

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
UNITED REPUBLIC OF TANZANIA
RAPID RESPONSE
INTERNAL STRIFE DISPLACEMENT 2015**

RESIDENT/HUMANITARIAN COORDINATOR

Mr. Alvaro Rodriguez

REPORTING PROCESS AND CONSULTATION SUMMARY

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

The After Action Review meeting was held on 14 December 2015, chaired by the UN Resident Coordinator, Mr Alvaro Rodriguez and with 15 participants from IOM, UNFPA, UNICEF, UNHCR, WHO, WFP and UN RCO.

- 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 shared with the inter-agency working group for refugees, consisting of NGOs, government representatives and UN agencies.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: USD 154,029,586		
Breakdown of total response funding received by source	Source	Amount
	CERF	7,656,005
	COUNTRY-BASED POOL FUND (<i>if applicable</i>)	
	OTHER (bilateral/multilateral)	47,158,949
	TOTAL	54,814,954

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 18-May-15			
Agency	Project code	Cluster/Sector	Amount
UNICEF	15-RR-CEF-060	Protection	126,811
IOM	15-RR-IOM-018	Protection	1,188,947
HCR	15-RR-HCR-024	Protection	540,870
UNICEF	15-RR-CEF-059	Water, Sanitation and Hygiene	400,025
UNHCR	15-RR-HCR-023	Water, Sanitation and Hygiene	600,521
UNHCR	15-RR-HCR-022	Shelter and NFI	1,500,579
UNFPA	15-RR-FPA-019	Health	126,564
UNHCR	15-RR-HCR-021	Health	252,909
UNICEF	15-RR-CEF-058	Health	119,126
WHO	15-RR-WHO-020	Health	496,731
WFP	15-RR-WFP-034	Food Aid	2,302,922
TOTAL			7,656,005

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	6,692,869
Funds forwarded to NGOs for implementation	963,136
Funds forwarded to government partners	108,588
TOTAL	7,656,005

HUMANITARIAN NEEDS

Following the announcement by the Burundian President Nkurunziza on 25 April 2015 to seek a third term in office, and a failed coup of 14 May, a steadily increasing number of people fearing election-related violence fled to Tanzania. At the time of the submission of the CERF application on 15 May 2015, an estimated total of 71,717 refugees had arrived in Tanzania. A complex humanitarian situation had unfolded as up to 40,000 people found themselves trapped in the small village of Kagunga, at the time believed to be only accessible by boat from Kigoma. With the start of a cholera outbreak and with great humanitarian needs for the new arrivals, UN Tanzania decided to apply for CERF funding in order to provide life-saving support to the newly arriving refugees. The immediate installation of temporary health, water, sanitation and hygiene facilities as well as improved and up scaled onward transportation to the refugee camp were of paramount importance. In addition to safe and dignified transport for refugees from Kagunga to Kigoma and onwards to Nyarugusu refugee camp, way stations with water and hygiene facilities and food and drink needed to be set up in Ngara, Kigoma, and Manyovu.

At time of reporting on the CERF allocation, the number of new Burundian refugees had risen to over 130,000 and the flow continues with a steady 1,000 -1,200 a week. The composition is 50.8 per cent male, 49.2 per cent female with 68 per cent are children (under 18 years of age) and 2 per cent elderly (over 60 years of age). The total population of unaccompanied and separated children is 4,746. All these refugees require immediate protection and multi-sectoral humanitarian assistance, which the Government of Tanzania is unable to provide without the support of partners. Due to the Government encampment policy food is not readily accessible and refugees rely entirely on humanitarian food assistance. WFP activated an IR Emergency Operation (EMOP) to provide lifesaving food assistance to the new arrivals which included ready to eat food and basic food commodities to support general and supplemental food activities and wet feeding. Additionally ready to eat food items were provided to refugees in transit from reception point to transit centre or refugee camp.

Initially all new arrivals were transported via the Kigoma transit centre to Nyarugusu refugee camp, already holding 62,000 DRC refugees. The camp was quickly heavily congested and the new Burundians had to be placed in mass shelters, schools and other public buildings available. After long negotiations, the government designated three new sites. Mtendeli, Karago and Nduta in September 2015 site preparation was initiated in order to start relocation to decongest Nyarugusu. At time of reporting 80,000 Burundian refugees remained in Nyarugusu, while 45,000 were located in Nduta. The humanitarian operation is challenged by the need to manage multiple sites in remote areas within no immediate access to operational support services.

The refugee situation has to be considered a protracted crisis, with no immediate opportunity for returns within foreseeable future. The humanitarian response is dealing with the symptoms of a challenging political situation in Burundi as the root cause. Until the root cause of the crisis is addressed the crisis will have to be regarded as a long-term condition where the linkages to development interventions needs to be closely considered. This required a change of mind-set from short-term to long-term thinking and planning. At the time of the CERF application, the situation was still unfolding. The continued influx of people has put a large strain on the Government of Tanzania coping capacities and support from the international community is greater than ever. Moving into long-term planning, education is one of the sectors that were not featured in the CERF allocation, but there a lot of attention and resources have had to be focused to accommodate the needs of all school aged children. Within health the target group changed as new emerging needs developed and as the cholera outbreak was contained.

II. FOCUS AREAS AND PRIORITIZATION

The sudden influx of around 70,000 Burundian refugees, and with an estimate 40,000 Burundi refugees located in a restricted uninhabitable and unsafe area, put a major strain on the capacity of the Government of Tanzania and of humanitarian actors who had been seeing numbers of refugees in Tanzania steadily declining over the year and who had been placing their efforts into naturalization of former refugees and resettlement. While UN agencies and IOM had necessary operational expertise and experience in dealing with humanitarian emergencies, the more stable situation in Tanzania had resulted in humanitarian funds being allocated to other emergency situations in Africa and the Middle East. Thus, CERF funds were urgently required to put life-saving measures in place for refugees suddenly arriving in overwhelming numbers. Due to the sudden and overwhelming influx, the refugee response was experiencing critical funding shortages, which could have led to a disastrous situation with serious consequences for the refugees' protection, health, and

survival. While resource mobilization for the overall multi-sectoral refugee response was being initiated, an urgent, targeted injection of funds from CERF was required in order to enable agencies to kick-start their interventions without risking a further deterioration in the already reduced programs for the remaining Congolese refugees in Tanzania.

The needs were great in all sectors at the time but the UN agreed to focus the CERF interventions on the following areas:

- Protection:
 - Timely, systematic and quality individual registration for 40,000 Burundi refugees,
 - Strengthen child protection systems and support identification, tracing and reunification for separated and unaccompanied children, as well as provision of psychosocial support,
 - Deployment of protection teams, identification and prioritization of vulnerable persons,
 - Smooth, dignified and timely transport of an estimated 40,000 asylum seekers currently in Tanzania from Kagunga and Kigoma Stadium to the Nyarugusu refugee camp,
 - Emergency evacuation and transportation assistance to safety provided.

- Shelter & NFIs: family kits, temporary shelters / plastic sheeting
 - Distribution of family tents to 1,750 families (covering 7,000 individuals),
 - Shelter kits which compose of plastic sheets, poles, tool kits etc. will be distributed to 10,000 families (40,000 individuals),
 - Site preparation will be conducted for the new constructions sites,
 - Basic and domestic non-food items (kitchen utensils, blankets, bucket, cooking stoves, Jerry cans, sleeping mats, mosquito nets and soap) will be distributed for individual families.

- Food Security:
 - Immediate life-saving food assistance to 40,000 newly arrived Burundians refugees,
 - Selective feeding component, pregnant and lactating women and children under 5 years of age are targeted through the provision of fortified blended food.

