Resident / Humanitarian Coordinator
Report on the use of CERF funds

RESIDENT / HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS IRAQ RAPID RESPONSE DISPLACEMENT 2016

RESIDENT/HUMANITARIAN COORDINATOR	Lise Grande

REPORTING PROCESS AND CONSULTATION SUMMARY

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

The AAR was conducted on 31 July 2017, facilitated by the UN Office for the Coordination of Humanitarian Affairs (OCHA) and attended by the reporting and programming focal points of all four grant recipient agencies: International Organization for Migration (IOM), United Nations High Commissioner for Refugees (UNHCR), United Nations Population Fund (UNFPA), and World Health Organization (WHO).

b. Please confirm that the Resident/ 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 draft report was shared with the Humanitarian Country Team (HCT), which includes UN agencies, international and national non-governmental organizations (NGOs), the International Committee of the Red Cross (as an observer), and key donors, for their review before being finalized by the RC/HC.

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 once finalised with the CERF secretariat will be shared with relevant in-country stakeholders including the CERF recipient agencies, their implementing partners and clusters.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)		
Total amount required for the humanitarian response: $367,000,000[1]		
Breakdown of total response funding received by source	**Source**	**Amount**
	CERF	18,353,642[2]
	COUNTRY-BASED POOL FUND (*if applicable*)	43,890,883[3]
	OTHER (bilateral/multilateral)	236,276,629[4]
	TOTAL	**298,521,154**

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$)			
Allocation 1 – date of official submission: 08/12/2016			
Agency	**Project code**	**Cluster/Sector**	**Amount**
IOM	16-RR-IOM-040	Non-Food Items	4,000,000
UNFPA	16-RR-FPA-053	Health	2,999,642
UNHCR	16-RR-HCR-049	Non-Food Items	2,354,000
WHO	16-RR-WHO-050	Health	9,000,000
TOTAL			**18,353,642**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Type of implementation modality	**Amount**
Direct United Nations (UN) agencies implementation	18,353,642
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	0
Funds forwarded to government partners	0
TOTAL	**18,353,642**

HUMANITARIAN NEEDS

Towards the end of 2016, as many as 11 million people in Iraq required immediate humanitarian support – including over 3 million people who were internally displaced – as a direct consequence of violence and conflict linked to the seizure of Iraqi territory by the Islamic State in Iraq and the Levant (ISIL) since 2014 and a series of counter-insurgency operations launched by the Government and its allied forces.

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[1] While the original funding requirement for 2016 Mosul Flash Appeal launched in July 2016 was $284 million, the HCT revisited the Flash Appeal in October 2016 and calculated that an estimated $367 million would be required to cover the urgent life-saving assistance during the first three months of the Mosul humanitarian operation.

[2] Part of this CERF grant (i.e. the allocations to UNFPA and UNHCR) supported the projects listed under the 2016 Humanitarian Response Plan, released in December 2015, as the Plan included a modest component for the expected response to the Mosul crisis. The rest (i.e. the allocations to IOM and WHO) supported the projects under the the Mosul Flash Appeal.

[3] Iraq Humanitarian Fund contributions towards the 2016 Mosul Flash Appeal (source: OCHA Financial Tracking Service (FTS) accessed on 18 December 2017).

[4] Bilateral/multilateral contributions towards the 2016 Mosul Flash Appeal (source: OCHA FTS accessed on 18 December 2017).

On 17 October 2016, the Iraqi Security Forces (ISF) commenced their campaign to reclaim Mosul city. The response to address imminent humanitarian needs arising from the fighting in Mosul and the surrounding areas was envisaged to be one of the largest and most complex humanitarian operations in the world.

In anticipation of this response, the HCT with support from clusters and partners launched a Flash Appeal on 20 July 2016, requiring US$284 million to cover emergency preparedness and response activities to assist up to 1.5 million people who could be directly impacted and need immediate life-saving assistance. Emergency shelter was highlighted as the primary sector in which support would be required, followed by food security, water, sanitation and hygiene (WASH), health and protection. The HCT revisited the Flash Appeal in October 2016 and calculated that an estimated $367 million would be required to cover the urgent life-saving assistance during the first three months of the Mosul humanitarian operation.

Facing unexpectedly fierce resistance from the ISIL, the ISF by early December were forced to change their battle plan. As a result, the military operations were likely to last for four to five months, rather than two to three months hoped for at the start of the battle[5]. The impact of the military campaign on civilians had already been extreme, particularly those most vulnerable including female and minor headed households, as well as individuals with disabilities.

Due to prolonged fighting, displaced families were to have no option but to remain outside their homes during the bitter winter months and would require extra support to survive these conditions, both in the identification of emergency shelter options and winterization assistance. Trauma care became a notable priority with a spike in civilian casualties. ISIL snipers were seeking to stall ISF advances by directly targeting civilians, firing indiscriminately on people trying to flee. Heavy contamination by improvised explosive devices and other protection issues posed serious concerns, as did lack of access to potable water, food and other basic services.

By the time this CERF grant request was submitted in mid-December, over 100,000 people were displaced due to the military operations in Mosul, according to IOM's Displacement Tracking Matrix[6]. Over 46 per cent of those displaced and assessed by IOM's Displacement Tracking Matrix (DTM) were females, and 17 per cent of them under the age of 18. Further large-scale displacement and an escalation in humanitarian needs were imminent, and shaping the response to meet evolving needs in the highly volatile context required a significant increase in resources, including through CERF and additional bilateral and multilateral donor contributions.

II. FOCUS AREAS AND PRIORITIZATION

Despite increased security risks and difficulties in accessing the people in need, international and national organizations continued to assess humanitarian needs and deliver life-saving assistance to areas affected by the conflict. Prior to the CERF grant request submission on 8 December 2016, over 20 OCHA-led missions reached areas newly retaken by the ISF in Mosul and the surrounding towns and villages to assess security conditions and establish humanitarian access, often just days after the conflict subsided[7]. In addition, a series of site visits by the Iraq Ministry of Displacement and Migration, the Joint Crisis Coordination Centre, OCHA, and the Camp Coordination and Camp Management and WASH clusters to six internally displaced person (IDP) camps and emergency sites took place between 21 and 26 November 2016. Separately, UNFPA on 24 November 2016 conducted a field mission to Al Zahra neighbourhood in Eastern Mosul to inspect the damage to primary health care facilities and related health needs. These field assessments together exposed acute humanitarian needs in the health and shelter/non-food item (NFI) sectors, as well as protection concerns and gaps in basic services.

