

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
LEBANON
UNDERFUNDED EMERGENCY/ROUND I - 2015**

RESIDENT/HUMANITARIAN COORDINATOR

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REPORTING PROCESS AND CONSULTATION SUMMARY

- a. Please indicate when the After Action Review (AAR) was conducted and who participated.
The Humanitarian Country Team (HCT) was consulted on the use of CERF Under-Funded grant. UNHCR and UNFPA underlined that the in-country CERF consultation process was well-prepared and inclusive, besides it allowed for open discussion on the most effective use of CERF funding. Moreover, the funding enabled timely and critical programme coverage.
- 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 guidelines and the components of reporting were shared with the Implementing Agencies (IAs) (UNHCR, WFP, UNICEF, UNFPA and UNRWA) prior to the preparation of the report. Each of them drafted its respective report and shared it with OCHA for review and consolidation. The zero draft of the report was shared with the inter-sector coordinators for consultation on 19 May 2016.
- c. Was the final version of the RC/HC Report shared for review with in-country stakeholders as recommended in the guidelines (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?
YES NO
The final compiled report was shared with the IAs for review and comment. The report was amended as per the feedback of 19 May 2016 before it was endorsed by the HC.
P.S: The IAs were recommended to consult their respective Implementing Partners (IPs) on the outcomes and the achievements of their CERF projects.

I. HUMANITARIAN CONTEXT

| TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$) | | |
|--|--|----------------------|
| Total amount required for the humanitarian response: 1,870,000,000 | | |
| Breakdown of total response funding received by source | Source | Amount |
| | CERF | 18,004,139 |
| | COUNTRY-BASED POOL FUND (<i>if applicable</i>) | 5,470,674 |
| | OTHER (bilateral/multilateral) | 1,851,448,187 |
| | TOTAL | 1,870,000,000 |

| TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$) | | | |
|--|---------------|-------------------------------|-------------------|
| Allocation 1 – date of official submission: 19-Feb-15 | | | |
| Agency | Project code | Cluster/Sector | Amount |
| UNHCR | 15-UF-HCR-009 | Health | 5,000,397 |
| UNICEF | 15-UF-CEF-018 | Water, Sanitation and Hygiene | 6,000,001 |
| UNRWA | 15-UF-RWA-003 | Health | 1,000,001 |
| UNFPA | 15-UF-FPA-005 | Health | 1,003,740 |
| WFP | 15-UF-WFP-015 | Food Aid | 1,000,000 |
| WFP | 15-UF-WFP-014 | Food Aid | 4,000,000 |
| TOTAL | | | 18,004,139 |

| TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$) | |
|--|-------------------|
| Type of implementation modality | Amount |
| Direct UN agencies /IOM implementation | 11,593,372 |
| Funds forwarded to NGOs for implementation ¹ | 6,376,867 |
| Funds forwarded to government partners | 33,900 |
| TOTAL | 18,004,139 |

¹ Amendments occurred during the implementation

HUMANITARIAN NEEDS

With a population increase of 37 per cent since the beginning of the crisis, the Government of Lebanon (GoL) estimate that, as of January 2016, the country hosts 1.5 million Syrian refugees, including 1.07 million registered by UNHCR. The Syrian refugees, along with 42,000 Palestine Refugees from Syria (PRS), have joined a pre-existing population of more than 270,000 Palestine Refugees in Lebanon (PRL). With over 30 per cent of the country's population being a refugee, nearly half of those most affected by the crisis are children and adolescents, without forgetting that over 50 per cent of the Syrian community are women.

This large number of refugees places significant pressure on the local economy and infrastructure as well as national public services and social safety nets, particularly in the most vulnerable and densely populated areas such as Akkar and Bekaa where the refugees' influx has also created a perceived competition for resources and Lebanese unemployment has doubled; 251 localities where two-thirds of the poorest Lebanese cohabit with 87 per cent of all refugees².

Moreover and even prior to the outbreak of the Syria crisis, PRL were already struggling to have decent living conditions in the 12 Palestinian camps scattered all over the country. The UNRWA services across sectors were already stretched and the camps' infrastructure was in dire need of rehabilitation and maintenance. Therefore, the PRS have been exposed to greater risk³.

The Lebanon Crisis Response Plan (LCRP) 2015, a joint UN-Government of Lebanon (GoL) plan, proposed a \$2.14 billion plan, revised to \$1.87b at mid-year, to provide direct humanitarian assistance to 2.2 million vulnerable individuals with acute needs (Hosting Lebanese, Syrian and Palestine refugees) as well as to invest in services, economies and institutions reaching up to 2.9 million people in the most vulnerable locations in Lebanon. Consequently, the timely CERF allocation allowed targeting the priority needs of the extremely vulnerable at individual and Household (HH) level, priority needs of at-risk localities facing high chronic and crisis-related stresses on services and local economies and priority needs of national and social institutions over-stretched by the demands of the crisis. Based on the above, the CERF allocation strategy involved equitable attention to the needs of the different vulnerable cohorts identified in the LCRP.

Although there has been an official 'no-camp policy', early 2015, an estimated 15 per cent of Syrian refugees were living in Informal Settlements (ISs) which are in essence small camps of a handful to sometimes several dozen tents and two more per cent in collective shelter. Children, women and their families living in such temporary type of shelter, often makeshift living environments without access to appropriate WASH services have been among the most vulnerable populations affected by the Syria crisis. The number of refugees living in ISs has considerably increased in 2015. More than 180,000 people live in rudimentary conditions with scarce or limited access to water, sanitation, hygiene and other essential basic services. The crowded conditions of many ISs and other shelters for Syrian refugees have been associated with serious health risks for vulnerable women and children. Many children living in ISs have been not able to access a public system, which urges the intervention of UNICEF as part of the CERF grantees in 2105. Thus, the UNICEF CERF project focused on the provision of access to WASH supplies and services to vulnerable children and their families living in ISs and their surrounding areas.

As the crisis persisted, refugees became more and more vulnerable; the proportion of Syrian refugees unable to meet their minimal survival expenditures (\$435/household/month) has increased from 29 per cent to 52 per cent between 2014 and 2015. Funding shortages in late 2014 and 2015 led to a reduction in food assistance, whereby targeted Syrian refugees saw a fluctuation in the value of the e-card assistance between 50 per cent and 80 per cent of the intended \$27 value. Therefore, one of the WFP CERF projects aimed to ensure Food assistance to vulnerable Syrian refugee families with children under the age of five in Lebanon.

With the erratic funding situation, the CERF funding was used to assist Syrian refugees with US\$19/person for two months, instead of US\$27 for one month as planned in order to be aligned with the overall reduced voucher value.

As a consequence of the violence in Syria and the destruction of public infrastructure, many refugees arrive with health conditions that required immediate attention. Others have developed health problems during displacement, related to trauma and substandard living conditions. Common health care needs of refugees have included: Reproductive Health (RH) care and family planning for women of reproductive age, care and treatment for women survivors of violence through the Clinical Management of Rape (CMR), child health care (i.e. vaccinations), treatment for acute illnesses (respiratory infections, gastrointestinal diseases), chronic diseases (hypertension, diabetes) and mental health. In light of their limited financial resources, refugees needed support in accessing primary, secondary and tertiary health care within the public and private health care systems. While, UN agencies and other humanitarian actors assisted the

² According to the World Bank, it is estimated that by the end of 2014, the Syrian conflict would cut real GDP growth by 2.85 percentage points, entailing large losses in terms of wages, profits, taxes, or private consumption and investment. It is estimated that this would push approximately 170,000 Lebanese into poverty and double the unemployment rate to above 20 per cent. (World Bank (2013), "Lebanon Economic and Social Impact Assessment of the Syrian Conflict," Report No. 81098-LB)

³ The UNRWA Vulnerability Assessment (2014) showed that more than 90 per cent of the PRS population in Lebanon is vulnerable.

Syrian refugees in providing the needed services between 2011 and 2014, with the CERF grant, UNHCR and UNFPA ensured access to primary and secondary health care services in Tripoli, Akkar, the Bekaa.

