

**RESIDENT/HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS**

19-UF-UKR-35074

UKRAINE

**UNDERFUNDED EMERGENCIES ROUND I
DISRUPTION OF BASIC SERVICES
2019**

RESIDENT/HUMANITARIAN COORDINATOR	OSNAT LUBRANI
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REPORTING PROCESS AND CONSULTATION SUMMARY	
a. Please indicate when the After-Action Review (AAR) was conducted and who participated.	N/A
<p>It was not possible to meet and jointly conduct an AAR due to restrictions imposed during the COVID-19 pandemic. Because of the urgent need to prepare a COVID-19 response, two UHF allocations and a new CERF COVID-related allocation, it was decided not to conduct a process virtually. In addition, the HCT has been involved in significant extra work to support the Government of Ukraine to respond to COVID-19. HCT members have also been involved in significant advocacy efforts to ensure the continuation of humanitarian access in NGCA after the closure of entry-exit crossing points (EECPs). Recipient agencies provided input through email.</p>	
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 type="checkbox"/> No <input checked="" type="checkbox"/>
As noted above, it was not possible to meet in person, and there was no virtual discussion.	
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 was shared and reviewed by the HC and the HCT.	

PART I

Strategic Statement by the Resident/Humanitarian Coordinator

Despite welcome positive political developments in 2019, the on-going conflict remains unresolved and the humanitarian situation in eastern Ukraine remains critical. Some 3.4 million people are in need of humanitarian assistance, and over half a million people live in areas directly affected by the conflict and continue to experience regular exchanges of fire across the 'contact line'. Another two million people risk exposure to landmines and other explosives. Needs have deepened in the area outside Government's control as the conflict continues to take its toll on the socioeconomic situation.

The CERF funding allowed agencies to address urgent unmet needs and support essential programming to fill the critical gaps widened by persistent underfunding. The CERF-funded response enabled the agencies to assist the most vulnerable on both sides of the 'contact line', by providing them with emergency and time-critical assistance, ensuring their access to basic essential services, responding to the critical protection needs, while preserving the already limited humanitarian access. Collective performance and complementarity of the agencies' programming has shown great contribution to alleviating the humanitarian needs.

The impact of the CERF allocation was particularly strong in NGCA where UN agencies directly implemented and monitored the projects as a result of limited NGO presence. This funding was instrumental in contributing towards addressing some of the imbalance between assistance going to GCA and NGCA.

1. OVERVIEW

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)

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a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE	\$164.4 million
FUNDING RECEIVED BY SOURCE	
CERF	\$6,003,065
Country-Based Pooled Fund (if applicable)	\$2,987,682
Other (bilateral/multilateral)	\$76.8 million
b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE	\$85.8 million

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

TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US\$)			
Agency	Project code	Cluster/Sector	Amount
FAO	19-UF-FAO-010	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)	557,963
IOM	19-UF-IOM-010	Emergency Shelter and NFI - Shelter and Non-Food Items	781,200
IOM	19-UF-IOM-010	Water Sanitation Hygiene - Water, Sanitation and Hygiene	234,360
IOM	19-UF-IOM-010	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)	100,440
OHCHR	19-UF-CHR-001	Protection - Human Rights	414,346
UNFPA	19-UF-FPA-014	Health - Health	642,646
UNHCR	19-UF-HCR-006	Protection - Protection	585,900

UNHCR	19-UF-HCR-006	Emergency Shelter and NFI - Shelter and Non-Food Items	342,281
UNICEF	19-UF-CEF-032	Water Sanitation Hygiene - Water, Sanitation and Hygiene	849,101
UNICEF	19-UF-CEF-032	Protection - Child Protection	283,034
UNICEF	19-UF-CEF-032	Education - Education	240,579
UNICEF	19-UF-CEF-032	Health - Health	42,455
WHO	19-UF-WHO-020	Health - Health	928,760
TOTAL			6,003,065

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Total funds implemented directly by UN agencies including procurement of relief goods	4,256,051
Funds transferred to Government partners*	0
Funds transferred to International NGO partners*	569,710
Funds transferred to National NGO partners*	1,177,304
Funds transferred to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	1,747,014
TOTAL	6,003,065

* These figures should match with totals in Annex 1.

2. HUMANITARIAN CONTEXT AND NEEDS

In its sixth year, the conflict in eastern Ukraine continues to take a significant toll on the lives of the population of more than five million people. Of this, 3.5 million people required humanitarian assistance and protection in 2019, representing a 3 per cent increase over 2018 due to widespread mine contamination, escalating psychological trauma and the degrading impact of the lack of access to basic services. In the first nine months of 2019, OHCHR recorded 155 conflict-related civilian casualties (25 killed and 130 injured), which is a 40 per cent decrease compared to the same period in 2018 (51 killed and 209 injured). While the average number of reported security incidents has dropped, they still happen frequently and also place humanitarian actors at risk.

The majority of people in need live in the two conflict-affected provinces of Donetsk and Luhansk – which has a 427-km-long ‘contact line’ dividing the region into two. The crossings of the ‘contact line’, through five official crossing points, increased by 15 per cent in 2018 compared to 2017, averaging 1.1 million crossings each month. Over half of these crossings are made by people aged over 60 years old – with most being female. Civilians are forced to regularly suffer long delays, risks from the hostilities and undignified conditions to maintain family links and access basic services.

Eastern Ukraine’s humanitarian crisis is the ‘oldest’ in the world, as the elderly account for 30 per cent of those in need – the highest proportion of any crisis in the world. The elderly, particularly women, comprise over half of those who are food insecure. Their access to services is particularly constrained due to higher rates of disability and immobility, and as they are often separated from their families. They are also more susceptible to abuse and neglect, have health and nutritional specific needs, and are highly prone to economic insecurity due to income and livelihood barriers. Their situation is aggravated by the disproportionate impact of the administrative challenges often faced when accessing their entitlements, especially pensions. Women and children are also disproportionately affected, particularly in areas close to the ‘contact line’ (GCA) where 6 in 10 families are headed by females, and approximately 15 per cent of the population there are children. They are particularly vulnerable and at risk of violence, neglect, abuse and exploitation.

With repeated violations of international humanitarian law (IHL), psychological trauma has increased: 9 in 10 households in the area closest to the 'contact line' live in constant fear of shelling. Widespread landmine and explosive remnants of war (ERW) contamination, particularly close to the 'contact line,' exposes civilians to risk of death and maiming and severely curtails freedom of movement, especially access to farmland. In the government-controlled area (GCA), an estimated two million people are exposed. For three consecutive years, Ukraine had more anti-vehicle mine incidents than any other country, which together with the mishandling of ERWs, accounted for 40 per cent of civilian casualties in 2017 and 2018.

Eastern Ukraine continues to experience localized flare-ups/skirmishes of hostilities, particularly in area in proximity to the 'contact line'. Continued active hostilities not only forced thousands of people to flee for safety, but also caused damage to housing and infrastructure causing result in shelter needs. It is estimated that some 60 houses on both sides of the 'contact line' experience new damage each month.

Although the 2019-2020 winter in Ukraine turned out to be warmer than average, winterization needs remained high and compounded other acute needs. Rural families usually spend over 20 percent of their limited income on heating, and food consumption scores are nearly halved during winter. Such extreme conditions impact the humanitarian needs of populations living close to the 'contact line' due to increased difficulty accessing services.

The 2019 Humanitarian Response Plan (HRP) was funded at 52 per cent (US\$ 85.8 million received against US\$ 164.4 million requirement) with many needs unmet.

The request for CERF was triggered by the need (i) to address the urgent unmet needs humanitarian and protection needs of an estimated 180,000 people in NGCA through multi-sectoral programming, (ii) to strengthen humanitarian response for an estimated 70,000 people in hard-to-reach areas along the contact line, in GCA, (iii) to early jumpstart the winterization programming, to ensure an adequate coverage ahead of the 2019-2020 winter. The CERF allocation has enabled humanitarians to fill critical gaps in providing life-saving assistance to people in need – some of whom may not have been reached before, partially due to persistent underfunding. CERF funding has responded to the most immediate and urgent needs of the planned interventions in NGCA and area close to the 'contact line', reinforcing the overall response.

3. CONSIDERATION OF FOUR PRIORITY AREAS¹

The Ukraine Humanitarian Country Team (HCT) fully aligned the CERF Underfunded Emergencies (UFE) prioritisation strategy with the humanitarian response strategy outlined in the 2019 HRP. The prioritisation strategy mainstreamed gender and age integration and placed both protection and accountability to affected people at the centre of the response. The response targeted people with disabilities and resolved major education concerns. UN agencies addressed the Emergency Relief Coordinator's thematic priorities in their respective project activities in a collective and complementary manner. CERF-funded projects reflected the USG's outlined priorities – whether through projects that were singularly focused on the thematic area, or through projects that partially focused on the thematic area. It is important to mention the importance of the chosen priorities to be backed up by global policies (such as the IASF Framework on People with Disabilities) and that practical tools (such as the Gender with Age Marker, or GAM) exist as these greatly support their operationalization. In fact, global policies served as catalysts for opening the way for practical implementation through the CERF. Moreover, the priority-areas approach has been also utilized through other financing mechanism, such as the Ukraine country-based pooled fund (CBPF), with the first allocation being solely focused on people with disabilities. For the Ukraine Humanitarian Fund (UHF) allocation in July 2019, OCHA coordinated with the protection cluster and other partners to prepare a working "definition" of disability, and some guiding

¹ In January 2019, the Emergency Relief Coordinator identified four priority areas as often underfunded and lacking appropriate consideration and visibility when funding is allocated to humanitarian action. The ERC therefore recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. These areas are: (1) support for women and girls, including tackling gender-based violence, reproductive health and empowerment; (2) programmes targeting disabled people; (3) education in protracted crises; and (4) other aspects of protection. Please see the Questions and Answers on the ERC four priority areas here

principles, in order to provide clarity on what type of beneficiaries would qualify as “People with Disabilities,” and to ensure the accountability and tailoring of assistance for the most vulnerable. The UHF support and the guiding principles has helped improve the assistance targeted for people with disabilities, as the guidance included suggestions on needs assessment, identification of people with disabilities and improvements to implementation.

3.1 Women and girls, including gender-based violence, reproductive health and empowerment

While gender and age mainstreaming are an integral component of all CERF UFE projects, the contribution is visibly evident in the UNFPA project. The project addressed the acute sexual and reproductive health needs of some 175,000 most vulnerable conflict-affected women and adolescent girls, according to minimum Initial Service Package (MISP) for reproductive health in crisis situations. In addition, the beneficiaries benefitted from psychosocial and legal counselling. Overall, the project contributed to strengthening of the local capacity on GBV/SGBV case management, HIV/STI prevention, counselling, testing and treatment. Notably, women and girls comprise 70 per cent of beneficiaries of UNHCR’s individual protection assistance program.

3.2 Programmes targeting persons with disabilities

The IASC GAM application throughout Humanitarian Programme Cycle (HPC) has facilitated the effective identification of vulnerable groups, including people with disability, particularly the elderly. Thus, targeting people with disabilities has been mainstreamed by all CERF-funded UN agencies. Specifically, UNHCR supported persons with specific needs with ‘cash for protection’ in the Government-controlled areas (GCA) in eastern Ukraine and provided persons with specific needs with individual protection in-kind assistance in non-Government-controlled areas (NGCA). People with disabilities have been prioritized for shelter repairs that took into consideration the specific needs of persons with disabilities, such as accessibility.

3.3 Education in protracted crises

Along the ‘contact line’, schools regularly come under fire, affecting the education and wellbeing of thousands of children and teachers. Responding to the needs, UNICEF successfully implemented a project that aimed at ensuring a protective and enabling learning environment for more than 11,000 children through the rehabilitation of the education facilities. The agency also facilitated installation of water tanks in educational increasing resilience to water supply interruptions for some 27, 000 children. In addition, direct training sessions were conducted on mine safety in Donetsk and in Luhansk oblasts, GCA. Digital campaigns on mine safety reached some 200,000 school-aged children in Donetsk and Luhansk oblasts GCA.

3.4 Other aspects of protection

The centrality of protection was an overarching component of the CERF UFE prioritisation strategy. All projects contributed to ensuring a protective and safe environment for those most vulnerable. The FAO project distributed emergency agricultural inputs for some 8,000 vulnerable people, particularly the elderly and female-headed households, to facilitate backyard farming to ensure households’ self-subsistence and to prevent the adoption of negative coping mechanisms.

UNHCR targeted persons living in close proximity to the ‘contact line’, particularly in rural areas, with shelter repairs and Individual Protection Assistance (IPA). OHCHR delivered protection of civilians living in the areas around contact line through the deployment of human rights monitoring teams to provide protection by presence, to document civilian casualties; and to advocate for remedy and reparation to survivors and their families.

4. PRIORITIZATION PROCESS

The RC/HC, with support of OCHA, convened consultations with the UN agencies that operate in the prioritized geographical area to inform this prioritization strategy. OCHA also facilitated consultations with the designated focal points of the various UN agencies and the Inter-Cluster Coordination Group (ICCG) to seek their technical inputs and advice. In addition, further prioritisation of the CERF was done in close consultation with the UN agencies operational in the conflict area at the sub-national level to ensure a transparent and impartial prioritisation.

These efforts led to the development of a CERF UFE Prioritization Strategy, which was submitted to the CERF Secretariat at the end of February and endorsed by the ERC on 8 March. The HCT jointly prioritised this CERF request solely based on the needs of the most vulnerable people, prioritizing core life-saving needs, with due consideration for the capacity of agencies to

meet those needs, against a situation of low funding. The HCT prioritisation criteria for the 2019 HRP, in which the NGCA and the area close to the 'contact line' were given high priority for developing agency project proposals under this CERF request.

The agencies prioritised activities and projects based on the acuteness of needs and the vulnerability of the people in the most affected areas. The focus has been on core life-saving activities to target the most vulnerable children and families, including those that are still exposed to fighting and lack access to basic services and life-saving assistance.

5. CERF RESULTS

CERF allocated \$6,003,065 to Ukraine from its window for underfunded emergencies to address the urgent unmet humanitarian and protection needs of some 370,322 people in NGCA and GCA, through multi-sectoral programming that allowed to strengthen humanitarian response for people in hard-to-reach areas along the contact line. This funding enabled UN agencies and partners to provide livelihoods support benefitting 8,216 people, access to safe water and appropriate sanitation to 192,500 people, access to safe learning environment and education opportunities 12,303 children, support with shelter emergency to 11,186 people. It supported child protection, especially in mine risk awareness of 216,637 children, to cover urgent protection issues including individual protection assistance, to ensure availability of sexual and reproductive health and mental health services in hard-to-reach areas and to build capacity of the local health systems benefitting 225,128 people and to support adhering human rights of 9,980 beneficiaries.

- FAO contributed to households' livestock winterization needs of the affected population in eastern Ukraine. A combination of cash and in-kind assistance ensured that families met their immediate food needs, and supported home-grown production of food through restocking of poultry during the following six months. Together this helped improve household members' food consumption levels and dietary diversity scores during the winter period. Overall the project reached 7,365 people, out of which 62 per cent were women and girls.
- CERF UFE grant enabled IOM to support 22,908 vulnerable persons affected by the conflict in NGCA to meet their basic and urgent humanitarian needs, surpassing the initial target of 12,290 individuals. These included 9,446 individuals benefitting from winterization activities, 12,958 individuals supported by WASH operations, and 504 individuals supported with self-sustenance grants. The savings accrued over the course of project implementation enabled IOM to procure additional winterization and hygiene kits to meet the additional needs of over 10,000 vulnerable individuals increasing the targeted number of beneficiaries by 86 per cent.
- Through the CERF UFE grant, OHCHR was able to expand its work monitoring and reporting on conflict-related civilian casualties and related advocacy, including protection by presence on both sides of the contact line, and in places of interest. As a result, about 9,980 civilians benefited directly from life-saving component of the OHCHR's engagement in Ukraine in 2019. The advocacy component of the project indirectly targeted some 220,000 internally displaced people and around 1.1 million people living closest to the contact line (0-5km zone, on both sides).
- The CERF UFE allocation allowed UNICEF to provide uninterrupted access to safe drinking water to some 40,000 people. UNICEF and its implementing partners also undertook emergency repairs to 16 social institutions in NGCA and improved access to safe learning environment and learning services through urgent repairs and rehabilitation of WASH facilities. The grant also supported community-based protective services, including psychosocial support (PSS) and other child protection issues to 8,000 children, caregivers and community professionals. UNICEF also supported the main water utility companies with critical water treatment chemicals, equipment and material, for WASH facilities/networks and emergency repairs. In addition, some 400 young children and adolescents living with HIV were provided with essential medical care while PSS was provided to some 50 HIV children in institutions in NGCA. Digital mine risk education campaign, materials and training targeted 200,000 children living close to the 'contact line' in Luhanska and Donetska oblasts (GCA & NGCA).
- Through the CERF UFE allocation UNFPA provided life-saving support to address the acute sexual and reproductive health needs as well as psychosocial and legal counselling and referral for gender-based violence survivors, targeting 175,000 most vulnerable women and adolescent girls, living in the vicinity of the 'contact line' GCA and in NGCA. In addition, the

agency strengthened the capacity of the local health systems on comprehensive management of GBV/SGBV cases, HIV/STI counselling, testing and treatment. 28 health facilities were provided with emergency reproductive health kits.

