RESIDENT / HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS
RWANDA
RAPID RESPONSE
CONFLICT-RELATED DISPLACEMENT

RESIDENT/HUMANITARIAN COORDINATOR	**Mr. Lamin Manneh**

REPORTING PROCESS AND CONSULTATION SUMMARY

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

An informal After Action Review was conducted during the UNCT retreat held from 28th to 31st January 2014. Following UNHCR Representative and Resident Coordinator's email sent out on 4th March, a meeting of technical focal points were convened for 10th March 2014. The meeting took place and focussed on analysing achievements (comparison of intended vs. actual results achieved), sharing lessons learnt and formulating recommendations for future.

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 draft report was prepared by a Technical Committee and was then submitted to the Resident Coordinator for final review, endorsement and submission to the CERF Secretariat. This committee was composed of technical focal points from each UN Agency recipient of CERF funds namely UNHCR, UNICEF, WFP, UNFPA and WHO.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)		
Total amount required for the humanitarian response : 8,707,921		
Breakdown of total response funding received by source	**Source**	**Amount**
	CERF	3,152,423
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (*if applicable*)	N/A
	OTHER (bilateral/multilateral)	5,555,498
	TOTAL	**8,707,921**

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$)			
Allocation 1 – date of official submission: 05-Jun-13			
Agency	**Project code**	**Cluster/Sector**	**Amount**
UNICEF	13-CEF-072	Multi-sector	684,093
UNHCR	13-HCR-040	Multi-sector	1,593,835
WFP	13-WFP-033	Food	694,833
WHO	13-WHO-037	Health	179,662
TOTAL			**3,152,423**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Type of implementation modality	**Amount**
Direct UN agencies/IOM implementation	1,870,434
Funds forwarded to NGOs for implementation	983,115
Funds forwarded to government partners	298,874
TOTAL	**3,152,423**

HUMANITARIAN NEEDS

The Central Africa and the Great Lakes Region is affected by multiple armed conflicts and political instability. Rwanda has, in particular, been seriously affected by the continuing precarious security situation in the Democratic Republic of the Congo (DRC) resulting in mass population movements into Rwanda.

On 27th April 2012, Rwanda received the first influx of refugees fleeing the fighting between the DRC Government Forces (FARDC) and rebel militia in Masisi and Rutshuru Zones of North Kivu. By 31st October 2012, the cumulative arrival of refugees to the Transit Center (TC) near the Goma/Gisenyi border entry reached 19,991. During the first phase of this emergency, the UNCT received USD3,077,082 from CERF to respond to the most critical needs and lifesaving interventions for the refugees.

In November 2012, the M23 group took control of Goma, the provincial capital of North Kivu and home to one million people. This development triggered the commencement of the second wave of displacement of Congolese refugees seeking safety in Rwanda. Furthermore, on the 21st of May, shelling was reported close to the Mugunga 3 camp for IDPs, causing panic among the more than 13,000 inhabitants, mostly women and children. Six local people living near the camp were injured during the attacks (UNHCR, 22nd May 2013). Since the latest fighting erupted, the camp at Mugunga had been emptying, with the IDPs fleeing from Mugunga and heading towards Goma and Gisenyi (Rwanda) and northwards to Sake. Local residents were also reported to be fleeing from the Mugunga area.

This humanitarian situation presented significant and compelling challenges for the humanitarian community in Rwanda. The financial resources available to respond to the existing refugee caseload were already over-stretched while the number of newly displaced people continued to grow considerably. With a significant increase in the number of refugees in the country, there was a need to construct or rehabilitate transitional shelters (communal hangars), provide food, WASH and health services including sexual and reproductive health in the TC and procure and develop additional land to accommodate these new refugees. Basic living infrastructures namely emergency shelters, water and sanitation facilities, were to be established before the relocation of refugees from Nkamira to the new site (Mugombwa) where basic needs and services can be more adequately met and protection mechanisms to support the most vulnerable can be established. Not only the TC was congested but its proximity to the border was considered a security risk. The relocation of refugees was considered as an urgent humanitarian intervention in order to avoid any threats of attack from the armed groups operating in the North Kivu Region.

With the demography of the population *(mostly being women and children),* emphasis was to be given to two protection related priority interventions, SGBV and Child Protection as well as key legal protection concerns such as access to asylum, registration, family reunification.

II. FOCUS AREAS AND PRIORITIZATION

Two inter-agency (UNHCR, UNICEF, WHO, UNFPA, UNWOMEN and WFP) rapid needs assessments were carried out on 17th November 2012 and from 27th to 28th March 2013 respectively. CERF rapid response funding was meant to address eight prioritized critical sectors, namely: Food and Nutrition, Health including HIV/Reproductive Health, Early Childhood Development, Shelter and Terracing, WASH, Non-Food Items, Firewood, Logistics and Cross Cutting Protection issues including child protection, SGBV, General Protection and Gender. The most pressing needs was to increase the capacity of Nkamira TC to accommodate the increasing number of refugees so as to improve reception conditions through construction of reception/transit centre infrastructure. Nkamira was designed as a TC, where refugees are registered before moving to another location, the site is not equipped to adequately shelter people over long periods. The security of the refugees at the TC was also a concern. According to international refugee protection laws, refugees must not stay near the border of the place they are fleeing from, and Nkamira is only 25 km from the DRC border. Considering the above mentioned issues, the second priority was the development of a newly identified refugee camp in Mugombwa, situated in the southern part of the country, where basic needs and essential services can be more adequately met and protection mechanisms to support the most vulnerable can be established.

Food and Nutrition:
There was a need to cover the most urgent nutritional needs of about 10,000 new refugees. It was estimated that over 88 percent of new refugees are women and children; among adults (18-59 years), 59 percent are women. The CERF contribution was meant to procure 530 metric tons of mixed commodities (maize meal, pulses, oil, super cereal plus, salt) to be distributed to the new refugees through General Food Distributions (GFD) in the camp and high-energy biscuits to new refugees upon arrival at the registration at the border.

Health including RH/HIV:
Living conditions in the Nkamira TC continued to be extremely challenging. The TC had a health post with basic amenities but no laboratory facilities. Upper respiratory infections and watery diarrhea were the leading causes of 35 percent and 24 percent of daily consultations at the Health Post. The possible causes for this trend were poor sanitation and hygiene, overcrowded living conditions, very cold weather and general malnutrition situation. Referral cases were sent to the District Hospital which was already over-stretched in terms of capacity and space.

In addition, 55 percent of females were women in reproductive age, 24 percent of whom were pregnant. The disruption of social norms and lack of privacy put women and girls at an elevated risk of sexual assault, HIV/STIs infections, and unwanted pregnancy. There was therefore, an urgent need to rapidly intervene by providing the Minimum Initial Service Package of Reproductive Health (RH) with special attention to adolescents, youth and women.

