



**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
DEMOCRATIC REPUBLIC OF THE CONGO
RAPID RESPONSE
CONFLICT-RELATED DISPLACEMENT 2015**

RESIDENT/HUMANITARIAN COORDINATOR

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REPORTING PROCESS AND CONSULTATION SUMMARY

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

The After Action Review (AAR) was conducted in two phases: a first AAR was conducted on 3 March 2016 at provincial level in Bukavu (South Kivu), completed by a second meeting conducted at the national level in Kinshasa on 10 March. Altogether, the following organizations participated : UNICEF, UNHCR , UNFPA, WHO , WFP, FAO , AIRD , PIN, ADRA, MDA, and IEDA Relief.

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

YES ☒ NO ☐

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

YES ☒ NO ☐

The final version of the report was shared for review with CERF recipient Agencies, implementing partners at Kinshasa and provincial level, and all the members of the National Inter-Cluster group, including cluster coordinators, NGO co-facilitators, certain donors and representatives of the INGO Forum.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: \$27,608,993		
Breakdown of total response funding received by source	Source	Amount
	CERF	6,792,923
	COUNTRY-BASED POOL FUND (<i>if applicable</i>)	3,068,141
	OTHER (bilateral/multilateral)	6,477,017
	TOTAL	16,338,081

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 24 June 2015			
Agency	Project code	Cluster/Sector	Amount
UNICEF	15-RR-CEF-069	Nutrition	228,784
FAO	15-RR-FAO-019	Agriculture	498,686
UNFPA	15-RR-FPA-021	Health	300,796
UNHCR	15-RR-HCR-027	Protection	652,730
UNHCR	15-RR-HCR-028	Multi-sector refugee assistance	3,000,001
WFP	15-RR-WFP-041	Food Aid	1,499,755
WHO	15-RR-WHO-024	Health	612,171
TOTAL			6,792,923

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	3,916,524
Funds forwarded to NGOs for implementation	2,671,399
Funds forwarded to government partners	205,000
TOTAL	6,792,923

HUMANITARIAN NEEDS

In April 2015, violent protests broke out in Burundi linked to President Nkurunziza's decision to stand for a third electoral term, causing thousands of Burundians to flee to neighboring countries. By the end of May 2015, 10,000 Burundian refugees and more than 3,800 Congolese repatriates had sought refuge in the Democratic Republic of Congo (DRC), mainly in the plain of Ruzizi, in South Kivu province. One year later, in April 2016, over 22,200 Burundian refugees have been registered by UNHCR in DRC. After the initial wave of over 13,000 registrations by July 2015, the pace of arrivals slowed but has not stopped completely. About 900 refugees were registered in each of the first three months of 2016. They included newly arrived Burundians and those who have been in the country for a while. Most are staying at the Lusenda refugee camp, opened on 1 June 2015, which currently hosts more than 16,000 refugees and has a capacity for 18,000. Other refugees are staying with host families in the surrounding area.

At the start of the crisis, about 10% of refugees - the most vulnerable - were received in transit centers in the territory of Uvira and Fizi in anticipation of their transfer to Lusenda camp. The remaining 90% were mainly settled in host families, thus aggravating the vulnerability of these households. Congolese authorities decided on the relocation of Burundian refugees to a camp near the village of Lusenda with a capacity for 10,000 people. Transfers of people with special needs were prioritized first. By 5 July, 5,982 refugees had been transferred to Lusenda. 6,225 people (or 2,526 households) remained settled with host families in local communities in Fizi and Uvira territories. Some 500 people awaited transfer from transit and registration centers to Lusenda. The demographic pressure on the available resources (food, water, access to land, healthcare) created intercommunity or ethnic tensions and had degraded the humanitarian situation, especially in the plain of Ruzizi. Burundian refugees and host families needed an urgent assistance in terms of basic services such as shelter and non-food items, water, sanitation, food and healthcare.

The current humanitarian crisis is the consequence of tensions linked to the electoral calendar in Burundi, and affects several population groups in South Kivu province, DRC, which has a shared border with Burundi. Political tensions have persisted since early April, following President Nkurunziza's disputed attempt to seek a third term in office. Violent clashes, pitting the President's supporters and national security forces against the President's opponents, have led to population movement. To date, the situation in Burundi continues to be tense and volatile and further population movement into DRC is not out of the question. Despite hopes for peaceful resolution, the situation in Burundi continues to deteriorate. As of 30 April 2016, a total of 258,410 Burundian refugees had fled Burundi, of which 22,720 have come to the DRC.

Inter-agency needs assessment missions carried out at the time of the CERF grant application found multi-sectorial needs among the newly arrived and their host families. The presence of new arrivals contributed to overcrowding, creating the potential for social friction that can lead to domestic violence, conflict, abuse and exploitation, particularly affecting young people and those with special needs. Tensions in the volatile host areas were exacerbated by the new arrivals, generating protection needs in a context characterized by cholera endemicity in the host and refuge area and by an alarming rate of acute malnutrition among children under five years (10.5 % MAG between Uvira and Fizi 14%).

A multisectorial response was required, organized around the specific needs of refugees and returnees, the needs of host communities including IDPs, with a focus on "life-saving" activities. The current CERF grant targeted Burundian refugees in the Lusenda camp, Burundian refugees in host families, affected local communities and Congolese nationals who fled Burundi.

II. FOCUS AREAS AND PRIORITIZATION

The CERF request was based on strategic orientations provided by the national and regional Contingency Plans and the South Kivu response plan for the impact of the Burundi crisis. The CERF grant focused on the following three strategic objectives: (i) addressing the life-saving needs of incoming vulnerable groups (Burundian refugees and repatriated Congolese refugees), as well as the families that host and feed them; (ii) alleviating the pressure on communities in current host areas (Uvira and Fizi territories), as well as in Lusenda, in order to mitigate risks of resentment and related acts of violence and rejection against incomers from Burundi (including through the relocation to Lusenda over a 6-week period of Burundian refugees); and (iii) taking additional targeted protection measures, given the insecure context across the host areas, including Lusenda.

Therefore, the CERF grant directly responded to the needs of refugees and host families; mitigated protection concerns through alleviating multisectorial needs in host communities; and/ responded to the specific protection needs of the most vulnerable, triggered by the influx from Burundi.

The first multi-sectorial assessment (MSA) mission was conducted between 29 April and 1 June by the provincial inter-cluster, and included WFP, WHO, FAO, UNICEF, OCHA, ADRA, IEDA, ZOA, IRC and AVSI. It found limited assistance available for all affected populations (refugees, IDPs, returnees and host population), and the need for additional resources for the new arrivals and populations affected by their presence. The MSA results indicated a significant high level of acute malnutrition due to the long term instability, exacerbated by the influx of refugees in the affected area. Additional assessments were conducted by individual

organizations, such as UNHCR, Save the Children, Caritas/CAFOD, FCA, Oxfam, MSF and ICRC. The needs assessment, prioritization and planning of activities was achieved through existing coordination mechanisms. The priority needs were identified in protection, water and sanitation, food security and emergency food, shelter and essential household items, and support for the area health facilities. During the first four months until end September, the humanitarian response was exclusively life-saving in character, while taking into account the do-no-harm principle and the sustainability of operations.

Priority was given to protection monitoring and biometric registration, in order to ensure life-saving access to territory and documentation. Monitoring and registration help to ensure that the specific protection needs of refugees were identified. Particular attention was given to child protection, noting that children make up for 57 % of the population. Child protection activities prioritized identification during registration of unaccompanied and separated children and children at risk of forced recruitment and SGBV.

The response and prioritization were planned on the ground through the South Kivu Provincial Inter-Agency Standing Committee (“Comité Provincial Inter-Agence” known by its French acronym CPIA), finalized at national level by an interagency working group and then validated by the Humanitarian Country Team. To complement the CERF grant, the Humanitarian Team Country decided to request the DRC Humanitarian Fund to launch a reserve “First Emergency” allocation of US \$3 million focusing on needs in the areas of : NFI/Shelter, Nutrition, WASH and Education for newly arrived refugees . Strategically, DRC Humanitarian Funds covered most needs in four of the concerned clusters, focusing mostly on NGO funding for this response, while the CERF funding was required for other groups and channeled through UN agencies.

III. CERF PROCESS

The consultation process for developing the CERF application was primarily steered at field level, i.e. by the South Kivu CPIA and Provincial Inter-cluster. Provincial clusters played a key role in developing the sectoral response plans, under the overall guidance of national clusters. Based on CPIA recommendations, OCHA, UNHCR and provincial Interclusters defined an integrated operational strategy to respond to the consequences of the crisis on Burundian refugees in South Kivu. The review of resources and capacities of different partners showed an enormous gap in several sectors. Advocacy was conducted by UNHCR and CPIA as well as by different agencies to find the necessary funds to respond to emergency needs in the region. Provincial and local authorities were fully integrated in the strategic planning through UNHCR's good offices.

After preparation at provincial level, the CERF application was sent to the national level for finalization by an interagency working group and validation by the Humanitarian Country Team. Given the specificities of the DRC context (where the response situation meets the characteristics of a “mixed setting” in the sense of the UNHCR-OCHA joint note), specific attention was paid to ensure the complementarity of activities targeting the different groups inside and outside of the Lusenda camp.

In developing the plan, participating agencies took into account the applicable objectives of the 2015 Humanitarian Response Plan. The multi-sectorial assistance of refugees in sites was designed to addressing the life-saving needs of incoming vulnerable groups (Burundian refugees and repatriated Congolese refugees), as well as the families that host and feed them. The response took into account HRP Strategic Objectives by sector. Particular attention was given to integrating and giving due consideration to other cross-cutting issues including human rights and HIV prevention and response.

The overall planning for the CERF submission targeted a total of 38,890 persons and addressed multi sectorial needs in Protection, Health, Food Security, and Nutrition. Within Lusenda, UNHCR's planned multi-sectorial response was for 8,000 persons, including 4,208 women and 3,792 men. The CERF grant request took as its exclusive starting point life-saving needs of actual targeted people as of early June, rather than projected figures.

