RESIDENT/HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS

LEBANON

RAPID RESPONSE

MEASLES

2018

RESIDENT/HUMANITARIAN COORDINATOR	**Philippe Lazzarini**

PART I

1. OVERVIEW

18-RR-LBN-30469 TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)	
a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE	**US$ 4,875,779**
FUNDING RECEIVED BY SOURCE	
CERF (including 7% recovery cost (US$73,790)	US$ 1,127,942
COUNTRY-BASED POOLED FUND (*if applicable*)	[Insert number here]
OTHER (bilateral/multilateral)	US$ 2,882,496.14
b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE	**US$ 4,010,438.14**

18-RR-LBN-30469 TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US$)			
Allocation 1 – date of official submission: 04/05/2018			
Agency	**Project code**	**Cluster/Sector**	**Amount**
UNICEF	18-RR-CEF-052	Health – Health	US$ 1,127,942
TOTAL			US$ 1,127,942

18-RR-LBN-30469 TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Total funds implemented directly by UN agencies including procurement of relief goods	**US$ 106,258.10**
*- Funds transferred to Government partners**	
*- Funds transferred to International NGOs partners**	*US$ 443,841.90*
*- Funds transferred to National NGOs partners**	*US$ 577,842.00*
*- Funds transferred to Red Cross/Red Crescent partners**	
Total funds transferred to implementing partners (IP)*	**US$ 1,021,683.90**
TOTAL	US$ 1,127,942

2. HUMANITARIAN CONTEXT AND NEEDS

Eight years into the Syrian Crisis and despite the strong National Health Response Strategy, the Ministry of Public Health (MoPH) primary health care (PHC) network is still at risk of not reaching the most in need population. Affordability remains the main barrier for the Syrian refugee children, while the lack of trust in the quality of vaccines in PHC has been the main barrier for the Lebanese host community[1]. Moreover, the deteriorating Lebanese economy and growing inequalities continue to further affect the accessibility of basic primary health care for the most disadvantaged in Lebanon.

The following are among the risks associated with the rapid spread of sporadic or clustered measles cases in Lebanon:

- The cumulation of children (both low-income Lebanese and Syrian refugees) left out from measles coverage for years, resulting in lower measles sero-conversion rates, and risk for measles outbreak every 4-5 years (the last outbreak in Lebanon occurred in 2013-14);
- Large disparities and inequities in immunization coverage revealed in the last Expanded Programme on Immunization (EPI) Cluster Survey in 2016, which identified 209 low immunization coverage cadastres, where 47 per cent (2.7 million) of the country's population reside;
- Low demand for immunization, in a country where vaccine-preventable disease prevalence has been minimal, and whereby certain populations rely on mop-up immunization campaigns for immunization.

Since the onset of measles outbreak declared in March 2018, UNICEF has supported the MoPH response through:

1. Design and coordination of a response plan centred in primary health care centres, where mobile vaccination units or mass vaccination campaigns are organized to reach pockets of excluded populations (of children under fifteen);
2. Risk Mitigation of the contamination of the circulation polio virus in neighbouring Syria. The MoPH requested UNICEF's support to maintain compulsory immunization for every child crossing the border and for every refugee attending the UNHCR reception centres. Both these venues provide the unique opportunity to reach and immunize nearly 125,000 refugees per year;
3. Waste management of the vaccination supply in adherence with Lebanon's regulations to address environmental concerns;
4. Continuous technical guidance to strengthen the system of supply management, distribution and waste management, data management through a near real-time monitoring system and data collection within MoPH's information system, to efficiently and effectively respond to the measles outbreak;
5. Analysis of Accelerated Immunization Activities (AIA) data; and
6. Procurement of quality vaccines and assurance of quality cold-chain.

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[1] UNICEF Knowledge, Attitudes and Practices Survey, 2017

3. PRIORITIZATION PROCESS

On 15 March 2018, the Ministry of Public Health declared a measles outbreak in Lebanon, after a number of clustered cases in several areas in the Mount Lebanon and Bekaa governorates. By 21 April 2018, 311 cases were reported across Lebanon, with the majority in the Mount Lebanon, Bekaa, Baalbeck-Hermel and Nabatieh governorates, and 63 per cent of the cases found among Lebanese residents.

Since 1987, the EPI [2] has, with the support of UNICEF, successfully improved routine vaccination services, and guaranteed, the provision of quality routine vaccination services to the most disadvantaged. Confronted with the measles outbreak, the MoPH decided to reinforce the EPI programme by reaching out to all boys and girls under the age of fifteen, to monitor their immunization status of measles, mumps and rubella (MMR). Furthermore, the MoPH's accelerated immunization activities have been designed as a combination of intense community mobilisation among the most at risk populations in low immunization coverage cadastres, with active near real-time monitoring, to identify and refer the dropped-out children to the primary health care centres.