There was also a need to mobilize the refugee community to seek sexual and reproductive health services through the community based structures made up of community health workers, safe motherhood motivators and peer educators to increase awareness on the issues

of family planning, gender based violence, obstetric fistula prevention, HIV/AIDS/STIs, teenage pregnancies prevention, disease prevention through information communication and education, etc. There was also dire need to strengthen the community based health information system so that Community Health Workers (CHW) can collect data to inform planning and decision making at the community level and also to feed this into the facility based health information management system. Technical support from the district hospital and from central level were to be strengthened to monitor the quality of health services in the camp.

It was envisaged that reproductive health and HIV interventions will greatly help to reduce maternal and neonatal morbidity and mortality for this vulnerable group. Support was needed to strengthen refugee community awareness, especially for women and girls to prevent unwanted pregnancies, sexually transmitted diseases and HIV/AIDS.

Similarly, the procurement of essential drugs, vaccines, and medical supplies had been challenging on account of the increasing needs of a growing population. In December 2012, temporary assistance was directly provided by the Ministry of Health for the provision of polio and measles vaccines, though there have been disruptions with other essential medications. Given the cold, damp weather and extremely congested conditions, the potential for communicable disease transmission (e.g. cholera, tuberculosis, etc.) was of particular concern.

The CERF intervention had the overall goal of providing an effective, appropriate and timely humanitarian assistance to the refugee community. Particular attention was to be given to communicable disease control, primary care services, and reproductive health care.

Shelter and Terracing
As of 11th April 2013, over 12,600 individuals had arrived in Rwanda since November 2012 - two third of whom were still residing at an over-congested Nkamira TC which is located 23km from the DRC Border. Furthermore, nearly 58% of the individuals residing at the Transit Centre were without reasonable shelter. As a result of the over congestion at the TC - refugee women, men and children continued to be housed together, a situation that was undesirable and can easily trigger potential risk of gender based violence and sexual abuse.

WASH
Access to water and sanitation facilities at the Nkamira TC was still an urgent concern as refugees continued to arrive on a daily basis. With the current relocation plan of refugees from the Nkamira TC to Mugombwa – the new site, there was a need to urgently construct WASH facilities in Mugombwa, which was expected to include drilling of boreholes and installing submersible pumps given its topography and scarcity of water resources.

Cross Cutting Themes (Child Protection, SGBV, General Protection and Gender)
Since the start of November, the number of refugee women and children arriving into Rwanda had consistently been between 88-90 per cent of the total population. In addition 8-10 per cent of the new arrivals were unaccompanied and separated children. This reality, in conjunction with the reasons for flight – as a result of targeted persecution at the hands of armed forces in DRC, with a preponderance of sexual violence against women, girls and boys, looting, pillaging and physical assault called for urgent specific interventions.

Participatory assessments had shown that there was indiscriminate and large scale sexual violence against elderly women and young girls and boys alike in the DRC, as well as physical violence amounting to torture by armed elements in the DRC. There were also indications that many young girls were pregnant as a result of these incidents. In addition to this, reports indicated that within the TC, women and girls were resorting to survival sex, preponderance of domestic violence as well as child abuse and neglect. Reports had also shown that unaccompanied and separated children felt insecure in this environment without a known guardian. The emphasis of the cross cutting protection sector was therefore three-fold: (i) To ensure all newly arriving refugees are provided access to the territory and to the asylum procedure, (ii) To ensure immediate assistance is provided to persons who have been subjected to SGBV either in the DRC or in Rwanda; (iii) To ensure child protection is guaranteed in the emergency context in the TC but also upon transfer to the refugee camp(s).

III. CERF PROCESS

Two inter-agency (UNHCR UNICEF, WHO, UNFPA, UNWOMEN and WFP) rapid needs assessments were carried out on 17th November 2012 and from 27 to 28 March 2013 respectively. A meeting was then convened for 2nd April 2014 with the main objective of presenting and discussing the findings and agreeing on how to respond to the most critical needs. The meeting took place as planned and the following organizations were represented: UNHCR, WFP, UNICEF, WHO, UNFPA, UNDP, UNWOMEN and IOM. The prioritization process of emergency interventions/activities was led by the recommendations transpired from this meeting. After a thorough debate, participants recommended to focus their interventions in the following eight prioritized critical sectors, namely: Food and Nutrition, Health including HIV/Reproductive Health and drugs, Early Childhood Development, Shelter and Terracing, WASH and

drainage facilities, Environmental Management and Protection, Non-Food Items, Firewood, Logistics and Cross Cutting Protection issues including child protection, SGBV, General Protection and Gender. A technical committee entrusted with the responsibilities of developing a "CERF Rapid Response Window Application" concept note was formed and was given a deadline to submit it to Resident Coordinator on 5th April 2013. On 5th April 2013, the first draft of concept note was circulated among all UN participating agencies for review prior to its finalization and submission to the Resident Coordinator. Internal consultations took a longer time than planned, and as a result the concept note was submitted to CERF Secretariat for review on 12th April 2013. This was then followed by another constructive and evaluative consultation process over the concept note between the Office of the RC and CERF until 23rd, May 2013 when Rwanda was notified of the decision of budget allocation. After this notification, the country team started to prepare the detailed CERF grant application which was submitted on 5th June 2013.

In terms of division of labour, the UN Sector Lead Approach was applied. It was a sector coordinated approach to respond to the emergency under the auspices of the Delivering As One. UNHCR played the overall coordination role and other agencies assumed "Sector-Lead" roles as follows: (i) UNHCR for overall coordinati, general protection, gender mainstreaming, site preparation and shelter, solid waste management, core relief items and transport, with the support of American Refugee Committee and Adventist Development and Relief Agency, (ii) UNICEF for WASH, child protection and early childhood development activities in coordination with UNHCR, with the support of Save the Children, Care International, AQUA Virunga and Vision Jeunesse Nouvelle (VJN) (iii) WHO for Health and Reproductive Health in coordination with UNHCR and in collaboration with UNFPA and UNICEF, with the support of Gisenyi District Hospital and Africa Humanitarian Action, (iv) WFP for Food and Nutrition in coordination with UNHCR and UNICEF, with the support of NGO implementing partner Africa Humanitarian Action.

