United Nations CERF Central Emergency Response Fund

RESIDENT / HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS UNITED REPUBLIC OF TANZANIA UNDERFUNDED EMERGENCIES ROUND 1 2016

RESIDENT/HUMANITARIAN COORDINATOR	**Alvaro Rodriguez**

REPORTING PROCESS AND CONSULTATION SUMMARY

Tip! Prepare this section as the last part of the reporting process.

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

The AAR was held in conjunction with the Refugee Coordination meeting in Dar es Salaam on the 9th February 2017. The participants included: UNHCR, IOM, UNICEF, WFP, Save the Children, MSF, Oxfam, TWESA, NRC, DRC, CEMEDO, RESEO, TRCS, Water Mission, Asylum Access, ADRA, ICRC, Plan International.

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 was prepared by the sector coordinators, in consultation with participating agencies and partners.

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 report was shared with the implementing partners to the Refugee Response operations, goving them an opportunity to provide input to the final draft.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)		
Total amount required for the humanitarian response: 176,601,614		
Breakdown of total response funding received by source	**Source**	**Amount**
	CERF	10,994,664
	COUNTRY-BASED POOL FUND (*if applicable*)	
	OTHER (bilateral/multilateral)	96,273,961
	TOTAL	**107,268,625**

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$)			
Allocation 1 – date of official submission: 12/02/2016			
Agency	**Project code**	**Cluster/Sector**	**Amount**
IOM	16-UF-IOM-004	Common Logistics	999,997
UN Women	16-UF-WOM-001	Protection	400,000
UNFPA	16-UF-FPA-005	Protection	499,993
UNFPA	16-UF-FPA-004	Health	204,411
UNHCR	16-UF-HCR-005	Shelter	2,000,000
UNHCR	16-UF-HCR-004	Protection	1,150,000
UNHCR	16-UF-HCR-006	Water, Sanitation and Hygiene	1,500,000
UNICEF	16-UF-CEF-010	Water, Sanitation and Hygiene	849,999
UNICEF	16-UF-CEF-009	Protection	400,000
UNICEF	16-UF-CEF-008	Health	490,264
WFP	16-UF-WFP-002	Food Aid	2,000,000
WHO	16-UF-WHO-004	Health	500,000
TOTAL			**10,994,664**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Type of implementation modality	**Amount**
Direct UN agencies/IOM implementation	8,591,679
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	2,392,379
Funds forwarded to government partners	10,606
TOTAL	**10,994,664**

HUMANITARIAN NEEDS

Since the beginning of the refugee influx in April 2015, some more than 240,000 people have fled to Tanzania, making Tanzania the largest host of Burundian refugees in the region (refugee arrival number from 5th March 2017). A total of 303,139 persons of concern, refugees and asylum-seekers, mainly from Burundi (234,578 people) and the Democratic Republic of Congo (DRC) (68,354 people), are hosted in Tanzania. In 2016, all new arrivals from Burundi were granted *prima facie* refugee status, however, from 20 January 2017, the Government of Tanzania lifted the universal refugee status recognition for Burundians. Prior to the current influx of Burundian refugees, Tanzania had one refugee camp remaining – Nyarugusu camp – which was established in 1996 and primarily hosted Congolese refugees (approximately 60,000 people). Nyarugusu was quickly congested, exceeding the maximum carrying capacity with negative consequences on living conditions, dignity, and protection of refugees. It further exacerbated tensions between the pre-influx refugee population and the new arrivals from Burundi. Insufficient space and shelters, lack of NFIs, poor WASH conditions and insufficient learning and play spaces for children, created great psychological distress. Two former refugee camps were re-opened – Mtendeli and Nduta camps in Kakonko and Kibondo districts, respectively, to decongest Nyarugusu and host the on-going newly arriving persons. Until the end of the year, Nduta camp received 85,045 refugees which is also beyond the initially planned capacity of 55,000 persons. At the moment of writing this report, Nduta camp counts 119,042 refugees. Mtendeli camp hosted 50,736 refugees at the end of December 2016, which is the maximum capacity based on water availability. Discussions are on-going with the Government of Tanzania regarding the provision of additional land to accommodate the continuing influx of new arrivals from Burundi and DRC. The initially planned Karago camp proved not to be suitable to host people due to unavailability of water.

Due to the large number of newly arriving refugees in 2016, the humanitarian needs of persons of concerns were immense, covering needs of protection, food aid, health and nutrition, education, shelter and non-food items, WASH and logistics. The arrival of the large group of refugees increased pressure on already challenged host communities. Lack of alternative cooking fules led to deforestation of the areas around Nyarugusu and tension between the host community and refugees increased. Due to the encampment policy, refugees arriving in Tanzania are entirely dependent on food assistance. The basic needs and essential services such as health, education and water became overwhelmed. Lack of proper school infrastructure (classrooms, water, sanitation and child Friendly Spaces (CFS) facilities), classes were conducted under the trees and during rainy days schools were closed. Shortage of classrooms was partly due to government policy focusing on permanent infrastructure in camps, but also due to a lack of available funds to keep up with the influx of newly arriving refugees.

In addition to the humanitarian situation directly related to the refugee influx, Tanzania has also been battling a massive cholera outbreak that started in August 2015. The outbreak affected 28 of the country's 30 regions. To date 25,095 cases have been registered and over 389 deaths in country. Reports indicated that continued cholera transmission is largely due to continued water contamination, weak water, sanitation and hygiene infrastructures, and the limited ability to sustain prevention and treatment services within the public health system. As of 20 January 2016, total of 551 cholera cases (52% males, 48% females) and 14 deaths had been reported in the communities hosting the refugees in Kigoma District, Kigoma Municipal and Uvinza District since August 2015. However, no cases had been reported among the refugees population.

II. FOCUS AREAS AND PRIORITIZATION

Protection, Shelter and NFI, Health, WASH, Food sector, Transportation and Cholera response were the focus areas for this CERF project. Particular attention was given to vulnerable groups, among them individuals with special needs as identified (persons with disabilities/chronically ill, elderly and elderly taking care of children, persons living with HIV/AIDS, separated children and unaccompanied minors), women and girls. The CERF priorities included establishment of water supply and sanitation and hygiene facilities in the new sites targeting an estimated 60,000 refugees in Nduta and Mtendeli. The outcome of joint assessment carried out by UNHCR and its partners on the viable options for supplying potable water to the refugee population was through accessing underground sources. Additionally, the WASH infrastructure in all three camps needs continuous maintenance, and gradual upgrading with proper designs beyond the current emergency modalities to ensure that WASH facilities meet the minimum SPHERE standards. While the construction of transitional shelters continues, the work to replace the emergency communal latrines and showers with household latrines needs to be undertaken simultaneously to ensure that all transitional shelters are equipped with household latrines. In line with the shelter strategy, this ensures the population to be safe from public health risks or epidemics related to poor sanitary facilities. In addition, it showed that individual household latrines are also an important measure to reduce risk of SGBV incidents in the camps. WASH interventions were further planned to target schools and child friendly spaces (CFS) in the refugee camps with an overall aim to enhance safe learning environment and curtail risks of disease outbreak and deaths amongst children and adults through provision of water supply, sanitation and hygiene services in schools and CFS.

It involved construction of semi-permanent and permanent installation of handwashing facilities and provision of waste water drainages; installation of water storage tank; and hygiene education/promotion in schools to sustain safe and clean learning environment. A rapid school WASH assessment was conducted in early 2016 and the findings were incorporated into the project. Insufficient number of latrines found to be far below recommended national interim standards of 1:40 for girls and 1:50 for boys and as well as below SPHERE minimum standards. In Nyarugusu the ratio was 1:148; Nduta 1:682 and Mtendeli was 1:394. Some 274 out of 480 latrines in all camps were full and needed decommissioning or desludging. Poor cleanliness of latrines, average of 37.5% latrines were found clean in all schools, an indication of poor hygiene education/promotion. Further challenges were identified in lack of waste management facilities in all schools and CFS, and insufficient number of water points for drinking water per school. Absence of hygiene promotion/education, which includes formation of child-to-child facilitators and hygiene clubs; absence of enough information, education and communication (IEC) materials in schools led to low hygiene knowledge among children attending school and CFS.

Further, it was imperative to continue supporting the construction of emergency and transitional shelter to ensure adequate shelter in the refugee camps in North-western Tanzania. The CERF project included the distribution of 500 family tents to vulnerable families and shelter kits to 10,000 families and to improve the physical security and reducing the risk of SGBV by moving people from communal shelters. Provision of Emergency Core Relief Items to 2,000 new families, was another element of the project. The shelter need remained even though emergency shelters were set up and construction of more durable shelters solutions started. The shift to transitional shelters made from mud bricks and corrugated iron sheets for roofing was done as emergency shelters such as tents and tarpaulin constructions are not a longer-term option. UN agencies are working with partners, ensuring that construction is community driven and refugee participation is maximized. Although the relocation of refugees from Nyarugusu to a new camp site was halted, Nduta camp must absorb all the newly arriving refugees.

One key interventions area was to ensure prevention and response to SGBV through multiple entry points, including: ensure greater monitoring from the border entry points to the camps, reduced firewood collection through provision of fuel efficient stoves. Safety during collection of firewood remains a key challenge and provision of fuel efficient stoves reduces this threat and is part of the wider prevention strategy to reduce incidents of GBV during firewood collection. The plan was for provision of 5,000 solar lamps, 100 solar street lights, 5 community based projects in the host communities; establishment of community support groups, safe centers, referral mechanism and provision of counseling to victims through provision of psychosocial experts in three camps; support to interagency and multi-sectoral programme delivery on women's rights and empowerment, including prevention and response to SGBV; development of safe centers and women support groups and promote and develop referral mechanicals for victims. However due to the increasing number of persons of concern and the associated risk of SGBV incidents, UNHCR re-focused on the procurement of solar lanterns as well as provided material support in the form of additional emergency tents to provide dignified space for women-headed households. The initially planned street lights to be funded by CERF were implemented through a partner. To ensure that survivors of rape and SGBV receive treatment within 72 hours it was planned through CERF to procure and sustain availability of inter-agency emergency reproductive health kits.

Due to the encampment policy, transportation services had to be provided for all arriving refugees. Approximately 30,000 refugees with their belongings were transported to the camps and transit centers in a safe and dignified manner, ensuring that medical checks are undertaken and that necessary information messages are provided. There were no changes to the original plan to transport every asylum-seeker, and to prioritize vulnerable persons by taking them in light vehicles where needed and avoiding long waits for them to board the vehicles. Where the fit-to-travel checks found people to be too unwell to travel, they were referred for medical treatment.

To reduce the spread of diseases it was agreed to undertake immunization campaigns to 12,000 refugee children under 2 years and all children under five newly arriving to the camp. The target was also for detection and treatment of 2,000 children under five with severe acute malnutrition and to provide medical supplies to support treatment of complicated malaria cases. Due to the identified gaps in maternal and newborn health it was agreed to provide training and supply for emergency treatment for sick newborns and essential neonatal care as well as support reproductive and maternal health services by: providing lifesaving emergency reproductive health kits and establish referral mechanism by leasing two ambulances.

As the encampment policy limits the possibilities for livelihoods for the refugees the CERF also targeted the provision of food to 120,000 refugees (and up to 170,000 with new arrivals during the implementation period) through General Food Distribution (GFD) and wet feeding (hot meals) to new arrivals to meet the minimum recommendation of 2,100 kilo calories per day. The project would also provide 48,000 beneficiaries with supplementary feeding for the treatment of moderate acute malnutrition and prevention of malnutrition, as well as, food for hospitalized patients.

For the prevention and response to the cholera outbreak, 8 districts from 5 regions were selected for the CERF underfunded response project based on limited household access to safe water and sanitation facilities. These regions are Mara, Dodoma, Iringa, Morogoro, and Mwanza. The eight hot spot districts selected from these high priority regions based on number of incident cholera cases occurring within the last 14 days, and the potential for continued future outbreak are Dodoma MC, Iringa DC, Musoma MC, Musoma DC, Morogoro MC, Ulanga, Ilemela and Ukerewe.