As such, the MoPH led the measles response plan, in close collaboration with UNICEF and the World Health Organization (WHO). PHC Coordinators were assigned in the Bekaa and Mount Lebanon governorates, with the support of District Officers. The MoPH's response plan also included an epidemiological surveillance[3], disseminated on a weekly basis and specified reported cases of measles disaggregated by governorate, gender and age. The surveillance has been instrumental in MoPH's response by reviewing the scope and target of measles cases. Additionally, the AIA process of screening and identifying dropped out children in low coverage areas provided targeted spot checks to ensure effective interventions (and control of the outbreak).

The OCHA/CERF-funded response tackled the main actions below:

1. The mobile vaccination units in very isolated and rural areas: identified children dropped out of immunization and immediate vaccination to those in need;
2. The compulsory vaccination of children crossing the border and of refugee children attending the UNHCR reception centre;
3. Consolidation and expansion of the AIA approach in other cadastres: targeted population catchment areas around PHCCs to reach and refer every child identified as dropped out of immunization. This was led through community mobilisation and awareness efforts.

Furthermore, the OCHA/CERF funded implementation prioritized the most affected governorates, such as Bekaa (23/100000), Baalbeck/Hermel (10/100000) and Mount Lebanon (3.9/100000). The continuous tracking of reported cases, the surveillance of attack rate and the identification and screening of the population at risk, were all instrument to adjust the scope of measles response and control the spread of the outbreak. Using a similar approach, other funding resources from the CBPF were mobilized to expand the response to other governorates with lower attack rate per cadastre at risk of rapid spreading.

[2] Lebanon MoPH Expanded Programme of Immunization
[3] Lebanon MoPH surveillance current year

4. CERF RESULTS

The total OCHA/CERF allocation of US$ 1,127,942 to UNICEF Lebanon was used for the emergency response to the measles outbreak, with focus in the Bekaa, Baalbeck-Hermel and Beirut/Mount Lebanon governorates to control the spread of measles cases. The Ministry of Public Health's Primary Health Care Department immediately responded through the EPI programme, thereby reaching the most at risk children and updating their measles vaccination status.

The OCHA/CERF funds contributed to not only the measles outbreak response, but also allowed for a near real-time monitoring which reinforced the immunization information system and overall strengthening of the national immunization portal of the Ministry of Public Health. The intervention was led by the MoPH at the central level, and coordination was further supported through the MoPH District Officers and the primary healthcare coordinators at the zonal level.

The response prioritized its action based on the following criteria and added to a structured action plan:

- Areas with high measles attack rate and high incidence within densely populated areas. Mobile vaccination units were deployed or large vaccination events were held in urban or populated settings;
- Areas with high percentage of defaulters from vaccination and low accessibility to services or possible security concerns in reaching health centers reached by mobile vaccination units;
- Door to door outreach, screening and referral to health centers in areas with low vaccination coverage based on the World Health Organizations Immunization Coverage Survey, 2016, or referral as high risk area for measles outbreak based on district. This approach aimed to increase demand on free immunization services through the public health sector and to increase the accountability of health centers in the provision of equitable and free services;
- Compulsory vaccination of children crossing the borders and of refugee children attending the UNHCR reception centres.

The funding enabled MoPH, UNICEF and partners to effectively reach 253,766 children (51% boys and 49% girls) between the age of 0 and 15 years between May and October 2018. Among them, 184,098 were identified as defaulters[4]. The OCHA/CERF funded intervention covered 230 cadastres with the children most at risk of contracting measles, out of which 94 cadastres had reported measles cases as per MoPH epidemiological surveillance unit (ESUMOH). By December 2018 and the completion of the emergency response, 95.7 per cent out of the 230 cadastres reported zero cases of suspected measles.

5. PEOPLE REACHED

The measles response funded by OCHA/CERF enabled UNICEF and its partners to reach 226,783 children under 15 through door to door outreach, screening and referral to health centres. Out of the total number of children, 120,405 were Syrian refugees (61,486 boys and 58,919 girls), 101,430 Lebanese (51,725 boys and 49,705 girls) and 1,242 of other nationalities (622 boys and 620 girls). Making a total distribution of 115,697 (51%) boys and 111,086 (49%) girls. Additionally, the OCHA/CERF funds enabled UNICEF to reach 26,983 boys and girls under 15 at the border and UNHCR vaccination points/reception centres. Thus, the total reach included 253,766 children under fifteen years of age.

[4] Children missing at least one antigen of the national immunization calender are classified as defaulters, thereby in need to catch up with the immunization schedule

The reached population figure was based on door to door screening of localities from the measles cases line listing provided by MoPH Epidemiological Surveillance Unit (ESUMOH), WHO's Immunization Coverage Survey of 2016 and MoPH's district level assessment.
Thus, although the original planned figure, of 261,610 children, was based on Lebanon Crisis Response Plan (LCRP) estimation of the under 15 population in the targeted localities, the door to door screening found 226,783 children under 15. Additional targeted population figures included the border and UNHCR vaccination points, reaching 26,983 Syrian refugee children under 15 years of age. Both figures cumulated to 253,766 representing around 97 per cent of the original estimated target. This reflects an acceptable approximation taking into consideration the population movement and lack of precise administrative data in Lebanon[5].

