

**RESIDENT / HUMANITARIAN COORDINATOR  
REPORT ON THE USE OF CERF FUNDS  
RWANDA  
RAPID RESPONSE  
FLOOD 2016**

**RESIDENT/HUMANITARIAN COORDINATOR**

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## REPORTING PROCESS AND CONSULTATION SUMMARY

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

The AAR was conducted by the involved agencies and the Ministry of Disaster Management and Refugees (MIDIMAR).

- 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

The report process was discussed within the UNCT, and the final CERF report was discussed and cleared by the UNCT. Sector leads were involved in producing and reviewing the technical inputs of all agencies reports.

- 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 CERF draft report was circulated to the relevant in-country stakeholders.

## I. HUMANITARIAN CONTEXT

<b>TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)</b>		
<b>Total amount required for the humanitarian response: 12,552,013</b>		
<b>Breakdown of total response funding received by source</b>	<b>Source</b>	<b>Amount</b>
	CERF	4,218,944
	COUNTRY-BASED POOL FUND <i>(if applicable)</i>	-
	OTHER (bilateral/multilateral)	50,000
	<b>TOTAL</b>	<b>4,268,944</b>

<b>TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)</b>			
<b>Allocation 1 – date of official submission: 05/07/2016</b>			
<b>Agency</b>	<b>Project code</b>	<b>Cluster/Sector</b>	<b>Amount</b>
FAO	16-RR-FAO-018	Agriculture	941,127
IOM	16-RR-IOM-029	Shelter	1,000,780
UNDP	16-RR-UDP-008	Early Recovery	728,135
UNFPA	16-RR-FPA-031	Health	107,300
UNICEF	16-RR-CEF-081	Water, Sanitation and Hygiene	447,795
WFP	16-RR-WFP-043	Food Aid	880,645
WHO	16-RR-WHO-032	Health	113,162
<b>TOTAL</b>			<b>4,218,944</b>

<b>TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)</b>	
<b>Type of implementation modality</b>	<b>Amount</b>
Direct UN agencies/IOM implementation	3,070,292
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	468,152
Funds forwarded to government partners	680,500
<b>TOTAL</b>	<b>4,218,944</b>

## **HUMANITARIAN NEEDS**

From 7 to 9 May 2016, Rwanda was affected by a series of landslides that occurred in three districts, namely Gakenke, Muhanga, and Ngororero. The landslides were triggered by the heavy and torrential rains in these areas because of the phenomenon from the El Nino and the La Nina. The sustained heavy rains also caused serious flooding in the above-mentioned districts. The landslide disasters first hit Gakenke District on 7 May 2016 and subsequently similar landslides also occurred in Muhanga and Ngororero but in smaller scales on 9 May 2016. The disaster resulted in the loss of 50 lives, 27 injuries, complete destruction of 2,317 houses, partial destruction of 1,500 houses, damage of 3,447 hectares of agricultural land with various crops such as rice, beans and maize, loss of 700 livestock, disruption of infrastructure such as water supply system, bridges and roads, as well as psychological fear and shock to the populations estimated at 80,000 households. The effects on the crops were expected to cause serious food insecurity and lack of income in the following three to six months, hence the lifesaving nature of the interventions in this area.

According to the Household Survey *Enquête Intégrale sur les Conditions de Vie des ménages* (EICV) 3 (National Institute of Statistics Rwanda, 2013-2014), among the 345,000 persons in Gakenke district, 160,000 were men and 185,000 were women. As for the sex of heads of households in Gakenke, 70% were male-headed, 25% were female-headed, and 5% were de-facto female headed households. When it comes to the vulnerability, people with major disabilities account for 3.3% and orphans for 13.5%, which includes 2.1% of complete orphans who lost both parents and 11.3% of partial orphans. These figures apply when we refer to the disaster-affected population. More specific detailed demographic information is available for households whose houses were destroyed. Among the 1,425 households who lost their shelter, 352 are women - headed while 1,073 are headed by men. Among 6,103 displaced people, 45% are children under 18 years old, 22% are children under 5 years old, 140 are pregnant women and 440 are breastfeeding women. They were scattered within their neighbourhoods in 18 sectors of Gakenke District.

On 13 May 2016, the Ministry of Disaster Management and Refugees (MIDIMAR) called for an urgent meeting to provide a briefing on the disaster and called for an appeal to contain the situation. This meeting was attended by the UN Resident Coordinator, Heads of UN Agencies and focal points for emergency response from the ONE UN team, Red Cross, NGOs (World Vision, Save the Children, Care) and donors - USAID and DFID. Humanitarian actors announced their initial pledges, based on which various UN agencies and NGOs had provided immediate small scale support, such as provision of tents by UNICEF, WASH facilities by IOM, financial support by UNDP, and provision of food and NFIs such as blankets, kitchen sets, jerrycans, hygienic items by Red Cross and NGOs. 600 mattresses were provided to disaster-affected pregnant women and supplementary food was donated to lactating and pregnant mothers and children under 5 years old.

Gakenke district was ranked as the eighteenth (18th) district among the 30 districts of having high percentage of populations identified as poor (42.0%) and extreme poor (16,2 %) in Rwanda (Rwanda Poverty Profile report under EICV 2013/2014, National Institute of Statistics of Rwanda, August 2015). Due to the poverty situation, the population had little financial savings before the disaster occurred in early May. June was supposed to be their harvest season, however, there was no crop to harvest, and there was no on-farm job opportunity this time since large-scale coffee growers in the area were also affected. This also negatively affected their health status and access to health service. Per Gakenke District, 90% of the populations could not renew their community health insurance costing about US\$ 3 per person since they could not afford to pay this fee.

As the displacement prolongs, the humanitarian situation has gradually deteriorated. The need for emergency support to meet the humanitarian needs had increased. The capacities of the host-families (who are also mostly poor families) to absorb and accommodate the displaced population were overwhelmed. Aside from congestion in the host-families, there was the growing need for food, water and NFIs for the displaced families. The living conditions for both displaced families and host families were aggravated, and the risk of an increase of health problems, including malnutrition, water born disease and malaria had increased. This situation was even worsened due to the increase in prices of food and basic commodities, the lack of income sources, and the increase of negative coping behaviours such as reducing the number of meals per day, reducing the quantity and quality of food consumed, and unbalanced diet without sufficient vitamins or proteins. Furthermore, the houses and land, as well as people's lives and their livelihoods were exposed to the similar risks during the following rainy seasons from September to November 2016. The needs assessments indicated that the rising prices of basic commodities and food in Gakenke were attributed to the disaster i.e. destroyed crops – the main source of food supply in the markets. This was further aggravated by the increasing transportation and logistical costs due to the damaged community infrastructures such as local community bridges and district roads which impede the regular flow and transport of goods to the District. The damaged roads and community bridges were also cited as a cause of the delay or have impeded the timely delivery of emergency humanitarian assistance to the affected population.

The challenge in accessing nearest health facilities immediately after the disaster brought a serious life-threatening challenge for pregnant women. It is also reported that physical and psychological stress lead to some pre-mature deliveries or birth complications. At

that period, the lack of capacity to pay health insurance was posing a challenge to the pregnant, post-natal women as well as infants and children. Children were at risk of diseases that are commonly spread in a congested living conditions, poor sanitation and hygiene and lack of mosquito nets. They also risked dying during birth in locations where adequate reproductive, neo-natal and delivery facilities were sub-standard.

The issue of high unemployment in Gakenke district, particularly in rural sectors, and increasing number of inactive youth after the disaster incidents had to be addressed. Their unstable social status exposed them to vulnerability if consideration was not made on their socio-economic needs. Provision of livelihood opportunities (off-farm and on-farm) was needed to ensure their immediate recovery and sound growth and participation in their own community. This also applies to the young girls and women who otherwise could become the victim of domestic violence including SBV (Sexually Based Violence).

## II. FOCUS AREAS AND PRIORITIZATION

Despite all the efforts to cope with the emergency, there were still outstanding humanitarian needs particularly for the worst-hit Gakenke district. In the bilateral meeting between RC and MIDIMAR Minister on 9 June 2016, it was agreed that ONE UN will conduct a series of sectoral rapid assessment jointly with the Government of Rwanda (GoR). WFP was identified as a lead agency for coordinating this Joint Assessment. The objectives of the assessment were; (a) to identify the outstanding humanitarian needs in Gakenke district and thereafter; and (b) to establish ONE UN's support to the emergency and early recovery. On 13 June 2016, the ONE UN technical meeting was convened at WFP, it was agreed that the assessment should be conducted from 15 to 22 June putting into consideration eight (8) thematic sectors: (1) Community restoration / Early recovery; (2) Education; (3) Food security; (4) Agriculture / Livelihood; (5) Health; (6) Shelter / NFI; (7) Nutrition; and (8) WASH. The joint assessment was conducted with participation of ONE UN agencies, MIDIMAR and relevant Ministries such as Ministry of Health (MINISANTE), Ministry of Infrastructure (MININFRA) / Water and sanitation Corporation (WASAC), Ministry of Education (MINEDUC) and District officers. The main findings from the Joint Assessment indicated immediate emergency response was needed.

