | | |
|-----------------------------|----------------------------|------------|------------|------------|--------------|------------|------------|------------|------------|--------------|
| Category | Planned | | | | | Reached | | | | |
| | Women | Men | Girls | Boys | Total | Women | Men | Girls | Boys | Total |
| Refugees | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Returnees | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Internally displaced people | 713 | 387 | 615 | 535 | 2,250 | 713 | 387 | 615 | 535 | 2,250 |
| Host communities | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other affected people | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 713 | 387 | 615 | 535 | 2,250 | 713 | 387 | 615 | 535 | 2,250 |

People with disabilities (PwD) out of the total

| | | | | | | | | | |
|---|----|----|---|----|---|----|----|---|----|
| 8 | 18 | 26 | 7 | 59 | 8 | 18 | 26 | 7 | 59 |
|---|----|----|---|----|---|----|----|---|----|

| Sector/cluster | Food Security - Food Assistance | | | | | | | | | |
|-----------------------------|---------------------------------|--------------|--------------|--------------|---------------|--------------|--------------|--------------|--------------|---------------|
| Category | Planned | | | | | Reached | | | | |
| | Women | Men | Girls | Boys | Total | Women | Men | Girls | Boys | Total |
| Refugees | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Returnees | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Internally displaced people | 3,996 | 2,171 | 3,451 | 3,002 | 12,620 | 4,883 | 2,474 | 4,338 | 3,305 | 15,000 |
| Host communities | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other affected people | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 3,996 | 2,171 | 3,451 | 3,002 | 12,620 | 4,883 | 2,474 | 4,338 | 3,305 | 15,000 |

People with disabilities (PwD) out of the total

| | | | | | | | | | |
|----|-----|-----|----|-----|----|-----|-----|----|-----|
| 46 | 104 | 144 | 39 | 333 | 46 | 104 | 144 | 39 | 333 |
|----|-----|-----|----|-----|----|-----|-----|----|-----|

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

The indirect beneficiaries of cash assistance in the community included individuals reached through awareness campaigns, particularly vulnerable groups such as women, persons with disabilities and the elderly. Furthermore, the provision of cash through Western Union benefited local merchants and service providers, contributing to the economy. Overall, an estimated 4,600 people benefited indirectly from the project.

6. CERF Results Framework

| | | | | | |
|--|--|---|-----------------|--|--|
| Project objective | Ensure the food security of people displaced by the floods and landslides | | | | |
| Output 1 | Internally Displaced Persons have received food assistance | | | | |
| Was the planned output changed through a reprogramming after the application stage? | | | | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Sector/cluster | Food Security - Food Assistance | | | | |
| Indicators | Description | Target | Achieved | Source of verification | |
| Indicator 1.1 | FS.4 Percentage of people enabled to meet their basic food needs | 67 | 100 | Distribution list | |
| Indicator 1.2 | FN.1a Number of people receiving in-kind food assistance | 5,000 | 5,000 | [Distribution report] | |
| Indicator 1.3 | FN.1b Quantity of food assistance distributed in MT | 16,951 | 16,951 | [Reconciliation reports] | |
| Indicator 1.4 | Cash.2a Number of people receiving sector-specific unconditional cash transfers | 7,620 | 3,225 | [Beneficiaries list/distribution list] | |
| Indicator 1.5 | Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD | 128,392 | 137,743 | Financial Report | |
| Explanation of output and indicators variance: | | <p>Indicator 1.1.: WFP managed to secure additional funds from other donors such as Luxemburg and Korea.</p> <p>Indicator 1.4.: Following discussions with the government (MINEMA, MINALOC), it was agreed to reduce the target number of beneficiaries and stretch resources to cover 2.2 months rather than the originally scheduled one month.</p> <p>The calculation method by range involves categorizing a household of 1-2 members as 2, receiving RWF 65,280; a household of 3-5 as 4, receiving RWF 125,560; and a household of 6 or more as 6, receiving RWF 185,840. Given the list of 3,225 households shared by MINEMA, it was decided to extend the assistance duration from 1 month to 2.2 months, provided as a one-time transfer.</p> <p>Indicator 1.5: The distributed amount exceeds the planned allocation due to adjustments made after receiving the final list of beneficiaries.</p> | | | |
| Activities | Description | Implemented by | | | |
| Activity 1.1 | Distribution of in-kind food assistance | WFP | | | |
| Activity 1.2 | Distribution of food assistance through cash transfers | WFP through Western Union. | | | |
| Activity 1.3 | Collaboration with LODA to ensure beneficiaries have access to a CFM | WFP and MINEMA | | | |