All Accelerated Immunization Activities (AIA) data collected under the OCHA/CERF funding was done using KOBO[6]. It collected data on children and fed into the central MOPH EPI portal. Thus, each child screened at the community level was provided with a unique identification barcode at the central level. This serves two purposes: a) ensuring the collection of qualitative data which prevents any type of duplication; b) maintaining a near real-time monitoring of the progress of intervention to allow for a prompt follow-up of children's immunization status.

Table1: Total number of children reached through accelerated immunization activities by UNICEF implementing partners

AIA	Outreached			Baseline fully vaccinated			Baseline Defaulters before AIA			Vaccinated			Ratio of children back to PHC vs. baseline fully immunized		
	Boys	Girls	total	Boys	Girls	total	Boys	Girls	total	Boys	Girls	total	Boys	Girls	total
Lebanese	51,725	49,705	**101,430**	12,315	11,836	**24,151**	39,410	37,869	**77,279**	12,823	12,468	**25,291**	1.04	1.05	1.05
Syrian	61,486	58,919	**120,405**	8,825	8,680	**17,505**	52,661	50,239	**102,900**	22,103	22,060	**44,163**	2.50	2.54	2.52
Palestinian	1,864	1,842	**3,706**	339	331	**670**	1,525	1,511	**3,036**	814	802	**1,616**	2.40	2.42	2.41
Others	622	620	**1,242**	195	164	**359**	427	456	**883**	165	205	**370**	0.85	1.25	1.03
Total	**115,697**	**111,086**	**226,783**	**21,674**	**21,011**	**42,685**	**94,023**	**90,075**	**184,098**	**35,905**	**35,535**	**71,440**	**1.66**	**1.69**	**1.67**

Table 2: Number of children reached through border and UNHCR vaccination points, May- July 2018

Total Moph Borders/UNCHR Vaccination Sites Consumption - May- July 2018					
Site	**Measles**	**Polio***	**Vit. A**	**IPV**	**MMR**
Cross-border Areeda	107	576	423	81	116
Cross-border Abboudiyyeh	82	300	100	59	0
Cross-border Bekayhaa	171	278	166	60	58
Cross-border Masnaa'	166	1401	335	68	297
UNHCR Vacc Site Tripoli	2129	6988	3485	1215	2501
UNHCR Vacc Site Beirut	2325	5516	3320	319	2364
UNHCR Vacc Site Tyre	1564	2619	1957	1064	652
UNHCR Vacc Site Zahle	4161	9305	3791	2767	2349

[5] From the Central Administration of Statistics
[6] https://www.kobotoolbox.org/

Total	**10,705**	**26,983**	**13,577**	**5,633**	**8,337**

* Every child passing through border or UNHCR vaccination point, received bOPV drop. Therefore, total number of BoPV is proxy of number of children attending UNHCR reception center or border vaccination points

18-RR-LBN-30469 TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR[1]

Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Health - Health	124,303	-	**124,303**	129,463	-	**129,463**	253,766	-	**253,766**

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

18-RR-LBN-30469 TABLE 5: TOTAL NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING[2]

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	130,805		**130,805**	130,805		**130,805**	261,610		**261,610**
Reached	124,303	[Fill in]	124,303	129,463	[Fill in]	129,463	253,766	[Fill in]	253,766

[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.*

18-RR-LBN-30469 TABLE 6: PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees	106,113	Total: 151,094, broken down: 147,388 Syrian 3,706 Palestinian
IDPs		-
Host population	155,497	101,430
Affected people (none of the above)		1,242
***Total** (same as in table 5)*	**261,610**	**253,766**

6. CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to people in need?

YES ☒ PARTIALLY ☐ NO ☐

[Please elaborate here] *max. 200 words (required)*

The measles outbreak occurred at a time where the Health Sector of the Lebanon Crisis Response Plan was facing major funding gaps, particularly on the overall management of the national health system. During 2018, the Health Sector was only 32 per cent funded. In addition, the majority of donors preferred to invest in humanitarian response through international and national NGOs, often operating directly and not always in collaboration with the the MoPH public health system. When the clustered sporadic cases of measles were reported, UNICEF immediately mobilised available funds to support the MoPH in the design of AIA activities to ensure quick response of the sporadic cases through the primary health care network. This reinforced the MoPH leadership, whereby the EPI structure functioned through the primary health care networks, as well as the vaccination points at the border and the UNHCR reception centres. Meanwhile, UNICEF advocated for additional funding, particularly to strengthen the health system, including capacity building of the public health officer, data IT or EPI nurses at the district level to improve monitoring and supportive supervision and enhance quality of immunization services. The mobilization of CERF funding by the end of May 2018 was essential to expand the planned intervention, as measles continued to spread. At the same time, UNICEF mobilised other available funding resources to relay and increase the OCHA/CERF emergency response.

b) Did CERF funds help respond to time-critical needs?