In Food/Nutrition sector, a significant proportion of the population was already applying negative coping behaviour such as reducing the number of meals per day. The increase in food prices was a major factor in this. Within two months, the price of sweet potatoes had increased by 213%, red beans by nearly 50%, maize by 47%, potatoes by 33% and bananas by 28% (WFP/UNDP, 17 June 2016). Shelter conditions were greatly deteriorating with heavy congestion, lack of appropriate WASH facilities for the displaced living with host families who were also living in precarious conditions and had no capacity to absorb new arrivals for longer. Other groups were living in houses made of plastic sheets that could protect them from heavy rains and extreme weather. On restoration of community infrastructures, the damaged community bridges caused the delay or impeded the delivery of emergency humanitarian assistance by both Government and the humanitarian community. The lack of transportation access to/from the affected areas and to the District Centers and markets resulted in rising prices of basic commodities. The damaged community bridges paralyzed the IDPs access to urgent and emergency medical and health services.

Reproductive Health was affected due to the lack of capacity to access health facilities putting pregnant women, lactating mothers and their babies at risk. The water supply systems in the area serving an estimated 30,000 people were reported as partially damaged. In the Sanitation & Hygiene sector, over 1,700 household latrines were destroyed while a considerable number of pit latrines were partially damaged. Affected people lost water collection and handling containers as well as basic hygiene items. In Agriculture, the increase in the prices of food and basic commodities are expected to continue rising given the low supply of food products because of the destruction of the entire harvest in the farms, and the damage to the road networks. The erosion of the top soil by the heavy rains will result in a decrease in the soil fertility which will negatively impact the next cropping season with either low productivity or rendering the areas affected totally uncultivable. Opportunities for livelihoods became a challenge especially where most of the population depended on casual agricultural work and for households' own subsistence farming.

The combination of these various deteriorating factors brought a potential risk of increasing mortality and morbidity among the disaster-affected populations. With CERF funds, the ONE UN in Rwanda aimed to contribute to reducing the risk of mortality and morbidity of the most vulnerable disaster-affected populations (up to 50,000 persons) in Gakenke district through multi-sectoral life-saving humanitarian assistance over the following 6 months. To achieve this objective, ONE UN prioritized its support to the following sectors; (1) Food security and Nutrition, (2) Shelter/NFIs/Community infrastructure, (3) Emergency Agriculture and Livelihoods, (4) Health (Reproductive Health / SGBV prevention), and (5) WASH. This enabled the ONE UN to provide tailored support to the different types of the disaster victims with different levels of vulnerability and risks. The ONE UN's geographical focus was **Gakenke District**. Since it was the hardest-

hit district, with challenging topography, characterised by numerous hills, which makes the district extremely vulnerable to floods and landslides.

### III. CERF PROCESS

A joint assessment was conducted over one week from 15 to 17 and 20 to 21 June 2016 with the Government of Rwanda led by MIDIMAR and relevant Ministries such as MINISANTE, MININFRA / WASAC, MINEDUC depending on the sector needs. The existing coordination system (similar to the cluster system) was used during the joint assessment process. A lead agency was identified, and tasked to coordinate with the lead Government Ministry. Given the short time, the assessment team utilized mainly the qualitative techniques. Each sector lead agency was tasked to develop data collection tools, to coordinate the assessment at sector level, and to compile a consolidated report for the responsible sector.

The following data collection technique was used in the joint assessment;

(a) Desk Review: Through a review of various reports published by GoR (National Statistics Bureau) which has multi-sectoral and district-based information. These were informative regarding identification disaster effects in comparison with the pre-disaster situation. A review of two situation reports shared by MIDIMAR was complemented with interviews with MIDIMAR staff in charge of disaster response, and the data collection at Local Government level (District, Sector) to verify the accuracy of the data.

(b) Key Informant Interview: In-depth interviews were conducted mainly to obtain information on the magnitude of the disaster, actions taken and challenges during the initial response, ongoing challenges in meeting with the needs of the disaster affected populations including displaced populations, priority needs for the vulnerable displaced populations and anticipated needs in the next 3-6 months as well as long-term recovery strategy. Key informant interview was conducted with Gakenke District Mayor, Vice Mayor in charge of Social Affairs, Sector Executive of the most affected Sectors such as Mataba and Gakenke sector. Some Key Informant Interview was conducted jointly as One UN team consisted of various sectoral assessment teams. Usually, these interviews started from the presentation from key informants, and in-depth interview was done as questions from ONE UN assessment team followed by answers from key informants.

(c) Focus Group Discussion: Focus Group Discussions (FGDs) were conducted at different levels for two primary purposes. First to triangulate data collected from the beneficiaries and individual interviews, and further to gather relevant information from specific groups that are affected by the disaster in sampled geographical sectors. For instance, groups of twenty displaced persons from three sectors were randomly selected and ONE UN team comprised of food security, nutrition, health and shelter/NFI sector asked the questions. The FGDs were conducted using the participatory approach. Semi-structured and open-ended questions were used to get the views on their current living conditions, health situation, accessibility, and priority needs for displaced populations, host community and disaster-affected population from wider community perspective.

(d) Direct Observation: The simplest techniques used during this joint assessment was physically visiting, observing and documenting tangible and/or observable effects of the impact of disasters on community infrastructure, houses, agricultural land, the current condition and capacity of health facilities, schools, and current living condition of displaced populations. Psychological impact on the victim or survivor of disaster was also clearly observed through the joint visit to the households.

Following the joint assessment, on 26 June 2016, WFP as the selected Lead Agency, called for a meeting with ONE UN participating agencies in disaster response to share key sector findings as well as to prioritize the sectors which require urgent life-saving support through CERF fund. The decision was made after thorough analysis of the needs of the affected populations, existing vulnerability per sector during pre-disaster period, current conditions per sector and expected scenario for the next 3-6 months. Thus, five sectors were identified as priority sectors they are; (1) Food security and Nutrition, (2) Shelter/NFIs; (3) Emergency Agriculture and Livelihoods; (4) WASH and (5) Health because of the following reasons.

The joint needs assessment findings served as the main basis for the prioritization of the cluster/sector response. The most pressing needs expressed by the affected population and the priorities identified by the Government of Rwanda were considered in the prioritization of the Early Recovery cluster/sector response. The criteria that guided the prioritization process included the following: (i) life-saving nature of the interventions, (ii) criticality and/or urgency of intervention, and (iii) implications to longer-term sustainable recovery and vulnerability reduction.

Through the joint needs assessment, consultation with the Implementing Partners E.g. MIDIMAR and the Gakenke District Authorities were extensively done from the outset. MIDIMAR also convened a partners' meeting through the National Platform for Disaster Risk Reduction (NPDRR) where they pointed out the need to urgently repair and/or restore the damaged bridges and roads as they prevented

humanitarian assistance from reaching the affected population in a timely manner, and it has already affected the population's access to basic services i.e. health or education and access to markets and distorted the flow of goods and services spiking prices of food and other basic commodities in the District.

Cost effectiveness and value for money were considered in selecting projects. Furthermore, the proposed projects addressed gender concerns and needs. The landslide disaster in Gakenke had disproportionately affected women and children from the poorest segments of the community. For instance, the pregnant women, lactating mothers who need pre-natal or post-natal care from health centres were unable to visit and reach the health centre due to inaccessibility caused by the damaged bridges. The school children's school attendance was halted and affected due to the damaged bridges. Once the community bridges are repaired and/or restored, these affected population groups especially women and girls (children in general) will be able to access health services. The women also are the ones who fetch water for drinking and other domestic uses.

#### IV. CERF RESULTS AND ADDED VALUE

<b>TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR<sup>1</sup></b>									
<b>Total number of individuals affected by the crisis: 150,341</b>									
<b>Cluster/Sector</b>	<b>Female</b>			<b>Male</b>			<b>Total</b>		
	<b>Girls (<math>&lt; 18</math>)</b>	<b>Women (<math>\geq 18</math>)</b>	<b>Total</b>	<b>Boys (<math>&lt; 18</math>)</b>	<b>Men (<math>\geq 18</math>)</b>	<b>Total</b>	<b>Children (<math>&lt; 18</math>)</b>	<b>Adults (<math>\geq 18</math>)</b>	<b>Total</b>
Agriculture	6,216	9,324	<b>15,540</b>	4,145	6,217	<b>10,362</b>	15,541	10,361	<b>25,902</b>
Early Recovery	4,051	4,203	<b>8,254</b>	3,593	5,087	<b>8,680</b>	7,644	9,290	<b>16,934</b>
Food Aid	21,723	5,250	<b>26,973</b>	20,110	10,502	<b>30,612</b>	41,833	15,752	<b>57,585</b>
Health	12,236	11,512	<b>23,748</b>	3,367	3,235	<b>6,602</b>	15,603	14,747	<b>30,350</b>
Shelter	2554	2090	<b>4,644</b>	2099	1577	<b>3,676</b>	4653	3667	<b>8,320</b>
Water, Sanitation and Hygiene	6,625	6,625	<b>13,250</b>	5,875	5,875	<b>11,750</b>	12,500	12,500	<b>25,000</b>

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

#### **BENEFICIARY ESTIMATION**

The estimation of beneficiaries for early recovery sector/cluster was based on the rapid assessment data compiled by the Government of Rwanda through the District Authorities and further validated by the Ministry of Disaster Management and Refugees. The rapid assessment data of the Government provided specific number of HHs affected by the landslides and this data was used as reference for estimating the total number of children and adults, male and female affected by the disaster. In addition, the Government rapid assessment data provided specific information on the number of female-headed households affected, hence this was also used and factored in the estimation of the number of beneficiaries. By using the total number of HHs affected, the beneficiary estimation was done by multiplying the standard average HH size in Rwanda which is 5.9. For the total number of direct beneficiaries reached through the

CERF funding, the number of adult beneficiaries (as reflected in Table 5) was based on the actual reports compiled and submitted by the District Authorities and the MIDIMAR that contained the official list of beneficiaries disaggregated by gender. The number of children beneficiaries were retained as reflected in Table 4, assuming that the initial estimation of planned beneficiary is approximately representing the total actual number who have been reached by the early recovery cluster/sector interventions.