- Health:
 - Disease surveillance and outbreak control measures,
 - Basic health and referral services,
 - Reproductive emergency obstetric and new-born services and immunization services,
 - Sexual and Gender Based Violence response health services,
 - Malaria control interventions,
 - Nutrition surveillance, assessment and clinical management of acute malnutrition,
 - Effective coordination, supervision monitoring and evaluation of health services.

- WASH:
 - Ensure access to basic WASH facilities in both reception centres / waiting areas: Kagunga, Kigoma Transit Center, Nyarugusu Camp,
 - Emergency safe/adequate water supply to 20,000 Burundian Refugees at Kagunga transit centre,
 - Provision of emergency latrines and bathing shelters for Burundian refugees at the transit points,
 - Improved awareness and practice appropriate behaviours on hygiene among refugees,
 - Safe disposal of refuse,
 - Prevention and response to cholera,
 - Treatment of water at household level with water tablets.

Despite concern with the deteriorating security situation in Burundi, UN and partners were comfortable that the number of newly arriving refugees would not exceed 100,000. Therefore, the CERF target group was set for 40,000. Since then the number has continued to rise steadily with over 130,000 refugees arriving by early 2016. The refugees are increasingly using more remote areas when crossing into Tanzania, which has affected the operational effectiveness and led to increased cost for transportation etc. The use of more remote crossing points indicates challenges in being allowed to leave the Burundi. The increased number meant that relocation and redistribution of refugees were required to the new refugee camps designated by the government.

III. CERF PROCESS

Under the leadership of the UN Resident Coordinator the overall strategy was initially discussed during designated UNCT meetings focused on response to address the population influx from Burundi. As there is no Humanitarian Country Team established in Tanzania, relevant agencies came together under the joint leadership of the UNHCR Representative and UN Resident Coordinator.

Two meetings of the One UN Programme Working Group on Refugees were subsequently called by UNHCR as the lead agency, with the collaboration of the Government of Tanzania (Ministry of Home Affairs, Department of Refugees) UN agencies and wider participation of NGOs working in the relevant sectors. Both meetings discussed the complementarities between the CERF application and the wider inter-agency Refugee Response Plan (RRP). Key factors and criteria considered for the CERF application were the CERF guidelines on life-saving criteria and the respective capacities of the different agencies to respond in the short implementation time frame of six months.

Following the meeting of the One UN Programme Working Group on Refugees on 8 May 2015, the Government of Tanzania and UNHCR agreed with partners to establish sectoral coordination to identify sectoral priorities and gaps in the response. Sector leads designated at that time was: Protection – UNHCR (UNICEF leading on child protection); Shelter, NFI and Infrastructure – UNHCR; Food and Nutrition – WFP; Education – UNICEF; Transport – IOM; Health- WHO; WASH – UNHCR; Environment and livelihoods- UNHCR. Each sector held meetings to determine key priorities and gaps in existing ongoing programs. The sectors sought to avoid duplication between different agencies intervening in the same sector and ensuring good use of CERF allocation.

After discussion on 13 May 2015 within the framework of the One UN Programme Working Group on Refugees, it was agreed that five sectors should be prioritized for the CERF Rapid Response application: Protection (including transportation of refugees), Shelter & NFIs, Food Security, Health and WASH. A final meeting with the UN-led agencies on the CERF application process were held on 14 May 2015, to agree on deadlines and key priority activities.

UNFPA was added as a key partner under the CERF proposal towards the end of the process as the Country Team identified the need to focus more on prevention and response to SGBV as there was an increase in incidents reported from the camps.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR ¹									
Total number of individuals affected by the crisis: 130,000									
Cluster/Sector	Female			Male			Total		
	Girls (below 18)	Women (above 18)	Total	Boys (below 18)	Men (above 18)	Total	Children (below 18)	Adults (above 18)	Total
Water, Sanitation and Hygiene	11,400	9,000	20,400	10,800	8,800	19,600	22,200	17,800	40,000
Shelter and NFI	11,400	9,000	20,400	10,800	8,800	19,600	22,200	17,800	40,000
Health	28,611	20,460	49,071	28,920	19,773	48,693	57,531	40,233	97,764
Protection	11,400	9,000	20,400	10,800	8,800	19,600	22,200	17,800	40,000
Food Aid	19,831	14,256	34,087	19,608	11,731	31,339	39,439	25,987	65,426

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

BENEFICIARY ESTIMATION

All Burundian new arrivals underwent household (level 1) and individual registration (level 2). Refugee and asylum seekers in Tanzania are registered in the refugee database on their respective statuses. The level 2 registration is in effect with proof of registration issued to each refugee/asylum seeker going through the registration process. This enables the operation to establish a reliable population baseline for planning purposes and avoid double counting.

Beneficiary population as indicated per sector is proportionate to the amount of funding in each sector, noting that the health sector coverage was more than all other sectors (97,764) because of the urgency of the intervention (i.e. controlling epidemics like cholera). The highest number of target population was therefore indicated to avoid double counting.

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING²			
	Children (below 18)	Adults (above 18)	Total
Female	28,611	20,460	49,071
Male	28,920	19,773	48,693
Total individuals (Female and male)	57,531	40,233	97,764

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

CERF RESULTS

Through the resources provided by CERF at a crucial time of the response, UN agencies were able to achieve the following results in responding to the refugee influx from Burundi.

Health

- The mortality indicators (under five mortality and crude mortality rates) remained below threshold levels of critical situation thanks to the interventions made possible with CERF funding.
- No cholera or disease outbreak has been reported in the refugee's camps since the end of June 2015.
- Emergency Reproductive Health kits targeting a population of 60,000 were procured to strengthen implementation of the initial minimum service package (MISP) for reproductive health.
- Supported the safe delivery of approximately 2,000 female refugees from Burundi, who had given birth in the past six months, through the deployment of four nurse-midwives, provision of 100 safe delivery kits, 2,000 dignity kits for new mothers and five delivery beds.
- Supported orientation training of 60 health care workers on MISP and 30 service providers on Emergency Obstetric Care (EmOC) and post abortion care.
- A total of 39,600 children below five years received measles/ rubella vaccination; and 35,000 were vaccinated against polio.
- Three Diarrhoea kits with five tents (which in total treated at least 300 cholera cases, 300 dysenteric diarrhoea and 1,200 watery diarrheal diseases) were distributed to Kigoma region as well as to Tanzania Red Cross for the emergency response at the affected districts' entry points in Kagunga, Ujiji, Kigoma and Nyarugusu camp.
- Five midwifery kits (which supported at least 250 deliveries) were procured and supplied to TRCS for their use at the clinic.
- Malaria control strategy developed in consultation with National Malaria Control Program and shared to all partners. Procured 8,569 LLIN, reaching pregnant women through antenatal clinic.
- A total of 273 health information teams were recruited, trained and equipped for disease outbreaks response specifically for the cholera response and launch of malaria campaign in November in Nyarugusu camp, which covered the entire refugee households. Intensive social mobilization activities were also provided for the cholera oral vaccination campaign in Kigoma in

July-August that targeted all people above one year old, including 115,000 refugees in Nyarugusu camp and 54,110 host community members in nine villages. The campaign successfully reached 92 per cent and 86 per cent of the target population, respectively.

