



United Nations

**CENTRAL
EMERGENCY
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

RESIDENT/HUMANITARIAN COORDINATOR REPORT 2012 ON THE USE OF CERF FUNDS RWANDA

RESIDENT/HUMANITARIAN COORDINATOR

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PART 1: COUNTRY OVERVIEW

I. SUMMARY OF FUNDING

| TABLE 1: COUNTRY SUMMARY OF ALLOCATIONS (US\$) | | |
|---|--|-------------------|
| Breakdown of total response funding received by source | CERF | 3,077,082 |
| | COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND <i>(if applicable)</i> | 0 |
| | OTHER (Bilateral/Multilateral) | 19,096,867 |
| | TOTAL | 22,173,949 |
| Breakdown of CERF funds received by window and emergency | Underfunded Emergencies | |
| | <i>First Round</i> | 0 |
| | <i>Second Round</i> | 0 |
| | Rapid Response | |
| | Refugees from DR Congo | 3,077,082 |

II. REPORTING PROCESS AND CONSULTATION SUMMARY

- a. Please confirm that the 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
- b. 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, cluster/sector coordinators and members and relevant government counterparts)?
 YES NO

The final draft report was prepared by a Technical Committee composed of a technical focal point from each UN Agency receiving of CERF funds namely UNHCR, UNICEF, WFP and WHO and UNHCR. The draft report was reviewed by UNHCR's representative who then shared it with representatives of the other participating UN Agencies prior its submission to the Resident Coordinator for final review, endorsement and submission to the CERF Secretariat.

PART 2: CERF EMERGENCY RESPONSE – REFUGEES FROM DR CONGO (RAPID RESPONSE 2012)

I. HUMANITARIAN CONTEXT

| TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$) | | |
|---|--------------------------------|-------------------|
| Total amount required for the humanitarian response: | | 7,281,159 |
| Breakdown of total response funding received by source | Source | Amount |
| | CERF | 3,077,082 |
| | OTHER (Bilateral/Multilateral) | 19,096,867 |
| | TOTAL | 22,173,949 |

| TABLE 2: CERF EMERGENCY FUNDING BY AGENCY (US\$) | | | |
|--|---------------------|-----------------------|------------------|
| Allocation 1 – Date of Official Submission: 24 May 2012 | | | |
| Agency | Project Code | Cluster/Sector | Amount |
| UNICEF | 12-CEF-071 | Water and Sanitation | 629,017 |
| UNHCR | 12-HCR-033 | Shelter and NFIs | 1,534,378 |
| WFP | 12-WFP-045 | Food | 694,737 |
| WHO | 12-WHO-043 | Health | 218,950 |
| Sub-total CERF Allocation | | | 3,077,082 |
| TOTAL | | | 3,077,082 |

| TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$) | |
|--|------------------|
| Type of Implementation Modality | Amount |
| Direct UN agencies/IOM implementation | 1,691,014 |
| Funds forwarded to NGOs for implementation | 1,356,756 |
| Funds forwarded to government partners | 29,310 |
| TOTAL | 3,077,082 |

On 27 April 2012, Rwanda received the first influx of refugees fleeing fighting between the DRC Government forces (FARDC) and rebel militia in Masisi and Rutshuru zones of North Kivu. The cumulative arrival of refugees to the Nkamira Transit Centre near the Goma/Gisenyi border entry reached 19,991 by 31 October 2012. However the total number of refugees who were relocated to Kigeme is 14,667. The second wave of refugee influx started on 15th November 2012. The total number of refugees received in Nkamira Transit Centre is 6,881 by 30 January 2013 bringing the cumulative arrival of refugees to 26,872.

This influx of refugees was unforeseen at the beginning of 2012 and further adds multiple challenges to the already existing protracted caseload of 41,500 Congolese refugees residing in three camps (Gihembe, Nyabiheke and Kiziba), some for over 15 years. Although the

Great Lakes region has its own security challenges, however, this new influx and the dimension it took were not anticipated. The trend of the refugee influx from DRC into Rwanda is expected to continue until a fundamental solution is found to the current political situation in DRC.

II. FOCUS AREAS AND PRIORITIZATION

The One UN, in coordination with the Government of Rwanda (GoR), particularly the Ministry of Disaster Management and Refugee Affairs (MIDIMAR) and the Ministry of Health (MoH), completed an inter-agency rapid assessment at the Nkamira Transit Centre on May 2012. The assessment team reported that living conditions at the Nkamira Transit Centre (TC) were extremely challenging. The centre which had the capacity to hold 2,600 people was home to more than three times this number and this posed serious challenges to provide basic needs and essentials services such as healthcare, WASH, shelter and protection for the refugees, particularly for women and children.

Shelter

There was an urgent need for basic emergency shelter to accommodate the refugee population at the Transit Centre. Additional emergency shelters needed to be constructed to meet the needs of those living without adequate shelter, it was reported that 58 per cent of families living at the centre were without reasonable shelter. Refugee women, men and children continued to be housed together due to the shortages in accommodation, the threat of gender based violence and sexual abuse remained a concern.

Water and Sanitation

Water and sanitation was an ongoing critical challenge with insufficient water points (4 water points with 6 water taps each), which were being used for all purposes and to provide drinking water for the entire population. The increasing number of people arriving at the transit centre and the on-going rainy season further increased the threat of water-borne diseases.

