

**RESIDENT/HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
19-RR-IRN-36632
ISLAMIC REPUBLIC OF IRAN
RAPID RESPONSE
FLOOD
2019**

RESIDENT/HUMANITARIAN COORDINATOR	Ms. UGOCHI DANIELS
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a. Please indicate when the After-Action Review (AAR) was conducted and who participated.	1 September 2019
A comprehensive Iran Floods Lessons Learned Exercise was held with the UN Disaster Management Team on 01 September 2019 with representatives from International NGOs and the International Community in attendance. Also, direct consultations with the DMT Focal Points were conducted for the report.	
b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report on the use of CERF funds was discussed in the Humanitarian and/or UN Country Team.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
The report was shared with the UN Country Team. CERF implementing agencies were given the opportunity to provide written feedback to a draft version of the report. During the report drafting stage, consultations with DMT Focal Points were held.	
c. Was the final version of the RC/HC Report shared for review with in-country stakeholders (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
The report has been shared for review with CERF recipient agencies (UNFPA, UNHCR, UNICEF and WHO). The report was also shared with the UN Country Team.	

PART I

Strategic Statement by the Resident/Humanitarian Coordinator

The 2019 severity of rainfalls that lead to the floods in the Islamic Republic of Iran had been unprecedented in over half a century. The resulting floods and landslides in March and April 2019 had caused loss of lives, displacement and extensive destruction in 25 of 31 provinces. More than 10 million people had been affected by the floods, with 2 million people in need of immediate humanitarian assistance. The Islamic Republic of Iran is experienced in dealing with natural disasters; however, the extent of the floods prompted a rare call for international support.

The CERF allocation of US\$ 1,971,476 enabled a targeted response, providing urgent assistance to the most vulnerable people in the areas of Water Sanitation and Hygiene, Emergency Shelter and Non-Food Items, and Health. The UN response was articulated in a coherent, joint manner and delivered through several agencies. The agencies that received CERF funds (UNFPA, UNHCR, UNICEF and WHO) ensured a complementary response in the most affected areas to support life-saving humanitarian efforts. Considering the scale of the disaster caused by the floods, CERF allocation provided a much-needed complementary emergency response to more than a quarter million people, which accounted for nearly 16% of the overall international response, and helped to address time-critical needs.

1. OVERVIEW

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)

a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE	25,000,000
FUNDING RECEIVED BY SOURCE	
CERF	1,971,476
COUNTRY-BASED POOLED FUND (if applicable)	n/a
OTHER (bilateral/multilateral)	10,521,046
b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE	12,492,522

TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US\$)

Agency	Project code	Cluster/Sector	Amount
UNFPA	19-RR-FPA-029	Water Sanitation Hygiene - Water, Sanitation and Hygiene	113,829
UNFPA	19-RR-FPA-029	Health - Health	75,886
UNHCR	19-RR-HCR-021	Emergency Shelter and NFI - Shelter and Non-Food Items	685,705
UNICEF	19-RR-CEF-070	Health - Health	251,150
UNICEF	19-RR-CEF-071	Water Sanitation Hygiene - Water, Sanitation and Hygiene	515,784
WHO	19-RR-WHO-034	Health - Health	329,122
TOTAL			1,971,476

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Total funds implemented directly by UN agencies including procurement of relief goods	1,945,226
Funds transferred to Government partners*	26,250
Funds transferred to International NGOs partners*	0
Funds transferred to National NGOs partners*	0
Funds transferred to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	26,250
TOTAL	1,971,476

* These figures should match with totals in Annex 1.

2. HUMANITARIAN CONTEXT AND NEEDS

The extended severe weather in the north, west and southwest of the Islamic Republic of Iran, accompanied by exceptional rains, had resulted in record flash floods in those areas in March and April 2019.

According to official sources including the National Disaster Management Organization (NDMO), the Iranian Red Crescent Society (IRCS) and the Ministry of Foreign Affairs (MFA), 25 of 31 provinces, including 10 million people, had been affected by this emergency by mid-April. By then, it had left 78 dead and 1,137 injured. 54,100 houses had been destroyed, 89,600 damaged, and 296,000 individuals had been displaced.

The Interior Minister Abdolreza Rahmani Fazli estimated that the floods affected about 400,000 people in Khuzestan, among them 200,000 people that would need to be evacuated to safe locations. The RCS had provided relief services to more than 445,000 people in and outside of emergency shelters. 227,000 people had been provided with temporary shelters by IRCS. Among them, 98,000 people reported to be living in IRCS emergency shelters, including 16,000 in Golestan, 25,000 in Khuzestan, 44,500 in Lorestan and around 4,000 in Ilam. In addition to the overall situation, in Khuzestan province, with a population of 4.7 million, the Governor had called for evacuation of several major cities and many villages in the province. However, only 10% of the population responded positively to this call, since households chose to stay near their residences due to security concerns about their properties. As a result, a significant portion of the population of the province had been surrounded by water, increasing their vulnerability.

Water and sewer systems in the affected provinces had been severely damaged/destroyed. Drinking water had been provided mainly by IRCS in form of bottled water. Access to hygiene and sanitation facilities and materials was disrupted in the affected areas. In Golestan province, water stayed in Aq Qala and Gomishan districts for a few weeks after the beginning of floods in the province. In several urban centers water systems have been repaired and re-established, however, at the same time concerns about water quality and safety remained – especially because in certain urban centers the rising water levels, caused by disrupting the sewer system and thus increasing the risk of water pollution, had caused concerns about water and vector borne diseases. In Khuzestan province, damages to oil facilities had contaminated water with oil leaked from oil fields.

The Government of Iran has been able to respond under the leadership of the NDMO, supported by the operational efforts of the IRCS. However, the widespread nature of the emergency had hampered the government's response due to the sheer size of the disaster. The ICRC, which is the main emergency responder in the Islamic Republic of Iran, called for international assistance, via the MFA on 27 March 2019. Through the Central Emergency Response Fund (CERF) contribution the UN provided support to the overall response by the Islamic Republic of Iran to address urgent immediate needs of people affected by the floods.

The CERF funding was utilized to complement other sectoral responses in order to reach out to population in need of assistance. An inclusive approach for intervention was decided on by CERF receiving UN agencies, to support required emergency WASH

interventions, targeting mainly the three strongly flood-affected provinces of Golestan, Lorestan and Khuzestan. This approach did a) ensure access of the population to safe drinking water; b) ensure access to sanitary and hygiene facilities, such as latrine and hygiene materials; c) facilitate cleaning and removing of sludge; d) prevent water and vector borne diseases; and e) support women and girls of reproductive age including those who are residing in emergency shelters.

3. PRIORITIZATION PROCESS

There were different sources of information available for the different UN agency CERF implementors. Internally, information was provided by OCHA, UN Disaster Management Team flash updates, information collected by fact-finding field trips and by the field presence such as UNHCR. Also, 3 interagency visits to the provinces Golestan, Lorestan and Ilam were organized to meet with provincial officials for data gathering. Externally, information and data were obtained through official institutional sources, such as MFA, NDMO, IRCS, Bureau for Aliens and Foreign Immigrants Affairs of Ministry of Interior (BAFIA), Ministry of Energy, National Water and Waste Water Company, and Ministry of Health and Medical Evacuation (MOHME).

Due to strong working ties, the information was verified and updated on regular basis through working level interaction by the different UN agencies and the relevant Ministries. Communication on priorities and finding constructive approaches to decide on assistance was done in regular working level meetings. Some of the Ministries, i.e. MOHME, forwarded formalised lists of needs to the MFA, which shared it with different UN Agencies. The requests lists for support were larger than the means to respond, which allowed UN Agencies to prioritise its support in line of their programmatic relevance. Gender and age, as well as geographical coverage considerations were taken into account during the planning phase in consultation with the relevant line Ministries. BAFIA in coordination with local actors (IRCS, local NGOs) conducted assessments, which were used for prioritization. Prioritization was based on vulnerability criteria of the affected population.