WASH

- Forty thousand refugees were enabled to practice safe faecal disposal and hygienic practices through construction of 645 emergency latrines and 300 bathing shelters, separated for males and females. In addition, the UN provided 200 latrine digging kits, 200 general environmental clean-up kits, 1,500 plastic slabs, and tarpaulins to different agencies for emergency latrine construction. This was accompanied by intensified sensitization of refugees through 104 trained community hygiene volunteers on improved hygiene/sanitation practices for disease control. The behaviours targeted were safe faecal disposal, handwashing with soap at critical times, food handling, safe drinking water handling and storage, refuse management and drainage all implemented through Tanzanian Red Cross Society with support from Ministry of Health and Social Welfare. In addition, the cholera treatment centres in Kagunga and Lake Tanganyika Stadium were supported with sprayers for infection control.
- Ten thousand women/girls have been enabled to handle their menstrual needs in a hygienic manner with dignity through distribution of 10,000 sanitary kit and 10,000 pcs of 250gm soap.
- Ten thousand households (HH) benefitted from improved access to safe drinking water and safe storage practices to minimize diarrhoea disease incidence through distribution of 10,000 buckets in Nyarugusu camp, 1,000 cartons of water purifiers and 2,400 cartons of water guard used for onsite drinking water treatment from River Kaga surface water to fill gaps in potable water supply.
- Thirty thousand children from 10 schools and three Child-friendly Spaces (CFS) run by the International Rescue Committee (IRC) were enabled to access safe water and improved hygiene behaviours while in school through 3.5m³ litre plastic tank storage and training of 80 teachers on school WASH who have in turn formed and trained SWASH clubs in the schools.
- Nyarugusu water supply system for the Burundi Refugees was made more reliable through the procurements of two back-up generators, submersible pump and accessories, spare parts and fittings including Aluminium sulphate for bulk water treatment from River Kaga.
- Tanzania Red Cross Society together with Staff seconded by the Ministry of Health and Social welfare, intensified sensitization of refugees, through community volunteers, on improved hygiene /sanitation practices for disease control. The behaviours targeted were safe faecal disposal, handwashing with soap at critical times, food handling, safe drinking water handling and storage, refuse management and drainage. They also conducted training of 104 hygiene and health information teams.
- Water supply in Nyarugusu camp was sustained and maintained through procurement of spare parts and fittings for rehabilitation of the water system, as well as two back-up generators and accessories. In addition, other supplies procured included aluminium sulphate for bulk water treatment, sprayers that were used for infestation control at cholera treatment centres in Kagunga and Lake Tanganyika stadium.

Shelter & NFI

- Distributed 1,500 family tents to accommodate 6,000 persons and provision of shelter kits composed of plastic sheets, gum poles, nails were distributed to 6,300 families to improve the physical security and other protection considerations, including reducing the risk of gender-based violence. In collaboration with the Government new sites was identified and cleared within Nyarugusu to accommodate new arrivals. The Government has also identified three additional new sites to ensure all new arrivals have adequate dwellings.
- Core Relief Items/NFIs were procured and distributed to Burundians families as follows: 6,000 buckets, 40,000 pieces of soap, 3,700 blankets, 40,000 jerry cans, 7,500 mosquito nets, 3,500 solar lanterns and 3,700 sleeping mats which contributed to reduction on SGBV incidents, malaria incidents, and improvement in health and hygiene conditions.

Food

- The CERF contribution allowed the UN to provide the required food needs to beneficiary populations as per SHPERE standards. During the CERF timeframe there was no increase in levels of acute malnutrition among the refugee population.
- No comprehensive food and nutrition assessment has been conducted since the arrival of the Burundian refugees in Tanzania. However, a number of rapid nutrition assessments were conducted using mid upper arm circumference (MUAC). And the results revealed a low prevalence of acute malnutrition (i.e. below the emergency thresholds). Performance indicators for treatment of moderate acute malnutrition remained within the recommended SPHERE indicators. Food basket monitoring during food distribution assessed the effectiveness of the food distribution system. The results from food monitoring showed that on average all the refugees received over 98 per cent of the kilocalorie requirement from the food basket indicating efficient distribution.

Protection

- Four transit/reception centres with WASH facilities were constructed in Kagunga, Kigoma, Manyovu and Ngara. The centres enabled refugee's protection upon arrivals into the country and ensured refugees were treated with dignity.
- Household (level 1) registration was undertaken at the transit centres while individual biometric registration (level 2) was undertaken in Nyarugusu camp with proof of registration issued to each refugee/asylum seeker going through the registration process. Twenty-one National Registration Assistants were hired for three months to undertake registration of the targeted population of 40,000. This enabled the partners to respond appropriately to different age groups as the level 2 registration was able to capture details of unaccompanied minors and separated children. The analysis of the registration also indicated that up to 60 per cent of the arriving refugees were children. Over the months it also reviewed that families were arriving separately, in most instances women and children arriving first and their male partners following later. This trend of arrivals disproved the initial optimism by Burundians that the political instability would be resolved quickly and that families that had fled would return quickly. This has not proven to be the case as the number of arrivals over the months reviewed an increased number of arrivals by men.
- Safe and dignified transportation was provided to 15,700 refugees from Kagunga to Kigoma transit centres, 40,000 refugees from border entry points to Nyarugusu Refugee Camp, and as of 6 October 2015, relocation of 10,249 refugees from Nyarugusu refugee camp to the newly (re)opened camp, Nduta, where new arrivals were also brought to as of this date. Registration of 40,000 refugees by passenger manifest and fit to travel checks carried out for all refugees prior to travel. Medical escorts were provided to all sick refugees, and very sick refugees were referred to hospital.
- For child protection, a total of 3,499 (1,500F and 1,999M) separated children and unaccompanied minors (SC and UAMs) were identified. These children were referred to appropriate relevant services (health, foster care, non-food items, etc.) as of 31 December 2015. A total of 1,476 (272 female, 1,204 male) SC and UAMs were placed in foster care. All foster parents were trained before children were placed in their care. Five hundred children (265 female and 235 male) were reunified with their parents or legal guardians by IRC as of 8 January 2016. A total of 1,959 Best Interest Assessments (BIAs) have been conducted by the IRC and care plans developed by 31 December 2015.
- A total of 8,262 (4126 female, 4136 male) Burundian refugee children including 433 (249 female, 184 male) UASC and 20 (7 female, 13 male) children with disabilities are enrolled in three Child Friendly Spaces (CFS) supported by the IRC with an average daily attendance of 659 children (219 children per CFS).
- There was a unique collaboration between government SWOs and child protection partners in responding to this emergency, which has built a good foundation for further collaboration in future emergencies. The overall result of these interventions is conformity with the principles/goals of the Global Child Protection Cluster and IASC Guidelines in fulfilling the Best Interests of the Child, the Principle of Family Unity, and core Articles of the Convention on the Rights of the Child in an emergency context.
- It is noted there was no baseline for UAM/SC (other than zero) since the Emergency began in June. However, the situation in terms of interventions has meant that most (if not all) the most vulnerable children are identified as rapidly as possible and case planning and follow up conducted to ensure that minimum response standards (as noted in A) are deployed and met – principally through foster care and family reunification.

CERF's ADDED VALUE

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

YES PARTIALLY NO

Yes, the CERF allocation was provided at a crucial time when agencies and partners were struggling coping with the enormous humanitarian need and where a cholera outbreak was growing among the refugees requiring immediate intervention. The flexibility to allow for retroactive funding meant that UN agencies could start implementation directly while the process was still ongoing.

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

YES PARTIALLY NO

Yes, it enabled agencies to bring surge capacity and unblock other processes. WFP could use it as collateral to forward loans from HQ and UNHCR could start procurement early to reduce lead time to delivery.