Health and Nutrition

From general total population, 58 per cent were females and the under 5 years were 23 per cent. The general health situation in the camp was still good as evidenced by the Crude Mortality Rate (CMR) of 0.21/10,000/day and by the under 5 mortality rate of 0.9/10,000/day. Upper respiratory infections and watery diarrhoea were the leading causes of daily consultations at the Health Centre. The possible causes for this trend were poor sanitation and hygiene, overcrowded living conditions, very cold weather, general malnutrition and other side effects associated with displacement.

There were risks of epidemic outbreaks (especially of diarrhoea diseases including cholera), increased malnutrition, mental health and psychosocial problems and Sexual and Gender-Based Violence (SGBV).

Health services were very inadequate; the health centre at the site had a shortage of medical personnel including doctors and nurses, and lacked any laboratory or treatment facilities. As such, refugees were being referred to the district hospital for referral cases. Shortage of essential medicines and vaccines were prevalent.

Nutrition continued to be a serious concern and all efforts were being made to ensure both curative and preventive systems. A nutrition survey targeting children under the age of 5 at the Centre was completed on 15th May 2012, with 928 children surveyed. The survey was carried out by UNICEF in partnership with the MoH and UNHCR's Implementing Partner Africa Humanitarian Action (AHA). The initial outcome indicated a 6.5 per cent global acute malnutrition rate. In addition, the nutritional status of the general population needed to be sustained through food distribution mechanisms provided through WFP.

Food security

The displacement of the refugees to Nkamira Transit Centre left the population without any means of livelihood. This created urgent food needs for all refugees, especially for children and vulnerable women. Most of the arriving refugees came from conflict induced food insecure areas in the Eastern DRC, a region which was marked by the depletion of food stocks, destruction of crops, displacement of families and disruption of transport which limited movement of goods to some areas.

Protection

Ensuring the protection and welfare of the refugees arriving in Rwanda and taking into account the specific needs of women, children, UAMs and other vulnerable groups was vital. Profiling, registration and documentation of affected populations, as well as identification and strengthening of community-based protection mechanisms, were major life-saving activities. Participatory and community mobilization approaches to deliver relief interventions needed to be employed to facilitate the protection concerns outlined.

As children and youth made up 53 per cent of the population at the TC, the protection and psycho-social needs of the group were necessary to be met. Children were in need of comprehensive child care services including recreational, educational and protection services. In addition, child friendly and temporary learning spaces for the large number of out of school adolescents and youth needed to

be established to address the issues of interrupted education and the protection risks that large groups of adolescents in an overcrowded camp setting pose.

The reproductive health needs of women and girls were remaining a concern. There were no outreach services and this needed to be addressed alongside awareness raising campaigns at the site about sexual health, HIV and AIDs prevention and early marriages which was always a risk amongst displaced Congolese.

Security and Establishment of Kigeme camp

The transit centre was not only congested, but its proximity to the border was considered as security risk. A relocation of the refugees to the new camp was required to ensure that their social wellbeing and protection needs were addressed without broader security concerns. 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.

To respond to this critical need, the Government of Rwanda re-opened the Kigeme camp, some 250 km from the border Goma. The camp site was closed since May 2009 when the Burundi refugees were repatriated. With no facilities in place, establishment of the camp started in the site that was claimed by nature. Land terracing and infrastructure construction started immediately in the 20 ha wide camp site, and minimum basic health and water / sanitation facilities were also put in place in order to receive refugees temporarily residing at the overcrowded Transit Site at Goma/Gisenyi border entry.

III. CERF PROCESS

Following a joint assessment mission led by the Permanent Secretary of the Ministry of Disaster Management and Refugee Affairs (MIDIMAR) and UNCT Representatives, it was agreed to provide immediate emergency assistance in terms of food rations and Core Relief Items (CRIs) such as jerry cans, emergency kits, blankets, sanitary pads, kitchen sets etc., emergency shelters, water and sanitation facilities, and primary health care and protection services to the refugee population at the Nkamira Transit Centre. In the context of Delivering as One, the UN Rwanda under the overall leadership of the UNHCR responded to the influx of refugee through a coordinated approach, building on the spirit of Delivering as One. The response was coordinated by UNHCR with the assistance of other UNCT Sector Lead Agencies (WFP in food, UNICEF in WASH, WHO in health, UNWOMEN in GBV and UNHCR in protection delivery, Shelter and CRIs). This approach where each sector was led by UN Organization with this mandate, required expertise and comparative advantage enables the mainstreaming of child protection and women focused activities in all phases of the intervention. Joint efforts by agencies in the area of broader protection such as child protection, women focused were taken as cross-cutting key priorities.