These regions/districts are mostly located around the major lakes, and the inhabitants are mostly fishermen whose native cultures and traditions harbour myths and misconceptions that are inimical to safe hygiene practices. Transmission of cholera which remains elusive to response efforts has continued to be a huge challenge in these regions. It was therefore realized that focusing on a package of interventions in few hotspot regions and districts that were producing the highest number of cases, had the potential to roll back the cholera outbreak. The CERF underfunded project therefore proposed interventions that deal with the root causes of the outbreak in these areas. Limited access to safe water and sanitation was identified as the most important factor for the outbreak in Tanzania.

III. CERF PROCESS

This CERF grant is providing funds to activities which are part of the Burundi Regional Refugee Response Plan (Burundi RRRP) and which are also prioritised activities discussed with the Government of Tanzania. With the continuation of the outflow of Burundian refugees, local, national and international coordination structures are used and strengthened. The support to the Government of Tanzania is essential to ensure that the needs of persons of concern are properly addressed and refugees are able to live in dignity and have access to basic services.

Under the Refugee Coordination Model (RCM), UNHCR leads and coordinates the response to the Burundi refugee emergency, whereas technical meetings are organised per sector at the local level and also at Dar es Salaam level. More than 30 organisations are actively part of the RRRP with many national NGOs as partners.

In development of the CERF prioritization strategy, sectors were requested to propose areas for priority intervention under the CERF allocation based on: current gaps in the humanitarian response and information available from needs assessment. The proposals submitted were reviewed by the Refugee working group and final endorsement was done by Heads of Agencies involved in the refugee response.

Three priority areas of interventions were identified early on: action to reduce SGBV and support to victims; water sanitation and hygiene for new camp sites to ensure that they can be operational to support the decongestion of Nyarugusu and receive new arrivals; identify alternative sources of fuel to reduce deforestation and the risk women are exposed to when collecting firewood. These interventions were allocated the full amount requested before prioritizing among the remaining interventions proposed based on funding available to implement and ensuring that the allocations would be large enough to make a difference. All interventions are included in the Refugee Response Plan for 2016 and have been identified as important.

The selection of cholera hotspots is guided by the available surveillance data and assessment reports. Assessments and water quality surveys revealed that the source of the outbreak was contaminated water from shallow wells, deep wells and tap water, as Vibrio cholerae has been isolated from all these water sources, which are used for consumption by the population. The findings demonstrate that the continued cholera transmission among rural communities is largely due to uninterrupted water contamination, poor water and sanitation infrastructure, and limited ability to sustain prevention and treatment services within the public health system. Assessments of epidemiological trends of the outbreak, vi-a-vis household's access to safe water and improved latrines led to the selection of eight priority districts for CERF-Underfunded.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR[1]									
Total number of individuals affected by the crisis: 204,102[1]									
Cluster/Sector	**Female**			**Male**			**Total**		
	Girls (< 18)	**Women** (≥ 18)	**Total**	**Boys** (< 18)	**Men** (≥ 18)	**Total**	**Children** (< 18)	**Adults** (≥ 18)	**Total**
Common Logistics	8,436	6,154	**14,590**	8,731	6,677	**15,408**	17,167	12,831	**29,998**
Food Aid	57,559	45,441	**103,000**	54,530	44,432	**98,962**	112,089	89,873	**201,962**
Health	57,976	42,290	**100,266**	60,005	45,885	**105,890**	117,981	88,175	**206,156**
Protection	62,616	42,096	**104,712**	64,803	45,587	**110,390**	127,419	87,683	**215,102**
Shelter	37,055	26,991	**64,046**	38,358	29,242	**67,600**	75,413	56,233	**131,646**
Water, Sanitation and Hygiene	68,374	52,342	**120,716**	69,965	55,421	**125,386**	138,339	107,763	**246,102**
Health – Cholera Response[2]	164,545	157,928	**322,473**	163,781	169,125	**332,907**	328,326	327,054	**655,380**

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

BENEFICIARY ESTIMATION

Beneficiaries for WASH activities covered through this CERF grant are all refugees from the three camps (Nyarugusu, Nduta and Mtendeli). While only some of them have benefitted directly from new sanitation facilities such as household latrines, all refugees have benefitted through the upgrading, maintaining and repair of the water supply system also covered through this project. The number of beneficiaries in the initial project was in relation to the number of refugees, however, the continuous influx of newly arriving refugees from Burundi made that the total figure of direct beneficiaries is much higher than the initially planned number. As the reporting period ended on 31st December 2016, UNHCR worked with the biometrically registered number of refugees who arrived in Tanzania post April 2015 crisis in Burundi, which is 204,102 persons. The total number of refugees living in the three camps in North-Western Tanzania at the end of 2016 was 267,769 people, which included the Congolese refugees (as well as a few from other countries) that were registered before the Burundi Situation. While Congolese refugees have also benefitted through the general maintenance, repair and upgrading of the water supply system in Nyarugusu camp, they are not part of the Burundi Situation and therefore not counted in the total number affected by the crisis. To avoid double-counting of refugees, UNICEF and UNHCR decided to follow through with the UNHCR figure for the refugees and have added the 42,000 people in the host population UNICEF reached through its project activities.

[1] Total number of Burubndian refuees in the refporting periood, not including host populations or those affected by the Cholera outbreak.

[2] As the funds allocated for the cholera response was not directly linked to the overall refugee reposponse the number of benificiaries differed grately and these numbers are not used to indicate the total target group nor direct benificiaires reached in Table 5.

Beneficiaries for Protection activities covered through this CERF grant are 204,102 refugees from the three camps (Nyarugusu, Nduta and Mtendeli) and 11,000 people from host communities were reached as well. The total number of post-April 2015 refugees is used, as for example all SGBV services are benefitting the entire camp populations. The refugees who lived in Nyarugusu camp prior to the start of the Burundi Situation (mainly refugees from DRC) were not calculated as direct beneficiaries in this project.

Beneficiaries for Shelter/NFI activities covered through this CERF grant were 131,646 refugees from the three camps (Nyarugusu, Nduta and Mtendeli). While all newly arriving refugees received NFI assistance, unfortunately not all received immediate shelter assistance. We calculated the direct beneficiary number with the people reached through the NFI distribution only. The number of beneficiaries in the initial project was also in relation to the number of refugees UNHCR anticipated at the moment of proposal writing, however, the continuous influx of newly arriving refugees from Burundi made that the total figure of direct beneficiaries was much higher than the initially planned number.

For the Cholera response, beneficiary estimation was based on actual number of cholera patients admitted and treated at the Cholera Treatment Centres (CTC), the number of people served by the 20 boreholes and 200 VIP Toilets provided by WHO in the eight hotspot districts, and assessments of the number of households reached by social mobilisation messages and chlorine tablets distribution.

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING[2]

	Children (< 18)	**Adults** (≥ 18)	**Total**
Female	68,374	52,342	120,716
Male	69,965	55,421	125,386
Total individuals (Female and male)	**138,339**	**107,763**	**246,102**

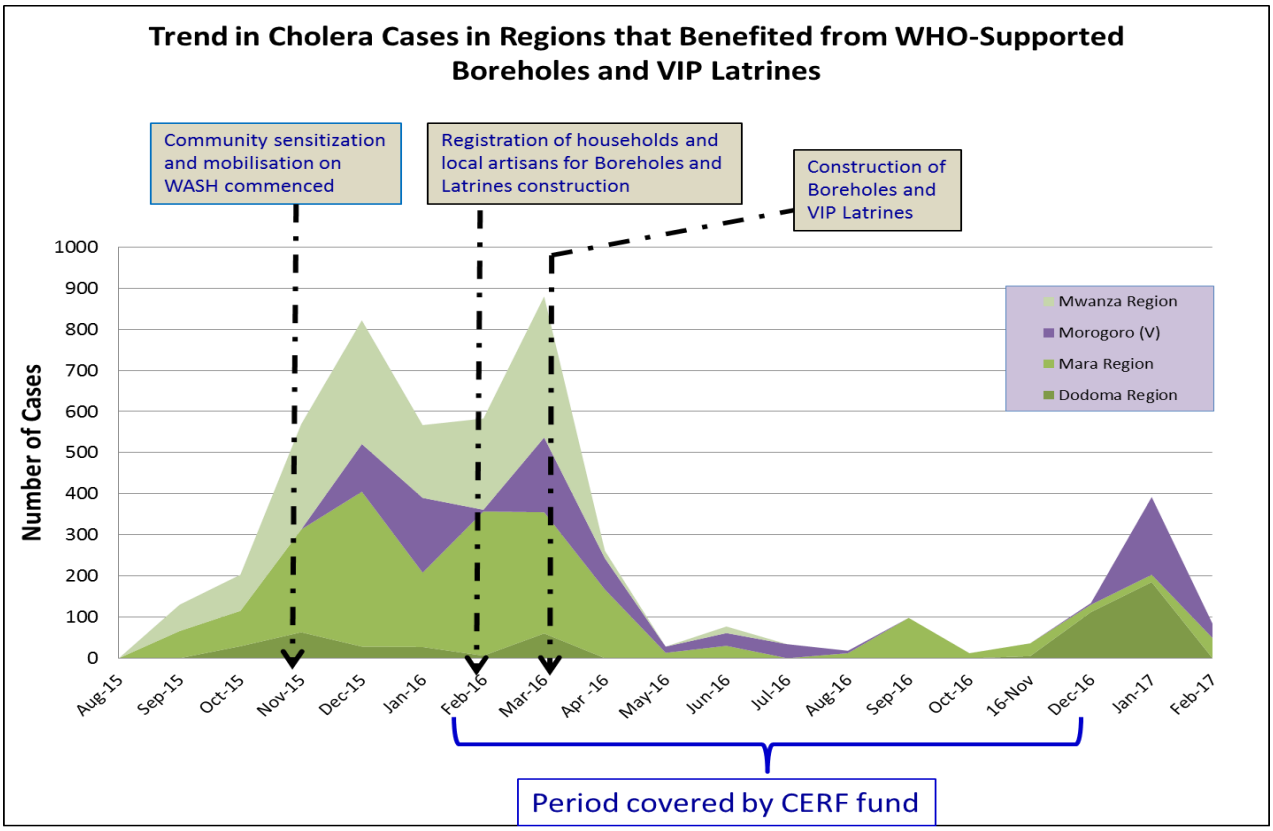
[2] *Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding This should, as best possible, exclude significant overlaps and double counting between the sectors.*

CERF RESULTS

- The mortality indicators (under five mortality and crude mortality rates) remained below threshold levels of critical situation thanks to the interventions made possible with CERF.
- The CERF contribution allowed the
- UN to provide the required food needs to beneficiary populations as per SPHERE standards. During the CERF timeframe, there was no increase in levels of acute malnutrition among the refugee population. However micro-nutrient deficiencies (particularly anaemia) and stunting levels were high, which calls for a multi-sectoral response.
- Food basket monitoring during food distribution assessed the effectiveness of the food distribution system. The results from food monitoring showed that on average all the refugees received over 98% of the kilocalorie requirement from the food basket indicating efficient distribution.
- 54,966 pupils (28,432 girls and 26,534 boys) and 950 (241 female and 709 male) teachers have been reached by WASH in schools intervention across the 3 refugee camps
- In all the 3 camps, pupils now have access to at least 3litres/pupil/day of water in all schools/CFS. Batch chlorination continued to treat the water supplied to schools. Daily free residual chlorine (FRC) monitoring indicated that the chlorine level was between 3-5mg/l hence ensuring that water supplied to pupils in schools is safe.
- Water supply was connected to hand washing stations, rooms for children with disabilities and MHM rooms in all the newly constructed, as well as to the existing, latrine blocks. One group handwashing facility has been installed in Mtendeli camp, where pupils wash hands in a group at scheduled time to help internalise the habit of handwashing at critical times.
- 54,966 pupils from 21 schools and 10 CFS have benefitted from improved latrine facilities. Each of the girls latrine block has a toilet for menstrual hygiene management (MHM) for pubescent girls enabling them to manage menstruation in privacy with dignity. At baseline, 94% girls reported that there were no facilities in school for them to manage menstruation in privacy and with dignity hence majority opted to miss school during menstruation period.