Primary among these gaps were health needs for emergency trauma and maternity care. As the frontline advanced, often along badly damaged or destroyed roads, it became nearly impossible to provide adequate trauma care within an hour. Spiralling civilian injuries constituted more than 20 per cent of all causalities and it was taking an average of three to five hours for wounded civilians to reach proper trauma care. Existing medical facilities were overwhelmed and emergency trauma care facilities nearer to fleeing populations were urgently required.

On reproductive health needs, UNFPA noted worrying concerns. Pregnant women were unable to receive ante-natal care and women in labour could only deliver at home, mostly unassisted by a skilled provider. Pregnant women requiring C-section needed to be

[5] The military campaign to retake Mosul city lasted until early July 2017 (the Prime Minister of Iraq formally declared victory in Mosul on 9 July 2017), while sporadic fighting continued in parts of Mosul in the following weeks and a subsequent military campaign to retake neighbouring Telafar was launched in August 2017.
[6] The crisis in Mosul surpassed the worst-case planning scenarios of humanitarian partners, displacing over 1 million people from Mosul city and Ninewa Governorate. Over 700,000 of those people have not been able to return as of 18 December 2017 (sourse: IOM DTM).
[7] OCHA led over 200 humanitarian access missions to Mosul and and the surrounding areas by the end of the Mosul military operations in July 2017.

referred to Bartalla Military medical unit which in turn referred them to Erbil city, further away still. Those requiring emergency C-section faced a critical threat of mortality or morbidity due to treatment delays, caused by limited transportation options and a military-imposed curfew hampering the referral pathways.

Additionally, many displaced families were unable to return to their homes due to the prolonged military operations and massive destruction and protection concerns over explosive hazards in the conflict-affected areas. With the arrival of winter in Iraq, the provision of kerosene, heaters, blankets and sealing off kits became vital to supporting both the displaced families and the host population. Based on experience from the previous two winters and displacement and protection monitoring data, IDPs in Iraq were to require rapid and specialized support to survive the winter.

The humanitarian response to the Mosul crisis focused on in-camp and out-of-camp settings, targeting both displaced and resident communities, whose needs were severe after living under over two years of ISIL rule. By early December 2016, some 209,000 people in need were reached with multi-sectoral emergency assistance delivered to newly retaken areas close to the front lines, many within 48 hours after humanitarian access was established. Follow-up food distributions reached 185,000 people. In northern Iraq where temperatures dropped, 121,000 people had already received household items including winterization kits. However, more assistance was urgently needed.

III. CERF PROCESS

Although major efforts had been made to mobilize resources for the Mosul response, insufficient amounts were made available to address the acute health and shelter/NFI needs in real time, pending the new 2017 Humanitarian Response Plan (HRP). Accordingly, based on the assessment findings and existing and expected funding and response efforts underway, the RC/HC in consultation with the HCT decided to request a CERF Rapid Response grant.

Initial HCT discussions included the potential to support vital logistics assistance and critically underfunded mine action programmes in addition to health and shelter/NFI interventions. However, further discussions and guidance from the CERF secretariat highlighted CERF's greater relevance in supporting immediate implementation of the most time-critical life-saving activities in shelter/NFI and health sectors for six months, targeting Mosul city and its surrounding areas with significant IDP caseloads.

The prioritization process was led by the RC/HC, supported by the HCT and the Inter-Cluster Coordination Group and informed by sectoral priorities as identified in the Mosul Flash Appeal and funding analysis. The relatively short implementation period of the CERF Rapid Response grant was also taken into consideration, as well as the immediate implementation capacity of the requesting agencies and their implementing partners. Based on these grounds, the HCT decided not to request CERF to support logistics and mine-action interventions.

Gender-associated health and protection concerns were integrated from the planning stage of the CERF grant request. As protection was recognized as the single overriding priority for the humanitarian response in the whole of Iraq under the 2016 HRP, concerted efforts had been made to mainstream protection across clusters. All four CERF-funded projects were marked with gender marker 2a (gender mainstreaming) and three projects included a component addressing gender-based violence.

Furthermore, as was the case with the preceding CERF Rapid Response grant which was allocated in July 2016 in support of the Fallujah response, this grant was requested to complement concurrent allocations of the Country-Based Pooled Fund in Iraq. In anticipation of the Mosul crisis, the Iraq Humanitarian Fund (IHF) allocated $45.3 million towards emergency response preparedness earlier in 2016: $4.3 million through a reserve allocation to strengthen the supply chains of four UN agencies – UNFPA, United Nations Children's Fund, World Food Programme and WHO – to procure and pre-position critical life-saving items; and $41 million as part of the second Standard Allocation to support Mosul preparedness projects which could be implemented immediately. The majority of these funds (53 per cent) were allocated to NGO partners, including 12 per cent directly to national NGOs. The CERF grant request focused on the most time-critical needs of life-saving sectors following the onset of the crisis, while the IHF covered wider sectoral needs through more flexible programming modalities.

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: Up to 1.5 million									
Cluster/Sector	**Female**			**Male**			**Total**		
	Girls (< 18)	**Women** (≥ 18)	**Total**	**Boys** (< 18)	**Men** (≥ 18)	**Total**	**Children** (< 18)	**Adults** (≥ 18)	**Total**
Health	3,190	30,428	**33,618**	2,554	7,735	**10,289**	5,744	38,163	**43,907**
Non-Food Items	40,800	52,191	**92,991**	35,028	48,165	**83,193**	75,828	100,356	**176,184**

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

BENEFICIARY ESTIMATION

For the **Health Cluster**, patients treated at WHO's trauma hospitals and UNFPA's maternity wards and other reproductive health facilities were registered separately with minimal double-counting of the same individuals. Hence the sum of the beneficiaries reached by the two projects was used for the total beneficiary figure for the cluster. Both WHO and UNFPA estimated the reached beneficiary numbers of their CERF-funded projects based on the patient records at the CERF-funded health facilities.

For the **Shelter & NFI Cluster**, UNHCR and IOM targeted separate beneficiary groups; UNHCR targeted displaced people in formal camps while IOM focused on those in emergency sites outside of the camps, informed by coordinated assessments of cluster-wide needs. Where their programming overlapped, the two agencies coordinated to avoid duplication of assistance. Hence the sum of the beneficiaries reached by the two projects was used for the total beneficiary figure for the cluster. Both IOM and UNHCR estimated the reached beneficiary numbers of their CERF-funded projects based on the number of Sealing-off Kits (SOK), NFI and fuel distributed.