IV. CERF RESULTS AND ADDED VALUE

| TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR | | | | |
|--|----------------------|--------|-------|--------|
| <i>Total number of individuals affected by the crisis: 14,667</i> | | | | |
| | Cluster/Sector | Female | Male | Total |
| The estimated total number of individuals directly supported through CERF funding by cluster/sector | Water and Sanitation | 8,412 | 6,265 | 14,677 |
| | Shelter and NFIs | 8,412 | 6,265 | 14,677 |
| | Food | 8,412 | 6,265 | 14,677 |
| | Health | 8,412 | 6,265 | 14,677 |

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 refugees' influx. Another one was to predict the number of refugees since everything was dependent to the situation of conflict in Congo.

| TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING | | |
|---|----------------|--------------------------|
| | Planned | Estimated Reached |
| Female | 5,700 | 8,412 |
| Male | 4,300 | 6,265 |
| Total individuals (Female and male) | 10,000 | 14,677 |
| Of total, children <u>under</u> 5 | 2,000 | 3,157 |

The CERF allocation enabled UNHCR to enhance reception and registration capacity of new arrivals both at the border and Nkamira transit centre. Quick dissemination of registration information also enabled timely and well-targeted assistance to refugees. In total, 14,677 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. In addition, CERF enabled UNHCR to meet short-term shelter needs of about 6,250 refugees through provision of 1,250 Light Weight Emergency Tents (LWET). Since LWET can only last 6 months, 1,250 individual shelters were in parallel constructed and allocated to refugees as they were completed. The individual shelters consist of the wooden pole frame reinforced with reed lattice. It is worth mentioning that tent provides shelter from the elements, from violence, and most importantly, can save lives. The walls are either from tarpaulin or mud bricks/ plaster. The roofs are covered by plastic sheets. It also supported the provision of core relief items to all refugees as well as provision of 1,800 mattresses to mothers with babies 0-5 age as preventive measure to combat respiratory infection (pneumonia).

CERF enabled WFP to quickly respond to the needs of newly arrived refugees. With the CERF funds arriving timely, WFP could replenish the food stock immediately to assist a higher number of refugees than planned. Due to the continued insecurity in the Eastern DRC, WFP, with other agencies, assisted 14,677 refugees, almost 150 per cent of the planned number of refugees. However, thanks to the CERF funds and quick coordination with other partners, the food security situation for the new refugees has improved and is now almost similar to that of other refugees who stayed in Rwanda longer. According to the January Post-distribution Monitoring conducted in all camps including Kigeme Camp, established to accommodate the new influx of refugees, with the highest dependence rate on WFP food assistance, showed the highest Food Consumption Score (82%). Thanks to the CERF funds, WFP could not only assist the new refugees through General Food Distribution but also extend its assistance to those in need of supplementary feeding, such as blanket feeding for children under 2 years, pregnant and lactating women, and curative feeding for ART clients and malnourished children under 5.

Funding from CERF enabled installation and upgrading of the camp dispensary to health post. The health post was adequately equipped with qualified health staff. The health post was able to offer additional services such as immunization, ante-natal care, laboratory services and HIV programme.

The funding facilitated two rounds of supplementary immunization campaigns in Kigeme camp. The first immunization campaign was conducted at the eve of the emergency in July 2012. During that campaign, polio and measles vaccines were delivered to children 0-59 months with coverage rates of 101 per cent and 84.6 per cent respectively. The follow-up polio campaign was conducted in October 2012 with an achievement coverage of 106 per cent. Since that time, arrangements were made such that routine immunization now is being provided by the Kigeme health centre to all newly refugee children in the camp.

The newly established laboratory facility was fully equipped with basic laboratory equipment, and reagents; Rapid Diagnostic Tests for malaria were procured and delivered to the laboratory.

The community health structure based on MoH guidelines was established and scaled in order to boost health promotion and hygiene through sensitization and community health education. The accomplishments were possible given the fact that the funding enabled recruitment of forty four community health workers which were elected through voting in the camp zones. The community health workers have been key in the prevention of malnutrition, diarrhoea and the continuation of sensitizing the community against acute respiratory infection diseases which continue to challenge the health system due to weather conditions. Integrated disease surveillance reporting mechanisms were introduced in order to monitor and report the evolution of diseases. The UNHCR's Health Information System was introduced to collect data on health curative. Data is then analysed to inform decisions based on disease patterns. The cholera outbreak that occurred in Nkamira refugee transit centre was contained. In this outbreak, eight refugees got sick of cholera however there was no death; hence the case fatality rate was zero.

Kigeme health centre originally provided services to approximately 23,000 Rwandans prior to the re-establishment of Kigeme camp. At the time of opening Kigeme camp, the refugee population was 14,667, increasing the population coverage by 64 per cent and by 8 per cent in its catchment area of Kigeme hospital. Therefore, Kigeme health centre and hospital were overwhelmed. CERF funds made possible the recruitment of two additional nurses that were installed in Kigeme Hospital with the view to reinforce service deliveries and also expand the response mechanisms of the hospital to cope with the increased workload. The funding enabled the procurement of the inter agency health emergency kits which were also used to support Kigeme hospital to respond to critical urgent medical gaps.

Globally the 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. Overall the funds facilitate provision of curative services to an estimated 21,500 refugees who had visited the health post in the camp. The health post was able to see patients at a range of 200 to 250 per day. Most of the consultations were on acute respiratory infections with 33 per cent of the consultations and 21 per cent watery diarrhoea. The measles immunization coverage stood at 92 per cent. More than 2,500 patients were referred to different government health facilities for terminally medical care, these referrals were made possible with an ambulance support.

The CERF funds facilitated timely emergency responses by establishing the health post and formulations of the community health workers structure in accordance to the MoH guidelines. It also facilitated emergency expansions of health services in both Kiheme health centre and hospital given the increased refugee population.