Output 2 Internally Displaced Persons have access to temporary shelter

Was the planned output changed through a reprogramming after the application stage? Yes No

| Sector/cluster | Shelter and Non-Food Items | | | |
|---|--|----------------|----------|------------------------|
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 2.1 | SN.3 Number of shelters and common shelter structures constructed or rehabilitated | 18 | 18 | Goods received note |
| Indicator 2.2 | SN.6 Number of people accessing shelter services | 2,250 | 2,250 | Reconciliation report |
| Explanation of output and indicators variance: | | N/A | | |
| Activities | Description | Implemented by | | |
| Activity 2.1 | Procurement, transport and distribution of MSUs | WFP | | |

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁴ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁵:

In the pursuit of the WFP mission, our commitment towards protection and accountability to affected populations remains unwavering to the well-being and safety, dignity, respect, and rights of the communities we serve. Following the design and consultation meetings, WFP and MINEMA agreed that the list should prioritize vulnerable individuals, including people with disabilities, single mothers heading households, individuals with chronic illnesses, and those with specific protection issues. During community meetings and sensitization sessions, beneficiaries were consulted about their preferred communication channels for raising complaints and receiving feedback. The WFP CFM desk was selected as the most preferred channel for receiving complaints within appropriate timelines, offering multiple communication channels for CFM through both WFP and MINEMA (hotline, in-person).

⁴ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

⁵ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

b. AAP Feedback and Complaint Mechanisms:

As part of the communication plan, WFP and MINEMA collaborated to establish dedicated community feedback channels for beneficiaries. MINEMA used its existing toll-free number (170), while WFP utilized its toll-free number (9753). This allowed partners to offer alternatives for beneficiaries to seek information and share feedback. Besides establishing the community feedback mechanism and communicated sensitization meetings, WFP and MINEMA used channels such as communication through staff, coordination with Social Affairs Officers at the sector level, and engagement with Socio-Economic Development Officers at the cell level. This multi-channel approach sought to accommodate a wide range of communication preferences while also increasing outreach. Throughout the distribution process, concerns were received and handled professionally in coordination with MINEMA and local authorities.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

The mechanism for recording and handling Sexual Exploitation and Abuse (SEA)-related complaints within the context of cash assistance for Internally Displaced Persons (IDPs) was carefully established. Regular monitoring ensured the accessibility, responsiveness, and effectiveness of the mechanism in addressing SEA concerns within the IDP community. The CFM among other communication channels, allowed beneficiaries to report any complaints and provide feedback in a safe and dignified manner. However, no cases of SEA were identified or reported to WFP and MINEMA throughout the reporting period, emphasizing the importance of ongoing monitoring and effective preventative measures, as well as awareness efforts, in protecting vulnerable populations.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

WFP ensured women's representation and engagement throughout the project's duration. During the targeting criteria and selection of beneficiaries, priority was given to female-headed households to promote gender equality and empower women in the community. Gender equality was promoted through awareness campaigns and community forums, empowering women, girls, and sexual and gender minorities to claim their rights and dignity. Both women and men were educated on the use of entitlements, emphasizing equal access and joint decision-making regarding the use of cash assistance received.

e. People with disabilities (PwD):

To enhance disability inclusion, WFP ensured that relevant considerations such as understanding the proportion of people with disabilities within the scope of project were considered and that people with disabilities were involved in the sensitisation activities. Further WFP ensured that beneficiaries had access to facilities that accommodate people with disabilities while withdrawing money. Transportation fees were paid to ensure ease of access for all individuals to receive assistance without difficulties. At evacuation sites, food was served in tents, and collaboration with partners ensured the prioritization of people with disabilities and other vulnerable groups.