The key challenge for the early recovery sector/cluster was encountered in estimating the number of beneficiaries as data was not readily available during the preparation of the proposal. However, this was addressed accordingly as the Government of Rwanda could provide a rapid assessment report which contained baseline data of number of people or HHs affected by the disaster. In the estimation of the total of beneficiaries reached, the only challenge encountered was linked to the number of children beneficiaries as the data on reports provided by the District do not contain this specific information and only gender-disaggregated data for adult-beneficiaries is available.

For water, sanitation and hygiene sector, the below are details on beneficiary estimation:

- A total of 118 water points were rehabilitated under the project. One water point benefits at least 50 households. The total number of households which benefited = 118 x 50 = 5,900. Considering average household size of 4.3 (ref. 2012 Census Report), the number of beneficiaries comes out to be approx. 25,000.
- Please note that at the time of proposal development, the data on gender disaggregation was based on discussions with the district authorities and sector partners. Following a review of the more authentic data and since IDPs subsequently returned to their home communities just before the project implementation commenced, we have also revised the planned estimates.

Given the time and budgetary constraints, it was not possible to carry out a detailed survey to count the exact number of beneficiaries.

For the health sector, UNFPA identified and targeted around 16,850 affected women and girls in reproductive health age . These women were reached with maternal health and SRH services through availability of lifesaving commodities, dignity kits and maternity ward well-functioning with appropriate maternal health equipment.

For Food Aid Sector, direct participants to the programme were people who received food assistance from lists prepared by sector agronomists, cleared and approved by the district. The total number of beneficiaries was calculated based on the demographic patterns of the district with an average of 3.6 persons per family household and 52% and 48% respectively proportion of female and male.

<b>TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING<sup>2</sup></b>			
	<b>Children ( &lt; 18 )</b>	<b>Adults ( ≥ 18 )</b>	<b>Total</b>
<b>Female</b>	52,730	35,512	88,242
<b>Male</b>	17,322	15,717	33,039
<b>Total individuals (Female and male)</b>	<b>70,052</b>	<b>51,229</b>	<b>121,281</b>

<sup>2</sup> 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**

CERF’s Rapid Response window helped to address severe damage and losses caused by the floods / landslides disaster which happened suddenly in May 2016. CERF funds enabled the provision of life-saving and multi-sectorial assistance including, food nutrition, shelter and non-food items, access to health care, agriculture, water and access to livelihoods to over 121,281 displaced and disaster-affected populations in Gakenke District. More specifically, CERF funds provided timely and comprehensive support to the disaster affected populations and communities, enabled them to recover from the negative consequences from the disaster as quick as possible and normalized the situation. Overall collective outcomes for the CERF submission were achieved. In total, 121,281 people benefited from this timely and effective support thanks to CERF’s Rapid Response funding window.



The early recovery cluster/sector interventions supported by CERF have achieved the intended results. The project outcome was achieved as it enabled the displaced and disaster-affected women, men and children to have [re-established] access to basic services, markets, transportation and emergency humanitarian assistance through the repair and emergency rehabilitation of 18 damaged community bridges. It has also restored their minimum financial capacity to avail of food requirements and basic services and needs through the emergency livelihoods support provided.

Specifically, approximately 16,934 disaster-affected population (including other 190,000 District population) have restored transportation access to/from their temporary residences or shelters (for IDPs) to points of District concentration such as markets, health centres/hospitals, schools, places of work. The restored transportation access due to the restored/repared community bridges also addressed the logistical challenges related to the delivery of emergency assistance and supplies for the IDP families. It therefore ensured that the IDP families could receive the emergency assistance and supplies (i.e. food, water, NFIs) from the Government and the humanitarian community in a timely manner saving lives and preventing further vulnerability. Furthermore, it also facilitated logistical access of IDPs to hospitals and health centres. The restoration and repair of the damaged community bridges also addressed the supply-demand challenge of basic commodities and food in Gakenke as it facilitated the transport of goods/agricultural produce to the markets in the District which averted the rising prices of food and other basic commodities.

The project supported the repair and emergency rehabilitation of the 18 community bridges. The repair and rehabilitation works involved IDPs as local labour and were provided compensation under the project's cash-for-work scheme. A significant value-addition to this is the integration of 'build back better' elements into the repaired community bridges by putting in place stronger structural foundations for the bridge based on national construction standards and building concrete ripraps on both sides of the riverbanks (of about 5-10 meters) to protect the bridge from the impacts of any future landslides or strong river flood velocity from upstream.

Furthermore, a total of 9,290 women and men [representing one HH each] were provided with emergency off-farm livelihoods support. The 8,241 women and men were supported under the cash-for-work scheme which involved works that rehabilitated 184 hectares of marshland used for agriculture production, progressive terracing of slopes, rehabilitation of 33 km road damaged by the disaster and planting of 13,000 trees. 749 individuals [349 of whom represented female-headed households and 400 represented households with most vulnerable populations as members] received emergency start-up cash grants which they used to start-up alternative livelihood activities and enable them to meet their most basic needs at the time of immediate post-emergency period. 300 individuals were provided with replacement of productive assets which also enabled them to resume their income-generating/livelihood activities damaged by the disaster.

The intended outcomes of the early recovery interventions have been achieved as planned. The only minor change concerns the number of planned versus the number of reached beneficiaries. Due to available budget from the CERF grant, the total number of reached beneficiaries was increased by 1,901 resulting in a total of 16,934.

There was a significant change in the humanitarian situation after the early recovery cluster/sector interventions. To reiterate, the restoration of transportation access and mobility of people due to the emergency repairs of the damaged community bridges have ensured that humanitarian aid e.g. food, etc. could reach the affected population easily. In addition, it has boosted and restored the flow of goods and services in Gakenke. In addition, the emergency off-farm livelihoods assistance provided e.g. cash for work, cash grants and asset replacements also directly benefited the affected population by augmenting cash to meet their basic needs and it likewise induced money circulation in the District which helped avert further deterioration of the local economy.

For the agriculture sector, all valley bottom acres (93ha) was planted. An area covering 319 ha of hillside has been rehabilitated by introducing soil erosion control techniques. With use of improved agricultural input (cropping season A) the yield of maize has increased from 2.5 MT/ha reaching 5.8MT/ha making the production capacity of the district resumed. Women have played a key role from the top to downstream level of the project implementation process: at the district level the Vice Mayor in charge of Social affairs (a woman) has been very active in the project implementation at all stages. Downstream women were very well represented (60%) in the cash for work activities and money earned allowed them to access on other livelihood resources (small animals, medical insurance, scholastic material...).

Testimonies indicate that the population has become now more resilient to climate change dynamics using climate smart agricultural techniques. At the start-up of the project the population was hopeless, presently the assisted people are testifying to improved life conditions thanks to the CERF project.

Francoise says "I have learnt to save thanks to cash earned because now I have a meaningful daily income. Being a single mother I can now take care of my family decently".

The district officials, extension services (19 sector agronomists) and beneficiaries have enhanced their capacity through hands on trainings in climate smart agriculture techniques applied during the rehabilitation process of the land damaged by the landslide. At the time of reporting farmers supported are accessing to marks and sell their products. African Improved Food is buying all the produce of maize at 300frw/kg.

In the Shelter sector, CERF has contributed to providing emergency shelter and critical life-saving non-food items (NFIs) and thus, significantly improved living conditions for 1,264 displaced families in ten administrative sectors of Gakenke District. Basic shelter construction materials were provided to 1,264 displaced families, and the most vulnerable displaced families (an estimated 379 families or 30% of the total displaced families in target ten sectors) received labour support through cash for work / cash for food scheme through the CERF project. CERF funds also enabled the recipient agency to hire in total 3,610 persons including 1,133 skilled labour and 2,477 unskilled labour in three phases. On average, skilled labour worked 19.4 days and received 58,270 Rwf or 71.9 USD (with the exchange rate of 810 Rwf = 1 USD) while unskilled labour worked 16 days and received 16,077 Rwf or 19.8 USD. Over 90 percent of the payment was done through Umurenge SACCO (Saving and Credit Co-operative) which was identified as the most appropriate for the target beneficiaries considering at least one SACCO exists at the level of each administrative sector. Others who did not own a bank account at SACCO or did not manage to open a bank account were paid in cash.

For the health sector, the funding from CERF enabled to assist the Government of Rwanda to uphold the dignity of affected populations especially affected pregnant and lactating women and vulnerable adolescent girls by ensuring access quality maternal health services in three health facilities of Gakenke district. About 820 dignity kits were handed over to Gakenke District for affected women and girls in reproductive age. Maternal health equipment was also provided to support Mataba health facility maternity ward. The UN procured life savings maternal health commodities including maternal health medicine to support affected women and girls in reproductive age from the three health facilities geographic areas (Mataba, Nganzo and Minazi) in Gakenke district. Among 680 women who already delivered at Mataba, Nganzo, Minazi health centres including those referred at district hospital, 600 received dignity kits.

The CERF fund permitted the recruitment of a public health officer who led the technical support to strengthen integrated diseases surveillance and reporting (IDSR) mechanisms to monitor and report the trends of diseases in a timely manner. Data was collected, then analysed to inform decisions based on disease patterns. Due to the overcrowded living conditions of displaced persons and their host families, the critical WASH situation, a high number of malaria cases, diarrhoea and respiratory diseases was expected. The health situation was adequately addressed by the health system in the district with the provision of two Diarrhoea Diseases Kits (DDK) and two interagency emergency health kits (IEHK 2006) as initially planned in the CERF proposal. The support helped to avoid excess of mortality; 100% of vulnerable people affected by the disasters accessed quality health care services and five (5) planned supportive supervisions were conducted and report in a timely manner.