The baseline information used for the UN's response drew upon information shared at 4 April meeting of the UN RC with the MFA, when approximately 1 million refugees and foreign nationals had been directly affected by the floods. The UN Disaster Management Team estimated at the time, that at least 10 million had been affected and 2 million people were in need of immediate humanitarian assistance. At least 500,000 people were reportedly displaced, 107,000 of them were sheltered in emergency tents, and the remaining were in collective centers or residing with host communities. Over 2,000 villages had been affected, and over 100,000 students were reported to be out of school. For the CERF application the most affected areas were chosen, focusing on the most vulnerable people, the displaced and families with women and children, to better supplement emergency response efforts.

Four agencies executed CERF funds for this purpose:

UNFPA was coordinating its efforts closely with the MOHME. UNFPA focused on the four worst affected provinces, Golestan, Ilam Khuzestan and Lorestan, where an estimated 231,282 people were internally displaced. At the time there were approximately 57,821 women of reproductive age among the internally displaced who had specific sexual and reproductive health, hygiene, sanitation and protection needs. This included an estimated 3,296 women who were pregnant, 2,196 of whom were expected to give birth within the six months of implementation time, and 330 of these women were expected to experience complications.

The reported damage to health facilities was extensive with a total of 577 health houses, 52 health centres, 201 comprehensive health centres, 43 hospitals, and 70 emergency stations either fully or partially dysfunctional in 17 affected provinces. 78 inter-city roads and 2,200 rural roads were blocked and 84 bridges had been damaged, which limited people's ability to access health facilities. Overall access to basic services, including basic emergency obstetric and neonatal care was therefore a significant concern, which put pregnant women in danger as they faced unsafe deliveries, which could have resulted in maternal mortality and morbidity cases.

With high-levels of displacement, the disruption of social services and the break-down of support networks following the flooding, women, adolescent girls and vulnerable groups such as people with disabilities had increased hygiene, sanitation and protection

needs. Given inadequate forms of shelter, poor sanitation, crowded conditions, shortage of fuel, water, electricity and most commodities as well as lack of proper hygiene supplies and clothing, women and adolescent girls were particularly vulnerable. Damaged public facilities including markets and shops reduced access of the affected population to buy daily hygiene items, including sanitary pads. Consequently, women and girls could not meet their hygiene needs and were furthermore restricted in their mobility to access humanitarian goods and services.

UNHCR focused its attention on Golestan province. The floods there led to severe physical damages to infrastructures, health posts, schools, agriculture fields, and houses. Other areas in west and south-west of Iran were also affected by heavy rains, namely the provinces of Lorestan, Khuzestan, Fars, Ilam, and Kermanshah. In addition, based on information by OCHA about the status on 4 April, 6 provinces remained in a state of emergency, including Ilam, Kermanshah, Lorestan, and Khuzestan.

UNHCR has a strong field presence in Iran through its field offices located in Mashad (covering Golestan), in Shiraz (covering Lorestan, Khuzestan, Fars and Ilam) as well as Tehran (covering Kermanshah). Since the beginning of the emergency, the UNHCR field teams had been monitoring closely the development of the situation and impact of the floods on the local population and refugees.

UNHCR conducted a joint field need assessment mission to Golestan on 7 to 9 April in cooperation with its counterpart BAFIA, who is responsible for the refugee affairs in Iran in coordination with the MFA, and NGOs supporting refugees. Data collected during the mission indicated that around 30,000 refugees were affected by the floods. The affected population (refugees and host communities) were evacuated by the Government and sheltered temporarily at communal buildings, and provided with non-foods items and food. In Afghan Abad, a dense Afghan refugee populated area, 200 households were affected and 15 houses were completely demolished, while many others were severely damaged.

UNHCR's sub office in Shiraz had remained in close contact with UNHCR governmental counterparts, and had constantly been following up on the situation of the floods, especially in Lorestan, Khuzestan, Fars and Ilam. The office also conducted an on-site field visit to affected areas, where refugees reside and where UNHCR could observe the impact of the flood, including damaged houses. The governmental counterparts reported that immediate assistance should be provided, focusing on shelters and basic equipment as needs, which are urgently to be addressed.

In parallel and upon government's indication, UNHCR had supported refugees and host communities alike, distributing NFIs (blankets, kitchen sets, plastic mats, jerry cans and tarpaulins) as an emergency assistance in the most affected provinces.

UNICEF, in close cooperation with the MOHME and WHO, supported the ministry in maintaining the cold chain and provision of uninterrupted immunization services to the children in the affected provinces. Refrigerators, cold boxes and vaccine carriers were procured and distributed to ensure that the cold chain cycle in the affected provinces did not get interrupted. Vaccines are available in the country but, due to severe flooding, a predictable health hazard to the affected, 31,000 children under 4 age group are extremely vulnerable and the Ministry of Health planned to vaccinate the affected children against cholera and Hepatitis A. The refrigerators, cold boxes and vaccine carriers ensured safe storage and transportation to the most remote areas of the flood affected provinces, thus ensuring uninterrupted vaccination services for internally displaced children in the worst affected provinces.

WHO was approached by the MOHME after it declared a level E3 emergency in early April 2019. In regard to health needs, the total estimated population in need of immediate health care assistance was around 2,000,000 persons. In addition, there were 400,000 persons with known non-communicable diseases (NCDs) in the most affected provinces of Lorestan, Golestan, Khuzestan. Further it was predicted that 4,706 people in Ilam were at risk of being infected with Shigellosis and Gastro Intestinal diseases.

Firstly, the floods had fully and partially destroyed health facilities. A total of 182 health houses/health centres, 31 hospitals, and 39 emergency stations had been affected. Those facilities were reported to be either fully or partially dysfunctional in the 17 most severely affected provinces. The latter situation left patients with lack of access to essential and life-saving health services.

In some provinces, health facilities were not functional because of inaccessibility due to roadblocks, running water, and landslides as well as due to standing water in buildings. Furthermore, health workers were not able to reach populations in need, as transportation and the overall infrastructure had been destroyed.

Secondly, the worsening water and sanitation situation increased the risk for water-borne diseases and outbreaks, including diarrheal disease such as cholera, shigellosis, rotavirus and norwalk, and could have resulted in high morbidities and fatalities. Furthermore, there was an increased risk of Hepatitis A, acute jaundice syndrome, and acute respiratory illnesses. If not timely responded, the risk of transmission to other areas would have been very high.

In addition, the standing water reached two meters in some areas. The increasing contamination of standing water increased the risk of outbreaks of rodent-borne diseases, such as leptospirosis and vector-borne diseases, such as malaria, leishmaniosis, and haemorrhagic fevers.

4. CERF RESULTS

CERF allocated US\$ 1,971,476 to the Islamic Republic of Iran from its rapid response window to support life-saving assistance to people affected by the March/April 2019 floods. The main focus was on several provinces: Golestan in the north-west, Lorestan, Khuzestan, Fars, Ilam, and Kermanshah in the west and south west of Iran. This funding enabled UNFPA, UNHCR, UNICEF, and WHO to provide support to more than a quarter million people, including internally displaced people, refugees, women and children. It supported 15,182 people with shelter and NFI, reached 18,700 people with life-saving sexual and reproductive health services, supplied 5,000 women and girls with essential individual Dignity Kits, provided 5,580 Hepatitis A vaccines - including 2,148 children, covered immediate health needs to 200,000 people via Health Kits. Due to the kind of services and the geographic areas of engagement overlap in the provision of services has been avoided.

UNFPA and its partners provided lifesaving sexual and reproductive health, hygiene and sanitation supplies to women and young people in three provinces. The project contributed through the implementation of two outputs. Output 1: Women of reproductive age, young people and other vulnerable groups and key populations can access lifesaving sexual and reproductive health services provided by trained personnel, reached 18,700 people. Output 2: Provision of Dignity Kits containing essential hygiene, sanitation and protection supplies to primarily displaced women and girls of reproductive age, including those who are residing in emergency shelters. Output 2 reached 5,000 people.