YES ☒ PARTIALLY ☐ NO ☐

[Please elaborate here] *max. 200 words (required)*

The mobilization of the OCHA/CERF funds by UNICEF initially was essential to immediately respond to the measles outbreak, in particular within the three governorates with the highest attack rates to control the spread of the outbreakas well as mortality and morbidity risks among the affected populations.

. Immediate planning and intervention were initiated, under the leadership of the MoPH in June 2018, whereby all accelerated immunization activities, training materials and strategic approach per locality (based on vulnerability related to measles in line with the listing provided by MoPH) were updated to initiate a prompt intervention. Five programme documents (PDs) were immediately signed by UNICEF with four partners to respond to the measles outbreak in Bekaa, Baalbeck-Hermel and Beirut/Mount-Lebanon

c) Did CERF improve coordination amongst the humanitarian community?

YES ☒ PARTIALLY ☐ NO ☐

[Please elaborate here] *max. 200 words (required)*

The OCHA/CERF funding played a crucial role in enhancing the collaboration between the MoPH, UNICEF, WHO, UNHCR and local health partners, at the central and district level, to initiate prompt and effective intervention. Various health sector partners, such as Médecins Sans Frontières (MSF) and International Committee of the Red Cross (ICRC), coordinated their efforts to provide support in covering any possible geographical gaps in the intervention outside OCHA/CERF's coverage areas, until further funding was provided. At the same time, multi-sectoral coordination and support was provided by UNICEF Lebanon's different sectors, such as WASH, Adolescent and Youth Development, Child Protection and Education, to increase the community acceptance of the mobilized field teams, along with providing informal community-based referrals of any suspected measles cases to MoPH's Epidemiological Surveillance Unit and UNICEF. Further coordination and collaboration took place with the Ministry of Education, Ministry of Social Affairs and Ministry of Interior, whereby circulars were disemminated with their respective local centres, schools and governorate offices to support and to facilitate the measles response.

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

YES ☒ PARTIALLY ☐ NO ☐

[Please elaborate here] *max. 200 words (required)*

The prompt mobilization of OCHA/CERF funding facilitated the establishment of evidence-based analysis to improve and accelerate the mobilization of resources from other donors to cover measles response through an immunization system strengthening, under the umbrella of the MoPH. During UNICEF's Quarterly Donor Meeting in May 2018, UNICEF's Health and Nutrition Programme presented the first MoPH response plan and initial scope of the activities: a) supply strengthening (including supply chain management, information system management, technical support and capacity building); b) community system strengthening (advocacy and outreach, referral and capacity building) and border and UNHCR reception centres vaccination strengthening. Furthermore, donors such as BPRM, Japan and Korea were mobilised to use their original health and nutrition allocation to cover the urgent response needs. During inter-agency working group meetings, the MoPH provided monthly updates to all present health partners and stakeholders. This provided the opportunity to share the AIA strategy, which influenced NGOs to adjust their interventions with the aim to increase access to immunization to all children in need.

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

[Please elaborate here] *max. 200 words (optional)*

- Empowerment of the Ministry of Public Health in its National Health Strategy ;
- Empowerment of the community. This intervention restored the link between the community, municipality and the PHC.
- Strengthen the MoPH leadership in quality monitoring of the e-tracking system on immunization.

7. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT	
Lessons learned	**Suggestion for follow-up/improvement**
Continuation of a health-system strengthening approach	Maintain priority to support the implementation of the National Health Strategy, with an increased focus on strengthening the resilience of the health system to copy with emergencies.
Full engagement of the primary health care	Focus on information system, priority in improving quality data collection and feedback to stakeholder to help at evidence based micro-planning and programming through the primary health care network

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
Better consideration of delays related to the adjustment of training material by the government couterparts	Direct drafting of training material with the MoPH to avoid any delays	MoPH-UNICEF
Consideration of delays related to logistics such as printing of barcodes vouchers and log books/ pamphlets	Issuing LTAs with printing companies for printing of barcodes	UNICEF
Consideration of delays related to partners staff recruitment when looking for large spectrum activities coverage	Mobilize implementing partners recruitment process once a desicison to draft an emergency proposal is taken	UNICEF- Implementing Partners
Involvement of community committees in the planning, implementing and monitoring implementation	Maintain the process of creating informal community committees and ensure their leadership in the planning and implementation process	MoPH-UNICEF-implementing partners-municipalities
Demand, and usage of immunization services, thereby extending immunization information from the PHC to the child, the caregiver and community workers, This should be conducted through a mobile application used at the community level, to allow for near real-time monitoring to identify the child, track and follow up in a prompt and effective manner, while linking all stakeholders to the PHC.	Expansion of the mobile EPI registry application (MERA) to all 800 MoPH points, and increase capacity building and supportive supervision for quality data collection	UNICEF- MoPH-implementing partners-municipalities