UNICEF and partners increased access to safe water to refugees. Access to sanitation facilities was achieved to all refugees and good hygiene practices were enhanced through putting in place hand-washing facilities and latrines in the refugee camp. Hence, currently there is no practice of open defecation in the camp. There is significant behaviour change among refugees regarding sanitation and hygiene practices, which was not least achieved by using radios messages. Creating safe place for children was achieved through increased capacity of recreational activities for children done by UNICEF and partners. Capacity of animators was improved on child-friendly activities, psycho-social support, child safe-guarding and child protection in emergencies. CERF funding helped to increase and strengthen child protection systems in the camp through awareness campaigns and promotion of children's rights. Children have received messages through drama, songs and poems on child rights. There has been an increase in psycho-social support for children in emergency.

Improved Early Childhood development services to refugee children were done through improved nutrition, play and stimulating activities and early learning programmes. Adolescent and young people have been empowered with life-skills on HIV prevention (including HIV testing and counselling), reproductive health information and prevention of drug use. There has been successful HIV testing and counselling provided to youth. Improved knowledge of clusters leaders has enabled them to provide HIV counselling and to educate them on Child/Human Rights and Conflict Resolution. A child-friendly library has been created to stimulate a reading culture among youth at Kigeme refugee camp and behaviour change communication (BCC) materials were distributed in Kinyarwanda. Finally, children under 5 were assessed to establish their nutritional status and those found with severe malnutrition were transferred to nearby hospitals.

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

YES PARTIALLY NO

CERF enabled UNHCR to enhance reception and registration capacity of new arrivals both at the border and Nkamira transit centre. Quick dissemination of registration information enabled also timely and well-targeted assistance to refugees.

CERF funds enabled UNICEF to fast-track service delivery in Nkamira Transit Centre, such as water and sanitation, child protection, nutrition, early childhood development (ECD), youth activities, and other interventions. Through implementing partners, latrines, showers, and water points were constructed within 3 weeks due to the availability of cash and personnel, which helped enable a quick response to beneficiaries. The upgrade of water and sanitation facilities was done continuously while refugees were sheltered at Nkamira Transit Centre. The same processes and standards were observed during the transfer of refugees to the Kigeme Camp.

CERF enabled WHO to conduct two supplementary immunization campaigns. Polio and measles vaccines were delivered to children 0-59 months with coverage rates of 101 per cent and 84.6 per cent respectively. The follow-up polio campaign in November 2012 achieved a coverage rate of 106 per cent. Proper structures have been erected for the dispensary and laboratory equipment and reagent provided. Disease surveillance is being conducted and cholera epidemic in Nkamira TC was quickly eradicated, with no deaths.

Moreover two Interagency Emergency Health Kits (IEHK) and two Diarrhoea Disease Kits (DDK) were procured and provided to Kigeme refugees camp. In addition, 44 refugees Community Health Workers (CHW) were elected by the refugee community and then trained on outreach system, community participation, single hygiene measures i.e. hand washing, sleeping under nets, early health sickening behaviours and nutrition screening.

With regards to food, the new influx of refugees started in April 2012. At the day of interring Rwanda, refugees were fed using food stock initially planned for returnees. When the CERFs fund arrived, they were used immediately to replenish the stock. A total sum of 348 MT of beans was purchased locally in Rwanda and 286 MT of oil was purchased internationally. Within three month-period (April to July), a total quantity of 877 MT was distributed to the new refugees from Congo. The food basket was mainly composed of maize flour, beans, oil and salt. In addition, malnourished people received a supplementary food basket composed of High Energy Biscuits, CSB+ and CSB ++.

b) Did CERF funds help respond to time critical needs¹?

YES PARTIALLY NO

In the context of any displacement caused by armed conflicts, refugees are deprived of any belongings (both food and non-food commodities). The reception/training centre was not adequately equipped with basic infrastructures to accommodate the high number of new arrivals and provide 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, as well as for their transfer to Kigeme in June 2012. For instance registration started the first day of arrival, core relief items as well as primary health services were delivered also the same day whereas food was delivered within 24 hours.

In addition, emergency shelters, water supply, latrine facilities, showers and clothes-washing units were constructed in Kigeme camp as the refugees were arriving. Time-critical child protection, ECD, nutrition, and adolescents and youth activities began promptly, due to the rapid disbursement of CERF funds.

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 half 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 have been able to leverage on the good work that has been going on 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 building on CERF activities.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

The UN agencies in Rwanda have adopted a coordinated approach to respond to the emergency under the auspices of the Delivering As One. A division of labour for the development of Kigeme was approved by the Government of Rwanda, UN and International NGOs working in Kigeme. It reflects 14 sectors and indicates the UN Sector Lead Agency and the implementers in the various sectors. While UNHCR maintains the overall coordination role other agencies have 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 Early Childhood Development activities in coordination with UNHCR, and with the support of Save the Children, Care International and Oxfam.

¹Time-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)

- WHO: Health and Reproductive Health in coordination with UNHCR and in collaboration with UNFPA and UNICEF with the support of Africa Humanitarian Action.
- WFP: Food and Nutrition in coordination with UNHCR and UNICEF, with the support of NGO implementing partner Africa Humanitarian Action.
- UNDP: Environmental protection and management in coordination with UNHCR.
- UNWOMEN: SGBV in coordination with UNHCR and in liaison with UNFPA and WHO and with the support of Rwanda Women's Network.

A High Level-Kigali based Coordination mechanism including Government representatives, UN Agencies, and International NGOs is convened periodically. This body is chaired by 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 Ministry in Charge of Disaster Management and Refugee Affairs (MIDIMAR) and UNHCR meets on a regular basis in field locations.