The gender dimension was taken into consideration while designing and implementing activities under the CERF allocation. The IASC Gender Marker Code was used to design this CERF request to achieve 2a) coding. Requesting agencies reflected gender aspects in the analysis of needs and in the formulation of key activities and outcomes to take into consideration the different needs of men, women, boys and girls. The monitoring of this project was done at different levels. At the community level, influential women and men among refugees and refugee leaders were entrusted with the responsibilities of observing day to day implementation of the project as well as the effects on the beneficiaries. In light of WFP's Enhanced Commitment for Women (ECW), all WFP operations ensured that women were part of locally based food assistance management committees and distribution mechanisms. In view of implementing this commitment, 60 per cent of the committee members were women. Women were also given priority when issuing ration cards.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR

Total number of individuals affected by the crisis: 15,379

	Cluster/Sector	Female	Male	Total
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Water and sanitation	8,755	6,624	15,379
	Multi-sector	8,755	6,624	15,379
	Food	8,755	6,624	15,379
	Health	8,755	6,624	15,379

BENEFICIARY ESTIMATION

According to the Memorandum of Understanding signed between the Ministry of Disaster Management and Refugee Affairs and the United Nations High Commissioner for Refugee on verification of refugees, UNHCR is the custodian of ProGress database of information/profile on refugee and asylum seekers with regards to legal status, protection and assistance, durable solutions, as well as identification documents.
At the onset of the emergency, a full blown emergency registration team was engaged in biometric registration of all new arrivals during the first and second waves of the emergency influx from the Congo. Information on refugee including household/case composition, registration of new-borns, recording of deaths or any spontaneous departures were collected, consolidated, analysed and disseminated

with all partners to facilitate and ensure that quality protection, well-targeted assistance and durable solutions can be provided to all persons of concern. This information was disseminated on daily, weekly and monthly basis and was easily accessible.
The challenges encountered were due to the increased number of beneficiaries due to DRC refugee's influx. Another one was to predict the number of refugees since everything was dependent to the situation of conflict in Congo. Cross-border communication between UNHCR DRC, especially Goma Sub-Office and UNHCR Rwanda was strengthened through daily and weekly information sharing and cross-border meetings. This new dynamic enabled humanitarian community in Rwanda to comprehend and analyse the security situation in DRC, and subsequently the trend of displacement.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	**Estimated Reached**
Female	5,800	8,755
Male	4,200	6,624
Total individuals (Female and male)	10,000	15,379
Of total, children under age 5	1,900	2,891

CERF RESULTS

In broader terms, CERF enabled humanitarian actors to provide support to the refugee community to regain control of their lives as quickly as possible. More specifically, CERF enabled UNHCR to enhance reception and registration capacity of new arrivals both at the border and Nkamira TC. Quick dissemination of registration information enabled also timely and well-targeted assistance to refugees. In total, 15,379 new refugees were registered and profiled on an individual basis with a minimum set of data required (disaggregate by age and sex) including photographs and fingerprints. In addition, CERF enabled UNHCR to meet short-term shelter needs of about 15,379 refugees through provision of transitional shelters in form of communal hangars in the Nkamira TC. In preparation of the relocation exercise, construction materials were simultaneously procured for the construction of 2,431 individual shelters in Mugombwa, the newly established camp.

WFP responded immediately to the new refugee influx using its in-country food stocks. When entering into Rwanda, people were tired, hungry and exhausted. Therefore, upon arrival at the border, 500 grammes of high energy biscuits (HEBs) were distributed to each person to cater for two days requirements, as a transition ration, until they were able to start cooking using general food distribution ration after arrival at Nkamira transit centre. The general food distribution ration was composed of cereals, pulses, oil and salt. Additionally, supplementary feeding with fortified food was provided to all children under two years and pregnant and lactating women as a measure to mitigate acute malnutrition and reduce stunting. Also children under five years with moderate acute malnutrition and people living with HIV/AIDS were assisted with fortified food through targeted supplementary feeding. The early release of CERF funds in mid-June allowed WFP to replenish its depleting food stocks and ensure continuous response to refugees' needs for three months.

The CERF funding added a lot of value to the emergency response because it came at a time where the funding was insufficient. With the CERF funds UNICEF was able to meet the standards of core Commitments for Children in the refugee camps. CERF permitted UNICEF to quickly respond to the influx of refugees from DRC into Rwanda and to leverage on other resources. The refugees could be supported with timely humanitarian assistance according to SPHERE standards.

Further, the CERF funds allowed UNICEF and partners to increase and maintain access to clean and safe water and sanitation for refugees. Access to sanitation facilities was achieved for all refugees and good hygiene practices were enhanced and maintained. WASH services in the camp i.e. maintenance of water points, latrines, showers and hand washing stands could be continued due to the CERF funds. Regular de-watering of camps following rains were carried out by engaging private contractors. The significant behaviour change among refugees regarding sanitation and hygiene practices achieved before could be maintained throughout the funding period. As a result, there was no practice of open defecation in the Nkamira transit camp. In addition, CERF supported interventions included the construction of a water supply system (water pump and pipes) in Mugombwa camp in partnership with World Vision. Mugombwa camp was established to house all the population from Nkamira TC.

CERF funding helped to maintain and strengthen child protection systems in the camp through awareness campaigns and promotion of children's rights. Child protection concerns and child abuse cases could be identified, monitored and referred to appropriate structures and service providers by Nkundabana volunteers and animators from UNICEF's partner VJN in collaboration with UNHCR protection staff. A high level of psycho-social support for children in emergency could be maintained. CERF funding enabled the strengthening of the psychosocial wellbeing, safety, and protection of children aged 7-11 through daily participation in numerous recreational and cultural activities and para-educational activities. These activities included sports, modern and traditional dancing, theatre, acrobatic skills, etc., provided by animators from the refugee community, as well as weekly shows that allowed children to build their self-esteem and confidence by showcasing the skills they acquired during recreational/cultural activities. Key para-educational activities included literacy, numeracy and basic English skills. CERF funds allowed adolescent and young people to be empowered with life-skills on HIV prevention (including HIV testing and counselling), reproductive health information and prevention of drug use. HIV testing and counselling could be provided to adolescents.

Refugee children are vulnerable to poor development and exploitation and they stand to gain the most from quality family/parenting and ECD (Early Childhood Development) programmes. Disadvantaged children such as refugees often face precarious and insecure childhoods, lacking protective environments within which they can develop and grow to their full potential. Interventions in the early years have the potential to offset these negative trends and to provide young children with a protective environment and more opportunities and better outcomes in education, quality of learning, physical growth and health. In Nkamira refugee transit camp were 5,092 children and adolescents (F: 2,627; M: 2,465) below 18 years. Children below six years old were 1,867 of them 1,750 were aged between 0-3 years and 1,250 children were aged between the ages of 4-6. Before the interventions, those children were living in an environment that hindered their protection and care and they were missing opportunities to grow and to fulfil their potential. CERF funds enabled UNICEF to partner with Save the Children from July to December 2013, then with CARE International from October to End December 2013. The refugee community could be supported and integrated quality early childhood development services could be provided to all refugee children between the ages of 0-6 years. Knowledge and capacity of parents to provide a stimulating and nurturing environment for their children's development could be strengthened, thanks to the CERF funds. 3,000 children aged between 0-6 years were reached with ECD and pre-primary school services through home-based and center-based approaches. Furthermore, well skilled caregivers, trained with the ECD package and mother leaders were instrumental in the provision of ECD services under the supervision of Save the Children, then CARE International in Rwanda.