To estimate the total reached beneficiary figure at the CERF grant level, it was agreed to subtract the beneficiary numbers of the two health projects in Hammam Al-Alil, where the Health and Shelter & NFI Clusters' projects were co-located and therefore double-counting of beneficiaries between the sectors was likely, from the sum of the two clusters' reached beneficiary figures (see Annex 3 for details).

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING[2]			
	Children (< 18)	**Adults** (≥ 18)	**Total**
Female	42,444	78,168	120,612
Male	36,829	54,117	90,946
Total individuals (Female and male)	**79,273**	**132,285**	**211,558**

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 highly prioritized CERF allocation addressing the most urgent sectoral needs at the time of the grant request submission and the speedy approval of its projects enabled the provision of time-critical shelter/NFI assistance and life-saving health interventions for the people affected by the escalating military offensive. The shelter/NFI projects provided vulnerable displaced population in and out of camps and their host communities with winterization items including the desperately needed household fuel supply. The health projects provided urgent trauma care and other primary healthcare services including emergency reproductive health (RH) support through successful operation of field hospitals. The CERF grant together reached 211,558 people, mainly in Ninewa Governorate but also in adjacent Kirkuk Governorate, with these life-saving assistances.

The grant contributed to intra and inter-cluster coordination by supporting joint assessments, project planning and implementation to minimize gaps and overlaps. It also facilitated additional resource mobilization, including from donors who provided funding to cover parallel initiatives (e.g. establishing additional field hospitals and procuring medical professionals to work in these hospitals) and complementary activities.

A key challenge throughout the Mosul humanitarian operation was the changing political, security and humanitarian contexts in which the response was carried out. Unpredictable population movement, access constraints and Government requests on beneficiary targeting and project locations made it necessary for all partners to constantly reassess, reprioritize and adjust operational planning and activities to best meet the changing needs on the ground. The two health projects had to be extended and reprogrammed due to a delay in determining the feasible location for the third field hospital funded by CERF.

Nevertheless, the projects achieved the majority of planned targets and outcomes with the exception of the number of health project beneficiaries; this was due to the fact that both UNFPA and WHO projects set the planned beneficiary figures based on the worst-case scenarios, i.e. trauma needs in case all casualties were to be directed to the CERF-funded field hospitals for WHO, and all affected women and girls who would potentially need emergency reproductive health services for UNFPA. These targets were adjusted during the project implementation and the reached beneficiary numbers reflect the direct beneficiaries of the CERF-funded response.

For the Health response, two of the three planned field hospitals were established quickly in Athba and Hammam Al-Alil and started treating patients as early as in February 2017. However, the proposed location of the third field hospital was changed multiple times due to conditions outside of WHO and UNFPA's control before it was finally established in Haj Ali in late September 2017. UNFPA in the meantime decided to reallocate the cost originally allocated to the maternity ward of the third field hospital to support emergency RH services in the existing health facilities in Mosul city.

The sectoral response together reached 43,907 people with life-saving health assistance, including 26,772 women and girls who received RH support. The CERF funding also reinforced WHO and UNFPA's partnerships with the national Ministry of Health (MoH) and the Department of Health (DoH) in Ninewa governorate and strengthened the referral pathways to ensure availability of critical health interventions between the frontline and back-up hospitals in Erbil.

The CERF funding allowed UNFPA to address a critical gap in the provision of RH care during the Mosul crisis with a direct impact on the health of affected women and adolescent girls who were amongst the most vulnerable. CERF contributed to lowering the risk of maternal morbidity and mortality among women and girls in camps and in the host communities. Pregnant women were consulted, treated and supported to have safe motherhoods, their illness and pain relieved, and thousands of lives associated with complicated pregnancy cases were saved. Specifically, over 20,000 women and girls received RH consultations and all pregnant women made at least one antenatal care visit during pregnancy with the support of skilled health personnel in the CERF-funded field hospitals and static hospitals; 3,363 assisted normal deliveries took place while 1,090 Caesarean sections and 496 emergency gynaecological procedures were performed in these hospitals.

With the CERF funding, WHO provided at least 17,135 patients with emergency health services including urgent trauma care in the three field hospitals (9,612 people in Athba, 4,549 people in Hammam Al-Alil and 2,974 people in Haj Ali). WHO through a contractual agreement with Aspen Medical supported the overall operation of the hospitals including the handover the first two hospitals to Ninewa DoH. It should be noted that, in addition to the direct beneficiaries reported, these field hospitals indirectly benefitted many more people of west Mosul, southern Ninewa and those affected by the subsequent counter-ISIL military operation to retake Hawiga in Kirkuk governorate through ensuring availability of life-saving health services. While initially intended to specifically serve people with war-related injuries and patients exposed to highly toxic chemicals, with the end of the military operations these hospitals have provided expanded emergency medical services and supported elective surgical needs in areas where medical services are yet to be re-established by MoH and DoHs. WHO will continue the provision of services in these hospitals to serve short-term medical needs as well as to support sustainable medical services in the future.

For the Shelter/NFI response, the CERF funding addressed the critical funding gap in the time-sensitive winterization programme which began in October 2016 targeting the newly displaced families from Mosul and the surrounding towns and villages and those living in poor shelter conditions or with socioeconomic vulnerabilities in the affected areas. IOM and UNHCR coordinated their activities under the two-CERF-funded projects to maximize the beneficiary coverage while avoiding duplication of assistance. The sectoral response together reached 176,184 people with winterization assistance, surpassing the original target. CERF also contributed to strengthening the coordination among the two agencies, their implementing partners and local authorities and thus the operational planning of the Shelter/NFI Cluster.

IOM provided SOKs to 4,322 families (26,118 people) in Mosul and Kirkuk, kerosene to 15,011 families (90,066 people) in Mosul, Hammam Al-Alil, Al-Shikhan, Telafar and Tilkaif, and NFIs to 4,100 families (24,600 people) in Mosul. Kerosene which was considered

vital for the survival of the vulnerable families through the winter was distributed to IDPs as well as returnees and host community members in the affected areas.

UNHCR distributed winter kits consisting of 6 blankets, a stove and fuel supply over the winter months per household to 10,000 families (60,000 people). The CERF-funded project complemented the agency's larger response to meet the urgent winter needs of vulnerable families, including those affected by the conflict as well as those living in mountainous locations and areas affected by harsher winter conditions in the country, who also received cash assistance, tent insulation kits, and other NFI support.