For the Water, Sanitation and Hygiene Sector, funding from CERF resulted in provision of improved and reliable water supply to over 25,000 people in Gakenke district. This was achieved through restoration of 22 damaged water supply systems and included repair and rehabilitation of over 62 kilometres of the pipeline, 24 water tanks of storage capacity ranging from 5,000 to 50,000 litres, 118 water points and 33 water sources. These interventions contributed to reduced risk of WASH related diseases among the target communities as well as reduced burden for women and girls who were fetching water in difficult mountainous terrain. Out of the total targeted water supply systems, one water supply system was rehabilitated by other partners prior to the commencement of this project. This contributed to a decrease in the number of target water supply systems from 23 to 22 and resulted in the reduction of the originally planned number of estimated beneficiaries from 30,000 to 25,000.

### **CERF's ADDED VALUE**

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

For the agriculture sector, the delivery of agricultural inputs (seeds and fertilisers) needed to restart again the agricultural season that started 15 September 2016 was done timely and helped beneficiaries to replant again. Maize seeds were delivered for the valley bottom and bio fortified beans seeds delivered for the hillside land. The iron beans distributed contributed to the nutrition status of the assisted population.

For the shelter sector, CERF fund enabled beneficiaries to relocate to a safer area immediately after the disaster as they received the construction material and labour support before that heavy rainy season arrived. The life-saving NFIs in particular jerrycans and soaps enabled disaster-affected households to maintain hygiene and sanitation during their displacement period which were highly appreciated by the beneficiaries.

For the health sector, CERF funding was instrumental to a fast delivery of health assistance. It permitted to recruit a public health officer to strengthen WHO capacity to provide technical support and emergency response particularly to ensure epidemic diseases surveillance for early detection and response to potential outbreak

Furthermore, the funds were crucial to support availing dignity kits and others critical reproductive health kits on time.

For the early recovery sector, the CERF funds facilitated the timely and fast delivery of assistance to beneficiaries. Just within the period of 2-3 months after the disaster and the subsequent request for CERF funds, the UN Agencies have managed to assist the Government of Rwanda in meeting life-saving needs of the affected population in Gakenke preventing further and secondary effects of the disaster. Given the notice of approval of the CERF request/appeal, it enabled the UN Agencies in partnership with the national level institutions and the District authorities to already initiate and implement some of the much-needed preparatory activities while waiting for the actual release of funds by CERF.

For the water, sanitation and hygiene sector, the funds permitted the rehabilitation of the damaged water supply systems in a quick and timely fashion.

**b) Did CERF funds help respond to time critical needs<sup>1</sup>?**

YES  PARTIALLY  NO

Shelter was among the critical needs as the displaced populations used to live with neighbours or extended families who are also struggling with their lives after the disaster. Timely shelter support for the displaced households demonstrated a strong positive evidence that unlike other countries where disaster affected people remain as IDPs (internal displaced populations) in the camp for a long period of time, CERF funds can normalize the displaced people's lives immediately when there is a political willingness to provide land or facilitate land exchange followed by immediate construction material and labour support through the CERF funds.

As known the rural population's economic activity mostly relies on agriculture. The majority of the population assisted were already among the poorest and most challenged in accessing improved and quality seeds. The response was timely matching with the agricultural season. The fund enabled the provision of an emergency shelter to the ten most affected sectors in Gakenke district, quickly normalize the lives of the disaster-affected populations. The funds enabled to address quickly critical health needs for the most vulnerable group, with provision of health emergency kits to prevent excess of morbidity expected in such crisis particularly in the most vulnerable group such as under 5 children, pregnant and lactating women. The funds helped to respond on time to the emergency maternal and sexual and reproductive health needs on time. The provision of maternal health commodities to Kinazi, Nganzo and Mataba health facilities from the most affected administrative sectors was critical. With no others donors to respond to the emergency, CERF funds were life savings for the affected population especially affected women and girls in reproductive health.

The funds facilitated a quick response to emergency livelihoods through cash for work and emergency cash grants provided to affected population. The funds helped meeting the critical needs of affected population through restoration and improvement of water supply services to the affected population.

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

YES  PARTIALLY  NO

To sustain the achievement, the district has formulated a medium and long term intervention. Through the Government funding the district consolidated 500 ha in terraces for iron beans seed multiplication to boost the food security of the district. MIDIMAR and Gakenke District authority mobilized resources from local private sectors and individuals. This enabled the Government to purchase land for the most vulnerable disaster-affected populations, while the One UN's (through CERF) support provided shelter materials and labour support

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<sup>1</sup> 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.).

in constructing their emergency shelter. The CERF funds complemented the Ministry of Health efforts to control health challenges following the disaster in Gakenke District.

The support provided by CERF have enabled UN Agencies to mobilize resources from other donors and partners including generated counterpart funding and in-kind contribution from the Government. For instance, the construction of emergency shelter for the affected population benefitted from the District Government providing land plots.

For the shelter sector, IOM mobilized additional resources from USAID to support shelter construction (50,000 USD). For early recovery, UNDP funds augmented support to emergency coordination. The funding helped mobilize additional matching funds (US\$ 193,664) towards restoration of damaged water supply systems. This included UNICEF and World Vision contribution of US\$73,527 and US\$120,137, respectively.

**d) Did CERF improve coordination amongst the humanitarian community?**

YES  PARTIALLY  NO

The CERF funding played an instrumental role in making the UN and Government gather at a roundtable to discuss the emergency and formulate a common goal to save the lives of landslides victims in Rwanda. CERF funding stimulated and pushed for a fast and integrated delivery of assistance to beneficiaries. It was the first successful model of One UN working together in emergency response to a disaster situation in Rwanda. Regular coordination at the capital level, joint field monitoring and frequent communication and information sharing enabled the participating agencies to Deliver as One, achieving a shared goal. The funds brought together UN agencies to respond to the crisis based on comparative advantages and catalyse Government efforts and coordination. Activities and budget of this CERF allocation were included in the joint work plan, the implementation of which was monitored through monthly technical working group meetings and quarterly steering committee meetings.

The Gakenke disaster emergency response is one of the best coordinated humanitarian responses in Rwanda. With the Government taking the lead role in coordination with support from the One UN Rwanda/UNHC, it had managed to convene and collectively working together in a well-coordinated manner a number of UN Agencies, non-government humanitarian agencies, national and local level government institutions. A key factor is the CERF support through which a joint rapid needs assessment conducted that set the stage for coordination. Thereafter, the joint preparation of the CERF request also sustained the momentum.

Another very important factor to mention is that through the CERF support and the Government leading the coordination of emergency response, all humanitarian agencies have worked effectively together. For instance, the cash-for-work schemes and emergency food distribution were harmonized across Agencies such as UNDP, IOM, FAO and WFP ensuring that there was no duplication of support provided to beneficiaries. It also facilitated the specific and timely assistance provided to the most vulnerable population affected by the disasters. CERF funding helped strengthen coordination and partnership among key actors involved in restoration of water supply systems in Gakenke districts. These included the Ministry of Infrastructure, Rwanda Water and Sanitation Corporation, Gakenke District, UNICEF and World Vision.

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

All the process from the planning to implementation was characterised by a common goal: saving the lives of the victims. The timely and effective support to the disaster affected populations in Rwanda has set a good example and built trust in the UN system by the Government of Rwanda, MIDIMAR, District and a wider public. With the support from CERF, Gakenke District managed to recover from the disaster within a short time.

**V. LESSONS LEARNED**

**TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT**

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
The timeliness of the availability of CERF funds was critical in ensuring ability to respond rapidly to the needs of affected population by landslides in Gakenke district	Increase CERF funds corresponding to urgent needs for life-saving interventions	UN member states and CERF donors CERF secretariat

**TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS**

<b>Lessons learned</b>	<b>Suggestion for follow-up/improvement</b>	<b>Responsible entity</b>
The humanitarian response was well planned, coordinated and implemented under the leadership of MIDIMAR and the UN RC.	Maintain the existing structures and momentum for rapid response in humanitarian settings.	MIDIMAR, RCO, and UN Agencies
Very good cooperation between District Authorities, line Ministries, UN agencies and beneficiaries	Maintain the existing structures and momentum for rapid response in humanitarian settings.	MIDIMAR, RCO, and UN Agencies
CERF response increased the trust and collaboration with Government including Ministries, local authorities	Maintain and expand collaboration at all levels	RCO and UN Agencies
Effective coordination of partners was essential in ensuring the success of the response as well as collaboration and complementarity	Suggest to maintain the existing inter-sector and sectoral coordination system to facilitate effective communication, information sharing and planning by all partners.	MIDIMAR, RCO/ONE UN
Appreciation of Cash for Work as instrumental activities to build commitment and ownership by beneficiaries	Suggest to increase cash for work approach in humanitarian response programmes	MIDIMAR, RCO/ONE UN
To effectively achieve raising the resilience of beneficiaries in a sustainable way, longer term social protection measures should be part of the programme design	UN Agencies to support MIDIMAR and line Ministries in the establishment on longer term social protection programmes	MIDIMAR, RCO/ONE UN
As per the Government policy, Internally Displaced Populations (IDP) sites should be in use for the shortest time possible in order to minimize dependency. IDPs should be accommodated by host families until the emergency shelters are constructed.	Innovative strategy in CCCM (Camp Coordination, Camp Management) is required. CCCM should be based on the coordination and tracking the needs of IDPs in the host community.	UN agencies, in particularly, CCCM sector
Coordination with NGOs could have been improved (Shelter/NFI sector). For instance, we learned from that Sector authority that an NGO was providing tools for shelter rehabilitation.	Improved Sector Coordination Mechanism which includes Red Cross and NGOs active in respective area	UN agencies, particularly, Shelter/NFI sector

## VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	IOM		5. CERF grant period:	05/08/2016 - 04/02/2017		
2. CERF project code:	16-RR-IOM-029		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Shelter			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Provision of Emergency Shelter and NFI Support to Communities Affected by Floods and Landslides in Rwanda					
7. Funding	a. Total funding requirements <sup>2</sup> :	US\$ 2,500,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>3</sup> :	US\$ 1,050,780	▪ NGO partners and Red Cross/Crescent:			
	c. Amount received from CERF:	US\$ 1,000,780	▪ Government Partners:			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	1,724	1,528	3,252	2,554	2,099	4,653
Adults (≥ 18)	1,536	1,362	2,898	2,090	1,577	3,667
<b>Total</b>	<b>3,260</b>	<b>2,890</b>	<b>6,150</b>	<b>4,644</b>	<b>3,676</b>	<b>8,320</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs	6,150			6,920		
Host population						
Other affected people				1,400		

<sup>2</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>3</sup> This should include both funding received from CERF and from other donors.