f. Protection:

Protection efforts were centred on embracing the 'Do No Harm' approach to affected populations, particularly the most vulnerable such as pregnant and breastfeeding women, girls, children, elderly people, and persons with disabilities. The protection of all affected persons and those at risk was integral to the project' implementation, which considered best practices for child protection, such as having child-headed households receive money through a proxy/guardian, with clear communication and follow-up or monitoring by local authorities. Sensitization and distribution activities raised awareness of protection risks and strengthened community resilience. Enhanced reporting mechanisms were established for incidents of harm or abuse, empowering marginalized groups to advocate for their rights. By prioritizing protection throughout the project, a supportive and secure environment was created to safeguard the well-being and rights of all beneficiaries, particularly the most vulnerable among IDPs.

g. Education:

Not applicable

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

| Planned | Achieved | Total number of people receiving cash assistance: |
|---|---|--|
| Yes, CVA is a component of the CERF project | Yes, CVA is a component of the CERF project | WFP provided cash assistance to 3,225 HHs, benefiting 13,160 people. |

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

Yes, Cash and Voucher Assistance (CVA) was primarily used to address immediate food needs and other essential expenses of the beneficiaries. The assistance included both in-kind food and cash assistance, with the latter delivered through Western Union. To ensure coordination and avoid duplication of efforts, linkages to existing social protection systems were explored. This involved collaborating with local authorities, such as MINEMA, and relevant government agencies to identify eligible beneficiaries and leverage existing systems for the efficient delivery of assistance.

Parameters of the used CVA modality:

| Specified CVA activity (incl. activity # from results framework above) | Number of people receiving CVA | Value of cash (US\$) | Sector/cluster | Restriction |
|---|--------------------------------|----------------------|--|--------------|
| Cash transfer (Activity 1.2) | 3,225 | US\$ 137,743 | Distribution of food assistance through cash transfers | Unrestricted |
| In-kind food assistance (Activity 1.1) | 5,000 | US\$15,582 | Distribution of in-kind food assistance | Restricted |

9. Visibility of CERF-funded Activities

| Title | Weblink |
|--|--|
| This contribution was highlighted in the 2023 WFP Rwanda Annual Country Report | The report will be published by end 30 March 2024. |
| The contribution was published in an article " <u>WFP supports thousands of people displaced by flooding and landslides in Rwanda</u> " was published. A press release was issued, and the CERF logo has been placed on WFP sign posts throughout relevant sites, including food distribution points and the hotline desk. | <u>"WFP supports thousands of people displaced by flooding and landslides in Rwanda"</u> |

3.3 Project Report 23-RR-WHO-031

| 1. Project Information | | | |
|---------------------------------|--|--|--|
| Agency: | WHO | Country: | Rwanda |
| Sector/cluster: | Health | CERF project code: | 23-RR-WHO-031 |
| Project title: | Lifesaving health interventions in flood affected districts in Rwanda | | |
| Start date: | 20/06/2023 | End date: | 19/12/2023 |
| Project revisions: | No-cost extension <input type="checkbox"/> | Redeployment of funds <input type="checkbox"/> | Reprogramming <input type="checkbox"/> |
| Funding | Total requirement for agency's sector response to current emergency: | | US\$ 650,000 |
| | Total funding received for agency's sector response to current emergency: | | US\$ 80,000 |
| | Amount received from CERF: | | US\$ 400,000 |
| | Total CERF funds sub-granted to implementing partners: | | US\$ 0 |
| | Government Partners | | US\$ 0 |
| | International NGOs | | US\$ 0 |
| National NGOs | | US\$ 0 | |
| Red Cross/Crescent Organisation | | US\$ 0 | |