- In addition, each of the girls' and boys' blocks have a latrine to cater for the needs of children with disabilities. Handwashing facilities were constructed next to each latrine block to promote handwashing with soap after latrine use.
- As a result of this intervention, the latrine access ratio has improved from 1 drophole/384 pupils to 1/86 pupils in Nyarugusu; from 1/682 pupils to 1/290 pupils in Nduta and from 1/200 pupils to 1/139 pupils in Mtendeli. Though recording considerable improvement, the access ratio is still below the Tanzania National interim SWASH/SPHERE standards of 1 drophole/40 girls /50 boys.
- Over 92% of latrines are clean compared to only 59.7% at baseline.
- Solid waste management facilities and soak away pits have been put in place, greatly improving the solid and liquid waste management mechanisms within the schools.
- 31 SWASH clubs (at least 1 per school or CFS) have been trained in all the schools and CFS across the 3 camps involving 311 pupils (195 girls and 116 boys) and 100 teachers to increase and sustain awareness on proper use of the WASH facilities as well as promote hygienic practices in the schools.
- The school community in Mtendeli camp have access to safe drinking water with establishment of the drinking water station with fully functional O&M mechanisms.
- 7,000 HH (42,000 people) have benefitted from household water treatment and safe storage promotion through the distribution of water guard for drinking water treatment at the household level.
- 11,190 latrines were constructed in the three camps. The continuous high number of newly arriving refugees, mainly in Nduta camp, means that the coverage of households with access to family latrines is not achieved.
- Standard daily water supply was maintained throughout the reporting period, even though the high number of newly arriving refugees meant a constant extension of the water supply systems, the progress towards full access to water sources within 200m for all refugees was partially met. There are continuous challenges regarding water storage capacity due to topographical nature – areas of higher elevation causing inadequate water flow. In addition, the walking distance and congestion at water collection points was significantly reduced, as 90% of households had access to water within 200m. Further improvements are needed regarding the coverage of people per tap stand. Currently, up to 112 persons are using one tap, while the target is at 80 persons per tap.
- 12,302 of the sanitary kits consist of 5 items which are re-usable sanitary pads (Afripads), underpants, laundry soap, wrapper and a bucket were distributed in 2016.
- 22,602 emergency shelters were set up in 2016. While refugees often have to stay in communal shelters/halls until a plot of land is allocated, the conditions in those communal shelters are not ideal and often overcrowded. As soon as a shelter plots are allocated the family/household is supported with a temporary emergency shelter. Depending on the availability of funds, UNHCR and partners are providing transitional shelters, which are semi-permanent and mostly made from mud bricks with corrugated iron roofing. Due to the continuous influx of refugees throughout 2016, UNHCR was struggling to cope with emergency shelters for newly arriving refugees. The biggest challenge is in the land allocation and infrastructure, such as water supply and access roads.
- Core relief items (CRIs) were procured and distributed for a total of 131,646 persons. The standard core relief item kit consists of blankets, buckets, jerry cans, kitchen sets, sleeping mats, mosquito nets, and solar lamps.
- Protection presence ensured at various border entry points and transit centres, a particular important activity in a situation where so many new refugees arrive on a daily basis. The 18 reception points offered basic services such as registration, shelter, wet food, medical screening, and general information to newly arrivals. Border monitoring missions conducted to various areas all along the Tanzanian border.
- Training on fundamental human rights, SGBV and prevention of sexual exploitation and abuse was provided to police and other camp authorities. A child and gender focal point was trained and deployed within the police corps who deals with issues related to child protection and gender-based and domestic violence in all three camps.
- Several small-scale projects in the host communities were implemented with the aim of promoting peaceful co-existence and reduction of tensions between the refugee population and host communities.
- Deployment of 40 Social Welfare Officers to support case management of acute child protection concerns in all three camps.
- CERF funds also provided supplies for child friendly spaces in all three sites, such as recreation and child friendly space kits, and case management system, parenting sessions, four child friendly spaces with infrastructure, capacity building sessions with police and community policing, and capacity building for case workers on providing psychosocial support and alternative care.
- Clinical care for survivors of rape and sexual violence was provided within 72 hours of incident through the distribution of 10 Post rape and Treatment of STI kits.
- Measles and polio vaccination to all children below five years, and other routine vaccination to children below two years.
- Malaria prevention and response was strengthened though information campaign and distribution of 12,000 LLINs to 12,000 households and provision of diagnostic kits to partners and drugs for treatment to three hospitals.
- With regards to children under five with severe acute malnutrition (SAM), nearly all cases (1,723) among new refugee arrivals were identified and admitted in the nutrition programme for treatment with a cure rate of 98% and death rate at 2 %. This is beyond the set target of 95% cure rate and < 5% death rate.

- 10 nurse midwives provided to Nyarugusu main hospital in support of maternal and reproductive health services including ante natal care, deliveries, postnatal care and family planning counselling. Some 2,628 deliveries have been reported at Nyarugusu main hospital between July and December 2016.
- 242 Emergency Reproductive Health (ERH) Kits distributed to ensure safe blood transfusion practices, make free condoms available through the three camps, provide clinical care for survivors of rape and sexual violence, ensure availability of supplies to manage obstetric and new-born complications across all health facilities and provide clean delivery kits to visibly pregnant women and birth attendants for use in home deliveries when access to a health facility is not possible.
- Two ambulances leased to strengthen referral of complicated obstetric cases to district hospital and within the camp.
- Through IRC, UNFPA supported recruitment, deployment and maintenance of 21 health care workers (2 clinical officers, 19 nurses) at IRC supported health facilities in Nyarugusu refugee camp. The recruited staff provided clinical care to survival of sexual and gender based violence and the general refugee population.
- Responding to the cholera outbreak a strong coordination mechanism for current and future outbreak response was established to coordinate data collation, synthesize reports and timely disseminate information widely with partners and the public. A multi-sectoral Rapid Response Team (RRT) was also established to conduct monthly monitoring/supervisory visits to hot spots regions and districts.
- 20 hand pump boreholes were provided in hotspot villages of Mara and Mwanza regions to provide safe water to estimated 108,000 people and 200 improved demonstration latrines beniffiting1,500 people.
- 21,600,000 tablets of water guards were provided to 514,285 households for 6 weeks and 1,107 drums (45kg) of High Test Hypochlorite (HTH) granules, distributed among 83 district water authorities for use in treating water at source; and 100 HACH chlorine testers to district water authorities in cholera reporting districts of Mainland and Zanzibar. As a result, 70% of the urban and district water authorities started to treat (chlorinate) water at the recommended chlorine level before supplying to users.
- At the end of the CERF fund, 655,380 direct beneficiaries have been reached (or 104% of plan); 70% of sampled households with drinking water had FRC level of >0.2mg/litre of chlorine and a marked decline in cholera cases and a halt in cholera transmission were observed in hotspot communities and districts where boreholes and VIP latrines were provided by WHO, including intensive surveillance, social mobilisation and case management.



CERF's ADDED VALUE

CERF grants are crucial for UN's activities due to the fast fund distribution which allow immediate implementation. CERF underfunded window grants are particularly important to capacity to implement, if funds are received through the first round of distribution. This allows UN to bridge the funding gap, we are facing in the first half of each calendar year. Funding received in the second round of CERF distribution are used to increase already started implementation and therefore will benefit a greater number of beneficiaries. The timeliness of funding distribution is important, especially for infrastructure, such as sanitary facility or water supply system construction, as the rainy season often slows down implementation.

Overall CERF funding has improved provision of humanitarian support in all sectors and enabled the inclusion of attention to vulnerable groups such as inclusion of latrines for children with disabilities in school to ensure access to sanitation

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

YES ☒ PARTIALLY ☐ NO ☐

Yes, the CERF funds allowed for, among other things, the sustained support to the deployment of government social welfare officers and implementing partners for child protection programming, the former filling of a critical personnel gap in the child protection sector's ability to respond to case management needs and the latter providing both the case management paradigm required for their deployment and other child protection and case management needs. Gaps in the ability to provide effective management renders it nearly impossible to identify children with acute protection concerns and provide proper care, follow-up and referral.

Without CERF funds, UN was not in a position to provide core relief items and emergency shelters to newly arriving refugees throughout 2016, nor to continue construction/upgrading of water supply systems and network, nor extend the drilling of bore holes for additional water resources considering the continuous influx of refugees from Burundi. The CERF contribution therefore was allowing partners to immediately expand which otherwise would not have been done in the early stage of 2016 due to budgetary constraints at the time. It would have required additional initiative to seek out alternative donor or reconfigure priorities within a limited budget, off-setting other equally important priorities in the operation. This would have caused delay in the water supply otherwise.

b) Did CERF funds help respond to time critical needs[3]?

YES ☒ PARTIALLY ☐ NO ☐

This CERF grant was disbursed in May 2016, exactly one year after the onset of refugee influx into Tanzania from Burundi. While the first peak of refugee's arrivals was behind, continuously high numbers of newly arriving refugees daily meant that the needs for humanitarian support constantly increased throughout the year. Hence, at the same time, the financial income from the initial donor appeal in 2015 decreased, the CERF Underfunded window support was critical. Many donors started looking at other refugee hot spots in Africa, the Middle East and Europe and Tanzania entered a kind of 'hidden emergency'. The grant enable UN with partners to respond to critical gaps in all sectors, allowing agencies to address critical areas of intervention

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

YES ☐ PARTIALLY ☒ NO ☐

The CERF funding attracted other funding contributions from implementing partners for the CERF funded project i.e. Oxfam and TCRS in the WASH sector contributed to the intervention to a tune of 33% and 14% respectively.

Recognition that the deployment of social welfare officers as a cost-effective solution to personnel requirements in the protection sector vis-à-vis case management made it possible to leverage other resources allocated in-house. This includes contribution of the government through allowing SWOs to work in the camps.

[3] 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.).

Yes, it enabled agencies to bring surge capacity and unblock other processes. WFP was able to use the CERF contribution as a collateral to obtaining forward loans from HQ and start food procurement early to reduce delivery lead time. UNHCR received contributions for its Protection projects prior to CERF contribution, but which were insufficient to cover the extent of needs identified in the required response. CERF funding largely complemented the needs identified by UNHCR to fulfil its objective and therefore did not assist with further fundraising. UNFPA through The Gender Standby Capacity Project (GenCap) was able to deploy an Interagency Reproductive health coordinator for a period of six months to support coordination of RH interventions.

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

The CERF allocation strengthens coordination of UN agencies and partners at national and field levels. At the national level, the UN agencies worked together to develop a joint proposal and report. At the field level, the IPs and UN agencies worked together to minimize duplication and successful completion of the proposed activities for the benefit of the refugees. The relief responses were implemented in collaboration among relevant humanitarian implementing partners in Kigoma Region under the Refugee Response Coordination Model. Partners were engaged in the process of prioritization and developing the CERF proposal and through the implementation. With CERF funds, UN agencies were able to be more predictable with distribution of funds to partners, allowing for a more well-coordinated approach.

As an example, the School-WASH intervention through CERF funding has led to the adoption of reporting S-WASH status through the established WASH sector coordination mechanism. In addition, it provided a platform to use the National School WASH guidelines to standardize designs and approaches to School WASH. The latrine design has been adopted by other sector implementing partners e.g. community services and health use same design to construct latrines in their working offices and public facilities.

e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response
Although the latrine coverage is still below acceptable minimum standards, the constructed latrines with adequate water supply for cleaning, cleansing and handwashing, provision of MHM rooms for pubescent girls and consideration of special toilet rooms for children with disabilities, the CERF funding enhanced protection of children while in schools and increased confidence of girl child to attend school during menstrual periods. While children with disability gaining confidence of accessing apt sanitation services. Sustained availability of male and female condoms contributed to prevention of HIV/STIs and unwanted pregnancies. Through CERF funding, it was possible to procure and distribute condoms across all refugee camps.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement	Responsible
Restriction in beneficiaries creating different conditions for categories for refugees	In the case of Nyarugusu, where approximately half of the camp population are so-called 'Congolese refugees' from before the 2015 Burundi crisis, the different treatment of refugees becomes obvious. While many donors, including CERF, provide funds for the Burundi refugees, UNHCR hardly received funds for the post-April 2015 refugees from the Democratic Republic of Congo. This means that newly arriving Burundian refugees are provided with emergency and transitional shelters and family latrines while Congolese refugees being in the camp for many years do have to continue live in dilapidated shelters and do not receive upgraded/replaced latrines types or received additional water supply systems. Donor funding should be allocated in a way which provides UNHCR with more flexibility to the needs of beneficiaires and not create discrepancies among refugees.	CERF
Include max number of pages for the UNRC report in the template, not only in the	To facilaite the drafting of the UNRC report the template should include the indicatation of maximum number of pages per section in the template, not only in the guidelines. This will make it earier for agencies and sector to	CERF

guidelines.	undertand the expectation of their contribution to the report.	