<b>Total (same as in 8a)</b>	<b>6,150</b>	<b>8,320</b>
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	As per the request by the MIDIMAR and Local Government, we have increased the target by removing one activity (provision of family tents) and reduced the unit costs for one activity (NFI kits). A Reprogramming Request was submitted and approved by CERF in December 2016. As per the Reprogramming Request, we reached the target beneficiaries of 1,264 households in Gakenke. In the end, we reached more beneficiaries, an additional 1,400 children and 600 households in Ngororero District by using the balance saved from emergency shelter construction materials because we identified competitive suppliers who quoted a lower price compared to earlier estimates for items, such as iron sheets and cement, followed by the economies of scale as we purchased a huge volume of the materials. Ngororero District also experienced by the same floods and landslides on 7-9 May, but fewer people were affected compared to those in Gakenke.	

<b>CERF Result Framework</b>			
<b>9. Project objective</b>	To contribute to life-saving shelter and NFI support to extremely vulnerable families affected by floods and landslides that hit Rwanda on May 7-9th 2016		
<b>10. Outcome statement</b>	The immediate emergency needs of affected vulnerable populations through the provision of shelter and NFI support are met		
<b>11. Outputs</b>			
<b>Output 1</b>	100 households are provided with temporary shelter (family tents)		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of households provided with family tents	100 HH	0 HH
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Procurement and distribution of provisional shelters (family tents)	IOM	N/A
Activity 1.2	Installation of tents	IOM / District	N/A
<b>Output 2</b>	1,000 emergency shelters including sanitation facilities are constructed through the provision of shelter materials		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Number of households provided with shelter materials for the construction of emergency shelters	1000 HH	1864 HH
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Procurement and transportation of emergency shelter and sanitation facility materials	IOM	IOM
Activity 2.2	Distribution of emergency shelter and sanitation facility materials	IOM	IOM
Activity 2.3	Monitoring the shelter establishment process	IOM / MIDIMAR / District	IOM / MIDIMAR / District
<b>Output 3</b>	500 households have access to NFIs (basic hygiene items)		

Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of households provided with NFIs	500 HH	1264 HH
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Procurement of NFIs	IOM	IOM
Activity 3.2	Identification of the beneficiaries	IOM	IOM
Activity 3.3	Distribution of NFIs to the beneficiaries	IOM	IOM

**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 original planned target number of beneficiaries (6,150 persons) was exceeded by 35 percent, to 8,320 persons. Under the project, IOM intended to provide emergency assistance through (a) provision of 100 family tents to most vulnerable displaced families; (b) provision and distribution of temporary shelter materials to 1,000 households; (c) provision of financial support to Local Government in hiring skilled / unskilled labour and (d) provision of critical NFIs for 500 vulnerable displaced families. Through the Reprogramming Request in December 2016, IOM decided not to provide family tents and instead increase the number of beneficiaries as requested by MIDIMAR, Local Government (Gakenke District) and Gakenke District Management Committee. The target beneficiaries changed from 1,000 to 1,264 households in the ten most affected sectors, namely, Gakenke, Minazi, Mataba, Muzo, Bushenyi, Gashenyi, Rushashi, Karambo, Nemba and Janja Sectors. Also, it was decided to increase the number of NFI beneficiaries from 500 to 1,264 households by reducing the NFI package to only critical hygienic items (e.g. multi-purpose soap, jerrycans, plastic sheeting) but excluding kitchen sets. This decision was taken since more NGOs brought additional kitchen sets, and the district store remained with several kitchen sets after distributing to all the vulnerable displaced families. IOM reached out to the 1,264 households for shelter and NFI as per reprogramming request. Lastly, using a balance of CERF funds, IOM provided 2,400 iron sheets and 3,600 tubes for roofing to 11 schools (an estimated 1,400 children) affected by the same disaster, and 5,700 iron sheets (45 pieces per family) to 120 households or an estimated 600) to those whose houses were destroyed in Ngororero District caused by the same floods / landslides disaster in May 2016.

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

Accountability to Affected Populations (AAP) was ensured throughout the project implementation. The initial sector assessment included in-depth interviews at the different levels of beneficiaries, which includes MIDIMAR at the national level, Gakenke District and sectors at the field level, and beneficiaries at the community level. During the project development stage, at least four target sectors were visited by the project team to assess the situation, including the beneficiaries to observe the beneficiaries' situation, identify what their urgent concerns were and their priority needs to ensure the project was relevant to the people's needs and inclusive of beneficiaries in the project design. When conducting an interview, the project team interviewed both men and women, and whenever time allowed, boys and girls too for purposes of identifying gender- / age-specific concern and needs. During the implementation stage, regular field visit was held in all the ten sectors to confirm the arrival of the construction materials, their quality and quantity, and followed up with the suppliers to solve some small issues. Beneficiaries raised their minor complaints (for example, doors not closing properly, absence of locks) through the Sector land managers, however, joint visits to the beneficiaries with District and Sector leaders were often conducted to see if they received all the materials as per signed distribution list. MIDIMAR also conducted an independent assessment to the field and highlighted issues of concern if any. Monitoring beneficiaries in ten sectors was a challenge, but the project team tried to reach out to as many beneficiaries as possible to determine the progress on the ground and directly interview beneficiaries themselves rather than through local authorities.

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

EVALUATION CARRIED OUT

No evaluation was planned in the project proposal. However, in January 2017, an internal

EVALUATION PENDING



evaluation was carried out by IOM and Administrative Sectors to assess the relevance, effectiveness, efficiency, sustainability and impact of the shelter/NFI intervention. The project team conducted an interview with District Vice Mayor, Sector Executives, Sector Land Managers, Sector Social Affairs Officer, visited beneficiaries emergency shelters in six sectors. However, it was not a systematic evaluation.

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	UNFPA		<b>5. CERF grant period:</b>	15/07/2016 - 14/01/2017		
<b>2. CERF project code:</b>	16-RR-FPA-031		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Health			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Strengthening Maternal & Sexual and Reproductive health services in Gakenke district					
<b>7. Funding</b>	a. Total funding requirements <sup>4</sup> :	US\$ 350,000	d. CERF funds forwarded to implementing partners: <ul style="list-style-type: none"> <li>▪ <i>NGO partners and Red Cross/Crescent:</i></li> <li>▪ <i>Government Partners:</i></li> </ul>			
	b. Total funding received <sup>5</sup> :	US\$ 122,300				
	c. Amount received from CERF:	US\$ 107,300				
Beneficiaries						
<b>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).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	8,718		8,718	8,718		8,718
Adults (≥ 18)	8,132		8,132	8,132		8,132
<b>Total</b>	16,850		<b>16,850</b>	16,850		<b>16,850</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees						
IDPs	6,898		6,898			

<sup>4</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>5</sup> This should include both funding received from CERF and from other donors.

Host population	9,952	9,952
Other affected people		
<b>Total (same as in 8a)</b>	<b>16,850</b>	<b>16,850</b>
<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>		

CERF Result Framework			
<b>9. Project objective</b>	The purpose of this project is strengthening maternal, Sexual and Reproductive health services of the three health facilities in most affected sectors of Gakenke district.		
<b>10. Outcome statement</b>	Improved Critical and Lifesaving Reproductive, Maternal and Neonatal Health services in Gakenke district		
<b>11. Outputs</b>			
<b>Output 1</b>	Capacity of health facilities for provision of sexual and reproductive health services is strengthened		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Percentage of safe deliveries in Mataba, Nganzo and Minazi health centres	100%	Mataba: 100 % Minazi: 100 % Nganzo: 100 %
Indicator 1.2	Mataba maternity ward equipment and functional	1	1
Indicator 1.3	Number of dignity kits distributed to affected women and girls in reproductive age (pregnant women , breastfeeding mothers and others adolescent girls affected by disaster)	1500	820
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Procure dignity kits for women and girls in reproductive age affected by disaster	UNFPA	UNFPA
Activity 1.2	Distribute dignity kits to women and girls in reproductive age affected by disaster	UNFPA	UNFPA
Activity 1.3	Procure lifesaving maternal health and sexual and reproductive health commodities and equipment for Mataba, Minazi and Nganzo health centers	UNFPA	UNFPA
Activity 1.4	Distribute lifesaving maternal health and sexual and reproductive health commodities and equipment for Mataba, Minazi and Nganzo health centers	UNFPA	UNFPA

**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:**

As the project targeted vulnerable women and young girls in reproductive health age, the CERF funds were used to purchase critical reproductive health supplies and life-saving maternal and Sexual and reproductive health commodities including equipment and dignity kits. This has contributed to improving wellbeing of vulnerable women and girls affected by the by the disaster, in Gakenke District.