UNHCR provided support to address urgent immediate needs of persons affected by the floods. Through two emergency responses UNHCR supported some 2,400 households (4,500 individuals) in the provinces of Golestan and Lorestan, 1,100 households (4,000 individuals) in Khuzestan, and 500 households (2,000 individuals) in Fars, with NFIs including blankets, sleeping mats, kitchen sets, jerry cans, plastic tarpaulins and tents. Refugees, undocumented Afghans, and host communities alike were supported by UNHCR. In cooperation with BAFIA, UNHCR supported housing rent for temporary shelters for 35 refugee families (182 individuals) for six months in Golestan province. The project assisted in total some 15,182 affected individuals.

Following some amendments to its project, UNICEF procured 197 vaccine refrigerators and 400 vaccine carriers to 220 health centres and 400 health houses in affected areas. This resulted in a very large impact, with a total of 3,009,000 children and 7,021,000 adults benefiting indirectly from these cold chain items in the most flood affected areas namely Khouzeestan, Lorestan, Ilam and Golestan provinces in almost a year (April 2019-March 2020). The project allowed for maintaining uninterrupted vaccination services for children most affected by flood. Furthermore, UNICEF used funds mobilized through CERF to protect the host community, displaced population, refugees and persons with disabilities, women and adolescents from diseases through unsafe drinking water as well as lack of hygiene facilities. Through this specific contribution, UNICEF Iran managed to complete the proposed activities and reached 212,348 people from the heavily affected provinces of Golestan, Lorestan, Khuzestan, Ilam and Sistan and Balouchestan.

WHO in close collaboration with national health partners (mainly MOHME) provided a total of 5 NCD Kits (each kit containing 2 sets of each module) to cover the immediate needs of 100,000 beneficiaries and 10 Inter-Agency Emergency Health Kits (IEHK) to cover need of 100,000 populations and distributed to health facilities to serve the most vulnerable population. 2,148 doses of Hepatitis A vaccines for children and 3,432 doses of Hepatitis A vaccines for adults have been procured and shipped to Iran for rapid containment of outbreaks of Hepatitis A. Two mobile clinics have been procured to provide required clinical services to the most effected and vulnerable population.

The CERF allocation supported the overall emergency response when it was needed. However, it has to be stated that the implementation of CERF projects experienced delays due to the economic sanctions against the Islamic Republic of Iran. Externally, the self-imposed restrictions of suppliers, transport companies, and financial service sector, demonstrated unforeseen delays. The fear of negative repercussions by the private sector for dealing with Iran can be identified. Economic sanctions should not impact on the delivery of humanitarian assistance, and advocacy is needed for future interventions.

5. PEOPLE REACHED

In most cases of the CERF measures, the planned numbers laid out in the applications were reached. There were a few adjustments in respect to implementation time frames and intervention multipliers, but this did not negatively affect the overall number of people reached. UNHCR for its housing support for 35 families calculated a family size of 5 people, but in some cases, the family size was slightly less than 5 people. This led to a slight decrease of 18 individuals. UNFPA with its health services reached more men than boys as originally planned, but it did not impact on the overall numbers of benefiteres reached. The strongest impact in respect to people reached vs. planned was made by UNICEF. After some adjustments to the project, the equipment which was procured and distributed to ensure that the cold chain cycle in the affected provinces was in place resulted in a total of 3,009,000 children and 7,021,000 adults directly and indirectly benefiting from these items. WHO increased its number of people vaccinated against Hepatitis A. The number rose to 5580 doses of Hepatitis A vaccines to vaccinate 2,148 children and 3,432 adults. The increase by 3432 doses was achieved by using the exact allocated fund for this purpose, but due to bulk procurement at lower unit price for two different types of vaccines (Hep A pediatric and adult) and less shipping cost due to direct shipment from supplier to the country, generated an improved outcome. The WHO project also included ten IEHK that can support 10,000 persons for 3 months and five NCD Kits that can sustain 10,000 for 3 months (each provided kit containing 2 sets of each module). Two mobile clinic were also provided by WHO which provided services to 50,000 affected population. These supplies met the needs of up to 205,580 people, which is also an increase from the planned numbers. In some instances, the number of persons with disabilities reached could not be verified in the implementation phase, and thus best guess estimates have been provided.

Due to the geographic variations where projects were implemented, the nature of the projects and different recipient groups, it was easy to ensure that the same people have not been counted multiple times.

TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY¹

Category	Number of people (Planned)	Number of people (Reached)
Host communities	13,800	189,866
Refugees	7,145	1,382
Returnees	0	0
Internally displaced persons	273,830	258,562
Other affected persons	7,500	7,000
Total	302,275	456,810

¹ Best estimates of the number of people directly supported through CERF funding by category.

TABLE 5: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SEX AND AGE²

	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Planned	77,040	96,140	62,826	66,269	302,275
Reached	122,132	135,988	98,994	99,696	456,810

² Best estimates of the number of people directly supported through CERF funding by sex and age (totals in tables 4 and 5 should be the same). *From UNICEF 71 – 136,045 could not be attributed to age and gender, but is added in the total of 14,756,604

TABLE 6: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PERSONS WITH DISABILITIES)³

	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Planned (Out of the total targeted)	96	435	4,501	6,757	11,789
Reached (Out of the total reached)	6,221	6,889	5,916	6,071	25,097

³ Best estimates of the number of people with disabilities directly supported through CERF funding.

TABLE 7a: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (PLANNED)

By Cluster/Sector (Planned)	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Emergency Shelter and NFI - Shelter and Non-Food Items	3,800	3,800	3,800	3,800	15,200
Health - Health	35,498	47,120	40,166	41,591	164,375
Water Sanitation Hygiene - Water, Sanitation and Hygiene	37,742	45,220	18,860	20,878	122,700

TABLE 7b: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (REACHED)

By Cluster/Sector (Reached)	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Emergency Shelter and NFI - Shelter and Non-Food Items	3,796	3,796	3,795	3,795	15,182
Health - Health	62,118	75,401	57,116	60,645	255,280
Water Sanitation Hygiene - Water, Sanitation and Hygiene	56,218	56,791	38,083	35,256	186,348

6. CERF'S ADDED VALUE

a) Did CERF funds lead to a <u>fast delivery of assistance to people in need</u>?		
YES <input checked="" type="checkbox"/>	PARTIALLY <input type="checkbox"/>	NO <input type="checkbox"/>
CERF funds were greatly appreciated as the emergency response remained largely under-funded. However, some of the timely implementation of activities faced challenges due to sanctions and releasing items from customs. Once the supplies were released from customs, rapid distribution, i.e. of reproductive health kits and dignity kits, complemented the overall emergency response.		
b) Did CERF funds help respond to <u>time-critical needs</u>?		
YES <input checked="" type="checkbox"/>	PARTIALLY <input type="checkbox"/>	NO <input type="checkbox"/>
UN's activities complemented the Government response. The CERF rapid response mechanism provided a fast injection of funds for the emergency response. This enabled the UN to support the Government response, i.e. by the MOHME to deliver life saving activities.		
c) Did CERF <u>improve coordination amongst the humanitarian community</u>?		
YES <input checked="" type="checkbox"/>	PARTIALLY <input type="checkbox"/>	NO <input type="checkbox"/>
Whereas the CERF did not directly contribute with funding to enhance coordination, it contributed to improve coordination and discussions amongst the humanitarian community/Government during the implementation phase.		
d) Did CERF funds help <u>improve resource mobilization from other sources</u>?		
YES <input checked="" type="checkbox"/>	PARTIALLY <input type="checkbox"/>	NO <input type="checkbox"/>
CERF funds helped the RC to convene the International Community and in that regard assist in coordination of the delivered assistance, as well as in mobilization of funds from other sources. However, one weakness of CERF in terms of impact is that it does not fund protection and education activities which are critical components of any UN response.		
e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response		
N/A		

7. LESSONS LEARNED

TABLE 8: OBSERVATIONS FOR THE CERF SECRETARIAT	
Lessons learned	Suggestion for follow-up/improvement
The CERF is limited to procurement related activities. While it did increase focus and visibility of sector areas such as SRH, it did not maximise the potential enabling for a more holistic programming in sector specific areas.	To allow different implementation timeframes and activities that go beyond procurement activities.
To allow CERF to fund protection and education activities which are critical components of any UN response. These components are the most underfunded sectors of any response but are critical for a more inclusive response.	To allow the inclusion of protection and education activities for CERF allocations.
The economic sanctions against the Islamic Republic of Iran seriously impacted humanitarian-related transactions, companies exporting medical supplies face the dual challenge of accessing	Advocacy to prevent the delivery of humanitarian assistance at time of emergency responses to countries experiencing economic sanctions.

non-sanctioned banking services and shortages of foreign currency in the Islamic Republic of Iran, which limit the possibility of payment to foreign companies.	
Final CERF report is more challenging, when some projects receive a non-cost extension.	Consider moving the final report deadline in line with the no-cost extension deadline of all CERF Project elements, to facilitate final report drafting.