Furthermore, the influx of PRS into Lebanon has put extra strain on UNRWA's ability to provide healthcare services to Palestine refugees in critical need⁴. While UNRWA has been the main health care provider in Lebanon for Palestinians, a CERF Health project allowed the provision of basic primary, secondary and tertiary healthcare services to the additional refugee population and ensured emergency health care needs are adequately addressed. The project addressed the immediate humanitarian needs of the PRS and helped strengthening the existing UNRWA healthcare programs and enhancing the quality of these services.

II. FOCUS AREAS AND PRIORITIZATION

The CERF grant was divided among six projects of a comprehensive and targeted package of health, WASH and food security. The projects were implemented by WFP, UNHCR, UNFPA, UNICEF and UNRWA between April and December 2015. The projects aimed at providing emergency assistance and support to 296,850 of the most vulnerable Syrians, Lebanese and Palestinians. As mentioned above, the interventions had also partially contributed to strengthening local service delivery systems benefiting the Lebanese hosting communities by supporting existing infrastructures, doctors and systems, and food security assistance to poorest Lebanese.

The six projects were identified based on needs assessments conducted in 2014, existing and foreseen gaps. As planned, the majority of the CERF interventions took place in the Bekaa and northern governorates, Akkar and North, preventing the deterioration of the vulnerability status of these particular communities hosting almost 60 per cent of Syrian refugees and most poor Lebanese.

For the most part, the implementation was reported to be in line with the original plans; however, necessary programme modifications were introduced to four projects due to: sector funding shortfalls, revised needs, availability of commodities by supplier and delays in procurement. Besides, the implementation in less accessible areas, like Aarsal, constituted a considerable challenge.

Health

The LCRP 2015 health strategy sought to maintain the health status of the affected population, to reduce health risks and to respond to potential disease outbreaks. Health partners have been focusing on three key priorities:

- To improve access, coverage, and quality of Primary Health Care (PHC) services;
- To improve access and quality of health care services at the secondary and tertiary level;
- And to support the national health system in the prevention, detection and response to outbreaks of public health importance.

The HCR project was designed to contribute to the first and second priorities of the sector, using CERF funds to provide PHC consultations and services through supported Primary Health Care Centers (PHCCs) and Mobile Medical Units (MMU), to minimize the need for more expensive secondary health care and unnecessary referrals in particular. Based on core public health vulnerability criteria, boys and girls under 5 years of age, pregnant and lactating women, survivors of Gender Based Violence (GBV), elderly over 60 years of age, persons with disabilities and mental health conditions, those with acute life-threatening emergencies and people with the most significant group of chronic diseases are in the greatest need of support and are prioritised within the sector strategy. The targeted population included the most vulnerable Syrian refugees (900,000)⁵. Throughout 2015, strategic shifts were observed within the health sector, thus the interventions based on priority needs. As a result, the CERF grant allowed UNHCR to cover most of the consultation fees for all refugees received in the PHCCs in the North and the Bekaa, and 85 per cent of the cost of diagnostic procedures for selected groups (including pregnant women, children under 5 and adults over 65 years). Besides, 100 per cent of the costs of two ultrasound scans per pregnant woman were covered. Specific areas of focus included RH (including antenatal care, post natal care and family planning); an Expanded Programme on Immunization (EPI) and management of Non-Communicable Diseases (NCDs). In addition to the PHC, the CERF project covered secondary health care costs. The activity was designed in line with the existing Standard Operating Procedures (SOPs) and referral guidelines through its network of supported hospitals providing specific low rate to Syrian Refugees. This network was constantly assessed and adapted to ensure adequate quality of care and sufficient coverage for the growing number of cases in need of assistance.

From the same perspective, the UNFPA CERF project complemented the UNHCR intervention by responding to the identified health needs of women and girls from both Syrian refugees and Lebanese hosting communities. The primary objective of UNFPA's project was to promote and facilitate access of 15,000 women and girls directly and 80,000 indirectly to safe spaces providing a wide range of life skills based RH services – namely family planning. Throughout the year the needs of the vulnerable women to be enrolled in RH and

⁴ Based on consultation numbers in 2014 approx. 1,000 PRS patients visit UNRWA Health Clinics every day.

⁵ 35 per cent of Syrian refugees are located in Bekaa, 29 per cent in Beirut & Mount Lebanon, 24 per cent in the North and 12 per cent in South

GBV programmes has increased. UNFPA remarkably exceeded the original planned target by 200 per cent. The credit goes particularly to the cost effectiveness of UNFPA's IPs under the agency monitoring and guidance.

It is worth mentioning that despite the unexpected success of the project, the implementation faced several challenges which led to the extension of the project's duration and minor reprogramming. The delays occurred mainly in two activities: the training of service providers on CMR and the assessment of the referral system from primary to secondary health care.

In addition to the secondary and primary health cares provided by UNHCR and UNFPA to the Syrian refugees and indirectly to the Lebanese hosting community, the CERF health package contributed to cover the health services costs to PRS and PRL through the funding of the core healthcare programmes of UNRWA. Although the project was able to meet the planned target of 44,000, the implementation experienced some delays related to UNRWA's change-over to a new financial system which also affected their global procurement of medicine and therefore the country procurement. The latter, lead into a four month No-Cost Extension (NCE) as a result.

WASH

With regard to the WASH sector, the health and environmental impact of the insalubrious shelters of the Syrian Refugees has been evident, with waterborne diseases, including dysentery, hepatitis A, leishmaniosis and typhoid the leading diseases affecting children, peaking among those aged 0-4 years. In 2015, Hepatitis A was the second most notifiable disease, with 791 reported cases, and Typhoid the third most, with 426 reported cases (as of late October)

Therefore, the UNICEF project aimed to reduce serious and mounting health threats affecting vulnerable refugees, resulting from poor water quality and insufficient access to basic hygiene facilities in ISs and small scale infrastructure project in close proximity to temporary shelters in order to mitigate potential impacts of major refugee influxes on poor and/or vulnerable host communities. The implementation of these planned activities helped reducing the threat of communicable diseases through provision of safe water for drinking, cooking and hygiene purposes; adequate sanitation facilities and excreta disposal; hygiene promotion messaging and hygiene items.

As well as satisfying crucial water, sanitation and hygiene promotion needs, CERF-funded WASH interventions contributed to the reduction of healthcare service needs and decreased the vulnerability of refugees to malnutrition through the improvement of hygiene conditions and practices/reduction of diarrhoeal illnesses. The project also focused on the needs of Syrian vulnerable children aged under five and women living in ISs and surrounding disadvantaged Lebanese in the North, Akkar and Bekaa.

Nevertheless, the implementation has been a considerable challenge in Aarsal, a hard to reach area in Bekaa with access restrictions for international staff. To ensure continuity of services in Aarsal, UNICEF worked with well-established NGOs in the region which were able to maintain a field presence. Moreover, acceptance of refugee settlements by host communities was diminished, particularly in areas of tension such as Fayda district in Central Bekaa. Furthermore, the continuing influxes of refugees in Aarsal and other areas created a perceived competition for resources, including WASH-related resources. Therefore, UNICEF supported the mitigation of tension between Syrian refugees and Lebanese host communities through investment (with non-CERF funds) in WASH services in Lebanese communities, with sustainable projects implemented directly through private sector contracts.

Food Security

In addition to Health and WASH, the CERF grant helped meeting the Food Security strategic planning through two projects implemented by WFP.

With the CERF funds, WFP provided life-saving assistance through e-cards to vulnerable Syrian refugee children under five years old in Akkar and the Bekaa who cannot meet their food needs. This particular grant was utilized to fill the funding gap of the ongoing e-card assistance to vulnerable Syrians in April and May 2015. Nevertheless, the monthly voucher value was reduced from \$27 to \$19 per person due to funding shortfalls which affected the overall WFP food assistance programme.