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible**
Short duration of CERF funding (6 months) with heavy construction works	Selection of IPs to implement CERF interventions should be done concurrently with development of CERF proposals such that implementation commences immediately funds received from CERF.	Recipient agency
Collaboration with government at different levels is very useful in ensuring uninterrupted service delivery and quality assurance	Engage government in planning and provision of health services in refugee camps	TRCS with support from UNICEF
Change of latrine type (from communal latrines to doomed slab family latrines part of the transitional shelters)	To provide normalisation for refugees, family latrines being part of the transitional shelters are crucial and should be favoured instead of any communal facilitiy. The same also for bathing situation. In some areas, such as reception centres, the communal facilities can't be replaced, however as soon as transitional shelters are considered the switch from communal to family/household WASH facilities needs to be done.	UNHCR
Different forms of emergency shelters	In the course of 2016, UNHCR ran out of available emergency tents for newly arriving refugees and therefore had to find other solutions to provide emergency dwellings for refugees. The selected option was to construct emergency shelters out of tarpaulins (walls and roof), wrapped around a wooden structure. These one room homes provide protection from the elements and privacy and were considered as adequate temporary solutions for refugees. Compared to tents, these shelters are more close to a traditional mud brick house and do cost less than a standard UNHCR emergency tent. However, the availability of wooden poles for the construction is not available in all locations, therefore not a solution to be used in all camp locations.	UNHCR

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	WFP	**5. CERF grant period:**	14/03/2016 - 31/12/2016
2. CERF project code:	16-UF-WFP-002	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Food Aid		☒ Concluded
4. Project title:	Emergency Food Assistance to Burundian Refugees in Tanzania		

7.Funding			
	a. Total funding requirements[4]:	US$ 56,500,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received[5]:	US$ 45,700,000	▪ *NGO partners and Red Cross/Crescent:* US$ 26,140
	c. Amount received from CERF:	US$ 2,000,000	▪ *Government Partners:*

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (< 18)	48,450	45,900	94,350	57,559	54,530	112,089
Adults (≥ 18)	38,250	37,400	75,650	45,441	44,432	89,873
Total	**86,700**	**83,300**	**170,000**	**102,153**	**98,147**	**201,962**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees	170,000	201,962
IDPs		
Host population		
Other affected people		
Total (same as in 8a)	**170,000**	**201,962**

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

[5] This should include both funding received from CERF and from other donors.

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	The influx from of Burundian refugees continued to increase over the CERF project implementation period. Tanzania has received more than 201,962 new Burundian refugees as of 31 December 2016. New Burundian refugees are predominantly children (58%) and are coming from areas with high chronic malnutrition. The Burundian refugees' arrival rate reached over 350 persons per day during the last quarter of 2016 compared to quarter two (April to June 2016) with 100 persons per day and quarter three (July to September 2016) with over 300 persons per day. Given the unstable situation, these numbers are expected to further rise in 2017. This increased influx led to a higher number of beneficiaries reached than was originally planned by 18.8 percent. During the implementation period of the CERF contribution, the entire refugee population, asylum seekers and other persons of concern including all pregnant and lactating women and children under-five were provided with life-saving food and ready-to-eat foods at various points of entry, at transit centres as well as at Nyarugusu, Nduta and Mtendeli refugee camps. Refugees are completely reliant on food assistance, as food from own production is very limited and access to markets is hindered. Provision of lifesaving food assistance to the Burundian refugees in Tanzania needs to be sustained to prevent deterioration of health and nutritional status as well as adoption of negative coping strategies. Activities funded by CERF were sustained beyond the underfunded CERF project through a budget revision to the current Protracted Relief and Recovery Operation (PRRO) 200603 implemented by WFP Tanzania which covered July – December 2016.

CERF Result Framework			
9. Project objective	Save lives and protect livelihoods in emergencies		
10. Outcome statement	Stabilized or improved food consumption over assistance period for targeted households and/or individuals		
11. Outputs			
Output 1	Food and nutritional products distributed in sufficient quantity and quality and in a timely manner to targeted beneficiaries		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Quantity of food assistance distributed, disaggregated by commodity, as % of planned	100% (2156MT)	93.2% (2,009MT)
Indicator 1.2	Number of women, men, boys and girls receiving food assistance, disaggregated by activity, beneficiary category, and sex, as % of planned	100% (170,000)	118.8% (201,962)
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Procurement of food commodities	WFP	WFP
Activity 1.2	Distribution of basic food commodities for general food distributions and selective feeding activities in the refugee camps and transit/reception centres as appropriate.	WFP co-operating partners – Adventist Development Relief Agency (ADRA) and World Vision Tanzania (WVT) for food	ADRA WVT DRC TWESA REDESO CARITAS

		distribution in the refugee camps. Danish Refugee Council (DRC), Tanzania Water and Environmental Sanitation (TWESA), Relief to Development Society (REDESO) and CARITAS international will undertake wet feeding at transit/reception centres.	WFP did not contract new partners.
Activity 1.3	Monitoring of food distribution	WFP staff and third party monitors	WFP monitored partner's food distribution
Output 2	Children with moderate acute malnutrition (MAM) have access to services for MAM treatment through Targeted Supplementary Feeding Programme (TSFP).		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Performance indicators for treatment of MAM are within the recommended SPHERE standards. The planned MAM beneficiary figure is 1,861.	Cure Rates >75%; Default rate <15%; Mortality rates , 3% Non-Response 15%	Cure Rates >90.5%; Default rate <1%; Mortality rates , 0% Non-Response 8.7%
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Provision of specialised nutritious food to children with MAM for the management of MAM.	Tanzania Red Cross Society (TRCS) for Nyarugusu refugee camp and World Vision Tanzania (WVT) In Nduta and Mtendeli.	TRCS WVT

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

The CERF contribution allowed WFP to provide the required food needs to beneficiary populations as per SPHERE standards. Refugees in the three camps and transit/reception centres have continued to receive sufficient food assistance from WFP to meet the minimum food requirements for sustenance of life and prevention of acute malnutrition. WFP also provided ready to eat foods to transiting Burundian refugees during the initial influx period thereby averting the deterioration of their nutrition status.

Community and Household Surveillance (CHS), is used by WFP and UNHCR to monitor short to mid-term effects of food and other assistances/interventions in the refugee camps over years, and challenges refugee face in utilizing those services. Findings from the annual CHS has shown that food aid accounts for three quarters (74 percent) of the sources of food commodities that refugees in Nyarugusu camp consumed, while in Nduta and Mtendeli it accounts 84 percent and 87 percent respectively. The CHS further revealed that there is a slight improvement of household dietary diversity compared to the previous year. For the 2016 CHS, mean food consumption score (FCS) for Nyarugusu was 55.0, which is an increase from 50.9 recorded during the 2015 PDM. Nduta camp recorded a score of 52.8 while the FCS in Mtendeli was 49.4.

Most of the interviewed households fell in the acceptable food consumption category (90.3 percent in Nduta, 89.6 percent in Nyarugusu and 89.1 percent in Mtendeli). Better consumption in Nyarugusu camp could be attributed to its stability compared to other camps which are still new. Refugees in Nyarugusu have established some livelihoods and/or means of subsistence, more so than those in Nduta and Mtendeli which are camps still on internal transition to stability, adoptability and integration into the local social and economic systems.

During the CERF timeframe there was no increase in levels of acute malnutrition among the refugee population. Performance indicators for treatment of moderate acute malnutrition remained within the recommended SPHERE thresholds. In September 2016, WFP offered technical support to a Standardized Expanded Nutrition Survey (SENS) which was led by United Nations High Commissioner for Refugees (UNHCR) and conducted in the three operating refugee camps (Nyarugusu, Nduta and Mtendeli to establish the nutrition situation of the Burundian refugees. Survey findings shows a Global Acute Malnutrition (GAM) prevalence of 1.8 percent amongst children aged 6-59 months in all the three camps and is within the acceptable threshold of below 5 percent GAM rates as per the WHO classification of malnutrition in emergencies. However, the prevalence of anaemia among children in the same age group is above 40 percent in two out of three camps. The rates of stunting across the three camps are above the 40 percent threshold, which is considered critical according to WHO classifications. Key recommendations have been considered to reverse stunting and anaemia levels.

Food basket monitoring during food distribution assessed the effectiveness of the food distribution system. The results from food monitoring showed that on average all the refugees received over 98% of the kilocalorie requirement from the food basket indicating efficient distribution.

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

WFP has continued to ensure that a 'do no harm' approach is observed in all programmes and interventions. WFP has instituted several mechanisms to ensure protection and accountability to the affected population. Results of the 2016 Community and Household Surveillance show that more than half of the interviewed households know their family ration entitlements. This has been achieved through sensitization of the food committees, erecting of bill boards with ration information in local language and public awareness campaigns. This knowledge is however less strong in newly established camps; WFP will conduct more awareness sessions on this for all the camps. Furthermore, through the food coordination meetings (FCM) that the refugee leaders attend, WFP informs the refugees on any anticipated changes in the food basket e.g. change of ration size, anticipated pipeline break, changes of food basket composition etc. More so, the FCM are usually held on a monthly basis prior to every distribution in order to ensure that concerns raised during the previous food distributions are taken into consideration in the future subsequent distributions.

WFP has also established a complaint and feedback mechanism is in all the 3 refugee camps which included setting up litigation help desks at the final distribution point (FDP). However, only 47.4 percent of the surveyed households indicated that there is a system or place where they could raise their complaints or ask questions if they wanted to contact the aid agencies about anything. As noted in different oversight missions including donor missions, this has to be strengthened and in 2017, WFP will work with other UNHCR and Cooperating Partners to ensure that all beneficiaries understand the feedback mechanism well. On safety to and from distribution sites, 95 percent of the population that was interviewed reported that they did not experience safety problems. Although this score is exceeding the target of 90 percent, this result is slightly lower than that 2015's which was 98 percent. WFP together with the partners has ensured that distribution is done in the morning hours so that the refugees can go back to their house before it is dark. Concerns on distribution point safety for both females and males were noted more among the Burundians population in all the camps. This is because the distribution arrangements for newly arrived refugees have not been stabilized as compared to Congolese arrangements.

In 2017, WFP will increase efforts to settle all issues that have been identified. WFP constructed additional FDPs to make sure to address the refugees' concerns on the long distance to the distribution site, especially in Nyarugusu where the Burundian refugees complained that their settlements were far away from the existing FDPs. WFP will continue to engage with UNHCR and NGOs in charge of environment to address the sexual gender based violence (SGBV) that is linked to access to firewood as a source of fuel for cooking foods. Reports have indicated that a significant number of women are abused while they go fetch firewood in Nyarugusu camp.