2. Project Results Summary/Overall Performance

Through the CERF grant, WHO and its partners delivered life-saving health interventions, ensuring access to essential health services, including maternal health and sexual and reproductive health (SRH) services, for individuals affected by the floods and landslide emergency. These services involved the procurement of Interagency Emergency Health Kits (IEHKs) to address the priority health needs of populations with limited access to healthcare. The initiative reached 70,000 individuals across the seven flood-affected districts of Rubavu, Karongi, Nyabihu, Ngororero, Rutsiro, Gakenke, and Burera as each kit can serve a population of 10,000 people. Additionally, dignity kits were provided for 480 pregnant and lactating women. Additionally, the funds supported the enhancement of laboratory surveillance systems to ensure prompt detection and timely response to cholera and other diarrheal disease outbreaks. This facilitated the screening of 5,046 samples using Rapid Diagnostic Tests (RDT), ensuring timely confirmation of cholera through the culture of RDT positive acute watery diarrhoea samples. The shortened turnaround time was possible as the tests could be conducted at district hospitals instead of being shipped to the national reference laboratory in Kigali. The provided funding also allowed WHO to disseminate information and raise awareness among 407 frontline workers drawn from various sectors, empowering them to prevent and respond to instances of sexual exploitation and abuse (SEA), as well as sexual harassment.

3. Changes and Amendments

The project, initially designed to assist individuals displaced by floods in IDP camp settings, underwent a shift in dynamics as the affected persons returned home within 1.5 months, by mid-June 2023. To ensure continuous access to essential services for those affected, commodities and equipment were distributed to health facilities near the areas most impacted by the floods. This shift posed a challenge in data collection, as the focus transitioned from specifically targeting persons affected by the floods to generalizing and collecting data for individuals within the catchment area of health facilities located closest to the most affected flood areas. Additionally, the project encountered implementation challenges, notably in the procurement of Interagency Reproductive Health (IARH) kits, due to supply chain delays. These delays stemmed from the prioritization of countries facing active health emergencies and some manufacturers' inability to ensure the timely production of specific reproductive health kits. Despite these obstacles, the organization chose to continue project implementation while employing adaptive strategies, such as utilizing existing in-country stocks and resources. These resources, estimated at USD 80,000 from WHO internal funds, were used to sustain project implementation until the arrival of newly procured commodities, which were then used to replenish those already utilized. These efforts underscore the project's commitment to overcoming challenges and emphasize the importance of flexibility and adaptability in responding to unforeseen circumstances during implementation, particularly regarding offshore procurements.

4. Number of People Directly Assisted with CERF Funding*

| Sector/cluster | Health | | | | | | | | | |
|--|--------------|--------------|--------------|--------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Category | Planned | | | | | Reached | | | | |
| | Women | Men | Girls | Boys | Total | Women | Men | Girls | Boys | Total |
| Refugees | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Returnees | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Internally displaced people | 5,970 | 3,243 | 5,156 | 4,485 | 18,854 | 5,970 | 3,243 | 5,156 | 4,485 | 18,854 |
| Host communities | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other affected people | 0 | 0 | 0 | 0 | 0 | 16,195 | 8,797 | 13,987 | 12,167 | 51,146 |
| Total | 5,970 | 3,243 | 5,156 | 4,485 | 18,854 | 22,165 | 12,040 | 19,143 | 16,652 | 70,000 |
| People with disabilities (PwD) out of the total | | | | | | | | | | |
| | 68 | 156 | 216 | 58 | 498 | 1,113 | 604 | 961 | 836 | 3,514 |

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

Approximately 2.7 million individuals residing in the 7 most affected flood districts indirectly benefited from the enhancement of early warning and surveillance systems for cholera and other outbreak prone diseases associated with flooding. This strengthening facilitated the prompt detection of potential disease outbreaks, enabling early identification and timely responses. As a result, these measures played a pivotal role in reducing disease transmissions by implementing effective control measures promptly and efficiently. Moreover, the wider community indirectly benefited from the Protection from Sexual Exploitation and Abuse (PSEA) training provided to frontline workers. This training indirectly improved the well-being of communities in these districts, as the empowered frontline workers applied the knowledge and skills gained to raise awareness among communities and implement measures for preventing, detecting, and responding to sexual exploitation and harassment. These efforts will also be sustained during responses to future emergencies to safeguard the public from SEA.