TABLE 9: OBSERVATIONS FOR <u>COUNTRY TEAMS</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
In the CERF implementation phase, it became apparent that the economic sanctions impacted negatively on the operations due to suppliers, shipping companies, and financial institutions being hesitant to work with humanitarian assistance for Iran.	Strengthen and prepare mechanisms for humanitarian assistance logistics and contingency planning for Iran for future interventions. Pre-identifying suppliers who agree to procure emergency items to Iran despite the sanctions. Identifying new route(s) for shipment of emergency items to Iran.	UNCT, DMT Sector Leads
In some cases, the response time was slowed down due to challenges between different lead ministries and customs due to customs clearance issues.	Capacity Building for customs procedures in relation to international emergency response procedures. Liaising with relevant counterparts – including MFA - to establish a mechanism to expedite rapid custom clearance and discharge of emergency items.	RCO/DMT
WHO saved funds through direct procurement and dealing with supplying company for arranging delivery. The saved money could be utilised for reaching more people in need.	To consider strengthening the system for direct procurement for regular required emergency response items in order to provide most cost-effective humanitarian emergency assistance.	Lead Agencies/UNCT
The disaster response DMT coordination meetings proved to be efficient and effective for coordination of responses.	To include a separate agenda item on the implementation of CERF at DMT DR meetings for improved reporting.	RCO/OCHA

PART II

8. PROJECT REPORTS

8.1. Project Report 19-RR-FPA-029 - UNFPA

1. Project Information			
1. Agency:	UNFPA	2. Country:	Islamic Republic of Iran
3. Cluster/Sector:	Water Sanitation Hygiene - Water, Sanitation and Hygiene Health - Health	4. Project Code (CERF):	19-RR-FPA-029
5. Project Title:	Providing lifesaving sexual and reproductive health, hygiene and sanitation supplies to women and young people affected by flooding in Iran		
6.a Original Start Date:	01/05/2019	6.b Original End Date:	31/10/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 1,490,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 189,715
	c. Amount received from CERF:		US\$ 189,715
	d. Total CERF funds forwarded to implementing partners		US\$ 0
	of which to:		
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 0
	Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance
<p>Through this CERF Rapid Response grant, UNFPA supported the Government of the Islamic Republic of Iran in reducing avoidable reproductive health mortality and morbidity and ensured that the hygiene, dignity and protection needs of primarily displaced women and young people were met between May and October 2019. UNFPA provided lifesaving sexual and reproductive health, hygiene and sanitation supplies to women and young people in Golistan, Lorestan and Khuzestan. UNFPA reached an estimated 23,700 people (16,900 women of reproductive age, 4,300 girls, and 2,500 men).</p> <p>Output 1. Women of reproductive age, young people and other vulnerable groups and key populations can access lifesaving sexual and reproductive health services provided by trained personnel.</p> <p>The provision of reproductive health kits enabled UNFPA to implement lifesaving activities under the Minimum Initial Service Package for reproductive health in emergencies, reducing avoidable maternal and neonatal health mortality and morbidity. The project ensured that women of reproductive age, young people and other vulnerable groups could access basic lifesaving sexual and reproductive health services provided by trained personnel. A total of 70 emergency reproductive health kits were distributed with a potential to directly benefit</p>

18,700 people (16,200 female and 2,500 male beneficiaries). This included reproductive health kits which were distributed to one health facility specialising in providing services for people living with disabilities.

Output 2: Provision of Dignity Kits containing essential hygiene, sanitation and protection supplies to primarily displaced women and girls of reproductive age, including those who are residing in emergency shelters

5,000 individual Dignity Kits were distributed to displaced women and girls in Lorestan and Khuzestan and 2,700 Dignity Kits were handed over to State Welfare organization centres located in two provinces of Lorestan and Golistan for distribution to Women and girls in the women friendly spaces to be established, ensuring that the hygiene, sanitation and protection needs of women and girls were met in Lorestan, Golestan and Khuzestan. The Dignity Kits, enabled women and girls to not only maintain their personal hygiene and dignity but also move more freely enabling them to access other lifesaving services. 5,000 Dignity Kits were procured internationally and another 2,700 Kits were procured locally which enabled for customization of kits. The Dignity Kits provided UNFPA with an opportunity to put the protection needs of particularly women and girls on the agenda in Government discussions and later facilitated for the establishment of the Women and Girls Protection Sub-sector and enabled discussions around establishing Women Friendly Spaces.

3. Changes and Amendments

UNFPA faced challenges with and was slightly delayed in implementation of some of activities due to procurement related challenges due to the sanctions and releasing of the Reproductive Health and Dignity Kits from customs. Once the supplies were released from customs, UNFPA ensured the rapid distribution of Reproductive Health Kits and Dignity Kits. Furthermore, UNFPA only targeted three provinces and not four as included in the application based on where the most needs were in consultation with the Government.

UNFPA initially procured 5,000 Dignity Kits through UNFPA's Procurement Services Branch. However, as it was challenging to release the internationally procured supplies from customs, a decision was taken to locally procure the remaining 2,700 Dignity Kits to ensure timely distribution of supplies to the affected population. Hence, the local procurement was initiated in July as soon as UNDP had confirmed that cash was once again available in country to enable UNFPA to carry out the local procurement. The locally procured 2,700 Dignity Kits were handed over to the State Welfare Organization for distribution through the Women Friendly Spaces which were being established. Due to unforeseen challenge beyond control of UNFPA, the establishment of Women Friendly Spaces by the Social Welfare Organization was delayed, hence the Dignity Kits have not yet been distributed. Considering that the kits had been procured and the Women Friendly Spaces were supposed to be established soon after their dispatch to provinces, UNFPA did not request no-cost extension. However, the establishment did not take place and it was late for UNFPA to request extension.

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Health - Health					
	Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities		0	0	0	0	0
Refugees		0	0	0	0	0
Returnees		0	0	0	0	0
Internally displaced persons		1,000	7,734	1,000	2,000	11,734
Other affected persons		500	4,000	500	1,000	6,000
Total		1,500	11,734	1,500	3,000	17,734
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total	
Persons with Disabilities (Out of the total number of "people planned")	30	235	30	60	355	

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)					
Cluster/Sector	Health - Health				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	1,000	8,700	0	2,000	11,700
Other affected persons	1,500	4,000	0	1,500	7,000
Total	2,500	12,700	0	3,500	18,700
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	40	330	0	90	460

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)					
Cluster/Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	5,000	0	1,200	6,200
Other affected persons	0	1,200	0	300	1,500
Total	0	6,200	0	1,500	7,700
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	124	0	30	154

4.b. NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)					
Cluster/Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	4,200	0	800	5,000
Other affected persons	0	0	0	0	0
Total	0	4,200	0	800	5,000

Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	110	0	25	135

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	UNFPA initially procured 5,000 Dignity Kits through UNFPA's Procurement Services Branch. However, as it was challenging to release the internationally procured supplies from customs, a decision was taken to locally procure the remaining 2,700 Dignity Kits to ensure timely distribution of supplies to the affected population. Hence, the local procurement was initiated in July as soon as UNDP had confirmed that cash was once again available in country to enable UNFPA to carry out the local procurement. The locally procured 2,700 Dignity Kits were handed over to the State Welfare Organization for distribution through the Women Friendly Spaces which were being established. Due to unforeseen challenge beyond control of UNFPA, the establishment of Women Friendly Spaces by the Social Welfare Organization was delayed, hence the Dignity Kits have not yet been distributed. Considering that the kits had been procured and the Women Friendly Spaces were supposed to be established soon after their dispatch to provinces, UNFPA did not request no-cost extension. However, the establishment did not take place and it was late for UNFPA to request extension.
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4.c PERSONS INDIRECTLY TARGETED BY THE PROJECT
N/A

5. CERF Result Framework	
Project Objective	Reduce avoidable reproductive health mortality and morbidity and ensure that the hygiene, dignity and protection needs of primarily displaced women and young people are met in the four worst floods affected provinces of Golestan, Ilam, Khuzestan and Lorestan.