A second food security project was used to assist vulnerable Lebanese through electronic-vouchers (e-cards) to help them meeting their food needs. A total of 28,259 Lebanese people in Akkar, North Lebanon and Bekaa benefited from this contribution for one month. Due to the funding situation, the CERF fund was used to assist 89,162 individuals with US\$19 for two months, instead of 125,595 individuals with US\$27 for one month in order to be aligned with the overall reduced voucher value. The e-card loading for 27,209 individuals with the CERF grant was completed in May. However, the target as well as the voucher value provided to the National Poverty Targeting Programme (NPTP) beneficiaries decreased from the originally planned figures and WFP had to align the voucher value with the amount provided to the Syrian Refugees in Lebanon. As a result, the 27,209 vulnerable Lebanese received \$27 instead of \$30. Thus the remaining

III. CERF PROCESS

As previously mentioned the CERF allocation aimed to support, within the LCRP, the highest priority life-saving activities identified by the Humanitarian Country Team (HCT) and taking into consideration indications from donors on their funding priorities in 2015 at both sector and agencies levels. Several funding mechanisms existed and complemented the CERF projects; while some were more development in nature (e.g. Multi-Donors Trust Fund (MDTF), the Lebanon Recover Fund (LRF)) and focused on deprivation of essential social services in the same geographic areas, the Lebanon Humanitarian Fund (HF) allocated \$5.47 million to local and international NGOs mainly implementing protection and covering winterisation needs uncovered by the CERF projects.

The CERF strategy was jointly designed with an HCT core group who took into account the implementation timeframe and possible impact of CERF over the entire period, rather than a one-off ad hoc support. Furthermore, having the RC/HC sitting on the boards of several funds, he also ensured the complimentary with the other funding strategies.

To ensure efficient implementation, a coordinated approach involving the relevant sector partners was undertaken by each agency and took place at the national and the field level, primarily for coordination, detailed planning and implementation of activities among actors.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR¹

| Total number of individuals affected by the crisis: 431,135 | | | | | | | | | |
|---|--------------|--------------|----------------|-------------|------------|---------------|-----------------|---------------|----------------|
| Cluster/Sector | Female | | | Male | | | Total | | |
| | Girls (< 18) | Women (≥ 18) | Total | Boys (< 18) | Men (≥ 18) | Total | Children (< 18) | Adults (≥ 18) | Total |
| Water, Sanitation and Hygiene | 55,954 | 19,766 | 75,720 | 13,848 | 68,233 | 82,081 | 69,802 | 87,999 | 157,801 |
| Health | 34,501 | 71,531 | 106,032 | 29,151 | 21,780 | 50,931 | 63,652 | 93,311 | 156,963 |
| Food Aid | 53,438 | 6,802 | 60,240 | 50,145 | 5,986 | 56,131 | 103,583 | 12,788 | 116,371 |

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

BENEFICIARY ESTIMATION

The six projects initially aimed to target 296,850 individuals of the most vulnerable communities in Lebanon (Syrian Refugee, Palestine refugees and Lebanese) between April and December 2015 and to strengthen local service delivery systems.

Beneficiaries and projects were identified based on two levels of vulnerability mentioned in the LCRP:

- Vulnerability linked to failure to meet fundamental material needs and legal protection which is reflected by the vulnerability to endemic poverty, hunger, homelessness and illness of people and HHs based on economic situation;
- Vulnerability linked to deprivation of essential social services reflected by the vulnerability in access to services especially for health, education, water, social welfare and protection.

As planned, the majority of the CERF interventions took place in the Bekaa and northern governorates preventing the deterioration of the vulnerability of these areas.

Over the first six months, the implementation was reported to be on track for the most part, the IAs had even reported potentially going beyond the original target set by the group.

WFP was able to reprogram the same amount doubling the coverage from one month to two, and UNFPA, with three months NCE, was able to considerably exceed its the planned beneficiaries. The most outstanding increase was reached by UNICEF project which was able to support almost 600 per cent more beneficiaries.

Although the amendments were sector and context specific, the IAs and their IPs (11 INGOs, 4 NNGOs and the Ministries of Social Affairs (MOSA) and Public Health) have been improving their coordination and planning throughout the year in order to have a more cost efficient response.

| TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING² | | | |
|---|------------------------|-------------------------|----------------|
| | Children (≥ 18) | Adults (> 18) | Total |
| Female | 84,022 | 60,057 | 144,079 |
| Male | 83 536 | 35,629 | 119,165 |
| Total individuals (Female and male) | 167,558 | 95,686 | 263,244 |

The initial estimated number of beneficiaries targeted by the six projects was 296,850 people⁶.

CERF RESULTS

Health sector

Three complementing Health projects supported access to life-saving primary and secondary health care of different cohorts (Syrian and Palestine refugees as well as Lebanese hosting communities) in the most vulnerable areas in Lebanon.

The UNHCR project facilitated access of 68,878 Syrian refugees to primary health care and over 6,400 people to secondary health care in Akkar, Tripoli and Bekaa. As per the original plan, the project was supposed to cover the health lifesaving needs of 98,996 people nationwide for six months. However, following consultation with the CERF Secretariat, the geographical scope was later adjusted to Tripoli, Akkar and Bekaa and accounted for 67 per cent of all PHC coverage. The timeframe was also adjusted to nine instead of six months. The final target was not however adjusted to reflect these changes. Finally, the unit cost of primary health care consultations rose during the implementation period, resulting in fewer consultations being supported than originally envisioned. Therefore, the project was able to cover 100 per cent of the secondary health and only 74 per cent of the PHC target, the cumulative target totalled 75,290 people over nine months of implementation.

On the other side, the UNFPA project gave more attention to women and young girls supporting provision of timely and quality RH services and information. As part of the project, 37,673 vulnerable women and girls in the Bekaa (mostly Baalbeck area) and Akkar had access to RH information through 10 safe motherhood campaigns. In addition, outreach related activities were supported including provision of a wide range of tailored package such as life skills, problem solving, psycho-social counselling, and family planning counselling and CMR in the targeted communities affected by the crisis. It concluded with the support of 100 primary health care facilities supplied with continuous stock of RH drugs/contraception. Furthermore, 828 women were able to access a newly rehabilitated safe space in Baalbeck and to benefit from a comprehensive service package (including RH services through a physician and midwife). Furthermore 340 health care professionals received refreshers on CMR at primary and secondary care levels. Lastly and through CERF, UNFPA supported the procurement and equipping of a mobile medical unit for provision of RH services and information namely within ITS population.

Following the NCE granted as a result of procurement delays of medication and medical supplies as well as delays in receipt of hospitalization bills, UNRWA was able to cover 11,370 PHC visits and 1,000 lifesaving hospitalizations among PRS in the 12 Palestine refugee camps across Lebanon.

WASH

This UNICEF CERF-funded project for provision of critical WASH interventions in ISs in Lebanon was designed to maintain existing interventions for 24,500 people. In nine months of implementation, UNICEF had considerably exceeded the original target from 24,500 Syrian refugees to 143,953 Syrian refugees and vulnerable Lebanese. The success was mainly due to the improvement of the cost efficiency and the implementation of activities with lower cost per capita.

Moreover, 30,430 individuals have benefited from improved access to sanitation services through the construction, rehabilitation, maintenance and regular desludging of appropriate temporary and removable toilets, built in close proximity to their shelters.

⁶ The original figure was the cumulative number of WFP, UNHCR and UNRWA caseloads. The children targeted by UNICEF are considered to be covered by WFP. As for the UNFPA caseload, it is estimated to be included in the UNHCR's figure which is higher. Since the UNICEF target exceeded the WFP one for Lebanese and Syrian refugees children under 5, the cumulative result now includes UNICEF, UNHCR and UNRWA's figures.

In addition, 180,000 benefitted from the hygiene promotion (direct and indirect beneficiaries) mainly through the implementation of mass campaigns. As part of the WASH package 85,167 individuals have also benefited from solid waste collection and disposal in ISs.

All activities focused on providing WASH services in ISs and vulnerable communities located in the northern Lebanon and Bekaa, to mitigate waterborne diseases and have contributed to limiting the cases. As a result, Hepatitis A was reduced from more than 2,500 cases in 2014 to fewer than 800 in 2015 (through October 2015) and Typhoid from 546 to 426 (through October 2015). The support from CERF contributed to avoiding outbreaks of these two water-related diseases through the provision of adequate WASH services in ISs, which are more prone to the diseases than other places of residence in Lebanon. A key factor that contributed to this reduction was the integrated approach, which featured hygiene promotion campaigns and access to safe water, sanitation, and solid waste management.

Food Security

Due to funding constraints, a fluctuation in the value of the e-card assistance of the intended \$27 value was experienced in 2015. WFP achieved the outcome objective of the two food security CERF projects. Beneficiaries assisted under one of the project, included 89,162 Syrians under five with \$19 for two months, instead of 125,595 individuals with \$27 for one month (in order to be aligned with the overall reduced voucher value from \$27 to \$19 when WFP was facing funding shortfalls). A remaining amount was programmed to support additional 153 beneficiaries as part of a third month pooled targeting. Therefore, in terms of total value of e-vouchers, WFP reached 99.9 per cent of the plan 896,000 Syrian refugees reached through e-cards.