There is a discrepancy between the planned number of dignity kits and those procured. With the available budget it was not possible to procure all needed dignity kits while medical equipment and commodities had same priority due the insufficient funds. The budget for dignity kits was reduced and the quantity of dignity kits reduced at the same time.

As planned, this project has contributed to respond to the underfunded gaps for reproductive, maternal and neonatal health

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

The affected population and health facilities have been involved in implementation of this project. Especially during the initial assessment conducted after the landslides, the needs were identified together between the community representative from Gakenke district and the Joint UN team. The list of medical equipment and commodities was provided by the three health facilities from the 3 most affected administrative sectors of Gakenke. Regular monitoring field visits and meetings and discussions with District Authorities, sector authorities, health centers' staff and District hospital officers and some affected population were conducted.

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

EVALUATION CARRIED OUT

UNFPA has conducted regular monitoring with regular data collection, field visits and regular meetings to ensure all activities are being implemented according to the project document and women and girls of reproductive age affected by disaster receive maternal and SRH quality services.

EVALUATION PENDING

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	WFP		<b>5. CERF grant period:</b>	10/07/2016 - 09/01/2017		
<b>2. CERF project code:</b>	16-RR-WFP-043		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Food Aid			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Emergency food assistance to people affected by landslides and floods in Gakenke district, Rwanda					
<b>7. Funding</b>	a. Total funding requirements <sup>6</sup> :	US\$ 880,645	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>7</sup> :	US\$ 880,645	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 49,652	
	c. Amount received from CERF:	US\$ 880,645	▪ <i>Government Partners:</i>			
Beneficiaries						
<b>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).</b>						
<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 (&lt; 18)</i>	20,625	16,875	37,500	21,723	20,110	41,833
<i>Adults (≥ 18)</i>	6,875	5,625	12,500	5,250	10,502	15,752
<b>Total</b>	<b>27,500</b>	<b>22,500</b>	<b>50,000</b>	<b>26,973</b>	<b>30,612</b>	<b>57,585</b>
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>						
<i>IDPs</i>	6,030			6,030		
<i>Host population</i>	43,970			51,555		
<i>Other affected people</i>						
<b>Total (same as in 8a)</b>	<b>50,000</b>			<b>57,585</b>		
<i>In case of significant discrepancy between</i>	The actual number of beneficiaries reached was higher than planned as the number of					

<sup>6</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>7</sup> This should include both funding received from CERF and from other donors.

<i>planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	feeding days was reduced (from 38 to 30 per household) in order to cover needs of additional beneficiaries.
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<b>CERF Result Framework</b>			
<b>9. Project objective</b>	Address emergency food needs for 50,000 people affected by landslides and floods in Gakenke district, Northern Province, Rwanda.		
<b>10. Outcome statement</b>	Stabilized or improved food consumption over assistance period for targeted people.		
<b>11. Outputs</b>			
<b>Output 1</b>	Food distributed in sufficient quantity, quality and in a timely manner to targeted beneficiaries		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of women, men, boys and girls receiving food assistance as % planned	100% (50,000)	57,585 (115.2%)
Indicator 1.2	Quantity of food assistance distributed, as % of planned, to the targeted 50,000 beneficiaries	100% (2,545mt)	974.79 (100%)
Indicator 1.3	Quantity of supplementary food distributed, as % of planned, to the 1,322 children under five as well as 580 pregnant and lactating women	100% (34 mt)	0
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Procurement and distribution of three-month emergency rations to people affected by landslide and floods in Gakenke district and monitoring	WFP/World Vision	WFP/Rwanda Red Cross

<b>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:</b>
Supplementary feeding was in the original proposal but after review, it was deleted from the final document because the Global Acute Malnutrition (GAM) levels did not warrant it. And the referral system in place was sufficient to meet the nutritional needs of under-fives, pregnant and lactating women. Eventually, the funds were used to procure food commodities to serve more beneficiaries.
<b>13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:</b>
WFP established a help desk in each distribution site to enhance its accountability to and interaction with the beneficiaries. This was instrumental in providing solutions to problems raised by the beneficiaries. For example, in cases where a beneficiary was missing from the distribution list, WFP would refer to the verification desk to authenticate and possible inclusion to the beneficiary list.
The distributions were planned in consultation with the local authorities to determine the most appropriate sites for food distribution. Logistical assessments were also conducted to determine the appropriateness of the distribution sites, ensuring safe environment and accessibility of the trucks.
The beneficiaries were also informed about the time and place of food distributions and ration entitlements in regular meetings

with sector representatives. Ration entitlements were also presented in posters at distribution sites and in beneficiary registers. Rwanda Red Cross, the cooperating partner with a wide network of volunteers in every village, also helped disseminate information on food distributions.

Beneficiary prioritization was also taken into account based on the vulnerability type to enhance protection, accountability and responsibility. Pregnant and lactating women, disabled, sick, child headed families and elderly were given priority during distributions.

Care was also taken to establish distribution sites close to the villages of the beneficiaries to reduce the burden of travelling long distances to collect food and to mitigate any safety risks of reaching home late.

The scooping method was used during distributions. The calibrated scoops were first tested in the presence of local authorities before using them. WFP staff were always present to monitor food distribution and verification of beneficiary registers.

<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input type="checkbox"/>
Due to the short duration of the project, an evaluation was not planned nor carried out.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	FAO		<b>5. CERF grant period:</b>	09/08/2016 - 08/02/2017		
<b>2. CERF project code:</b>	16-RR-FAO-018		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Agriculture			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	FAO Safety Net Intervention Program in support of vulnerable landslides and floods affected households in Rwanda					
<b>7. Funding</b>	a. Total funding requirements <sup>8</sup> :	US\$ 3,139,800	d. CERF funds forwarded to implementing partners: <ul style="list-style-type: none"> <li>▪ <i>NGO partners and Red Cross/Crescent:</i></li> <li>▪ <i>Government Partners:</i></li> </ul>			
	b. Total funding received <sup>9</sup> :	US\$ 966,127				
	c. Amount received from CERF:	US\$ 941,127				
Beneficiaries						
<b>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).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	5,298	4,890	10,188	6,216	4,145	10,361
Adults (≥ 18)	7,947	7,335	15,282	9,324	6,217	15,541
<b>Total</b>	<b>13,245</b>	<b>12,225</b>	<b>25,470</b>	<b>15,540</b>	<b>10,362</b>	<b>25,902</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees						
IDPs	6,031		6,475			
Host population	19,439		19,427			
Other affected people						
<b>Total (same as in 8a)</b>	<b>25,470</b>		<b>25,902</b>			

<sup>8</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>9</sup> This should include both funding received from CERF and from other donors.

<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>	
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CERF Result Framework			
<b>9. Project objective</b>	Improving food and income security for small-scale farmers ( men, women, boys and girls) affected by floods and landslides in Northern Regions of Rwanda		
<b>10. Outcome statement</b>	Small scale farmers who lost livelihood assets and were internally displaced by flood and landslide disaster have recovered from these shocks		
<b>11. Outputs</b>			
<b>Output 1</b>	Opportunities created for vulnerable households who are engaged through cash for work rehabilitation work on croplands and protection of riparian river course areas over the next 3 months		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Targeted area on cultivated lands for construction of conservation terraces	7,376 Ha	319 ha on hillside and 93 ha on valley bottom
Indicator 1.2	Targeted farmers for cash for work wage payments (Representing one worker per target household)	4,317 persons	4,317 persons
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Identify and profile eligible household heads from affected families to receive cash payments	FAO/ MINAGRI	FAO/ MINAGRI /DISTRICT/SECTORS
Activity 1.2	Selection and demarcation of damaged crop lands spots to be rehabilitated along hill slopes and valley basins	FAO/MINAGRI	FAO/ MINAGRI /DISTRICT/SECTORS
Activity 1.3	Coordination and supervision of rehabilitation of terracing and crop land repair works and payments to beneficiaries	FAO/MINAGRI	FAO/ MINAGRI /DISTRICT/SECTORS
<b>Output 2</b>	Agricultural inputs distributed to vulnerable small scale farmers in affected communities to improve soil fertility, enhance recovery from the disaster by increased productivity and later income generated;		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Quantify, procure and distribute farming tools, DAP, UREA, Lime and crop (Irish potato, maize, beans and vegetables) seeds	100%	100%
Indicator 2.2	List of beneficiaries households	100%	100%
Indicator 2.3	Timeliness of distribution- Monthly	1	1
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Procure and distribute fertilizers, seeds	Service	FAO/MINAGRI



	and basic farm tools needed for two crop seasons.	provider/FAO/MINAGRI	
Activity 2.2	Land preparation and planting of targeted farms	FAO/MINAGRI	DISTRICT/SECTORS/FARMERS
Activity 2.3	Crop protection, harvesting and post-harvest management	FAO/MINAGRI	DISTRICT/SECTORS/FARMERS

**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:**

District extension services capacity strengthened in building resilience against climate changes issues through hands on trainings on climate smart agriculture technics. The district is composed of 19 sectors. The CERF funding helped focussing only on 3 sectors (Karambo, Gashenyi and Nemba), a visit was organised by the district between the supported and non-supported sectors to exchange on good practices and lessons learned. It is through this visit that the district extension services concluded and recommended the technics to be extended and scaled up to the entire district using the skills and experience acquired during the project implementation.