PART II

8. PROJECT REPORT

8.1. Project Report 18-RR-CEF-052 - UNICEF

1. Project information			
- *To check/uncheck the YES/NO boxes, double click on the grey square box and select the appropriate value ("Not checked" or "Checked") in the pop-up window.*			
1. Agency:	UNICEF	**2. Country:**	Lebanon
3. Cluster/Sector:	Health – Health	**4. Project code (CERF):**	18-RR-CEF-052
5. Project title:	Measles outbreak control response in Lebanon		
6.a Original Start date:	15/05/2018	**6.b Original End date**	14/11/2018
6.c. No-cost Extension	☒ No ☐ Yes	if yes, specify revised end date:	[Fill in DD.MM.YY]
6.d Were all activities concluded by the end date (including NCE date)		☐ No ☒ Yes (if not, please explain in section 12)	

7. Funding		
	a. Total requirement for agency's sector response to current emergency: *Guidance: Refer to the project proposal for the amount in 7a.* *For rapid response requests, this refers to the funding requirements of the requesting agency in the prioritized sector for this specific emergency and the new emergency response phase only.* *For underfunded emergency requests, this refers to the agency's funding requirements for the corresponding activities in the HRP. If HRP project exists, use the project requirement. Where no HRP exists, 'total project requirement' should reflect the funding requirements of the requesting agency for its humanitarian programme in the prioritized sector.*	US$ 4,875,779
	b. Total funding received for agency's sector response to current emergency: *Guidance: Indicate the total amount received to date against the total indicated in 7a above. Should be identical to what is recorded on the Financial Tracking Service (FTS). This should include funding from all donors, including CERF.*	US$ US$2,882,496
	c. Amount received from CERF:	US$ 1,127,942
	d. Total CERF funds forwarded to implementing partners of which to: *Guidance: Please make sure that the figures reported here are consistent with the ones reported in Annex 1.*	**US$ 1,021,683.90**
	▪ *Government Partners*	
	▪ *International NGOs*	US$ 443,841.90
	▪ *National NGOs*	US$ 577,842.00
	▪ *Red Cross/Crescent*	

2. Project Results Summary/Overall Performance

Through the OCHA/CERF grant, the measles attack rate decreased from 3.9 per 100,000 early May 2018, to 0.5 per 100,000 by August 2018 and 0.1 per 100,000 by December 2018. UNICEF and its partners reached 226,783 children under 15 through door to door outreach, screening, and referral of children defaulting from immunization. An additional 26,983 children were reached through border and UNHCR reception centres, thus cumulating the total to 253,766 children.

632 community frontlines and health care providers were trained on the screening of immunization status, provision of basic immunization messages and collection of electronic immunization data. Additionally, 29 vaccination-team staff at the border and UNHCR reception centres received similar training for a unified protocol to screen immunization status, identify defaulters, vaccinate or refer children to immunization services within the MoPH EPI network and report quality data to the MoPH information system.

The OCHA/CERF funded AIA covered 230 high-risk cadastres, out of which 94 cadastres had reported measles according to MoPH ESU. The AIA intervention was able to manage the existing measles outbreak and control further contamination in 220 cadastres (95.7% of the targeted cadastres). After the completion of response, no further cases were reported.

3. Changes and Amendments

- *Modification in scope of action: from 209 cadastres covered to 230 cadastres covered*
  Within the proposed action, UNICEF had initially aimed to cover the 209 low immunization coverage cadastres, based on the EPI Cluster Survey. However, with the sporadic and cluster cases of measles, the Ministry of Public Health decided to conduct accelerated immunization activities across 230 cadastres, to ensure full control of the outbreak. As such, the 209 low coverage cadastres were supported, along with neighbouring villages/localities. Kindly see attached the map detailing coverage.

- *Fluctuation in number of children reached*

Although the original planned figure, of 261,610 children, was based on Lebanon Crisis Response Plan (LCRP) estimation of the under 15 population in the targeted localities; the door to door screening found 226,783 children under 15. Additional population figure included the border and UNHCR vaccination points reaching 26,983 Syrian refugee children under 15 years of age. Both figures cumulated to 253,766 representing around 97 per cent of the original estimated target..

- *Adjustment of the approach: prioritising immunization system strengthening rather than a "mop-up" campaign*

As the measles spread in sporadic cases, and at times in cluster cases, the MoPH prioritised a targeted approach whereby at the same time strengthening the immunization system. It included door to door household visits and referral of children to the PHC centres, rather than mobile vaccination units (MVU). The action was to reposition MoPH's primary health care at the pivotal centre, to identify and respond to the need of the catchment population.
The mobile vaccination unit was only used to reach children in isolated informal settlements. The MVU approach consisted of awareness sessions and screening and vaccination of children on the spot prior to referral to the PHC for further follow-up. Lastly, the mop-up campaign approach was only used in the Shatila Palestinian camp at onset of the measles mid- March and prior to the CERF funded action.