The second project achieved its outcome objective as food consumption of Lebanese families. The grant was used to assist 27,209 individuals with \$27 in May 2015 and the remaining balance was used to reach 27,209 beneficiaries.

The voucher value provided to beneficiaries was adjusted to \$27 per person, a reduction from \$30, following discussion with MoSA. In terms of total value of e-vouchers, WFP reached 99.4 per cent of its target.

Nevertheless the humanitarian situation of the Syrian refugees continued to deteriorate despite the ongoing response, in July and August and in light of funding shortages, refugees received only \$13.5 per person.

CERF's ADDED VALUE

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

YES PARTIALLY NO

The CERF funding was instrumental for fast delivery of assistance to beneficiaries who had limited services available, including health services, WASH and food. This funding enabled the refugees as well as the Lebanese hosting communities to access appropriate services, particularly children and women.

The CERF funding enabled UNRWA to enhance its health capacity and allowed the PRS refugees to access appropriate services at the Palestinian refugee camps. Also, WFP was able to address the immediate food needs of the children under five and of the poor Lebanese for the first time.

b) Did CERF funds help respond to time critical needs⁷?

YES PARTIALLY NO

The availability of the CERF funds enabled quick responses to time critical needs in Akkar, Tripoli and Bekaa. With the CERF grant, UNFPA through a comprehensive RH package helped ensuring an appropriate response to the women and child wellbeing. In addition, for WFP, the CERF grant helped to replenish potential food pipeline breaks. CERF funds were helped also responding to WASH critical needs in temporary shelters.

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

YES PARTIALLY NO

⁷ Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

The CERF allocation came at a time when the affected population by the Syria crisis in Lebanon were becoming increasingly vulnerable. While the 2014 Refugee Response Plan 6 (RRP6) appeal was 64 per cent funded, the prioritization and agreed vulnerability criteria enabled all partners to target interventions to address the needs of the most vulnerable, recognizing that there were still critical needs unmet until more resources are ben mobilised. Therefore and due to funding shortfalls WFP, on of the CERF grantees, was forced to reduce the individual rations from \$27 to \$19 from January to June and to \$13.5 in July.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

The process opens the space for the concerned UN agencies to discuss the strategic positioning of a relatively small CERF grant comparing to an engorged operation of more than \$2billion.

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

NA (optional)

V. LESSONS LEARNED

| TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u> | | |
|---|---|--------------------|
| Lessons learned | Suggestion for follow-up/improvement | Responsible entity |
| To have constant follow-up with the grantees | Clear guidance note needs to be shared with the OCHA Country Office (CO) and the grantees during the implementation | CERF Secretariat |

| TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u> | | |
|--|---|----------------------------|
| Lessons learned | Suggestion for follow-up/improvement | Responsible entity |
| To have constant follow-up with the grantees | HC field visits to the projects' locations and OCHA CO monitoring | HC and OCHA Country office |

I. PROJECT RESULTS

| TABLE 8: PROJECT RESULTS | | | | | | | |
|--|--|--|-----------------|--|-----------------------------------|-----------------------|---------------|
| CERF project information | | | | | | | |
| 1. Agency: | | UNHCR | | 5. CERF grant period: | | 31/03/2015-31/12/2015 | |
| 2. CERF project code: | | 15-UF-HCR-009 | | 6. Status of CERF grant: <input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded | | | |
| 3. Cluster/Sector: | | Health | | | | | |
| 4. Project title: | | Primary and Secondary Health interventions for Syrian refugees the North and Bekaa Valley of Lebanon | | | | | |
| 7. Funding | a. Total project budget: | | US\$ 35,166,546 | d. CERF funds forwarded to implementing partners: | | | |
| | b. Total funding received for the project: | | US\$ 27,694,576 | ▪ NGO partners and Red Cross/Crescent | | US\$ 555,504 | |
| | c. Amount received from CERF: | | US\$ 5,000,397 | ▪ 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) | | 26,729 | 32,669 | 59,398 | 19,316 | 20,743 | 38,518 |
| Adults (≥ 18) | | 27,719 | 11,879 | 39,598 | 26,602 | 8,629 | 30,360 |
| Total | | 54,448 | 44,548 | 98,996 | 45,918 | 29,372 | 75,290 |
| 8b. Beneficiary Profile | | | | | | | |
| Category | | Number of people (Planned) | | | Number of people (Reached) | | |
| Refugees | | 98,996 | | | 75,290 | | |
| IDPs | | | | | | | |
| Host population | | | | | | | |
| Other affected people | | | | | | | |
| Total (same as in 8a) | | 98,996 | | | 75,290 | | |
| <i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i> | | 76 per cent of overall target was reached. Whilst 100 per cent of the secondary health care target was reached, 74 per cent of the PHC target was achieved. The target set for PHC was based on the initial proposal for supporting access to PHC nationwide for six months. Upon the request of the CERF Secretariat the geographical scope of this project was scaled-back to cover the North and Bekaa regions only, for a period of nine months, without however a revaluation of the targets. Furthermore, the unit cost of PHC consultations was slightly higher than originally envisioned. The PHC consultations in the North and Bekaa accounted for 67 per cent of all UNHCR supported consultations nationwide. | | | | | |

| CERF Result Framework | | | |
|--|---|---|--------------------------------|
| 9. Project objective | Address the urgent health (comprehensive primary health care and life-saving emergency secondary health care) to Syrian refugees in Bekaa, north and Akkar Governorates of Lebanon. | | |
| 10. Outcome statement | Improved access to health services and health coverage for Syrian refugees in Lebanon | | |
| 11. Outputs | | | |
| Output 1 | Access to primary health care services provided | | |
| Output 1 Indicators | Description | Target | Reached |
| Indicator 1.1 | Extent refugees have access to primary healthcare | 80% | 86% |
| Indicator 1.2 | # of PHC consultations and services provided through supported PHCCs and Mobile Medical Units (MMU) | 92,584 (over 6 months) | 68,878 |
| Output 1 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 1.1 | Subsidised costs of consultations and in the supported network of PHC centres and MMU. | International Medical Corps | International Medical Corps |
| Output 2 | 6,412 Refugees receive life-saving emergency secondary health care | | |
| Output 2 Indicators | Description | Target | Reached |
| Indicator 2.1 | # of Syrian refugees referred to secondary healthcare | 6,412 over 6 months | 6,412 |
| Output 2 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 2.1 | Provision of access to secondary care for emergency life-saving cases covering 75 per cent of hospital costs | Third Party Contractor | Third Party Contractor |
| 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 project supported access to life-saving secondary care and PHC for refugees in the North and Bekaa Valley. Over 6,400 persons accessed life-saving secondary level hospital care and 68,878 persons were supported with access to primary health care. The number of persons accessing PHC was below the target for the reasons explained above in Section 8b. | | | |
| 13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring: | | | |
| The design of the project is based on the health needs of the affected populations which included participatory assessments with communities through focus group discussions. Transparency was ensured to affected populations through provision of information on services and support available to them. A complaints channel was available for affected persons to raise specific concerns to UNHCR in a confidential manner. | | | |
| 14. Evaluation: Has this project been evaluated or is an evaluation pending? | | EVALUATION CARRIED OUT <input type="checkbox"/> | |
| No specific evaluation of this project is planned or needed. UNHCR monitors access to secondary care through an annual referral care report. | | EVALUATION PENDING <input type="checkbox"/> | |
| | | NO EVALUATION PLANNED <input checked="" type="checkbox"/> | |