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

Thanks to CERF funding, FAO played a key role in advocating for the agriculture sector during the assessment and in the planning phase of the response. FAO was also present all meetings organised and ready to report on progress made so far. The know how that FAO transferred to both beneficiaries and extension services strengthened and empowered existing relations and trust between the population and officials. FAO worked closely with MINAGRI and District in seed selection to make sure that agriculture policy is respected but also to ensure the timely delivery of high-quality and nutritious seeds. FAO participated actively in the Steering and technical committee during the implementation process. The expertise in CFW and climate smart agriculture technics and a local technical staff that FAO availed timely enabled a good start that led to the highlighted achievements.

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

EVALUATION CARRIED OUT

During the project implementation FAO availed a technical staff to oversee and report on the project implementation progress as required. So, monitoring was part and parcel of the implementation process. An FAO communication consultant was also deployed to the project sites to document the project success and this may follow in another format. However, since it was a joint endeavour, a joint evaluation could also be foreseen under the coordination of ONE UN.

EVALUATION PENDING

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	UNDP		<b>5. CERF grant period:</b>	01/07/2016 - 31/12/2016		
<b>2. CERF project code:</b>	16-RR-UDP-008		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Early Recovery			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Restoration of critical community infrastructure and emergency off-farm livelihoods for landslides affected population in Gakenke District					
<b>7. Funding</b>	a. Total funding requirements <sup>10</sup> :	US\$ 2,543,488	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>11</sup> :	US\$ 832,135	▪ <i>NGO partners and Red Cross/Crescent:</i>			
	c. Amount received from CERF:	US\$ 728,135	▪ <i>Government Partners:</i> US\$ 680,500			
Beneficiaries						
<b>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).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	4,051	3,593	7,644	4,051	3,593	7,644
Adults (≥ 18)	3,916	3,473	7,389	4,203	5,087	9,290
<b>Total</b>	<b>7,967</b>	<b>7,066</b>	<b>15,033</b>	<b>8,254</b>	<b>8,680</b>	<b>16,934</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs	15,033			16,007		
Host population						
Other affected people				927		
<b>Total (same as in 8a)</b>	<b>15,033</b>			<b>16,934</b>		

<sup>10</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>11</sup> This should include both funding received from CERF and from other donors.

<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>	A total of 927 (427 females and 500 males) additional beneficiaries directly benefited from the project. They are categorized as “other affected people” as they were also affected by the disasters but not necessarily IDPs. These people are those whose house is partially damaged or whose crops or livestock were lost during the disaster. Due to availability of budget, these additional beneficiaries were assisted.
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<b>CERF Result Framework</b>			
<b>9. Project objective</b>	Enhancing early recovery of disaster-affected population in Gakenke District in a six-month timeframe.		
<b>10. Outcome statement</b>	Displaced and disaster-affected women, men and children have re-established access to basic services, markets, transportation and emergency humanitarian assistance and restored minimum financial capacity to avail of food requirements and basic services and needs through repair of damaged community bridges and provision of emergency livelihoods support		
<b>11. Outputs</b>			
<b>Output 1</b>	15,033 disaster-affected population (including other 190,000 District population ) have restored access to basic services, markets, transportation and emergency humanitarian assistance through the repair and emergency rehabilitation of damaged community bridges		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number and Percentage of population with access to basic community infrastructure i.e. bridges not covered by other sectors or clusters (Code: R13)	100% (15,033)	100% (205,033)
Indicator 1.2	Percentage of emergency humanitarian assistance delivery with access to the affected areas	100% (15,033)	100%
Indicator 1.3	Percentage of transportation utilities with access to and from the affected areas	100% (15,033)	100%
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Preparation of the design and rehabilitation plan of the community bridges	UNDP	UNDP, MIDIMAR, Reserve Force
Activity 1.2	Signing of MOUs with Implementing Partners and Sub-contractor and Transfer of Funds	UNDP, MIDIMAR	UNDP, MIDIMAR
Activity 1.3	Repair and rehabilitation (construction works) of the damaged bridges	UNDP, MIDIMAR, Reserve Force	MIDIMAR, Reserve Force
Activity 1.4	Coordination meetings and monitoring	UNDP, MIDIMAR	UNDP, MIDIMAR
Activity 1.5	Hand-over and opening of the community bridges for public use	UNDP, MIDIMAR, Reserve Force, District Authorities and Community	UNDP, MIDIMAR, Reserve Force, District Authorities and Community
<b>Output 2</b>	2,548 women and men provided with emergency off-farm livelihoods support through emergency start-up grants, cash-for-work and productive asset replacement		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Number and percentage of households in need of income support (Code: R5)	80%	106.17%
Indicator 2.2	Number and percentage of households with no income sources provided with income support,	60%	106.17%

	either through transfer cash grants or generation of income (Code: R6)		
Indicator 2.3	Number and percentage of households with no livelihoods assets (Code: R7)	60%	100% (300)
Indicator 2.4	Percentage of economically active workforce that is employed on a short-term temporary basis (Code: R8)	80%	484% (7,268)
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Identification, selection, screening and validation of beneficiaries for the emergency livelihoods	UNDP, MIDIMAR, District Authorities	MIDIMAR, District Authorities
Activity 2.2	Orientation, briefing and basic financial management seminar to beneficiaries	UNDP, MIDIMAR, District Authorities	MIDIMAR, District Authorities
Activity 2.3	Provision of emergency start-up cash grants	UNDP, MIDIMAR, District Authorities	UNDP, MIDIMAR, District Authorities
Activity 2.4	Coordination with Implementing Partners and Sub-contractors of the repair of community bridges to determine total required labor for the cash-for-work scheme	UNDP, MIDIMAR, District Authorities	MIDIMAR, District Authorities
Activity 2.5	Deployment of beneficiaries of the cash-for-work schemes and payment of labor cost after every 15 days of work rendered	UNDP, MIDIMAR, District Authorities	MIDIMAR, District Authorities
Activity 2.6	Provision of replacement productive assets to beneficiaries	UNDP, MIDIMAR, District Authorities	MIDIMAR, District Authorities
Activity 2.7	Coordination meetings and monitoring	UNDP, MIDIMAR, District Authorities	UNDP, MIDIMAR, District Authorities

**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:**

There has been no discrepancy between the project's planned and actual outcomes and activities. The outcomes were achieved as planned and targeted and the activities were implemented as planned. The only significant discrepancy is in the project outputs and the discrepancy is favourable as the number of actual beneficiaries of the emergency livelihoods assistance (7,268) have increased by about 5 times from what was planned (1,500). This increase in the number of beneficiaries reached is attributable to the budget available. This is specifically pertaining to the planned budget for cash-for-work which is Rwf 2,500 per day of work. But to harmonize the rate for paid labour (based on the prevailing practice in the District), the rate per day was reduced to Rwf 1,000. In addition, the Government recommended and eventually decided to allow each beneficiary 15 days of work instead of 30 work days. These therefore allowed the project to cover more beneficiaries.

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

The accountability to affected populations (AAP) has been ensured through the project cycle – from project design and formulation to implementation and monitoring. It has been done by ensuring that the landslides and floods affected population were involved in the consultation process. Primarily during the rapid and post disaster needs assessment phase where the affected populations were involved. They provided first-hand information on the impacts and effects, losses and damages caused by the disaster to their houses, assets and livelihoods. Forming part of the rapid assessment undertaken by the early recovery cluster is to consult the affected population on their needs and assistance required to enable them to rebuild back better and address their emergency needs. The consultations also extended to the District and sector authorities and village

leaders. This process ensured that the early recovery interventions identified in the project came as part of the proposed solutions identified by the affected populations. During the implementation phase, the District and Sector authorities as well as the disaster-affected population were also provided with the information about the project and the active participation and ownership required of them to ensure effective and efficient implementation. Consultations and information-sharing with the affected population about the ongoing rehabilitation of the damaged community bridges including information about the emergency livelihoods support to be provided in the form of cash-for-work, emergency cash grants and replacement of productive assets were all shared to the affected population. This made them aware of their stake and required participation in the implementation of different activities. Specifically, for instance, for the replacement of damaged productive assets and the emergency cash grants, the identified beneficiaries were asked to propose a business plan detailing how they intend to utilize and invest the cash grant to enable them to earn income and re-establish their loss livelihoods. Finally, in monitoring, a number of affected population were directly involved and there was also a complaints or feedback mechanism put in place where affected population can air their concerns e.g. request to be included in the list of local work force or labour for the cash-for-work activities.