- CERF UFE enabled UNHCR to provide protection and shelter support for 2,940 people, including cash-based individual protection assistance to 1,000 vulnerable people (both displaced and non-displaced) living close to the 'contact line' in GCA. Through its shelter programming UNHCR and its implementing partners provided emergency shelter kits to 360 households in both GCA and NGCA, which helped reduce protection risks reduction.
- The funding allowed WHO to deliver essential life-saving medicines, medical supplies and medical equipment to those who are the most in need. Prioritizing the emergency medical care, the agency conducted trauma care, emergency and mass casualty management trainings for 211 health workers. WHO supported the provision of emergency lifesaving laboratory investigations and the emergency diagnostic chain through mentoring and technical trainings of laboratory personnel in Donetsk and Luhansk oblasts. While the direct beneficiaries of the project comprise 50,000 people, all the population of Luhansk NGCA (1.4 million population) and some 220,000 population of Luhansk and Donetsk oblast GCA is considered to also benefit from the project support, as this population catchment accesses the laboratory services and the emergency medical services.

6. PEOPLE REACHED

While the overall number of beneficiaries reached is slightly below the target, most individual agencies have reported exceeding the targeted number of beneficiaries. Significant deviations between the planned and actual numbers of people reached are reported by IOM and UNICEF. The latter supported the water utility company Donetsk Filter Station that supplies water to some 350,000 people, 85,000 of whom benefitted from access to drinking water provided at the EECs. UNICEF also reported a higher number of beneficiaries through greater enrolment of children in educational facilities. In its turn, IOM surpassed its initial target by 86 per cent mainly due to the savings accrued over the course of project implementation. The double counting of the beneficiaries was minimized by taking the highest figure of the beneficiaries per cluster across different beneficiary caseloads. Also, this methodology was used to calculate the overall people in need.

TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY¹		
Category	Number of people (Planned)	Number of people (Reached)
Host communities	26,338	31,742
Refugees	0	0
Returnees	43,897	42,227
Internally displaced persons	70,236	78,802
Other affected persons	241,570	217,551
Total	382,041	370,322

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	36,657	114,734	110,599	120,051	382,041
Reached	28,294	106,512	135,815	99,701	370,322

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).

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)	938	2,400	5,897	6,348	15,583
Reached (Out of the total reached)	9,103	12,471	3,889	4,331	29,794

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)⁴

By Cluster/Sector (Planned)	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Education - Education	0	0	5,390	5,610	11,000
Emergency Shelter and NFI - Shelter and Non-Food Items	1,872	2,808	208	312	5,200
Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	2,146	4,776	349	778	8,049
Health - Health	28,500	124,588	8,000	14,500	175,588
Protection - Child Protection	725	1,395	101,430	105,570	209,120
Protection - Human Rights	4,250	4,150	300	400	9,100
Protection - Protection	456	684	24	36	1,200
Water Sanitation Hygiene - Water, Sanitation and Hygiene	13,132	13,668	2,769	2,881	32,450

TABLE 7b: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (REACHED)⁴

By Cluster/Sector (Reached)	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Education - Education	0	0	6,345	5,958	12,303
Emergency Shelter and NFI - Shelter and Non-Food Items	3,659	6,456	494	577	11,186
Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	2,684	3,758	918	856	8,216
Health - Health	48,332	147,303	11,709	17,784	225,128
Protection - Child Protection	89	825	128,366	88,271	217,551
Protection - Human Rights	4,660	4,550	330	440	9,980

Protection - Protection	480	720	0	0	1,200
Water Sanitation Hygiene - Water, Sanitation and Hygiene	58,492	70,358	29,874	33,776	192,500

⁴ Best estimates of the number of people directly supported through CERF funding by sector.

7. CERF'S ADDED VALUE

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

YES

PARTIALLY

NO

CERF UFE allocation allowed agencies to immediately respond to the urgent needs that had been unmet due to persistent underfunding. The CERF UFE allocation enabled UN agencies and humanitarian partners to quickly start the multi-sectoral humanitarian programmes to respond to these critical needs. Health, Human Rights, Protection, Child Protection, Shelter/NFI, Educations and WASH sectors were prioritized for the CERF UFE allocation as the most time-critical so as to avert the loss of lives, address public health complications and minimise human rights violations, protection concerns and other. The speed of delivery of projects in NGCA is not completely within the hands of agencies, as bureaucratic impediments affect the approval of projects and can lead to significant delays in approval. As a result of some delays, some agencies needed to request no-cost extensions.

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

YES

PARTIALLY

NO

The CERF UFE allocation helped to respond to time-critical needs through the early provision of emergency shelter and winterization interventions ahead of the 2019-2020 winter and provision of agricultural assistance ahead of the planting and harvesting season. The UFE allocation also helped support beneficiaries' access to safe drinking water and children's access to a safe learning environment, by building capacity of emergency medical care services on both sides of the contact line through comprehensive training component and actual delivery of life-saving medical equipment, by monitoring human rights violations, contributing to critical advocacy nationwide campaigns and responding to livelihood and food security needs. In addition, the CERF UFE allocation was time-critical in itself as it helped in maintaining and strengthening the confidence and trust built with the de facto entities previously created by the previous CERF Rapid Response allocation in 2018.

c) Did CERF improve coordination amongst the humanitarian community?

YES

PARTIALLY

NO

The intersectoral approach to respond to the identified needs greatly contributed to improvement of the coordination amongst the humanitarian community. Regular intersectoral coordination group meetings were complemented with the bi-monthly field visits of the Cluster Coordinators as a group to the eastern part of Ukraine to visit projects and communities. This ensure that views of affected people and judgement of field-based partners helped strengthen the preliminary intersectoral analysis and future response.

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

YES

PARTIALLY

NO

Although it is difficult to attribute the extent to which the increase is related to the CERF allocation, the contribution did help boost support for the HRP from donors in 2019. Overall, in 2019 donors increased their support for the Ukraine HRP, as the appeal was 52 per cent funded, compared to only 38 per cent funded in 2018. The CERF contribution in 2019 played a key role in contributing to the acceptance and strong support for the Ukraine Humanitarian Fund. Soon after the UHF became operational it quickly launched an allocation for \$3.2 million to support people with disabilities. There was significant competition for these resources as over 32 NGOs and 2 UN agencies submitted projects. The UHF Review committee selected only NGO projects, and the prior CERF allocation helped with the acceptance of the decision among all actors. The UHF will seek to continue close collaboration with the CERF.

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

The CERF allocation also played an instrumental role in the response in NGCA as well as addressing key needs in GCA. While protection has long played a central role in the response in Ukraine the CERF allocation helped prompt attention for people with disabilities and gender that has continued and continues to be seen in other aspects of the response.

8. LESSONS LEARNED

TABLE 8: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement
<p>In February 2020 Ukraine hosted a mission that is looking at the ERC strategic steers and their application in Ukraine. While the results of this mission and others that the consultant will conduct will be provided to the CERF, the Mission highlighted the importance of having practical tools and guidance to go along with the strategic steers (for example, the IASF Framework on People with Disabilities and the GAM greatly support their operationalization).</p>	<ul style="list-style-type: none">– Include and/or refer to practical tools and guidance on the 4 strategic steers– Address the recommendations from the independent review of the strategic steers

PART II

9. PROJECT REPORTS

9.1. Project Report 19-UF-FAO-010 - FAO

1. Project Information			
1. Agency:	FAO	2. Country:	Ukraine
3. Cluster/Sector:	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)	4. Project Code (CERF):	19-UF-FAO-010
5. Project Title:	Emergency agricultural livelihood support in hard-to-reach areas along the 'contact line' of Donetsk and Luhansk oblasts		
6.a Original Start Date:	26/04/2019	6.b Original End Date:	31/12/2019
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\$ 557,963
	c. Amount received from CERF:		US\$ 557,963
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 255,991
	Government Partners		US\$ 0
International NGOs		US\$ 247,426	
National NGOs		US\$ 0	
Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF UFE grant, FAO reached a total of 2,200 pastoral households with 330 tons of fodder distribution (150 kg per household), in eastern Ukraine, between April 2019 and March 2020, contributing to alleviation of households' livestock winterization needs. A universal type of animal feed was procured and distributed, suiting all livestock kinds (cows, pigs, sheep, goats, poultry and rabbits). Another 930 rural households benefited from Cash+ intervention by, first, receiving poultry packages for homebased food production and, secondly, by receiving two rounds of cash. The combination of cash and in-kind assistance ensured that families met their immediate food needs, while rehabilitating home-grown production of food through restocking of poultry during the upcoming six months, improving household members' food consumption levels and dietary diversity scores during the winter period. Monitoring and evaluation exercises were conducted during the project cycle, in line with Accountability to Affected Populations (AAP) commitments, including distribution monitoring, focus-group discussions, post-distribution monitoring (PDM) and collection of complaints/feedback mechanism through a hotline. The impact assessment of Cash+ activities was conducted through a Food Consumption and Dietary Diversity Score Survey revealing remaining agriculture needs of the rural population.

3. Changes and Amendments

Due to the volatile situation in Eastern Ukraine, where lack of access often disrupts regular services, the cash component was delayed due to access limitations to villages located in less than 5km from the contact line. In Luhansk oblast, Ukrposhta was only being able to access the villages of Katerynivka, Krymske, Orikhove and Troitske once a month and in Donetsk oblast, there was zero access to the villages of Bakhmutka, Maiorsk and Zhovanka. The three months no-cost extension, approved by CERF, allowed FAO to ensure the completion of the cash component, reaching all beneficiary households and monitoring the results of the intervention. The no-cost extension timeframe did not compromise activities and expected outcomes, they remained unchanged. As a result, an amount of UAH 5,556,375 was distributed to 2,407 vulnerable rural people to cover their immediate food needs during the first quarter of 2020.

4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	1,829	4,071	297	663	6,860
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	317	705	52	115	1,189
Other affected persons	0	0	0	0	0
Total	2,146	4,776	349	778	8,049
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	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	2,513	3,404	747	701	7,365
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	93	205	15	34	347
Other affected persons	0	0	0	0	0
Total	2,606	3,609	762	735	7,712
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	477	661	140	134	1,412

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 project reached 7,365 people, out of which 62% were women and girls. The planned number of people targeted was calculated based on the average regional household composition of 2.3 people/household. The PDM results showed that 100 percent of the respondents were satisfied with the process of targeting and selection of beneficiaries.

4.c Persons Indirectly Targeted by the Project

N/A

5. CERF Result Framework

Project Objective	To increase immediate access to food, sustain own agricultural production and ensure survival of essential livestock assets.
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Output 1	Vulnerable households in hard-to-reach rural areas have met their immediate food needs while producing their own food after receiving cash and agricultural support (“Cash+ Agriculture”)			
Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	# of households supported with unconditional cash transfers and poultry support	930	930	Distribution lists with signatures of beneficiaries
Indicator 1.2	Share of women headed households-recipients of cash transfers and agricultural inputs	At least 50%	46%	Post distribution monitoring
Indicator 1.3	Food consumption and dietary diversity scores	Food Consumption Score (FCS) 70%, Dietary Diversity Score (DDS) 4.5	Food Consumption Score (FCS): 32% - acceptable food consumption; 59% - borderline food consumption; 9% - poor food consumption, Dietary Diversity Score (DDS): 8	FCS and DDS survey
Indicator 1.4	# of poultry survived from the time of the distribution per household	27	28	Post distribution monitoring
Explanation of output and indicators variance:		Due to the high share of households with woman and man that stated to share the responsibility of being heads of the family, on equal terms (34%), we can only report 46% of women headed households in the beneficiary composition.		
Activities	Description	Implemented by		
Activity 1.1	Initiation of the agricultural inputs procurement process	FAO		
Activity 1.2	Partner identification, contracting and training	FAO		
Activity 1.3	Verification of the geographic locations/communities, and agree with the local village and community leaders on the beneficiary selection criteria	Local authorities, implementing partners (IP) and FAO		
Activity 1.4	Mobilization and sensitization of communities at district level	IP		
Activity 1.5	Mobilization and sensitization of beneficiaries at village level	IP, community leaders and local authorities		
Activity 1.6	Undertaking of beneficiary selection in accordance with the established beneficiary selection criteria	FAO and IP		
Activity 1.7	Distribution of payments through money vendor (cash transfer)	IP		
Activity 1.8	Distribution of the agricultural inputs and educational leaflets	FAO and IP		

Activity 1.9	Initiation of post-distribution survey	FAO and IP
Activity 1.10	Submission of partners' final reports	IP

Output 2	Pastoral households kept their essential livestock alive and productive while mitigating further animal losses			
Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	# of households supported with livestock fodder	2200	2200	Distribution lists with signatures of beneficiaries
Indicator 2.2	Share of women headed households- recipients of agricultural inputs	At least 50%	34%	Post distribution monitoring
Indicator 2.3	# of households reporting decrease in loss in the production capacities of their livestock	1980	2050	Post distribution monitoring
Explanation of output and indicators variance:		Due to the high share of households with woman and man that stated to share the responsibility of being heads of the family on equal terms (47%), we can only report 34% of women headed households in the beneficiary composition.		
Activities	Description	Implemented by		
Activity 2.1	Initiation of the agricultural inputs procurement process	FAO		
Activity 2.2	Partner identification, contracting and training	FAO		
Activity 2.3	Verification of the geographic locations/communities, and agree with the local village and community leaders on the beneficiary selection criteria	FAO, IP, community leaders and local authorities		
Activity 2.4	Mobilization and sensitization of communities at district level	IP		
Activity 2.5	Mobilization and sensitization of beneficiaries at village level	IP and community leaders		
Activity 2.6	Undertaking of beneficiary selection in accordance with the established beneficiary selection criteria	FAO and IP		
Activity 2.7	Distribution of the agricultural inputs	FAO and IP		
Activity 2.8	Initiation of post-distribution survey	FAO and IP		
Activity 2.9	Submission of partners' final reports	IP		

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?

FAO reinforced the IASC commitment to accountability to affected populations by ensuring that feedback and accountability mechanisms were integrated into the project proposal, monitoring and evaluation, recruitment, staff induction, trainings, partnership agreements, and reporting. The project acted based on transparency principles, providing accessible information to affected populations on organizational procedures, structures and processes that concerned them to ensure that they could take informed decisions and choices.

Feedback and complaints mechanisms were activated seeking the views of affected populations to improve policy and practice in programming and stakeholder satisfaction. Communities were included in the project design and engaged during assessments. Interventions were designed to build on positive local practices. Monitoring and evaluation with the involvement of affected populations was conducted on an ongoing basis and reporting supported us to improve results and reporting.

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?

Local communities played a key role in identification of people to be assisted and their representatives, referring to gender, age, diversity, and special needs greatly contributing to further stages of the project implementation and monitoring. Selection criteria of the beneficiaries were discussed and accepted by the community leaders ensuring that systems of community representation were fair and representative, and that the most marginalized, vulnerable and affected were represented, which further facilitated smooth implementation and was noted during on-site distribution monitoring.

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?

Information about the project’s objectives, targets, selection criteria or type of distribution was timely disseminated, through social media and at community level with the involvement of local authorities and village councils via dedicated visibility materials, strengthening community leadership and governance, ensuring commitment to transparency in communication and Provision of information at all levels.

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

The project facilitated the provision of feedback from affected people on the services and protection offered through a hotline managed directly by FAO. The information about hotline availability was printed out and distributed at community level in public places (e.g. village council, community center, etc.), announcing the project interventions and distribution modalities. Additionally, complaint boxes were placed in distribution sites and in the most accessible premises of the targeted locations.