TABLE 8: PROJECT RESULTS

| CERF project information | | | | | | |
|---|--|----------------|---|---|---|----------------|
| 1. Agency: | UNICEF | | 5. CERF grant period: | 25/03/2015-31/12/2015 | | |
| 2. CERF project code: | 15-UF-CEF-018 | | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing | | |
| 3. Cluster/Sector: | Water, Sanitation and Hygiene | | | <input checked="" type="checkbox"/> Concluded | | |
| 4. Project title: | Emergency WASH response in Lebanon | | | | | |
| 7. Funding | a. Total project budget: | | d. CERF funds forwarded to implementing partners: | | | |
| | b. Total funding received for the project: | | US\$ 35,566,899 | | ▪ NGO partners and Red Cross/Crescent: US\$ 5,047,000 | |
| | c. Amount received from CERF: | | US\$ 6,000,001 | | ▪ Government Partners: | |
| | | US\$ 6,000,001 | | | | |
| Beneficiaries | | | | | | |
| 8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age). | | | | | | |
| Direct Beneficiaries | Planned | | | Reached | | |
| | Female | Male | Total | Female | Male | Total |
| Children (below 18) | 9,523 | 9,256 | 18,779 | 55,954 | 54,385 | 110,339 |
| Adults (above 18) | 3,364 | 2,357 | 5,721 | 19,766 | 13,849 | 33,615 |
| Total | 12,887 | 11,613 | 24,500 | 75,720 | 68,234 | 143,953 |
| 8b. Beneficiary Profile | | | | | | |
| Category | Number of people (Planned) | | Number of people (Reached) | | | |
| Refugees | 24,500 | | 92,547 | | | |
| IDPs | | | | | | |
| Host population | | | 51,406 | | | |
| Other affected people | | | | | | |
| Total (same as in 8a) | 24,500 | | 143,953 | | | |
| <p><i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i></p> | | | <p>The target has been significantly overreached because:</p> <ul style="list-style-type: none"> • UNICEF and NGO partners have more and more experiences in responding to the specific crisis in Lebanon, thus improving cost efficiency; • The funds was also used to implement some community projects, which have a lower cost per capita; • More and more temporary infrastructures or supplies were already installed or distributed in ISs through previous interventions, therefore the interventions through this grant shifted to service delivery, operation and maintenance; • UNICEF had an existing stock of emergency supplies that were used to respond to this intervention. Please view also section 12. Below for further details. | | | |

| CERF Result Framework | | | |
|------------------------------|---|---------------------------------|---|
| 9. Project objective | Mitigate water related disease outbreaks among refugees through improved access to safe water, adequate sanitation facilities and appropriate hygiene practices, with a focus on the needs of children aged under five and women. | | |
| 10. Outcome statement | Increased access to improved culturally and gender-appropriate water, sanitation and hygiene services is provided to the target population | | |
| 11. Outputs | | | |
| Output 1 | Safe and equitable access to a sufficient quantity of water for drinking, cooking and personal and domestic hygiene. | | |
| Output 1 Indicators | Description | Target | Reached |
| Indicator 1.1 | # of individuals with improved water supply at an adequate level of service | 24,500 | 143,953 |
| Output 1 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 1.1 | 36m ³ / day ⁸ of safe water through trucking using vouchers or other modality | INGO, local authorities | 297 m ³ |
| Activity 1.2 | If agreed by the Lebanese Government, connection to existing network and installation of taps and associated plumbing | INGO, local authorities | 735 connections |
| Activity 1.3 | Nineteen ⁹ connections to licenced public/private well/borehole and installation of taps and associated plumbing | INGO, local authorities | 1,839 connections |
| Activity 1.4 | 188 testing at HH/ point of use (bacteriological) | INGO, local authorities | 390 testing |
| Activity 1.5 | HH treatment (distribution of 490 ¹⁰ water filters/purification tablets/ other) | INGO, local authorities | No filters distributed |
| Activity 1.6 | Provision of water storage capacity at HH level: 163 ¹¹ 1m ³ tanks, Buckets, Jerrycans, etc. | INGO, local authorities | No tanks distributed |
| Output 2 | Sanitation facilities: Adequate, appropriate and acceptable toilet facilities, sufficiently close to dwellings/institutions, to allow rapid, safe and secure access at all times, day and night. | | |
| Output 2 Indicators | Description | Target | Reached |
| Indicator 2.1 | # of individuals with access to improved sanitation facilities | 24,500 | 30,430 |
| Output 2 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 2.1 | Construction/rehabilitation of 163 latrines/toilets and showers in all contexts | INGO, local authorities | 1,417 latrines constructed or rehabilitated |
| Activity 2.2 | Operation and maintenance of sanitation facilities, | INGO, local | 364 sites with regular |

⁸ Based on an estimate 10 per cent of the targeted beneficiaries provided with 15l/day through water trucking

⁹ Based on an estimate of 10 per cent of sites connected. Number of sites estimated to be 24,500/ 130= 188.

¹⁰ Based on 10 per cent new comers, one filter per family of 5.

¹¹ Based on 10 per cent new comers, one tank for 15 individuals.

| | | | |
|----------------------------|--|---------------------------------|---|
| | including decommissioning of latrines/toilets and support to municipalities | authorities | Operations and Maintenance |
| Activity 2.3 | Provision of temporary services for collection and storage and disposal of wastewater at HH level; holding tanks, septic systems. | INGO, local authorities | No sustainable sanitation implemented in IS |
| Activity 2.4 | Disposal of wastewater or sludge to existing Sewage Treatment Plants or to other approved Sewage treatment facilities where it is viable | INGO, local authorities | 17,532 m3 of sludge disposed |
| Output 3 | Solid waste management: An environment not littered by solid waste, including medical waste, with means to dispose of domestic waste conveniently and effectively. | | |
| Output 3 Indicators | Description | Target | Reached |
| Indicator 3.1 | # individuals with necessary means to safely dispose of solid waste | 24,500 | 85,167 |
| Output 3 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 3.1 | Provision of 163 solid waste storage/reuse facilities (garbage bins) at HH and communal level | INGO, local authorities | 1,107 bins have been distributed |
| Activity 3.2 | Based on needs identified in municipalities and willingness to be engaged in the emergency response, provision of solid waste collection and transportation equipment (e.g. garbage trucks with appropriate containers for collection) | INGO, local authorities | No distribution of equipment through this grant |
| Output 4 | Hygiene promotion: Target population are aware of key public health risks and are mobilised to adopt measures to prevent the deterioration in hygienic conditions and to use and maintain the facilities provided. | | |
| Output 4 Indicators | Description | Target | Reached |
| Indicator 4.1 | # individuals who have experienced an HP session | 24,500 | 180,573 |
| Indicator 4.2 | # of WASH committees formed, trained and operating | 10 | |
| Output 4 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 4.1 | Hygiene Promotion sessions to HH or focus groups | INGO, local authorities | 4,006 HP sessions undertaken |
| Activity 4.2 | Formation and hand-over of responsibilities (basic reparations, maintenance, waste management, and hygiene advices) to 94 ¹² WASH committees and community based hygiene volunteers. | INGO, local authorities | 297 training sessions undertaken for committees |

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 target in term of beneficiaries has been significantly overreached because:

- UNICEF and NGO partners have more and more experiences in responding to the specific crisis in Lebanon, thus improving cost efficiency;
- The funds was also used to implement some community projects, which have a lower cost per capita; Savings totalled to \$153 k in UNICEF personnel covered by other secured funds from other donors during the implementation of the CERF project were reallocated to direct implementation.
- Therefore, 91,191 of beneficiaries benefited from infrastructures projects implemented by Solidarites Internationale and Save the Children.