For instance, encouragement of women to go in groups, of men to escort them to the firewood harvesting site and increasing the coverage of energy saving stoves. WFP will explore and advocate for initiation of a SAFE project in the refugee camps, procurement of easy to cook beans, cultivation of such practices as soaking of beans/pulses overnight before cooking them.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
Besides outcome monitoring including CHS, nutrition survey, PDMs, Coverage survey, market assessment and planning for cash based transfer (CBT) no formal evaluation was planned or conducted related to the response to the new influx of Burundian refugees. WFP used regular monitoring to collect information and data on outputs and outcome. More so, over the period of the CERF intervention, the influx of Burundian refugees into Tanzania was continuous increasing as much as over 300 influx per day during October-December 2016 period. Focus was on preparation of contingency plan and country strategic plan in addition to outcome monitoring. These factors coupled with fluidity of arrivals created a difficult environment to plan and complete any formal evaluation.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNICEF UNHCR	**5. CERF grant period:**	30/03/2016 - 31/12/2016
2. CERF project code:	16-UF-CEF-010 16-UF-HCR-006	**6. Status of CERF grant:**	☐ Ongoing ☒ Concluded
3. Cluster/Sector:	Water, Sanitation and Hygiene		
4. Project title:	Provision of Emergency WASH services in camps Burundian refugees and cholera hotspots in host community villages in Kigoma Region		

7.Funding

a. Total funding requirements[6]:	US$ 12,225,319 US$ 11,225319 (HCR) US$ 1,000,000 (CEF)	d. CERF funds forwarded to implementing partners:	
b. Total funding received[7]:	US$ 849,999 (CEF) US$ 5,407,191(HCR)	▪ *NGO partners and Red Cross/Crescent:*	US$ 430,863 (UNICEF) US$ $862,434 (UNHCR)
c. Amount received from CERF:	US$ 2,349,999	▪ *Government Partners:*	

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (< 18)	37,857	37254	75,111	68,374	69,965	138,339
Adults (≥ 18)	32,093	31528	63,621	52,342	55,421	107,763
Total	**69,950**	**68782**	**138,732**	**120,716**	**125,386**	**246,102**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees	60,000	204,102
IDPs		
Host population	78,732	42,000

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

[7] This should include both funding received from CERF and from other donors.20410

Other affected people		
Total (same as in 8a)	**138,732**	**246,102**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	The number of beneficiaries increased considerably from the planned number as refugees continued to arrive in large numbers throughout the implementation period. The total number of 204,102 persons is the equivalent of all refugees in the three camps on 31st December 2016.	

CERF Result Framework			
9. Project objective	Improving WASH services for 60,000 Burundian refugees in Nduta, Mtendeli and Nyarugusu camps.		
10. Outcome statement	Refugees children, women, men and boys have access to adequate safe water supply, sanitation facilities and hygiene promotion services		
11. Outputs			
Output 1	Population Lives in satisfactory conditions of Sanitation and hygiene in the camps.		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of community latrines constructed	3,544 (1,000 latrines from CERF Funding)	11,190
Indicator 1.2	Number of bathing cubicles constructed	3,544 (1,000 bathing cubical from CERF funding)	11,190
Indicator 1.3	Number of women receiving sanitary materials	10,000	54,865
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Communal sanitary facilities/latrines constructed. (These are shared facilities used upon arrival before families have their own individual latrines).	TWESA, OXFAM & TCRS/UNHCR	OXFAM and TCRS/UNHCR
Activity 1.2	Bathing cubicals constructed (These are shared facilities used upon arrival before families have their own individual latrines).	TWESA, OXFAM & TCRS/UNHCR	OXFAM and TCRS/UNHCR
Activity 1.3	Provision of sanitary materials to girls and women	DRC & UNHCR	DRC and UNHCR
Output 2	Supply of potable water increased or maintained		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	# of people served by the water system	60,000	204,102
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Water system and network constructed, expanded and /or upgraded.	TWESA, OXFAM/UNHCR	OXFAM/UNHCR and TWESA

	Drilling of five boreholes.		
Output 3	48,304 children in 30 schools and CFS in Nyarugusu, Mtendeli, Nduta camp have improved access to water, improved toilets facilities and hygiene promotion as per the national guidelines reaching		
Output 3 Indicators	**Description**	**Target**	**Reached**
Indicator 3.1	Each school has at least 1 latrine facility for children with disabilities	30	39
Indicator 3.2	Each school a facility for the menstrual hygiene management for pubescent girls	30	30
Indicator 3.3	2 blocks of 10 drop holes in 9 schools/CFS	2 blocks of ten each X28 schools/CFS=560drophoes	584 drop holes
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	Construction and replacement 300 of emergency latrines in Nyarugusu camp	Water Mission Tanzania/Oxfam/UNICEF	OXFAM/UNICEF
Activity 3.2	Decommissioning of Emergency latrines in 15 schools and 6CFS in Nyarugusu camp	Water Mission Tanzania/Oxfam/UNICEF	OXFAM/UNICEF
Activity 3.3	Construction of VIP latrines in 3 schools in Mtendeli refugee camp, 20 drop holes per school	Water Mission Tanzania/Oxfam/UNICEF	TCRS/UNICEF
Activity 3.4	Construction of Pour flush latrines in 4 schools and 2 CFS Nduta Camp	Water Mission Tanzania/Oxfam/UNICEF	OXFAM/UNICEF
Activity 3.5	Construction of Hand washing facilities in 9 schools/CFS in Mtendeli and Nduta camps	Water Mission Tanzania/Oxfam/UNICEF	OXFAMTCRS//UNICEF
Activity 3.6	Water connections and storage capacity in Schools and CFS in Mtendeli and Nduta	Water Mission Tanzania/Oxfam/UNICEF	OXFAM/TCRS/UNICEF
Activity 3.7	Training of School Health Teachers and management committees on Hygiene sanitation promotion and Operation and maintenance of SWASH facilities & Services	Water Mission Tanzania/Oxfam/UNICEF	OXFAM/TCRS/UNICEF
Activity 3.8	Formation and training of 9 SWASH clubs in schools and CFS	Water Mission Tanzania/Oxfam/UNICEF	OXFAM/TCRS/UNICEF
Activity 3.9	Hygiene/Sanitation materials supply to 30 schools/CFS	Water Mission Tanzania/Oxfam/UNICEF	OXFAM/TCRS/UNICEF
Activity 3.10	Distribution of Sanitary towel kits to girls in schools	Water Mission Tanzania/Oxfam/UNICEF	OXFAM/TCRS/UNICEF
Output 4	14,684 HH (78,732) have access to safe drinking water and supported to practice improved hygiene/ sanitation behaviours geared towards cholera prevention and control		
Output 4 Indicators	**Description**	**Target**	**Reached**
Indicator 4.1	Drinking water at HH with zero faecal coliforms colonies/litre	60%	80%
Indicator 4.2	80% beneficiaries can recall at least 2 transmission and 2 prevention methods to cholera	80%	85%

Output 4 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 4.1	Rapid induction of the community/faith-based leaders on cholera	TRCS/UNICEF	Kigoma/Singida/Morogoro/ Dodoma RS
Activity 4.2	Orientation of Community Volunteers on cholera response and water guard distribution	TRCS/UNICEF	Kigoma/Singida/Morogoro/ Dodoma RS
Activity 4.3	House to house, community meetings and water guard distribution by volunteers	TRCS/UNICEF	Kigoma/Singida/Morogoro/ Dodoma RS

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 implementing agencies did not anticipate the on-going massive influx of new refugee arrivals from Burundi throughout 2016. Therefore, the number of beneficiaries was much higher than initially expected and the agencies had to step up their humanitarian assistance in the WASH sector, among others.

The initially planned structure of community latrines and bathing cubicles was amended to give place to family style WASH facilities. The main reason which led to the change in the implementation mode was the acceptance of beneficiaries. Refugees, especially women and girls, identified the shared/communal latrines and bathing areas as a major point for tensions among refugees. In addition, family level WASH infrastructure also reduces the risk of SGBV incidents.

Water exploration was conducted over several months in the new assigned area in Karago, but was terminated due to a lack of water, even in great depths. In Nyaragusu one water hole was drilled, in Mtendeli and Nduta 15 water holes (of which only 5 were successful). Mtendeli camp has limited water resources which led to a stop in accommodating newly arriving refugees in that camp. So far, Nduta camp still provides enough water (the minimum SPHERE standard of 20liters/day/person).

In Nduta, the plan was to construct pour-flush latrines. However, at the implementation stage, it was established water supply was a huge issue in the camp so the design was changed to construct VIP latrines that require minimal water needs in operation and maintenance.

At the planning stage, Water Mission Tanzania was to do the latrine construction and water connections to schools. However, at the proposal development, it was realised that their capacity in latrine construction was minimal hence the shift to engage Oxfam who were already engaged with UNHCR on the HH latrine construction in Nduta and Nyarugusu camps.

The plan was to reach 48,304 however, 54,966 pupils have been reached. This is because of the continued influx of refugee children into the camps in Kigoma.

On cholera response, 42,000 out of the planned 78,732 were reached with this intervention. It was only Kigoma region that was in the response plan however during the course of implementation cholera cases continued to be reported from Morogoro, Dodoma and Singida regions hence the need to include them.

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

The beneficiaries are involved in every stage of the programme cycle with UNHCR, from planning to evaluation and re-design for future action. Participatory assessments are conducted annually in early spring following age, gender and diversity considerations which guide the planning and design of specific interventions. Activities are also followed with monitoring which directly involve beneficiaries.

Further, UNHCR ensures that refugees have access to complaint mechanisms in each camp, taking the anonymous inputs serious and adapting the implementation as much as resources allow. The change from communal latrines to family latrines is for example an example of beneficiary involvement in the action.

UNICEF/CERF in-kind support was channelled to the Regional Medical Officer (RMO) Kigoma region. RMO in collaboration with Uvinza District Medical Officer (DMO) deployed its health staff to the affected villages, who Carried out for distribution of the water guard and other supplies.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
UNHCR carries out on-going evaluations of its projects as part of its annual programme cycle. However no specific evaluation of this WASH project is conducted at this moment, as it is an on-going humanitarian aid assistance programme. No evaluation was planned or conducted related to the School WASH response. UNICEF used regular monitoring mechanisms as a means to collect info and data on outputs/results. The monitoring methods included field monitoring visits, spot checks. The implementing partners conducted baseline and end-line survey that has been incorporated into this report.	EVALUATION PENDING ☐ NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNHCR	**5. CERF grant period:**	10/03/2016 - 31/12/2016
2. CERF project code:	16-UF-HCR-005	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Shelter		☒ Concluded
4. Project title:	Provision of Shelter and Non-Food Items to Burundian refugees		

7.Funding

a. Total funding requirements[1]:	US$ 17,003,686	d. CERF funds forwarded to implementing partners:	
b. Total funding received[2]:	US$ 13,954,403	▪ *NGO partners and Red Cross/Crescent:*	US$ 680,000
c. Amount received from CERF:	US$ 2,000,000	▪ *Government Partners:*	

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (< 18)	14,483	14,649	29,132	37,055	38,358	75,412
Adults (≥ 18)	10,348	10,520	20,868	26,991	29,242	56,233
Total	**24,831**	**25,169**	**50,000**	**64,046**	**67,600**	**131,646**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees	50,000	131,646
IDPs		
Host population		
Other affected people		
Total (same as in 8a)	**50,000**	**131,646**

[1] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

[2] This should include both funding received from CERF and from other donors.

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	The number of beneficiaries increased considerably from the planned number as refugees continued to arrive in large numbers throughout the implementation period. The non-food items (NFI) and the sanitary/hygiene kits distribution benefitted 131,646 persons. In addition, shelter support benefitted 90,408 persons in total (household size of 4 persons). Among them 37,992 received emergency tents and 52,416 persons of concern benefitted from emergency shelters made out of plastic tarpaulin, wooden poles, etc. To avoid double counting, we use the figure of 131,646 persons as the direct beneficiaries, assuming that those who received shelter support also benefitted NFI support.

CERF Result Framework			
9. Project objective	To provide international protection and basic assistance to 50,000 Burundian refugees in Tanzania		
10. Outcome statement	Emergency shelter established and core relief items distributed to 50,000 Burundians refugee in Tanzania.		
11. Outputs			
Output 1	Shelter and infrastructure established, improved and maintained		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of families provided with emergency family tents	5,108 families (1,000 families under this project)	9,498 tents
Indicator 1.2	Number of families receiving shelter materials	22,375 families (10,000 families under this project)	13,104 emergency shelters (other than tents)
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Distribute family tents to 1,000 families (4,000 persons)	TWESA, AIRD	TEWSA and AIRD
Activity 1.2	Procure shelter materials (labour, poles, timber, nails, tools etc.) and support in construction; to 10,000 families (40,000 persons)	TWESA, AIRD	TWESA and AIRD
Output 2	Population has sufficient basic needs and domestic supplies (Core Relief Items)		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	#of persons receiving core relief items	57,500 (8,000 people under this project)	131,646
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Procurement of Core Relief Items	UNHCR	UNHCR
Activity 2.2	Transportation of Core Relief Items	UNHCR	UNHCR
Activity 2.3	Management of warehouse and distribution of NFI	DRC & AIRD	UNHCR, DRC and AIRD

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 implementing agencies did not anticipate the on-going massive influx of new refugee arrivals from Burundi throughout 2016. As a consequence the number of beneficiaries was much higher than initially expected and the agencies had to step up their humanitarian assistance in the shelter and NFI sector, among others.