On 3 June, the Humanitarian Country Team endorsed a response plan designed by South Kivu CPIA, which encompassed a multisectorial response both in existing host areas and in the Lusenda site. It also agreed to simultaneously allow a reserve allocation from the DRC Humanitarian Fund, and to launch a complementary CERF grant request.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR¹

Total number of individuals affected by the crisis: 78,465¹									
Cluster/Sector	Female			Male			Total		
	Girls (below 18)	Women (above 18)	Total	Boys (below 18)	Men (above 18)	Total	Children (below 18)	Adults (above 18)	Total
Agriculture	7,877	3,501	11,378	7,439	3,063	10,502	15,316	6,564	21,880
Food Aid	9,374	5,278	14,652	8,050	4,879	12,929	17,424	10,157	27,581
Health	14,882	18,173	33,055	11,483	11,313	22,796	26,365	29,486	55,851
Multi-sector refugee assistance	3,619	2,994	6,613	3,392	2,759	6,151	7,011	5,753	12,764
Nutrition	774		774	608		608	1,382		1,382
Protection	1,557	1,288	2,844	1,459	1,187	2,646	3,016	2,474	5,490

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

BENEFICIARY ESTIMATION

The targets of all projects in this CERF allocation were drawn from the same populations. The FAO, UNFPA and WFP projects targeted refugee and vulnerable host community members in the territories of Uvira and Fizi. The UNICEF project targeted children suffering from severe acute malnutrition within this population, as well as among the IDP population in the same territories. The two UNHCR projects targeted only refugees, within the Lusenda camp for the multi-sectoral project, and in the camp and surrounding area for the protection project. The WHO project had the widest targeting and included also other affected people. It is therefore highly likely that the same beneficiaries were reached by more than one CERF-funded project. To avoid double-counting of beneficiaries, it was decided to take the number of beneficiaries reached by the Health project as the best estimate of the total number of individuals supported through CERF funding.

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING²

	Children (below 18)	Adults (above 18)	Total
Female	14,882	18,173	33,055
Male	11,483	11,313	22,796
Total individuals (Female and male)	26,365	29,486	55,851

² Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding this should, as best possible, exclude significant overlaps and double counting between the sectors.

¹ Results of the latest inter-agency needs assessment mission carried out in March 2016. Total is composed of : 22,007 refugees in South Kivu; 5,300 refugee host families; 34,105 IDPs in Uvira and Fizi; and 17,053 IDP host families in Uvira and Fizi.

CERF RESULTS

CERF's Rapid Response window helped to address the impact of the influx of refugees and other affected civilians into the DRC as a consequence of on-going political tensions in neighboring Burundi. CERF funds enabled the provision of protection and life-saving and multi-sectorial assistance including, health care, nutrition, food, shelter and non-food items to 10,000 Burundian refugees in Lusenda camp and to support host families outside the camp. More specifically, CERF funds alleviated the pressure on the host communities and mitigated protection risks from the resulting competition for scarce resources. Overall collective outcomes for the CERF submission were achieved. In total, 55,851 people benefited from assistance.

In the Health sector, CERF has contributed to improving and increasing access to basic health care for 55,851 people among which 8,938 refugees from Burundi, 2,083 IDPs, 13,450 host community members and 31,380 other affected people in 13 health areas in South Kivu Province. More beneficiaries were reached than initially planned because of new arrivals of refugees and movement of IDPs during the project implementation period. Thirteen health centers and five referral hospitals were supplied with essential drugs and medicines, and 3032 patients were referred to higher level healthcare, with the mortality rate remaining under the emergency threshold (less than 1%).

Adequate nutrition assistance was provided through CERF funds. In fact, through the UNICEF project, 1,382 children under five with severe acute malnutrition (SAM) were treated in the territories of Uvira and Fizi, 34% more than planned. This result is due to the revitalization of the protocol for the integrated management of acute malnutrition (in French PCIMA), an increase of community involvement but also due to an improvement of the quality of the services provided thanks to capacity-building of local health workers. As such, 60 health workers and 210 community health workers were trained on screening, SAM treatment and in prevention of malnutrition. The nutrition intervention had a recovery rate of 99.5%, and an abandon rate of only 0.2%. Overall, 13,773 household were sensitized on Infant and Young Child Feeding (IYCF) in the health centre and community. However, the influx of refugees is ongoing, thus the need for support to nutrition interventions should continue after the end of this CERF funding.

CERF funds also enabled recipient Agencies to stabilize the food security situation of Burundian refugees and affected host communities. Through FAO and WFP projects, the availability and access to nutritious food for 3,800 host families and vulnerable households in the territories of Uvira and Fizi (including Lusenda community) in South Kivu province was improved, and food in sufficient quantity and quality was distributed to targeted women, men, girls and boys under secure conditions through in kind and cash assistance/commodity vouchers. As a result, surveys conducted in July and December 2015 revealed that only 23% of households were still with poor food consumption. In total, 3,800 host families and vulnerable households received quality agricultural inputs. In addition, a total of 1,195 tons of food was distributed to beneficiaries under secure conditions and in a timely manner. More beneficiaries were reached than initially planned, especially in terms of number of host population reached by the FAO project (19,000 reached/10,000 targeted), and in terms of the number of refugees reached by WFP project (14,798 reached /10,000 targeted). The discrepancy between planned and reached beneficiaries was due to the continual arrival of Burundian refugees in DRC following the deterioration of the security situation in their country and resulting in an increase in the number of families hosting refugees, while awaiting their relocation to Lusenda camp.

In the Protection sector, CERF funds contributed to provide protection for the most vulnerable Burundian refugees in host areas and in Lusenda camp. UNHCR projects ensured fair protection processes and documentation for 5,490 people including registration procedures and adequate documentation. UNHCR further supported its governmental partner, the National Commission for Refugees (CNR) in these activities. UNHCR successfully appealed to the authorities to grant *prima facie* refugee status to the newly arrived Burundians. As of December 31st, 2015, 18,254 newly arrived Burundian refugees were registered biometrically in South Kivu. From this group 5,490 were residing in host families. Through two trainings on the rights and duties of refugees as per international refugee law, 19 stakeholders from partner organizations, refugee SGBV sub-committees as well as local authorities, military officials and police officials within the territories of Fizi and Uvira were trained on SGBV prevention and response. As part of child protection, UNHCR projects responded effectively to strengthen child protection from effects of armed conflict. 106 unaccompanied children and 325 separated children were identified, and 16 family reunifications were facilitated.

Specifically in Lusenda camp, CERF funds enabled UNHCR to assist 12,764 persons out of 8,000 planned with sufficient basic goods and services. Because of the increase in the number of refugees by 60%, UNHCR adapted and adjusted resources to provide multisectorial assistance to 12,764 new Burundian refugees. Furthermore, UNHCR projects assisted refugees with 5,136 family shelters. The health status of refugees was improved through access to reproductive health and HIV services. Through education activities, 4,079 children were reached. In the Education sector, coordination gaps were addressed constructively during the period by all stakeholders, in order to enhance the coherence of the response, in line with UNHCR's policies rather than Education Cluster guidelines. The flexibility of implementing partners in adopting UNHCR's policy for education (local integration, despite different primary school curricula in Burundi and in DRC) contributed to alleviating growing tensions among the Lusenda camp population who were resistant to sending their children to school where they would learn in French and Swahili instead of Kirundi (the national language of Burundi).

CERF's ADDED VALUE

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

YES ☒ PARTIALLY ☐ NO ☐

Support from the CERF enabled a rapid response following the multisectorial needs assessments that had been conducted. A response was already underway before the CERF grant was approved. However, once Agencies had confirmation of the CERF grant, they were able to rapidly scale-up the response and mobilize contingency capacity in the region while awaiting the disbursement of the CERF funds. Notably in the health, food security and nutrition sectors, the use of pre-positioned stocks by recipient Agencies was a key factor that accelerated interventions. In the Nutrition sector, CERF funds helped curb the high mortality in health facilities and increase recovery rates, especially in Intensive Therapeutic Nutrition Units (ITNU). The CERF also allowed for the rapid construction of emergency shelter for refugees.

b) Did CERF funds help respond to time critical needs²?

YES ☒ PARTIALLY ☐ NO ☐

CERF funds helped to meet immediate "life-saving" needs in primary health care, food and treatment of malnutrition. Without these funds, there would have been loss of life, especially as contingency capacity was overwhelmed by the number of refugee arrivals in a very short space of time. CERF funds unlocked financial impasse the humanitarian community was in. In the food security sector, CERF funds meant that delays in the food supply chain were avoided and uninterrupted emergency food assistance was provided to refugees in the reception centres, thus preventing health issues or loss of life due to food shortages. Furthermore, considering the additional burden imposed by the influx of refugees in the already vulnerable host communities, CERF funds ensured that outbreaks of tension or hostility between refugees and host communities were prevented. Food security actors had a limited time in which to prepare interventions for the agricultural season that started in September. The arrival of CERF funds in late July enabled agricultural activities to be carried out in August in time for project beneficiaries to prepare for planting. In the health sector, the support of the CERF helped to provide care to victims of rape within 72 hours, thus greatly reducing the risks of unwanted pregnancies or HIV transmission.

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

YES ☐ PARTIALLY ☒ NO ☐

Overall, insufficient funds have been mobilized to fill the gap left at the end of the CERF grant, and the humanitarian crisis continues. At the beginning of the crisis, several funding sources and partners were mobilized - DFID through the START, RRMP, the DRC Humanitarian Fund, and various NGOs - but at the end of these projects, no common advocacy and resource mobilization strategy is in place. The crisis received a lot of media attention in the beginning which played a role in attracting donor funding. Now visibility of the crisis is less, however needs remain. Advocacy is underway with several donors, and several agencies have received additional funding pledges for the response from ECHO, and the governments of Japan, and China, although it is not possible to say whether CERF funding was the trigger.

d) Did CERF improve coordination amongst the humanitarian community?

YES ☒ PARTIALLY ☐ NO ☐

Early in the response, coordination at field level between humanitarian actors was difficult and not harmonized, particularly as many new actors rushed in to respond and did not always pass by existing coordination mechanisms. But the CERF contribution did help all humanitarian actors to better coordinate. Through the CERF contribution, which was made mostly via Cluster Lead agencies, information sharing was improved and it helped to bridge the refugee response with Clusters. The CERF request submission process helped to bring key actors together to plan the response and agree on common planning figures. Then at the end of the CERF grant period, the After Action Review meetings provided a forum for stakeholders to reflect on areas for improvement and make recommendations.

It was agreed there is still room to improve coordination of the response, particularly in terms of common advocacy for resource mobilization and 2016 planning. During After Action Review discussions, stakeholders made a number of recommendations to

² Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

strengthen coordination of the response overall, including the need to clarify coordination roles, responsibilities and division of labor in a “mixed-setting” like this one, and to reinforce coordination between interventions within and outside Lusenda camp. After the end of CERF funding, South Kivu’s CPIA recommended carrying out an exercise to identify the weaknesses and lessons learned during the first part of the Burundian crisis response.

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

The CERF grant, and the fact that projects targeted both refugee populations and vulnerable host communities, played a key role in avoiding serious inter-communal tensions or clashes in an already volatile zone. CERF interventions were able to mitigate the demographic pressure on scarce resources and livelihoods in the area, which would not have been possible otherwise. Early on in planning the response, the CERF submission process helped the humanitarian community to take a more realistic focus on actual planning figures for the response, rather than projected figures.