¹² Based on a target of 50 per cent of the estimated 188 sites

TABLE 8: PROJECT RESULTS

| CERF project information | | | | | | |
|--|--|--|----------------|--|---------------|---------------------|
| 1. Agency: | | UNRWA | | 5. CERF grant period: | | 26/03/2015-30/04/16 |
| 2. CERF project code: | | 15-UF-RWA-003 | | 6. Status of CERF grant: <input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> Concluded | | |
| 3. Cluster/Sector: | | Health | | | | |
| 4. Project title: | | Critical Health Support for Conflict-affected Palestine Refugees from Syria in Lebanon | | | | |
| 7. Funding | a. Total project budget: | | US\$ 8,564,499 | d. CERF funds forwarded to implementing partners: | | |
| | b. Total funding received for the project: | | US\$ 7,142,875 | ▪ <i>NGO partners and Red Cross/Crescent:</i> | | |
| | c. Amount received from CERF: | | US\$ 1,000,001 | ▪ <i>Government Partners:</i> | | |
| Beneficiaries | | | | | | |
| 8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age). | | | | | | |
| Direct Beneficiaries | Planned | | | Reached | | |
| | Female | Male | Total | Female | Male | Total |
| Children (below 18) | 8,752 | 8,408 | 17,160 | 8,752 | 8,408 | 17,160 |
| Adults (above 18) | 13,689 | 13,151 | 26,840 | 13,689 | 13,151 | 26,840 |
| Total | 22,441 | 21,559 | 44,000 | 22,441 | 21,559 | 44,000 |
| 8b. Beneficiary Profile | | | | | | |
| Category | Number of people (Planned) | | | Number of people (Reached) | | |
| Refugees | 44,000 | | | 44,000 | | |
| IDPs | | | | | | |
| Host population | | | | | | |
| Other affected people | | | | | | |
| Total (same as in 8a) | 44,000 | | | 44,000 | | |
| <i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i> | No significant discrepancy in beneficiary numbers. Medicine procured and staffing provision based upon planned population of 44,000. Slight decrease in number of PRS in country. As of 31 March, 42,000 remained. However, this does not change the overall number of PRS with access to services (44,000 at beginning of project). | | | | | |

| CERF Result Framework | | | |
|--|---|---|---|
| 9. Project objective | To ensure basic primary and life-saving secondary healthcare needs of conflict-affected Palestine Refugees from Syria (PRS) residing in Lebanon are met in order to increase their resilience | | |
| 10.Outcome statement | Vulnerable PRS have access to free primary (including basic medication to address urgent health needs) and lifesaving hospitalization coverage. | | |
| 11. Outputs | | | |
| Output 1 | Provision of access to primary, secondary and tertiary medical services to PRS. | | |
| Output 1 Indicators | Description | Target | Reached |
| Indicator 1.1 | Coverage of PHC in per cent (Among PRS in the 12 Palestine refugee camps across Lebanon) | 100% (50% female and 50% male vulnerable Palestine Refugees from Syria) | 100% |
| Indicator 1.2 | Coverage of lifesaving hospitalization in per cent (Among PRS in the 12 Palestine refugee camps across Lebanon) | 100% (50% female and 50% male vulnerable Palestine Refugees from Syria) | 100%* Some delay in receipt of hospital bills, however services have already been provided |
| Indicator 1.3 | Coverage of medication to address urgent health needs in per cent (Among PRS in the 12 refugee camps across Lebanon) | 100% (50% female and 50% male vulnerable Palestine Refugees from Syria) | 100% of medication has been procured. |
| Output 1 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 1.1 | Provision of 11,370* free PHC visits to conflict-affected PRS population in Lebanon | UNRWA | UNRWA |
| Activity 1.2 | Provision of critical and lifesaving hospitalization coverage for 1,000* PRS cases in Lebanon [* Based on average cost per beneficiary visit in 2014] | UNRWA through UNRWA contracted hospitals in Lebanon | UNRWA through UNRWA contracted hospitals in Lebanon |
| Activity 1.3 | Procurement of Medication and Medical Supplies | UNRWA | UNRWA |
| 12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons: | | | |
| No-cost extension granted due to procurement delays of medication as well as delays in receipt of hospitalization bills. Targeted population has accessed services of primary, secondary, and tertiary health care. Medicine has been procured for targeted number beneficiaries. | | | |
| 13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring: | | | |
| UNRWA communicates regularly with its beneficiaries through its presence in the camps (UNRWA installations, service offices, etc) as well as formal communication in the form of letters, SMS, focus group meetings, and through the Agency's more than 3,000 staff in the country (95 per cent of which are members of the community that is being served). | | | |
| 14. Evaluation: Has this project been evaluated or is an evaluation pending? | | EVALUATION CARRIED OUT <input type="checkbox"/> | |
| | | EVALUATION PENDING <input type="checkbox"/> | |
| | | NO EVALUATION PLANNED <input checked="" type="checkbox"/> | |

TABLE 8: PROJECT RESULTS

| CERF project information | | | | | | |
|--|--|----------------|---|---|-------------|---------------|
| 1. Agency: | UNFPA | | 5. CERF grant period: | 09/04/2015-31/03//2016 | | |
| 2. CERF project code: | 15-UF-FPA-005 | | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing | | |
| 3. Cluster/Sector: | Health | | | <input checked="" type="checkbox"/> Concluded | | |
| 4. Project title: | Providing quality and timely Reproductive Health and SGBV life-saving services through national systems | | | | | |
| 7. Funding | a. Total project budget: | | d. CERF funds forwarded to implementing partners: | | | |
| | | US\$ 5,500,000 | ▪ NGO partners and Red Cross/Crescent: | | US\$ 92,294 | |
| | b. Total funding received for the project: | | ▪ Government Partners: | | | |
| | | US\$ 2,003,740 | | | | |
| | c. Amount received from CERF: | | | | | |
| | | US\$ 1,003,740 | | | | |
| Beneficiaries | | | | | | |
| 8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age). | | | | | | |
| <i>Direct Beneficiaries</i> | <i>Planned</i> | | | <i>Reached</i> | | |
| | <i>Female</i> | <i>Male</i> | <i>Total</i> | <i>Female</i> | <i>Male</i> | <i>Total</i> |
| <i>Children (< 18)</i> | 3,000 | | 3,000 | 6,433 | | 6,433 |
| <i>Adults (≥ 18)</i> | 12,000 | | 12,000 | 31,240 | | 31,240 |
| Total | 15,000 | | 15,000 | 37,673 | | 37,673 |
| 8b. Beneficiary Profile | | | | | | |
| <i>Category</i> | <i>Number of people (Planned)</i> | | | <i>Number of people (Reached)</i> | | |
| <i>Refugees</i> | 7,500 | | | 30,068 | | |
| <i>IDPs</i> | | | | | | |
| <i>Host population</i> | 7,500 | | | 7,605 | | |
| <i>Other affected people</i> | | | | | | |
| Total (same as in 8a) | 15,000 | | | 37,673 | | |
| <i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i> | UNFPA was able to reach a total of 37,673 beneficiaries exceeding its planned target by 150 per cent. This was achieved as a result of the following: (a) the increasing need of vulnerable women in the targeted areas for services and information related to RH and gender based violence prevention/response, (b) the cost effectiveness of UNFPA's implementing partners, and (c) the thorough monitoring and guidance provided by UNFPA. | | | | | |

| CERF Result Framework | | | |
|------------------------------|--|----------------------------------|---|
| 9. Project objective | Responding to the identified needs of women and girls from both Syrian refugees and Lebanese hosting communities through primary and secondary health care as well as woman safe spaces in Bekaa (Baalbek, El Merj), Akkar (Wadi Khaled, Halba). | | |
| 10. Outcome statement | Improved lifesaving RH services, information and referral for women and girls from both Syrian refugees and Lebanese hosting communities | | |
| 11. Outputs | | | |
| Output 1 | 15,000 women and girls of reproductive age (both Syrian refugees and poor/vulnerable Lebanese) have access to quality and timely RH services and information at primary and secondary care levels | | |
| Output 1 Indicators | Description | Target | Reached |
| Indicator 1.1 | Nb of supported health facilities supplied with continuous stock of RH drugs/contraception | 100 | 100 (77 and 23 center's affiliated to MOPH and MOSA respectively) |
| Indicator 1.2 | Nb of health care professionals receiving refreshers on CMR at primary and secondary care levels | 300 | 340 |
| Indicator 1.3 | Nb of safe motherhood campaigns conducted | 10 | 10 |
| Indicator 1.4 | % of supported health care facilities complying with continuum of care standards (including for EmOc) | 50% | N/A |
| Indicator 1.5 | Nb of women accessing safe spaces with comprehensive package (including RH) | 350 | 828 |
| Output 1 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 1.1 | Procure and distribute RH kits and other commodities (see annex xx) targeting some 100 health facilities in the targeted areas | UNFPA | UNFPA |
| Activity 1.2 | Provide a mobile clinic with RH services for Wadi Khaled health center | UNFPA | MAKASSED |
| Activity 1.3 | Train 300 service providers in 30 health facilities (primary and secondary and in targeted areas) on CMR as well as communication with GBV survivors | KAFA, ABAAD | KAFA, ABAAD |
| Activity 1.4 | Conduct safe motherhood campaigns in 15 localities of the targeted areas (Bekaa (Baalbek), Akkar (Wadi Khaled, Halba) and South Lebanon) | LFPAGE, IOCC, IMC, Sheild | LFPAGE, IOCC, IMC, EI-MITHAQ (in 35 localities) |
| Activity 1.5 | Carry out a rapid assessment to look at primary and secondary care compliance with continuum of care (i.e. referral mechanism) with emphasis on EmOc | UNFPA + research institute | Independent researcher contracted by UNFPA |
| Activity 1.6 | Support operationalization of women safe space in Baalbeck for offering a comprehensive package of services including RH | UNFPA + women center in Baalbeck | UNFPA + El-Mithaq (Baalbeck) |
| Activity 1.7 | Enhance service package of the El Merj "Safe Women Center" with RH counselling and referral | KAFA, Order of Midwives | KAFA |
| Activity 1.8 | Develop culturally sensitive informative material | UNFPA | UNFPA |