6. CERF Results Framework

| | | | | |
|--|--|---|-----------------|--|
| Project objective | To improve access to essential health services including maternal health and sexual and reproductive health (SRH) services and enhance systems to ensure prompt detection and timely response to disease outbreaks in the seven flood-affected districts of Rubavu, Karongi, Nyabihu, Ngororero, Rutsiro, Gakenke, and Burera. | | | |
| Output 1 | Lifesaving medicine and essential medical equipment and supplies procured and distributed | | | |
| Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | |
| Sector/cluster | Health | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 1.1 | H.1a Number of emergency health kits delivered to healthcare facilities | 9 | 9 | Rwanda Biomedical Centre (RBC) and Rwanda Medical Stores (RMS) |
| Indicator 1.2 | H.11 Number of people receiving treatment for acute watery diarrhoea (incl. cholera) | 1,885 | 7,268 | MOH |
| Indicator 1.3 | H.8 Number of primary healthcare consultations provided | 18,854 | 70,000 | MOH |
| Explanation of output and indicators variance: | | Indicators 1.2 and 1.3: After the closure of IDP camps and the return of individuals to their residences, kits were distributed to health facilities in the flood-affected regions, and services resumed. To facilitate data collection, one health centre per district, situated closest to the most affected flood areas in the seven project districts, was chosen. This contributed to an increase in numbers, as these facilities began serving both former IDPs and other affected community members within their catchment areas. Notably, the status of having been an IDP was not a variable collected during service delivery in the health facilities. Given that each IEHK kit is intended to accommodate a population of 10,000, and considering that each affected district received one kit, it follows that up to 70,000 individuals benefited from the contents of these kits. | | |
| Activities | Description | Implemented by | | |
| Activity 1.1 | Procurement and distribution of interagency emergency health kits (IEHK) to health facilities in the affected districts | WHO, Rwanda Biomedical Centre (RBC) and Rwanda Medical Stores (RMS) | | |

| | | |
|--------------|---|--|
| Activity 1.2 | Supportive supervision and monitoring of project implementation | WHO and Rwanda Biomedical Centre (RBC) |
| Activity 1.3 | Provision of technical support to the health sector response in the most affected districts | WHO and Rwanda Biomedical Centre (RBC) |

Output 2 Diagnostic capacity to timely confirm and respond to cholera outbreaks is enhanced in flood affected districts

Was the planned output changed through a reprogramming after the application stage? Yes No

| | |
|-----------------------|--------|
| Sector/cluster | Health |
|-----------------------|--------|

| Indicators | Description | Target | Achieved | Source of verification |
|---------------|--|--------|----------|------------------------|
| Indicator 2.1 | Proportion of persons with acute watery diarrhoea (AWD) screened for cholera using Cholera rapid diagnostic tests (RDTs) | 100 | 70 | MOH |
| Indicator 2.2 | Proportion of cholera RDT positive AWD samples cultured for cholera | 100 | 100 | MOH |

Explanation of output and indicators variance: According to the Rwanda IDSR cholera surveillance case definition, a suspected cholera case is an individual aged 2 years and older presenting with acute watery diarrhoea in an area where there is no ongoing cholera outbreak. As none of the seven districts reported a cholera outbreak during the project period, screening for cholera using Rapid Diagnostic Tests (RDTs) specifically targeted individuals aged 2 years and above, resulting in the 70% achievement.

| Activities | Description | Implemented by |
|--------------|---|--|
| Activity 2.1 | Procurement and distribution of cholera RDTs to health facilities in the affected districts | WHO and Rwanda Biomedical Centre (RBC) |
| Activity 2.2 | Procurement and distribution of cholera laboratory reagents and commodities | WHO and Rwanda Biomedical Centre (RBC) |

Output 3 Improved access to maternal health and SRH services for women of reproductive age, pregnant and breastfeeding women.