58% complaints registered by the hotline operator concerned eligibility issues. In these cases, people were duly informed about beneficiary selection criteria and eligibility requirements as well as waiting list for next distributions.

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

100% beneficiaries reported absence of Sexual Exploitation and Abuse cases through hotline established for the project. No SEA-related complaints were registered by the hotline operator.

Any other comments (optional):

PDM showed low interest of beneficiaries to use feedback mechanisms to report dissatisfaction with the assistance delivered. 90% of those interviewed thought that it was rude to complain since they were granted with the goods already.

7. Cash and Voucher Assistance (CVA)

7.a Did the project include Cash and Voucher Assistance (CVA)?

Planned	Achieved
Yes, CTP is a component of the CERF project	Yes, CTP is a component of the CERF project

7.b Please specify below the parameters of the CVA 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).

CVA Modality	Value of cash (US\$)	a. Objective	b. Cluster/Sector	c. Conditionality	d. Restriction
Cash Based Transfer (CBT)	US\$ 227,763	Sector-specific	Food Security - Agriculture (incl. livestock, fisheries and other	Unconditional	Unrestricted

			agriculture based livelihoods)		
<p>Supplementary information (optional):</p> <p>CBT was used in the project as a part of FAO Cash+ modality, which allows maximizing the impact of CBT. In the project it combined provision of cash transfers together with agricultural inputs in the form of young poultry to enhance the livelihoods and food production capacities of vulnerable households. The CBT in the project was implemented by the Norwegian Refugee Council (NRC), through a national postal service provider, Ukrainian State Enterprise of Posts “Ukrposhta”, recognized to be a reliable partner for cash transfer interventions among several humanitarian organizations operating in Eastern Ukraine. NRC was assigned the responsibility of the management of CBT disbursement to the beneficiaries through “Ukrposhta” and subsequent monitoring activities.</p>					

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"/>

9.2. Project Report 19-UF-IOM-010 - IOM

1. Project Information			
1. Agency:	IOM	2. Country:	Ukraine
3. Cluster/Sector:	Emergency Shelter and NFI - Shelter and Non-Food Items Water Sanitation Hygiene - Water, Sanitation and Hygiene Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)	4. Project Code (CERF):	19-UF-IOM-010
5. Project Title:	Provision of Lifesaving Non-Food Items, WASH and Livelihood Support for the Most Vulnerable Households in Luhansk and Donetsk (NGCA)		
6.a Original Start Date:	17/04/2019	6.b Original End Date:	31/12/2019
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\$ 21,000,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 7,228,347
	c. Amount received from CERF:		US\$ 1,116,000
	d. Total CERF funds forwarded to implementing partners		US\$ 82,810.69
	of which to:		
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 82,811
	Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance

Through the implementation of the current project, IOM reached out to a significantly larger number of beneficiaries (by 86%) than was initially planned. A total of 22,908 vulnerable persons affected by the conflict in NGCA could meet their basic and urgent humanitarian needs, surpassing the initial target of 12,290 individuals. These include 9,446 individuals benefiting from winterization activities, 12,958 individuals supported by WASH operations, and 504 individuals supported with self-sustenance grants. In particular:

- 2,420 households, representing 4,472 individuals in Donetsk and Luhansk regions (NGCA) were assisted through coal distribution. While additionally, 2,170 beneficiaries from 1,000 vulnerable households in Luhansk region received winterization kits;
- 2,804 individuals were supported through distribution of winterization kits among 19 social institutions in Donetsk and Luhansk regions (NGCA);
- 1,200 vulnerable households, representing 3,169 individuals in Donetsk and Luhansk regions (NGCA) were supported with hygiene kits;
- 4,546 individuals residing in 26 social institutions located in Donetsk and Luhansk regions (NGCA), and 5,243 children in 22 schools located in Luhansk region (NGCA) benefited from hygiene kit distribution;
- 504 individuals from 116 households in Donetsk region (NGCA) were supported with self-sustenance grants.

According to the Post Distribution Monitoring (PDM) findings, all beneficiaries of winterization activities and of hygiene items distributions in the regions confirm relevance and usefulness of the support to vulnerable households and social institutions. While 81% of self-sustenance grant recipients indicated that the assistance provided in the form of agriculture equipment helped to improve the material situation of households and economic security of the beneficiaries.

3. Changes and Amendments

Due to savings accrued over the course of project implementation, IOM was able to procure additional winterisation and hygiene kits to meet the additional needs of over 10,000 vulnerable individuals.

In Luhansk region (NGCA) the savings and consequent reprogramming contributed to provision of coal to an additional 420 households. While in Donetsk region (NGCA) 16 additional households benefited from self-sustenance grant distribution.

Per request of Luhansk de-facto authorities 1,000 households separately received family winterization kits, which increased the coverage of vulnerable people with winterization activities. Beside that, lesser numbers of people hosted/serviced by social institutions in Luhansk region allowed for providing hygiene kits to 5 additional social institutions. While the focus on educational facilities in remote rural areas of Luhansk region with lesser number of students resulted in 12 additional schools receiving hygiene kits.

Considering the above, and that IOM managed to address the needs of additional vulnerable individuals residing in Donetsk and Luhansk regions (NGCA) through increase in the scope and quality of winterization, hygiene and self-sustenance in-kind support, the total number of reached beneficiaries was considerably higher.

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	2,312	3,468	256	386	6,422
Refugees	0	0	0	0	0
Returnees	122	182	14	20	338
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
Total	2,434	3,650	270	406	6,760
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	97	146	11	16	270

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	3,051	3,509	3,009	3,389	12,958
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
Total	3,051	3,509	3,009	3,389	12,958
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total

Persons with Disabilities (Out of the total number of "people reached")	952	951	57	73	2,033
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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	1,685	2,527	187	281	4,680
Refugees	0	0	0	0	0
Returnees	187	281	21	31	520
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
Total	1,872	2,808	208	312	5,200
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	94	140	10	16	260

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	2,969	5,667	372	438	9,446
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
Total	2,969	5,667	372	438	9,446
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	631	1,264	83	99	2,077

4.a Number of People Directly Assisted with CERF Funding (Planned)					
Cluster/Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	113	169	12	19	313
Refugees	0	0	0	0	0
Returnees	6	9	1	1	17
Internally displaced persons	0	0	0	0	0

Other affected persons	0	0	0	0	0
Total	119	178	13	20	330
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	6	8	2	2	18

4.b Number of People Directly Assisted with CERF Funding (Reached)

Cluster/Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	64	119	136	106	425
Refugees	0	0	0	0	0
Returnees	3	8	3	9	23
Internally displaced persons	11	22	17	6	56
Other affected persons	0	0	0	0	0
Total	78	149	156	121	504
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	13	19	6	1	39

<p>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:</p>	<p>Savings over the course of project implementation, in particular, under the following budget lines: F. Transfers and Grants to Counterparts, E. Travel, Staff and Office, B.1.1 (Procurement and distribution of coal in Donetsk), B.2.1 and B.2.2 (Hygiene Kits for households in Donetsk and Luhansk), B.2.3 and B.2.4 (Hygiene Kits for social institutions in Donetsk and Luhansk), presented IOM with the opportunity to procure additional winterization and hygiene kits, to increase the scope of solid fuel recipients and distribute more in-kind grants. Besides, the average size of households with children was higher than initially estimated, which also contributed to an increase in the outreach among beneficiaries. Also, per the request of Luhansk de-facto authorities, IOM changed its winterization kit distribution modality to cover households not assisted through coal distributions. All of the above allowed to meet the needs of more than 10,000 vulnerable individuals beyond what was initially planned under the project.</p>
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4.c Persons Indirectly Targeted by the Project

N/A

5. CERF Result Framework

Project Objective	To provide lifesaving winterization and hygiene non-food items to the most vulnerable individuals in conflict-affected communities in Donetsk and Luhansk NGCA
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Output 1	5,200 vulnerable conflict-affected individuals in Luhansk and Donetsk (NGCA) have received winterization items
Sector	Emergency Shelter and NFI - Shelter and Non-Food Items

Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of people benefitting from the provision of winterization items	5,200 individuals (4,680 adults (M 1,872; F 2,808) and 512 children (B 208; G 312)	9,446 individuals (8,636 adults (M 2,969; F 5,667) and 810 children (B 372; G 478)	Lists of project beneficiaries; results of the verification process; Certificates of Donation and Acts of Acceptance
Indicator 1.2	Percent of winterization support recipients confirming their increased preparedness to face the winter	80%	100%	Post Distribution Monitoring (PDM) reports
Explanation of output and indicators variance:		<p>In Luhansk region (NGCA) IOM was able to increase the number of coal beneficiaries by 420 more households, increasing the coverage of solid fuel distribution to 1420 vulnerable households. At request of Luhansk de-facto authorities, winterization kits, initially meant to compliment coal distribution, were distributed separately to other 1,000 households. While in Donetsk region (NGCA) a slightly higher number of beneficiaries reached with coal distribution was reported.</p> <p>The larger scope of outreach through solid fuel distribution and the change in winterization kit distribution modality in Luhansk region resulted in the overachievement of targets.</p>		
Activities	Description	Implemented by		
Activity 1.1	Coordinate selection criteria and identification with the de facto authorities	IOM		
Activity 1.2	Procure coal in the NGCA and winterization kits in the GCA and transport winterization kits for storage to IOM warehouse in Kramatorsk and further distribution in NGCA	IOM		
Activity 1.3	Distribute coal and winterization kits to targeted households and social institutions	IOM, IP (Charity Foundation 'Donbass Development Center')		
Activity 1.4	Conduct Post Distribution Monitoring of distributed materials	IOM, IP (Charity Foundation 'Donbass Development Center')		

Output 2	6,760 vulnerable conflict-affected individuals in Luhansk and Donetsk (NGCA) have received critical hygiene items			
Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Number of people benefitting from the provision of hygiene items	6,760 individuals (6,084 adults (M 2,434; F 3,650) and 676 children (B 270; G 406)	12,958 individuals (6,560 adults (M 3,051; F 3,509) and 6,398 children (B 3,009; G 3,389)	Lists of project beneficiaries; results of the verification process; Certificates of Donation and Acts of Acceptance
Indicator 2.2	Percent of hygiene support recipients confirming their improved sanitation practices	80%	100%	Post Distribution Monitoring (PDM) reports
Explanation of output and indicators variance:		<p>Initially, the average size of households was estimated at 1.8 persons based on IOM observations during PDM after similar humanitarian interventions, and this coefficient was used to estimate a possible outreach to beneficiaries among households. Nevertheless, during the implementation, families with children were targeted most by the action, with the actual average size of household being 2.6 persons.</p>		

		More social institutions and schools were covered with WASH operations, which resulted in a broader outreach to vulnerable beneficiaries. The above resulted in the overachievement of targets.
Activities	Description	Implemented by
Activity 2.1	Coordinate selection criteria and identification with the de facto authorities	IOM
Activity 2.2	Procure hygiene kits and transport to warehouse for storage and further distribution in NGCA	IOM
Activity 2.3	Distribute hygiene kits to targeted households and social institutions	IOM, IP (Charity Foundation 'Donbass Development Center')
Activity 2.4	Conduct Post Distribution Monitoring of distributed materials	IOM, IP (Charity Foundation 'Donbass Development Center')

Output 3	100 vulnerable conflict-affected households in Luhansk and Donetsk (NGCA) have received livelihood support			
Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	Number of households in the NGCA who were supported with in-kind assets	100 households, representing 330 individuals (297 adults (M 119; F 178) and 33 children (B 13; G 20)	116 households, representing 504 individuals (227 adults (M 79; F 148) and 277 children (B 156; G 121)	Lists of project beneficiaries; results of the verification process; Certificates of Donation and Acts of Acceptance
Indicator 3.2	Percent of beneficiaries confirming that they have better resources to support their households by the end of the project	75%	81%	Post Distribution Monitoring (PDM) reports
Explanation of output and indicators variance:		Due to savings accrued over the course of project implementation 16 additional households benefited from self-sustenance grant distribution in Donetsk region (NGCA). This and a larger index of people benefitting from the action's component resulted in the overachievement of target.		
Activities	Description	Implemented by		
Activity 3.1	Identify and verify beneficiaries of self-sustenance grants	IP (Charitable Organization 'International Children's Fund 'Mira')		
Activity 3.2	Carry out procurement and distribution of in-kind asset items	IP (Charitable Organization 'International Children's Fund 'Mira')		
Activity 3.3	Distribute in-kind assets among the beneficiaries	IP (Charitable Organization 'International Children's Fund 'Mira')		
Activity 3.4	Conduct post-distribution monitoring	IP (Charitable Organization 'International Children's Fund 'Mira')		

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?

IOM offered winterization and WASH support to the most vulnerable groups of population such as elderly (including older people living alone), people with disabilities, low income families, families with many children and single parents. These actions included distribution of coal, winterization kit and hygiene items. The action was designed taking into account the results of post distribution monitoring (PDM)

of previous projects with similar types of interventions and also the results of field visits to vulnerable communities. Based on these PDM reports, the composition of hygiene and winterization kits was also changed to improve them for a more comprehensive response to the needs of the most vulnerable. Prior to the distribution of hygiene and winterization NFIs, project beneficiaries were informed about the date and time of the in-kind support delivery. PDM was conducted at the project's end to capture the immediate impact of the project and draw conclusions for future programming. Regarding the area-specific involvement of crisis-affected people in the project design, it should be noted that while direct implementation is not permitted in Donetsk NGCA, IOM still ensures capturing of needs and voices of men, women, boys and girls as well as other vulnerable groups through PDM processes performed by IPs (local NGOs authorized to implement in the area), and also by taking every opportunity to engage with the local communities during the regular monitoring visits together with IPs. Raised suggestions, needs and problematic issues are taken as the background for improvement of programme tailoring to ensure a better response. In Luhansk NGCA, where IOM can implement directly, PDM visits and sporadic personal contacts with local populations during distributions are used for this purpose.

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?

The operational environment in the NGCA is restrictive which limits humanitarian actors' capacity to apply local mechanisms. This also extends to significant limitations on actors' ability to engage directly with beneficiaries. Given these restrictions, IOM is limited to humanitarian cluster mechanism and general coordination meetings that involve broader humanitarian actors. These mechanisms facilitate the sharing of gender specific programme information and informal information gathered from vulnerable groups by other actors. Beyond the use of cluster and general coordination mechanisms and subsequent indirect engagement of communities, IOM endeavours to engage directly with the local communities during programme implementation, however, these are unofficial interactions and very limited in scope. This limited scope is also due to the reality that efforts for direct, more comprehensive engagement will be flagged by the DFA and can have significant ramifications on IOMs continued capacity to operate in the NGCA. In addition, IOM engages in PDM processes to try and capture needs and voices of men, women, boys and girls as well as other vulnerable groups post activities to advise on future projects. Unfortunately, we are limited in our ability to conduct FGDs due to the restrictions placed on actors by the DFA. Surveys are conducted via phone with beneficiaries, however, direct PDMs are not permissible.

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?

Unfortunately, due to the restrictive operational environment, messaging by organisations is not permitted. This limits IOM's ability to advise beneficiaries on its own feedback mechanism, such as IOM beneficiary hotline and transparency line. In Donetsk NGCA the information about IOM is provided by IPs at distribution points or upon targeted delivery to ensure that beneficiaries know who provides the assistance.

During the monitoring visits under the ongoing activities, wherever possible IOM communicates this information and describes types of provided assistance and selection criteria to lower the social tension. Such visits are also used as the opportunity to find out the existing needs of the population.

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

IOM in the field (NGCA) doesn't have a hotline. However, one of IOM IPs in Donetsk NGCA does have a hotline which also covers the projects implemented together with IOM.

All handover documents for IOM beneficiaries include IP's contact details (as the organization actually authorized to perform this activity).

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

SEA-related complaints can be reported directly via the platform <https://weareallin.iom.int>

To that end, IOM field offices will make the information on access to the platform available during various interventions either directly or through IPs.