Output 1	Women of reproductive age, young people and other vulnerable groups including people living with HIV and key populations can access lifesaving sexual and reproductive health services provided by trained personnel			
Sector	Health - Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of people (disaggregated by sex, age and disability) benefitting from RH kits procured	17,734	18,700	Ministry of Health and Medical Education
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 1.1	Procurement and transportation of reproductive health kits	UNFPA		
Activity 1.2	Distribution and monitoring utilisation of reproductive health kits	Ministry of Health & Medical Education		

Output 2	Provision of Dignity Kits containing essential hygiene, sanitation and protection supplies to primarily women and girls of reproductive age, including those who are residing in emergency shelters.			
Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Number of women (6,200 targeted) and adolescent girls (1,500 targeted) receiving	7,700	5,000	Ministry of Health and Medical Education

	Dignity Kits containing essential hygiene, sanitation and protection supplies		reporting system and SWO
Explanation of output and indicators variance:		N/A	
Activities	Description	Implemented by	
Activity 2.1	Procurement and transportation of 7,700 dignity kits	UNFPA	
Activity 2.2	Distribution of 7,700 dignity kits	Ministry of Health & Medical Education (MOHME) and State Welfare Organization (SWO)	

6. Accountability to Affected People	
6.a IASC AAP Commitment 2 – Participation and Partnership	
How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?	
The distribution plan and design were done with collaboration of MOHME considering the most vulnerable affected population/communities.	
Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?	
SWO and MOHME at local were consulted and distribution plan were discussed with them.	
6.b IASC AAP Commitment 3 – Information, Feedback and Action	
How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?	
Distribution at the regional level at Health Centres was done by UNFPA in which the health personnel, responsible for distribution at local community, were fully briefed by UNFPA and MOHME professional staff.	
Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
The health providers were requested to provide feed backs to UNFPA if there was any complaint from local community.	
Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
The issue is very sensitive issue and it is handled at local level by government.	
Any other comments (optional):	
None	

7. Cash Transfer Programming	
Did the project include one or more Cash Transfer Programmings (CTP)?	
Planned	Achieved
No	No

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

Evaluation was not planned from the beginning. The distribution plan was designed with the collaboration of the government and the distribution was conducted by the government. UNFPA monitored the distribution process.

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

8.2. Project Report 19-RR-HCR-021 - UNHCR

1. Project Information			
1. Agency:	UNHCR	2. Country:	Islamic Republic of Iran
3. Cluster/Sector:	Emergency Shelter and NFI - Shelter and Non-Food Items	4. Project Code (CERF):	19-RR-HCR-021
5. Project Title:	Emergency response to the immediate humanitarian basic needs of refugees and host communities affected by the large-scale floods in Iran		
6.a Original Start Date:	19/03/2019	6.b Original End Date:	18/09/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 1,500,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 685,705
	c. Amount received from CERF:		US\$ 685,705
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 26,250
	Government Partners		US\$ 26,250
International NGOs		US\$ 0	
National NGOs		US\$ 0	
Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance

Through the CERF grant, UNHCR provided support to GIRI's overall response to address urgent immediate needs of persons affected by the floods. Through two emergency responses- First through UNHCR's in-country emergency stockpile in Tehran and second through UNHCR's existing global emergency stock-pile located in Dubai (UAE), UNHCR supported some 2,400 households in the provinces of Golestan and Lorestan, 1,100 households in Khuzestan, and 500 households in Fars, with NFIs including blankets, sleeping mats, kitchen sets, jerry cans, plastic tarpaulins and tents. Overall, some 4,000 households' (15,182 individuals in total) urgent humanitarian needs were addressed. Due to the nature of the emergency, refugees, undocumented Afghans, and host communities alike were supported by UNHCR, based on the needs identified, which also had a positive impact in terms of social cohesion.

In addition, in cooperation with BAFIA, UNHCR supported housing rent for temporary shelters for 35 refugee families (182 individuals) for six months in Golestan province, in order to address the imminent protection risks of refugees, as well as to protect the victims' rights to adequate and dignified shelter. The project assisted in total some 15,182 affected individuals, through March to September.

3. Changes and Amendments

In regard to the lease agreements for temporary shelters for 35 refugee households, due to bureaucratic matters with the Governmental partner, funds were transferred to its provincial office with a bit of delay. This caused a slight delay in finalization of most lease agreements. During this period, UNHCR, in coordination with BAFIA, identified temporary alternative houses to mitigate protection and health risks. UNHCR followed up with BAFIA continuously and rigorously to finalise the selection of temporary housing for refugees, and sign lease agreements as a priority. The process was finalized, and all 35 families received the assistance through provincial BAFIA as a one-off payment in advance as per market norm.

Furthermore, 35 families were expected to include around 200 individuals, as it is estimated that each family consists of approximately 5 members. In reality, the actual total individuals within those 35 families prioritized as the most vulnerable equaled 182. In regard to Distribution of NFIs, the activity was on track throughout the project period. Some 15,000 individuals benefited from items including blankets, sleeping mats, kitchen sets, jerry cans, plastic tarpaulins and tents. Furthermore, the replenishment of the in-country emergency stockpile has also been completed. All items have arrived in Iran.

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Emergency Shelter and NFI - Shelter and Non-Food Items				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	3,450	3,450	3,450	3,450	13,800
Refugees	350	350	350	350	1,400
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
Total	3,800	3,800	3,800	3,800	15,200
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	76	76	76	76	304

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Emergency Shelter and NFI - Shelter and Non-Food Items				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	3,450	3,450	3,450	3,450	13,800
Refugees	346	346	345	345	1,382
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
Total	3,796	3,796	3,795	3,795	15,182
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	76	76	76	76	304

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

The slight decrease (18 individuals) from the initial target is due to the fact that the 35 families supported for housing were expected to include around 200 individuals, as it is estimated that each family consists of approximately 5 members. In reality, the actual total number of individuals within those 35 most vulnerable families prioritized equaled 182.

The distribution, which was coordinated closely with BAFIA and IRCS, covered the Afghan community (refugees and undocumented), the Iraqi refugee community, and the host community, residing in flood-affected provinces, in a fair and coordinated manner. The UNHCR-BAFIA teams in coordination with other partners took protection measures for inclusion of the elderly, female-headed families and beneficiaries with disabilities while

	considering key protection elements in their planning through mainstreaming of an Age, Gender and Diversity (AGD) approach. Following discussions and in coordination with BAFIA, beneficiaries were identified and prioritized. Distribution was conducted smoothly and in an organized manner.
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4.c PERSONS INDIRECTLY TARGETED BY THE PROJECT
N/A

5. CERF Result Framework	
Project Objective	Emergency response to the immediate humanitarian basic needs of Refugees and host communities affected by the large-scale floods in Iran through the life-saving provision of Tents/temporary housing and Non-Food Items.