| | | | |
|---------------|---|-------|------------------------|
| | | | |
| Activity 1.9 | Enhance capacities of local women and social workers to conduct safe motherhood campaigns and counselling (including peer to peer) | UNFPA | IMC, LFPAD, EI Mithaq, |
| Activity 1.10 | Conduct orientation and training to partners on project objectives, outputs, expected results, coordination, national execution, and related procedures | UNFPA | UNFPA |
| Activity 1.11 | Conduct project monitoring for project performance in targeted areas | 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 1.4: Due to the fact that during the consultation phase, it was deemed that one of the implementing partners (i.e. Shield) could not carry out the activities, this partner was dropped and the allocated funds were distributed among the three other partners following endorsement by CERF secretariat. An additional partner (AI Mithaq) also contributed to this activity.

Indicator 1.4: While the research study was conducted as initially planned, it was not possible to compute the compliance level due to a wide range of variables and factors that were assessed. Accordingly the percentage could not be calculated. The study concluded that despite efforts made, the referral from primary to secondary is still under-developed and requires further coordination.

Indicator 1.5: This indicator was exceeded by more than 200 per cent in view of the effective and efficient approaches employed by the implementing partners to reach the beneficiaries.

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

At the conception, planning, implementation and monitoring phases of the project, beneficiaries' needs were taken into consideration as follows:

- The implementing partners contracted by UNFPA have already identified specific needs and issues to be addressed through the awareness raising as well as services.
- The information to the beneficiaries was timely, relevant and accurate provided by professional and trained providers.
- For one of the main partners (AI Mithaq), selected beneficiaries were trained to provide key information through peer to peer approach, hence empowering the beneficiaries to be proactive rather than just reactive to the information and services.
- A rapid assessment was conducted following the interventions by one of the partners (i.e. AI Mithaq) involving selected beneficiaries to assess their views and satisfaction with the services and information provided. This assessment also provided a sound opportunity to identify some challenges (structural, cultural, coordination, etc) that would require further development. As a result of this assessment, UNFPA will contribute supporting this partner beyond the CERF funded project while taking into consideration the recommendations of the assessment.

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

EVALUATION CARRIED OUT

No formal evaluation is planned to take place. However, it is worth noting that for 6 out of the 8 implementing partners contracted under CERF, a final review meeting was held between February and March 2016. During each bilateral meeting, both UNFPA and the partners discussed achievements, challenges, lessons learned, good practices and key recommendations. Documentation available upon request.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

| CERF project information | | | | | | |
|--|--|--|------------------|--|-----------------------------------|---------------------|
| 1. Agency: | | WFP | | 5. CERF grant period: | | 26.03.15 – 31.12.15 |
| 2. CERF project code: | | 15-UF-WFP-014 | | 6. Status of CERF grant: <input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded | | |
| 3. Cluster/Sector: | | Food Aid | | | | |
| 4. Project title: | | Food assistance to vulnerable Syrian refugee families with children under the age of five in Lebanon | | | | |
| 7. Funding | a. Total project budget: | | US\$348,134,720 | d. CERF funds forwarded to implementing partners: | | |
| | b. Total funding received for the project: | | US\$ 236,901,973 | ▪ NGO partners and Red Cross/Crescent: | | |
| | c. Amount received from CERF: | | US\$ 4,000,000 | ▪ Government Partners: US\$ 138,574.92 | | |
| Beneficiaries | | | | | | |
| 8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age). | | | | | | |
| Direct Beneficiaries | | Planned | | | Reached | |
| | Female | Male | Total | Female | Male | Total |
| Children (below 18) | 64,054 | 61,541 | 125,595 | 46,364 | 42,798 | 89,162 |
| Adults (above 18) | | | | | | |
| Total | 64,054 | 61,541 | 125,595 | 46,364 | 42,798 | 89,162 |
| 8b. Beneficiary Profile | | | | | | |
| Category | | Number of people (Planned) | | | Number of people (Reached) | |
| Refugees | | 125,595 | | | 89,162 | |
| IDPs | | | | | | |
| Host population | | | | | | |
| Other affected people | | | | | | |
| Total (same as in 8a) | | 125,595 | | | 89,162 | |
| <i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i> | | The CERF grant was utilized to fill the funding gap of the ongoing e-card assistance to vulnerable displaced Syrians in April and May 2015. Monthly voucher value was reduced from \$27 to \$19 per person due to funding shortfalls that affected overall WFP assistance programme. Therefore, the fund was used to assist 89,162 individuals with \$19 for two months, instead of 125,595 individuals with \$27 for one month in order to be aligned with the overall reduced voucher value. | | | | |
| CERF Result Framework | | | | | | |
| 9. Project objective | | Save lives and protect livelihoods in protracted crisis situation | | | | |
| 10. Outcome statement | | Improved food consumption of vulnerable Syrian refugee families with children under the age of 5 | | | | |
| 11. Outputs | | | | | | |

| | | | |
|--|---|---|--------------------------------------|
| Output 1 | E-vouchers targeted 125,595 children (girls and boys under the age of 5) in vulnerable Syrian refugee families. | | |
| Output 1 Indicators | Description | Target | Reached |
| Indicator 1.1 | Number of girls and boys under the age of 5 receiving vouchers, by category and as % of planned distribution | 100% (64,054 girls and 61,541 boys) | 70.9% 46,364 (girls and 42,798 boys) |
| Indicator 1.2 | Total value of e-vouchers distributed to targeted beneficiaries (expressed in cash) and as % planned | 100% (US\$3,391,065) | 99.9% (US\$3,338,156) |
| 12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons: | | | |
| <p>WFP achieved the outcome objective of the project as food consumption of Syrian refugee families was improved after receiving WFP assistance. WFP monitoring and evaluation report of April-June 2015 demonstrates that the percentage of refugees who had acceptable food consumption score before receiving WFP assistance was 57 per cent, whereas among those receiving WFP assistance, it was 78 per cent though with reduced voucher value.</p> <p>WFP reached 71 per cent of the planned beneficiary numbers. The grant was used to assist 89,162 individuals with \$19 for two months, instead of 125,595 individuals with \$27 for one month in order to be aligned with the overall reduced voucher value from \$27 to \$19 when WFP was facing funding shortfalls. In terms of total value of e-vouchers, WFP reached 99.9 per cent of the plan.</p> | | | |
| 13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring: | | | |
| WFP informed beneficiaries of the reduced e-card value ahead of e-card loading via SMS to all beneficiaries. Nine hotline numbers were operated by implementing partners in all regions to promptly respond to beneficiaries' queries and complaints. WFP sub-offices also designated focal points for regular follow-up phone calls to beneficiaries. Beneficiaries' feedbacks were also collected through focus group discussions and help desks set up during the e-card distribution. | | | |
| 14. Evaluation: Has this project been evaluated or is an evaluation pending? | | EVALUATION CARRIED OUT <input type="checkbox"/> | |
| No evaluation was carried out or pending as the CERF contribution falls into a larger project response to the Syria crisis. | | EVALUATION PENDING <input type="checkbox"/> | |
| | | NO EVALUATION PLANNED <input checked="" type="checkbox"/> | |