Any other comments (optional):
N/A

7. Cash and Voucher Assistance (CVA)	
Did the project include Cash and Voucher Assistance (CVA)?	
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"/>

9.3. Project Report 19-UF-CHR-001 - OHCHR

1. Project Information			
1. Agency:	OHCHR	2. Country:	Ukraine
3. Cluster/Sector:	Protection - Human Rights	4. Project Code (CERF):	19-UF-CHR-001
5. Project Title:	Protection of civilian population along the contact line, including non-Government controlled area of eastern Ukraine (Donetska and Luhanska oblast)		
6.a Original Start Date:	16/05/2019	6.b Original End Date:	31/12/2019
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\$ 1,382,400
	b. Total funding received for agency's sector response to current emergency:		US\$ 1,382,400
	c. Amount received from CERF:		US\$ 414,346
	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>Thanks to the activities supported by the CERF UFE grant, OHCHR was able to expand its work on conflict-related civilian casualties and related advocacy, including protection by presence on both sides of the contact line, and in places of interest. As a result, about 10,000 civilians benefited directly from life-saving component of the OHCHR's engagement in Ukraine in 2019.</p> <p>Furthermore, OHCHR's work on restrictions on freedom of movement and birth/death registration; follow up on individual cases of human rights violations, such as enforced disappearance and arbitrary detention, have additionally benefitted the communities located in the active conflict zone, reaching some 220,000 internally displaced people who live in Donetska and Luhanska oblasts and in other locations across Ukraine, as well as covering indirectly around 1.1 million people living closest to the contact line (0-5km zone, on both sides). Such results were achieved in close coordination with other key stakeholders, such as OSCE Special Monitoring Mission and other humanitarian actors working in Ukraine.</p> <p>Following OHCHR advocacy, in coordination with other UN Agencies, the Cabinet of Ministers of Ukraine approved regulations introducing an administrative procedure for the registration of births and deaths occurring in territory controlled by the self-proclaimed 'republics', on 23 October 2019. Similarly, project activities, directed in partnership with other humanitarian actors, led to enhancement of freedom of movement across the contact line for both persons and goods significantly increasing protection of the affected population. Finally, two draft laws on remedy and reparation to civilian victims of the conflict (for the loss of life and health, and for the loss of property) started to be drafted in the Parliament.</p>

3. Changes and Amendments

There were no changes and amendments to the project in 2019.

4.a Number of People Directly Assisted with CERF Funding (Planned)

Cluster/Sector	Protection - Human Rights				
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	0	0	0
Other affected persons	4,250	4,150	300	400	9,100
Total	4,250	4,150	300	400	9,100
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	Protection - Human Rights				
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	0	0	0
Other affected persons	4,660	4,550	330	440	9980
Total	4,660	4,550	330	440	9980
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

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

220,000 internally displaced people who live in Donetsk and Luhansk oblasts and in other locations across Ukraine
Around 1.1 million people living closest to the contact line (0-5km zone, on both sides).

5. CERF Result Framework	
Project Objective	Increased protection of civilian population living along the contact line, especially in non-Government controlled area of eastern Ukraine, through deployment of human rights monitoring teams to provide protection by presence, document civilian casualties; and advocate for remedy and reparation to survivors and their families.

Output 1	All conflict-related civilian casualties on both sides of contact line are recorded in accordance with OHCHR methodology			
Sector	Protection - Human Rights			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of field visits along the contact line to document civilian casualties and other manifestation of negative impact of armed hostilities on civilian population	55	94	End of Year Report
Indicator 1.2	Civilian casualty records disaggregated by date, sex, age, place of the incident, control over the place of the incident, weapon by which civilian casualty is caused	100%	100%	Civilian Casualty Reports, Human Rights Database
Explanation of output and indicators variance:		Increased coverage was allowed due to more efficient fund and fleet management.		
Activities	Description	Implemented by		
Activity 1.1	Conducting field visits to the sites of incidents where civilian casualties occurred for assessment, investigation and documentation	OHCHR		
Activity 1.2	Conducting interviews with victims and witnesses of civilian casualty incidents	OHCHR		
Activity 1.3	Conducting analysis and corroborating information from relevant sources	OHCHR		

Output 2	All relevant actors concerned have full information on conflict-related civilian casualties			
Sector	Protection - Human Rights			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Number of OHCHR thematic reports covering civilian casualties during the entire period of the armed conflict eastern Ukraine	1	0	OHCHR website
Indicator 2.2	Number of monthly civilian casualty updates circulated to national and international stakeholders	8	10	Copies of updates
Indicator 2.3	Number of ad hoc civilian casualty analyses and updates for international and national fora	10	10	Copies of ad hoc updates
Explanation of output and indicators variance:		Thematic report on civilian casualties has been rescheduled to 2020, given the changes in the executive branch and parliament to increase impact. Instead, 3 quarterly reports with a dedicated section on civilian casualties, have been produced.		

Activities	Description	Implemented by
Activity 2.1	Processing and analysis of collected information on civilian casualties in Ukraine	OHCHR
Activity 2.2	Writing of updates and analyses on civilian casualties and translation into Ukrainian and Russian	OHCHR
Activity 2.3	Disseminating updates and analyses among relevant actors	OHCHR

Output 3	Advocacy covered relevant key duty bearers in relation to civilian casualty mitigation, remedy and reparation to survivors and families of victims			
Sector	Protection - Human Rights			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	Number of advocacy interventions (letters, meetings, briefings) with the Government of Ukraine (JFO, Ministry of Defence, Office of the Military Prosecutor, Ombudsperson)	12	35	Human Rights Database
Indicator 3.2	Number of advocacy interventions (letters, meetings) with the armed groups of the self-proclaimed 'donetsk people's republic' and "luhansk people's republic"	12	12	Human Rights Database
Indicator 3.3	Number of advocacy interventions (letters, meetings, briefings) with the civil authorities in charge or medical and socio-economic remedy and reparation to injured civilians and families of those killed	6	6	Human Rights Database
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 3.1	Conducting advocacy interventions (letters, meetings, briefings) with the Government of Ukraine (JFO, Ministry of Defence, Office of the Military Prosecutor, Ombudsperson)	OHCHR		
Activity 3.2	Conducting advocacy interventions (letters, meetings) with the armed groups of the self-proclaimed 'donetsk people's republic' and "luhansk people's republic"	OHCHR		
Activity 3.3	Conducting advocacy interventions (letters, meetings, briefings) with the civil authorities in charge or medical and socio-economic remedy and reparation to injured civilians and families of those killed	OHCHR		

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?

Project design was, its implementation and monitoring included involvement of the crisis-affected people. This was done through first of all the on-going work to document civilian casualties, visiting hospitals, morgues and forensic services as well as consulting with various sources of information as a means of corroboration, and direct feedback received from the crisis-affected people. The updates were regularly made available thorough active communication component, specially organized public events, field offices, field visits, and mass-media.

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?

To promote remedy and reparation to civilian victims of the conflict, OHCHR was closely working with the NGO 'Airlight' which is comprised of individuals directly affected by hostilities – those injured and or disabled and/or IDPs. The NGO reaches out to victims still resident in the conflict zone to extend legal assistance and material support to them. OHCHR also networked with national and international NGOs to advocate for remedy and reparation for civilian victims of the conflict within the working groups created in the Parliament to develop draft laws on remedy and reparation to civilians for the loss of life and health, and for the loss of property.

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?

As mentioned above, such information was regularly made available through active communication component, specially organized public events, field offices, field visits, and mass-media, as well as advocacy campaigns such as on Human Rights Day, and distribution materials.

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

The monitoring component of the project had also a major conflict-related sexual violence as one of its components. In addition, while conducting the visits to the places along the contact line, OHCHR also carefully reviewed and reported on negative implications of military presence in residential areas, including as a potential risk for sexual violence. Furthermore, sexual violence was also indicated as one of the possible causes of death in civilian casualty recoding module of the human rights database that HRMMU uses. Any such complaints were made available to the respective authorities that were responsible for addressing SEA-related complaints.

Any other comments (optional):

N/A

7. Cash and Voucher Assistance (CVA)

Did the project include Cash and Voucher Assistance (CVA)?

Planned	Achieved
No	No

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

The programme under which the project was implemented was subject to an independent evaluation commissioned by the EU. The evaluation concluded that it was highly relevant to beneficiaries' needs, national goals and plans and international obligations undertaken by the Government. The evaluator also noted that the Programme built upon previous grants and pursued the achievement of the objective in a holistic manner by employing multiple strategies and directions to produce desired changes at different levels. The conclusions also acknowledged the added value in OHCHR's implementation aligned with the international policy context of international cooperation and development, following the international objectives defined in the Agenda 2030 for Sustainable Development. It also mentioned the creation of synergies with other interventions and donors, as well as created opportunities for added value.

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

9.4. Project Report 19-UF-FPA-014 - UNFPA

1. Project Information			
1. Agency:	UNFPA	2. Country:	Ukraine
3. Cluster/Sector:	Health - Health	4. Project Code (CERF):	19-UF-FPA-014
5. Project Title:	Emergency response to the acute sexual and reproductive health needs of most vulnerable women and adolescent girls		
6.a Original Start Date:	03/05/2019	6.b Original End Date:	31/12/2019
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\$ 2,202,726
	b. Total funding received for agency's sector response to current emergency:		US\$ 90,000
	c. Amount received from CERF:		US\$ 642,646
	d. Total CERF funds forwarded to implementing partners		US\$ 256,605
	of which to:		
	Government Partners		US\$ 0
International NGOs		US\$ 0	
National NGOs		US\$ 256,605	
Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance
<p>Through this CERF UFE grant, UNFPA and its partners cover acute SRH needs of 174569 vulnerable population, including 1356 persons with disabilities. 297 primary and secondary care health workers were trained in planning and provision of emergency SRH service, GBV/SGBV and addressing SRH needs of women with disabilities.</p> <p>Emergency reproductive health (ERH) kits was provided to 28 health facilities for provision of SRH services for 39945 women: C-sections and other gynecological emergency surgeries, normal deliveries, treatment of complication of abortion and miscarriages, STI treatment, contraception</p> <p>2.7 million of male condoms were distributed by UNFPA mobile SRH teams, health and social service for youth among 64150 persons</p> <p>Since June 2019, three UNFPA mobile SRH teams provided outreach visits to 253 rural settlements along the contact line Donetsk and Lugansk regions. Physicians (OBGYN and GP) conducted total 18201 examination of population, out of them 6257 women age 60+</p> <p>As a result new (primary) diagnoses were concluded:</p> <ul style="list-style-type: none"> – related to SRH – uterine vaginal prolapse -953, pelvic inflammatory diseases - 956, uterine fibrosis- 800, breast pathology- 796, cervical diseases - 397; urological system - 2110 – non-related to SRH –cardio-vascular diseases- 6007, diseases of digestive system-3157, respiratory diseases – 1293, diabetes – 668, neurological – 628 <p>27 gynecological surgeries were provided by qualified OBGYN surgeon supported by UNFPA, mostly related to severe cases of uterine prolapse.</p>

3. Changes and Amendments

All project activities were completed during project timelines. Only once (9th of June) outreach visit of mobile SRH team to the Zolotove (Popasnyansky rayon, Luhansk region) was cancelled due to shelling the day before. Due to big demand on rapid HIV, syphilis and hepatitis B and C, IP applied to AHF Ukraine and received additional 1000 rapid tests for HIV in order to cover project needs.

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	4,275	18,688	1,200	2,175	26,338
Refugees	0	0	0	0	0
Returnees	7,125	31,147	2,000	3,625	43,897
Internally displaced persons	11,400	49,836	3,200	5,800	70,236
Other affected persons	5,700	24,917	1,600	2,900	35,117
Total	28,500	124,588	8,000	14,500	175,588
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	1,300	0	200	1,500

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	5,375	22,483	1,135	2,280	31,273
Refugees	0	0	0	0	0
Returnees	6,950	30,834	1,950	2,493	42,227
Internally displaced persons	11,400	47,250	3,172	5,300	67,122
Other affected persons	5,207	24,136	1,540	3,154	34,037
Total	28,932	124,703	7,797	13,227	174,659
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	107	1221	2	16	1,346

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:

There is no significant discrepancy, however, during outreach service provision by 3 SRH mobile teams some patients refuse to provide their status (IDP/returnee) or prefer to stay anonymous, especially in recently returned to GCA territories 0-5 kilometres from contact line.

4.c Persons Indirectly Targeted by the Project

Besides population from close to contact line regions, Perinatal centers in Kramatorsk, Pokrovsk, Lysychansk, Rubizhne as referral facilities use SRH emergency kits for provision of SRH service, especially assisting complicated deliveries from other regions of Oblasts. PEP/rape kits provided to supported by UNFPA 10 GBV service delivery points covered needs of all oblasts as well. In some locations local health authorities provided to UNFPA mobile teams other specialized physicians for outreach visits: pediatricians, surgeon, neurologist, ophthalmologist, TB specialist to cover other gaps in health service provision (vaccination, etc).

5. CERF Result Framework

Project Objective	To address critical gaps in essential SRH and GBV service delivery for most vulnerable women and adolescent girls affected by the armed conflict in Eastern Ukraine.
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Output 1	Increase capacity of local health facilities on provision of maternal and new-born life-saving service and treatment of complication of abortion and miscarriage			
Sector	Health - Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	# of health clinics supported (maternity hospitals, PHC centres)	28	28	Distribution of SRH kits and male condoms by regional health departments.
Indicator 1.2	# of assisted normal and complicated deliveries and complication of abortion and miscarriage with assistance of SRH kits	14650	14650	28 Health facilities,
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 1.1	Provision of SRH emergency kits #11 (A, B), 8,9	UNFPA, Procured through PSB.		
Activity 1.2	Provision of medical service to woman with normal and complicated deliveries; complication of abortion and miscarriage by UNFPA SRH emergency kits #11 (A, B), 8,9	28 Health facilities, 3 SRH mobile teams.		

Output 2	Provision of outreach STI/HIV prevention, testing and treatment			
Sector	Health - Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	# of pregnant woman and population at risk, tested on HIV, syphilis, hepatitis B and C combined express test	5000	6000	3 SRH mobile teams
Indicator 2.2	# of population at risk, PLHIV, woman and man RA provided with condoms	64456	64150	Mobile teams, hospitals, services for youth]
Indicator 2.3	# of woman and their sexual partner received STI treatment	6875	6250	Mobile teams, hospitals
Indicator 2.4	# of woman provided with post-exposure HIV, STI, unintended pregnancy prevention	1200	1200	20 PEP kits provided to health facilities

Explanation of output and indicators variance:		Due to big demand on rapid HIV, syphilis and hepatitis B and C, IP applied to AHF Ukraine and received additional 1000 rapid tests for HIV
Activities	Description	Implemented by
Activity 2.1	Conducting combined express testing of pregnant woman and population at risk on HIV, syphilis, hepatitis B and C	3 SRH mobile teams
Activity 2.2	Distribution of condoms for population at risk, PLHIV, woman and man RA	3 SRH mobile teams, health facilities, social service for youth
Activity 2.3	Provision of STI treatment service with SRH kit #5	3 SRH mobile teams, health facilities
Activity 2.4	Provision of post-exposure HIV, STI, unintended pregnancy prevention with SRH kit #3	3 SRH mobile teams, health facilities

Output 3	Increase capacity of health providers and managers in planning and provision of emergency SRH service including STI, GBV/SGBV and addressing SRH needs of woman with disabilities			
Sector	Health - Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1		50	50	IP report
Indicator 3.2	# of trained medical staff "Comprehensive management of GBV survivals, including cases of rape"	50	50	IP report
Indicator 3.3	# of trained medical staff "Addressing SRH needs of woman with disabilities"	50	50	IP report
Indicator 3.4	# of trained medical staff on HIV, STI counselling and testing	100	98	IP report
Indicator 3.5	# of trained medical staff and managers on Inter-sectoral coordination of service provision to GBV/SGBV survivals	50	49	IP report
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 3.1	Conducting 2 trainings for health managers "The Minimum Initial SRH Service Package (MISP) in crisis"	IP "Woman Health and Family Planning" (WHFP)		
Activity 3.2	Conducting 2 training for medical staff "Comprehensive management of GBV survivals, including cases of rape"	IP "Woman Health and Family Planning"		
Activity 3.3	Conducting 2 training for medical staff "Addressing SRH needs of woman with disabilities"	IP "Woman Health and Family Planning"		
Activity 3.4	Conducting 4 training on HIV, STI counselling and testing	IP "Woman Health and Family Planning"		
Activity 3.5	Conducting 2 workshops on inter-sectoral coordination of service provision to GBV/SGBV survivals	IP "Woman Health and Family Planning"		

Output 4	Provision of outreach emergency SRH service including woman with disabilities by 3 mobile teams along the contact line			
Sector	Health - Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 4.1	# of woman provided with OBGYN examination/counselling	16 000	18201	3 SRH mobile teams records