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

YES PARTIALLY NO

Partially. It unlocked new funding both in-country and external funding. It provided visibility and advocacy for the crisis, urging more bilateral donors to get involved. Despite the increase in resource mobilization the refugee response in Tanzania is still grossly underfunded.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

The CERF process led to the establishment of sectoral coordination with designated leads. It also meant that the balance between the UNRC support and the established governance structures under Delivering as One was considered meanwhile respecting the refugee coordination model. It improved UN coordination but not for the larger humanitarian community.

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

The model for developing a CERF proposal forced agencies to come together as sectors, which were not present before. The process initiated the discussion while we still note challenges in continued implementation.

V. LESSONS LEARNED

- The CERF submission process is quite extensive and many details are required by agencies, especially on the budgeting side, which goes beyond the way a UN agency normally developed budgets. These issues delay the rapidness of a process that is meant to be an urgent financial support mechanism.
- The context of the refugee response created some special dynamics and uncertainties on coordination and leadership between UNHCR and OCHA/RC. This meant limited space for other partners, and missing the extra pair of hands where OCHA could have been supportive. We need to consider our own coordination capacity in the initial phase, not only at the inter-sector level but also intra-sector, where lead agencies might not have the experience to manage coordination of a consolidated CERF application.
- The dynamics in the UNCT can have a huge impact on how prioritizations are made for a CERF allocation and UN need to rely more on independent, objective data to guide the prioritization process.

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.).

- The UNRC needs to be highly engaged in the process to ensure that the CERF proposal not only considers the hard topics of service delivery but also other issues considered life-saving from a human dignity perspective.
- In a resource constrained environment, with many competing emergencies, agencies were challenged in getting surge capacity on the ground. This also needs to be considered for implementing partners, who will have an initiation period where capacities are boosted before they can deliver in full. In particular the need for coordination of the IPs get more important in order to ensure that the same IP is not overwhelmed with supporting multiple UN agencies and other funding partners overstretching their capacity.
- Moving from a crisis to a protracted emergency affects the coordination structure required and they have to evolve in a transparent and actionable way.
- Even though the CERF modality is set-up to support the short immediate lifesaving interventions there needs to be a consideration for sensible use of funds from the start and not only look at temporary measures. In a refugee situation where everyone with almost certainty can see that the situation will sustain over time, investments in more sustainable solutions should be considered from the start.
- The flexibility to adjust and adapt to a changing situation needs to be catered for within CERF projects, for instance in Tanzania UN could not foresee the sharp increase in number which then required them to plan for multiple sites.
- The low field presence of UN agencies, combined with large geographical distances adds challenges to the initial coordination, assessment and implementation.
- Communication becomes hugely important in a resource constrained environment and the way we communicate is changing a lot, humanitarian bulletins are no longer sufficient.

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Cumbersome application process a lot of back and forward with the secretariat.	Review of information requirement in a CERF application in order to reduce time delays waiting for details that might not be available in the early on-set of a crisis.	CERF secretariat
Lack of guidance on integration on “softer issues”	Consider providing more guidance to UNCTs on expected inclusion of “softer issues” related to protection, SGBV, GEWE etc. in CERF proposals as these can easily be left out when prioritizing lifesaving activities.	CERF secretariat
Short/temporary interventions not always cost-efficient in a refugee situation	Have special consideration for application of the life-saving criteria and eligible cost in refugee situations where you know the requirement will sustain over a longer period of time and where funds are better invested in more sustainable solutions from the start.	CERF secretariat

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Consideration of own coordination capacity to be reviewed early and support to be requested when deemed insufficient.	More transparent discussion on capacities available in country and recommendation for gap filling to be done early on. More use of support/loan of staff across agencies when required.	UNRC
Coordination mechanisms to be clearly spelled out early on	Overall coordination mechanism and integration with existing structures to be well defined early on. Sectoral coordination to be agreed, defined and actioned.	UNCT

Utilize communication expertise and mechanisms available within the UNCT to support the joint requirements.	Make better use of expertise within the UNCG and RCO to support efficient and modern ways of communicating to partners, Government and beneficiaries.	UNCG
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VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNFPA, UNHCR, UNICEF,WHO		5. CERF grant period:	16/05/2015 – 16/11/2015		
2. CERF project code:	15-RR-FPA-019 15-RR-HCR-021 15-RR-CEF-058 15-RR-WHO-020		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Health			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Emergency Life Saving health services in support to the population influx from Burundi into Tanzania					
7. Funding	a. Total project budget:	US\$ 9,134,616	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 3,866,723	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 240,167	
	c. Amount received from CERF:	US\$ 995,330	▪ <i>Government Partners:</i>		US\$ 0	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
<i>Children (below 18)</i>	11,400	10,800	22,200	28,611	28,920	57,531
<i>Adults (above 18)</i>	9,000	8,800	17,800	20,460	19,773	40,233
Total	20,400	19,600	40,000	49,071	48,693	97,764
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
<i>Refugees</i>	40,000		97,764			
<i>IDPs</i>						
<i>Host population</i>						
<i>Other affected people</i>						
Total (same as in 8a)	40,000		97,764			
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or</i>	The beneficiary figures are higher than planned as the targeted population kept increasing due to the fact that actual influx far exceeded expectations and planned figures, as well as children who were been born in the camp at an average of 150 per week. The continued					

<i>the age, sex or category distribution, please describe reasons:</i>	deterioration of prevailing political and security situation in Burundi is still causing sustained influx (approximately 300 persons per day) to Tanzania.
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CERF Result Framework			
9. Project objective	Avert mortality and morbidity among the crisis-affected population by providing basic essential health services and ensuring epidemic preparedness and response.		
10. Outcome statement	Lives saved and health status improved for refugees.		
11. Outputs			
Output 1	Disease surveillance and outbreak control measures put in place		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of health workers (on site) trained on diseases surveillance and rapid outbreak response systems	100%	100%
Indicator 1.2	Number of community sensitization meetings on health (one/week)	12	14
Indicator 1.3	Number of timely shared weekly reports at each of the established health posts	4	4
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Prepare and share weekly epidemiological reports	WHO, Ministry of Health	WHO, UNHCR, MOHSW
Activity 1.2	Conduct community sensitization meetings on disease control	WHO, UNICEF, Ministry of Health	WHO, UNICEF, MOHSW
Activity 1.3	Conduct one day orientation for health workers on disease surveillance and outbreak response	WHO, RAS Kigoma	WHO, MOHSW
Activity 1.4	Deploy health workers to establish screening posts for triaging (registration by age, identify different risk groups-sick/ill, children, old, pregnant, disabled) and data recording, collection and submission	Kigoma RHMT and CHMT	MOHSW, UNHCR/TRCS, WHO
Output 2	Lifesaving health, referral, sexual and gender based violence response services established		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of qualified health workers mobilized	14	20
Indicator 2.2	Availability of an ambulance for emergency referral to secondary care	1	2
Indicator 2.3	Number of Emergency health posts established	4	2
Indicator 2.4	Proportion of reported SGBV cases benefiting from medical care within 72 hours of incident	14	49 (100 per cent)
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Establish four health posts with beds, chairs	UNHCR, UNICEF,	UNHCR/IFRC