During the project implementation, UNHCR faced challenges transporting core relief items and kerosene due to complicated security procedures at checkpoints in several locations. Limited hours of distribution due to the security situation and curfews, as well as delays in the supply chain for kerosene, also briefly slowed down the response in some locations. To strengthen coordination with humanitarian actors, UNHCR used a reconciliation database to avoid duplication of activities. The provision of kerosene was a life-saving support, with beneficiaries cited using kerosene heaters around the clock during the cold winter months.

CERF's ADDED VALUE

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

This CERF allocation was released more quickly compared to previous CERF grants to Iraq, allowing timely and uninterrupted delivery of life-saving health and shelter/NFI assistance to the displaced population from Mosul.

For IOM, the flexible and prompt response of CERF allowed for adjusting the amount of fuel to be distributed to targeted beneficiaries when additional assistance from the Government was announced. This resulted in the speedily delivery of assistance to a larger number of beneficiaries.

For UNHCR, the CERF grant allowed for initiating procurement and distribution of winter assistance to meet the urgent needs of recently displaced persons.

b) **Did CERF funds help respond to time critical needs[8]?**
YES ☒ PARTIALLY ☐ NO ☐

Overall, this CERF grant allowed for rapid upscaling of the response of two prioritized sectors with severe time critical needs at the time of the grant proposal submission.

CERF funds enabled IOM to respond to the needs of beneficiaries who were living in critical shelter condition by providing the sealing of kits to upgrade their living condition. Also, CERF funds allowed IOM to respond to the fuel shortage of not only IDPs, but also the host population as the needs were revealed due to the volatile security and political situation during the project implementation.

For UNHCR, the timing of CERF injection was critical as a large number of displaced people were in urgent need of winterization assistance due to the prolonged military offensive and this was not part of earlier response planning. CERF allowed UNHCR to rapidly address the emerging needs calling for immediate action.

c) **Did CERF funds help improve resource mobilization from other sources?**
YES ☐ PARTIALLY ☒ NO ☐

For WHO and UNFPA, the field hospitals supported by CERF were part of a larger project also supported by the European Commission's European Civil Protection and Humanitarian Aid Operations and the Office of the United States Foreign Disaster Assistance, which provided additional funding including for the procurement of medical professionals who operated the hospitals.

For IOM and UNHCR, CERF was one of many funding streams but it came at the right time to allow for uninterrupted Shelter/NFI services.

Additionally, in recognition of the severity of the situation over CERF's activation, a number of donors followed suit and provided earmarked support to the UN agencies and other humanitarian partners to support the Mosul crisis response.

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[8] 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.).

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

For the Health Cluster, the operationalization of the CERF-funded field hospitals facilitated inter-agency coordination between WHO and UNFPA as well as overall cluster coordination by supporting the essential trauma referral pathways to save numerous lives in the Mosul response.

CERF also reinforced coordination at the inter-cluster level as the grant request was approved based on coordinated needs assessments and a joint response implementation strategy developed by all clusters. For UNHCR, CERF funding provided an important opportunity to work closely with all agencies involved in both prioritization and implementation in a coordinated effort to address urgent humanitarian needs.

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

CERF allowed a flexible response to address changing needs:
For the Shelter/NFI Cluster, IOM appreciated the flexibility CERF provided in allowing reprogramming without a formal request. This reprogramming allowed for the fuel distribution activity to reach additional 49,584 beneficiaries. IOM was requested by the Government of Iraq to supplement their fuel delivery to respond to the fuel shortage across the affected population.

For the Health Sector, CERF's flexibility concerning the no-cost extension and reprogramming requests were much appreciated as the granted project revisions allowed for completion of the planned health interventions despite the unexpected changes in the political and humanitarian contexts and extenuating circumstances beyond the control of WHO and UNFPA.

CERF supported an innovative new approach to saving lives:
For the Health Cluster, the CERF grant supported the pioneering joint efforts of WHO and UNFPA to establish trauma referral pathway to save lives in Mosul. Two emergency field hospitals, co-operationalized by the two agencies, provided urgent trauma care and other life-saving primary healthcare services including emergency gynaecological, obstetric, neonatal and paediatric support in Athba and Hammam Al-Alil. These hospitals have served as essential second-stage points on the referral pathway from the trauma stabilization units stationed on the frontlines to the back-up major hospitals located in Erbil. The collaboration resulted in speedy delivery of life-saving health services, a coordinated health response (e.g. UNFPA could make use of WHO-managed blood bank, anaesthetists, and the lab facility; referral pathways), and reduced operational costs (e.g. sharing of hospital-running costs including for generators). The field hospitals have been regarded as a best practice by the agency headquarters. As an added advantage, the Hammam Al-Alil field hospital can function as a long-term, static general hospital since it has all necessary departments required for the general hospital.

CERF facilitated partnerships and complemented other funding sources:
While there were no sub-grants disbursed to implementing partners under this CERF allocation, all four recipient agencies worked with commercial or NGO partners to carry out their respective projects. IOM directly implemented its project with limited contractual agreements with Stars Orbit for the deployment of Rapid Assessment and Response Teams, field vehicle rentals and staffing of distribution personnel, which were funded by CERF. UNHCR' NGO partners – International Rescue Committee (IRC), Legal Clinic Network (LCN), Intersos, REACH Initiative and Qandil – participated in needs assessments and distribution of CERF-funded winterization items. CERF funds were spent on the procurement of NFIs while the implementation partnerships were supported by other funding sources. WHO and UNFPA worked through a contractual agreement with Aspen Medical which installed and operated the CERF-funded field hospitals. CERF funded the procurement and installation of the field hospitals, medical supplies and equipment while the operational costs of these facilities were covered by other funding sources.