- *Extension of the Measles response to control the spread of outbreak.*

Some original programme document with partners were extended until October 2018 to cover additional area and localities prone with measles.

4. People Reached

Guidance:

- *4a: This should be an estimate of the total number of individuals directly reached with CERF funding, i.e. people who received some kind of assistance or service. In case of actions funded by several donors, if direct CERF attribution is not possible, pro-rating according to CERF's contribution towards the total contribution received can be applied.*
- *4b: Please insert estimates of the number of people reached according to categories. If this project did not address a displacement-related crisis, please use the category "affected people"*

The totals in 4a and 4b must be the same.

4a. Number of people directly assisted with cerf funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	**Women** (≥ 18)	**Total**	**Boys** (< 18)	**Men** (≥ 18)	**Total**	**Children** (< 18)	**Adults** (≥ 18)	**Total**
Planned	130,805		**130,805**	130,805		**130,805**	261,610		**261,610**
Reached	124,303	0	124,303	129,463	0	129,463	253,766	0	253,766

4b. Number of people directly assisted with cerf funding by category

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees	106,113	Total: 151,094, broken down: 147,388 Syrian 3,706 Palestinian
IDPs		-
Host population	155,497	101,430
Affected people (none of the above)		1,242 other nationalities
Total (same as in 4a)	**261,610**	**253,766**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	Although the original planned figure, of 261,610 children, was based on Lebanon Crisis Response Plan (LCRP) estimation of the under 15 population in the targeted localities, the door to door screening found 226,783 children under 15. In parallel, 26,983 refugee children were reached at border or UNHCR reception centres, cumulating to a total of 253,766 children reached which represents around 97 per cent of the original estimated target for the emergency response.	

5. CERF Result Framework

***Guidance**:*

- *The "Achieved" column should contain data only and use the same unit of measurement used for the "Target" value.*
- *Provide brief explanations for any variance (timeliness, under- or over-achievement) between "Target" and "Achieved" in the relevant field ("Explanation of output and indicators variance"). Specifically note where key targets were not met or were met but not within intended timeframe. More detailed explanation for deviations between planned and achieved outputs should be included in section 12. Changes and Amendments.*
- *Please indicate the source of verification for each indicator in the column "Source of Verification".*
- *The "Implemented by (Actual)" column should indicate who (recipient agency, government partner, NGO etc.) actually implemented the activity (as opposed to who was planned to implement). Any change between planned and actual IPs should be explained in 11. Changes and Amendments.*

Project objective	Control of Measles outbreak in Mount Lebanon, Baalbeck and Beqaa Governorates

Output 1	Emergency response in case of Measles outbreak			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	# of children under 15 years old with improved access to Measles immunization services	261,610	256,766	MoPH EPI portal
Explanation of output and indicators variance:		3% variance		

Activities	**Description**	**Implemented by**
Activity 1.1	Support and provide accelerated Measles immunization to children affected by the risk of Measles outbreak, according to epidemiological surveillance	Under the MOPH leadership and with implementing partners IOCC, HIS, LAECD and Makhzoumi Foundation
Activity 1.2	Waste management of vaccination materials	MOPH with implementing partners, IOCC, HIS, LAECD and Makhzoumi Foundation
Activity 1.3	Establishment of mobile vaccination units	Under the MoPH leadership, through the MoPH Primary health care center and with support from implementing partners: IOCC, HIS, LAECD and Makhzoumi Foundation
Activity 1.4	Near real time monitoring of Measles outbreak response, through Platform implementation linked to MoPH Information system	Under the MOPH leadership, through the MoPH EPI information system, with technical support from implementing partners, IOCC, HIS, LAECD and Makhzoumi Foundation

6. Accountability to Affected People

A) Project design and planning phase:

For the planning of the measles response through AIA, the customization of the approach per locality was based on informal consultation committees between the local PHCC or dispensary, the implementing partner, the municipality and the district team.

B) Project implementation phase:

During the implementation process, the assigned municipality focal point along with the local PHCC or dispensary were responsible to support the outreach team to map the geographical limits of the area of intervention and provide detailed neighbourhood mapping. The geographical segregation of outreached teams ensured qualitative coverage of each locality. In addition to the above, the municipality, the dispensary/PHCC and the local community leaders and women groups were accountable to communicate and announce the expected activities within their community networks, to facilitate the access and acceptance of the community outreach teams and to encourage parents of dropped-out children from immunization to visit the vaccination centres.