Indicator 4.2	# of pregnant and WRA tested for diabetes	10000	10026	3 SRH mobile teams records
Indicator 4.3	# of WRA received oral, injectable and IUD contraceptives	23850	23850	3 SRH mobile teams records
Indicator 4.4	# of WRA, elderly, woman with disability and children provided counselling by GP	9150	9850	3 SRH mobile teams records
Indicator 4.5	# of youth and WRA provided with educational materials on safe motherhood, prevention of HIV/STI, GBV	50000	50000	3 SRH mobile teams records, universities, professional schools, HIV centres
Explanation of output and indicators variance:		On demand of local health authorities and rural communities, mobile teams were working 75% of Saturdays, so number of examined woman is higher		
Activities	Description	Implemented by		
Activity 4.1	Conducting regular OBGYN examination/counselling	SRH mobile teams IP WHFP		
Activity 4.2	Providing rapid testing of pregnant and WRA for diabetes	SRH mobile teams		
Activity 4.3	Provision of oral, injectable and IUD contraceptives to WRA	SRH mobile teams		
Activity 4.4	Provision of medical counselling by GP to WRA, elderly, woman with disability and children	SRH mobile teams		
Activity 4.5	Distribution of educational materials on safe motherhood, prevention of HIV/STI, GBV among youth and WRA	SRH mobile teams, universities, professional schools, HIV centres, social services for youth, local communities		

Output 5	Provision of outreach medical and psychosocial and legal service and referral to GBV/SGBV survivors by 3 mobile teams			
Sector	Health - Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 5.1	# of GBV/SGBV survivors assisted with medical care	1500	1450	SRH mobile teams records
Indicator 5.2	# of GBV/SGBV survivors, people with disabilities and socially unprotected people assisted with psychosocial, legal and referral counselling	8800	8793	SRH mobile teams records, social services for youth, police
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 5.1	Provision of medical care and counselling by OBGYN to GBV/SGBV survivors	3 SRH mobile teams, 28 health facilities		
Activity 5.2	Provision of psychosocial, legal and referral counselling by social worker	3 SRH mobile teams, district social services, police		

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>Since the beginning of military actions in December 2014, UNFPA developed strong working relation with local health authorities and health facilities, especially along the contact line of Lugansk and Donetsk oblast. 15 shipments with UNFPA emergency SRH kits and male condoms were distributed among facilities in 2014-2017. During development of proposals UNFPA expert worked closely with regional health authorities and heads of health facilities in needs assessment and planning supply accordingly. Portative ultrasound machines, rapid HIV, syphilis, hepatitis B and C and glucose tests were included into proposal on request of regional health departments. Monthly schedule of outreach visits of mobile teams was developed with district health authorities and if necessary mobile team was making more visits to particular village on demand of local communities. On request of local health authorities, mobile teams was working extra hours and on Saturdays in order to cover local gaps.</p> <p>Cooperation with local NGOs was very successful in condoms distribution among youth and group risk and uniform, provision of informational-education materials on HIV/STI, GBV.</p> <p>In some locations local health authorities provided to UNFPA mobile teams other specialized physicians for outreach visits: pediatricians, surgeon, neurologist, TB specialist to cover gaps in service provision.</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>The existing oblast, rayon and community structures were used to engage the communities for participation and ownership of the projects. Close cooperation with local governments, community leaders, social workers were very important on identification and addressing GBV cases and needs of persons with disabilities.</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>Through the coordination meetings with local authorities, community members and training participants were provided an overview of the project as well as the general information about UNFPA, its principles such as PSEA and complaint-feedback mechanism. The stakeholders were encouraged to provide feedback on any concerns and challenges to UNFPA for redress.</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 checked="" type="checkbox"/> No <input type="checkbox"/>
<p>Health managers and target population were encouraged to channel all complaints to UNFPA for action, mostly during supportive supervisory visits at health facility and community level. Before and during outreach visit of mobile teams to facility in announcement for population, besides date and type of provided service, was provided cell phone of project field coordinator “If you have complains or suggestions how to improve work of mobile team please call ...” UNFPA use mass media, UNFPA CO webpage, Facebook and IP page in Facebook to provide information on project implementation and collection of feedback from population.</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 checked="" type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> – UNFPA appoint PSEA focal point responsible person for coordination – Online training completed by all UNFPA Ukraine staff. PSEA orientation sessions were conducted to all staff of mobile teams in the field – The training materials shared with all implementing partners. All implementing partners were informed on a new PSEA clause in the revised General Terms and Conditions for IP Agreements. – “UNFPA mechanisms of SEA cases reporting” poster was developed and placed in Kramatorsk field office and mobile ambulances – The referral mechanisms within the national system are in place for GBV survivors. There are no legal restrictions for SEA victims to access services already established for GBV survivors. As a part of the CERF funded Project, the needs in PEP kits in the humanitarian context of Donetsk and Luhansk oblasts were fully covered. 	

Any other comments (optional):
N/A

7. Cash and Voucher Assistance (CVA)	
Did the project include Cash and Voucher Assistance (CVA)?	
Planned	Achieved
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
<p>Monitoring and Evaluation systems were designed with participation of local health authorities, and feedback has been collected from the selected health care facilities and reports provided by the implementing partners and mobile outreach teams (WHFP, UMM). Activities were completed according to the project framework. Supplies (ERH kits) were procured according to UNFPA rules through PSB, get custom clearance according to Ukrainian humanitarian regulation, and distributed to facilities according to pre-agreed with region health authorities regional plan of distribution. Transportation of ERH kits was according temperature requirement. 11 field monitoring visits and 4 coordination meetings were completed during the project implementation. Field coordinator communicate with mobile SRH teams and local authorities on a daily basis on local needs, population demands and security issues. Also, field coordinator worked closely with local UNDSS office to assure security issue of mobile teams visit in close to contact line settlements. According to health authorities' requirements all patients' records was done in ICPC-2 coding system and were transferred in electronic form to primary care centres to follow-up with their patients. Before medical examination, HIV and glucose testing every woman was signing "informed consent form".</p> <p>Quality of trainings of health professionals was established: has been evaluated via pre (baseline) and post training tests.</p> <p>Was done spot-check of funding transferred to IP.</p>	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

9.5. Project Report 19-UF-HCR-006 - UNHCR

1. Project Information			
1. Agency:	UNHCR	2. Country:	Ukraine
3. Cluster/Sector:	Protection - Protection Emergency Shelter and NFI - Shelter and Non-Food Items	4. Project Code (CERF):	19-UF-HCR-006
5. Project Title:	Protection and shelter for internally displaced and conflict affected persons in east Ukraine		
6.a Original Start Date:	24/04/2019	6.b Original End Date:	31/12/2019
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 type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 28,300,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 16,500,441
	c. Amount received from CERF:		US\$ 928,181
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 325,355
	Government Partners		US\$ 0
International NGOs		US\$ 180,000	
National NGOs		US\$ 145,355	
Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance

CERF funding was provided to UNHCR in Ukraine to implement protection and shelter interventions in east Ukraine in government-controlled-side (GCA) and non-government-controlled areas from April to December 2019. In total, CERF-funded protection activities of UNHCR reached 1,200 persons and emergency shelter and NFI reached 1,740 persons. In terms of protection, UNHCR provided 1,000 persons with specific needs with 'cash for protection' on the GCA side of the 'contact line' in east Ukraine and provided 200 persons with specific needs with individual protection in-kind assistance in the NGCA. Thanks to these CERF funds, UNHCR also assisted 365 households with shelter repairs and provided 360 households with emergency shelter kits on both side of the 'contact line'. Thanks to individual protection assistance in the form of cash and in-kind, UNHCR was able to provide the most vulnerable persons identified among the displaced and other conflict-affected persons in eastern Ukraine with a one-time support that reduced their vulnerability to protection risks caused by the conflict. Thanks to shelter repairs provided to the most vulnerable households in GCA and in NGCA, households exposure to protection risks were substantially reduced. The distribution of acute emergency shelter kits also helped those affected by shelling to rapidly repair their home immediately after experiencing destruction to their homes.

3. Changes and Amendments

No changes were requested to this project proposal.

4.a Number of People Directly Assisted with CERF Funding (Planned)					
Cluster/Sector	Protection - Protection				
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	73	109	4	6	192
Other affected persons	383	575	20	30	1,008
Total	456	684	24	36	1,200
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	Protection - Protection				
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	77	115	0	0	192
Other affected persons	403	605	0	0	1,008
Total	480	720	0	0	1,200
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	167	215	0	0	382

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	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	114	123	20	22	279
Other affected persons	596	646	105	114	1,461
Total	710	769	125	136	1,740
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
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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	0	0	0	0	0	0
Refugees	0	0	0	0	0	0
Returnees	0	0	0	0	0	0
Internally displaced persons	94	143	17	25	279	
Other affected persons	596	646	105	114	1,461	
Total	690	789	122	139	1,740	
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total	
Persons with Disabilities (Out of the total number of "people reached")	103	118	18	21	261	

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:

There were no discrepancies between planned and implemented activities. All activities implemented according to plan.

4.c Persons Indirectly Targeted by the Project

Indirect beneficiaries of individual protection assistance: indirect beneficiaries of individual protection assistance can be considered the entire household of the person with specific need who has received the individual protection assistance. Individual protection assistance in the form of cash or in-kind is provided to individuals with specific needs as per UNHCR Ukraine's "Universal Vulnerability Criteria". These include persons with disabilities, persons with medical needs, single headed households, among others. However, post-distribution monitoring of the families that have received the support have demonstrated that family members that have supported the beneficiary prior to the support provided by UNHCR, also benefits in a variety of different ways. For individual protection assistance in kind, the most common situation is when a person has received walkers or wheelchairs to aid in their mobility. These have generated greater agency of the beneficiary and, therefore, freed up family members for other important activities, such as livelihoods or accessing markets. Another example is when the in-kind assistance is shared among the family members. For individual protection assistance in cash, this process of "sharing" the assistance with other members of household is even more visible during post-distribution monitoring. For instance, as per UNHCR's "Standard Operating Procedures" for provision of 'protection in cash assistance', the assistance must be prioritized to families that will use the assistance for a clear protection outcome, such as regaining access to civil documentation and/or pensions. Therefore, once the family regains access to documents and are eligible and receive pensions, it is observed that in many situations, the pensions are shared among family members. Please note that according to shelter cluster guidelines, the average household size is 2.42. Therefore, all beneficiaries of individual protection in cash or in kind can be multiplied by 2.42 to know the number of indirect beneficiaries.

Indirect beneficiaries of shelter support: as noted, shelter beneficiaries are counted in terms of household and not as individuals. Therefore, one shelter can benefit a large household of two or more persons at a time. Post monitoring of shelter activities have demonstrated that there are extensive benefits to other individuals than the initially planned number of beneficiaries (the households).

Anecdotal examples from protection monitoring includes:

- Individuals return to their homes, which means that they might decongest the homes of family members or friends in which they were living in temporarily, either in the same village, neighboring villages or even in other regions.
- In many settlements in Government controlled side of Ukraine, shelter interventions have facilitated the intervention of other shelter actors and even the authorities.

- In non-government-controlled areas, shelter interventions are used as an opportunity for protection teams to identify other protection and humanitarian needs of the families visited. For instance, in Donetsk NGCA, shelter interventions have resulted in referrals of the targeted family to other forms of support, such as individual protection assistance provided by UNHCR and/or support provided by other agencies.
- During shelter repair works in a village, other households who also require shelter repairs have approached UNHCR for them to be supported as well. Therefore, in many cases, neighboring families have also been supported by shelter repairs after they were deemed eligible according to UNHCR Ukraine's 'universal vulnerability criteria'.
- In some situations, the return of one family to a village or a neighborhood in a larger system has prompted other families to return as well, many of whom have taken the shelter repair works into their own hands.

5. CERF Result Framework

Project Objective	To provide life-saving protection and shelter for internally displaced and conflict affected persons in east Ukraine.
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Output 1	Provision of Individual Protection Assistance to vulnerable persons Protection - Protection			
Sector	Protection - Protection			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of vulnerable individuals receiving individual protection assistance in the form of cash (multi-purpose cash-grants)	1,000 Persons (F 600 M 400)	1,000 Persons (F 600 M 400)	Assessments and distribution lists verified by MFT and acknowledgement by both parties that transfers were delivered (act of acceptance) from financial service provider (Ukrposhta).
Indicator 1.2	Number of vulnerable individuals receiving individual protection assistance in-kind (material assistance)	200 Persons (F 120 M 80)	200 Persons (F 120 M 80)	Partner monthly monitoring reports verified by year-end partner performance monitoring.
Explanation of output and indicators variance:		No output and indicators variance have been observed.		
Activities	Description	Implemented by		
Activity 1.1	Provision of Individual Protection Assistance to vulnerable individuals in the form of cash (multi-purpose cash grants)	UNHCR		
Activity 1.2	Provision of Individual Protection Assistance to vulnerable individuals in-kind (material assistance)	Most		

Output 2	Shelter Interventions to beneficiaries on both NGCA and GCA side of the 'contact line'			
Sector	Emergency Shelter and NFI - Shelter and Non-Food Items			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Number of houses of vulnerable household repaired (Light/Medium/Heavy repairs)	365 Households876 Persons impacted (F 456 420 M)	365 Households 1,119 Persons impacted (F 568 551 M)	Partner monthly monitoring reports verified by year-end partner performance monitoring plus direct implementation reporting

				from Donetsk Field Office on construction contractor
Indicator 2.2	Number of vulnerable households provided with acute emergency shelter kits	360 Households 864 Persons impacted (F 449 415 M)	390 Households 621 Persons impacted (F 361 260 M)	Partner monthly monitoring reports verified by year-end partner performance monitoring
Explanation of output and indicators variance:		No output and indicators variance have been observed.		
Activities	Description	Implemented by		
Activity 2.1	House repairs (Light/Medium/Heavy repairs) to vulnerable households	NRC, Mira, UNHCR		
Activity 2.2	Provision of acute emergency shelter kits to vulnerable households	Proliska		

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?

Project design and planning phase:

For Shelter, UNHCR Shelter colleagues together UNHCR Protection jointly and continuously monitors shelter damage through its KoBo system together with the conflict affected beneficiary that has had her/his house damaged or destroyed. These are done together with local de facto authorities, partners and the Shelter cluster. Before shelter activities are implemented by UNHCR, beneficiaries are fully consulted and informed on the types of repairs that will target their damaged homes. Technicians together with protection officers explain to the beneficiaries what shelter works will be done on their homes.

For its Individual Protection Assistance (IPA) in-kind (for NGCA) that UNHCR provides as part of its wider protection response to the most vulnerable, potential beneficiaries are identified either by UNHCR or NGO partners during case management or protection monitoring missions to the field. UNHCR and its partners verify the vulnerabilities, identify the needs through home visits and decide on a case-by-case basis through a multifunctional team. The multi-functional team then evaluates whether the cash or in-kind assistance will have a protection outcome for the beneficiary and whether the beneficiary is eligible as per UNHCR Ukraine's Universal Vulnerability Criteria. Furthermore, for individual protection in-kind, the in-kind assistance is fully decided by the beneficiary together with advice from Protection Officers. No in-kind assistance is provided that has not been previously agreed together with the beneficiary. For the cash assistance, the cash is provided to the beneficiary once it is understood that the cash will have a protection impact in the lives of the vulnerable individual and his/her household. However, once the cash is provided, the beneficiary is free to use the cash assistance as he/she wishes: partially or fully.

As the lead protection agency, UNHCR also ensures that its actions (as well as that of other actors) are protection sensitive and implemented through an "Age, Gender and Diversity Mainstreaming" (AGDM) approach. The AGDM approach of UNHCR ensures that the organization is continuously consulting with and including the most vulnerable in its humanitarian programming and delivery. As Global Protection Cluster lead, UNHCR ensures that Protection Mainstreaming of its activities as well as those of partners and cluster members. UNHCR's protection approach includes case management, legal aid, individual protection assistance, community-based protection and local as well as national level advocacy.

Project implementation phase:

For shelter, please note that there are two modalities of shelter repair/reconstruction, either UNHCR undertakes the entire shelter repair/reconstruction or the materials are provided for the beneficiary to undertake the repair/reconstruction her/himself. In both modalities, beneficiaries are fully involved throughout the shelter repair/reconstruction process. In some instances, beneficiaries were able to provide feedback on the ongoing construction works in order to better suit their needs.