Coordination was also facilitated by frequent field visits to Nkamira and Kigeme 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 duplications 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.

V. LESSONS LEARNED

| TABLE 6:OBSERVATIONS FOR THE CERF SECRETARIAT | | |
|--|--|--------------------------|
| Lessons Learned | Suggestion For Follow-Up/Improvement | Responsible Entity |
| Inter-agency Coordination is the most powerful tool to a quick response to an emergency. | CERF fund to continue support to new refugee influxes. | CERF secretariat (UNHCR) |

| TABLE 7:OBSERVATIONS FOR COUNTRY TEAMS | | |
|--|---|--|
| Lessons Learned | Suggestion For Follow-Up/Improvement | Responsible Entity |
| It is possible to respond to humanitarian needs and at the same time build capacity of government and partners in emergency preparedness and response. | Continuous coordination meetings and real time monitoring and updating emergency preparedness and response, be able of monitoring bottleneck and develop a response to refugee needs. | UN agencies, MIDIMAR |
| Sustainability in emergency response needs to be addressed to encourage beneficiaries to take ownership of facilities. | Encourage refugee participation in programme implementation. | All implementing partners in the camps |
| Long-term contacts for implementing partners can ensure business continuity in the refugee camps and improve efficiency during the implementation. | Develop medium-term contracts with implementing partners and avoid short term contracts. | All implementing partners in the camps |
| There is a need to create or establish an Inter-Agency Emergency Nutrition Coordination Committee. | TORs to be developed and memberships defined. | UNHCR to activate group as needed. |
| Where there is a lack of recreational activities, adolescents are at higher risk of engaging in drug abuse and high-risk sexual behaviours. | Ongoing recreation activities for young people should be supported as they are important means of reducing risky behaviours among youth. | UNHCR to activate group as needed. |
| Decentralizing youth activities to the cluster | Life-skills training is being offered and will continue | UNHCR to activate group |

| | | |
|--|--|---------------------------------|
| level would benefit a wider spectrum of people in the camp. Youth should also be employed to serve as leaders and help manage youth-related activities. | to be offered. | as needed. |
| The coordination of partners in health in assessing needs, in planning and in implementing increases the effectiveness of health responses. | Keep this collaboration with the Government and One UN and advocate for more involvement of local authorities. | UNHCR and WHO |
| It is critical to have a national contingency plan to allow for more rapid response. Similar responses are likely to reoccur given the current situation in the Eastern DRC. | The preparation of a contingency plan is underway. Follow up to ensure a quick finalization of the contingency plan. | RC and Humanitarian Coordinator |

VI. PROJECT RESULTS

| TABLE 8: PROJECT RESULTS | | | |
|--|---|--------------------------|--|
| CERF Project Information | | | |
| 1. Agency: | UNICEF | 5. CERF Grant Period: | 11-06-2012 - 11-12-2012 |
| 2. CERF project code: | 12-CEF-071 | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing |
| 3. Cluster/Sector: | WASH, Protection, Nutrition | | <input checked="" type="checkbox"/> Concluded |
| 4. Project Title: | Protection and emergency response to the refugee influx to Rwanda | | |
| 7. Funding | a. Total project budget: | | US\$1,014,118 |
| | b. Total funding received for the project: | | US\$ 675,747 |
| | c. Amount received from CERF: | | US\$ 629,017 |
| Results | | | |
| 8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age). | | | |
| <i>Direct Beneficiaries</i> | <i>Planned</i> | <i>Reached</i> | <i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i> |
| a. Female | 5,700 | 8,412 | An additional 4,677 people benefited from CERF-funded activities than initially planned. People continued to cross the border and thus the initial estimation of refugees to be reached was surpassed. |
| b. Male | 4,300 | 6,265 | |
| c. Total individuals (female + male): | 10,000 | 14,677 | |
| d. Of total, children <u>under 5</u> | 2,000 | 3,157 | |
| 9. Original project objective from approved CERF proposal | | | |
| <p>The objective of the project is to meet the immediate needs of the DRC refugee population that has arrived in Rwanda since fighting began in the DRC on 27 April 2012. Almost 10,000 refugees are currently accommodated at the Nkamira Transit Centre, 80 per cent of who are women and children. UNICEF's efforts focus on meeting the immediate needs of women and children at the site. UNICEF will focus on the provision of water and sanitation services, establishing child protection systems and providing nutritional and health services for children. The CERF component of this project will support the initial response efforts across each of these sectors, to enable UNICEF to provide immediate life-saving assistance.</p> | | | |
| 10. Original expected outcomes from approved CERF proposal | | | |
| <u>Water and Sanitation</u> | | | |
| <ul style="list-style-type: none"> 10,000 people including women and children are provided with access to clean drinking water, sanitation and hygiene facilities. The refugee population, including children and their families, are aware of hand-washing and other hygiene practices. | | | |
| <u>Child Protection</u> | | | |
| <ul style="list-style-type: none"> Children, adolescents and youth are provided with recreational and educational activities. Children, adolescents and youth are provided with psychosocial support. | | | |

- Child protection mechanisms are in place for vulnerable women and children.

Nutrition

- The nutritional status of all refugee children under the age of 5 is assessed.