C) Project monitoring and evaluation:

- Throughout the outreach process, the near real-time data monitoring was essential to provide feedback to the informal committees to decide on any needed changes in the localized approach.
- All AIA data under the OCHA/CERF funding was collected using KOBO. These feed directly into the central

MoPH EPI portal. Thus, each child screened at the community level was provided with a unique identification barcode at the central level. This served two purposes: a) ensuring the collection of qualitative data which prevents any type of duplication; b) maintaining a near real-time monitoring of the progress of intervention to allow for a prompt follow-up of children's immunization status.

- The results from the portal enabled MoPH to evaluate and monitor the effectiveness of the emergency intervention. The portal strengthened the immunization information system and enabled the MoPH to immediately adjust its measles control response through quality monitoring. The MoPH has requested a scale-up of its portal, with the support of UNICEF. Moving forward, MoPH aims to expand the mobile immunization registry application across its 800 dispensaries/EPI points and nurseries.

7. Cash-Based Interventions

Guidance & Definitions

- *Cash Based Intervention (CBI) refers to all programs where cash -or vouchers for goods or services- is directly provided to beneficiaries. In the context of humanitarian assistance, the term is used to refer to the provision of cash or vouchers given to individuals, household or community recipients; not to governments or other state actors. CBI covers all modalities of cash based assistance, including vouchers.*
- *CBI modality refers to the different types of cash or voucher transfer – e.g. conditional (cash for work, etc.), unconditional, restricted, unrestricted, multipurpose, etc. A single transfer can generally be categorized in terms of several of these variables e.g. a conditional, unrestricted transfer. CBI modalities are defined by the following parameters:*
  a. *Objective: Is the transfer designed to achieve sector-specific objectives such as the purchase of shelter materials (sector-specific) or to support overall basic needs (multi-purpose)?*
  b. *Conditionality: Are recipients required to undertake certain activities to receive assistance (conditional) or not (unconditional)?*
  c. *Restriction: Is the transfer restricted to specific vendors or to access pre-determined goods/services like agricultural inputs (restricted) or can be used with any vendor or to access any good (unrestricted)?*

Examples and guidance on how to present different CBI modalities in the table in point 2. below:

CBI modality	Value of cash (US$)	a. Objective	b. Conditionality	c. Restriction
Cash for Work *(cash payments provided on the condition of undertaking designated work. This is generally paid according to time worked, but may also be quantified in terms of outputs.)*	US$ [amount]	Multi-purpose cash	Conditional	Unrestricted
Voucher *(paper, token or e-voucher that can be exchanged for a set quantity and/or value of goods, denominated either as a cash value and/or predetermined commodities or services. They are redeemable with preselected vendors or in 'fairs' created by the agency. Vouchers are used to provide access to a range of goods or services, at recognized retail outlets or service centres. Vouchers are by default a restricted form of transfer.)*	US$ [amount]	Sector-specific	Unconditional	Restricted
Multipurpose Cash Transfer *(either regular or one-off, corresponds to the amount of money a household needs to cover, fully or partially, a set of basic and/or recovery needs.)*	US$ [amount]	Multi-purpose cash	Unconditional	Unrestricted
Rental Support Cash Grants *(contributes towards rent or to support the household expenses of families who host refugees in their homes.)*	US$ [amount]	Sector-specific	Unconditional	Unrestricted
Conditional Cash Transfer (CCT) (*to provide cash to people in return for fulfilling specific behavioural conditions. For example, children's school attendance, up-to-date vaccinations or regular visits to a health care facility by pregnant women)*	US$ [amount]	Multi-purpose cash	Conditional	Unrestricted

Shelter cash grant *(covering construction cost of a basic house and provision of construction materials purchased from approved suppliers)*	US$ [amount]	Sector-specific	Unconditional	Restricted

7.a Did the project include one or more Cash Based Intervention(s) (CBI)*?*

Planned	Actual
No	No

7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US$)	a. Objective	b. Conditionality	c. Restriction
	US$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
	US$ [insert amount]	Choose an item.	Choose an item.	Choose an item.

Supplementary information (optional)

[Add text here]

Please briefly explain why each CBI modality has been selected and add a brief description of the delivery setup including the role of partners.

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

Guidance:

While the evaluation of CERF funded projects is not a mandatory requirement, partners are encouraged to include CERF funded actions in broader evaluation of humanitarian responses whenever these are conducted. This section should refer exclusively to evaluations. Please do not describe project monitoring activities here. Do not exceed 150 words:

- *If an evaluation has been carried out, please describe relevant key findings here and attach evaluation reports or provide URL.*
- *If an evaluation is pending, please inform when the evaluation is expected finalized and make sure to submit the report or URL once ready.*
- *If no evaluation has been carried out or pending, please describe reason for not evaluating the project.*

Please share with the CERF secretariat all evaluation reports or documents which covers also CERF funded activities.
To check/uncheck the relevant box, double click on the small square box and select the appropriate value ("Not checked" or "Checked") in the pop-up window.