Output 1	Life-saving shelter (family tents) and NFIs delivered			
Sector	Emergency Shelter and NFI - Shelter and Non-Food Items			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	The number of individuals who received Shelter (tents) and NFIs	15,000	15,000	BAFIA, UNHCR
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 1.1	Procurement and transportation of the Items to the destination	BAFIA, UNHCR, Iranian Red Crescent Society (IRCS),		
Activity 1.2	Distribution of life-saving shelter and NFIs	BAFIA, UNHCR, IRCS, Pars Development Actors Institute (PDA), representatives of beneficiaries		
Activity 1.3	Post distribution replenishment of life-saving items	UNHCR		

Output 2	Life-saving alternative temporary housing options for severely destitute flood-affected refugee population provided			
Sector	Emergency Shelter and NFI - Shelter and Non-Food Items			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	The number of families/individuals who are provided with the temporary housing support	35 families (200 individuals)	35 families (182 individuals)	UNHCR BAFIA
Explanation of output and indicators variance:		Total number of individuals within the 35 most vulnerable families prioritized equaled 182.		
Activities	Description	Implemented by		
Activity 2.1	Identification of beneficiaries	UNHCR, BAFIA		
Activity 2.2	Support to the alternative temporary housing	UNHCR, BAFIA		

6. Accountability to Affected People	
6.a IASC AAP Commitment 2 – Participation and Partnership	
How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?	
<p>Together with UNHCR's multifunctional team, which included male and female colleagues, BAFIA focal points, and relief organization partners, when feasible, representatives of beneficiaries were also included in a participatory manner to plan for the distribution of NFIs. While considering key protection elements in their planning through mainstreaming of an Age, Gender and Diversity (AGD) approach, the team also had Focus Group Discussion with refugee women and men of all ages and backgrounds to raise awareness and to ensure that the voice of beneficiaries is heard and their dignity is maintained.</p>	
Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?	
<p>While UNHCR dispatched its team members to affected areas (Golestan, Lorestan, Khuzestan and Fars) regularly, jointly with other respective UN agencies/INGOs, given the leadership of the Government in the countrywide response and its long-term partnership with UNHCR, UNHCR also relied on national response and mechanisms already in place (i.e. national NGOs, Governmental line ministries, Iranian Red Crescent Society and BAFIA) which have representatives and structures across the country, in addition to measures taken explained above as well as below in section 6.b.</p>	
6.b IASC AAP Commitment 3 – Information, Feedback and Action	
How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?	
<p>The information on UNHCR, its principles, as well as relief support made available to PoCs, was explained during regular monitoring missions and further explained by UNHCR offices in Tehran, Mashhad, Kerman, Shiraz, and Esfahan.</p>	
Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.	
<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>UNHCR made use of its existing feedback and complaint mechanisms such as hotlines, complaint boxes, and generic mailboxes in all sub-offices, as well as generic mailboxes at the Office of the Representative in Tehran, through which UNHCR could clarify any queries made by persons effected by the floods. Moreover, UNHCR, together with BAFIA and NGO counterparts, as part of field monitoring, further addressed queries from the community proactively, seeking input from beneficiaries to assess their experience of the services provided, including in terms of safety, access to information, and responsiveness. Furthermore, UNHCR completed monitoring regularly to address complaints/concerns and ensure effective engagement.</p>	
Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.	
<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>During NFI distributions, it was stressed that UNHCR, BAFIA, IRCS, and refugee community will maintain presence in a gender balanced fashion. Deployment of UNHCR staff for that purpose was also organized accordingly in order to monitor the distributions and to avoid sexual exploitation and abuse incidents. Furthermore, UNHCR completed monitoring regularly to address complaints/concerns and ensure effective engagement.</p>	
Any other comments (optional):	
N/A	

7. Cash Transfer Programming	
Did the project include one or more Cash Transfer Programmings (CTP)?	
Planned	Achieved
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
<p>An Iran Floods Lessons Learned Exercise was held/led jointly with the UN Disaster Management Team, of which representatives from International NGOs and the International Community also attended. Non-availability of baseline data for response planning and the establishment of a common information sharing platform was encountered as areas of improvement. Positive aspects included UN facilitating engagement with the International Community as per the request of Government of Iran and holding regular briefings and information sharing, as well as the development of the UN Response Plan to Iran Floods. Despite the challenges, UNHCR response was effective and the CERF grant was immensely beneficial in supporting the government to provide assistance to the most effected people.</p> <p>In regard to evaluation, UN Conducted self-Assessment on the following three categories: 1) Response delivery 2) Leadership and coordination and 3) Protection accountability to affected people. Overall, self-rating of 3.6/6 or 59% was achieved.</p>	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

8.3. Project Report 19-RR-CEF-070 - UNICEF

1. Project Information			
1. Agency:	UNICEF	2. Country:	Islamic Republic of Iran
3. Cluster/Sector:	Health - Health	4. Project Code (CERF):	19-RR-CEF-070
5. Project Title:	Ensuring uninterrupted vaccination services to children most affected by flood		
6.a Original Start Date:	30/04/2019	6.b Original End Date:	29/10/2019
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If yes, specify revised end date:	31/03/2020
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 1,000,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 463,684.53
	c. Amount received from CERF:		US\$ 251,150
	d. Total CERF funds forwarded to implementing partners		US\$ 0
	of which to:		
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 0
	Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance
Through this CERF grant, UNICEF procured 197 vaccine refrigerators and 400 vaccine carriers to 220 health centres and 400 health houses in affected areas. Total of 3,009,000 children and 7,021,000 adults could indirectly benefit from these cold chain items in the most flood affected areas namely Khuzestan, Lorestan, Ilam and Golestan provinces in almost a year (April 2019-March 2020). The project allowed for maintaining uninterrupted vaccination services for children most affected by flood.

3. Changes and Amendments
UNICEF-ICO committed to procure 210 cold boxes, however due to unforeseen airfreight charges, UNICEF-ICO could not procure this item as indicated in the proposal. It is worth mentioning that UNICEF-ICO faced challenges in procurement of the cold chain items, for instance: suppliers refused to supply and ship the above-mentioned items to Iran, due to the sanctions. Moreover, custom clearance delayed due to new policy and procedures at national level. The CERF secretariat was informed of the situation and UNICEF-ICO received the no cost extension.

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)					
Cluster/Sector	Health - Health				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0

Returnees	0	0	0	0	0
Internally displaced persons	0	0	16,000	15,000	31,000
Other affected persons	0	0	0	0	0
Total	0	0	16,000	15,000	31,000
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)					
Cluster/Sector	Health - Health				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	16,000	15,000	31,000
Other affected persons	0	0	0	0	0
Total	0	0	16,000	15,000	31,000
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	1600	1500	3100

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	UNICEF-ICO planned to reach 31,000 internally displaced children, however total of 3,009,000 children and 7,021,000 adults could benefit indirectly from uninterrupted immunization services, respectively thanks to the support provided.
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4.c PERSONS INDIRECTLY TARGETED BY THE PROJECT
UNICEF-ICO was able to reach 31,000 internally displaced children, however total of 3,009,000 children and 7,021,000 adults could benefit indirectly from uninterrupted immunization services, respectively thanks to the support provided.

5. CERF Result Framework	
Project Objective	To provide immediate and uninterrupted vaccination services to most affected children by flood in Golestan, Lorestan, Ilam and Khuzestan provinces of Iran. The project will help to prevent communicable diseases among children through provision of cold chain supplies to medical universities in four most affected provinces.