CERF complemented the country-based pooled fund:
This CERF allocation complemented the IHF allocations totalling $45.3 million which were disbursed earlier in 2016 through the Fund's Standard and Reserve Allocation modalities to strengthen response preparedness in anticipation of the large-scale humanitarian operation. CERF focused on the most time-critical needs of life-saving sectors following the onset of the crisis while the IHF covered wider sectoral needs through more flexible programming modalities including direct funding to NGOs.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
CERF's built-in flexibility for allowing a certain level of reprogramming without a formal revision request was appreciated by IOM as it allowed for an agile response to change the amount of fuel to be distributed per household and thus provide adequate support for a larger number of beneficiaries.	CERF to maintain the flexibility in project implementation as it is necessary for effectively respond to the changing humanitarian context of Iraq and provide the life-saving assistance that is fit to the needs.	CERF secretariat
CERF remains a strategic and critical funding mechanism for life-saving humanitarian response in Iraq.	CERF to continually consider supporting Iraq's IDP caseload, possibly through its Underfunded Emergency window, to address anticipated underfunding for IDP assistance, the need for which will continue to exist in Iraq.	CERF secretariat, OCHA, UN agencies
This CERF allocation was released more quickly compared to previous CERF allocations, allowing timely and uninterrupted delivery of life-saving assistance to the displaced population from Mosul.	CERF to continually facilitate faster review and processing of grant proposals and speedier disbursement.	CERF secretariat, OCHA

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
There was an ongoing security crisis in Ninewa Governorate, and to mitigate these security concerns, partners closely coordinated their activities with local authorities and other organizations in order to gain information about new and developing threats and to respond accordingly.	Continued information sharing on new and developing security threats, and consultation on responses.	HCT, Inter-Cluster Coordination Group, civil-military coordination and humanitarian access partners
Close coordination between UN agencies (UNFPA and WHO) proved that emergency health response to IDP needs can be established in a short period of time and can be very cost efficient through sharing a number of medical services/facilities to avoid duplication.	Continued close collaboration and coordination between UN agencies and their partners working in relevant response areas, including through joint/co-implemented CERF projects.	Clusters (Health and others), OCHA

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNFPA	**5. CERF grant period:**	22/12/2016 - 21/09/2017
2. CERF project code:	16-RR-FPA-053	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Health		☐ Concluded
4. Project title:	Providing Comprehensive Emergency Obstetric and Neonatal Care to women in labour		

7.Funding				
a. Total funding requirements[9]:	US$ 20,000,000	d. CERF funds forwarded to implementing partners:	
b. Total funding received[10]:	US$ 16,099,993	▪ *NGO partners and Red Cross/Crescent:*	US$ 0
c. Amount received from CERF:	US$ 2,999,642	▪ *Government Partners:*	US$ 0

Beneficiaries

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

Direct Beneficiaries	*Planned*			*Reached*		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (< 18)	30,000	3,000	33,000	1,478	0	1,478
Adults (≥ 18)	270,000	0	270,000	25,294	0	25,294
Total	**300,000**	**3,000**	**303,000**	**26,772**	**0**	**26,772**

8b. Beneficiary Profile

Category	*Number of people (Planned)*	*Number of people (Reached)*
Refugees		
IDPs	303,000	26,772
Host population		
Other affected people		
Total (same as in 8a)	**303,000**	**26,772**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or	The significant discrepancy between the numbers of planned and reached beneficiaries stems from the fact that the planned beneficiaries indicated in the project proposal included all affected women who would potentially need emergency reproductive health services. The reached beneficiary figure refers to the number of women who received	

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

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

the age, sex or category distribution, please describe reasons:	direct services in the CERF-funded health facilities. Please see the project indicators in the CERF Result Framework below, which better reflect the planning assumptions at the time of the proposal submission.

CERF Result Framework			
9. Project objective	Providing Comprehensive Emergency Obstetric and Neonatal Care (CEmONC) to women in labour in Mosul and surroundings		
10. Outcome statement	Reduced risk of maternal mortality and morbidity among women in Mosul and surroundings		
11. Outputs			
Output 1	Risk of maternal mortality and morbidity among women in Mosul and surroundings is reduced through access to emergency obstetric and neonatal care and reproductive health consultations.		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of functional health facilities, i.e. all public and private health facilities, with Basic Emergency Obstetric and Neonatal Care (BEmONC) in and around Mosul	3	5[11]
Indicator 1.2	Number of births in an around Mosul in 5 months	2,500	3,363[12]
Indicator 1.3	Number of births by Caesarean section in and around Mosul in 5 months	500	1,586[13]
Indicator 1.4	Number of reproductive health consultations in and around Mosul in 5 months	18,000	20,659[14]
Indicator 1.5	Number of functional health facilities, i.e. all public and private health facilities, with clinical management of rape survivors in and around Mosul	3	5[15]
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Procurement of the maternity department of the field hospital	UNFPA	UNFPA
Activity 1.2	Monitoring of the CEmONC service provision	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:
In response to the Mosul crisis, UNFPA had originally planned to establish three field maternity hospitals attached to three WHO trauma field hospitals, all of which were to be funded by CERF. During the first two months of the project implementation, UNFPA established two field maternity hospitals attached to the WHO trauma hospitals in Adhba and Hammam Al-Alil. However, the proposed location of the third field hospital was changed multiple times due to conditions outside of WHO and UNFPA's control and as a result both health projects were granted a no-cost extension for three months in June 2017. By August 2017, WHO was planning to establish the third field hospital in Haramet neighbourhood in West Mosul.

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[11] The actual number of health facilities supported was more than the planned three because the funds originally budgeted for the third field hospital was reallocated to provide reproductive services at three static hospitals in Mosul.

[12] The reached figure represents the achievement throughout the extended project implementation period.

[13] The reached figure represents the achievement throughout the extended project implementation period, during which 1,090 caesarean sections and 496 emergency gynacologycal procedures were performed.

[14] The reached figure represents the achievement throughout the extended project implementation period.

[15] The actual number of health facilities supported was more than the planned three because the funds originally budgeted for the third field hospital was reallocated to provide reproductive health services at three static hospitals in Mosul.

UNFPA then decided to reallocate the funds originally allocated for the third field hospital to upgrade three static hospitals located in Mosul, taking into account the below mentioned points:

- UNFPA was already providing BEmONC and CEmONC services in Mosul General Hospital in Western Mosul with a capacity of 20 admission beds, a neonatology department, two operating theatres, a four-bed delivery room, a blood bank, laboratory, and doctors accommodation area sufficient to address the reproductive health needs in West Mosul. UNFPA was also working on the expansion of bed capacity in this hospital. Mosul General Hospital is not too far from the proposed location of the third field hospital and UNFPA would rather expand the services in Mosul General Hospital, using the same equipment reserved for the third hospital.
- If another CEmONC facility opened in the neighbourhood, and given the scarcity of obstetrics and gynaecology staff, it might result in Mosul General hospital losing these specialists, hence undermining the current effort.
- MSF Swiss opened a trauma hospital in Nablus neighbourhood, allocated 6 beds to provide BEmONC and CEmONC services 24/7, and was planning to increase its admission capacity to 10 beds.
- UNFPA was supporting a static delivery room 24/7 in Mamoon Primary Health Care Centre (PHCC) that was supporting normal deliveries. If needed, UNFPA was ready to establish another delivery room in 17 July neighbourhood PHCC.
- For the expected caseload from the Telafar response which succeeded the Mosul operations, UNFPA was deploying mobile delivery rooms and mobile reproductive clinics at mustering points along with ambulances to complete the referral pathway to Mosul General Hospital.