	and benches.	WHO, Ministry of Health	
Activity 2.2	Procure emergency health kits within three months including medicines, ORS and Zinc for treatment of children with diarrhoea.	WHO, Ministry of Health	WHO, UNICEF, UNHCR, UNFPA, MOHSW
Activity 2.3	Recruit epidemiologists, and deploy nurses, and other health workers staff	WHO, RAS Kigoma	WHO, UNHCR, UNFPA, MOHSW
Activity 2.4	Conduct the orientation sessions to the health care providers on the minimum initial services package (MISP) including voluntary family planning, standards antenatal, postnatal, post abortion care, HIV-STIs and SGBV	UNFPA, Tanzania Red Cross Society (TRCS)	UNFPA, TRCS,
Activity 2.5	Distribute emergency health kits with three months including medicines, ORS and Zinc for treatment of children with diarrhoea.		WHO, UNICEF, UNHCR, UNFPA, MOHSW
Output 3	Emergency obstetric services and immunization services established.		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of individual delivery kits delivered for 600 pregnant women	600 kits	1,787 kits
Indicator 3.2	No of health workers providing services oriented in Emergency Obstetric Care (EMOC) services	100%	100%
Indicator 3.3	Coverage of measles vaccination of all children under 5 years among the displaced population	80%	98%
Indicator 3.4	Reproductive health Supplies available	<1%	100%
Indicator 3.5	Percentage of births attended by skilled health personnel	90%	99%
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	vaccine antigens for measles and polio procured to implementing partners for 8,000 under-fives	WHO, UNICEF, Ministry of Health	UNICEF, MOHSW
Activity 3.2	Refresher trainings in EMOC services in emergency situations	WHO, UNFPA, Ministry of Health	UNFPA, MOHSW
Activity 3.3	Implement vaccine campaigns in cooperation with other implementing partners among the displaced populations	WHO, Ministry of Health	WHO, UNICEF, UNHCR/MSF, TRCS
Activity 3.4	Provide assorted reproductive health kits for 40,000 refugees	UNFPA, TRCS	UNFPA, UNICEF, UNHCR/TRCS
Output 4	Malaria control interventions put in place.		
Output 4 Indicators	Description	Target	Reached
Indicator 4.1	Proportion of households provided with LLINs	100%	100%****
Indicator 4.2	The number of malaria cases identified and treated	100%	100%

Indicator 4.3	Number of Malaria Rapid Diagnostic Tests (RDTs) distributed	8,000	78,000
Output 4 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 4.1	Distribute Long Lasting Insecticide Treated Nets (LLINs) for all families in Kagunga and Nyarugusu camp for 8,000 households	WHO, Ministry of Health	WHO, MOHSW, UNHCR/IFRC, UNICEF
Activity 4.2	Procure and distribute antimalarial and mRDTs for effective malaria treatment	WHO, Ministry of Health	UNHCR/TRCS, WHO
Activity 4.3	Screening and treatment of malaria	WHO, Ministry of Health	UNHCR(MSF, TRCS)
Output 5	Nutrition surveillance, assessment and clinical management of acute malnutrition established		
Output 5 Indicators	Description	Target	Reached
Indicator 5.1	Nutrition surveillance system established and integrated into Health surveillance system	80%	100%
Indicator 5.2	Health workers in health posts trained on the management of complications of severe acute malnutrition in children under five (targeted number for malnutrition is 160)	100%	100%
Indicator 5.3	Appropriate medical supplies for severe malnutrition management available	100%	100%
Output 5 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 5.1	Collect, collate, analyse and disseminate Nutrition data, using standard data collection tools	WHO, UNICEF, MOH	UNICEF, UNHCR, WHO
Activity 5.2	Orient health workers on severe acute malnutrition management in existing health posts in the camps	WHO, UNICEF, MOH	UNICEF, UNHCR
Activity 5.3	Procure medical supplies for the management of severe acute malnutrition for 160 children (with Severe Acute Malnutrition) The planning figure for SAM is 160. This is an activity to support the camp health posts as stated in the narrative.	UNICEF, MOH	UNICEF, UNHCR
Output 6	Supportive supervision of life saving services in place		
Output 6 Indicators	Description	Target	Reached
Indicator 6.1	Timely daily and weekly health surveillance data and reports from at least 80 per cent of health facilities in the camp(s) and host village(s).	100%	100%
Indicator 6.2	At least one health coordination meeting is conducted weekly at national, region and in camps	100%	100%
Indicator 6.3	Assessment and rapid surveys and evaluation reports	100%	100%

Indicator 6.4	Regular Health Cluster Bulletins	100%	100%
Indicator 6.5	Functional reproductive health technical working group lead by RH Coordinator	1	1
Indicator 6.6	Number of monitoring reports produced	3	4
Output 6 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 6.1	Collect, process/collate, analyse and disseminate health surveillance and early warning system data, using standard data collection tools.	WHO, Ministry of Health	MOHSW, WHO, UNHCR(TRCS,MSF)
Activity 6.2	Develop the 4W table (Who is doing What, Where and When), to map, monitor and update financial and human resources availability for Health Cluster partners	UNHCR, RAS	UNHCR, MOHSW/RAS
Activity 6.3	Convene regular health cluster coordination meetings at national, region and in camps	UNHCR, WHO, MOH	UNHCR
Activity 6.4	Support monitoring, supervision, evaluation, on health service provision	WHO, UNICEF, UNHCR, MOH	WHO, UNICEF, UNHCR, MOHSE, UNFPA
Activity 6.5	Produce weekly health report or update	UNHCR, WHO, MOH	UNHCR(MSF,TRCS,IRC), WHO, MOHSW
Activity 6.6	Coordinate and participate in RH technical working group meetings	UNFPA, WHO,UNICEF, UNHCR, MOH	UNFPA, WHO,UNICEF, UNHCR, MOHSW

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

Oral cholera vaccine doses for two rounds were shipped to Kigoma and handed to implementing partners. Following intensive social mobilization activities, campaigns were successfully conducted among asylum seekers in which 106,621 individuals older than one year were immunized in round 1 in June (coverage 92.7 per cent) and 99,396 were in round 2 in July (coverage of 93.2 per cent). Cholera outbreak was successfully controlled among the asylum seekers as no case has been reported and no disease outbreak had been reported in the refugees camp from June 2015 to December 2015. Following the massive influx of refugees and unstable security situation in Burundi, the population has been varying from time to time, thus affecting the planned outcomes.

Malaria control strategy was developed in consultation with National Malaria Control Programme and shared to all stakeholders. ITN was distributed to pregnant women at antenatal clinic, as well as pooled from various partners and distributed to all the households.

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

Designing, implementation and monitoring of the project took into account all individuals in the affected population with respect to gender, age and diversity. The community was actively involved in community based actions such as health education and vaccination campaigns.

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

EVALUATION CARRIED OUT

Monitoring and supportive supervision of the response activities were being done on

EVALUATION PENDING

regular basis; gaps and challenges in response identified and addressed immediately.
Project evaluation was not part of the planned activities.

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNICEF UNHCR		5. CERF grant period:	10/05/2015 – 09/11/2015		
2. CERF project code:	15-RR-CEF-059 15-RR-HCR-023		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	WASH			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Provision of Emergency WASH services for Burundian refugees					
7. Funding	a. Total project budget:	US\$ 12,377,040	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 1,000,546	▪ NGO partners and Red Cross/Crescent:		US\$ 495,734	
	c. Amount received from CERF:	US\$ 1,000,546	▪ Government Partners:		US\$ 0	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (below 18)	11,400	10,800	22,200	11,400	10,800	22,200
Adults (above 18)	9,000	8,800	17,800	9,000	8,800	17,800
Total	20,400	19,600	40,000	20,400	19,600	40,000
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees	40,000			40,000		
IDPs						
Host population						
Other affected people						
Total (same as in 8a)	40,000			40,000		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	The planned beneficiaries were reached through CERF funding as per the initial plan. Due to the continued deterioration of the political and security situation in Burundi the operation continued to receive influxes from Burundi far exceeding the planning figures. Currently, the operation is still receiving new arrivals of approximately 300 persons per day.					