The disruption of emergency tents stock in country and the delays in importing new ones, forced UNHCR and partners to find a solution for emergency shelter construction with the available materials. A structure made out of wooden pole and covered with tarpaulins was then undertaken.

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

The beneficiaries are involved in every stage of the programme cycle with UNHCR, from planning to evaluation and re-design for future action. Participatory assessments are conducted annually in early spring following age, gender and diversity considerations which guide the planning and design of specific interventions. Activities are also followed with monitoring which directly involve beneficiaries.

Further, UNHCR ensures that refugees have access to complaint mechanisms in each camp, taking the anonymous inputs serious and adapting the implementation as much as resources allow.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
UNHCR carries out on-going evaluations of its projects as part of its annual programme cycle. However no specific evaluation of this Shelter/NFI project is conducted at this moment, as it is an on-going humanitarian aid assistance programme.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNHCR UNICEF UN Women UNFPA	**5. CERF grant period:**	29/03/2016 - 31/12/2016
2. CERF project code:	16-UF-HCR-004 16-UF-CEF-009 16-UF-WOM-001 16-UF-FPA-005	**6. Status of CERF grant:**	☐ Ongoing ☒ Concluded
3. Cluster/Sector:	Protection		
4. Project title:	Provision of protection to Burundian Refugees		

7.Funding

a. Total funding requirements[3]:	US$6,068,462	d. CERF funds forwarded to implementing partners:	
b. Total funding received[4]:	US$ 490,000 (CEF) US$ 5,659,780 (HCR) US $ 543,567 (FPA) US $400,000 (Wom)	▪ *NGO partners and Red Cross/Crescent:*	US$ 269,974(HCR) US$ 78,748(FPA)
c. Amount received from CERF:	US$ 2,449,993	▪ *Government Partners:*	

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*			*Reached*		
	Female	*Male*	*Total*	*Female*	*Male*	*Total*
Children (< 18)	19,117	19,337	38,454	62,616	64,803	127,419
Adults (≥ 18)	13,660	13,886	27,546	42,096	45,587	87,683
Total	**32,777**	**33,223**	**66,000**	**104,712**	**110,390**	**215,102**

8b. Beneficiary Profile

Category	*Number of people (Planned)*	*Number of people (Reached)*
Refugees	60,000	204,102
IDPs		

[3] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

[4] This should include both funding received from CERF and from other donors.

Host population	6,000	11,000
Other affected people		
Total (same as in 8a)	**66,000**	**215,102**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	The number of beneficiaries increased considerably from the planned number as refugees continued to arrive in large numbers throughout the implementation period. The total number of 204,102 persons is the equivalent of all refugees in the three camps on 31st December 2016 plus 11,000 people from the host communities.	

CERF Result Framework			
9. Project objective	Protection of refugees is provided in line with international norms with focus on: reducing SGBV incidents and support to victims is provided, access to information and decision making by refugee women is strengthened, peaceful co-existence with host communities is improved, and enhancement of support to unaccompanied minors, separated children and other children with acute protection concerns.		
10. Outcome statement	International protection is provided to newly arrived Burundian Refugees		
11. Outputs			
Output 1	Reduced incidents of SGBV during firewood collection and at night hours by providing street lights in the most risk areas and enhanced participation of the community in SGBV prevention and response		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of fuel efficient stoves distributed as part of the wider prevention strategy to reduce incidents of GBV during firewood collection	10,000 (Benefiting 40,000 persons)	2,045
Indicator 1.2	Number of solar street lights installed	100	48
Indicator 1.3	Number of solar lamps distributed to new arrivals' families in the camps	5,000	14,999
Indicator 1.1	Number of awareness raising campaigns on SGBV prevention and response conducted	24	56
Indicator 1.2	Number of community based committees/groups working on SGBV prevention and response	36	5
Indicator 1.3	Reduce number of incidents of SGBV by at least 25%	25% (208)	3019 cases
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Procurement and distribution of fuel efficient stoves	UNHCR, CEMDO, REDESO	CEMDO, REDESO
Activity 1.2	Procurement and installation of solar street lights	UNHCR, DRC	DRC
Activity 1.3	Procurement and distribution of solar lamps to new arrivals' families in the camps	UNHCR, DRC	UNHCR, DRC
Activity 1.4	Conduct capacity building and awareness raising on prevention and response to SGBV through meetings, workshops, trainings, mass	IRC and UNHCR	IRC and UNHCR

	information campaigns.		
Output 2	Reception conditions improved		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Number protection monitoring visits conducted at the border entry per week	5	2
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Conducting Protection Monitoring visits at the border entry points	UNHCR	UNHCR
Output 3	Peaceful co-existence projects implemented		
Output 3 Indicators	**Description**	**Target**	**Reached**
Indicator 3.1	Number of persons benefitting from peaceful coexistence projects implemented	6,000	50,190
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	Construction of 2 teachers houses in the host community	UNHCR/RAS Kigoma	RAS Kigoma
Activity 3.2	Drilling of one bore hole for water supply to the host community	UNHCR/RAS Kigoma	UNHCR/RAS Kigoma
Activity 3.3	Forest protection and environment conservation in the camps and their neighbourhoods	UNHCR/REDESO,	UNHCR/REDESO
Activity 3.4	Rehabilitation of Kibondo DC House	UNHCR/RAS Kigoma	RAS Kigoma
Output 4	SC and UAC identified and supported		
Output 4 Indicators	**Description**	**Target**	**Reached**
Indicator 4.1	# of SC and UAC identified and supported	All (estimated 6,500) SC and UAC identified and supported. The target of 6,500 UC//SC is based on a current population of UC/SC of just over 4,200 and based on trend analysis of a stabilization of new arrivals.	6,529 (3,064 UAC/3,509 SC)* UNHCR Situation Report 9 – 22 December All three refugee camps
Indicator 4.2	# of UAC placed in foster care	All 3,500UC placed in foster care. We have set a target that all UC are in foster care, as UCs (or UAMs) are those who have arrived and are under the care of people who are not related to them, nor their customary caregivers. NB:SC, as opposed to UCs	3,064 in alternative care (combination of foster care and group living/community monitoring)

		have been separated from parents, but not necessarily other family members.	
Output 4 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 4.1	Identify, SC and UAC children in the transit centres and border entry points with support from UNICEF	UNICEF / International Rescue Committee and Plan International	UNICEF/ International Rescue Committee and Plan International
Activity 4.2	Placing UACs in foster care	UNICEF / International Rescue Committee and Plan International	UNICEF / International Rescue Committee and Plan International
Output 5	Refugee children utilises Child Friendly Spaces CFS		
Output 5 Indicators	**Description**	**Target**	**Reached**
Indicator 5.1	# of children accessing CFS	15,059 attending CFS in Nyarugusu, Mtendeli and Nduta camps	14,254
Output 5 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 5.1	Establish CFS with play materials for refugee centres	UNICEF/Plan International, International Rescue Committee, Save the Children	UNICEF / International Rescue Committee and Plan International /Save the Children
Output 6	Women and girls in the refugee settlements have increased access to emergency protection including SGBV services		
Output 6 Indicators	**Description**	**Target**	**Reached**
Indicator 6.1	# of refugee women and girls accessing the various services offered (disaggregated by type: legal aid and psychosocial)	10% of 84,000; 8,400 women and girls and host communities (1,680= 20% of 8,400) Baseline: 0	16,368 women and girls
Indicator 6.2	# of SGBV cases reported through mobile phones	150	0
Output 6 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 6.1	Provide legal aid services to SGBV survivors, to include referrals for emergency services, e.g., health and further psychosocial trauma care	UN WOMEN/International Rescue Committee	UN Women/ International Rescue Committee
Activity 6.2	Provide psychosocial services to SGBV survivors, to include community based	UN WOMEN/International Rescue Committee	UN Women/ International

	approaches, e.g., peer counseling		Rescue Committee
Activity 6.3	Provide Safe Centers for women and girls in the 3 identified Refugee Settlements in Kigoma	UN WOMEN/International Rescue Committee	UN Women/ International Rescue Committee
Output 7	Capacity of existing security mechanisms in the refugee settlements to prevent and respond to SGBV is strengthened		
Output 7 Indicators	**Description**	**Target**	**Reached**
Indicator 7.1	% of SGBV cases reported	10% increase in SGBV cases reported over 6 month period	9%
Indicator 7.2	# of women involved in decision making roles within the settlements	50	295
Indicator 7.3	# refugee leaders trained on PSEA	150	314
Output 7 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 7.1	Conduct trainings on mediation skills for refugees, including community policing committees, particularly focusing on women and adolescent girls	UN WOMEN/International Rescue Committee	UN Women/ International Rescue Committee
Activity 7.2	Facilitate dialogues on conflict resolution and mitigation	UN WOMEN/International Rescue Committee	UN Women/ International Rescue Committee
Activity 7.3	Build capacity of refugee community management structures to ensure women and girls active participation in decision-making processes	UN WOMEN/International Rescue Committee	UN Women/ International Rescue Committee
Activity 7.4	Conduct awareness raising activities for men and boys to promote the prevention of SGBV	UN WOMEN/International Rescue Committee	UN Women/ International Rescue Committee
Activity 7.5	Provide adequate protection from sexual exploitation and abuse by providing information on the issue to the beneficiary population through protection of sexual exploitation and abuse (PSEA) pocket guides, establishing a reporting complaints mechanism and by providing training for humanitarian partners, including refugee leaders, on IASC guidelines on PSEA	International Rescue Committee / UN Women	UN Women/ International Rescue Committee
Output 8	Strengthened gender equality mainstreaming mechanisms and gender sensitive programming		
Output 8 Indicators	**Description**	**Target**	**Reached**
Indicator 8.1	# of coordination forums convened	3 forums held	18
Output 8 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 8.1	Provide technical support for the mainstreaming of gender in the different programs and initiatives of the refugee response	International Rescue Committee /UN Women	UN Women/ International Rescue Committee

Activity 8.2	Establish a network of gender and development partners at both national and local level	International Rescue Committee /UN Women	UN Women/ International Rescue Committee
Output 9	Lifesaving sexual and gender based violence response services strengthened		
Output 9 Indicators	**Description**	**Target**	**Reached**
Indicator 9.1	Proportion of reported SGBV cases benefiting from medical care within 72 hours of incident	100%	Approximately 1,301 cases of SGBV reached with 100 percent cases of rape receiving medical care within 72 hours of incident.
Indicator 9.2	Number of one stop centre for SGBV established	2	0
Indicator 9.3	Number of interagency emergency reproductive health kits for 30,000 procured	232	232 interagency RH kits, including 10 Post rape Treatment of STI kits were procured and distributed.
Output 9 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 9.1	Number of staff mobilized	UNFPA	UNFPA
Activity 9.2	Establish and equip two one stop centre for SGBV cases response	UNFPA	UNFPA
Activity 9.3	Procure and distribute Post rape and Treatment of STI kits for 30,000 refugees	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:

Activity 7.5 was not realized because one of the requirements was to complete the development of the PSEA policy and SOPs that would be used by all agencies working in the humanitarian setting. By mid-December 2016, the PSEA policy and SOPs had not been finalized and so funds were used to train border point personnel on GBV guidelines, referral pathways and clinical care for GBV survivors. This capacity building on GBV for border guards was a very successful and useful training.

Indicator 9.2 was not realised because initially UNFPA has envisaged to use tents to erect one stop centres. However following the ministry of home of affairs directives that all construction should be permanent, this task could not be accomplished due to time constraints.

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

Joint participatory assessments are conducted together with all involved stakeholders annually in early spring following age, gender and diversity considerations which guide the planning and design of specific interventions. Activities are also followed with monitoring which directly involve beneficiaries. The beneficiaries are involved in every stage of the programme cycle with UNHCR, from planning to evaluation and re-design for future action.