For Individual Protection Assistance (IPA) in kind, the beneficiary is fully involved during the provision of the in-kind assistance. The In-kind assistance provided through UNHCR's IPA programme is in the form of household items, clothing and medical and other equipment

to meet protection needs and ensure an adequate standard of living of their recipients. The type of IPA in-kind is decided by the beneficiary themselves. Such assistance is distributed directly by UNHCR and its partners in locations where there is no functioning banking system. Like cash, this is also a one-time assistance, rather than continuous support, in order to reduce the risk of dependency. Examples of IPA in-kind assistance have included: special equipment for persons with disability, cushions for wheelchairs, blood glucose monitoring equipment, various furniture (such as fridges), winter clothes, school equipment for kids and radiators. Therefore, the beneficiary is 100% involved in selecting the individual protection assistance that best suits her/him.

Project monitoring and evaluation:

With regard to Shelter Project, post-distribution monitoring are systematically done for all shelter interventions. During the post-distribution monitoring of the shelter the quality of the shelter works are evaluated as well as protection considerations. For example, beneficiaries are systematically asked whether they feel safe.

Post-distribution monitoring for IPA (non-cash) is also undertaken to see whether the in-kind intervention has had a protection impact on the beneficiary. In general, UNHCR beneficiaries expressed their satisfaction with the Programme.

As already mentioned, UNHCR has a continued presence in the field, undertaking protection monitoring, which involves collecting, verifying and analysing information in order to identify violations of rights and protection risks encountered by IDPs and other conflict affected populations in eastern Ukraine. This also involves continuously collecting information on all of our protection activities in the field, including from our community centres. The information that UNHCR's collects is then used either for the purpose of informing an effective and protection mainstreamed response or for local or national level advocacy in favour of our persons of concern. The information that UNHCR collects in the field is also triangulated with the assessments of other organizations or across different units within UNHCR (shelter, protection, community protection, etc...) to ensure a comprehensive and holistic analysis.

Finally, hotlines are in place in both GCA and NGCA that also serve as a feedback mechanism for UNHCR's activities in east Ukraine.

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?

According to survey data, an estimated 58% of IDPs are female. In 2019 UNHCR's entire programme, both directly and through its partners, assisted more than 192,000 people. Women constituted 66% of those who received assistance. Among 24,236 people who received different types of legal assistance, 70% were women; they received, for example, assistance in obtaining identification, social benefits and documentation. This assistance was in line with core action 6b of UNHCR's "Policy on AGD" (hereafter referred to as the "Policy"). According to the core action 6c of the Policy, UNHCR and its partners made sure that among the 5,704 beneficiaries (please note this amount is for the entire UNHCR programme and not only CERF) who received shelter assistance, 60% were women who directly benefited from the shelter intervention. Moreover, among the 1,687 people (please note this amount is for the entire UNHCR programme and not only CERF) who received cash assistance through NRC to repair damages due to the conflict, 60% were women. Also, among the 669 people (please note this amount is for the entire UNHCR programme and not only CERF) who received emergency shelter, CRI and clothing assistance in the GCA, 56% were women; as reflected in core action 6d of the Policy. In the NGCA, a total of 595 people (please note this amount is for the entire UNHCR programme and not only CERF) with specific needs received in-kind individual protection assistance from UNHCR partners, 74% of whom were women. UNHCR directly provided cash assistance in the amount of 6,000 UAH (appr. USD 250) to 2,091 people, of whom 69% were women.

Please note that the numbers that appear here are not only for CERF funding portion but for the entirety of UNHCR's programme in Ukraine.

Shelter transition to the authorities/utilization and/or engagement of national actors in shelter activities: Please note that UNHCR as Shelter Cluster lead has been working since 2018 to ensure that the Ministry of Temporary Occupied Territories and IDPs (MinToT) to coordinate the shelter response in east Ukraine. In 2019, UNHCR assumed the role of the sub-national coordination, as the NGO co-coordinator position no longer had funding. UNHCR initiated steps to transfer coordination duties to a Government ministry, which amalgamated and experienced personnel changes following the elections. This contributed to a delay in the transition process; however, a new plan of action was agreed in late 2019. The subnational Cluster meetings have had a strong operational focus with full participation of the local authorities, and have been well attended throughout the year, confirming the partners' appreciation for a field-based approach to co-ordination. In addition to local authorities and other UN and international agencies, the Shelter Cluster includes 27 national and international agencies who regularly participated in meetings and other Cluster's main activities.

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?

Prior to all provision of assistance, be it shelter or individual assistance in kind, UNHCR beneficiaries in east Ukraine are provided with a leaflet that contains: explanation of UNHCR protection mandate worldwide and in Ukraine; that UNHCR assistance is free of charge and cannot be sold in any circumstances; as well as the number of UNHCR's and general hotline for humanitarian agencies in east Ukraine (Donbas SOS).

Worldwide, UNHCR has a Code of Conduct intended to serve as an illustrative guide for staff and other people working for - or otherwise associated with - UNHCR to make ethical decisions in their professional lives and, at times, in their private lives.

In order to ensure compliance with the Code of Conduct, UNHCR frequently conducts "CoC Refresher Sessions". During the year, refreshers were organized. Code of Conduct sessions were organized into five groups, as a one-day sessions. Three of the group sessions were conducted in Russian, and two group sessions were conducted in English. With this approach, sessions were conducted in smaller groups (max 25 people) which was more convenient for facilitating dialogue. Also, this enabled a higher participation of colleagues who were more comfortable expressing their views in Russian. In total, 107 staff members (out of 141 – 76%), took part in this year's Code of Conduct session: 93 national and 14 international staff; 49 female and 58 male 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 No

To implement UNHCR's "Policy on Age Gender and Diversity" (Policy), UNHCR used post-distribution monitoring (PDM) as another channel to communicate with affected people in addition to the participatory assessment. At least 10% of beneficiaries were called and/or visited individually for the PDM and asked specific questions about services they received. All responses were recorded and compiled into one dashboard. UNHCR conducted PDM for shelter and individual protection assistance. Based on the information received, UNHCR and partners made amendments and improvements to their programming approach. According to core action 3 of the Policy, UNHCR supported "DonbasSOS" in solely managing a hotline to receive queries and complaints regarding assistance provided by UNHCR and all its partners. This arrangement allowed for greater specialization, lower costs and more independence/impartiality in receiving complaints. The hotline received 1,834 phone calls from different people of concern to UNHCR (an additional 499 calls were received by partner "The Right to Protection" hotline). Out of this number, 72% of phone calls were from women. Thirty percent (30%) of callers were from the area 20 km from the contact line, whereas only 13% called from the Non-Government Controlled Areas (NGCA). However, 61% of callers stated that prior to their current displacement, they lived in a community along the contact line. In total, the UNHCR hotline made 339 referrals to other partners and UNHCR offices. Forty-eight (48%) of the referrals were related to issues of access to health services, access to social benefits and/or pensions and access to adequate housing. Out of the total number of calls, 119 had a complaint concerning UNHCR- and partner-implemented activities, which were immediately referred to the relevant UNHCR/partner office. All callers sharing their concerns were adequately counselled and advised on different feedback/complaints mechanisms, including UNHCR's Inspector General's Office (IGO). In order to strengthen the implementation of AGD Policy, UNHCR developed and distributed posters with the hotline number. These were sent to all partner offices in different areas of responsibility throughout the country with a request to place them in visible locations, so everyone was aware of the hotline. This was monitored during mid-year and end-year performance monitoring visits to partners, as well as during regularly conducted monitoring missions. All signed project proposals with Partners referred to the partner's responsibility to promote feedback and response systems, including for confidential complaints. UNHCR also organized a 3-day training for partners' appointed Gender Focal Points to stress the utmost importance of protection from and response to cases of SGBV. In addition, UNHCR helped partners set up their own complaints and feedback mechanisms. For that reason, UNHCR conducted a specific training on PSEA for all partners in 2019. UNHCR's partner "The Right to Protection" conducted a survey on conditions at all five Entry-Exit Checkpoints (EECPs) between the Government Controlled Area (GCA) and NGCA and shared information about the feedback mechanism and hotline. All of these activities were analysed and relevant changes/amendments were made to the 2019 implementation of protection activities. An example of implementation of the core action 5 in the Policy was seen when people of concern to UNHCR informed partners at the EECP in Luhansk of the long distance they must walk from NGCA to GCA; the impact was particularly severe for older persons. In response, UNHCR funded the purchase of two electric mobile cars to be operated by the partner "Proliska" at the EECP "Stanitsa Luhanska". By the end of the year, "Proliska" transported over 75,000 vulnerable persons from the Ukrainian checkpoint to the bridge.

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

UNHCR conducts regular dialogues with communities on prevention of sexual exploitation and abuse (PSEA), including integration of PSEA as a topic into the meetings and training sessions with the communities. UNHCR also educates its partners about PSEA, hold them accountable to UNHCR standards and assist them in the development of prevention and complaint mechanisms, as well as ensure that the persons of concern are aware of these mechanisms.

Since 2018, the UN team in Ukraine adopted two important documents highlighting commitments to AAP and Protection from Sexual Exploitation and Abuse (PSEA). UNHCR has shown its compliance with these documents but still needs to undertake certain improvements. Since 2018, UNHCR has been working with its 15 partner organizations to achieve compliance with these commitments. Since, all UNHCR partners have established or improved their internal mechanisms of accountability to affected population by the end of 2018, which also includes protection from sexual exploitation and abuse or any other misconduct. In 2019, UNHCR and its partners have continued to communicate these established mechanisms of AAP to communities and encourage them to report any misconduct by UNHCR or partner staff. Moreover, communities of beneficiaries have been trained on definition, identification of any misconduct, mechanisms to report, thus, establish community-based feedback mechanism.

Any other comments (optional):
N/A

7. Cash and Voucher Assistance (CVA)

7.a Did the project include Cash and Voucher Assistance (CVA)?

Planned	Achieved
Yes, CTP is a component of the CERF project	Choose an item.

7.b Please specify below the parameters of the CVA 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).

CVA Modality	Value of cash (US\$)	a. Objective	b. Cluster/Sector	c. Conditionality	d. Restriction
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.

Supplementary information (optional):

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

With regard to shelter, post-distribution monitoring is systematically done for all shelter interventions. During the post-distribution monitoring, the quality of the shelter works is evaluated together with any additional protection considerations and residual humanitarian need that are dully recorded and/or referred to other organizations that may be able to meet these. The PDM also has a substantial protection session in which beneficiaries are asked a variety of questions related to their protection and humanitarian needs. In this protection session, they are asked, for example, whether they feel safe, whether they have observed any abuse of power or abuse during the implementation of the project, whether they have any other additional need etc etc.... In UNHCR, shelter interventions, is closely linked to protection as UNHCR mainstreams Protection throughout all Shelter interventions. The Protection component of shelter intervention has been significantly strengthened since 2018, which is reflected in an updated Shelter Standard Operating Procedure (SOP)

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

developed by UNHCR Ukraine. Since UNHCR's Shelter interventions target returnees and conflict-affected population, living along the Contact Line. The UNHCR Ukraine "universal vulnerability criteria" has been revised to correspond to the needs and challenges faced by returnees and conflict-affected population. Furthermore, on a regular basis, UNHCR undertakes joint field mission of Shelter and Protection staff to evaluate the situation in affected locations, prior, during and after the intervention. During these joint-missions, shelter colleagues concentrate on the technical specificities of the required interventions, while protection colleagues assess the protection risks faced by the shelter beneficiaries and protection impact of the shelter intervention.

Following the shelter intervention, UNHCR conducts post-repair monitoring together with Protection colleagues in order to measure the protection impact of the shelter intervention. Furthermore, UNHCR will integrate protection (including housing, land and property rights) into all shelter activities and ensure that referrals will happen to and from, Protection and Shelter. Through accompaniment and case management activities, Protection actors will refer beneficiaries for potential Shelter interventions. In the same manner, UNHCR Shelter colleagues will receive training from Protection colleagues on how to refer persons for protection services and how to make preliminary identification of protection needs.

At the moment, these post distribution monitoring of shelter interventions are ongoing.

Post-distribution monitoring for IPA (non-cash) is also undertaken to see whether the in-kind intervention has had a protection impact on the beneficiary. In general, UNHCR beneficiaries expressed their satisfaction with the Programme. So far, about 10% of the cases have been monitored using a KoBo system.

As already mentioned, UNHCR has a continued presence in the field, undertaking protection monitoring, which involves collecting, verifying and analysing information in order to identify violations of rights and protection risks encountered by IDPs and other conflict affected populations in eastern Ukraine. This also involves continuously collecting information on all of our protection activities in the field. The information that UNHCR's collects is then used either for the purpose of informing an effective and protection mainstreamed response or for local or national level advocacy in favour of our persons of concern. The information that UNHCR collects in the field is also triangulated with the assessments of other organizations or across different units within UNHCR (shelter, protection, community protection, etc...) to ensure a comprehensive and holistic analysis.

Two boxes checked because some activities have already been evaluated while others are yet to be evaluated.

9.6. Project Report 19-UF-CEF-032 - UNICEF

1. Project Information			
1. Agency:	UNICEF	2. Country:	Ukraine
3. Cluster/Sector:	Water Sanitation Hygiene - Water, Sanitation and Hygiene Protection - Child Protection Education - Education Health - Health	4. Project Code (CERF):	19-UF-CEF-032
5. Project Title:	Provision of essential basic services for conflict affected children in government-controlled areas & non-government-controlled areas of Donetsk and Luhansk oblasts		
6.a Original Start Date:	17/04/2019	6.b Original End Date:	31/12/2019
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\$ 1,415,169	
	b. Total funding received for agency's sector response to current emergency:	N/A	
	c. Amount received from CERF:	US\$ 1,415,169	
	d. Total CERF funds forwarded to implementing partners	US\$ 741,252	
	of which to:		
	Government Partners	US\$ [Fill in]	
	International NGOs	US\$ 57,284	
	National NGOs	US\$ 683,968	
	Red Cross/Crescent	US\$ [Fill in]	

2. Project Results Summary/Overall Performance
<p>The United Nation CERF financial support enabled UNICEF to provide humanitarian assistance to the most vulnerable children and their families through interventions in WASH, Education, Child Protection and Health sector. UNICEF, through partnerships with national NGOs as well as direct interventions ensured implementation of critical humanitarian activities, resulting in improvement of access to water and sanitation, protective learning environment, comprehensive psychosocial support for more than 80,000 conflict-affected beneficiaries residing in non-governmental controlled areas of Eastern Ukraine.</p> <p>In Education, UNICEF successfully implemented a project that aimed ensuring protective and enabling learning environment for more than 11,000 children. This was achieved through distribution of educational supplies (furniture and sports equipment) and infrastructure rehabilitation in 10 schools reaching 1,896 children; distribution of 1,017 individual educational kits for 1-4th grades in 14 schools covering 1,017 children; and distribution of Early Childhood Development kits (ECD) in 87 kindergartens benefiting 9,875 children. In total 12,303 children (unique beneficiaries) were provided with assistance, which helped them to learn and play in safe and child-friendly environment and regain a sense of normalcy. The project interventions were focused on the conflict-affected areas close to Line of Contact – Bezymene, Petrivske, Solntseve, Novoazovsk, Krasnoarmeyske, Kommunarivka, Horlivka and Yasinuvata and took place from September to December 2019.</p>

Through WASH interventions, UNICEF provided assistance to Luhanskvoda (LV, a water utility company) in delivery of microscopes, digital photometers and carbon analyzers, which enabled the LV to conduct analyses of water quality. Also, Voda Donbasu (VD, another water utility company) was provided with PE (Polyethylene) pipes (1,108 m), eight pumps for replacement of the damaged/broken ones, as well to ensure emergency stocks to respond to any emergency that may occur within VD facilities. Chlorine dosing equipment was provided to Donetsk Filter Station (DFS), which supplies water to 378,983 people. This assistance allowed VD to use liquid chlorine in more safety mode, as a result ensuring provision of well-treated and quality water to the population. The above-mentioned support improved access to safe drinking water for 100% of the consumers, who received water directly from DFS and as well for 2,345 people, who live in Dokuchaievsk, and its vicinity, and 1,544 inhabitants of five villages in the Telmanovskiyi rajon. UNICEF, with financial support of CERF improved access to safe drinking water for 41,787 people (3,170 girls, 2,722 boys, 19,312 women and 16,583 men), through support to public utilities, among them 5,014 people were identified as people with special needs. In addition, 16 social institutions (five health facilities, three kindergartens and eight schools) were successfully rehabilitated in Non-Government controlled area of Donetsk (NGCA) and provided with improved access to safe learning environment and learning services through urgent repairs and rehabilitation of WASH facilities for 11,916 beneficiaries, among them 8,741 children (4,110 boys and 4,631 girls) and 3,175 adults (1,708 women and 1,467 men). UNICEF improved access to water, sanitation and heating condition for 8,265 people, among them 7,961 children (4,003 girls, 3,958 boys) through emergency repairs in two health and four educational facilities located close to LoC in Luhansk NGCA.