UNFPA reallocated the funding originally allocated for the third field hospital for the following:

1. Installation of caravans in Qayarra PHCC to relocate maternity department from Qayarra Hospital
2. Procurement of medical equipment for two maternity hospitals in West Mosul (Mosul General Hospital) and East Mosul (Al Khansaa Maternity Hospital).
3. Medical equipment planned for third hospital to be distributed to the two maternity hospitals in West Mosul (Mosul General Hospital) and in East Mosul (Al Khansaa Maternity Hospital)
4. Support system items to be installed in West Mosul (Mosul General Hospital)
5. Consumables and reagents (surgical disposables, etc.) to be distributed to the two maternity hospitals in West Mosul (Mosul General Hospital) and in East Mosul (Al Khansaa Maternity Hospital)

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

UNFPA already has a robust monitoring system that tracks progress of its implementation. Some baseline data has been collated from different surveys, assessments and project reports. This data has been used to develop targets for the project deliverable. Progress will be monitored through systematic recording of beneficiaries who receive equipment, commodities, supplies and skills from UNFPA support. This will be done by UNFPA and partners, including government and NGOs, through regular field visits and field monitoring reports.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
While UNFPA does not plan an independent evaluation for the CERF-funded portion of the response with a relatively short implementation period, evaluation of field hospitals will be included in the evaluation of the whole response to the Mosul crisis along with related response activities (the exact timeline of evaluation unavailable at the time of reporting).	EVALUATION PENDING ☒
	NO EVALUATION PLANNED ☐

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNHCR	**5. CERF grant period:**	22/12/2016 - 21/06/2017
2. CERF project code:	16-RR-HCR-049	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Non-Food Items		☒ Concluded
4. Project title:	Provision of critical emergency winter assistance to newly displaced people and extremely vulnerable individuals		

7.Funding				
a. Total funding requirements[16]:	US$ 50,000,000	d. CERF funds forwarded to implementing partners:	
b. Total funding received[17]:	US$ 8,201,106	▪ *NGO partners and Red Cross/Crescent:*	US$ 0
c. Amount received from CERF:	US$ 2,354,000	▪ *Government Partners:*	US$ 0

Beneficiaries

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

Direct Beneficiaries	*Planned*			*Reached*		
	Female	*Male*	*Total*	*Female*	*Male*	*Total*
Children (< 18)	12,000	9,000	21,000	12,000	9,000	21,000
Adults (≥ 18)	21,000	18,000	39,000	21,000	18,000	39,000
Total	**33,000**	**27,000**	**60,000**	**33,000**	**27,000**	**60,000**

8b. Beneficiary Profile

Category	*Number of people (Planned)*	*Number of people (Reached)*
Refugees		
IDPs	60,000	60,000
Host population		
Other affected people		
Total (same as in 8a)	**60,000**	**60,000**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	No significant discrepancy.	

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

17 This should include both funding received from CERF and from other donors.

CERF Result Framework			
9. Project objective	Provide critical emergency winter assistance to newly displaced people, extremely vulnerable individuals through delivery of basic winterization items.		
10. Outcome statement	Population displaced as a result of the latest wave of violent conflict in Mosul is provided dignified basic winter assistance.		
11. Outputs			
Output 1	Newly displaced vulnerable families assisted with emergency winter assistance		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of displaced families assisted with basic winter assistance (each family will be assisted with: 1 heater, 200 L kerosene/fuel and six blankets)	10,000	10,000
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Procurement of winter items to address the needs of the vulnerable displaced populations: heater, kerosene and blankets	UNHCR	UNHCR
Activity 1.2	Identifying cases in need of assistance	UNHCR/ UNHCR Partner	UNHCR/ UNHCR Partners (IRC, LCN, Intersos)
Activity 1.3	Distribution of winter assistance in targeted locations	UNHCR/ UNHCR Partner	UNHCR/ UNHCR Partners (REACH, Qandil)

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 significant discrepancy.

13. Please describe how AAP has been ensured during project design, implementation and monitoring:

UNHCR and partners are responsible to select the beneficiaries according to agreed criteria. Verification of beneficiaries is done through the review of identification cards issued to IDPs by the Ministry of Migration and Displacement. UNHCR staff were responsible for verifying the provided information, closely monitoring the distribution process, and conducting post-distribution monitoring (PDM) exercise through mobile field teams, focus group discussions and telephone interviews with beneficiaries selected through a random sampling method, alongside household visits. The majority of beneficiaries have relied heavily on the winterization assistance, particularly the provision of kerosene. UNHCR will have a full report about the distribution process. This report will be finalized by the end of December 2017.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
The project evaluation began in September 2017 and was completed at the end of 2017. The evaluation report, once available, will be shared with the CERF secretariat.	EVALUATION PENDING ☒
	NO EVALUATION PLANNED ☐

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TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	IOM	**5. CERF grant period:**	22/12/2016 - 21/06/2017
2. CERF project code:	16-RR-IOM-040	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Non-Food Items		☒ Concluded
4. Project title:	Winterization assistance provided to families affected by the Mosul liberation		

7.Funding				
a. Total funding requirements[18]:	US$ 41,700,000	d. CERF funds forwarded to implementing partners:	
b. Total funding received[19]:	US$ 16,000,000	▪ *NGO partners and Red Cross/Crescent:*	US$ 0
c. Amount received from CERF:	US$ 4,000,000	▪ *Government Partners:*	US$ 0

Beneficiaries

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

Direct Beneficiaries	*Planned*			*Reached*		
	Female	*Male*	*Total*	*Female*	*Male*	*Total*
Children (< 18)	14,700	14,700	29,400	22,355	20,198	42,553
Adults (≥ 18)	8,400	4,200	12,600	24,869	24,162	49,031
Total	**23,100**	**18,900**	**42,000**	**47,224**	**44,360**	**91,584**

8b. Beneficiary Profile

Category	*Number of people (Planned)*	*Number of people (Reached)*
Refugees	0	0
IDPs	21,000	79,875
Host population	21,000	5,404
Other affected people	0	(returnees) 6,305
Total (same as in 8a)	**42,000**	**91,584**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	IOM surpassed all the quantitative targets. With regards to SOK and NFI, the price was decreased from the estimated amount, so that IOM procured and delivered more kits than the targets. Also, IOM reduced the amount of fuel distributed per family to respond to the fuel shortage across the affected population, based upon the request from the Government of Iraq to supplement their fuel delivery. The main target of the project was IDPs, but the project incorporated flexibility to target those in need as assessed during	

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

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

	the implementation. IOM included host population and returnees for fuel distribution as they were also in need of fuel; this was done also to avoid causing tension between IDPs and host population over accessibility to fuel. Thus, a larger number of beneficiaries received assistance within the same budget.