Funding from CERF enabled the camp dispensary to offer primary health care services to all refugees and additional services such as immunization, ante-natal care and availability of essential drugs and emergency kits as well. The funding facilitated to conduct a round of supplementary immunization campaigns in the camp. During that campaign, polio and measles vaccines were delivered to children 0-59 months with coverage rates of 100 percent and 85 percent, respectively. Since November 2013, arrangements were made with the neighboring government-run health center to provide routine immunization services to all new refugee children in the camp.

The funding enabled the procurement of the inter-agency health emergency kits and local essential medicines to respond to critical, urgent or routine medical gaps. Rapid Diagnostic Tests for malaria were procured and delivered to the laboratory.

The community health structure based on MoH guidelines and approach was established and scaled in order to boost health promotion and hygiene through sensitization and community health education. In total, fifty (50) community health workers were elected through voting in the camp zones. The community health workers have played key role in the mitigation of malnutrition and diarrhoea cases. They also engaged in continuous community sensitization to reduce the risks of acute respiratory infection diseases.
Integrated diseases surveillance reporting mechanisms was introduced in order to monitor and report the evolution of diseases. Data were then analysed to inform decisions based on disease patterns. During the reporting period, no outbreak occurred in Nkamira TC. The CERF funds were partly used to procure and distribute beds and materials for the district hospital isolation ward where refugees are referred in case of any emergency and complicated illness.

Globally, the health indicators reported were good as evidenced by the low crude mortality rate at 0.21/10,000/day, and under 5 mortality rate of 0.9/10,000/day. Overall, the funds facilitated the provision of curative services to an estimated 15,379 refugees who had visited the dispensary in the camp, with a utilization rate of over 200 percent. The dispensary was able to consult patients at a range of 150 to 250 per day. Most of the consultations were on acute respiratory infections with 35 percent of the consultations and 24 percent watery diarrhoea. The measles immunization coverage stood at 90 percent during the reporting period and more than 1000 patients were referred to the nearest district hospital of Gisenyi for specialized medical care.
The CERF funds facilitated timely emergency responses by strengthening dispensary capacity in Nkamira T.C and by establishing community health workers system in accordance to the Ministry of Health guidelines. It also enabled the provision of materials and supplies to district hospital isolation ward. Furthermore, CERF funds were used to provide 400 dignity kits (hygiene kits) to the most vulnerable refugee women and girls.

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?
YES ☒ PARTIALLY ☐ NO ☐

CERF enabled UNHCR, UNICEF, WHO to enhance reception and registration capacity of new arrivals both at the border and at the Nkamira TC. The quick dissemination of registration information enabled timely and well-targeted assistance to refugees. Time-critical health, food, shelters, WASH, child protection, ECD, nutrition, and adolescents and youth activities began promptly, due to the rapid disbursement of CERF funds.

The CERF funds allowed WFP to respond immediately and enabled continuity in food distribution for the critical first three months.

b) Did CERF funds help respond to time critical needs[1]?
YES ☒ PARTIALLY ☐ NO ☐

In the context of any displacement caused by armed conflicts, refugees lose their livelihoods, their land, their property and belongings (both food and non-food commodities). In addition, the reception centre was lacking basic infrastructure to accommodate the high number of new arrivals and to provide them with basic and essential services.

The CERF funds came when it was mostly needed. These refugees were totally depending on the humanitarian support. CERF funds helped the UN Community to respond to all minimum basic needs and essential services for new refugees in Nkamira and to establish basic infrastructure (WASH and emergency shelters) in Mugombwa prior to the relocation of refugees from Nkamira TC to this new site.

c) Did CERF funds help improve resource mobilization from other sources?
YES ☐ PARTIALLY ☒ NO ☐

We have to acknowledge that the needs of refugees were huge and CERF generously and exceptionally funded almost one third of the initial budget requirement. The CERF budget allocation was used to respond to the most critical needs (life-savings needs) of refugees and other partners were able to leverage on the good work accomplished in the refugee camps. In one way or another, CERF's experience laid down our resource mobilization strategy and, as a result of our pro-active fundraising efforts, more resources were raised by building upon CERF-funded activities.

d) Did CERF improve coordination amongst the humanitarian community?
YES ☒ PARTIALLY ☐ NO ☐

Building on the growing collaborative partnership and the spirit of Delivering As One, and given that it was an integrated submission, the CERF was another opportunity given to the UN Family in Rwanda to work together throughout all the phases of this intervention (assessment, design, implementation, monitoring and reporting). The humanitarian actors have learnt a lot through this process. Coordination throughout all these stages was a very key activityin avoiding possible overlaps in interventions/resources.

The UN Agencies in Rwanda have adopted a coordinated approach to respond to the emergency under the auspices of Delivering As One. A division of labour to respond to this second wave of Congolese refugee's influx into Rwanda was agreed upon by all concerned humanitarian actors. The UN Sector Lead approach was implied. Under this framework, UNHCR assumed the overall coordination and other agencies assumed "Sector-Lead" roles as follows:

- UNHCR: Overall coordination, general protection, gender mainstreaming, site preparation and shelter , solid waste management, core relief items and transport, with the support of American Refugee Committee and Adventist Development and Relief Agency.
- UNICEF: WASH, child protection and ECD activities in coordination with UNHCR, with the support of Save the Children and Care International.
- WHO: Health and reproductive health in coordination with UNHCR and in collaboration with UNFPA and UNICEF, with the support of Africa Humanitarian Action

[1] 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.).

- WFP: Food and Nutrition in coordination with UNHCR and UNICEF, with the support of NGO implementing partner Africa Humanitarian Action.

A High Level-Kigali based coordination mechanism including Government representatives, UN Agencies, and International NGOs is convened periodically. This body is chaired by Ministry of Disaster Management and Refugee Affairs (MIDIMAR) and UNHCR. The key focus of this coordination mechanism is to monitor progress and address changing needs. Similarly, a technical coordination body chaired by MIDIMAR and UNHCR meets on a regular basis in field locations.
Coordination was also facilitated by frequent field visits to Nkamira and Mugombwa by different implementing partners that received CERF funds. CERF funds also helped strengthen coordination through improved planning, extensive site visits (monitoring) and frequent reporting. Situation Reports were produced and shared with partners and donors at national, regional and international levels.

This sector lead approach has resulted in a swift UN response that is comprehensive, reduces duplication and increases synergies. The UN also played an important role in enhancing coordination among development partners and civil society organizations in responding to this situation.