In addition, the effective complementarity between the CERF rapid response grant and the DRC Humanitarian Fund reserve allocation supported the response by ensuring good coverage of priority needs and an efficient division of labor between actors. The CERF grant managed to extend from three to six months the response initiated by the DRC Humanitarian Fund reserve allocation. While CERF funding covered the priority areas of health, food security, nutrition, multi-sector refugee assistance and protection, the DRC HF allocation focused on WASH, education, shelter/NFI, and nutrition, and provided funding directly to NGO partners. The CERF and DRC HF strategies were developed at the same time on the basis of multi-sectoral assessments carried out by the provincial clusters and the South Kivu CPIA, and sought to be complementary both in terms of sectors of intervention and target populations.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
The time to consolidate the results of the projects seemed relatively short, particularly for food security interventions / agricultural recovery	An extension project to consolidate the achievements of previous projects and address the evolving needs of the continuing influx of refugees would be desirable.	CERF Secretariat
The process of writing the Chapeau document and project proposals took a lot of time (about two months of back and forth between the UN agencies and New York). Discussions between the CERF secretariat and recipient Agencies to reduce project budgets added additional time to the process.	During the submission of future CERF proposals, ensure that the presence of the two new CERF focal points within the DRC Humanitarian Fund helps to guide partners, facilitate smooth communication between recipient agencies and the CERF Secretariat, and clarify budget expectations on both sides early on in the process.	DRC Humanitarian Fund and CERF Secretariat
Following a difference of approach between the CERF secretariat and WFP to address food needs in Lusenda during the proposal submission process, the “voucher” approach proved to be more realistic and better-adapted on the ground than the classic “food distribution” approach recommended by the CERF.	Ensure that any substantive changes requested to project proposals are grounded in a comprehensive understanding of the local operating context.	CERF Secretariat

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
During the CERF submission process, decisions taken on priority needs, gaps and financial requirements at Bukavu level were modified at Kinshasa level. Some stakeholders felt that the funding envelope was increased in a way that was not transparent (and was subsequently required to be reduced by the CERF secretariat).	For future CERF submissions, ensure better communication and transparency in decision-making and allow greater space for the provincial level to steer the process and determine priority needs and gaps.	Recipient Agencies and OCHA
There is a need to further strengthen and clarify coordination of activities within and outside Lusenda camp, and the roles and responsibilities of different actors in coordination, and ensure harmonized approaches.	Ensure that going forward, the different response approaches are harmonized and implementing partners receive clarification on the standards to be used in interventions, including how to manage the response for refugees in host communities. Under the leadership of OCHA and UNHCR responsibilities in planning and coordinating the response for both “in camps” and “outside camps”, should be better defined, and information-sharing improved, particularly around transfer to the camp. In addition, all humanitarian actors operating in the response should integrate existing coordination structures; and actors involved in the distribution of kits, particularly in the camps should cooperate to harmonize the composition, so as to respect the principle of Do No Harm.	OCHA , UNHCR and implementing partners
The post-CERF grant period requires better coordination for 2016 planning and a common strategy for advocacy and resource mobilization. Significant needs and funding gaps remain in most sectors.	Re-evaluate the needs, gaps and financial requirements post-CERF and use this as a basis to strengthen response planning for 2016 and develop a common resource mobilization strategy or approach	UNHCR, OCHA, recipient Agencies, and implementing partners
The free primary health care for refugees and the host population in Lusenda Health Center is not viable and requires a change in strategy	A united front among all humanitarian actors and sustained dialogue with the local population and state health facilities (Provincial Division of Health) are required.	Recipient Agencies Implementing partners
Donors who finance projects in the same area or nearby areas should coordinate their strategy and intervention approaches to prevent differences in the standards issued and therefore inappropriate claims by beneficiaries.	Ensure to the extent possible harmonized approaches for assistance provided, and participation by all stakeholders in existing coordination mechanisms to avoid duplication of effort.	Donors, implementing partners, recipient Agencies and OCHA

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS							
CERF project information							
1. Agency:		UNICEF		5. CERF grant period:		07/06/2015 – 06/01/2016	
2. CERF project code:		15-RR-CEF-069		6. Status of CERF grant:		<input type="checkbox"/> Ongoing	
3. Cluster/Sector:		Nutrition				<input checked="" type="checkbox"/> Concluded	
4. Project title:		Emergency Nutrition Assistance to Burundian Refugees in South Kivu province in DRC					
7.Funding	a. Total project budget:		US\$ 385,209.73	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:		US\$ 356,096.93	▪ NGO partners and Red Cross/Crescent: US\$ 128,250			
	c. Amount received from CERF:		US\$ 230,392.93	▪ Government Partners:			
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (below 18)		534	492	1,026	774	608	1,382
Adults (above 18)							
Total		534	492	1,026	774	608	1,382
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees		201			235		
IDPs		348			221		
Host population		477			926		
Other affected people							
Total (same as in 8a)		1,026			1,382		
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:		The planned target number of beneficiaries -1026 children under 5 years old with severe acute malnutrition - was exceeded by 34%, i.e. 1,382 children under 5 years old suffering from SAM were supported. The host population category reached represented more than 60% of target beneficiaries. This result confirmed the vulnerability of the host population: Uvira (GAM 10.5% and SAM 1.9%) and Fizi (GAM 14.0% and MAS 4.1%). The 270 health workers trained were excluded from the above beneficiary numbers, as these are not considered direct beneficiaries.					

CERF Result Framework			
9. Project objective	Contribute to reduce mortality rate due to acute malnutrition to less than 2/10,000 per day and morbidity rate to less than 10% among affected populations (refugees, returnees and conflict-affected communities) in in 4 health zones (Uvira, Lemera, Ruzizi et Nundu) (South Kivu province).		
10. Outcome statement	1,026 U5 children with severe acute malnutrition (SAM) in 4 health zones received Burundian refugees are treated according to the IMAM national.		
11. Outputs			
Output 1	The capacity of 60 Health workers and 200 Community Health Workers are reinforced for an efficient management of SAM and in prevention of malnutrition		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of health workers trained	60 (Male 30 Female: 30)	60 (Male: 51 Female: 9) Health workers trained
Indicator 1.2	Number of Community Health workers trained	200 (Male: 100 Female: 100)	210 (Male:116 Female: 94) Community Health workers trained
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Train 80 Health Workers (20 HW for ITFC, so 5/HGR + 40HW for OPTFC so 2/HC) in Screening, treatment of SAM and in prevention of malnutrition (Promotion of IYCF and others KFP)	PRONANUT/PIN	60 health workers were trained in screening, treatment of SAM and in prevention of malnutrition (Promotion of IYCF and others KFP)
Activity 1.2	Train 200 Community Health Workers (10 CHW for 20 Health area) in Screening, treatment of SAM and in prevention of malnutrition (Promotion of IYCF and others KFP)	PRONANUT/PIN	210 were trained in screening, treatment of SAM and in prevention of malnutrition (Promotion of IYCF and others KFP)
Output 2	1,026 children affected by severe acute malnutrition receive a good quality treatment according to the national protocol for management of acute malnutrition and 6,500 (70% of household) sensitized on IYCF and others KFP		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of SAM children treated	1,026 Male: 492 Female: 534	1382 (Male:774, Female:608) severe acute malnourished children were treated
Indicator 2.2	Cure rate	>80%	99.5%
Indicator 2.3	Death rate	< 5 %	0.3%
Indicator 2.4	Defaulter rate	<10%	0.2%
Indicator 2.5	Non response rate	< 5 %	0.0%
Indicator 2.6	Number of household sensitized in IYCF and others KFP	6,500	13,773
Indicator 2.7	Number of RTUF distributed	857	857 Box of RUTF were distributed in 4 HZ (Ruzizi, Uvira, Lemera and Nundu)

Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Provide therapeutic foods (Plumpy nut, F75, F100), Anthropometric equipment and drugs to therapeutic feeding centres	PIN/MoH	857 RUTF, 48 Therapeutic milk F75, 15 Therapeutic milk F100, 3305 Amoxicillin bottle oral, 254 Weighing Trouser for Baby Weighing Scales, 42 Scale infant provided for ensured treatment of children with SAM in 4 Health zones
Activity 2.2	Ensure treatment of 1,026 children with SAM	PIN/MoH	1,382 children treated in 4 HZ
Activity 2.3	Promote IYCF and others KFP for 6,500 household	PIN/MoH	13,773 household sensitized on IYCF in the health center (CPS, CPN) and community
Output 3	Quality assurance of intervention is ensured through field visit and in formative supervision and monitoring		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of field visits organised	16	43 visits organised with PIN, BCZ, UNICEF in 4 Health zones
Indicator 3.2	Number of Monthly report published	16	24 monthly reports published during 6 month (July- December 2015)
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Organise 16 Supervision of activities (1 supervision/month/HZ for 4 Health zone during 4 months)	PIN/PRONANUT/UNICEF	43 visits organised with PIN, BCZ, UNICEF in 4 Health zones
Activity 3.2	Ensure Monitoring and evaluation through 16 monthly reports (1 report/month/HZ for 4 Health zones during 4 months)	PIN/PRONANUT/UNICEF	24 monthly reports published during 6 month (July- December 2015)

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:	
<p>The planned target number of beneficiaries -1026 children under 5 years old with severe acute malnutrition - was exceeded by 34%, i.e. 1,382 children under 5 years old suffering from SAM were supported. This result is in part due to the revitalization of the acute malnutrition management integrated protocol (in French PCIMA), increase of community involvement through trained community volunteers but also due to the improvement of the quality of the services provided in health facilities through strengthening of service providers' capacities and supply chain, as demonstrated through program performance indicators.</p>	
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
<p>The establishment of a monthly dialogue about the results of the project in the primary health care meetings, meetings of the Health Development Committee (CODESA) and in cluster meetings at the provincial level enabled relevant actors at each level (Province, HZ and community level) to have the same level of information about the implementation situation of this emergency nutrition project in the areas of Ruzizi, Lemera and Uvira.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
No evaluation was planned in the project proposal.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information							
1. Agency:	FAO		5. CERF grant period:	15/07/2015 – 14/01/2016			
2. CERF project code:	15-RR-FAO-019		6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded			
3. Cluster/Sector:	Agriculture						
4. Project title:	Rapid response to food security needs of Burundian refugees and vulnerable host families						
7. Funding	a. Total project budget:	US\$ 584,760	d. CERF funds forwarded to implementing partners:				
	b. Total funding received for the project:	US\$ 498,686	■ NGO partners and Red Cross/Crescent: US\$ 53,526				
	c. Amount received from CERF:	US\$ 498,686	■ Government Partners: US\$ 0				
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (below 18)		6,840	6,460	13,300	7,877	7,439	15,316
Adults (above 18)		3,040	2,660	5,700	3,501	3,063	6,564
Total		9,880	9,120	19,000	11,378	10,502	21,880
8b. Beneficiary Profile							
Category	Number of people (Planned)			Number of people (Reached)			
Refugees	9,000			2,880			
IDPs							
Host population	10,000			19,000			
Other affected people							
Total (same as in 8a)	19,000			21,880			
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:		In total, 3,800 households were targeted in the host communities and 960 additional refugees' families were reached by the project. FAO were requested by the food security cluster to cover the gap of agricultural tools and vegetable seeds identified inside the Lusenda camp.					