TABLE 8: PROJECT RESULTS

| CERF project information | | | | | | |
|--|---|------------------------------|---|---|---------------|---------------|
| 1. Agency: | WFP | | 5. CERF grant period: | 26/03/2015-31/12/2015 | | |
| 2. CERF project code: | 15-UF-WFP-015 | | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing | | |
| 3. Cluster/Sector: | Food Aid | | | <input checked="" type="checkbox"/> Concluded | | |
| 4. Project title: | Food assistance to vulnerable Lebanese affected by the Syrian crisis | | | | | |
| 7. Funding | a. Total project budget: | US\$ 37,800,000 | d. CERF funds forwarded to implementing partners: | | | |
| | b. Total funding received for the project: | US\$ 1,532,721 ¹³ | ▪ <i>NGO partners and Red Cross/Crescent:</i> | | | |
| | c. Amount received from CERF: | US\$ 1,000,000 | ▪ <i>Government Partners:</i> US\$ 33,900 | | | |
| Beneficiaries | | | | | | |
| 8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age). | | | | | | |
| Direct Beneficiaries | Planned | | | Reached | | |
| | Female | Male | Total | Female | Male | Total |
| Children (below 18) | 7,348 | 7,629 | 14,977 | 7,074 | 7,347 | 14,421 |
| Adults (above 18) | 7,065 | 6,217 | 13,282 | 6,802 | 5,986 | 12,788 |
| Total | 14,413 | 13,846 | 28,259 | 13,876 | 13,333 | 27,209 |
| 8b. Beneficiary Profile | | | | | | |
| Category | Number of people (Planned) | | | Number of people (Reached) | | |
| Refugees | | | | | | |
| IDPs | | | | | | |
| Host population | 28,259 | | | 27,209 | | |
| Other affected people | | | | | | |
| Total (same as in 8a) | 28,259 | | | 27,209 | | |
| <i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i> | The actual number of beneficiaries was 27,209 as the Ministry of Social Affairs (MoSA) who is responsible for the implementation of the National Poverty Targeting Programme decided not to increase beneficiary numbers. | | | | | |

¹³ Funds received through WFP in 2015 only

| CERF Result Framework | | | |
|--|---|---|--|
| 9. Project objective | Save lives and protect livelihoods in protracted crisis situation | | |
| 10. Outcome statement | Improved food consumption of vulnerable Lebanese | | |
| 11. Outputs | | | |
| Output 1 | E-vouchers distributed to vulnerable 28,259 Lebanese (women, men, girls and boys). | | |
| Output 1 Indicators | Description | Target | Reached |
| Indicator 1.1 | Number of women, men, girls and boys receiving vouchers, by category and as % of planned distribution | 100% (7,065 women, 6,217 men, 7,348 girls and 7,629 boys) | 96% (total 27,209 individuals: 6,802 women, 5,986 men, 7,074 girls and 7,347 boys) |
| Indicator 1.2 | Total value of e-vouchers distributed to targeted beneficiaries (expressed in cash) and as % planned | 100% (US\$847,770) | 99.4% (US\$842,931) |
| Output 1 Activities | Description | Implemented by (Planned) | Implemented by (Actual) |
| Activity 1.1 | Distribution of food voucher assistance to vulnerable Lebanese | Ministry of Social Affairs | Ministry of Social Affairs |
| Activity 1.2 | Post distribution, monitoring and evaluation | Implementing partners (TBD) | Ministry of Social Affairs |
| 12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons: | | | |
| <p>The project achieved its outcome objective as food consumption of Lebanese families was improved after receiving WFP assistance. MoSA monitoring and evaluation results during the project period demonstrate that the percentage of HHs who had acceptable food consumption score before receiving assistance was 52 per cent, whereas among those receiving assistance, it was 69 per cent.</p> <p>WFP reached 96.2 per cent of the operational planned for the CERF grant in terms of number of beneficiaries. The grant was used to assist 27,209 individuals with \$27 in May 2015 and the remaining balance was used to reach 27,208¹⁴ beneficiaries with \$ 3.98 in December 2015, complementing other resources.</p> <p>The voucher value provided to beneficiaries was adjusted to \$27 per person, a reduction from \$30, following discussion with MoSA. As per the agreement between MoSA and the World Bank, the main donor of the NPTP, beneficiaries are entitled to \$30 per person per month. However, upon receiving the CERF grant it was agreed that the voucher value will be aligned with that of Syrians, \$27, when funds are channelled through WFP. In addition, the number of beneficiaries reduced to 27,209 from 28,259 as indicated in the proposal. This is because MoSA decided to maintain the same number of beneficiaries throughout the year, not adding new beneficiaries as planned initially. In terms of total value of e-vouchers, WFP reached 99.4 per cent of the plan.</p> | | | |
| 13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring: | | | |
| Beneficiaries were well informed of e-card loading through Social Development Centres (SDC) of MoSA. SDC workers used traditional ways of communication, for example one to one communication/word of the mouth as SDC workers maintain direct communication with NPTP beneficiaries in their responsible areas during regular HHS visits. In addition, a hot line system was established allowing beneficiaries to call the NPTP hotline in Beirut for queries and feedbacks. | | | |
| 14. Evaluation: Has this project been evaluated or is an evaluation pending? | | | EVALUATION CARRIED OUT <input type="checkbox"/> |
| No evaluation was carried out or pending as the CERF contribution falls into a larger project response to the Syria crisis. | | | EVALUATION PENDING <input type="checkbox"/> |
| | | | NO EVALUATION PLANNED <input checked="" type="checkbox"/> |

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

| CERF Project Code | Cluster/Sector | Agency | Partner Type | Total CERF Funds Transferred to Partner US\$ |
|-------------------|-------------------------------|--------|--------------|--|
| 15-UF-HCR-009 | Health | UNHCR | INGO | \$555,504 |
| 15-UF-CEF-018 | Water, Sanitation and Hygiene | UNICEF | INGO | \$816,117 |
| 15-UF-CEF-018 | Water, Sanitation and Hygiene | UNICEF | INGO | \$979,212 |
| 15-UF-CEF-018 | Water, Sanitation and Hygiene | UNICEF | INGO | \$469,220 |
| 15-UF-CEF-018 | Water, Sanitation and Hygiene | UNICEF | INGO | \$315,322 |
| 15-UF-CEF-018 | Water, Sanitation and Hygiene | UNICEF | INGO | \$874,360 |
| 15-UF-CEF-018 | Water, Sanitation and Hygiene | UNICEF | INGO | \$1,037,828 |
| 15-UF-CEF-018 | Water, Sanitation and Hygiene | UNICEF | INGO | \$708,135 |
| 15-UF-FPA-005 | Health | UNFPA | NNGO | \$52,719 |
| 15-UF-FPA-005 | Gender-Based Violence | UNFPA | NNGO | \$91,296 |
| 15-UF-FPA-005 | Gender-Based Violence | UNFPA | NNGO | \$43,234 |
| 15-UF-FPA-005 | Gender-Based Violence | UNFPA | NNGO | \$37,800 |
| 15-UF-FPA-005 | Health | UNFPA | INGO | \$53,418 |
| 15-UF-FPA-005 | Gender-Based Violence | UNFPA | NNGO | \$56,317 |
| 15-UF-FPA-005 | Health | UNFPA | INGO | \$35,977 |
| 15-UF-FPA-005 | Health | UNFPA | NNGO | \$111,834 |
| 15-UF-WFP-014 | Food Assistance | WFP | INGO | \$138,575 |
| 15-UF-WFP-015 | Food Assistance | WFP | GOV | \$33,900 |

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

| | |
|-------|--|
| AAR | After Action Review |
| CMR | Clinical Management of Rape |
| EPI | Expanded Programme on Immunization |
| GBV | Gender Based Violence |
| GoL | UN-Government of Lebanon |
| HCT | Humanitarian Country Team |
| HF | Humanitarian Fund |
| HHs | Households |
| IA | Implementing Agency |
| IP | Implementing Partner |
| IS | Informal Settlements |
| LCRP | Lebanese Crisis Response |
| LRF | Lebanon Recover Fund |
| MDTF | Multi Donors Trust Fund |
| MMU | Mobile Medical Units |
| MOSA | Ministries of Social Affairs |
| NCDs | Non-Communicable Diseases |
| NCE | No-Cost Extension |
| NPTP | National Poverty Targeting Programme |
| PHCCs | Primary Health Care Centers |
| PRL | Palestine Refugees in Lebanon |
| PRS | Palestine Refugees from Syria |
| RC/HC | Resident Coordinator and/or Humanitarian Coordinator |
| RH | Reproductive Health |