11. Actual outcomes achieved with CERF funds

WATER AND SANITATION

Outcome 1: 10,000 people including women and children will be provided with access to clean drinking water, sanitation and hygiene facilities

- In Kigeme Refugee Camp, UNICEF and partners increased access to clean water to refugees. On average, water consumption remained at 10 litres per person per day. The quality of the water is being monitored to ensure safety.

Outcome 2: The refugee population, including children and their families, are aware of hand-washing and other hygiene practices

- Access to sanitation facilities was achieved to all refugees as well as good hygiene practices like hand-washing facilities were installed in each latrine block.
- There are no practices of open defecation in the camp, and people are voluntarily willing to participate in hygiene promotion activities.
- Refugees have changed behaviour using radios and now are using improved sanitation and practicing hygiene practices.

CHILD PROTECTION

Outcome 3: Children, adolescents and youth are provided with recreational and educational activities

- Capacity of recreational activities for children was increased by UNICEF and partners.
- Capacity of animators was improved on child-friendly activities, psycho-social support, child safe-guarding and child protection in emergencies.

Outcome 4: Children, adolescents and youth are provided with psychosocial support

- CERF funding helped to increase and strengthen child protection systems in the camp using awareness and promotion of child rights.
- Children lives have been impacted by messages from drama, songs, poems on child rights targeting parents and children.
- There has been an increase in psycho-social support for children in emergency.
- Improved Early Childhood Development services to refugee children were achieved through improved nutrition, play and stimulating activities and early learning programmes.

Outcome 5: Child protection mechanisms are in place for vulnerable women and children

- Adolescents and young people have been empowered with life-skills on HIV prevention (including HIV testing and counselling), reproductive health information and prevention of drug use.
- There have been successful HIV testing and counselling provided to youth.
- Improved knowledge of clusters leaders has enabled them to provide HIV counselling and to educate them on Child/Human Rights and Conflict Resolution.
- A child-friendly library has been created to stimulate a reading culture among the youth at Kigeme refugee camp.
- Behaviour change communication (BCC) materials have distributed in Kinyarwanda, French and English.

NUTRITION

Outcome 6: The nutritional status of all refugee children under the age of 5 is assessed

- Children under age five were assessed to establish nutritional status.
- The children with severe and moderate malnutrition were linked to district level nutrition programme where they receive treatment.

| | |
|---|---|
| 12. In case of significant discrepancy between planned and actual outcomes, please describe reasons: | |
| Overall, there were fewer children identified as suffering from acute malnutrition and none that suffered from Severe Acute Malnutrition with complications required hospitalization. | |
| 13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code? | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| <p>If 'YES', what is the code (0, 1, 2a, 2b): 2b. The data is disaggregated by gender and more females are targeted in schools, WASH, Protection and Nutrition.</p> <p>If 'NO' (or if GM score is 1 or 0):</p> | |
| 14. M&E: Has this project been evaluated? The UN team composed of UNICEF, WFP, WHO and UNHCR and other involved stakeholders carried out monthly evaluations to ensure activities are in progress and are meeting the objectives of the programme as outlined in the plan | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| | |

| TABLE 8: PROJECT RESULTS | | | |
|---|--|--------------------------|---|
| CERF Project Information | | | |
| 1. Agency: | WHO | 5. CERF Grant Period: | 12/06/2012 - 31/12/2012 |
| 2. CERF project code: | 12-WHO-043 | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing |
| 3. Cluster/Sector: | Health and Nutrition | | <input checked="" type="checkbox"/> Concluded |
| 4. Project Title: | Health emergency assistance to new Congolese refugees in Rwanda for the prevention and control of diseases | | |
| 7. Funding | a. Total project budget: | | US\$ 573,520 |
| | b. Total funding received for the project: | | US\$ 218,950 |
| | c. Amount received from CERF: | | US\$ 18,950 |
| Results | | | |
| 8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age). | | | |
| <i>Direct Beneficiaries</i> | <i>Planned</i> | <i>Reached</i> | <i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i> |
| a. Female | 5,700 | 8,412 | The expected number of refugees increased by 46,77%. |
| b. Male | 4,300 | 6,265 | |
| c. Total individuals (female + male): | 10,000 | 14,677 | |
| d. Of total, children <u>under 5</u> | 2,000 | 3,157 | |
| 9. Original project objective from approved CERF proposal | | | |
| To reduce the high mortality and morbidity especially among women and children in the population of the refugees | | | |
| 10. Original expected outcomes from approved CERF proposal | | | |
| Outcome 1: Reduced morbidity, mortality and Case Fatality Rate (CFR) in the population of new refugees from DRC. Outcome 2: Coordination of health partners implementing life-saving activities in the camp. Outcome 3: Emergency health kits available. Outcome 4: Epidemic prone disease surveillance and early warning system established and resource for capacity for a response to outbreak established. Outcome 5: Health workers and CHW (community health workers) skills refreshed. | | | |
| 11. Actual outcomes achieved with CERF funds | | | |
| Outcome 1: Reduced morbidity, mortality and Case Fatality Rate (CFR) in the population of refugees <ul style="list-style-type: none"> 1. Crude mortality rate: 0,2/10,000/day (<1); 2. Under 5 mortality rate: 0,9/10,000/day (<2); 3. CFR during cholera epidemic in Nkamira refugees' transit centre was zero. | | | |
| Outcome 2: Coordination of health partners implementing life-saving activities in the camp; | | | |

1. Regular weekly health coordination meeting organized and chaired by WHO in the camp, minutes of the meeting produced are available.