CERF Result Framework			
9. Project objective	Improve the availability of and access to food for 3,800 host families and vulnerable households in the territories of Uvira and Fizi (including Lusenda community) in South Kivu Province		
10. Outcome statement	The availability of and access to nutritious food for 3,800 beneficiary households have improved after three months after the start of the project.		
11. Outputs			
Output 1	Increase in quantity of food produced by beneficiary households		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	3,800 host families and vulnerable households in host area received quality horticulture inputs; 2,800 host families and vulnerable households in the host area received quality sweet potato kits 590 host families and vulnerable households in host area received fishing kits	3,800 vegetable gardening kits, 2,800 sweet potato kits, and 590 fishing kits	3800 vegetable gardening, 3800 sweet potato kits, and 162 fishing kits. (In the project area, only 150 fisher men were located in targeted area).
Indicator 1.2	3,800 beneficiary households produce an increased quantity of nutritious food	Horticulture: target 300 kg/household/season; total 1,236 tons per season; Sweet potato: target 2,500 kg/household/season; total 1,250 tons per season Fish: target 120 kg/household/month, total 100,8 tons per month or 212.4 tons during the project cycle (3 months of activities).	Horticulture: target 350 kg/household/season; total 1,330 tons per season; Sweet potato: target 3,800 kg/household/season; total 1,292 tons per season Fish: 199 kg/household/month, total 97 tons per month or 291 tons during the project cycle (3 months of fishing activities).
Indicator 1.3	Food consumption score (FCS)	60% of the household with a consumption score poor (SCA<28) have improved to acceptable (SCA>42)	65,7% of the household with a consumption score poor (SCA<28) have improved to score limit (SCA>28),
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of input	FAO	FAO
Activity 1.2	Delivery of agricultural and fishery inputs to partners for distribution	FAO	FAO
Activity 1.3	Distribution of inputs to beneficiaries	NGO	NGO (ADRA, NRC, ADED and Action d'Espoir)
Activity 1.4	Planting, maintenance and harvest cycle	Beneficiaries	Beneficiaries
Activity 1.5	Support and monitoring of project	FAO/NGO	FAO/NGO (ADRA, NRC, ADED, Action d'Espoir)

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:	
Instead of 690 fishermen, the project reached 162 (150 individual fishermen and 2 fishing units) as this was the number found in the targeted localities. The fishing kits (150 individual kits) and 2 complete kits for 2 fishing teams (composed of 6 people each) have been distributed according to the number of fishermen present in and around the refugee camp.	
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
The local authorities and beneficiaries' comities were involved in the implementation of the project activities. The reported questions and issues were discussed between beneficiaries' comities, local authorities and implementing partners to find solutions.	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
No evaluation has been conducted. The project did not provide a budget line for this activity. However, five monitoring missions were conducted by FAO during the course of the project.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information							
1. Agency:		UNFPA		5. CERF grant period:		31/07/2015 – 30/01/2016	
2. CERF project code:		15-RR-FPA-021		6. Status of CERF grant: <input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded			
3. Cluster/Sector:		Health					
4. Project title:		Emergency response to the priority needs in sexual and reproductive health of Burundian refugees and host communities in South Kivu in Democratic Republic of Congo					
7. Funding	a. Total project budget:		US\$ 1,840,000		d. CERF funds forwarded to implementing partners:		
	b. Total funding received for the project:		US\$ 397,246		■ <i>NGO partners and Red Cross/Crescent:</i> US\$ 0		
	c. Amount received from CERF:		US\$ 300,796		■ <i>Government Partners:</i> US\$ 0		
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (below 18)		5,444	3,971	9,415	5,716	4,091	9,807
Adults (above 18)		4,280	3,424	7,704	4,366	3,492	7,858
Total		9,724	7,395	17,119	10,082	7,583	17,665
8b. Beneficiary Profile							
Category	Number of people (Planned)			Number of people (Reached)			
Refugees	12,839			13,000			
IDPs							
Host population	4280			4,665			
Other affected people							
Total (same as in 8a)	17,119			17,665			
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:		The number of beneficiaries reached is higher than what was planned because the project had to face an increased influx of new refugees during the implementation phase.					

CERF Result Framework			
9. Project objective	To provide basic and emergency reproductive health services and supplies needed to reduce maternal and neonatal mortality and morbidity and prevent SGBV and manage their consequences through the MISP implementation including the delivery of EmONC, SGBV, STI/HIV interventions among refugees and affected host communities in Uvira and Fizi areas in South Kivu Province		
10. Outcome statement	Reduced maternal and neonatal mortality and morbidity and the protection of refugees and affected people improved in South Kivu Province		
11. Outputs			
Output 1	144 SGBV survivors among refugees located in Lusenda camp able to access to Sexual and gender based violence services		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of reporting survivors who have received medical treatment with 72 hours of incident	103	180
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Provide rape treatment kits to health facilities managing rape survivors	UNFPA/ PNSR and health facilities	Health facilities
Activity 1.2	Implement protective mechanisms especially for women and girls	UNFPA/ Caritas	UNFPA/ Caritas
Activity 1.3	Advocate for the inclusion of the SGBV prevention measures in all the sectors for response	UNFPA/ IEDA	Health facilities
Activity 1.4	Inform communities about services availability	UNFPA/ Caritas-AIRD	Health facilities
Output 2	855 pregnant women located in Uvira and surrounding areas have access to essential and emergency Obstetric care		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Percentage of complicated delivery and birth that benefit from referral services	N/A	51
Indicator 2.2	Percentage of births attended by skilled health personnel	N/A	N/A
Indicator 2.3	Number of pregnant women supplemented with iron, folic acid	685	702
Indicator 2.4	Number of condoms (male and female) distributed	38,000	72,000
Indicator 2.5	Number of STI patients treated	428	420
Indicator 2.6	Number of young people, teenagers sensitized for HIV prevention	4,382	7,800
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Distribution of Emergency RH kits, hygiene kits and other medical equipment	UNFPA/AIRD	UNFPA/AIRD UNFPA/FF+ ADES
Activity 2.2	Distribute individual & clean delivery kits during antenatal clinics and within the communities	UNFPA/CARITAS/IEDA	ADES
Activity 2.3	Monitor the respect for standard precautions for infection prevention	UNFPA/PNSR	ADES

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:	
The total population reached (17,665 people) is higher than the one planned (17,119) due to the continuous arrival of Burundian refugees.	
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
During the needs assessment phase, focus group discussions and information collection activities involved the affected populations: girls, boys, women and men. At the implementation stage, community health workers, peer educators and community leaders were involved in the distribution and communication for behavior change activities as well as the assessment of the quality of services offered.	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
During the development of the CERF allocation project it was agreed that due to funding limitations, only life-saving key activities will be prioritized. The evaluation initially planned was cancelled and replaced by close monitoring activities.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information							
1. Agency:		UNHCR		5. CERF grant period:		06/08/2015 – 05/02/2016	
2. CERF project code:		15-RR-HCR-027		6. Status of CERF grant: <input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded			
3. Cluster/Sector:		Protection					
4. Project title:		Protection monitoring and response to the new Burundian refugees in host families					
7. Funding	a. Total project budget:		US\$ 9,507,710	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:		US\$ 5,092,056	■ <i>NGO partners and Red Cross/Crescent:</i> US\$ 484,188 ■ <i>Government Partners:</i> US\$ 25,000			
	c. Amount received from CERF:		US\$ 652,730				
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (below 18)		600	560	1,160	1,557	1,459	3,016
Adults (above 18)		440	400	840	1,288	1,187	2,474
Total		1,040	960	2,000	2,844	2,646	5,490
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees		2,000			5,490		
IDPs							
Host population							
Other affected people							
Total (same as in 8a)		2,000			5,490		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>		Activities 1.1, 1.2 and 1.3 were planned to support 2000 Burundian refugees living in host communities, although during the implementation of the project, it came up that 5490 of them choose to live in host communities. These populations were living in areas close to Lusenda camp thus enabling our teams to provide registration and profiling as well as civil documentation to them. However due to constant movement of these population, it was very difficult to obtain an exact figure at once according to DGM's approach, thus final numbers are provided only in estimated total by head of households.					

CERF Result Framework			
9. Project objective	Protection monitoring and response to new Burundian refugees located in settlements out of Lusenda camp		
10. Outcome statement	Protection and response for the most vulnerable Burundian refugees in hosting areas		
11. Outputs			
Output 1	Fair protection processes and documentation for		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Registration and profiling quality improved or maintained	2,000	5,490
Indicator 1.2	Civil registration and civil status documentation strengthened	200	140
Indicator 1.3	Level of individual documentation increased	2,000	5,490
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	<ul style="list-style-type: none">Outreach registration targeting dispersed population conducted.Registration including biometric registration conducted on an individual basis with minimum set of data required.Manage information relating to protection and ensure relevant dissemination.	IEDA CNR UNHCR	IEDA CNR UNHCR
Activity 1.2	<ul style="list-style-type: none">Birth registration and certificates provided	UNHCR/CNR	UNHCR/CNR
Activity 1.3	<ul style="list-style-type: none">Issuance of ID and travel documents to persons of concern supported	UNHCR/CNR	UNHCR/CNR
Output 2	Favourable protection environment		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Access to the territory Improved and risk of Refoulement Reduced	100% meaning 2,000 new Burundian refugees living among the host communities out of the risk of refoulement	275% of planned new Burundian refugees are living among the hosting communities
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Manage information relating to protection and ensure relevant dissemination	UNHCR	UNHCR
Activity 2.2	Strengthening of protection monitoring	IEDA	IEDA

Output 3	Security from violence and exploitation		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Protection from effects of armed conflict strengthened	200 monitoring missions	90 (due to security constraints, not all areas could be covered).
Indicator 3.2	Protection of children strengthened	100% i.e. 500 children protected	86,2% (431 children)
Indicator 3.3	Risk of SGBV is reduced and quality of response improved	100%	100%
Indicator 3.4	Risks related to detention reduced and freedom of movement increased	100%	100%
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	<ul style="list-style-type: none"> 200 protection monitoring missions conducted and recorded, from June to end September 2015 (13 missions/per week outside camp) Measures to minimize the risk of infiltration of armed elements implemented Measures to identify and minimize forced recruitment implemented 	IEDA	IEDA
Activity 3.2	<ul style="list-style-type: none"> Identification of approximately 60 separated and unaccompanied children/ special temporary arrangements for protection of UASC/organization of family tracing and reunification Special arrangements for their protection and welfare of the 60 UAMs/SCs Awareness raising on forced recruitment 	IEDA UNHCR	IEDA UNHCR
Activity 3.3	<ul style="list-style-type: none"> Establishment and training of community SGBV Focal Points Awareness raising and sensitization organized for SGBV prevention 12 community-based committees/groups organized and working on SGBV prevention and response 	IEDA UNHCR	IEDA UNHCR
Output 4	Basic Needs and Essential Services		
Output 4 Indicators	Description	Target	Reached
Indicator 4.1	Services for persons with specific needs strengthened	65% i.e 195 persons	230% i.e 450 persons with specific needs were provided with services such as transportation, relocation and provide clothes

Output 4 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 4.1	<ul style="list-style-type: none"> Clothes and domestic items provided to elders of concern Psychosocial support provided to persons with specific needs 	AIRD CNR UNHCR	AIRD CNR UNHCR

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

Since April 2015, around 20,846 Burundian arrived in DRC, among which 18,254 in Uvira and Fizi Territories (South Kivu Province). While, the majority has been relocated to Lusenda camp, around 5,490 are living in hosting families.