Further, UNHCR ensures that refugees have access to complaint mechanisms in each camp, taking the anonymous inputs serious and adapting the implementation as much as resources allow. The change from communal latrines to family latrines is for example an example of beneficiary involvement in the action.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
No external evaluation is currently planned. However, internal semi-formal evaluations are conducted on various aspects related to the activities mentioned above. For example, the World Food Programme pilot on distributing cash assistance is closely followed by the protection sector to ensure that the change in the distribution modality does no harm for persons of concern, especially women and children.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	IOM	**5. CERF grant period:**	30/03/2016 - 31/12/2016
2. CERF project code:	16-UF-IOM-004	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Common Logistics		☒ Concluded
4. Project title:	Providing Burundian Refugees and their Belongings with Safe and Dignified Transport from Borders to Camps in Tanzania		

7.Funding		
a. Total funding requirements[1]:	US$ 3,283,215	d. CERF funds forwarded to implementing partners:
b. Total funding received[2]:	US$ 3,283,215	▪ *NGO partners and Red Cross/Crescent:*
c. Amount received from CERF:	US$ 999,997	▪ *Government Partners:*

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (< 18)	8,820	9,180	18,000	8,436	8,731	17,167
Adults (≥ 18)	5,940	6,060	12,000	6,154	6,677	12,831
Total	**14,760**	**15,240**	**30,000**	**14,590**	**15,408**	**29,998**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees	30,000	30,000[3]
IDPs		
Host population		
Other affected people		

[1] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

[2] This should include both funding received from CERF and from other donors.

[3] 30,000 represents the number of new arrivals transported with CERF funds. Though 41,000 is more accurate, in terms of people we transported (also from the transit center or as part of relocation).

Total (same as in 8a)	**30,000**	**30,000**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	The planned beneficiaries were reached through CERF funding as per initial plan. Due to continued deterioration of political and security situation in Burundi, the operation continued to receive an influx from Burundi exceeding the planning figures. Currently, the operation is still receiving new arrivals of approx. 300 persons per day.	

CERF Result Framework			
9. Project objective	To provide orderly, timely and dignified transportation assistance to Burundian refugees		
10. Outcome statement	The safety and wellbeing of 30,000 refugees fleeing Burundi under dangerous conditions is safeguarded.		
11. Outputs			
Output 1	Border evacuation and transportation assistance to safety provided		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of refugees evacuated and provided with transport assistance	134,000 (30,000 refugees under this project)	134,000 (30,000 refugees under this project)
Indicator 1.2	Number of refugees registered in passenger manifests	134,000 (30,000 refugees under this project)	134,000 (30,000 refugees under this project)
Indicator 1.3	Of the 30,000 refugees planned to be assisted, percentage of refugees recorded as sick who are assisted or escorted by medical personnel	100%	100%
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Transportation assistance provided to 30,000 refugees	IOM	IOM
Activity 1.2	Registration of 30,000 refugees by passenger manifest	IOM	IOM
Activity 1.3	Provision of medical escorts for sick refugees	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:
There was no significant discrepancy between planned and actual outcomes. However, it should be noted that the larger share of the funds was spent towards the end of the project: while asylum-seekers were entering Tanzania at a very low rate in the early months of 2016 and until July, the months of August through December saw a sharp increase in the number of people coming in.
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:
An independent evaluation of IOM's transportation activities was carried out at the end of 2016. The evaluators held focus group discussions with refugees in the camp, who had been transported by IOM. No refugee had any complaints on any component of the IOM interventions. According to the report, "IOM guaranteed equitable access to places of safety for all refugees. The pre-travel fit-to-travel checks and the referral system for the vulnerable groups and people with special needs sought to ensure that every refugee would in one way or another be evacuated from the BEP to the refugee camp where he/she would then access services from the collaborative partnership in the refugee camps. Thus, access to transportation and support services necessary for travel were not left to the 'survival of the fittest' approach. In fact, vulnerable persons with special needs were given priority in boarding the buses to ensure that they were not disadvantages by their incapacities and left behind."

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
Please note that while no evaluation was foreseen or carried out for the CERF funding per se, a DFID project which did undergo an evaluation and was implemented in parallel included near-identical activities and outcomes. The following are the key findings of the report (on the issue of relevance) "The project drew its relevance from the situation that was pertaining on the ground. With the continuing influx of the Burundian refugees and the strain this was causing on resources and local social services infrastructure, this was, as one key informant put it, the most appropriate and pragmatic solution to the situation at hand. Most importantly, the project was relevant and responsive to the safety and protection needs of the refugees, especially those of new arrivals at the BEPs who needed to be moved to the camps. The IOM's transportation role was also relevant in that it facilitated the interventions of all the other cooperating partners. "The report is annexed to the UNRC report.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNICEF UNFPA	**5. CERF grant period:**	04/04/2016 - 31/12/2016
2. CERF project code:	16-UF-CEF-008 16-UF-FPA-004	**6. Status of CERF grant:**	☐ Ongoing ☒ Concluded
3. Cluster/Sector:	Health		
4. Project title:	Emergency basic health services in support of the Burundian refugee influx into Tanzania		

7.Funding

a. Total funding requirements[4]:	US$ 4,475,000 US$ 2,200,000 (CEF) US$ 2,275,000 (FPA)	d. CERF funds forwarded to implementing partners:	
b. Total funding received[5]:	$490,264 (CEF) US$ 369,010 (FPA)	▪ *NGO partners and Red Cross/Crescent:*	US$ 44,219 (FPA)
c. Amount received from CERF:	US$ 694,675	▪ *Government Partners:*	US$ 10,606 (CEF)

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (< 18)	38,758	39,569	78,327	57,976	60,005	117,981
Adults (≥ 18)	25,836	26,648	52,484	42,290	45,885	88,175
Total	**64,594**	**66,217**	**130,811**	**100,266**	**105,890**	**206,156**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees	124,811	200,156
IDPs		
Host population	6,000	1,200
Other affected people		

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

[5] This should include both funding received from CERF and from other donors.

Total (same as in 8a)	**130,811**	**324,492**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	Burundians fleeing to Tanzania kept increasing as opposed to the expectations that this number will be going down.	

CERF Result Framework			
9. Project objective	Reduce maternal and under-five mortality among Burundi refugees by improving access to maternal, newborn and child health services		
10. Outcome statement	Women and children under-five lives saved and health status improved in 4 refugee camps (Nyarugusu, Nduta, Mtendeli and Karago)		
11. Outputs			
Output 1	Lifesaving sexual and reproductive maternal and newbornhealth services are strengthened in the 4 refugee camps		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of emergency reproductive health kits delivered for 1,500 pregnant women in 4 refugee camps	1,500	242
Indicator 1.2	Number of qualified health workers mobilized and deployed to 4 refugee camps	10	10
Indicator 1.3	Proportion of primary health care (PHC) posts providing maternal and newborn health services in 4 refugee camps	100% (4 hospitals, 16 Outpatient care/RH clinics)	Out of the three established camps, there are 3 (100%) hospitals (one for each camp), 9 (56%) RH clinics. (4 in Nduta, 4 in Nyarugusu and 1 in Mtendeli)
Indicator 1.4	Number of health workers trained on essential newborn survival especially the prevention and management of newborn infection/sepsis	34	20
Indicator 1.5	Percentage of births attended by skilled health personnel in the 4 refugee camps	99%	96%
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Mobilize and deploy 10 nurse mid-wives to PHC posts in 4 refugee camps	UNFPA, TRCS	UNFPA, TRCS
Activity 1.2	Recruit and deploy emergency health officer to support the 4 refugee camps	UNICEF	UNICEF
Activity 1.3	Procure and distribute emergency reproductive health kits within three months including 12 delivery beds, 10,000 dignity kits.	UNFPA	UNFPA
Activity 1.4	Provide emergency skills training to health workers on essential newborn survival especially the	UNICEF, MoHCDGEC	UNICEF, MoHCDGEC

	prevention and management of newborn infection/sepsis		
Activity 1.5	Acquire two ambulances for six months to support emergency referral services	UNFPA	UNFPA, IRC
Output 2	Emergency/basic immunization services are established and provided in 4 refugee camps		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Coverage of measles vaccination to all children under-five years among refugee population	95%	98%
Indicator 2.2	Coverage of pentavalent 3 vaccination to all children under-five years among refugee population	95%	97%
Indicator 2.3	Number of central storage facilities for vaccines with functional cold chain equipment	4	3 (Nyarugusu, Mtendeli and Nduta)
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Procure vaccine antigens (measles-rubella, polio, pentavalent, rotavirus and pneumococcal conjugate vaccine) and distribute to implementing partners in 4 refugee camps	UNICEF	UNICEF
Activity 2.2	Procure vaccine-related supplies and distribute to implementing partners in 4 refugee camps	UNICEF	UNICEF
Activity 2.3	Procure cold chain equipment and distribute to implementing partners in 4 refugee camps	UNICEF	UNICEF
Output 3	Malaria control (prevention and treatment) interventions are implemented in the 4 refugee camps		
Output 3 Indicators	**Description**	**Target**	**Reached**
Indicator 3.1	Proportion of households provided with Long Lasting Insecticide-treated Nets (LLINs) in the 4 refugee camps	100%	85% in Nduta, 84% Nyarugusu and 64% in Mtendeli
Indicator 3.2	Number or percentage of malaria cases identified and treated in 4 refugee camps	100%	100%
Indicator 3.3	Number of malaria Rapid Diagnostic Tests (mRDT) distributed in the 4 refugee camps	615	750
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	Procure and distribute LLINs to households in the 4 refugee camps	UNICEF	UNICEF, TRCS
Activity 3.2	Procure malaria Rapid Diagnostic Tests (mRDT) and distribute to implementing partners in 4 refugee camps	UNICEF, MOHCDGEC	UNICEF, TRCS
Activity 3.3	Procure malaria drugs (both complicated and un-complicated) and distribute to implementing partners in 4 refugee camps	UNICEF, MOHCDGEC	UNICEF, TRCS
Output 4	Increased coverage of treatment of children under five suffering from severe acute malnutrition		
Output 4 Indicators	**Description**	**Target**	**Reached**

Indicator 4.1	Number and Proportion of children under five treated from severe acute malnutrition	2000	1723
Indicator 4.2	Cure rate of SAM treatment program	>95%	98%
Indicator 4.3	Death rate of SAM treatment program	<5%	2%
Output 4 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 4.1	Procure and distribute emergency nutrition supplies for management of severe acute malnutrition (RUTF, F-75, F-100, ReSoMal, MUAC tapes) to implementing partners in 4 refugee camps	UNICEF	UNICEF
Activity 4.2	Organise active screening for detection and referral of children with severe acute malnutrition into refugee camps	TRCS, MSF, UNICEF	TRCS
Activity 4.3	Provide quality treatment of children with severe acute malnutrition	TRCS, MSF	TRCS, MSF
Activity 4.4	Supervise, Monitor and report programme on treatment of severe acute malnutrition	TRCS, MSF, UNICEF	TRCS, MSF, UNICEF
Output 5	Social mobilization and sensitization for positive health and nutrition practices are conducted in the 4 refugee camps		
Output 5 Indicators	**Description**	**Target**	**Reached**
Indicator 5.1	Number of community health workers (CHWs) trained on community mobilization and sensitization	500	300
Indicator 5.2	Number of community mobilization/sensitization meetings conducted on health and nutrition	One/week	One/week
Indicator 5.3	Number of multi-media IEC materials produced and distributed	500,000	22,000
Output 5 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 5.1	Train and deploy 105 community health workers (HITs/HP etc) among Burundi refugee population	UNICEF, TRCS	UNICEF, TRCS
Activity 5.2	Conduct household visits, campaigns, and community mobilization/sensitization meetings on health and nutrition promotion, case identification and referral, care seeking, and disease control	UNICEF, TRCS	UNICEF, TRCS
Activity 5.3	Production and distribution of multi-media IEC materials for health and nutrition key behaviours	UNICEF	UNICEF
Output 6	Supportive supervision system and tools for emergency basic health services is in place in the 4 refugee camps		
Output 6 Indicators	**Description**	**Target**	**Reached**
Indicator 6.1	At least one health and nutrition information session is conducted weekly in all 4 refugee camps to share critical health information and adjust activities as the crisis evolves.	One/week in 4 camps	One/week in 4 camps
Indicator 6.2	Timely weekly health and nutrition surveillance data and reports from at least 80% of health facilities in the 4 refugee camp	80%	80%

Indicator 6.3	Monthly joint Local Government Authorities (LGAs - Kasulu, Kibondo, Kakonko) and implementing partners integrated supportive supervision for health and nutrition service provision to ensure ongoing detection of outbreaks and essential link between camp and local services	One/month	One/Month 4 meetings with DMO Kibondo, 2 meetings with DMO Kakonko and 4 meetings with DMO Kasulu on vaccine storage and distribution, maternal and perinatal mortality, request of supplies from UNICEF Fill in
Output 6 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 6.1	Convene weekly health and nutrition information sessions in all 4 refugee camps	UNICEF, UNFPA	UNICEF, UNFPA
Activity 6.2	Conduct monthly joint integrated supportive supervision (involving LGAs - Kasulu, Kibondo, Kakonko and implementing partners) for health and nutrition interventions in 4 refugee camps	UNICEF, UNFPA, LGAs	UNICEF, UNFPA, LGAs
Activity 6.3	Support implementing partners to produce weekly health and nutrition reports or updates	UNICEF, UNFPA	UNICEF, 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:

Development, production and distribution of 500,000 IEC materials was not implemented as planned. Only 22,000 IEC materials were produced and distribute. IEC materials developed in the past for WASH and other interventions were made available and spared the allocated funds for other activities including procurement of additional vaccines and medical supplies.