CERF Result Framework			
9. Project objective	Life-saving humanitarian winterization assistance (sealing-off kits, fuel) is provided to conflict-affected people as a result of the Mosul violence		
10. Outcome statement	The immediate winterization emergency needs of IDPs through the provision of fuel and shelter interventions are met		
11. Outputs			
Output 1	3,500 IDP families/21,000 individuals provided with sealing-off kits		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of sealing off kits procured	3,500	4,322
Indicator 1.2	Number of sealing off kits distributed	3,500	4,322
Indicator 1.3	Percentage of targeted households who are satisfied with provision of sealing-off kits as measured through PDM (Based on 300 surveyed households out of 3000)	80%	94%
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Vulnerability assessment and beneficiary selection	IOM	IOM
Activity 1.2	Kits are procured and warehoused/stored	IOM	IOM
Activity 1.3	Kits are distributed to households	IOM	IOM
Activity 1.4	Post distribution monitoring activities carried out with shelter beneficiaries	IOM	IOM
Output 2	3,500 IDP families/21,000 individuals provided with fuel packages		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Number of Fuel barrels procured	3,500	15,011
Indicator 2.2	Number of IDP families that receive Fuel support	3,500	15,011
Indicator 2.3	Percentage of targeted households who are overall satisfied with Fuel distribution as measured through PDM (Based on 300 surveyed households out of 3,000)	80%	81%
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Beneficiary selection	IOM	IOM
Activity 2.2	Fuel is procured and warehoused/stored	IOM	IOM
Activity 2.3	Fuel is distributed to households	IOM	IOM
Activity 2.4	Post distribution monitoring activities carried out with fuel beneficiaries	IOM	IOM
Output 3	3,500 IDP families/21,000 individuals provided with full NFI winterization kits		
Output 3 Indicators	**Description**	**Target**	**Reached**

Indicator 3.1	Number of kits procured	3,500	4,100
Indicator 3.2	Number of IDP families that receive NFI kits	3,500	4,100
Indicator 3.3	Percentage of targeted households who are overall satisfied with Fuel distribution as measured through PDM (Based on 300 surveyed households out of 3,000)	80%	95%
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	Beneficiary selection	IOM	IOM
Activity 3.2	NFI kits are procured and warehoused/stored	IOM	IOM
Activity 3.3	NFI kits are distributed to households	IOM	IOM
Activity 3.4	Post distribution monitoring activities carried out with NFI beneficiaries	IOM	IOM

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

n/a

13. Please describe how AAP has been ensured during project design, implementation and monitoring:

IOM carried out assessments with IDPs to inform kit composition, including gender-specific item preferences and needs. Through findings from IOM's DTM, Gender NFI and Shelter assessments, supplementary NFI and Sealing of Kits have been prioritized. Throughout the project, IOM carried out PDM which acts as an evaluation tool as well as a feedback mechanism regarding the composition of kits, use of items, experience during distribution, satisfaction with assistance and any additional needs. PDMs also collected accountability data, including whether beneficiaries were informed of the type of assistance prior to receiving them, whether they were required to pay to be included on the distribution list, and whether there were any issues experienced during or after the distribution. PDM results were used to inform aid composition as well as distribution methodology. For example, IOM received feedback from beneficiaries with regards to the quality of jerry can and fuel, and also the locations of distribution. The feedback was assessed and informed to the relevant unit so that the feedback would be utilized for improving the assistance based on the actual needs of the beneficiaries. An essential part of AAP is also Communications with Communities (CwC). IOM CwC disseminated the telephone number of the Interagency IDP Call Center so that IDPs could have access to one of the major sources of information currently available for any questions regarding aid services. This Call Center was also used as a feedback mechanism by IOM in the context of the increasing importance of the issue of AAP that was highlighted by the Humanitarian Country team.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☒
IOM conduced PDM and received the below results. The questions were asked to a household representative. • SOK: Out of 344 respondents, 325 responded that they satisfied with the assistance (94 %). • Fuel: Out of 606 respondents, 493 responded that they satisfied with the assistance (81%). • NFI: Out of 278 respondents, 265 responded that they satisfied with the assistance (95%). Please download the evaluation report from the following link: https://we.tl/K4QGhNUHC	EVALUATION PENDING ☐ NO EVALUATION PLANNED ☐

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	WHO	**5. CERF grant period:**	29/12/2016 - 28/12/2017
2. CERF project code:	16-RR-WHO-050	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Health		☒ Concluded
4. Project title:	Expand trauma capacity in response to Mosul military operation		

7.Funding			
a. Total funding requirements[20]:	US$ 65,000,000	d. CERF funds forwarded to implementing partners:	
b. Total funding received[21]:	US$ 54,061,135	▪ *NGO partners and Red Cross/Crescent:*	US$ 0
c. Amount received from CERF:	US$ 9,000,000	▪ *Government Partners:*	US$ 0

Beneficiaries

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

Direct Beneficiaries	*Planned*			*Reached*		
	Female	*Male*	*Total*	*Female*	*Male*	*Total*
Children (< 18)	92	4,528	4,620	1,712	2,554	4,266
Adults (≥ 18)	1,228	60,152	61,380	5,134	7,735	12,869
Total	**1,320**	**64,680**	**66,000**	**6,846**	**10,289**	**17,135**

8b. Beneficiary Profile

Category	*Number of people (Planned)*	*Number of people (Reached)*
Refugees		
IDPs	66,000	17,135
Host population		
Other affected people		
Total (same as in 8a)	**66,000**	**17,135**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	In the no-cost extension submitted in September 2017, the target number of beneficiaries was revised from 66,000 to 12,000. The main reasons for the need to revise this figure were: • The set target was based on the worst scenario for trauma needs in case all casualties were to be directed to these hospitals;	

[20] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.
[21] This should include both funding received from CERF and from other donors.