Fair protection processes and documentation

The emergency response for the Burundian refugees has primarily ensured the access to asylum and provision of protection, including protection against refoulement, registration procedures and adequate documentation. Border and protection monitoring was carried out by UNHCR and its partners. UNHCR further supported its governmental partner, the National Commission of Refugees (CNR,) in the registration operation (biometrics registration) and delivery of identity documents. Furthermore, UNHCR has successfully appealed to the authorities to grant prima facie refugee status to the newly arrived Burundians.

As of December 31st, 2015, 18,254 newly arrived Burundian refugees were registered biometrically in South Kivu (level II). From this group 5,490 were residing in host families. The Burundian and Congolese border is characterized by two formal and numerous non-formal entry points. The newly arrived Burundian refugees who are registered are only those who presented themselves at the various assembling and transit center points. However, a lot of informal border crossings took place.

Favourable Protection Environment

Two trainings on the rights and duties of refugees as per international refugee law were conducted for local authorities, military officials and police officials within the territories of Fizi and Uvira. These trainings permitted among others the capacity reinforcement of local authorities on principals such as non-refoulement. Five advocacy missions were conducted aimed towards local authorities, immigration and police officials who are located at the border between DRC and Burundi. UNHCR, together with the CNR, systematically conducted border-monitoring missions, which were also documented. Due to security restrictions, about 10 advocacy sessions on non-refoulement could not be conducted. However, 58 border monitoring visits were conducted.

Security from violence and exploitation

To strengthen protection from effects of armed conflict, 26 monitors were located in the territories of Walungu, Uvira and Fizi. 723 protection incidents were identified, including cases of arbitrary arrests, extortion of property, theft, and cases of assault, rape, cases of resource denial, sexual assault and cases of death threats. These incidents were collected from April to December 2015 and referred to or treated with local authorities. 83 monitoring missions and recordings were carried out during 2015. In addition to UNHCR missions, seven missions were carried out as part of the Protection Cluster. Due to security constraints, not all areas could be covered.

Through the individual registration exercise, 106 unaccompanied children, who are living in 102 host families and 325 separated children have been identified. 54 Best Interest Assessments have been conducted for the unaccompanied children. In total, 29 family reunifications were facilitated by partner organizations. Besides these efforts, there is the remaining need to conduct Best Interest Assessments for the 325 separated children. In addition, a systematic follow up of children living within the host community was not put in place. Moreover, as there are numerous rumors on infiltration of the camp, more targeted activities for the children and youths are needed to mitigate these risks. Community based structures need to be further strengthened in 2016.

To reduce risks of SGBV and to improve the quality of response, UNHCR trained 19 stakeholders from partner organizations, refugee SGBV sub-committees as well as 12 policemen and soldiers and 160 community leaders on SGBV prevention and response. Five copies of the course on clinical management of survivors of sexual violence have been handed over to the medical team of ADES. UNHCR further supported the creation of a refugee women's committee and a SGBV sub-committee (part of the Gender Committee), active in the prevention of SGBV and orientation of cases. 2,800 fliers, 60 picture boxes, 40 modules on sensitization, 10 billboards and 47 t-shirts have been produced and distributed. Four street theatres were carried out by IEDA to raise awareness on SGBV. SOPs were put in place and weekly meetings among signing parties conducted. 56 SGBV awareness-raising sessions were carried out by AIRD for 8,742 refugees, transiting in common areas, in Lusenda camp as well as at the regrouping points and transit centers.

<p>Three sensitizations on forced marriage and rape were held by IEDA for refugee representatives and village leaders. Despite these achievements, it became clear that more capacity building is needed for national police and partners' staff.</p> <p>Services for persons with specific needs strengthened</p> <ul style="list-style-type: none"> • Transport 450 persons (by Air and Road) from Lubumbashi to the site of Lusenda ; • Relocated by road from temporary site of Ndendere and Mongemonge to Lusenda Camp; • Provided 173 bundles of clothes to keep warm in Uvira and in the Ruzizi plain; 	
<p>13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:</p>	
<p>UNHCR organized jointly with stakeholders, partner organizations, refugee sub-committees as well as local authority's trainings and awareness raising campaigns to ensure that local communities are reached. UNHCR further supported the creation of a refugee women's committee and Gender Committee. Flyers, picture boxes, sensitization modules, billboards and t-shirts have been produced and distributed. Street theatres were carried out by partners to raise awareness on legal issues. SOPs were put in place and weekly meetings among signing parties. Although more communication is needed to reach the refugees that have cross in non-registration entry points.</p>	
<p>14. Evaluation: Has this project been evaluated or is an evaluation pending?</p>	<p>EVALUATION CARRIED OUT <input checked="" type="checkbox"/></p>
<p>In terms of evaluation, a participatory assessment was conducted in November 2015 with refugees in Lusenda camp as well as within host communities in the territories of Uvira and Fizi. The assessment revealed protection risks for each sector, identified causes and proposed recommendations to solve identified risks (please find report attached).</p>	<p>EVALUATION PENDING <input type="checkbox"/></p>
	<p>NO EVALUATION PLANNED <input type="checkbox"/></p>

TABLE 8: PROJECT RESULTS

CERF project information							
1. Agency:		UNHCR		5. CERF grant period:		06/08/2015 – 05/02/2016	
2. CERF project code:		15-RR-HCR-028		6. Status of CERF grant:		<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded	
3. Cluster/Sector:		Multi-sector refugee assistance					
4. Project title:		Multi-sectoral assistance for new Burundian refugees in Lusenda camp					
7. Funding	a. Total Project budget:		US\$ 9,507,710		d. CERF funds forwarded to implementing partners:		
	b. Total funding received for the project:		US\$ 5,092,056		■ <i>NGO partners and Red Cross/Crescent:</i> US\$ 1,817,343		
	c. Amount received from CERF:		US\$ 3,000,001		■ <i>Government Partners:</i> US\$ 150,000		
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
<i>Children (below 18)</i>		2,567	2,435	5,002	3,619	3,392	7,011
<i>Adults (above 18)</i>		1,641	1,357	2,998	2,994	2,759	5,753
Total		4,208	3,792	8,000	6,613	6,151	12,764
8b. Beneficiary Profile							
Category		Number of people (Planned)		Number of people (Reached)			
<i>Refugees</i>		8,000		12,764			
<i>IDPs</i>							
<i>Host population</i>							
<i>Other affected people</i>							
Total (same as in 8a)		8,000		12,764			
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>		As the number of refugees raised by 60%, UNHCR adapted and adjusted the resources to provide multi sectoral assistance to 12,764 new Burundian refugees under Activities 1.1 and activities 1.2 initially planned for 8000 new Burundian refugees.					

CERF Result Framework			
9. Project objective	Multi-sectorial assistance for 8,000 newly arrived Burundian refugees, specifically Protection and response to the specific needs for most vulnerable families in Lusenda camp		
10. Outcome statement	Emergency response and Protection for 8,000 new Burundian refugees in Lusenda camp		
11. Outputs			
Output 1	Fair protection processes and documentation		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Registration and profiling quality improved or maintained	8,000	12,764
Indicator 1.2	Civil registration and civil status documentation strengthened	1,400	166
Indicator 1.3	Level of individual documentation increased	8,000	12,764
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	<ul style="list-style-type: none">Registration including biometric registration for 8,000 new Burundian arrivals in Lusenda camp conducted on an individual basis with minimum set of data required.Manage information relating to protection and ensure relevant dissemination.	CNR/HCR	CNR/HCR
Activity 1.2	<ul style="list-style-type: none">Issuance of civil status documentation (birth certificates) by national institutions supported during the emergency	UNHCR/CNR	UNHCR/CNR
Output 2	Security from violence and exploitation		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Protection from effects crime strengthened	60 (30 Volunteers / 30 Police)	144(30 Volunteers/ 114 Police)
Indicator 2.2	Protection of children strengthened	100%	78%
Indicator 2.3	Risk of SGBV is reduced and quality of response improved	100%	100%
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	<ul style="list-style-type: none">Age, Gender and diversity sensitive community system strengthenedSecurity package and support implemented	UNHCR	UNHCR
Activity 2.2	<ul style="list-style-type: none">Identification of separated and unaccompanied children/ special temporary arrangement for protection of UASC/organization of family tracing and reunificationSpecial arrangements for the protection and welfare of UAMs/SCsDevelopment of social recreational activities and child-friendly spaces	CNR	CNR

Activity 2.3	<ul style="list-style-type: none"> 8 community-based committees/groups organized and working on SGBV prevention and response Access to medical services facilitated Legal assistance provided Material assistance provided Psychosocial counselling 	UNHCR	UNHCR
Output 3	Basic needs and essential services		
	Description	Target	Reached
Indicator 3.1	Health status of the population improved	CMR <1/10'000/day	0.52/10'000/day
Indicator 3.2	Population has optimal access to reproductive health and HIV services	Access to ARV 80% Birth with SBA > 70%	100% (The 69 patients identified have been assisted)
Indicator 3.3	Nutrition well-being improved	Recovery rate GAM >75%	85%
Indicator 3.4	Food security improved	Food security strategy	Food security strategy implemented
Indicator 3.5	Shelter and infrastructure established, improved and maintained	2,670 family shelters	5,136 family shelters
Indicator 3.6	Population has sufficient basic and domestic items	8,000	12,764
Indicator 3.7	Services for persons with specific needs strengthened	100%	100% (607 persons)
Indicator 3.8	Population has optimal access to protection through education	100% 3,200 persons (1613 girls, 1587 boys)	127% 4,079 persons (2,017 girls, 2,062 boys)
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	<ul style="list-style-type: none"> Access to essential drugs provided Access to primary health care services provided Health services to children under 5 years delivered Referral mechanisms established Health facilities equipped/constructed Contingency plan for disease outbreaks maintained 	UNHCR, ADES	UNHCR, ADES
Activity 3.2	<ul style="list-style-type: none"> Comprehensive safe motherhood services provided Referral mechanisms established Clinical management of rape provided Care and treatment of persons of concerns living with HIV and AIDS provided PoC have access to male and female condoms provided by UNFPA or MoH PoC have the same access to preventing mother-to-child transmission (PMTCT) services as the local community 	UNHCR, ADES	UNHCR, ADES