242 ERH kits were procured. Some 3,384 pregnant women were reached.

The result of SAM cases is less than the 5 per cent as the number of actual SAM cases was lower than projected as the projection assumed a faster deterioration in nutritional status. It is prudent to over target in order to ensure that the health system is prepared to cope.

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

UNICEF uses refugee women and men as service providers in health facilities in the camps and are involved from planning stages of the needs to implementation. Health Information teams and health promoters are also from the refugee population and these do conduct sensitization and awareness on health, nutrition and sanitation issues to ensure that the refugee community is free from health and water related diseases. IEC materials with key messages are translated into Kirundi with the help of refugees and reporting and feedback on progress, challenges and issues requiring remedial actions is done with the support of the refugees.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
Monitoring and supportive supervision of the response activities were being done on regular basis; gaps and challenges in response identified and addressed immediately. Project evaluation was not part of the planned/ activities.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	WHO	**5. CERF grant period:**	14/03/2016 - 31/12/2016
2. CERF project code:	16-UF-WHO-004	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Health		☒ Concluded
4. Project title:	Reduction of cholera morbidity/mortality through integrated lifesaving measures on water, sanitation, community mobilization and case management		

7.Funding			
	a. Total funding requirements[6]:	US$ 6,000,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received[7]:	US$ 2,204,172	▪ *NGO partners and Red Cross/Crescent:*
	c. Amount received from CERF:	US$ 500,000	▪ *Government Partners:*

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (< 18)	114,345	93,555	207,900	164,545	163,781	328,326
Adults (≥ 18)	232,155	189,945	422,100	157,928	169,125	327,054
Total	**346,500**	**283,500**	**630,000**	**322,473**	**332,907**	**655,380**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs		
Host population		
Other affected people	630,000	655,380
Total (same as in 8a)	**630,000**	**655,380**

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

[7] This should include both funding received from CERF and from other donors.

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	

CERF Result Framework			
9. Project objective	Reduce morbidity and mortality in selected cholera hotspot villages through the provision of safe drinking water, construction of sanitary facilities, community sensitization and improved cholera case management		
10. Outcome statement	Lives saved and quality of lives improved in eight high priority districts eight		
11. Outputs			
Output 1	630,000 individuals have access to portable water and 4,000 individuals have access to VIP latrines from selected eight high priority districts		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Percentage of sampled8 households with drinking water having free residual chlorine level of 0.3-0.5mg/l	80%	70%
Indicator 1.2	Number of boreholes constructed in 8 high priority districts9	20	20
Indicator 1.3	Number of households in 8 high priority districts with latrines constructed	200	200
Indicator 1.4	Number of households with supplies of chlorine based tablets for 6 weeks in the 8 five high priority regions.	337,912	514,285
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Conduct of water and sanitation survey among selected high risk communities such as Fishermen, Maasai, etc., and develop a water and sanitation safety plan for the community.	WHO	WHO
Activity 1.2	Procure water quality testing kits and chlorine-based tablets for household water treatment	WHO	WHO
Activity 1.3	Provide eight priority districts with safe drinking water through 20 hand pump borehole construction. Repair & improve 43 non-functional boreholes, and undertake emergency chlorination	WHO	WHO
Activity 1.4	Support construction of 200 Ventilated Improved Pit (VIP) latrines as a demonstration in the eight high priority districts. Train local artisans on construction of low cost latrines	WHO	WHO
Output 2	1,689,560 at risk individuals empowered for better health seeking behaviour; and made more aware of good personal hygiene, sanitation and food safety		

[8] This will be achieved by a representative survey of sampled households and not the entire household population.
[9] The VIP latrines will serve a population of at least 4,000 but they will also be used for demonstration for the high priority regions to motivate people on latrine construction.

Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of beneficiary households with access to information on safe hygiene and sanitation that is unfamiliar to them	337,912 (100%)	337,912
Indicator 2.2	Percentage of sampled beneficiaries able to recall at least two transmission routes and two prevention measures for cholera	80%	90%
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Conduct sensitization meetings with Community Owned Supply Organizations (COWSO) on water safety qualities and hygiene promotion in the eight priority districts	WHO, MOH	WHO,MOH
Activity 2.2	Conduct community sensitization and hygiene promotion campaign on hygiene-related risks and preventive actions; safe water handling and point of use/ household water treatment in the eight priority districts	WHO, MOH	WHO,MOH
Activity 2.3	Create awareness for water & food vendors on cholera and hygiene promotion in the eight priority districts	WHO, MOH	WHO,MOH
Activity 2.4	Regularly monitor key hygiene promotion campaigns, hygiene practices, use of infrastructures provided, and water quality at communal water distribution points and household level in the eight priority districts.	WHO, MOH	WHO,MOH
Output 3	Case fatality reduced to <1%and suspected cases promptly referred to cholera treatment centres in the eight high priority districts		
Output 3 Indicators	**Description**	**Target**	**Reached**
Indicator 3.1	Case fatality rate reduced 10	<1%	1.5%
Indicator 3.2	Number of frontline health workers & CORPs deployed to overburdened treatment centres in the eight high priority districts	400	1500
Indicator 3.3	Proportion of cholera cases line listed in the eight high priority districts	95%	92.4%
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	Procure equipment and medicines and Oral Rehydration Points/Corners (ORPs) – Diarrhoea Disease Kits (DDKs) (see attached), Oral Rehydration Salts (ORS)	WHO	WHO
Activity 3.2	Redeploy 400 frontline health workers and CORPs (oriented in case management and community mobilization)), to overburdened treatment centres	WHO, MOH	WHO,MOH

[10] The goal is to reduce Case fatality Rate (CRF) for each of the priority districts to less than 1%.

Activity 3.3	Orient community leaders on provision and dispensing of ORS to suspected diarrhoea cases and set up of community of ORS Rehydration Points (ORPs).	MOH	MOH
Activity 3.4	Support for contact tracing, line listing and reporting of cases and follow up disinfection through deployment of volunteers and Community Owned Resource Persons (CORPs)	MOH	MOH

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 was no discrepancy between planned and actual outcomes, outputs and activities. Additional 52% or 176,373 households were reached with supplies of chlorine based tablets in the high priority regions due to increased demand which was met using existing resources.

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

There was intensive community mobilisation to sensitize the villagers on the causes, prevention and treatment of cholera cases. This was followed by identification, training and subsequent engagement/deployment of community health workers and volunteers from the hotspot villages on community mobilisation, active case finding, referrals and case management. The community health workers and volunteers are part of the monthly Rapid Response Teams (RRT), and provided regular feedbacks to their communities.

The community health workers were also part of the assessment team that conducted awareness level of the causes and control of cholera. The results of the assessment were used to inform social mobilization strategies at community level, of which the Community health workers were part of its design, implementation and monitoring of its effectiveness.

Towards the construction of household's demonstration latrines and boreholes, local artisans were recruited with the support of their communities, registered and trained on latrine and borehole construction and maintenance using local raw materials. They were eventually engaged in the construction of all 200 latrines and 20 boreholes supported by the CERF funds. These local artisans have been engaged in monitoring the performance and ensuring maintenance of the latrines and boreholes in their respective villages. They also support other households to construct their own latrines using the CERF-supported latrines as models; while also supporting the District Councils to construct more cost-effective boreholes for the communities using the CERF-supported boreholes as models.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
A comprehensive evaluation is being planned. The MOH has agreed that the evaluation should take place. However, the exact dates or the final form have not yet been agreed. Discussions between the MOH and WHO AFRO and HQ are on-going.	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-UF-CEF-008	Health	UNICEF	GOV	$10,606
16-UF-FPA-004	Health	UNFPA	RedC	$14,947
16-UF-FPA-004	Health	UNFPA	INGO	$29,272
16-UF-FPA-005	Protection	UNFPA	INGO	$78,748
16-UF-CEF-010	Water, Sanitation and Hygiene	UNICEF	INGO	$366,444
16-UF-CEF-010	Water, Sanitation and Hygiene	UNICEF	NNGO	$64,419
16-UF-HCR-006	Water, Sanitation and Hygiene	UNHCR	INGO	$405,000
16-UF-HCR-006	Water, Sanitation and Hygiene	UNHCR	NNGO	$352,434
16-UF-HCR-006	Water, Sanitation and Hygiene	UNHCR	INGO	$105,000
16-UF-WFP-002	Food Assistance	WFP	INGO	$13,070
16-UF-HCR-005	Shelter /NFI	UNHCR	INGO	$204,000
16-UF-HCR-005	Shelter /NFI	UNHCR	NNGO	$476,000
16-UF-HCR-004	Protection	UNHCR	INGO	$106,586
16-UF-HCR-004	Protection	UNHCR	NNGO	$163,388
16-UF-WFP-002	Food Assistance	WFP	INGO	$13,070

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ADRA	Adventist Development and Relief Agency
AIRD	African Initiatives for Relief & Development
BCC	Behavioural Change Communication
BEP	Border entry points
BSFP	Blanket Supplementary Feeding Programme
CBT	Cash Based Transfer
CFS	Child Friendly Spaces
CHS	Community Household Surveillance
CRI	Core relief items
CTC	Cholera Treatment Centres
DC	District Council
DMO	District Medical Officer
DRC	Democratic Republic of Congo
DRC	Danish Refugee Council
FCS	Food Consumption Score
FDP	Final Distribution Point
FRC	Free Residual Chlorine
GAM	Global Acute Malnutrition
GFD	General Food Distribution
HDDS	Household Dietary Diversity Score
HEB	High Energy Biscuit

HTH	High Test Hypochlorite
IEC	Information, Edcuation and Communication
IMAM	Integrated Management of Childhood Illnesses
IOM	International Organization for Migration
IP	Implementing Partner
IRC	International Rescue Committee
IYCF	Infant and Young Child Feeding
LGA	Local Government Authorities
MHA	Ministry of Home Affairs
MHM	Menstrual Hygiene Management
MIYCN	Maternal Infant and Young Child Nutrition
MoHCDGEC	Ministry of Health, Community Development, Gender, Seniors and Children
MSF	Médecins Sans Frontières
MUAC	Mid-Upper Arm Circumference
NFI	Non-Food Items
O&M	Operation and Maintenance
PDM	Post Distribution Monitoring
PSEA	Protection aginast Sexual Explotation and Abuse
RAS	Regional Administrative Secretary
RC/HC	Resident Coordinator/Humanitarian Coordinator
RCM	Refugee Coordination Model
REDESO	Relief to Development Society
RH	Reproductive Health
RMO	Regional Medical Officer
RRRP	Regional Refugee Response Plan
RRT	Rapid Response Team
SAM	Severe Acute Malnutrition
SC	Separated children
SENS	Standard Expanded Nutrition Survey
SGBV	Sexual and Gender Based Violence
SWASH	School Water, Sanitation and Hygiene
TCRS	Tanzania Christian Refugees Services
TRCS	Tanzania Red Cross Society
TWESA	Tanzanian Water & Envrionmental Society
UAC	Un-accompanied children
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WFP	United Nations World Food Programme
WVT	World Vision Tanzania