An evaluation of the AIA in response to the measles outbreak will be implemented once the full intervention in finalized. Two evaluation meetings, one with the implementing partners and one with zonal/district level MoPH, are planned during the first week of February 2019.	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☒
	NO EVALUATION PLANNED ☐

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US$
18-RR-CEF-052	Health	UNICEF	NNGO	$88,484
18-RR-CEF-052	Health	UNICEF	NNGO	$297,600
18-RR-CEF-052	Health	UNICEF	NNGO	$191,758.00
18-RR-CEF-052	Health	UNICEF	INGO	$417,468.00
18-RR-CEF-053	Health	UNICEF	INGO	$26,373.90

ANNEX 2: Success Stories

IOCC's Accelerated Immunization Activities Prevent Spread of Disease among Children

Hiba (not her real name), age 26, and her four children, Khaled (10), Faysal (9), Nour (5), and Lana (4), have been living in the region of Chehime in Mount Lebanon ever since conflict overtook their hometown of Idleb, Syria. This refugee family's situation deteriorated when their UNHCR assistance ended after organization decreased the assistance to the most vulnerable, and Hiba's husband was seriously injured in a work accident in Lebanon. All this led to difficulties earning any income and paying rent.

Hiba, like most other Syrian refugees, cannot afford to go to a health clinic, so she relies on the mobile medical units and vaccination teams that come to her neighborhood offering free healthcare. "Our life is difficult, and rent is expensive," she told staff. "We were cut off [from] UNHCR assistance almost three years ago and have to pay $267 per month for rent, excluding utilities. My husband is also partially disabled, and we cannot afford his surgery."

Hiba is one of the Syrian refugee mothers who approached IOCC's mobile medical units in Chehime, Mount Lebanon, to have her children vaccinated for free, as she cannot always afford to have them vaccinated at a healthcare center. After this visit, she does not have to worry about measles and polio anymore. She has also been guided to a nearby healthcare center for additional vaccinations which her youngest daughter has missed. Photo: Rana Hage/IOCC

Chehim has been identified by the Lebanese Ministry of Health and UNICEF as a region at risk of measles outbreaks among unvaccinated children. To protect the health of communities living there, it is absolutely necessary to conduct intensive measles-vaccination campaigns targeting children up to 15 years of age, in addition to rubella and mumps vaccinations as a preventive measure. "I want my children to get vaccinated, as it is important for them to build immunity and become protected against diseases and illnesses," says Hiba.

International Orthodox Christian Charities (IOCC) is working to address this need with accelerated vaccination services. IOCC's activities also include raising awareness among beneficiaries about the importance of immunization. Assessments have noted a lack of awareness around some essential health practices, including vaccination. Sherine, 22, is one of the nurses conducting IOCC's accelerated immunization activities to vaccinate Syrian and Lebanese children and to educate

parents about the risks associated with not vaccinating. Sherine has noticed that while some children were vaccinated back in Syria, many families have not kept up with vaccination schedules, whether because they don't know they need to, don't have access to care, or cannot afford to visit primary healthcare centers. Sherine says, "I wanted to join the program because I like the experience and enjoy what I am doing. I am happy to be part of vaccinating children, which prevents many diseases."

After vaccinating her children against measles and polio, Hiba can return home without having to worry about the next vaccination date, as everything has been recorded for her on the children's vaccination cards. Her youngest daughter was also referred to the nearest primary healthcare center for an additional vaccine that she had missed. IOCC recorded the information for the mother in a voucher, so Hiba's daughter will receive this next vaccine at no charge.

The Mobile Vaccination Units are an extension of the Ministry of Public Health services, provided by IOCC, with the support of UNICEF. IOCC aims to reach 52,800 children through either Mobile Medical Units or referrals to healthcare centres in Mount Lebanon and the Bekaa in order to control risk and prevent outbreaks of these dangerous childhood diseases.

ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAR	*After Action Review*
AIA	*Accelerated Immunization Activities*
CBI	*Cash Based Intervention*
c-VDPV	*Circulating Vaccine Derived Polio Virus*
EPI	*Expanded Program on Immunization*
ESU	*Epidemiological Surveillance Unit*
FTS	*Financial Tracking Service*
ICRC	*International Committee of the Red Cross*
IDPs	*Internally Displaced Populations*
IHS	*Islamic Health Society*
IOCC	*International Orthodox Christians Charities*
IPV	*Inactivated Polio Vaccine*
LAECD	*Lebaneses Association for Early Childhood Development*
LCRP	*Lebanon Country Office Response Plan*
LVE	*Large Vaccination Events*
MMR	*Measles, Mumps and Rubella*
MSF	*Médecins Sans Frontières*
MVU	*Mobile Vaccination Units*
PDs	*Program Documents*
PHC	*Primary Health Care*
PHCCs	*Primary Health Care Centers*
UNHCR	*United Nations High Commissioner for Refugees*
WASH	*Water, Sanitation and Hygiene*
WHO	*World Health Organization*