Activity 3.3	<ul style="list-style-type: none"> Community management of acute malnutrition programmes implemented and monitored. Appropriate infant and youth child feeding practices promoted Supplementary feeding programme implemented and monitored 	UNHCR, AIRD	UNHCR, AIRD
Activity 3.4	<ul style="list-style-type: none"> Adequate quantity and quality of food aid provided Food aid distributed according to protection standards Strategy developed with WFP 	UNHCR, AIRD	UNHCR, AIRD
Activity 3.5	<ul style="list-style-type: none"> Construction of 16 community hangars (transit center) for 800 persons in the camp. Construction of 1,650 emergency shelters for 1,000 new vulnerable refugees Distribution of 2320 shelter kits and material tool kits for 3500 households, Construction of community infrastructure (01 registration structure, 01 hangar of restoration, 02 blocks of sanitary latrines, 01 community kitchen, 01 meeting area, 01 hangar for medical screening 	AIRD	AIRD
Activity 3.6	<ul style="list-style-type: none"> 8,000 new arrival refugees at settlement provided with basic NFIs package (blanket, kitchen sets, jerry cans, buckets, mats, mosquito nets, soap,) 3,000 women in the reproductive age receive sanitary materials 	AIRD	AIRD
Activity 3.7	<ul style="list-style-type: none"> Identification and registration of 100% of PoCs with specific needs inside camp Response to PoCs identified ; Supply of hot meals and cold food to 1,000 new arrivals and vulnerable in the camp 	UNHCR	UNHCR
Activity 3.8	<ul style="list-style-type: none"> Setting up of safe and protective temporary caregiving and learning spaces for 3200 children Hiring of 64 caregivers/teachers for the temporary caregiving and learning spaces Training of caregivers/teachers in the use of education in emergencies materials in a child friendly way Provision of essential learning (64 ECD and 80 school-in-a-box kits) and recreational (recreational kits) materials; and organization of orientations on the use of the recreational kits Provision of Psycho-social support to students and teachers 	CNR, IEDA	CNR, IEDA
Output 4	Operation support		
Output 4 Indicators	Description	Target	Reached
Indicator 4.1	Operation support strengthened and optimized	75%	80%

Output 4 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 4.1	<ul style="list-style-type: none"> Contribution to fuel for the transportation of 8,000 refugees and their belonging from transit centre to Lusenda camp (30,000 litres of gasoil to be procured) 	UNHCR, AIRD	UNHCR, AIRD
Activity 4.2	<ul style="list-style-type: none"> General project management services support established, maintained and/or provided; 	UNHCR, AIRD, ADES, IEDA, CNR	UNHCR, AIRD, ADES, IEDA, CNR

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

Lusenda camp, located in Fizi territory, South Kivu (62 km from Uvira), is hosting recently arrived Burundian refugees fleeing the political tension and violence in their home country. Since April 2015, around 20,846 Burundian arrived in DRC, among which 18,254 in Uvira and Fizi Territories (South Kivu Province).

Fair protection processes and documentation

As of December 31, 2015, 18,254 newly arrived Burundian refugees were registered biometrically in South Kivu (level II). From this group 12,764 have been relocated to Lusenda refugee camp. The biometric registration was conducted at the transit centres. The Burundian and Congolese border is characterized by two formal and numerous non-formal entry points. The newly arrived Burundian refugees who are registered are only those who presented themselves at the various assembling and transit center points. However, a lot of informal border crossings took place. 166 children were registered and issued documentation under regular birth registration procedure. The Government of the DRC - through the CNR - has recently requested that the newly arrived refugees should not be registered until an individual application for the refugee status determination has been submitted to Kinshasa. Border monitoring missions were conducted by UNHCR in collaboration with the CNR on a weekly basis to the key border entry points. Two transit centres and one assembly point were rehabilitated and maintained for the provision of basic assistance for the newly arrived refugees prior to their transfer to Lusenda camp. Items such as mattresses were procured so as to ensure appropriate conditions in the camp. Within these centres and assembly points, 75 unaccompanied children were identified. The newly arrived Burundian refugees have been arriving through the territories of Fizi and Uvira using many informal entry points into the DRC. However, security restrictions do not allow for the follow-up of these informal entries in areas which are marked as "red".

Security from violence and exploitation

Two trainings were conducted through UNHCR's security division in Uvira to strengthen the capacity of all stakeholders involved in the security management of Lusenda camp such as CNR staff, police officers, FARDC and members of the refugee security watch team. To fill the gap related to the insufficient number of police officers in the camp, an advocacy campaign was initiated and the number of Congolese National Police (PNC) elements increased from 60 to 110. A pick-up was provided to the PNC deployed for the security of the camp in order to facilitate their patrols and to help them to react as quickly as possible in the case of a sudden incident or threat. Three simulation exercises involving all security stakeholders in Lusenda camp were performed in order to improve the management of security in the camp. An Early Warning Cell was also set up. In Uvira, 110 PNCs and 150 FARDC elements were deployed for the security of the camp. To respect the civilian and humanitarian character of the camp, a close collaboration with the CNR was ensured. The PNC, FARDC and civil authorities organized sensitization campaigns for the refugee population on their rights and obligations as refugees. A draft document on "Preparedness for ensuring civilian and humanitarian character of asylum in Lusenda camp" was initiated and is in progress. 110 (87 men and 23 women) refugee security watch teams were set in place to identify suspicious presence of individuals in the camp. PNC as well as FARDC Intelligence Officers worked on a daily basis on the prevention of infiltration of armed elements in the camp. Where feasible, protection monitoring activities were conducted especially in Ruzizi plain. Although PNC elements deployed for the security of the camp were provided with basic training, additional capacity building is still required. Police officers are ill-equipped, lacking anti-riot equipment and possess only one single pick-up for 110 elements.

In 2015, 56% of the populations in Lusenda camp were children. A training was facilitated in November by UNHCR for key protection partners working in Lusenda camp. A SOP was drafted in consultation with the protection partner on the protection of children in the camp. UNHCR further trained 19 stakeholders from partner organizations, refugee SGBV sub-committees and security committees in Lusenda camp as well as 12 policemen and soldiers and 160 community leaders on SGBV prevention and response. Five copies of the course on clinical management of survivors of sexual violence have been handed over to the medical team of ADES. UNHCR further supported the creation of a refugee women's committee and a SGBV sub-committee (part of the Gender Committee), active in the prevention of SGBV and orientation of cases. 2,800 fliers, 60 picture boxes, 40 modules on sensitization, 10 billboards and 47 t-shirts have been produced and distributed. The campaign on the 16 days of activism against GBV took place through one theatre play, one session on the right of education for the refugees in the camp, as well as one workshop with the SGBV committee in Baraka. Four street theatres were carried out by IEDA to raise awareness on SGBV. One RECO for prevention and orientation of cases was created in the camp. SOPs were put in place and weekly meetings among signing parties conducted. The SAFE strategy was drafted after a field study in the camp in consultation with 31 women. 56 SGBV awareness-raising sessions were carried out by AIRD for 8,742 refugees transiting in common areas, in Lusenda camp as well as at the regrouping points and transit centers. Three sensitizations on forced marriage and rape were held by IEDA for refugee representatives and village leaders.

Constraints: Legal aid, socioeconomic support for the survivors as well as proper funds for the implementation of the SAFE project remain unmet. Moreover, SOPs meetings have to be held on a regular basis and national police and partners' staff require more capacity building.

Basic needs and essential services

All persons of concern in Lusenda camp have been able to access primary health care services. A health post was established in the camp during the onset of the emergency. The newly constructed maternity ward and health centres will provide Burundians with additional services in the camps to meet the growing medical needs in the future. Burundian refugees were medically screened during the transfer to the camp and had access to medical services in the camp. Medical staff was hired by the implementing partner and trainings were conducted in collaboration with the Ministry of Health (MoH). For those who required additional medical care, a referral mechanism was set in place through the Provincial MoH to integrate refugees into existing health facilities such as the health centres in Lusenda or the General hospital of Nundu. 2,927 referrals were made to these external structures. The mortality rate was 0.22death/1000people/month and remained in the norm. 17,612 health consultations were conducted. The most frequent pathologies registered were malaria (6,014 cases – 26.9%), intestinal parasites (3,757 cases – 16%), respiratory infections (1,892 cases – 8.4%) and flu (1,254 cases – 5.6%). Children's vaccinations were carried out on site and pre-natal care provided. 37 deaths due to natural causes were reported and in July 2015 two cases of cholera registered in Lusenda camp. The two cases were not registered as refugees but the situation was quickly managed and under control. Despite these achievements, several challenges remain: In Uvira, more than 36% of the newly arrived Burundian refugees are living within host communities while multi-sectorial assistance is only provided in Lusenda camp. The health cluster committed itself to provide medical assistance in external health centres receiving refugees; however, this assistance was very limited. Moreover, the existing health structures are overstretched as they are also used by IDPs and the old Burundian caseload.

Preventive reproductive health and HIV services were partially provided to refugees. All pregnant women attended the anti-natal care services, 166 deliveries and 170 births were recorded, including two deliveries of twins. No death was recorded during child birth. In collaboration with the United Nations Population Fund (UNFPA) and the National HIV Program, condoms were made available for refugees. 193 people had access to Voluntary Counselling and Testing (VCT) of which 94% were negatives. 21 peer educators were trained in organizing door-to-door HIV sensitization sessions campaigns. In 2015 some pregnant women did not have access to Preventing Mother-to-Child Transmission (PMTCT) services and the coverage of HIV services remained low (less than 25%) in Fizi and Uvira including antiretroviral (ARV) services. The prevalence of HIV in the region from which refugees are coming from is high compare to the prevalence in the host community. In Nundu health zone, only 72 people living with HIV were registered before the refugee influx. Currently, 94 persons living with HIV are followed up and supported for treatment of which 84 are receiving Anti-retroviral Treatment. A referral mechanism was established to facilitate their treatment at Nundu Hospital. Difficulties have been reported in conducting the viral load test as well as CD4. The following constraints remain: In Lusenda camp, no HIV-testing facility exists. There is no facility to test the viral load and CD4 tests are not conducted regularly. The PMTCT services were not fully implemented due to a delay regarding the implementation of antenatal care and the delay to deliver the authorization by Nundu Health officers.