Outcome 3: Emergency health kits available:

1. Two IAHEK and 4 DDK provided to the camp. Stock out of essential medicine reported once but adequate response provided within one week.

Outcome 4: Epidemic prone disease surveillance and early warning system established and resource for capacity for a response to outbreak established:

1. Integrated disease surveillance on surveillance (IDSR) set up in the camp under the management of a public health officer hired by WHO; weekly report produced and shared with WHO and UNHCR office.
2. An outbreak of cholera in the Nkamira transit centre timely detected and contained in two weeks (CFR:0%).

Outcome 5: Health workers and CHW skills refreshed:

1. A training session of two days on nutrition organized for CHW.
2. A training session of two days in hygiene organized for medical staff and CHW.
3. Utilization rate of curative services over 100%.
4. Maternal mortality rate: number of maternal death = zero.

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

There was no significant discrepancy

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): 2b - The project consider human rights and gender issue in health.

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

14. M&E: Has this project been evaluated?

YES NO

The UN team composed of UNICEF, WFP, WHO and UNHCR and other involved stakeholders carried out monthly evaluations to ensure activities were in progress and 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: | 05/06/2012–01/12/2012 |
| 2. CERF project code: | 12-WFP-045 | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing |
| 3. Cluster/Sector: | Food | | <input checked="" type="checkbox"/> Concluded |
| 4. Project Title: | Protracted Relief and Recovery Operation Rwanda (PRRO 200343) | | |
| 7. Funding | a. Total project budget: | | US\$ 47,173,022 |
| | b. Total funding received for the project: | | US\$ 15,696,311 |
| | c. Amount received from CERF: | | US\$ 694,737 |
| Results | | | |
| 8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age). | | | |
| <i>Direct Beneficiaries</i> | <i>Planned</i> | <i>Reached</i> | <i>In case of significant discrepancy between planned and reached beneficiaries. please describe reasons:</i> |
| a. Female | 5,700 | 8,412 | |
| b. Male | 4,300 | 6,265 | |
| c. Total individuals (female + male): | 10,000 | 14,677 | |
| d. Of total, children <u>under 5</u> | 2,000 | 3,157 | |
| 9. Original project objective from approved CERF proposal | | | |
| Meet food and nutritional needs of new refugee populations during the period of assistance. | | | |
| 10. Original expected outcomes from approved CERF proposal | | | |
| 10,000 refugees provided with food and remain food secure. | | | |
| 11. Actual outcomes achieved with CERF funds | | | |
| 877 MT were purchased and distributed to 14,667 - the new refugees from Congo who stayed food secured. | | | |
| 12. In case of significant discrepancy between planned and actual outcomes, please describe reasons: | | | |
| No discrepancy. | | | |
| 13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code? | | | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| If 'YES', what is the code (0, 1, 2a, 2b): 2b All food ration cards were provided to women. The food distribution committees are also composed of both men (50 %) and women (50 %). | | | |
| If 'NO' (or if GM score is 1 or 0): | | | |

14. M&E: Has this project been evaluated?

YES NO

The UN team composed of UNICEF, WFP, WHO and UNHCR and other involved stakeholders carried out monthly evaluations to ensure activities are in progress and are meeting the objectives of the programme as outlined in the plan

TABLE 8: PROJECT RESULTS

| TABLE 8: PROJECT RESULTS | | | |
|---|---|--------------------------|--|
| CERF Project Information | | | |
| 1. Agency: | UNHCR | 5. CERF Grant Period: | 05/06/2012–01/12/2012 |
| 2. CERF project code: | 12-HCR-033 | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing |
| 3. Cluster/Sector: | Protection, NFIs and shelter | | <input checked="" type="checkbox"/> Concluded |
| 4. Project Title: | Protection and assistance to newly arrived Congolese refugees in Rwanda | | |
| 7. Funding | a. Total project budget: | | US\$ 12,011,569 |
| | b. Total funding received for the project: | | US\$ 5,582,941 |
| | c. Amount received from CERF: | | US\$ 1,534,378 |
| Results | | | |
| 8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age). | | | |
| <i>Direct Beneficiaries</i> | <i>Planned</i> | <i>Reached</i> | <i>In case of significant discrepancy between planned and reached beneficiaries. please describe reasons:</i> |
| a. Female | 5,700 | 8,412 | Our initial planning figures was 10,000 refugees but we ended up by receiving and assisting 14,677 which represents an increase of 46,77%. |
| b. Male | 4,300 | 6,265 | |
| c. Total individuals (female + male): | 10,000 | 14,677 | |
| d. Of total, children <u>under 5</u> | 2,000 | 3,157 | |
| 9. Original project objective from approved CERF proposal | | | |
| The objective of this project is to quickly ensure the protection and welfare of Congolese refugees in Rwanda, taking into account the specific needs of women, children, unaccompanied minors and other vulnerable groups. | | | |
| 10. Original expected outcomes from approved CERF proposal | | | |
| Outcome 1: First instance registration and profiling of 5,000 new arrivals established. | | | |
| Outcome 2: 5,000 refugees provided with emergency living infrastructures. | | | |
| Outcome 3: 5,000 refugees provided with assorted Core relief Items (CRI) and Non Food Items. | | | |
| Outcome 4: 5,000 refugees live in satisfactory conditions of sanitation and hygiene. | | | |
| 11. Actual outcomes achieved with CERF funds | | | |
| Outcome 1: Registration and profiling: | | | |
| <ul style="list-style-type: none"> • The Standard Operating Procedures on registration and profiling was prepared and adopted by UNHCR and the Government of Rwanda (Ministry of Disaster Management and Refugee Affairs and General Directorate of Immigration and Emigration). • 14,677 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. | | | |
| Outcome 2: Provision of Emergency living infrastructures: | | | |
| <ul style="list-style-type: none"> • 1,250 Light Weight Emergency Tents (LWET) were procured and installed in Kigeme to accommodate 6,250 refugees as | | | |

they were being relocated from Nkamira. Allocation priority was given to female head of household.