CERF Result Framework			
9. Project objective	Improving WASH services for 40,000 Burundian refugees in the transit centres and camp for three months.		
10. Outcome statement	Refugees children, women, men and boys have access to adequate safe water supply, sanitation facilities and hygiene promotion services		
11. Outputs			
Output 1	Emergency safe/adequate water supply to 20,000 Burundian refugees.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	% HH accessing water 7-15l/p/d	10,000 refugee children and women access quality WASH services	10,000
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Provision of adequate safe water through emergency water supply at the transit points and camp through installation of onion bladder tanks, storage tanks, pipes and fittings, chlorination, purification of water. This is an extension of the water network in the camp and short term solutions, such as tankering, pumping etc. in transit areas.	Tanzania Red cross Society	Tanzanian Red Cross Society
Output 2	Provision of emergency latrines and bathing shelters for Burundian refugees at the transit points		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	# of people with 20 persons/drop-hole	10,000 refugee children and women access quality WASH services	40,000
Indicator 2.2	# of latrines and bathing shelters that will be built	300 drop holes and 150 cubicles constructed in the transit centres and as situation evolves in the camp	645
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Construction of emergency latrines and bathing shelters for the refugees arrivals	Tanzania Red cross Society	Tanzania Red cross Society
Output 3	Refuges have improved awareness and practice appropriate behaviours on hygiene		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	# of people having access to hand washing at critical time	10,000 refugee children and women access quality WASH services	10,000
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)

Activity 3.1	Provision of soap 250g/p/month	Tanzania Red cross Society	Tanzania Red cross Society
Activity 3.2	Hygiene promotion on appropriate behaviours and proper use of WASH facilities. This entails one day training for promoters and outreach.	Tanzania Red cross Society	Tanzania Red cross Society
Output 4	Population lives in satisfactory conditions of sanitation and hygiene in the camp.		
Output 4 Indicators	Description	Target	Reached
Indicator 4.1	# of community sanitary facilities/latrines constructed	200 latrine drop holes	200
Indicator 4.2	# of household sanitation facilities/latrines constructed	2,952 family latrines	2,952
Output 4 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 4.1	Communal sanitary facilities/latrines constructed (These are shared facilities used upon arrival before families have their own individual latrines)	TWESA	TWESA
Activity 4.2	Household sanitation facilities/latrines constructed (These are individual family latrines constructed by families with material support)	TWESA	TWESA
Output 5	Supply of potable water increased or maintained		
Output 5 Indicators	Description	Target	Reached
Indicator 5.1	#of PoC served by the water system	40,000	40,000
Output 5 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 5.1	Water system constructed, expanded and /or upgraded. TWESA already contracted to do this and is accelerating due to influx.	TWESA	TWESA

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

CERF funds (WASH-UNICEF) covered mostly supplies. The implementing partner TRCS had already been funded from other sources. However they were involved in using CERF-purchased supplies to construct latrines and other activities. Other partners (e.g. Oxfam and TWESA) accessed the CERF-procured supplies (e.g. slabs and tarpaulins to construct latrines) that reached more people than initially planned for in the proposal.

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

The refugee community has been engaged during the planning stage of temporary latrine construction to seek their views on location as well as suitability. They also participated in some of the digging for latrines and trenches for water lines. There are feedback mechanisms to gauge refugee satisfaction with facilities through the zonal leaders as well as via monitoring by UNHCR and UNICEF and NGOs in which anecdotal views are gathered at water points and in zones.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNICEF IOM UNHCR	5. CERF grant period:	UNICEF:10/06/2015 - 09/12/2015 IOM:18/05/2015 - 17/11/2015 UNHCR:18/05/2015 - 17/11/2015			
2. CERF project code:	15-RR-CEF-060 15-RR-IOM-018 15-RR-HCR-024	6. Status of CERF grant:	<input type="checkbox"/> Ongoing			
3. Cluster/Sector:	Protection		<input checked="" type="checkbox"/> Concluded			
4. Project title:	Providing international legal protection and life-saving humanitarian assistance including safe transportation to Nyarugusu refugee camp to Burundian refugees in Tanzania.					
7. Funding	a. Total project budget:	US\$ 10,041,080	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 3,967,642	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 102,848	
	c. Amount received from CERF:	US\$ 1,856,628	▪ <i>Government Partners Social Welfare Department:</i>		US\$ 108,588	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (below 18)	11,400	10,800	22,200	11,400	10,800	22,200
Adults (above 18)	9,000	8,800	17,800	9,000	8,800	17,800
Total	20,400	19,600	40,000	20,400	19,600	40,000
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees	40,000			40,000		
IDPs						
Host population						
Other affected people						
Total (same as in 8a)	40,000			40,000		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or</i>	The planned beneficiaries were reached through CERF funding as per initial plan. Due to the continued deterioration of political and security situation in Burundi the operation continued to receive refugee influxes from Burundi far exceeding the planning figures.					

category distribution, please describe reasons:	Currently, the operation is still receiving new arrivals of approximately 300 persons per day.
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CERF Result Framework			
9. Project objective	Provide fair protection processes, documentation and timely assistance to asylum seekers and refugees from Burundi.		
10. Outcome statement	International protection and safety of 40,000 refugees fleeing Burundi under dangerous conditions is facilitated and secured.		
11. Outputs			
Output 1	Emergency evacuation and transportation assistance to safety provided		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of refugees evacuated and provided with transport assistance in four months	40,000 (1 month: target of 15,700 for UNHCR)	40,000 (1 month: target of 15,700 for UNHCR)
Indicator 1.2	Number of refugees registered in passenger manifest	40,000 (1 month: target of 15,700 for UNHCR)	40,000 (1 month: target of 15,700 for UNHCR)
Indicator 1.3	Number of refugees undergoing fit-to-travel checks prior to transport	40,000 (1 month: target of 15,700 for UNHCR)	40,000 (1 month: target of 15,700 for UNHCR)
Indicator 1.4	Percentage of recorded refugees requiring healthcare services assisted and/or escorted by medical personnel	100% (1 month: target of 15,700 for UNHCR)	40,000 (1 month: target of 15,700 for UNHCR)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Evacuation assistance of 40,000 refugees by boat from Kagunga to Kigoma and transported from there to Nyarugusu camp in Kasulu	IOM (until May 29: UNHCR)	IOM (until May 29: UNHCR)
Activity 1.2	Registration of 40,000 refugees by passenger manifest	IOM (until May 18: UNHCR)	IOM (until May 18: UNHCR)
Activity 1.3	Fit-to-travel checks carried out for all refugees prior to travel	IOM (until May 18: UNHCR)	IOM (until May 18: UNHCR)
Activity 1.4	Provision of medical escorts for sick refugees	IOM (until May 18: UNHCR)	IOM (until May 18: UNHCR)
Output 2	Quality of registration and profiling established and maintained		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	# of PoC registered on an individual basis with minimum set of data required	40,000	40,000 -Household (level I) registration with details of all family members undertaken at the transit centres
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)