Output 1	Support to maintaining the cold chain in four provinces most affected by floods (Ilam, Khuzestan, Golestan and Lorestan)				
Sector	Health - Health				
Indicators	Description	Target	Achieved	Source of Verification	

Indicator 1.1	Number of affected children being assessed for eligibility of vaccination	Target: 31,000	31,000	MOH's report
Indicator 1.2	Number of most vulnerable children vaccinated	Target: 31,000	3,009,000	MOH's report
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 1.1	Procurement of 150 Refrigerators HBC-150 and 40 Refrigerators HBC-260 and distribution to the four most affected provinces	UNICEF		
Activity 1.2	Procurement of 400 Vaccine carriers and distribution to the four most affected provinces	UNICEF		
Activity 1.3	Procurement of 210 Cold boxes and distribution to the four most affected provinces	Not achieved		
Activity 1.4	Assessment of children for eligibility of vaccination	MOH		
Activity 1.5	Vaccination of assessed children	MOH		

6. Accountability to Affected People
6.a IASC AAP Commitment 2 – Participation and Partnership
<p>How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?</p> <p>The cold chain items were distributed in health centres and health houses of the affected areas. The affected people including children and marginalized groups could receive immunization services through the PHC system.</p>
<p>Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?</p> <p>Yes, immunization services in the PHC are inclusive and the vulnerable populations, including women and children, could receive the services.</p>
6.b IASC AAP Commitment 3 – Information, Feedback and Action
<p>How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?</p> <p>The cold chain items were procured to the affected health houses and centres, therefore there was no need for informing the affected people of immunization services provided by healthcare staff.</p>
<p>Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>We did not take measures to address the possible complaints, however in the PHC there is a mechanism for addressing possible complaints. Recipients of various services have a chance to reflect on their complaints through different mechanism namely; complaint box, telephone, and contact to health workers.</p>
<p>Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>UNICEF has only been involved with the ofshore procurement of the vaccine re Fridgrators, cold boxes and then delivered the supplies to the MOHME for distribution among the selected primary healthcare centers in the heavily flood affected provinces.</p>

All UNICEF Iran individual and institutional contracts include a provision under obligations stating that the contractor will comply with the administrative instructions and policies and procedures of UNICEF relating to harassment, sexual harassment and abuse of authority; and the requirements set forth in the Secretary General's Bulletin on Special Measures for Protection from Sexual Exploitation and Sexual Abuse.

UNICEF Iran also works with other UN agencies on roll out of PSEA in this challenging context. UNICEF is a member of UN inter-agency task force to promote PSEA in Iran. An Inter-Agency PSEA Action Plan was developed by this task force. It covers various areas such as PSEA prevention, response systems and engagement with and support of local populations. The Inter-agency PSEA Action Plan includes a section on establishing a community-based complaint and feedback mechanism in each community where the UN work. The Inter-agency PSEA Action Plan includes a section on provision of support to victims of SEA. This includes designating a focal point for victims' assistance, training of focal points and developing a contact list of qualified service providers for referral of victims.

Any other comments (optional):

N/A

7. Cash Transfer Programming

Did the project include one or more Cash Transfer Programmings (CTP)?

Planned	Achieved
No	No

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

Given the urgency of the support and the vague evaluation culture in the country, evaluation was not planned for this intervention. However, UNICEF put in place a solid monitoring plan to track distribution and ensure goods reach the beneficiaries.

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

8.4. Project Report 19-RR-CEF-071 - UNICEF

1. Project Information			
1. Agency:	UNICEF	2. Country:	Islamic Republic of Iran
3. Cluster/Sector:	Water Sanitation Hygiene - Water, Sanitation and Hygiene	4. Project Code (CERF):	19-RR-CEF-071
5. Project Title:	Safe Drinking Water and Hygiene Support to Most Affected People Due to Flood		
6.a Original Start Date:	25/04/2019	6.b Original End Date:	26/10/2020
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If yes, specify revised end date:	31/03/2020
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 2,578,500
	b. Total funding received for agency's sector response to current emergency:		US\$ 1,895,225
	c. Amount received from CERF:		US\$ 515,784
	d. Total CERF funds forwarded to implementing partners		US\$ 0
	of which to:		
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 0
	Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance
<p>To achieve the project objective: "To provide immediate safe drinking water, hygiene and sanitation support to most affected population affected by flood in Golestan, Lorestan and Khuzestan provinces of Iran, UNICEF used funds mobilized through CERF to protect the host community, displaced population, refugees and persons with disabilities, women and adolescents from diseases through unsafe drinking water as well as lack of hygiene facilities". Through this specific contribution, UNICEF Iran managed to complete the proposed activities and reached 181,348 people from the heavily affected provinces of Golestan, Lorestan, Khuzestan, Ilam and Sistan and Balouchestan. The details are as below:</p> <ul style="list-style-type: none"> • 12,500 most vulnerable people (2500 families) received hygiene kits; • 4,600 displaced and most vulnerable people received access to sanitary facilities as per UNICEF guidelines (20 per latrine); • 12,176 families were provided with water purification tablets; • 120,000 people were provided access to safe drinking water through procured self-priming pumps; • The procured Chlorine/pH, Pool Tester Kits, Phenol Red, Rapid dissolve tablets and Chlorine test, DPD N°1, Rapid, tablets were used to ensure water quality from household water storage to urban bulk water system; • and 5,358 households living in already deprived villages of Sistan and Balouchestan that were heavily affected by the January 2020 flood got access to safe drinking water through provision of 45 water tanks with capacity of 5000L.

3. Changes and Amendments
<p>UNICEF Iran implemented all proposed activities by 31st December 2019. However, UNICEF managed to save \$19,709.17 from freight and transportation expenses and requested reprogramming of the remaining balance to utilize it in response to the 2020 flood in Sistan Balouchestan. This region is historically under-resourced, facing water scarcity challenges, and families living here need immediate help.</p>

Around 250,000 Iranians living in this already deprived area were affected by this disaster. 13 counties are particularly impacted with thousands of people displaced and living in emergency shelters. More than 20,000 homes have been destroyed, and impassable roads have disrupted access to more than 500 villages. 719 villages damaged as well as agricultural land, livestock, schools, health clinics, and water facilities. Infrastructure and agriculture losses reach USD 100 million. Most pressing humanitarian needs were safe drinking water, food, hygiene aid. The reprogramming of the remaining balance of the allocated fund (\$19,709.17) approved by CERF secretariat, enabled UNICEF to purchase 45 polyethylene water tanks with 5000L capacity and all accessories, to ensure access to safe drinking water for the households living in the 32 heavily flood affected villages of Sistan and Balouchestan. This procurement supported the Ministry of energy in responding to the Sistan and Balouchestan flood.

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	1,782	1,950	1,035	978	5,745
Returnees	0	0	0	0	0
Internally displaced persons	35,960	37,070	17,825	18,400	109,255
Other affected persons	0	0	0	0	0
Total	37,742	39,020	18,860	19,378	115,000
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	54,581	51,059	36,974	33,452	176,066
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	1,637	1,532	1,109	1,004	5,282
Other affected persons	0	0	0	0	0
Total	56,218	52,591	38,083	34,456	181,348
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	143	103	128	166	540

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

N/A

4.c PERSONS INDIRECTLY TARGETED BY THE PROJECT
None

5. CERF Result Framework	
Project Objective	To provide immediate safe drinking water, hygiene and sanitation support to most affected population affected by flood in Golestan, Lorestan and Khuzestan provinces of Iran. The project will help to protect the host community, displaced population, refugees and persons with disabilities, women and adolescents from diseases through unsafe drinking water as well as lack of hygiene facilities.

Output 1	Access to safe water and sanitation in affected areas			
Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of most vulnerable people have access to safe drinking water (disaggregated by sex, age and disability).	Target: 115,000	146,790	MoHME and MoE report
Indicator 1.2	Number of affected people provided with latrine facilities and hygiene materials to meet sanitation requirement (disaggregated by sex, age and disability).	Target: 115,000	17,100	MoHME report
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 1.1	Procurement of Submersible and Sewage Pumps for water supply and sludge cleaning. Also, procurement of WPT and DPD tablets for water purification and residual chlorine.	UNICEF		
Activity 1.2	Installation of Submersible and Sewage Pumps.	Ministry of Energy		
Activity 1.3	Distribution of WPT and DPD tablets.	Ministry of Health		
Activity 1.4	Procurement and transport of latrines to the affected areas.	UNICEF and Ministry of Health		
Activity 1.5	Installation of latrines in the affected areas.	Ministry of Health		
Activity 1.6	Procurement of Hygiene kits containing essential hygiene, sanitation supplies for affected community.	UNICEF		
Activity 1.7	Distribution of hygiene kits to the affected community	Ministry of Health		

6. Accountability to Affected People	
6.a	IASC AAP Commitment 2 – Participation and Partnership
How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?	
A needs assessment was conducted through an interagency field visit to the affected provinces, through which the affected population from different areas of the flood affected provinces were also interviewed. The results of the needs assessment directly impacted the design and implementation of the project.	