<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input type="checkbox"/>
The project evaluation is expected to be finalized by around mid-year 2017. The evaluation is set to be conducted after all the activities have been concluded.	EVALUATION PENDING <input checked="" type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	WHO		<b>5. CERF grant period:</b>	20/06/2016 - 19/12/2016		
<b>2. CERF project code:</b>	16-RR-WHO-032		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Health			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Health emergency response to population affected by landslides and floods					
<b>7. Funding</b>	a. Total funding requirements <sup>12</sup> :	US\$ 175,725	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>13</sup> :	US\$ 113,162	▪ <i>NGO partners and Red Cross/Crescent:</i>			
	c. Amount received from CERF:	US\$ 113,162	▪ <i>Government Partners:</i>			
Beneficiaries						
<b>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).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	3,518	3,367	6,885	5,212	4,988	10,200
Adults (≥ 18)	3,380	3,235	6,615	5,007	4,793	9,800
<b>Total</b>	<b>6,898</b>	<b>6,602</b>	<b>13,500</b>	<b>10,219</b>	<b>9,781</b>	<b>20,000</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs	13,500			13,500		
Host population				6,500		
Other affected people						
<b>Total (same as in 8a)</b>	<b>13,500</b>			<b>20,000</b>		

<sup>12</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>13</sup> This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	As mentioned above the population displaced preferred to be hosted by the neighbours. Because of overcrowding and precarious living conditions following additional people hosted, the morbidity was increased and the capacity of access to health services reduced in the host families. Therefore this CERF support permit to address this critical health situation not only of homeless people but also of the host community.
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<b>CERF Result Framework</b>			
<b>9. Project objective</b>	To ensure that quality, lifesaving primary health preventive and curative services are available and accessible.		
<b>10. Outcome statement</b>	The population affected by landslides will have equitable access to the quality health care and excess of mortality and morbidity especially among women and children, will be reduced.		
<b>11. Outputs</b>			
<b>Output 1</b>	Provided quality health preventive and curative care services		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of health facilities in the most affected area equipped with adequate medicines, supplies and equipment	100%	100% The two hospital of the district received each one IEHK and DDK
Indicator 1.2	Number of vulnerable people affected by the disasters who accessed to the quality health care services	100%	100% The affected population received freely health services during the 6 month of emergency
Indicator 1.3	Number of supportive supervision of nutrition services conducted and report produced	100%	100% The recruited public health officer conducted 5 supportive supervision and met the management team of hospital particularly to strengthen alert and response capacity to epidemic s.
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Procure and deliver IEHK and DDK kits to Gakenke district in the health facilities located in the most affected sectors and district hospitals.	WHO/MOH	WHO
Activity 1.2	Ensure the distribution of the emergency kits and equipment	WHO/MOH	WHO/MOH
Activity 1.3	Conduct field visit to monitor and supervise nutrition services to ensure the strengthening of nutrition surveillance in the districts affected	WHO/MOH	WHO/MOH
<b>Output 2</b>	Project monitoring and reporting		
<b>Output 2</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>

Indicators			
Indicator 2.1	Number of overall supervision with report	5	5
Indicator 2.2	Number of monitoring reports produced	3	3
Indicator 2.3	Project implementation report developed and shared	1	1
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Undertaken regular field visit to Gakenke, Ngororero and Muhanga districts for supervision	WHO	WHO (CERF response addressed health emergency need of the most affected Gakenke district only)
Activity 2.2	Participate in the stakeholder's coordination meeting at central and field levels	WHO	WHO (all meeting attended: the WHO Representative attended one coordination meeting at district levels, and the public health officer attended all)
Activity 2.3	Ensure regular monitoring and evaluation of the project	WHO	WHO (by the public health officer)
Activity 2.4	Produce and share the report at the end of the project	WHO	WHO (Public health officer and DPC reported the outcome of the project to WHO representative)

**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:**

N/A

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

The health needs assessment was jointly conducted by WHO and UNFPA under the coordination of UNDP/ MIDIMAR and Gakenke District, then the assessment report was communicated and approved by MIDIMAR and respective head of agencies involved in health sector.

During planning and implementation process, WHO worked closely with the MOH (Clinical Services Division and Epidemic surveillance and Response Division of MOH at central level), and Gakenke Vice Major in charge of health and social affairs and the Directors of the two hospitals Nemba and Ruli of Gakenke district at decentralized level, to ensure the provision of quality services including the health interventions supported by CERF funds. The updates, achievements and challenges were regularly reported and monitored through the coordination meetings chaired jointly by MIDIMAR and UNDP at central level and by District Gakenke at peripheral level.

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

EVALUATION CARRIED OUT

WHO conducts regular periodic monitoring of its targets and impact. Development of the report about project implementation is still ongoing (joint evaluation awaited under coordination of RC)

EVALUATION PENDING

NO EVALUATION PLANNED



**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	UNICEF		<b>5. CERF grant period:</b>	28/07/2016 - 27/01/2017		
<b>2. CERF project code:</b>	16-RR-CEF-081		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Water, Sanitation and Hygiene			<input type="checkbox"/> Concluded		
<b>4. Project title:</b>	Rehabilitation of Water Supply Infrastructure Damaged by Landslides in Gakenke District					
<b>7. Funding</b>	a. Total funding requirements <sup>14</sup> :	US\$ 700,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>15</sup> :	US\$ 641,459	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 418,500	
	c. Amount received from CERF:	US\$ 447,795	▪ <i>Government Partners:</i>			
Beneficiaries						
<b>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).</b>						
<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 (&lt; 18)</i>	7,632	6,768	14,400	6,625	5,875	12,500
<i>Adults (≥ 18)</i>	7,488	8,112	15,600	6,625	5,875	12,500
<b>Total</b>	<b>15,120</b>	<b>14,880</b>	<b>30,000</b>	<b>13,250</b>	<b>11,750</b>	<b>25,000</b>
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>		<i>Number of people (Reached)</i>			
<i>Refugees</i>						
<i>IDPs</i>	6,150					
<i>Host population</i>	23,850		25,000			
<i>Other affected people</i>						
<b>Total (same as in 8a)</b>	<b>30,000</b>		<b>25,000</b>			

<sup>14</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>15</sup> This should include both funding received from CERF and from other donors.

<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>	Out of the total targeted water supply systems, one water supply system was rehabilitated by other partners prior to the commencement of this project. This contributed to a decrease in the number of target water supply systems from 23 to 22 and resulted in the reduction in the number of estimated beneficiaries from 30,000 to 25,000.
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<b>CERF Result Framework</b>			
<b>9. Project objective</b>	To reduce the risk of water-borne diseases among the people affected by the landslide of May 2016 in Gakenke District through improvements in availability of safe water supply.		
<b>10. Outcome statement</b>	Estimated 30,000 children, women and men living in landslides affected area of Gakenke district are provided access to sufficient quantity of safe water and reliable water supply		
<b>11. Outputs</b>			
<b>Output 1</b>	23 water supply system damaged by landslides in Gakenke District are rehabilitated		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of water supply systems which are fully restored/rehabilitated	23	22
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Detailed assessments and preparation of designs, specification and bills of quantities	UNICEF and World Vision	UNICEF and World Vision with inputs from, Rwanda Water and Sanitation Corporation (WASAC) and Gakenke District
Activity 1.2	Launch of tenders, tender adjudication and contract award	UNICEF and World Vision	UNICEF and World Vision
Activity 1.3	Rehabilitation of water supply systems	UNICEF and World Vision	UNICEF, World Vision, WASAC and the District

**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 funds were used to support restoration of 22 damaged water supply system, including rehabilitation of over 62 kilometres of the pipeline; 24 water tanks of storage capacity ranging from 5,000 to 50,000 litres; 118 water points; and 33 water sources. This has resulted in provision of improved and reliable water supply to target communities (estimated 25,000 beneficiaries) thus contributing to reduced risk of WASH-related diseases. The actual number of water supply systems rehabilitated (22) is less than the planned (23) as one of the target water supply systems was rehabilitated by other partners prior to start of works on this project. This also contributed to a decrease in the number of estimated beneficiaries from 30,000 to 25,000. Given that the scope of the work was fully realized after the underground infrastructure (e.g. pipes) were decommissioned, the rehabilitation of old infrastructure was more than the estimated budget. Consequently, UNICEF and World Vision contributed \$73,527 and \$120,137, respectively, of their own funds, to ensure completion of the work.

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design,**

**implementation and monitoring:**

The affected population and the private water operator in Gakenke district were engaged in initial assessment as well as during the implementation. The affected population were given priority for employment on the project while the private water operator was engaged in the daily follow up of the rehabilitation works to ensure effective long-term operation and maintenance of the rehabilitated systems.

**14. Evaluation: Has this project been evaluated or is an evaluation pending?**EVALUATION CARRIED OUT 

No evaluation for the project was planned. However, UNICEF and World Vision staff, together with technicians from WASAC, conducted regular monitoring visits to the project site. In addition, third-party monitoring was also used to ensure quality of the works.

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\$
16-RR-CEF-081	Water, Sanitation and Hygiene	UNICEF	INGO	\$418,500
16-RR-WFP-043	Food Assistance	WFP	RedC	\$49,652
16-RR-UDP-008	Early Recovery	UNDP	GOV	\$680,500

## ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAR	After Action Review
CCCM	Camp Coordination and Camp Management
DDK	diarrhoea diseases kit
DfID	Department for International Development of the United Kingdom Government
EICV	Integrated Household Living Conditions Survey
FAO	Food and Agriculture Organization
FGD	Focus Group Discussion
HH	Household
IDP	Internally Displaced Person
IDSR	Saving and Credit Cooperative
IEHK	interagency emergency health kit
IOM	International Organization for Migration
MIDIMAR	Ministry of Disaster Management and Refugee Affairs
MINEDUC	Ministry of Education
MININFRA	Ministry of Infrastructure
MINSANTE	Ministry of Health
MoH	Ministry of Health
NFI	Non Food Item
NGO	Non Governmental Organization
NPDRR	National Platform for Disaster Risk Reduction
RC/HC	Resident Coordinator and Humanitarian Coordinator
RCO	Resident Coordinator's Office
SACCO	Saving and Credit Cooperative
SGBV	Sexual and/or Gender-Based Violence
SRH	sexual and reproductive health
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nation Children's Fund
USAID	United States Agency for International Development
WASAC	Rwanda Water and Sanitation Corporation
WASH	Water Sanitation and Hygiene
WFP	World Food Programme