Activity 2.1	Registration conducted on an individual basis with minimum set of data required.	UNHCR/MHA	UNHCR & MHA - Individual biometric registration (level 2) was undertaken in Nyarugusu camp with proof of registration issued to each refugee/asylum seeker going through the registration process
Output 3	Reception/transit centre infrastructure established and maintained		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	# and capacity of temporary reception centres set up/maintained	4	4- Kagunga, Kigoma, Manyovu and Ngara
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Set up, rehabilitation and establishment of temporary reception and transit centres at the entry points, identified areas and in the camp	UNHCR	TWESA
Output 4	SC and UAC identified and supported		
Output 4 Indicators	Description	Target	Reached
Indicator 4.1	# of SC and UAC identified and supported	90 per cent of SC and UAC identified and supported	100 per cent of SC and UAC were identified and supported. This is 3,499 (1,500F and 1,999M) as of December 2015
Output 4 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 4.1	Identify, SC and UAC children in the transit centres with support from UNICEF	UNICEF / International Rescue Committee	UNICEF/IRC
Output 5	Refugee children traced and reunified		
Output 5 Indicators	Description	Target	Reached
Indicator 5.1	# of refugee children traced and reunified	90 per cent of UAM children traced and/or reunified	88.9 per cent of children traced and reunified. UNICEF supported the IRC, in collaboration with the Tanzanian Red Cross Society (the

			<p>lead tracing organization), in tracing and reunification of UAMs with 1,476 (272F, 1,204M) UAMs placed in foster care by 8 January 2016, for whom tracing is ongoing. 500 children (265F and 235M) were reunified with their parents or legal guardians by IRC as of 8 January 2016. Collectively out of a total of 2,221 (760F, 1461M) UAMs represents 88.9 per cent of the UAM population who are receiving interventions. A further 2,608 (1,238F, 1,370M) children are identified as separated from both parents, however are under the care of direct relatives.</p>
Output 5 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 5.1	Trace and unify SC and UAMs	UNICEF / International Rescue Committee	UNICEF/IRC
Output 6	Refugee children utilises Child Friendly Spaces CFS		
Output 6 Indicators	Description	Target	Reached
Indicator 6.1	# of children accessing CFS	90 per cent of refugee children utilize CFS	<p>22.4 per cent of children access CFS</p> <p>UNICEF has supported IRC to establish 3 CFS and equip them with play/recreational materials and skilled personnel to</p>

			<p>support children at the CFS.</p> <p>A total of 8,262 (4126F, 4136M) Burundian refugee children including 433 (249F, 184M) UASC and 20 (7F, 13M) children with disabilities are enrolled in 3 CFS supported by IRC (funded by UNICEF) since the emergency. This represents 12 per cent of a population of children which stood at 69,313 as of January 8th, 2016. An average of 659 children per day (219 children per CFS) attended IRC's Safe Healing and Learning Spaces (SHLS) or CFS.</p> <p>It is of note there are an additional 9 non-partner CFS run by Save the Children and Plan international which UNICEF has nevertheless supported with materiel and advising. These CFS have served 7,301 (3,310F, 3991M) children since the emergency. Collectively all CFS represent service delivery to 15,563 (7,436F, 8172M) or 22.4 per cent of Burundian refugee children</p>
Output 6 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 6.1	Establish CFS with play materials for refugee	International Rescue	IRC

	centres	Committee	
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<p>12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:</p>	
<p>Generally, the outcome of this project has been reached, and the budget has been spent almost as planned. There is, however, fewer children accessing IRC supported CFS than anticipated as not all parents are interested to bring their children to CFS especially when there are other competing priorities. Awareness-raising is still on-going. Another positive reason for this is that there are more options for CFS with the camp as other agencies (Plan International and Save the Children) are also supporting CFS.</p> <p>Although the plan was to reach 90 per cent of all SC and UAMs, it is clear that almost all (almost 100 per cent) of this group of children are identified and being provided with appropriate support services. This was augmented by good collaboration between agencies in the camp and additional human resources (mainly Social Workers from the Government) who are supporting in case management and follow up.</p> <p>Most of UNICEF funds were allocated to support case management through supporting deployment of 30 government Social Workers to work with IRC in case management right at the onset of the crisis. This team of Social Workers has greatly contributed in strengthening case management including identification and supporting of SC and UAMs and referral follow up. About 1,959 Best Interest Assessments (BIAs) have been conducted by IRC and care plans developed by 31 December 2015. The added value of the SWOs to the emergency theatre are numerous: They are skilled, already familiar with case management, data collection, and they come well versed in the Law of the Child Act (2009), its regulations, accompanying guidelines, and are consulted frequently to serve as a resource for NGO peers, other government officials, and UN agencies. As representatives of the government, SWOs also come with statutory authority to act in the best interest of the child, which in some instances has shown to expedite a child's case with referral service providers. From a personal and professional perspective, SWOs have found the experience invaluable. Exposed to an emergency environment, they have a new professional appreciation for emergency work and see the nexus between the systems approach as a development initiative, but also why it is necessary to capacitate the system to be able to 'scale up' during times of crises.</p>	
<p>13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:</p>	
<p>The refugee response was based on participatory assessments during which communities participated throughout the programming cycle. Refugees were consulted in the design of emergency programmes, varying needs and capacities of different refugees were taken into account in the design of services identified.</p>	
<p>14. Evaluation: Has this project been evaluated or is an evaluation pending?</p>	<p>EVALUATION CARRIED OUT <input type="checkbox"/></p>
<p>This project has not been evaluated; it will be evaluated as part of the evaluation of Protection services in the camp under coordination of the Protection Working Group. However, there has been on-going/periodic monitoring and evaluation that provide insights on the progress of the project and areas for improvement. Partners provided weekly implementation updates. UN staff visited the sites on daily basis so as to assess the progress and provide technical support. As a result gaps and challenges identified were addressed immediately.</p>	<p>EVALUATION PENDING <input checked="" type="checkbox"/></p>
	<p>NO EVALUATION PLANNED <input type="checkbox"/></p>

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNHCR		5. CERF grant period:	15.05.15 – 14.11.15		
2. CERF project code:	15-RR-HCR-022		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Shelter and NFI			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Protection and Mixed Solutions to Burundian Refugees and Asylum Seekers in Tanzania					
7. Funding	a. Total project budget:	US\$ 28,526,328	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 10,945,872	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 0	
	c. Amount received from CERF:	US\$ 1,500,579	▪ <i>Government Partners:</i>		US\$ 0	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (below 18)</i>	11,400	10,800	22,200	11,400	10,800	22,200
<i>Adults (above 18)</i>	9,000	8,800	17,800	9,000	8,800	17,800
Total	20,400	19,600	40,000	20,400	19,600	40,000
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>	40,000			40,000		
<i>IDPs</i>						
<i>Host population</i>						
<i>Other affected people</i>						
Total (same as in 8a)	40,000			40,000		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	The planned beneficiaries were reached through CERF funding as per the initial plan. Due to the continued deterioration of the political and security situation in Burundi the operation continued to receive refugee influxes from Burundi far exceeding the planning figures. Currently, the operation is still receiving new arrivals of approximately 300 persons per day.					

CERF Result Framework			
9. Project objective	To provide international protection and basic assistance to 40,000 Burundian refugees in Tanzania		
10. Outcome statement	Emergency shelter established and core relief items distributed to 40,000 Burundian new influx seeking asylum in Tanzania.		
11. Outputs			
Output 1	Shelter and infrastructure established, improved and maintained		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of persons/families provided with emergency family tents	6,000 persons	6,000
Indicator 1.2	Number of persons receiving shelter materials	31,200 persons	31,200
Indicator 1.3	Number of sites surveyed and planned for construction	2	2
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Distribute family tents to 1,500 vulnerable families (6,000 persons)	TWESA	TWESA & AIRD
Activity 1.2	Distribute shelter materials and support construction; plastic sheets, poles and tools to 6,300 families (25,200 persons)	TWESA/ another partner to be identified	TWESA & AIRD
Activity 1.3	Conduct physical site planning, clearing and excavation of new sites within Nyarugusu Camp 137 Ha to cover 2 months (as population arrives)	Direct Implementation/TWESA	UNHCR, TWESA & AIRD
Output 2	Population has sufficient basic needs and domestic supplies (Core Relief Items)		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	#of persons receiving core relief items	40,000	40,000
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Procurement of Core Relief Items	UNHCR	UNHCR
Activity 2.2	Transportation of Core Relief Items	UNHCR	UNHCR

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

No discrepancy was observed between planned and actual project outcomes.