- Since LWET can only last six months, 1,250 individual shelters were constructed in parallel and allocated to refugees as they were completed. Allocation priority was given to female head of household. The individual shelters consist of the wooden pole frame reinforced with reed lattice. The walls are either from tarpaulin or mud bricks/ plaster. The roofs are covered by plastic sheets.

Outcome 3: Provision of core relief items:

- 100% of refugees (new arrivals) were provided with basic domestic, hygiene items (soap for general distribution and sanitary pads/flannel for women).
- 1,800 mattresses were distributed to mothers with babies 0-5 age as preventive measure to combat respiratory infection (pneumonia).

Outcome 4: Waste management:

- 15 refuse pits were constructed.
- 98 families received refuse bins.

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

Our initial planning figures was 10,000 refugees but we ended up by receiving and assisting 14,677 which represents an increase of 46,77%.

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): 2b

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

14. M&E: Has this project been evaluated?

YES NO

The UN team composed of UNICEF, WFP, WHO and UNHCR and other involved stakeholders carried out monthly evaluations to ensure activities are in progress and are 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 |
|-------------------|-------------------------|--------|---------------------------|-------------------|--|-----------------------------------|---|---|
| 12-WHO-043 | Health | WHO | MIDIMAR | Government | 24,483 | 17/07/2012 | 10/07/2012 | This funding is supporting the most vulnerable groups such as orphans and non-accompanied children to provided additional needs in health care including psycho-social gaps |
| 12-HCR-033 | Shelter | UNHCR | ARC | INGO | 870,000 | 05/09/2012 | 30/06/2012 | Pre-financed construction activities while waiting signing of Partner agreement |
| 12-HCR-033 | WASH (Waste management) | UNHCR | ARC | INGO | 85,000 | 05/09/2012 | 30/06/2012 | Pre-financed provision of waste management services while waiting signing of Partner agreement |
| 12-CEF-071 | Water and Sanitation | UNICEF | PAJER | National NGO | 2500 | 10/11 2012 | 28/11 2012 | |
| 12-CEF-071 | Water and Sanitation | UNICEF | VJN | National NGO | 16,194.34 | 01/05/2012 | 30/05/2012 | Funds provided as part of PCA with HIV Section |
| 12-CEF-071 | Water and sanitation | UNICEF | COFORWA | National NGO | 77,793 | 30/10/2012 | 10/10/2012 | |
| 12-CEF-071 | Water and sanitation | UNICEF | OXFAM | INGO | 237,525 | 27/07/2012 | 01/06/2012 | |
| 12-CEF-071 | Water and sanitation | UNICEF | Gisenyi District Hospital | Government | 4,827.8 | 03/08/2012 | 05/12/2012 | They helped with the assessment of nutrition in Nkamira refugee camp |
| 12-CEF-071 | Water and Sanitation | UNICEF | Save the Children | International NGO | 37,453 | 10/08/2012 | 10/08/2012 | The date depends on the availability of fund to Save the Children's bank account |
| 12-CEF-071 | Water and Sanitation | UNICEF | PAJER | National NGO | 26,017. | 15/11/2012 | 15/12/2012 | |

| | | | | | | | | |
|------------|----------------------|--------|------|-------------------|----------|------------|------------|--|
| 12-CEF-071 | Water and Sanitation | UNICEF | CARE | International NGO | 4,274.40 | 04/09/2012 | 31/12/2012 | |
|------------|----------------------|--------|------|-------------------|----------|------------|------------|--|

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

| | |
|---------|---|
| ADRA | Adventist Development and Relief Agency |
| AHA | African Humanitarian Action |
| ARC | American Refugee Committee |
| CFS | Child-Friendly School |
| COFORWA | Compagnons Fontainiers du Rwanda |
| CPIE | Child Protection in Emergencies |
| C4D | Communication for Development |
| DRC | Democratic Republic of Congo |
| ECD | Early Childhood Development |
| EWSA | Energy, Water and Sanitation Authority |
| GBV | Gender-Based Violence |
| HIV | Human immunodeficiency virus |
| MIDIMAR | Ministry of Disaster Management and Refugee Affairs |
| MAM | Moderate Acute malnutrition |
| ORINFOR | Office Rwandaise de l'Information |
| PAJER | Parlement des Jeunes Rwandais |
| PVC | Plasticised Polyvinyl Chloride |
| SAM | Severe Acute Malnutrition |
| SGBV | Social Gender-Based Violence |
| STI | Sexually Transmitted Infections |
| ToRs | Terms of Reference |
| UN | United Nations |
| VJN | Vision Jeunesse Nouvelle |
| WASH | Water, Sanitation and Hygiene |
| CFR | Case fatality rate |
| WHO | World health Organization |
| UNHCR | United High Commissioner for Refugees |