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

N/A

V. LESSONS LEARNED

TABLE 6:OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons Learned	**Suggestion For Follow-Up/Improvement**	**Responsible Entity**
Time-critical lifesaving interventions began promptly, due to the rapid disbursement of CERF funds.	Keep up this momentum	CERF
Insufficient drainage facilities, and poor shelters could lead to intensified rain water run-off, soil erosion, the creation of gullies and life threatening ravines.	The planning of the refugee programmes should take into account the short and long term settlement strategies from the onset. These strategies should include site planning, topography surveys, environmental impact assessment and installation of proper drainage systems and there should be considered as life-saving activity at least in the context of Rwanda.	CERF

TABLE 7:OBSERVATIONS FOR COUNTRY TEAMS		
Lessons Learned	**Suggestion For Follow-Up/Improvement**	**Responsible Entity**
Contingency planning is paramount for emergency management	Prepare a contingency planning for refugees	One UN
The combination between child protection (CP) and dducation interventions brings high impact and better results for the protection of children.	Continuous capacity building of school teachers and involving them in child protection is encouraged	One UN
Continuous partnership with the concerned community (refugees) in child protection is critical because it enhances ownership and involvement.	Community-based child protection system should be enhanced at all levels and capacitated to promote children rights	One UN
ECD/F home-based approach is very much appreciated as it is embedded in the African culture and child care system. It works well when children mothers are organized in small groups taking care of children in a rotating manner. It allows other mothers to be free for other activities	Community mobilization on ECD/F ownership and supporting communities to organize care givers in a rotating manner	One UN
Children in ECD/F programme quickly learn to live together and change and improve their social behaviours and abandon their habits of misbehaviour and being aggressive to one another.	Community mobilization to send children into ECD/F services Create awareness at all levels and encourage Public Private Partnership (PPP) to accelerate ECD/F initiative	One UN
This CERF response increased the collaboration and the participation of local health authorities in the integration process of refugees in health program for disease prevention and control.	Maintain and expand this collaboration framework at all levels (central and local).	One UN
A robust coordination of partners and transparency in planning and implementation has created a smooth working environment which increased effectiveness of the joint response.	Strengthen the coordination with the view of delivering as a team	One UN

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNICEF	5. CERF grant period:	21 Jun 2013 – 20 December 2013
2. CERF project code:	13-CEF-072	6. Status of CERF grant: 871	☐ Ongoing
3. Cluster/Sector:	Water and sanitation		☒ Concluded
4. Project title:	Responding to Congolese refugees need in WASH, ECD and Child Protection		

7.Funding				
	a. Total project budget:	US$ 1,200,000	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US$ 684,093	▪ *NGO partners and Red Cross/Crescent:*	US$ 229,174
	c. Amount received from CERF:	US$ 684,093	▪ *Government Partners:*	US$ 0

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	5,800	8,755	The number of refugees reached was 15,379 people among which 5,770 refugees were transferred to Kigeme, Gihembe and Kiziba for family reunification and to Nyabiheke as relocation. This operation lessened the increasing population pressure over existing infrastructures and services in the Nkamira transit center. These camps are well established and structured and living conditions of refugees transferred there were somehow improved. By the end of December 2013, the total number of refugees who were living in Nkamira TC was 9,277.
b. Male	4,200	6,624	
c. Total individuals (female + male):	10,000	15,379	
d. Of total, children under age 5	1,900	2,891	

9. Original project objective from approved CERF proposal

- 10,000 people including women and children will be provided with access to clean drinking water, sanitation and hygiene facilities according to humanitarian standards and the refugee population including children and their families are aware of hand washing and other hygiene practices.
- Quality integrated ECD services is provided to children and the capacity of parents, communities, local facilities and government to provide a stimulating and nurturing environment and services for children's development strengthened.
- To ensure child protection is guaranteed in the emergency context in the transit centre but also upon transfer to the refugee camp(s) and refugees are informed about children's rights.

10. Original expected outcomes from approved CERF proposal

- Outcome 1: 10,000 people including women and children will be provided with access to clean drinking water, sanitation and hygiene facilities according to humanitarian standards.
- Outcome 2: The refugee population including children and their families are aware of hand washing and other hygiene practices.
- Outcome 3: 1,750 children between the ages of 0-3 and their families have nurturing environments and access to integrated

early childhood development services.

- Outcome 4: 1,250 children between the ages of 4-6 have protective environments and access to integrated early childhood development/ early learning and school readiness services.
- Outcome 5: Capacity of parents, communities, local facilities and government to provide a stimulating and nurturing environment and services for children's development strengthened.
- Outcome 6: Unaccompanied minors' psychosocial wellbeing and protection through the provision of temporary care is ensured.
- Outcome 7: Children aged 7-11 are engaged on a daily basis in recreational and para-educational activities that keeps them safe and protected, with the active collaboration of the refugee community.
- Outcome 8: CP desk is set to receive and respond to CP concerns and act as a referral point on wider CP issues.

11. Actual outcomes achieved with CERF funds

- Outcome 1: 10,000 people including women and children will be provided with access to clean drinking water, sanitation and hygiene facilities according to humanitarian standards
    - 15,379 people including 6,624 females and 8,755 males (9,119 children and 5,617 adults) were provided continued access to clean drinking water and sanitation and hygiene facilities in Nkamira Transit Refugee camp. The interventions supported included maintenance of WASH services in the camp i.e. maintenance of water points, latrines, showers and hand washing stands; and regular de-watering of camps following rains, through engaging private contractors. In partnership with World Vision, the construction of water supply system (water pump and pipes) was also supported in Mugombwa camp which is being established to house all the population from Nkamira transit camp.
- Outcome 2: The refugee population including children and their families are aware of hand washing and other hygiene practices
    - The refugee population in Nkamira camp was reached with messages on safe hygiene practices, including hand washing with soap, use of latrines, safe handling and use of water, through training of community hygiene promoters and hygiene promotion campaigns.
- Outcome 3: 1,750 children between the ages of 0-3 and their families have nurturing environments and access to integrated early childhood development services
    - 1,750 children aged between 0-3 years benefited from ECD services through home-based approach. These younger children were gathered in six home-based sites where they were cared for by 6 caregivers and 80 mother leaders selected among refugee community and who were empowered and trained to provide care and support to the young under their care. Those children were provided with various age-appropriate services basically growth monitoring, support to nutrition, cognitive development through play and games, recreation and song. A strong communication for development (C4D) component was included in the ECD programme to support parents' understanding of ECD. Children also benefited from nutritional support of sosoma, the high energy biscuits porridge. This support improved the condition of 23 children who were suffering from malnutrition.
- Outcome 4:1,250 children between the ages of 4-6 have protective environments and access to integrated early childhood development/ early learning and school readiness services
    - Under this outcome, 1,250 children were gathered in ECD centres. In order to improve the learning environment, at ECD centres, 8 rooms were rehabilitated as the temporal construction of a room with tarpaulin is easily damaged. Children benefitted from care and support by 6 caregivers and 6 assistants. Caregivers were mentored by 3 CARE staff based in the Nkamira Transit Camp whobecame professionals in the provision of ECD services. Moreover, in ECD centres, care and support focused more on school readiness, early learning and basic literacy. In addition to school preparedness and readiness, children were taught about hygiene, health and nutrition, how to protect themselves by minimising risks in the camp and outside the camp. Children were also given sosoma porridge and high energy biscuits for their meals.
- Outcome 5: Capacity of parents, communities, local facilities and government to provide a stimulating and nurturing environment and services for children's development strengthened
    - Under this outcome, the project carried out aapacity Building activities for 4 ECD professionals and 24 caregivers to increase the knowledge, skills, and practice of parents and caregivers in care and protection of children, early stimulation for development, parenting, hygiene and sanitation, child rights, etc. Materials like ECD kits were provided and used by caregivers and mother leaders in ECD.
- Outcome 6: Unaccompanied Minors' psychosocial wellbeing and protection through the provision of temporary care is ensured. UNICEF implemented activities to monitor unaccompanied minors' care arrangements, well-being and protective environment. These were carried out by trained Community Child Protection Volunteers ('Nkundabana") from the refugee