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

Despite the information provided through our implementing partners regarding the needs of women, girls and marginalized groups among the affected population, the interagency field visit provided UNICEF with the opportunity to get in direct contact with the local government and stakeholders as well as the affected community to better understand the needs.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

All procured items were distributed among the affected population through the line ministries and therefore there was no need for informing the affected people of our organizational principles.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes No

N/A

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes No

N/A

Any other comments (optional):
N/A

7. Cash Transfer Programming	
Did the project include one or more Cash Transfer Programmings (CTP)?	
Planned	Achieved
No	No

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

N/A	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.5. Project Report 19-RR-WHO-034- WHO

1. Project Information			
1. Agency:	WHO	2. Country:	Islamic Republic of Iran
3. Cluster/Sector:	Health - Health	4. Project Code (CERF):	19-RR-WHO-034
5. Project Title:	Provision of Life-saving Medical Supplies for Populations Affected by Floods		
6.a Original Start Date:	29/04/2019	6.b Original End Date:	02/11/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 3,010,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 2,319,612
	c. Amount received from CERF:		US\$ 329,122
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 0
	Government Partners		US\$ 0
International NGOs		US\$ 0	
National NGOs		US\$ 0	
Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF UFE grant, WHO in close collaboration with national health partners (mainly the Ministry of Health and Medical Education) provided a total of 5 Non-communicable disease (NCD) kits (each kit containing 2 sets of each module) to cover the immediate needs of 100,000 beneficiaries and 10 Inter-Agency Emergency Health Kits (IEHK) to cover need of 100,000 populations and distributed to health facilities to serve the most vulnerable population.

2,148 doses of Hepatitis A vaccines for children and 3,432 doses of Hepatitis A vaccines for adults have been procured and shipped to Iran for rapid containment of outbreaks of hepatitis A among the affected population. Provided vaccines, covered the high-risk areas, in view of the poor water and sanitation due to damaged infrastructure and contaminated flood water sources.

Two mobile clinics have been procured and initially sent to the border areas of Ilam province to provide required clinical services to the most affected and vulnerable population. Two mobile clinics cover 50,000 beneficiaries in a month that brings the total number of direct beneficiaries to 205,580.

3. Changes and Amendments

There were no changes, deviations or amendments in the project from the original proposal or project plan. All fund was implemented as planned to cover the immediate lifesaving needs of affected population within the timeline identified. The quantity of procured vaccines increased by 3,432 doses, using the exact allocated fund for this purpose, due to bulk procurement at lower unit price for two different types of vaccines (Hep A Paediatric and adult) and less shipping cost due to direct shipment from supplier to the country.

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)					
Cluster/Sector	Health - Health				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	33,998	35,386	22,666	23,591	115,641
Other affected persons	0	0	0	0	0
Total	33,998	35,386	22,666	23,591	115,641
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	4,395	6,591	10,986

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)					
Cluster/Sector	Health - Health				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	59,618	62,701	41,116	42,145	205,580
Other affected persons	0	0	0	0	0
Total	59,618	62,701	41,116	42,145	205,580
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	5,962	6,270	4,112	4,214	20,558

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	This project included ten Interagency Emergency Health Kits (IEHK) that can support 10,000 persons for 3 months, five Non-Communicable Diseases that can sustain 10,000 for 3 months (each provided kit containing 2 sets of each module), and 5580 doses of Hep A vaccines to vaccinate 2,148 children and 3,432 adults against hepatitis type A. Two mobile clinics were purchased under the project that provide services for 50,000 beneficiaries in a month. The mentioned supplies provided met the needs of up to 205,580 people.
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4.c PERSONS INDIRECTLY TARGETED BY THE PROJECT
Two mobile clinics and MOHME medical teams deployed to reach almost one million people in the inundated regions cut off from access to health services. For many people access to these mobile clinics and teams may be their only source of health care in long term. Mobile clinics offer flexible and viable options for treating isolated and vulnerable groups as well as displaced populations.

5. CERF Result Framework

Project Objective	To reduce avoidable morbidity and mortality through the procurement and distribution of live-saving emergency health supplies
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Output 1	Provision of life-saving medical supplies for treatment and response to the floods			
Sector	Health - Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	# of life-saving medical cases treated	100,000	100,000	MOHME
Indicator 1.2	# of NCD cases treated	100,000	100,000	MOHME
Indicator 1.3	# number of people to receive medical treatment through mobile clinics (cumulative)	202,148	205,580	MOHME
Indicator 1.4	# number of children vaccinated against Hep A	2,148	5580 (2148 children and 3432 Adults)	MOHME
Explanation of output and indicators variance:		The variance is related to the number of Hep A vaccines. The total number of 5580 doses of vaccine have been procured and delivered using the exact allocated fund for this purpose, due to bulk procurement at lower unit price for two different types of vaccines (Hep A Paediatric and adult) and less shipping cost due to direct shipment from supplier to the country.		
Activities	Description	Implemented by		
Activity 1.1	Procurement of life-saving medical supplies	WHO in consultation with MOHME		
Activity 1.2	Distribution of life-saving medical supplies to the most needed health facilities and temporarily set up health facilities to serve the communities in need (WHO)	MOHME		
Activity 1.3	Provision of two mobile clinics in the most affected areas (WHO)	WHO		
Activity 1.4	Deployment of mobile clinics to most in need areas based on set schedule using roster of trained national medical team staff	MOHME		

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

Identifying priority areas was done based on the result of need assessment performed in the affected provinces/cities/districts through several field visits and direct discussion with affected population and local health authorities. WHO does not reach the affected population and individuals directly, it is providing enabling support to the ministry of Health and the Medical Universities in provinces to implement priority interventions and ensure accesses to health services through supporting need assessment and identification, defining high risk population in addition to providing technical expertise and required trainings.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

In target districts, stakeholders involved with the affected population including IDPs, refugee and immediate host community were consulted through community health workers.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?
N/A

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes No
N/A

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes No
N/A

Any other comments (optional):

Investigation of outbreaks and response activities was very effective attributable to increased sensitivity of the surveillance and early warning system powered by engagement of Rapid Response and Surveillance Teams at provincial and district levels. Early identification, implementing preventive measures, good instruction of health staff resulted in Zero case outbreaks of diseases among affected and displaced population.

7. Cash Transfer Programming	
Did the project include one or more Cash Transfer Programmings (CTP)?	
Planned	Achieved
No	No

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

The needs for delivering life-saving services during the first phase of flood emergency in the country was identified based on the need assessment done in close collaboration with the Ministry of Health and medical Education at both national and provincial levels. Limited resources available for health sector response had to be prioritized to the most critical interventions with focus on prevention of communicable disease outbreak and access of most vulnerable and affected population to the lifesaving health services. An evaluation was not included in the application but it is an important aspect that needs to be considered in future application.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	CERF Sector	Agency	Implementing Partner Type	Total CERF Funds Transferred to Implementing Partners
19-RR-HCR-021	Shelter & NFI	UNHCR	GOV	\$26,250

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

BAFIA	Bureau for Aliens and Foreign Immigrants Affairs of Ministry of Interior
CERF	Central Emergency Response Fund
DMT	Disaster Management Team
IEHK	Interagency Emergency Health Kits
IRCS	Iranian Red Crescent Society
IRI	Islamic Republic of Iran
MoE	Ministry of Energy
MoFA	Ministry of Foreign Affairs
MOHME	Ministry of Health and Medical Evacuation
NDMO	National Disaster Management Organization
NWWWC	National Water and Waste Water Company
NCDs	non-communicable diseases
PHC	Primary Health Care
RC	Resident Coordinator
SRH	Sexual Reproductive Health
SWO	State Welfare Organization
UNICEF	United Nations Children's Fund
UNHCR	United Nations High Commissioner for Refugees
UNFPA	United Nations Population Fund
WHO	World Health Organization