	• The fact that trauma patients are required to stay at the hospital for an average of 72 hours, while in some cases their medical conditions and the referral pathway necessitated their stay for weeks; and • The hospitals have continued to be operational and are receiving other types of medical emergencies. Detail explanation is provided under Part 12 of Table 8 (Project Result) below.

CERF Result Framework			
9. Project objective	Ensure access to life saving care for up to 66,000 expected casualties in the worst-case scenario through the establishment of three field hospitals in areas surrounding Mosul.		
10. Outcome statement	War wounded casualties will have access to emergency health services.		
11. Outputs			
Output 1	66,000 expected war wounded casualties have access to emergency health services		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Three hospital procured	3	3
Indicator 1.2	The three hospitals operational in targeted areas	3	3
Indicator 1.3	Number of people treated at the three hospitals	66,000	17,135
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Procurement of three field hospital	WHO	WHO
Activity 1.2	Installation of the hospitals in selected areas	The supplier with WHO oversight	The supplier with WHO oversight

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:

With the contribution from CERF, WHO was able to establish and operationalize the two field hospitals – Athba, Hamam Al-Alil – three months into the project start date. However, the construction of the third field hospital was delayed due to a number of factors which were not under the direct control or influence of WHO.

During the last several months of the project implementation, there were significant changes to the needs and operational plan associated with the Mosul emergency. Due to the ever-changing conditions presented by the ongoing military operation, establishment of the third field hospital was delayed as it went through a considerable amount of assessment and identification of appropriate and beneficial locations. At the end of May 2017, a location in Al-Kindi was identified for the field hospital in East Mosul as civilian movements were expected from West to East Mosul. However, with the start of the Telafar military operation, a team from WHO and DoH Ninewa visited the sites of Ar-Rihaniyah, Al-Zanazil and Heramat to assess locations for a field hospital to respond to the trauma needs resulting from the military operations in Telafar. The decision was taken to select Al-Zanazil as the location for the field hospital. However, by 27 August, WHO was informed that military operations in Telafar were coming to a close and DoH Ninewa, along with the Trauma Coordination Cell, recommended that the construction activities be halted. Further assessments were conducted in light of the then anticipated military operation in Hawiga and the location of Haj Ali was selected as an initial staging point. The hospital received its first patients only starting from October 2017.

These hospitals have continued to be operational and are already receiving other types of medical emergencies. It is important to mention that the set target was based on the worst-case scenario for trauma needs in case all casualties were to be directed to these two hospitals. However, there were also other health structures through which injured patients could be directed and hence the total number of the treated was lower than the initially set baseline figure. In addition, the trauma patients were required to stay at the hospital for an average of 72 hours, while in some cases their medical conditions and the referral pathway necessitated their stay for weeks. Thus WHO revised the target beneficiary number to 12,000, as indicated in the no-cost extension submitted in September 2017.

<table>
<tr><th colspan="2">13. Please describe how AAP has been ensured during project design, implementation and monitoring:</th></tr>
<tr><td colspan="2">Throughout the project implementation period, WHO involved the MoH, respective DoHs and ensured the participation of affected communities in key decisions and processes. WHO encouraged deeper engagement of the affected population in all phases of the project ensuring transparency through continuous communication. WHO has not only undertaken to uphold its commitments on accountability to affected populations as an individual organization but also in many collective opportunities that it has been engaged in, including in the humanitarian country team, clusters, and UN country teams.</td></tr>
<tr><th>14. Evaluation: Has this project been evaluated or is an evaluation pending?</th><td>EVALUATION CARRIED OUT ☐</td></tr>
<tr><td rowspan="2">WHO has a plan to conduct an evaluation of the field hospitals and the report will be shared upon completion.</td><td>EVALUATION PENDING ☒</td></tr>
<tr><td>NO EVALUATION PLANNED ☐</td></tr>
</table>

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

There were no sub-grants disbursed to implementing partners under this CERF allocation.

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAR	After Action Review
BEmONC	Basic Emergency Obstetric and Neonatal Care
CEmONC	Comprehensive Emergency Obstetric and Neonatal Care
CERF	Central Emergency Response Fund
DoH	Department of Health
DTM	Displacement Tracking Matrix
FTS	Financial Tracking Service
HCT	Humanitarian Country Team
HRP	Humanitarian Response Plan
IDP	Internally Displaced Person
IHF	Iraq Humanitarian Fund
IOM	International Organization for Migration
IRC	International Rescue Committee
ISF	Iraqi Security Forces
ISIL	Islamic State in Iraq and the Levant
LCN	Legal Clinic Network
MoH	Ministry of Health
NFI	Non-Food Item
NGO	Non-Governmental Organization
OCHA	Office for the Coordination of Humanitarian Affairs
PDM	Post-Distribution Monitoring
PHCC	Primary Health Care Centre
RC/HC	Resident/ Humanitarian Coordinator
RH	Reproductive Health
SOK	Sealing-Off Kit
UN	United Nations
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

ANNEX 3: TOTAL GRANT BENEFICIARY ESTIMATION

Agency/Sector	Female			Male			Total		
	Girls	Women	Total	Boys	Men	Total	Children	Adults	Total
UNFPA	1,478	25,294	**26,772**	0	0	**0**	1,478	25,294	**26,772**
WHO	1,712	5,134	**6,846**	2,554	7,735	**10,289**	4266	12,869	**17,135**
Health	3,190	30,428	**33,618**	2,554	7,735	**10,289**	5,744	38,163	**43,907**
IOM	28,800	31,191	**59,991**	26,028	30,165	**56,193**	54,828	61,356	**116,184**
UNHCR	12,000	21,000	**33,000**	9,000	18,000	**27,000**	21000	39,000	**60,000**
Shelter/NFIs	40,800	52,191	**92,991**	35,028	48,165	**83,193**	75,828	100,356	**176,184**
SUM	43,900	82,619	**126,609**	37,582	55,900	**93,482**	81,572	138,519	**220,091**
UNFPA Hammam Al-Alil	956	3,028	**3,984**	0	0	**0**	956	3,028	**3,984**
WHO Hammam Al-Alil	590	1,423	**2,013**	753	1,783	**2,536**	1,343	3,206	**4,549**
TOTAL	42,444	78,168	**120,612**	36,829	54,117	**90,946**	79,273	132,285	**211,558**