Was the planned output changed through a reprogramming after the application stage? Yes No

| | |
|-----------------------|--------|
| Sector/cluster | Health |
|-----------------------|--------|

| Indicators | Description | Target | Achieved | Source of verification |
|---------------|--|--------|----------|---|
| Indicator 3.1 | SP.2a Number of inter-agency emergency reproductive health kits delivered | 60 | 60 | WHO, Rwanda Biomedical Centre (RBC) and Rwanda Medical Stores (RMS) |
| Indicator 3.2 | SP.2b Number of people accessing services enabled by inter-agency emergency reproductive health kits | 5,970 | 7,783 | MOH |
| Indicator 3.3 | SP.1b Number of people receiving menstrual hygiene management kits and/or dignity kits | 448 | 448 | WHO and Rwanda Biomedical Centre (RBC) |

| | | | | |
|---------------|---|-----|-----|--|
| Indicator 3.4 | SP.1a Number of menstrual hygiene management kits and/or dignity kits distributed | 448 | 448 | WHO and Rwanda Biomedical Centre (RBC) |
| Indicator 3.5 | CC.3 Number of humanitarian workers (UN staff, implementing partner staff, GoR etc) receiving training on prevention of sexual exploitation and abuse | 150 | 407 | RBC/WHO training reports |

Explanation of output and indicators variance:

Indicator CC.3: The deviation from the initial goal of training 150 humanitarian workers to the ultimate training of 407 frontline workers across various sectors (health, security organs etc) was justified through the implementation of an efficient approach. Trainers visited district hospitals in the seven affected districts, conducting half-day sessions, enabling two sessions per facility and efficiently utilizing resources and available time. The choice to train a larger audience was influenced by the recognition of a substantial knowledge gap among frontline workers, underscoring the imperative for a more extensive training effort. The initiative's broad applicability to a wider audience and the essential need for capacity building further substantiated the expansion.

Indicator 3.2: Following the closure of IDP camps and the return of individuals to their homes, maternal health and SRH services recommenced in healthcare facilities within the flood-affected areas. To streamline reporting, data was extracted from the existing health information system, focusing on one health centre per district closest to the most heavily impacted flood areas across the seven project districts. This approach yielded higher reported figures, as services were extended to both former IDPs and other community members. Notably, the IDP status was not documented as a variable during service delivery at these health facilities.

| Activities | Description | Implemented by |
|--------------|--|--|
| Activity 3.1 | Procurement of dignity kits | WHO |
| Activity 3.2 | Procurement of Emergency Reproductive Health Kits and maternal health medical equipment | WHO |
| Activity 3.3 | Coordination, monitoring, and field visit including transport of kits and equipment, handover, communication and documentation | WHO and Rwanda Biomedical Centre (RBC) |
| Activity 3.4 | Training on Prevention of Sexual Exploitation and Abuse | WHO and Rwanda Biomedical Centre (RBC) |

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁶ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

⁶ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

a. Accountability to Affected People (AAP)⁷:

Under the leadership of the Ministry of Emergency Management (MINEMA), comprehensive discussions and reviews of flood response strategies and the implementation of response plans occurred during multisectoral national and district coordination meetings. Community leaders were actively involved to ensure targeted responses and meaningful community engagement. Essential stakeholders were regularly consulted to ensure project initiatives remained responsive to evolving needs. Joint monitoring by WHO, MoH, and key stakeholders was consistently carried out throughout the project duration. This collaborative and inclusive approach ensured the project's adaptability and effectiveness in addressing the unique challenges faced by flood-affected districts.

b. AAP Feedback and Complaint Mechanisms:

The project implemented a feedback and complaint mechanism through the use of suggestion/complaint boxes placed strategically in various accessible locations. These boxes served as a confidential platform for community members to provide feedback on service provision during the project implementation period. The mechanism ensured accessibility by placing the boxes in locations easily reachable by all groups.

Confidentiality was maintained through the nature of the suggestion/complaint boxes, which allowed individuals to submit their feedback anonymously. Regular analysis of the contents of the boxes took place, and the findings were utilized to implement corrective measures and improvements in service provision. Follow-up procedures were conducted according to established government standard operating procedures. This mechanism aimed to foster transparency, accountability, and continuous improvement based on community feedback.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