community.
    - Further, unaccompanied minors' psychosocial wellbeing and protection was increased through their active participation in daily recreational and para-educational activities, and sensitization sessions on topics such as child rights and protection, HIV/AIDS and prevention of drug use.
- Outcome 7: Children aged 7-11 are engaged on a daily basis in recreational and para-educational activities that keeps them safe and protected, with the active collaboration of the refugee community
    - The psychosocial wellbeing, safety, and protection of children aged 7-11 was strengthened through daily participation in numerous recreational and cultural activities and para-educational activities. Recreational activities, including sports, modern and traditional dancing, theatre, acrobatic skills, etc., were provided by animators from the refugee community, as well as weekly shows that allowed children to build their self-esteem and confidence by showcasing the skills they acquired during recreational/cultural activities. Key para-educational activities included literacy, numeracy and basic English skills.
    - Children's safety and protection was enhanced through the provision of information and key messages on child rights and child protection, HIV/AIDS, prevention of drug use through sensitization sessions using various methods.
    - Between 11th September and 11th December, 2013, UNICEF supported a local NGO to respond to the needs of adolescents and youth (14-35) in Nkamira Transit Refugee Camp. The main goal of the project was to provide young people and adolescents with daily comprehensive package of services. During the implementation period, messages on HIV prevention, informations on sexual and reproductive health, counselling and prevention of drugs use were provided through recreational activities, sports and cultural activities as songs composition, poems, theatres, traditional and modern dances.
    - Approximately 4,000 young boys and girls and 1,500 parents were provided with information and basic services on HIV prevention, SGBV, counseling, VCT, prevention on drugs use, reproductive health, sexual education and exploitation. Testimonies from some of the girls and boys revealed that they are more knowledgeable on the implications of sex and drug abuse and that the information has a positive change in them. Approximately 2,000 young people acquired knowledge hair dressing and 500 young boys and girls were provided elementary courses in English
- Outcome 8: CP desk is set to receive and respond to CP concerns and act as a referral point on wider CP issues

Child Protection concerns and child abuse cases were identified, monitored and referred to appropriate structures and service providers by Nkundabana volunteers and animators from UNICEF's partner VJN in collaboration with UNHCR protection staff.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

On outcome 1: The camp population in Nkamira reached **15,379** refugees and the whole camp was supported at all time.

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒

If 'YES', what is the code (0, 1, 2a or 2b): 2a
If 'NO' (or if GM score is 1 or 0): Please describe how gender equality is mainstreamed in project design and implementation

14. M&E: Has this project been evaluated?	YES ☐ NO ☒

Monitoring of CERF activities was part of the programming process and the integrated evaluation will be conducted together by participating UN Agencies. The reason why the evaluation is not yet done is because the implementing partners were still completing activities and there was a need to discuss the Terms of Reference among UN Agencies.

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	WHO	5. CERF grant period:	21June 2013 – 20 December 2013
2. CERF project code:	13-WHO-037	6. Status of CERF grant:	☐ Ongoing
3. Cluster/Sector:	Health		☒ Concluded
4. Project title:	Health emergency assistance to new Congolese refugees in Rwanda located in Nkamira Transit Center.		

7.Funding				
	a. Total project budget:	US$ 400,000	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US$ 179,662	▪ *NGO partners and Red Cross/Crescent:*	US$ 0
	c. Amount received from CERF:	US$ 179,662	▪ *Government Partners:*	US$ 0

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	5,800	8,755	The number of refugees reached was 15,379 people among which 5,770 refugees were transferred to Kigeme, Gihembe and Kiziba for family reunification and to Nyabiheke as relocation. This operation lessens the increasing population pressure over existing infrastructures and services in Nkamira transit center. These camps are well established and structured and living conditions of refugees transferred there were somehow improved. By the end of December 2013, the total number of refugees who were living in Nkamira TC was 9,277.
b. Male	4,200	6,624	
c. Total individuals (female + male):	10,000	15,379	
d. Of total, children under age 5	1,900	2,891	

9. Original project objective from approved CERF proposal

- To ensure timely detection of epidemics through strengthening disease surveillance
- To provide timely and good quality basic primary health and nutrition care services including treatment of minor ailments, maternal and child care, HIV/STI, sexual and gender-based violence (SGBV), TB treatment, nutrition care and psychosocial care and support; management of medical emergencies including trauma and emergency obstetrics care provided to displaced population.
- To facilitate appropriate isolation and management of suspected and confirmed cholera cases
- To ensure effective service provision, supervision, monitoring and evaluation of health services in the camp
- To ensure effective communication with the district hospital for referral cases.

10. Original expected outcomes from approved CERF proposal

- Outcome1: Reduced morbidity and mortality rate in the population of refugees
- Outcome2: Access to emergency health and obstetric care increased
- Outcome3: Epidemic prone disease surveillance and early warning system established and resource for capacity for a response to outbreak established
- Outcome 4: Health workers emergency skills refreshed

11. Actual outcomes achieved with CERF funds

- Outcome1: Reduced morbidity and mortality rate in the population of refugees (Indicators: Under five mortality rate and number of C-section)

The funding facilitated to conduct a supplementary immunization campaigns in the T.C. During this campaign, polio and measles vaccines were delivered to children 0-59 months with coverage rates of 100 percent and 90 percent respectively. Since then, implementation arrangements were made with local health authorities to ensure routine immunization is provided to all newly refugee children in the TC. It is worth mentioning that the key health indicators reported were good as evidenced by low crude mortality at 0.21/10,000/day, and under 5 mortality rate of 0, 9/10,000/day. From July to December 2013, a total of 21 refugee cases in need of C sections were transferred to Gisenyi Hospital and all these cases were performed successfully.