From June to December 2019, UNICEF supported water trucking to two checkpoints in Mariinka and Pyshevyk, and a range of educational, health care and social institutions in Avdiivka, Mariinka, Krasnohorivka, Kalchyk and other settlements located along the contact line in Government controlled area of Donetsk (GCA) with limited access to drinking water.

Overall, 5,500 residents of the assisted villages and towns and around 84,500 people at the checkpoints benefitted from water trucking (48,420 women and 41,580 men, estimated 10,800 people with special needs). UNICEF facilitated installation of 26 water tanks in 26 educational institutions and city primary health care center in Bakhmut and increased resilience to water supply interruptions for 27,574 children and patients (6,292 girls, 5,522 boys, 9,456 women, 6,304 men, estimated 3,309 people with special needs).

In the field of Child Protection, UNICEF and its partners maintained emergency protection services, reaching some 8,000 children and their caregivers in Luhansk Oblast, NGCA. All the beneficiaries of the project are affected by the on-going conflict either directly or indirectly given the economic blockade resulting from it. UNICEF and partners ensured access for children and their caregivers to psychosocial support, provided through wide range of services in the Community Protection Center available in Luhansk city and via mobile team outreach activities to the nearby communities.

To address the PSS and protection needs of children and caregivers, around 357 child protection and community professionals were trained on PSS and enhanced their skills on different child protection concerns in the communities and social institutions. Those activities carried out in Luhansk region, NGCA aim to ensure ongoing support to the vulnerable families, families of children with disabilities and those at risk, as well as to promote the sustainability of the child protection in emergency interventions at local level.

In addition, 139 direct training sessions were conducted on mine safety in Donetsk and 21 in Luhansk oblasts, GCA. 68 sessions were conducted in the 0-5 km contact-line zone and 92 sessions in 5-20 km zone. Overall sessions reached directly 9,113 children (among them 367 children with disabilities) and 39 adults living close to the contact-line. Digital campaign was launched in summer season to draw children's attention during vacation time and to remind them on mine safety rules and behaviour. Campaign reached 200,000 school-aged children in Donetsk and Luhansk oblasts GCA.

In Health sector, through CERF grant UNICEF provided essential medical care to 413 HIV-affected children (119 HIV positive children plus 294 babies under 18 months old born from HIV positive mothers) and vital psycho-social support to 56 children with HIV and TB/HI, reaching in total 469 beneficiaries in Donetsk NGCA.

3. Changes and Amendments

The implementation of the WASH in Social Institutions project in Donetsk NGCA was delayed due to bank account issues faced by the Implementing Partner (IP). Given the above fact, UNICEF has requested no-cost extension until end of March 2020, with the aim to reach the planned targets, while the WASH project in Luhansk NGCA was fully completed in December 2019.

4.a Number of People Directly Assisted with CERF Funding (Planned)					
Cluster/Sector	Education - Education				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	5,390	5,610	11,000
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
Total	0	0	5,390	5,610	11,000
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	288	300	588

4.b Number of People Directly Assisted with CERF Funding (Reached)					
Cluster/Sector	Education - Education				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	6,345	5,958	12,303
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
Total	0	0	6,345	5,958	12,303
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

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	220	230	450
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
Total	0	0	220	230	450
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total

Persons with Disabilities (Out of the total number of "people planned")	0	0	12	12	24
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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	232	237	469
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
Total	0	0	232	237	469
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	74	101	175

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	0	0	0	0
Other affected persons	13,132	13,668	2,769	2,881	32,450
Total	13,132	13,668	2,769	2,881	32,450
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	703	731	148	154	1,736

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	0	0	0	0

Other affected persons	55,441	66,849	26,865	30,387	179,542
Total	55,441	66,849	26,865	30,387	179,542
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	6,653	8,022	3,224	3,646	21,545

4.a Number of People Directly Assisted with CERF Funding (Planned)					
Cluster/Sector	Protection - Child Protection				
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	0	0	0
Other affected persons	725	1,395	101,430	105,570	209,120
Total	725	1,395	101,430	105,570	209,120
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	38	75	5,426	5,648	11,187

4.b Number of People Directly Assisted with CERF Funding (Reached)					
Cluster/Sector	Protection - Child Protection				
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	0	0	0
Other affected persons	89	825	128,366	88,271	217,551
Total	89	825	128366	88,271	217,551
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	285	240	525

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:	<p>All planned targets for education were achieved and because of greater enrolment of children in educational facilities unique beneficiary was overpassed reaching 12,303 while the initial target was 11,000 children.</p> <p>For child protection, overachievement in number of trained local specialists is explained by combination of in-person and on-line workshops, that minimized risks and enhanced opportunities for participation in the implemented activities.</p>
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	<p>For WASH, the significant overachievement is a result of the support to the public utility company Donetsk Filter Station (DFS) that provide water to population in NGCA. For instance, DFS supplies water to 378,983 people. Approximately 84,500 people crossing checkpoints benefitted from access to drinking water.</p> <p>For mine risk education, the figure 217,551 includes 200,000 people reached through digital campaign and 17,551 children and adults reached through interactive sessions.</p>
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4.c Persons Indirectly Targeted by the Project	
<p>In addition to planned targets, Health related projects targeted 6,780 beneficiaries, namely: 500 pregnant HIV positive women HIV positive mothers of babies under 18 months received PMTCT counselling services, 40 parents of HIV children (34 women and 6 men) received PSS services, 160 health care providers (153 women and 7 men) were trained on early infants diagnostics, 50 adolescents volunteers (42 girls and 8 boys) were trained to provide peer-to-peer HIV services, 30 HIV positive children from orphanage facility (16 girls and 14 boys) received HIV peer support and 6,000 adolescents from Donetsk schools (2,960 girls and 3,040 boys) received information on HIV prevention.</p>	

5. CERF Result Framework	
Project Objective	Conflict-affected children, adolescents, and their caregivers in NGCA have access to uninterrupted water and sanitation and to a protective environment in educational facilities and in their community to respond to their immediate needs

Output 1	11,000 children living along the contact line in NGCA have access to quality and safe learning environment through rehabilitation of the damaged educational facilities and provision of essential supplies			
Sector	Education - Education			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of children provided with improved access to the education infrastructure (subpopulation of indicator 1.5)	1,500 (735 boys /765 girls)	1,896 (1014 boys/882 girls)	Monitoring and PDM visits, interviews with school administration
Indicator 1.2	Number of children benefited from improved learning environment in their classrooms (same population as indicator 1.1, subpopulation of indicator 1.5)	1,500 (735 boys /765 girls)	1,896 (1014 boys/882 girls)	Monitoring and PDM visits, interviews with school administration
Indicator 1.3	Number of children receiving educational and ECD kits in educational facilities	11,000 (5,390 boys /5,610 girls)	12,303 (6,345 boys/5,958 girls)	Distribution lists
Indicator 1.4	Number of educational facilities (schools and kindergartens) benefiting from repairs	10	10	Monitoring and PDM visits, interviews with school administration
Indicator 1.5	Number of educational facilities (schools and kindergartens) receiving educational supplies	10	9	Monitoring and PDM visits, interviews with school administration
Explanation of output and indicators variance:		All project outputs were achieved as planned. The overachievement of targeted beneficiaries resulted from bigger enrolment of children in targeted education facilities.		
Activities	Description	Implemented by		
Activity 1.1	Emergency repairs of 10 schools and kindergartens	Implementing Partner "Donbass Development Center" (DDC)		

Activity 1.2	Procurement of educational supplies, winter clothes and educational & ECD kits	Procurement through UNICEF LTA
Activity 1.3	Distribution of 1,000 Educational kits and 1,000 ECD kits in educational facilities (schools and kindergartens)	Implementing Partner “Donbass Development Center” (DDC)
Activity 1.4	Distribution of supplies to 10 schools	Implementing Partner “Donbass Development Center” (DDC)

Output 2	450 young children and adolescents living with HIV, in NGCA			
Sector	Health - Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Number of HIV positive children and children born from HIV positive mothers provided with clinical monitoring and PSS services by mobile teams	400	413	Reports from IP, Monitoring visits of UNICEF program staff to project sites
Indicator 2.2	Number of HIV positive children provided with case management and PSS services in institutions	50	56	Reports from IP, Monitoring visits of UNICEF program staff to IP, direct randomized contacting of beneficiaries
Explanation of output and indicators variance:		The project was able to target more beneficiaries as planned due to savings and optimisation of implementation process		
Activities	Description	Implemented by		
Activity 2.1	Visits of HIV-affected children by mobile teams with doctor, nurse, social worker and psychologist	Non-government organization “Donetsk Society of assistance for the HIV-infected” (NGO DOOS)		
Activity 2.2	Psycho-social support groups and individual counselling for HIV positive children and their families and HIV peer-to-peer activities	Donetsk Oblast Charitable Organization “Variant” (NGO Variant)		

Output 3	8,000 boys, girls and their caregivers have access to psycho-social support (PSS) through community-based protective services to respond to their immediate needs. 200,000 children are reached through Mine risk education (MRE) campaigns in GCA & NGCA			
Sector	Protection - Child Protection			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	Number of boys, girls and their caregivers benefiting from protective services (awareness raising, PSS, case management) delivered through community-based services and educational institutions (where possible)	8000	7,930 (3,748 boys/3,776 girls; 333 women/73 men)	Monitoring and Programmatic visits Lists of beneficiaries, activity logs, photos
Indicator 3.2	Number of children reached through digital mine risk education (MRE) campaign and direct training sessions	200,000 (9,000 of them benefit from direct training sessions)	200,000 beneficiaries were reached through digital campaign and 9,152 benefitted from direct training sessions 9,113(4,495f /46,18m) children, among them children with disabilities	Monitoring and programmatic visit, photos, reports, 5W

			- 367) and adults 39 (9men / 30 women)	
Indicator 3.3	Number of parents and caregivers benefit from trainings on positive parenting	1000	518 (438 women/80 men)	Monitoring and Programmatic visits, Activity logs
Indicator 3.4	Number of professionals working with children reached out with trainings on child protection risks and vulnerabilities and PSS	100	357 (women)	Monitoring and Programmatic visits, Activity logs
Explanation of output and indicators variance:		The provision of psycho-social support was ensured in Luhansk Oblast NGCA, covering three indicators # 3.1, 3.3, 3.4, without major deviations. However, as the interventions were limited only to Luhansk Oblast NGCA, excluding Donetsk Oblast NGCA, the indicator #3.3 was not fully achieved. This also happened due to constrained access to educational institutions in both NGCAs (Donetsk and Luhansk), caused by restrictions imposed by de-facto authorities on 'soft activities'. In the meanwhile, parents benefited from positive parenting program under indicator #3.3 also received protective services under indicator #3.1. In total 8,399 unique beneficiaries were reached with PSS interventions in Luhansk Oblast NGCA under three indicators #3.1, 3.3, 3.4.		
Activities	Description	Implemented by		
Activity 3.1	Awareness raising activities (child protection risks and vulnerabilities)	Implementing Partner "SOS Children`s Village"		
Activity 3.2	MRE provision to children (digital campaign and direct training sessions)	Swiss Foundation for Mine Action		
Activity 3.3	Psycho-social support to children and their caregivers, including case management to the most vulnerable children	Implementing Partner "SOS Children`s Village"		
Activity 3.4	Training on positive parenting	Implementing Partner "SOS Children`s Village"		
Activity 3.5	Training on child protection risks and vulnerabilities, PSS for child protection professionals	Implementing Partner "SOS Children`s Village"		

Output 4	20,000 conflict affected people have access to safe drinking water through support to education facilities and water utility companies			
Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 4.1	Number of children provided with access to sufficient quantities of water through rehabilitation of WASH facilities in 13 education facilities (disaggregated by sex and age, rural/urban, where possible) – same 10 facilities in Donetsk NGCA as indicator 1.1 [1,500 (735 boys /765 girls)], and facilities in Luhansk NGCA	1,950 (956 boys /994 girls)	1,908 children (1,034 boys and 874 girls) and 251 adults (207 women and 44 men)	Monitoring and PDM visits, interviews with school administration
Indicator 4.2	Number education facilities with urgent water and sanitation repairs rehabilitated	13	15	Monitoring and PDM visits, interviews with school/kindergarten administrations

Indicator 4.3	Number of children provided with improved access to adequate sanitation through rehabilitation of WASH facilities in education facilities (disaggregated by sex and age, rural/urban, where possible) (sub-population of indicator 4.1)	1,000 (540 girls and 460 boys)	1,893 children (1,024 boys and 869 girls) and 246 adults (202 women and 44 men)	Monitoring and PDM visits, interviews with school/kindergarten administrations
Indicator 4.4	Number of people with access to safe drinking water (disaggregated by sex and age, rural/urban, where possible) through assistance to water utility companies	20,000 (3,000 children and 17,000 adults)	41,787 (22,481 women and 19,306 men), among them 12,536 children	Reports from water utility companies in NGCA
Indicator 4.5	Number of people with access to safe drinking water (disaggregated by sex and age, rural/urban, where possible) through Water trucking GCA	10,500 (700 children and 9,800 adults)	90,000 (16,200 children and 73,800 adults)	Monitoring and PDM visits
Explanation of output and indicators variance:		All project outputs were achieved as planned. The increase in the number of education facilities happened due to smaller scope of works in some of facilities, from the list of institutions with needs, provided by de-facto authorities. The overachievement of beneficiaries from assistance to water utility companies happened due to calculation of beneficiaries based on accounts and water standard usage per person.		
Activities	Description	Implemented by		
Activity 4.1	Rehabilitation of WASH facilities in 10 education facilities, assisting 1,950 children, with urgent water and sanitation repairs, in NGCA	Implementing Partner “Donbass Development Center” (DDC), Implementing Partner “Water Research Found” (WRF)		
Activity 4.2	Provision of equipment, materials and machinery to water utility companies (pipes, fittings, pumps, repair equipment, service truck), so that centralized and decentralized water systems are repaired, supplying clean water once more to 20,000 people, in GCA & NGCA	Procurement by UNICEF, delivery to water companies directly in Luhansk Oblast NGCA and through DDC in Donetsk NGCA		
Activity 4.3	Water trucking in 16 localities where it is impossible to repair any infrastructure, in GCA	Implementing Partner “Charitable Fund Adventist Development and Relief Agency in Ukraine” (CF ADRA), in addition water tanks installation was done by Implementing Partner People in Need (PIN)		

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?

UNICEF in partnership with implementing partners responsible for the project implementation, with permission of the de-facto humanitarian committee conducted initial assessment in the selected project sites to identify the needs and determine project methodology. This process involved interviews and focus group discussions with beneficiaries, community leaders and as well children to inform basis to design the project. During the project implementation UNICEF officers responsible for the project conducted regularly joint monitoring visits with IP to the project sites to monitor the progress and challenges which were timely addressed.

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?

As explained above, the voices of beneficiaries were heard and taken into consideration during the designing and implementation of all related projects.

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?

UNICEF and IPs before and during the project implementation conducted monitoring visits to the project sites on regular basis and collected feedbacks from the beneficiaries. The respective feedbacks helped to address the challenges and improve the quality of the project implementation.

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

See above.

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

UNICEF follows guiding principles of humanitarian assistance which includes ensuring all IPs are zero tolerance to SEA. UNICEF aiming to ensure all IP comply with SEA policy, made available on-line training resources including webinars for its IP, and introduced mandatory assessment on IP's policy on prevention of SEA within the organization and with beneficiaries. In case if the assessment revealed the gaps, UNICEF helps the respective organization to draft action plan to comply with requirements on protection against SEA. All IPs management staff should undertake and have passed on-line training on prevention of abuse and sexual exploitation before the respective organization can be qualified for partnership with UNICEF. The implementation of the above initiative was included as part of HACT requirement.

Any other comments (optional):

N/A

7. Cash and Voucher Assistance (CVA)

Did the project include Cash and Voucher Assistance (CVA)?

Planned	Achieved
No	No

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

PDM assessment was included as essential element of the project framework to ensure the results of the project are measured (how project impacted beneficiaries, lessons learnt, challenges and beneficiary satisfaction). The ToR for this exercise was drafted and its implementation will take place in April and May 2020.