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

The refugee response was based on participatory assessments during which communities participated in programming cycle. Refugees were consulted in the design of emergency programmes, varying needs and capacities of different refugees were taken into account in the design of services identified.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
UNHCR Field office in Kasulu monitored the planned activities on daily basis; UNHCR Physical Site Planner in collaboration with partners conducted physical monitoring to the sites on daily basis so as to assess the progress and provide technical support. As a result gaps and challenges identified were addressed immediately.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	WFP		5. CERF grant period:	11/05/2015 – 30/01/2016		
2. CERF project code:	15-RR-WFP-034		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Food Aid			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Emergency Food Assistance to Burundian Refugees in Tanzania					
7. Funding	a. Total project budget:	US\$ 32,823,114 ²	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 25,583,902 ³	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$117,587	
	c. Amount received from CERF:	US\$ 2,302,922	▪ <i>Government Partners:</i>		US\$ N/A	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (below 18)</i>	11,400	10,800	22,200	19,831	19,608	39,439
<i>Adults (above 18)</i>	9,000	8,800	17,800	14,256	11,731	25,987
Total	20,400	19,600	40,000	34,087	31,339	65,426
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>		<i>Number of people (Reached)</i>			
<i>Refugees</i>	40,000		65,426			
<i>IDPs</i>						
<i>Host population</i>						
<i>Other affected people</i>						
Total (same as in 8a)	40,000		65,426			
<i>In case of significant discrepancy</i>	The rapid influx of Burundian refugees continued to increase over the duration of the					

² Total WFP project budget in 2015

³ Amount includes German contribution of Euro 14 million received in Dec 2015 to be mainly used for 2016.

<i>between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	CERF project's implementation period. This increased influx led to a higher number of beneficiaries reached than was originally planned. The higher beneficiary case load also reduced the implementation period planned for food assistance under the original CERF proposal.
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CERF Result Framework			
9. Project objective	Save lives and protect livelihoods in emergencies		
10. Outcome statement	Stabilized or improved food consumption over assistance period for targeted households and/or individuals		
11. Outputs			
Output 1	Food and nutritional products distributed in sufficient quantity and quality and in a timely manner to targeted beneficiaries		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Quantity of food assistance distributed, disaggregated by commodity, as per cent of planned	100% (2,193 mt)	2,426.35MT
Indicator 1.2	Number of women, men, boys and girls receiving food assistance, disaggregated by activity, beneficiary category, and sex, as per cent of planned	100% (40,000)	65,426
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Food procurement	WFP	WFP
Activity 1.2	Food transport		WFP
Activity 1.3	Distribution of food Distribution of basic food commodities to support general food distributions and selective feeding activities in camp setting and to support wet feeding activities in reception and transit centres. High Energy Biscuits or alternative, to be provided to refugees in transit.	WFP co-operating partner – Adventist Development Relief Agency (ADRA) and other co-operating partners to be determined.	ADRA CARITAS TWESA REDESO
Activity 1.4	Monitoring of food distributions	WFP staff and third party monitors	WFP monitored partner's food distribution
Activity 1.5	Contracting of NGO(s)	WFP	WFP did not contract new partners.
12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:			
The CERF contribution allowed WFP to provide the required food needs to beneficiary populations as per SHPERE standards.			

During the CERF timeframe there was no increase in levels of acute malnutrition among the refugee population.

No comprehensive food and nutrition assessment has been conducted since the arrival of the Burundian refugees in Tanzania. However, a number of rapid nutrition assessments were conducted using MUAC. And the results revealed a low prevalence of acute malnutrition (i.e. below the emergency thresholds). Performance indicators for treatment of moderate acute malnutrition remained within the recommended SPHERE indicators. Food basket monitoring during food distribution assessed the effectiveness of the food distribution system. The results from food monitoring showed that on average all the refugees received over 98 per cent of the kilocalorie requirement from the food basket indicating efficient distribution.

WFP provided ready to eat foods to transiting Burundian refugees during the initial influx period. Thereby averting the deterioration of their nutrition status.

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

UNHCR and IOM and WFP ensured the well-being of refugees in transit to the refugee camp by providing transport support; ready to eat items in the form of HEB and palm dates were already in WFP stock and were provided to refugees at border entry points and on transit to the refugee camp. WFP sensitized beneficiaries on their food entitlements through messages and posters placed at all distribution sites.

WFP implemented GFD separately for both the newly arrived Burundian refugees and the existing Congolese refugee groups. To reduce the risk of conflict or unrest between the population in Nyarugusu Camp and to enable crowd management. WFP raised awareness that both groups were receiving the same ration. WFP ensured that mobile distribution sites were set up for those refugees stationed far from main distribution centres, to receive dry rations without having to walk long distances.

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

EVALUATION CARRIED OUT

No evaluation was planned or conducted related to the response of newly arrived Burundian refugees and WFP used regular monitoring as a means to collect info and data on outputs and outcome. More so, Over the period of the CERF intervention between May and August 2015, the influx of Burundian refugees into Tanzania was continuous. This fluidity of arrivals created a difficult environment to complete any formal evaluation.

EVALUATION PENDING

NO EVALUATION PLANNED

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
15-RR-CEF-059	Water, Sanitation and Hygiene	UNICEF	RedC	\$109,300
15-RR-HCR-023	Water, Sanitation and Hygiene	UNHCR	NNGO	\$386,434
15-RR-FPA-019	Health	UNFPA	RedC	\$32,800
15-RR-FPA-019	Gender-Based Violence	UNFPA	RedC	\$6,800
15-RR-CEF-060	Protection	UNICEF	GOV	\$108,588
15-RR-WFP-034	Food Assistance	WFP	INGO	\$117,587
15-RR-HCR-024	Protection	UNHCR	NNGO	\$82,836
15-RR-HCR-024	Protection	UNHCR	NNGO	\$20,012
15-RR-HCR-021	Health	UNHCR	NNGO	\$167,689
15-RR-HCR-021	Health	UNHCR	INGO	\$39,678

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

Accronym	Description
AAR	After Action Review
ADRA	Adventist Development and Relief Agency
AIRD	African Initiatives for Relief & Development
BIA	Best Interest Assessments
CERF	Central Emergency Response Fund
CFS	Child-friendly Spaces
GFD	General Food Distribution
HEB	High Energy Biscuit
IFRC	International Federation of Red Cross and Red Crescent Societies
IRC	International Rescue Committee
ITN	Insecticide-treated bed nets
MHA	Ministry of Home Affairs
MOHSW	Ministry of Health and Social Welfare
MSF	Insecticide-treated bed nets
MUAC	Mid-Upper Arm Circumference
NFI	Non-Food Items
RAS	Regional Administrative Secretary
RC/HC	Resident Coordinator/Humanitarian Coordinator
REDESO	Relief to Development Society
RRP	Refugee Response Plan
SC	separated children
SGBV	Sexual and Gender Based Violence
SHLS	Safe Healing and Learning Spaces
SWASH	School- Water, Sanitation and Hygiene
SWO	Social Welfare Officer
TRCS	Tanzania Red Cross Society
TWESA	Tanzania Water and Environmental Sanitation
UAM	Unaccompanied Minors
UNCG	UN Communication Group