- Outcome2: Access to emergency health and obstetric care increased (Indicator: Zero stock out, Number of emergency kits distributed)

The funding enabled the procurement of the inter agency health emergency kits, local essential medicines and dignity kits for reproductive health to respond to critical, urgent or routine medical gaps.

Overall, the funds facilitated the provision of curative services to an estimated 10,000 refugees who had visited the dispensary. About 35% of the consultations were on acute respiratory infections and 24% with watery diarrhoea.

- Outcome3: Epidemic prone disease surveillance and early warning system established and resource for capacity for a response to outbreak established (Indicator: Report on detection and containment of outbreaks)

Integrated diseases surveillance reporting mechanisms was introduced in order to monitor and report the evolution of diseases. Data are then analysed to inform decisions based on disease patterns. No outbreak occurred in Nkamira refugee's transit center so far., The CERF funds allowed the provision of additional materials and supplies for District Hospital isolation ward where refugees are transferred in case of any outbreak requiring isolation for case management.

- Outcome 4: Health workers emergency skills refreshed (Indicator: Utilization rate of curative services, Number of condoms distributed)

The community health structure based on MoH guidelines and approach was established in order to boost health promotion and hygiene through sensitization and community health education. The community health workers have been key in the prevention of malnutrition, diarrhoea and the sensitization of the community against acute respiratory infection diseases which continue to challenge the health system due to weather conditions.

Overall, the funds facilitate the provision of curative services to an estimated 10,000 refugees who had visited the dispensary in the camp with utilization rate over 200%. The dispensary was able to see patients at a range of 150 to 250 per day. As part of HIV prevention activities, 45,950 condoms were distributed to camp-based population.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code? YES ☐ NO ☒

If 'YES', what is the code (0, 1, 2a or 2b):

If 'NO' (or if GM score is 1 or 0):

The gender dimension was taken into consideration while designing and implementing activities under CERF allocation. The IASC Gender Marker Code has been used to design this project. Requesting agencies have reflected gender aspects in the analysis of needs, in key activities and outcomes articulated in respective sections, indicating that the project fully takes into consideration different needs of men, women, boys and girls, and is thus a 2a project.

14. M&E: Has this project been evaluated? YES ☐ NO ☒

If 'YES', please describe relevant key findings here and attach evaluation reports or provide URL
If 'NO', please explain why the project has not been evaluated

A formal evaluation of the project is yet to be conducted, however a regular monitoring of the implementation of planned activities

were jointly carried out by the UN team composed of WHO, UNICEF, WFP, and UNHCR and other involved stakeholders.

TABLE 8: PROJECT RESULTS

CERF Project Information

1. Agency:	UNHCR	5. CERF Grant Period:	19/06/2013–18/12/2013
2. CERF project code:	13-HCR-040	6. Status of CERF grant:	☐Ongoing
3. Cluster/Sector:	Protection, NFIs and shelter		☒Concluded
4. Project Title:	Protection and assistance to newly arrived Congolese refugees in Rwanda		

7.Funding			
	a. Total project budget:	US$ 4,950,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US$1,593,835	▪ NGO partners and Red Cross/Crescent: US$ 753,941
	c. Amount received from CERF:	US$1,593,835	▪ Government Partners: US$ 298,874

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	5,800	8,755	The number of refugees reached was 15,379 people among which 5,770 refugees were transferred to Kigeme, Gihembe and Kiziba for family reunification and to Nyabiheke as relocation. This operation lessens the increasing population pressure over existing infrastructures and services in Nkamira transit center. These camps are well established and structured and living conditions of refugees transferred there were somehow improved. By the end of December 2013, the total number of refugees who were living in Nkamira TC was 9,277.
b. Male	4,200	6,624	
c. Total individuals (female + male):	10,000	15,379	
d. Of total, children under 5	1,900	2,891	

9. Original project objectivefrom approved CERF proposal

To provide life-saving, timely protection delivery to newly arriving Congolese men, women, girls and boys while taking into account their specific needs.

10. Original expected outcomesfrom approved CERF proposal

Outcome 1: 10,000 newly arriving refugee females and males will be provided with emergency living infrastructure
Outcome 2: 10,000 refugees will be provided with assorted Core Relief Items (CRI)
Outcome 3: Newly arriving refugees receive basic protection services
Outcome 4: Community solid waste management services provided to 10,000 newly arriving refugees

11. Actual outcomes achieved with CERF funds

Outcome 1: Provision of emergency living infrastructure

- Transitional shelters were provided to 15,379 refugees through the construction of 7 new communal hangars and rehabilitation of 80 communal hangars in the Nkamira TC.
- Construction materials were procured for the construction of 2,431 individual shelters in Mugombwa, the newly established camp.
- 40 hectares of land terraced for the construction of individual emergency shelters.

Outcome 2: Provision of assorted Core Relief Items (CRI)

- 100 percent of refugees (new arrivals) were provided with firewood for cooking food; hygiene items (soap for general distribution and sanitary pads/flannel for women) were also distributed.

Outcome 3: Provision of basic protection services

- 15,379 new refugees were registered and profiled on an individual basis with a minimum set of data required (disaggregate by age (<18) and sex) including photographs and fingerprints.
- 15,379 refugees assessed for vulnerability and 222 were found with disability.
- 15 cases (in the range of 17 years and below) of rape including 12 that occurred in DRC were reported and received medical support from AHA and One stop center.
- 26 cases (in the range of 18 years and above) of rape were reported and received medical support from AHA and One stop center.

Outcome 4: Provision of waste management services

- 50 waste bins were procured ,distributed and used for garbage collection
- A private company was hired to collect garbage in the camp in a frequency of 3 times a week. The collection was done for 9 months
- 2 Communal garbage and 1 landfill were constructed

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

The situation in DRC is very unpredictable. The trend of movement at the time we were writing the proposal gave us an indication that the total number could reach 20,000 but we were told by CERF to consider the actual number of those who had crossed the border end May 2013. The lack of contingency planning for Congolese situation contributed also a lot.

13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES ☐ NO ☒

If 'YES', what is the code (0, 1, 2a, 2b):

If 'NO' (or if GM score is 1 or 0):1

The gender dimension was taken into consideration while designing and implementing activities under CERF allocation. The IASC Gender Marker Code has been used to design this project. Requesting agencies have reflected gender aspects in the analysis of needs, in key activities and outcomes articulated in respective sections, indicating that the project fully takes into consideration different needs of men, women, boys and girls, and is thus a 2a project.

14. M&E: Has this project been evaluated?	YES ☐ NO ☒

Although we are yet to conduct a formal evaluation of the project, regular monitoring of the implementation of planned activities were carried out by the UN team composed of UNICEF, WFP, WHO and UNHCR and other involved stakeholders to ensure activities in progress were meeting the objectives of the programme as outlined in the plan.