All the newly arrived refugees under 5 years of age underwent a nutritional screening upon arrival in Lusenda camp. The identified malnourished children were referred to the health center of Lusenda (within the host community) for appropriate care. 72 children affected by severe malnutrition (2.01%) and 265 children affected by moderate malnutrition (8.23%) were identified. In collaboration with WFP school feeding programs have been rolled out for all children (Burundian refugees and host community) attending primary schools. WFP has shifted from the distribution of food items to the issuance of cash vouchers which allowed the beneficiaries to purchase the food items of their choice. The implementing partner has continued to support WFP with the distribution of cash vouchers. Referral mechanisms were established for the treatment of severe malnourished children at the nutrition unit of Lusenda

health center and Nundu hospital. Unfortunately, care taking structures know abrupt out-of-stock of food suppliants. Constraints: There is lack of nutrition treatment center for severe acute malnutrition at the Lusenda center. Due to staffing constraints the Nutrition survey was not conducted in 2015 and no further screenings are taking place once the refugees have been sheltered in the camp.

The quality and quantity of food distributed monthly at Lusenda camp (refugees hosted in family shelters) met the standard. Refugees hosted in common structures (transit centres, regrouping points, common shelters at Lusenda) received hot meals three times a day. Rounds of food distribution have been carried out for refugees in hosting families before their transfer to Lusenda camp. Taking into account refugees' complaint about the low quantity of food distributed and the low variation in food supply (beans, corn flour, salt, and vegetable oil), the WFP set up a cash voucher system that allows refugees to choose the food they prefer. Moreover, some people with specific needs benefited from additional food distributions.

As of end December 2015, Lusenda camp had a population of 13,447 (5,262 households). In 2015, 5,139 emergency shelters were constructed on a surface of 12 m² assigned to each household. On average, four people are residing in each shelter. As Lusenda camp has a capacity of 18,000 individuals, discussions are currently on-going with the government for the expansion of the camp or allocation of additional land. The following constraints remain: Lusenda camp is established on the hills of Lusenda. Considering the 9-month rainy season there is a need to construct a sustainable drainage system to safeguard the established roads and prevent soil degradation. As the six-months phase since the establishment of the camp has already been passed, there is a need to move from emergency shelters to semi-durable structures for shelters.

In terms of basic and domestic items, 250 grams of soap were provided to the PoC on a monthly basis. 3,459 hygienic kits were provided to girls and women of reproductive age. Other distributed items included: 15,301 blankets, 6,593 jerry cans, 5,249 kitchen sets, 13,790 mats etc.

Regarding persons with specific needs, in Lusenda camp, 607 persons were assisted. Specialized medical treatment was provided to seven (four male and three female) Burundian refugees, among this group were two children. 97 (35 female and 62 male) persons were assisted with nutritional supplements. However, social structures to support individuals with mental illnesses remain limited. The only group of this population who has been systematically provided targeted assistance was those who are living with disabilities. Other persons with specific needs were not supported with targeted assistance.

Concerning access to education, Burundian refugee children have been integrated in five primary schools which are located in close proximity to Lusenda camp. With the ongoing crisis in Burundi, the refugees, who continue to arrive, systematically register their children within the existing structures. Within the 2015-2016 school year, 5,244 Congolese and Burundian children were enrolled in primary education. Among them are 3,185 (1,617 girls and 1,568 boys) Burundian refugee children, while the total number of registered children who are of school age (6-12 years) accounts to 4,079 (2,017 girls and 2,062 boys). In summary, the Burundian refugees constitute 60.7% of the registered children within the 5 primary schools. At the onset, the Burundian refugees in Lusenda camp were not willing to be integrated within the Congolese schools. This created tensions between the beneficiaries, UNHCR and its partners. However, a mission from UNHCR headquarters came to support the situation and tensions have decreased ever since. Due to staffing constraints, the office was unable to follow up on the 894 (354 girls and 539 boys) children who are of school-going age but are not attending school. The children need to be identified, documented and supported to ensure their adherence in the school. No vocational/technical trainings were provided for youth who are out of school and no educational support was provided to the children who are living within the host community (out of camp).

Logistics and Operational Support

The Burundian emergency crisis was supported by 28 light vehicles, 6 trucks, 30 motorcycles and 12 generators. Among others, kitchen utensils, hygiene kits, sunlamps, fuel, essence, spare parts, tires etc. were purchased. Transport remained a challenge during the year as 50% of the fleet is very old. However, UNHCR has ensured transport in safety and dignity for staff and beneficiaries as well as for the delivery of food and non-food items.

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

UNHCR organized jointly with stakeholders, partner organizations, refugee sub-committees as well as local authority's trainings and awareness raising campaigns to ensure that refugees in camp understand their right and how to claim them. UNHCR further the awareness raising campaign with flyers, picture boxes, sensitization modules, billboards and t-shirts, more on UNHCR through it partners organized in camps street theatres were carried on legal issues. SOPs were put in place and weekly meetings among signing parties.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
In terms of evaluation, a participatory assessment was conducted in November 2015 with refugees in Lusenda camp as well as within host communities in the territories of Uvira and Fizi. The assessment revealed protection risks for each sector, identified causes and proposed recommendations to solve identified risks (please find report attached).	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information							
1. Agency:		WFP		5. CERF grant period:		15/06/2015 – 14/12/2015	
2. CERF project code:		15-RR-WFP-041		6. Status of CERF grant: <input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded			
3. Cluster/Sector:		Food Aid					
4. Project title:		General Food Assistance to Burundian Refugees and affected host communities					
7. Funding	a. Total project budget:		US\$ 6,315,293	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:		US\$ 6,315,293	■ <i>NGO partners and Red Cross/Crescent:</i> US\$ 73,233			
	c. Amount received from CERF:		US\$ 1,499,755	■ <i>Government Partners:</i>			
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (below 18)		5,729	5,288	11,017	9,374	8,050	17,424
Adults (above 18)		5,289	4,019	9,308	5,278	4,879	10,157
Total		11,018	9,307	20,325	14,652	12,929	27,581
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees		10,000			14,798		
IDPs							
Host population		10,325			12,783		
Other affected people							
Total (same as in 8a)		20,325			27,581		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>		Assistance to Burundian refugees and host families reached more people than planned. Throughout the second half of 2015, we witnessed the continual arrival of Burundian refugees in DRC following the deterioration of the security situation in their country and resulting in the increasing of the number of foster families as to the arrival of refugees, many of them were accommodated in host families in the two vast territories of Uvira and Fizi pending their relocation to Lusenda camp. Rate of female children below 18 years was 164%, rate of male children below 18 years was 152%, and global rate of children below 18 years was 158%. Rate of male above 18 year was 121%; global rate of female was 133%; global rate of male was 139%; the global rate of both male and female was 136%. According to different reports from UNHCR, children aged from 0-18 years represent 60 to 65% of the entire refugees' population of which 50% are under 12 years. Women represent 52% while men are 48%.					

CERF Result Framework			
9. Project objective	Maintain acceptable food consumption levels for refugees and affected host families and provide lifesaving food assistance to refugees, host families and returnees through general food distributions (in kind and with a cash and voucher based modality) for four months (returnees for three months).		
10. Outcome statement	Food of sufficient quantity and quality distributed to targeted women, men, girls and boys under secure conditions through in kind or cash assistance/commodity vouchers		
11. Outputs			
Output 1	Stabilized food consumption over assistance period for targeted beneficiaries		
Output 1 Indicators	Description	Baseline	Target
Indicator 1.1	Food Consumption Score male headed family/refugees	3.92% (80% reduction)	29.60% (december2015)
	Food Consumption Score female headed family/Refugees	4,88 (80% reduction)	20.32% (december2015)
	Food Consumption Score/refugees	4.47%	23.20% (december2015)
	Food Consumption Score male headed family/Host families	1.6%	0%
	Food Consumption Score female headed family/ Host families	5%	1.2%
	Food Consumption Score/refugees/ Host families	3.3%	1.2%
Indicator 1.2	Cooping strategy index male headed family	< 17.76	14
	Cooping strategy index female headed family	< 18.34	15
	Cooping strategy index	< 18.19	15
Indicator 1.3	Total food transferred to beneficiaries under secure conditions and in a timely manner as percentage of planned	1066 MT(planned)	1195 MT (reached)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Conduct Market assessment in Uvira and Fizi territories, including the area of the new refugee camp (Lusenda) to determine the choice of transfer modality after the relocation of the refugees.	WFP, UNHCR, AIRD	WFP, UNHCR, HOPE IN ACTION
Activity 1.2	WFP food transfers to cooperating partners on the basis of monthly requests and verified beneficiary	WFP/AIRD/UNHCR	WFP/AIRD/UNHCR
Activity 1.3	Distribution of food for up to 20,325 beneficiaries by the cooperating partners	AIRD/UNHCR	AIRD/UNHCR
Activity 1.4	Conduct distribution and post-distribution monitoring	WFP/UNHCR	WFP/UNHCR/HOPE IN ACTION
Activity 1.5	Conduct Market assessment in Uvira and Fizi territories, including the area of the new refugee camp (Lusenda) to determine the choice of transfer modality after the relocation of the refugees.	WFP & selected partner	WFP, UNHCR, HOPE IN ACTION

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:	
<p>According to the surveys conducted in July and December 2015, the proportion of households with poor food consumption was stabilized. The same stability trend was also noticed through the coping strategy index whose value was from 18 to 15 between the baseline survey and the final survey. These refugees who rely on WFP food assistance did not have others mechanisms to significantly improve their food security situation.</p>	
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
<p>WFP carried out awareness campaigns to inform refugees on their entitlements and the complaint mechanisms in place during distribution (ration sizes, staff to be contacted in case of claims, people targeted). However, according to the survey carried out in September 2015 in Lusenda, the proportion of beneficiaries informed of WFP's program is low due to the short time dedicated to the sensitization. Additionally, distributions were conducted while refugee transfers from host families were underway and therefore some were not reached by the sensitization. Protection measures were put in place by WFP and its partners to ensure that beneficiaries were not exposed to abuse during food distributions. The latest post-distribution monitoring (PDM) conducted in Lusenda refugee camp indicated that the majority of beneficiaries faced no protection-related problems in travelling to or returning from distribution sites, nor during or after distributions</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
<p>According to the rapid food security assessment conducted in May in South Kivu, all categories of people (host families, old IDPs in the region, returnees from Burundi, new IDPs) were food insecure. Two PDM were conducted in July and December 2015. According to these assessments, the food security situation of the refugees has been improved after assistance provided by WFP with collaboration from all complementary partners. The proportion of households with poor food consumption score improved from 60% to 17%.</p>	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information							
1. Agency:		WHO		5. CERF grant period:		06/08/2015 – 05/02/2016	
2. CERF project code:		15-RR-WHO-024		6. Status of CERF grant: <input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded			
3. Cluster/Sector:		Health					
4. Project title:		Improve and increase access to primary and secondary health services for new refugees and repatriated Congolese refugees from Burundi, IDPS and host population in 13 health centers in South Kivu Province					
7. Funding	a. Total project budget:		US\$ 2,075,000		d. CERF funds forwarded to implementing partners:		
	b. Total funding received for the project:		US\$ 612,171		■ <i>NGO partners and Red Cross/Crescent:</i> US\$ 114,859		
	c. Amount received from CERF:		US\$ 612,171		■ <i>Government Partners:</i> US\$ 30,000		
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (below 18)		14,838	10,440	25,278	14,882	11,483	26,365
Adults (above 18)		7,990	5,622	13,612	18,173	11,313	29,486
Total		22,828	16,062	38,890	33,055	22,796	55,851
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees		10,000			8,938		
IDPs		417			2,083		
Host population		10,000			13,450		
Other affected people		18,473			31,380		
Total (same as in 8a)		38,890			55,851		
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:		The number of beneficiaries reached was greater than planned due to new arrivals of refugees during the implementation of the project and to movements of IDPs and returned persons.					