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

9.7. Project Report 19-UF-WHO-020 - WHO

1. Project Information			
1. Agency:	WHO	2. Country:	Ukraine
3. Cluster/Sector:	Health - Health	4. Project Code (CERF):	19-UF-WHO-020
5. Project Title:	Delivery of Life-saving Health Care Interventions in NGCA and Contact Line of Eastern Ukraine		
6.a Original Start Date:	14/05/2019	6.b Original End Date:	31/12/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input 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 type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 6,550,540
	b. Total funding received for agency's sector response to current emergency:		US\$ 520,000
	c. Amount received from CERF:		US\$ 928,760
	d. Total CERF funds forwarded to implementing partners		US\$ 85,000
	of which to:		
	Government Partners		US\$ 0
International NGOs		US\$ 85,000	
National NGOs		US\$ 0	
Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF UFE grant, WHO delivered emergency lifesaving health interventions and trained 211 health care workers in trauma care, emergency and mass casualty management through the delivery of essential lifesaving medical supplies and medical equipment to the selected health facilities in both NGCA and GCA; 120 health care workers (physicians and nurses) trained in trauma, emergency medicine and mass casualty management in NGCA; mental health training was given for the same health workers, 211 who were trained on trauma care, the content was designed for medical personnel; 91 healthcare workers from Mariupol, Kreminna and Sviatohirsk, GCA were trained on Advanced trauma care, ATC.

The project has supported the Emergency Medical Services, EMS, system with the essential equipment to maintain the lifesaving functions of the emergency medical services - 77 items of equipment were transferred to local EMS services in Luhansk.

Supported the provision of emergency lifesaving laboratory investigations through mentoring and technical trainings of laboratory personnel in Donetsk and Luhansk in emergency investigations and supported the emergency diagnostic chain to provide emergency laboratory investigations.

3. Changes and Amendments

Because of the restrictions by de facto authorities to deliver, the trauma training in Donetsk NGCA there were three training events organized in 20-km zone in GCA which provided for 211 participants instead of 150 as originally planned (Output 1).

The mental health training in GCA was not conducted, instead mental health component was incorporated into the trauma training which was conducted in the two oblasts in NGCA.

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	4,480	5,120	960	1,120	11,680
Other affected persons	14,920	17,480	2,720	3,200	38,320
Total	19,400	22,600	3,680	4,320	50,000
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	4,480	5,120	960	1,120	11,680
Other affected persons	14,920	17,480	2,720	3,200	38,320
Total	19,400	22,600	3,680	4,320	50,000
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

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:	<p>The number of direct beneficiaries is estimated based on the catchment area population for which emergency medical services was provided. The training is believed to increase the extent of the service to reach more people with improved quality of the service.</p> <p>Enhancing disease surveillance in NGCA through conducting assessment and monitoring and evaluation visits was not possible due to the limited access by local authorities.</p>
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4.c Persons Indirectly Targeted by the Project
Indirectly, all the population of Luhansk NGCA (1.4 million population) will benefit from the project support to the lab services and the emergency medical services in the area. Also, the population of Mariupol, Kramatorsk and selected districts of Luhanska oblast with around 210 thousand population potentially benefitted from three advanced trauma cares, ATC, training sessions conducted in Mariupol, Kreminna and Sviatohirsk, GCA.

5. CERF Result Framework	
Project Objective	Reducing preventable morbidity and mortality in improving access to quality lifesaving emergency and trauma health care services in supporting the management of health care in conflict-affected areas.

Output 1	Deliver emergency lifesaving health interventions and train health care workers in trauma care, emergency and mass casualty management			
Sector	Health - Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Percentage of requests for essential lifesaving medical supplies responded to	100	100	Lists of equipment delivered, monthly reports, letters to de facto authorities
Indicator 1.2	Number of health care workers trained	150	211	Lists of participants, training reports, monthly reports
Explanation of output and indicators variance:		Indicator 1.2.: 120 health care workers in NGCA and 91 in GCA along the 20 km of the contact line were trained in trauma, emergency medicine and mass casualty management. Acute need in ATCT among health care workers and WHO trainers' team ability to extend numbers of trainings without a significant rise in price allowed to reach more health care workers than it was planned.		
Activities	Description	Implemented by		
Activity 1.1	Delivery of essential lifesaving medical supplies and medical equipment to selected health facilities in NGCA and along the 20 km of the contact line in consultation with the local health authorities	Procurement and delivery: WHO, UNHCR, UNICEF, MdM. Distribution de facto MoHs in Donetsk and Luhansk regions.		
Activity 1.2	A total of 150 health care workers (physicians and nurses) will be trained in trauma, emergency medicine and mass casualty management in NGCA and along the 20 km of the contact line	WHO staff		

Output 2	Support the survivor chain functionality			
Sector	Health - Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Response to emergency calls in cities in less than ten minutes	80%	80%	Local health authorities, EMS service Registry and survey
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 2.1	Support the EMS system with referral equipment	WHO		
Activity 2.2	Preserve the lifesaving functions of the emergency medical services, secondary and tertiary care hospitals	WHO		

Output 3	Ensure the provision of emergency lifesaving laboratory investigations			
Sector	Health - Health			

Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	Number of trainings to health care workers in emergency laboratory investigations	2	2	Reports of WHO Lab consultant (internal use only), photos, lists of participants.
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 3.1	Trainings of health care workers in emergency laboratory investigations	WHO, local health authorities.		
Activity 3.2	Support the emergency diagnostic chain to provide emergency laboratory investigations	Procurement and delivery: WHO, UN HCR logistic group Distribution: de facto MoHs Luhansk		

Output 4	Improve access to life-saving mental health interventions			
Sector	Health - Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 4.1	Number of trained health care workers in first aid for mental health disorders	50	211	Training report
Indicator 4.2	Number of patients covered by psychotropic medicines	1000	0	0
Explanation of output and indicators variance:		The mental health training was not given as a standalone instead incorporated within the trauma training.		
Activities	Description	Implemented by		
Activity 4.1	Train 50 health care workers on first aid for mental health disorders	WHO trauma and emergency expert		
Activity 4.2	Provide essential psychotropic medicines to treat 1000 patients	NA		

Output 5	Enhance disease surveillance			
Sector	Health - Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 5.1	Number of assessments, monitoring and evaluation visits to improve data collection	5	NA	NA
Indicator 5.2	Number of dashboards developed to monitor the quality of outcomes	10	12	Health cluster monthly activity dashboard, HC bulletin
Explanation of output and indicators variance:		Assessment, monitoring and evaluation visits and data collection was not possible due to access not been granted by de facto entities.		
Activities	Description	Implemented by		
Activity 5.1	Assessment of the current situation of data collection and data sources in NGCA and the 20 km around the contact line real-time data collection	NA		
Activity 5.2	Quality and outcomes monitoring	NA		

Activity 5.3	Provide assistance to Health Cluster as needed to setup dashboards or similar data products.	Health cluster interventions in GCA and NGCA is submitted online and interactively displayed by type of intervention and geographic area. Additionally, the dashboard displays Health Resource Availability Mapping, HeRAMs, data for GCA
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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 activities on the Outputs 1 – 5 are a continuation of the long-term interventions in the laboratories, EMS, trauma care and mental health that has been carried out by WHO. The project activities were developed based on the needs assessment provided by WHO experts in trauma, EMS and laboratory during their missions to Donetsk and Luhansk NGCA and in consultation with local health authorities and health professionals on the ground. The protracted conflict in the area has left communities with poor access to healthcare services including emergency medical care and the training is expected to shorten the turnaround time for emergency medical service request especially by vulnerable members of the household who can't afford private arrangements. The log book at EMS records the time when request for service was made and time the service was dispatched and provided which can show performance with time which improves the overall quality of the service.</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>Since WHO works with health sector and health professionals the community engagement was indirect through them responding to the needs of a community.</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>Due to the regulations by de facto authorities the activities were implemented under control of de facto authorities and de facto health authorities, in particular, de facto ministry of health. In NGCA, any direct contacts with the population are restricted.</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 checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>In the activities related to interactions with health professionals the feedback was collected on a regular basis. The checklist was used by the lab mentor, the evaluation forms were collected from participants during the training including the pre-tests and post-tests.</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>N/A</p>
<p>Any other comments (optional):</p> <p>N/A</p>

7. Cash and Voucher Assistance (CVA)	
Did the project include Cash and Voucher Assistance (CVA)?	
Planned	Achieved
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
EMS survey was conducted in the two oblasts of GCA to measure the quality and reach of the service, however similar assessment was not possible in NGCA due to the local authorities' strict restrictions.	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
19-UF-FAO-010	Agriculture	FAO	INGO	247,426
19-UF-FAO-010	Agriculture	FAO	NNGO	8,565
19-UF-IOM-010	Shelter & NFI	IOM	NNGO	82,811
19-UF-FPA-014	Health	UNFPA	NNGO	256,605
19-UF-HCR-006	Shelter & NFI	UNHCR	INGO	180,000
19-UF-HCR-006	Shelter & NFI	UNHCR	NNGO	145,355
19-UF-CEF-032	Shelter & NFI	UNICEF	INGO	57,284
19-UF-CEF-032	Education	UNICEF	NNGO	683,968
19-UF-WHO-020	Health	WHO	INGO	85,000

ANNEX 2: SUCCESS STORIES

OHCHR

Until recently, 15 Vorobiova Street in Avdiivka, Donetsk region, was one of many examples of civilian property being used by military and law-enforcement forces in eastern Ukraine. As the conflict erupted in 2014, Avdiivka became one of the hotspots in Donetsk region. Due to hostilities in the area civilians living at 15 Vorobiova Street were forced to leave their apartments and look for safer places. The abandoned apartments were taken over by military.

Six families who stayed were caught in constant shelling and had to live right next to the military. And those who left reported that when they came to visit, they found their property, including furniture, electronic appliances, and personal belongings looted or damaged. The 28 households, including families with children, persons with disabilities, and older persons, interviewed by the OHCHR were forced to find and pay for safe homes on their own.

“We have been waiting for this home for 35 years. We lived there for three months, and now we are homeless,” Liudmyla, a pensioner, who worked at a factory all her life, told us standing in an empty damp room in Avdiivka, 15 Vorobiova Street.

As the comprehensive state policy of remedy and reparation to civilian victims of the conflict is yet to be developed by the Government, civilians remained mostly unprotected in this and many other similar situations.

“I understand everything. It is war, and there is military necessity to have an observation point in my flat. But it is the sixth year of the war. Why doesn't the State provide funds for people like me? Why don't they give us an apartment? I do not want to live the end of my life in hell”, said Tetiana, a retired teacher.

In May-June 2019 the OHCHR together with national NGOs and international partners was advocating for the military to leave the building number 15 at Vorobiova Street in Avdiivka. The task force created by the OHCHR and partners reached out to the authorities on regional and national levels and in September 2019 the military units, based in the building, finally left. This also enabled the local authorities to start developing a plan for refurbishment of the building, which was impossible while the military were based there.

As another example of the success story on a more general scale, in 2019, conflict-related civilian casualties decreased by 40 percent compared with 2018 and reached their lowest levels for the entire conflict period. OHCHR reporting and advocacy aimed at mitigation of civilian casualties enabled the Mission to better focus on the life-saving components of activities in the east of Ukraine, including a wider ‘protection by presence’ effort. OHCHR was able to timely reach victims and witnesses of violations; remote sites, shelled areas, grey zones, hotspots, checkpoints and vital civilian infrastructure; and record civilian casualties.

WHO

What to do when you are running against time to save a life

Website link: <https://bit.ly/2SjG79l>

WHO trains emergency health workers in eastern Ukraine on trauma care

Rapidity of intervention and knowledge of the right steps to take are crucial for saving lives in trauma situations. If a patient's airway is obstructed, there are only few minutes left to avoid death. Major trauma care also requires several health specialists to intervene simultaneously as a team.

This is why the WHO Health Emergencies Programme in Ukraine spares no effort in empowering health professionals in trauma care and emergency medicine.

During a 4-day Advanced Trauma Care Training (ATCT) on 22 to 25 October 2019, 42 health workers – heads of hospitals, surgeons, anesthesiologists, traumatologists and emergency doctors – increased their skills in the non-government-controlled area (NGCA) of

Luhansk city in eastern Ukraine. They are now better equipped and prepared to help patients in critical condition, to preserve life, and to prevent secondary injuries and further disabilities.

This training was made possible thanks to the generous contribution of the United Nations Central Emergency Response Fund (CERF).

Enhancing critical knowledge and skills to boost preparedness

Dr Olena Peicheva is an anesthesiologist and WHO trainer in Luhansk NGCA. In the practical sessions, she highlights that health professionals must anticipate problems in the airway before they happen.

“We must ensure and monitor that the airway is open and that the patient is breathing. During the theoretical and practical sessions, we underline the importance of seeing, feeling and hearing clinical signs to be able to detect airway and breathing abnormalities, because they can kill patients within minutes,” she says.

The participants have also enhanced their knowledge and practical skills in managing bleeding, treating haemorrhagic shock, and managing patients with burns and spinal trauma.

Examining the patient from head to toe is mandatory but frequently overlooked, explains Dr Omar Saleh, WHO’s trauma and emergency medicine specialist in Ukraine: “When managing mass casualties, where the number of patients and the needs exceed capacities, triage is a must for doctors, nurses and feldshers. This is what we prioritize in our training. We also include an introduction on mental health for health workers and on preparedness to respond to chemical, biological and radio-nuclear events.”

For Dr Caroline Clarinval, WHO Health Programme Coordinator in Ukraine, the ATCT is one of WHO’s flagship trainings in Ukraine. “With the support of our donors, we have been able to establish a multidisciplinary team composed of a trauma surgeon, 2 anesthesiologists and co-facilitators; to develop related materials; and to procure high-quality simulation equipment.”

“In many cases, the survival of trauma patients depends on a competent and well-coordinated trauma team working in harmony,” she continues. “Besides learning lifesaving skills such as endotracheal intubation and bleeding control, participants also had an opportunity to practice working in a multidisciplinary trauma team, to learn from peers and to establish their own professional networks. All this is vital when time is running out for patients in a critical state.”

Website links showcasing the impact of the activities completed under the project on the Delivery of life-saving health care interventions in NGCA and contact line of eastern Ukraine funded by CERF in May-December 2019

- Photo story - Scaling up emergency health services in eastern Ukraine: the ABCDE of trauma care, <https://bit.ly/2V5onCF>;
- News item - Improving trauma care and emergency response in eastern Ukraine, <https://bit.ly/350rAEs>;
- News item - 32 000 people receive life-saving medicine and treatment in the conflict-affected areas of eastern Ukraine, <https://bit.ly/3cGLiHZ>

ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AGDM	Age, gender, diversity mainstreaming
APP	Accountability to affected population
ATC	Advanced Trauma Care
CBT	Cash based transfer
EECP	Entry-exit check point
ECD	Early child development
EMS	Emergency Medical Services
ERH	Emergency Reproductive Health
ERW	Explosive remnanats of war
GBV	Gender-Based Violence
GCA	Government Controlled Area
GP	General Practitioner
HC	Humanitarian Coordinator
HIV	Human immunodeficiency viruses
HH	Household
HLP	Housing, land and property
HNO	Humanitarian Needs Overview
HPC	Humanitarian Programme Cycle
HRP	Humanitarian Response Plan
ICCG	Inter-Cluster Coordination Group
ICPC	International classification of primary care
IDP	Internally Displaced Persons
IHL	International Humanitarian Law
IP	Implementing Partner
IPA	Individual Protection Assistance
INGO	International Non-Governmental Organisation
MFT	Multi-functional team
MH	Mental Health
MHPSS	Mental Health and Psychosocial Support
MRE	Mine risk education
MSNA	Multi-sectoral needs assessment
NFI	Non-food item
NGCA	Non-Government Controlled Area
NRC	Norwegian Refugee Council
NGO	Non-Governmental Organization
OBGYN	Obstertrics and gynecology
PDM	Post distribution monitoring
PMCT	Prevention of mother-to-child transmission
PSEA	Protection against sexual exploitation and abuse
PSS	Psychosocial support
PSB	Procurement service branch
SGBV	Sexual gender based violence
SOP	Standard operating procedure
SRH	Sexual and Reproductive Health
STI	Sexually transmitted infections
TB	Tuberculosis

UHF	Ukraine Humanitarian Fund
UMM	Ukrainian Medical Mission
WASH	Water, sanitation and hygiene
WHFP	Women's health and family planning