The UN agencies strictly uphold a zero-tolerance policy against any form of sexual misconduct. As part of the broader UN reforms, all agencies are implementing training and sensitization programs for their staff regarding PSEA. The project therefore focused on raising awareness among frontline workers from various government sectors in the seven project districts to prevent and respond to PSEA and sexual harassment. While the health component of project did not include sensitization of beneficiaries on PSEA, other UN agencies funded by CERF were conducted these activities. During the project implementation period, existing government structures and systems for handling Gender-Based Violence (GBV), including PSEA—specifically the Isange One Stop Centres (IOSCs)—were utilized in managing PSEA complaints. These centres, strategically established in each district, employ toll-free hotlines to encourage confidential reporting. The involvement of officers from multiple sectors in these centres facilitates thorough investigations, responses, and comprehensive follow-up to cases of PSEA.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

The project had a component focusing on maternal health and SRH, addressed the specific needs and vulnerabilities of women and girls, ensuring access to dignified and tailored healthcare. The distribution of dignity kits, specially designed for pregnant and lactating women, not only fulfilled their basic needs but also enhanced their well-being and comfort. Additionally, the project provided Interagency reproductive health kits, encompassing services related to family planning, treatment of sexually transmitted infections, and obstetric care, with the primary goal of safeguarding the health and rights of women. Services for survivors of GBV were also provided, highlighting the project's commitment to protecting the well-being of women and girls and fostering an environment where they could seek assistance without fear or stigma. The project upheld the principle of inclusivity by extending essential health services to all individuals, regardless of gender identity or sexual orientation, the project actively promoted inclusivity, respect, and non-discrimination.

e. People with disabilities (PwD):

⁷ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

The project was designed to ensure provision of essential health services to the populations most affected by the floods, including people living with disabilities. Existing government structures and systems dedicated to serving people with disabilities (PWDs) within the healthcare sector were utilized to ensure their needs were effectively addressed.

f. Protection:

Under the leadership of the Government of Rwanda, essential health services, both preventive and curative, were offered free of charge to internally displaced persons (IDPs) who had lost their livelihoods. This initiative aimed to prevent them from resorting to adverse coping strategies that might arise due to the financial burden of out-of-pocket expenditures for healthcare, ultimately protecting them from potential abuse and exploitation.

g. Education:

The project was designed to incorporate activities focused on providing frontline workers with information and awareness to prevent and respond to sexual exploitation and abuse (SEA) as well as sexual harassment. Recognized as a severe form of power abuse, SEA causes significant harm to the most vulnerable, undermining collective efforts in the humanitarian and development community. Following the training, frontline workers were committed to ensuring that individuals affected by floods could access assistance without fear of SEA. Moreover, they were equipped to respond timely and adequately to cases of SEA. In addition, as part of the technical support, we provided on-the-job training for managing medical emergencies and imparted skills on the use of the Incident Management System (IMS) to coordinate and manage the response to the floods emergency, strengthening surveillance and readiness for epidemics related to floods and displacement of persons. This acquired knowledge will be valuable in future responses to other health emergencies.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

| Planned | Achieved | Total number of people receiving cash assistance: |
|---------|-----------------|---|
| No | Choose an item. | [Fill in] |

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

Cash and Voucher Assistance (CVA) constituted part of the Rwanda Central Emergency Response Fund (CERF) project; however, it was not implemented by the health sector.

Parameters of the used CVA modality:

| Specified CVA activity (incl. activity # from results framework above) | Number of people receiving CVA | Value of cash (US\$) | Sector/cluster | Restriction |
|---|--------------------------------|----------------------|-----------------|-----------------|
| [Fill in] | [Fill in] | US\$ [insert amount] | Choose an item. | Choose an item. |
| [Fill in] | [Fill in] | US\$ [insert amount] | Choose an item. | Choose an item. |
| [Fill in] | [Fill in] | US\$ [insert amount] | Choose an item. | Choose an item. |

9. Visibility of CERF-funded Activities

| Title | Weblink |
|--|--|
| WHO's Rwanda Country Office 2023 Annual Report | The report is scheduled for publication by the end of April 2024. It will highlight WHO's contributions to supporting the 2023 flood emergency and the financial support received from CERF. |
| PRSEAH Training for frontline workers in the seven flood affected districts 2023 | https://www.flickr.com/photos/199074394@N07/albums/72177720315484043/ |
| | |

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

No CERF funds were sub-granted to implementing partners for this allocation.