CERF Result Framework			
9. Project objective	Improving and increasing access to primary and secondary health services for new refugees and repatriated Congolese refugees from Burundi, IDPS and host population in 13 health centers in “South Kivu” Province;		
10. Outcome statement	New refugees and repatriated Congolese refugees from Burundi, IDPS and host population in 13 health centers in “South Kivu” Province, have improved and increased their access to primary and secondary health services for during the project;		
11. Outputs			
Output 1	38.890 people (refugees, host population and vulnerable persons) in 13 affected health areas (“Aire de Santé”) of 6 HZ in the province of “South Kivu” have access to basic health care for 4 months during the project;		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of refugees, host population and vulnerable persons in 13 affected health areas and in 5 referral hospitals have access to basic health care;	At least 20.000 free consultations and treatments carried; At least 80% of patients referred to higher level (referral hospital) care receive adequate treatment; Mortality remains under the emergency threshold (least than 1%)	55 851 beneficiaries (refugees, host population and vulnerable persons in 13 affected health areas and in 5 referral hospitals) have access to basic health care; 85% (3032 out of 3567) patients were referred to higher level care; Reduction of mortality (<1%)
Indicator 1.2	Number of health facilities supplied through essential medicines for adequate emergency care;	13 health centers and 5 referral hospitals (HGR) supplied with essential drugs and medicines	13 health centers and 5 referral hospitals were supplied with essential drugs and medicines for 4 months
Indicator 1.3	Number of General Referral Hospital, and cholera treatment centers (CTC), provided in adequate medical kits;	5 General Referral hospital provided in adequate medical kits; 3 CTC provided with cholera treatment kits	5 General referral Hospitals and 3 Cholera treatment centers
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Supply on essential medicines and medical supplies, in compliance with minimum primary health service package norms in 13 HC within the 6 affected HZ in Uvira and Fizi territories	WHO	WHO
Activity 1.2	Organize and ensure the free-of-charge medical care for refugees and vulnerable populations in the supported health facilities and ensure national norms and standards are adhered to	MDA in support of health workers	MDA in support of health workers
Output 2	Capacity of health workers in the targeted HC strengthened on services delivery in emergency situations including early detection and response to outbreaks;		

Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Proportions of target numbers of health staff trained for each category (men, women);	50 medical and health staff (men/women) have their knowledge improved on the application of the minimum health service package on the complementary services package in emergency situations; Epidemics detected and response mobilized within 2 weeks' time;	55 health staff trained on 50 planned, 110% (Male: 42 and Female: 13); Any new case of cholera and measles was quickly detected and treated in CTC or health centers/referral hospital
Indicator 2.2	Capacity of community health workers strengthened on early case detection, referral and community based surveillance;	72 selected community health workers men/women, young men / young women, trained on key health practices for disease prevention	77 community health workers (Male: 49 and Female: 28) were trained on key health practices for disease prevention
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Strengthen the capacity (refresh training) of 50 health care providers, in 13 health areas within the 6 HZ on implementation of the minimum health service package of activities in emergency situations	WHO and MDA	WHO and MDA MOH (Health zone and DPS)
Activity 2.2	Strengthen the capacity of 72 Community Health workers (RECO) in 6 HZ in regard to community based health approaches, especially on the early detection of cases and referral	MDA and MoH	MDA and MoH (Health zone and DPS)
Activity 2.3	Maintain skilled health staff of 13 HC and strengthen their capacity to provide free of charge health care to the target population	WHO, MDA and MoH	WHO, MDA and MoH (Health zone and DPS)
Activity 2.4	Monitor and follow up the implementation of the activities by field visit and supervision and monthly follow up meetings	WHO, MDA and MoH	WHO, MDA and MoH (Health zone and DPS)

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:	
<p>Increase of beneficiaries because of new arrivals of refugees during the implementation of the project. These reception areas witnessed movements of IDPs and returned persons. 3 CTCs received a small rehabilitation (at minimum) to put these structures in functionality and allow state care in good conditions.</p>	
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
<p>Prior to the design of this project, an initial assessment was organized. During this assessment, we organized focus groups of refugees, IDPs and host families by category (women and children, men); they had clearly expressed health needs. During the implementation, we organized each group committee which has allowed us to identify and reach the beneficiaries. Then, they were informed of the availability of services and activities such as awareness was performed by community volunteers recruited from different groups. During the monitoring, the chairman of each group (refugees, IDPs, host families) was involved and consulted. Meetings were held with them to enjoy the satisfaction of services rendered and identify access to health services difficult. Their proposals on the improvement of services were taken into account.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
<p>Three assessment missions were conducted. An initial joint assessment mission with WHO, MDA and DPS was performed at the beginning of CERF project. It enabled to identify the 13 health areas that had received large numbers of Burundian refugees. A mid-term evaluation mission was organized at the beginning of January 2016 to analyze the attainment of objectives. The level of the achievement of these objectives was good and recommendations were provided to health staff providers and NGO MDA to improve the quality of reporting with more respect gender. A final assessment mission was held in late February 2015. All WHO partners (ZS, MDA and the DPS) took part in this mission which enabled to appreciate the positive impact of the project and to identify gaps not yet covered and requiring funds (5,000 Burundian refugees still living in host families with basic health care).</p>	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
15-RR-FAO-019	Agriculture	FAO	INGO	\$53,526
15-RR-WHO-024	Health	WHO	INGO	\$114,859
15-RR-WHO-024	Health	WHO	GOV	\$30,000
15-RR-HCR-027	Protection	UNHCR	INGO	\$389,188
15-RR-HCR-027	Protection	UNHCR	INGO	\$95,000
15-RR-HCR-027	Protection	UNHCR	GOV	\$25,000
15-RR-HCR-028	Multi-sector refugee assistance	UNHCR	INGO	\$1,561,543
15-RR-HCR-028	Multi-sector refugee assistance	UNHCR	INGO	\$20,800
15-RR-HCR-028	Multi-sector refugee assistance	UNHCR	GOV	\$150,000
15-RR-HCR-028	Multi-sector refugee assistance	UNHCR	INGO	\$235,000
15-RR-CEF-069	Nutrition	UNICEF	INGO	\$128,250
15-RR-WFP-041	Food Assistance	WFP	INGO	\$67,469
15-RR-WFP-041	Food Assistance	WFP	INGO	\$5,764

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAR	After Action Review
ADES	Action D'Espoir (NGO)
ADRA	Adventist Development and Relief Agency
AIDS	Acquired Immune Deficiency Syndrome
AIRD	African Initiatives for Relief and Development
ARV	Antiretroviral
AVSI	Associazione Volontari per il Servizio Internazionale
CAFOD	Catholic Agency For Overseas Development
CERF	Central Emergency Response Fund
CHW	Community Health Workers
CMR	Child Mortality Rate
CNR	National Committee for Refugees (Comité National des Réfugiés)
CPIA	Inter-Agency Provincial Steering Committee (<i>Comité provincial Inter-Agences</i>)
CTC	Cholera Treatment Center
DGM	DRC Migration Office (<i>Direction Générale des Migrations</i>)
DRC	Democratic Republic of Congo
DFID	Department for International Development
DPS	Provincial Division of Health (<i>Division Provinciale de la Santé</i>)
ECHO	Humanitarian Office of the European Community (<i>Commission Européenne</i>)
EmONC	Emergency Obstetric and Neonatal Care
FAO	Food and Agriculture Agency
FARDC	DRC Armed Forces (<i>Forces Armées de la République Démocratique du Congo</i>)
HF	Humanitarian Fund
HW	Health Workers
HGR	General Reference Hospital (<i>Hopital Général de Référence</i>)
HZ	Health Zone (<i>Zone de Santé</i>)
ICRC	International Committee of the Red Cross
IDP	Internally Displaced Person
HC	Health Center
IEDA	International Emergency and Development Aid
ITNU	Intensive Theurapeutic Unit
IMAM	Integrated Moderate Acute Malnutrition
IOM	International Organisation for Migration
IRC	International Rescue Committee
IYCF	Infant and Young Child Feeding
KFP	Key Family Practices
MAG	Mines Advisory Group
MDA	Médecins d'Afrique
MoH	Ministry of Health
MSA	Multi-sectoral Assessment
MSF	Médecins Sans Frontières
NFI	Non-Food Item
NGO	Non-Governmental Organization
NRC	Norwegian Refugee Council
OCHA	Office for the Coordination of Humanitarian Affairs
PCIMA	DRC Protocole of Integrated Supported of Malnutrition (<i>Prise en Charge Intégrée de la Malnutrition</i>)
PDM	Post Distribution Monitoring
PIN	People In Need
PMTCT	Preventing Mother to Child Transmission

PNC	DRC Police Forces (Police Nationale Congolaise)
PNSR	DRC National Reproductive Health Programme (<i>Programme national de la santé de la reproduction</i>)
PoC	Person of Concern
PRONANUT	DRC Program of Nutrition (<i>Programme National de la Nutrition</i>)
RECO	Community Health Workers (<i>Relais communautaires</i>)
RRMP	Rapid Response to Population Movements (<i>Réponse Rapide aux Mouvements de Populations</i>)
SAM	Severe Acute Malnutrition
SGBV	Sexual and Gender Based Violence
SOP	Standard Operating Procedure
STI	Sexually Transmitted Infection
SC	Separated Children
UASC	Unaccompanied Separated Children
UNFPA	United Nations Population Fund
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Fund for Children
VCT	Voluntary Counseling and Testing
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organisation

ANNEX 3: PHOTOS



Lusenda refugee camp, overlooking Lake Tanganyika, and CERF-funded food security projects, South Kivu, DRC. Credit : OCHA/Charlotte MacDiarmid