TABLE 8: PROJECT RESULTS

CERF Project Information

1. Agency:	WFP	5. CERF Grant Period:	25/06/2013 –24/12/2013
2. CERF project code:	13-WFP-033	6. Status of CERF grant:	☐ On-going
3. Cluster/Sector:	Food		☒ Concluded
4. Project Title:	Emergency Assistance to New Congolese Refugees in Rwanda.		

7.Funding		
	a. Total project budget:	US$1,200,000
	b. Total funding received for the project:	US$694,833
	c. Amount received from CERF:	US$694,833

d. CERF funds forwarded to implementing partners:

- NGO partners and Red Cross/Crescent: US$ 753,941
- Government Partners: US$ 298,874

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	5,800	8,901	WFP used its own resources from other refugee programmes to meet the food needs with additional 390mts of mixed food commodities.
b. Male	4,200	6,478	
c. Total individuals (female + male):	10,000	15,379	
d. Of total, children under 5	1,900	4,071	

9. Original project objective from approved CERF proposal

Save lives of the newly arriving Congolese refugees who are fleeing the war in the Democratic Republic of Congo (DRC) who are currently in Nkamira.

10. Original expected outcomes from approved CERF proposal

10,000 refugees will be provided with food and stay food secure.

11. Actual outcomes achieved with CERF funds

15,379 refugees were provided with food and stay food secure as per table below:

- Outcome indicator 1: Numbers of beneficiaries receiving WFP food rations by category, age group and gender, as % of planned figure.

	General Food Distribution	Blanket Feeding 6 to 24 moths	Blanket Feeding Pregnant & lactating Women	Moderate Acute Malnourished 24 - 59 months	ART	Total
Boys under 5 years	1395	628		33		2056
Boys 5 -18 years	2522					2522
Men	1897				3	1900
Girls under 5 years	1315	626		74		2015
Girls 5 -18 years	2820				3	2823
Women	3249		806		8	4063
Total	13198	1254	806	107	14	15379

	Number	% to total
Men	1900	12.35
Others (children+women)	13479	87.65
Total	15379	100.00

920mts of mixed food commodities were distributed as general food distributions and supplementary nutrition feeding against 530mts planned. The additional food was resourced from other WFP refugee programmes. A dedicated staff was hired for NkamiraTC on short term contract for the daily monitoring and implementation of the project. The table below shows the breakdown per food commodity as per project document.

- Outcome indicator 2: Quantities of food distributed by commodity and beneficiary category, as % of planned distribution (As per project document only the breakdown was done per food commodities)

Commodity	Planned in mts	Actual distributed in mts	%
Cereals	342	640	187.06
Pulses	108	187	173.37
Vegetable oil	18	48	267.32
Iodised salt	5	8	173.38
Supercereals	54	31	58.15
Sugar		0.4	
High Enegy Biscuits	3	5	164.30
Total	530	920	173.68

- Outcome indicator 3: Per cent of households with adequate food consumption score – target 60 per cent

Due to the camp status, people living in transit situation and high movement of the population (Close to 6,000 people transferred to other refugee camps), it was not possible to conduct the Food Basket Monitoring/Post Distribution Monitoring (FBM/PDM) as ways to assess refugee's living conditions at the household level in Nkamira TC. Given that this survey was not carried out, there are no

available data on Households with adequate food consumption score.
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:
WFP was able to exceed beneficiary targets by combining resources from other WFP refugee programmes for the overall response.
13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code? YES ☐ NO ☒
If 'YES', what is the code (0, 1, 2a, 2b): 1 **If 'NO' (or if GM score is 1 or 0):**
14. M&E: Has this project been evaluated? YES ☐ NO ☒
A formal evaluation of the project is yet to be conducted; dedicated WFP staff was hired on short term contract basis for daily monitoring of the implementation of planned activities under the overall supervision and coordination of the Country Programme Team. Regular joint monitoring missions were carried out by the UN team composed of UNICEF, WFP, WHO and UNHCR and other involved stakeholders to ensure activities in progress were meeting the objectives of the programme as outlined in the plan.

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/ Sector	Agency	Partner Name	Partner Type	Total CERF Funds Transferred To Partner US$	Date First Instalment Transferred	Start Date Of CERF Funded Activities By Partner	Comments/ Remarks
13-CEF-072	Multi-sector (Child Protection component)	UNICEF	Vision Jeunesse Nouvelle	NNGO	$12,052	19-Oct-13	11-Sep-13	
13-CEF-072	Multi-sector (Water, Sanitation and Hygiene component)	UNICEF	World Vision	INGO	$150,074	28-Nov-13	22-July-13	
13-CEF-072	Education	UNICEF	CARE International	INGO	$39,093	16-Oct-13	20-Oct-13	
13-CEF-072	Education	UNICEF	Save The Children	INGO	$27,955	23-Oct-13	15-May-13	Funds reimbursement by UNICEF to Save the Children
13-HCR-040	Multi-sector (Shelter component)	UNHCR	MIDIMAR	Government	$298,874	01/12/2013	15/09/2013	Implementing partner pre-financed construction activities while waiting signing of Partner agreement. Initially, there was no plan for sub-grant with MIDIMAR. One of the decisions taken by MIDIMAR and UNHCR's Senior Managers in their meeting held on 31st July 2013 was to handover the management of firewood to MIDIMAR. MIDIMAR was also charged to carry out all site planning related activities including land terracing.
13-HCR-040	Multi-sector (Shelter component)	UNHCR	ARC	INGO	$685,941	08/11/2013	15/10/2013	Implementing partner pre-financed construction activities while waiting signing of Project Partner

								agreement
13-HCR-040	Multi-sector (WASH -Waste management component)	UNHCR	ADRA	INGO	$68,000	15/06/2013	20/08/2013	Implementing partner pre-financed provision of waste management services while waiting signing of project Partner agreement

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ADRA	Adventist Development and Relief Agency
ARC	American Refugee Committee
C4D	Communication for Development
CFR	Case fatality rate
CFS	Child-Friendly School
CP	Child Protection
CPiE	Child Protection in Emergencies
DRC	Democratic Republic of Congo
ECD	Early Childhood Development
GBV	Gender-Based Violence
HIV	Human immunodeficiency virus
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
MIDIMAR	Ministry of Disaster Management and Refugee Affairs
SGBV	Sexual and Gender-Based Violence
STI	Sexually Transmitted Infections
TC	Transit Center
UN	United Nations
UNHCR	United High Commissioner for Refugees
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
VJN	Vision Jeunesse Nouvelle
WASH	Water Sanitation and Hygiene
WHO	World health Organization
FBM/PDM	Food Basket Monitoring/Post Distribution Monitoring