

LEBANON
UNDERFUNDED EMERGENCIES ROUND I
MULTIPLE EMERGENCIES
2020

20-UF-LBN-40772

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PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:

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

An AAR was not conducted. Following bilateral discussions to understand progress and outcomes of project implementation following reprogramming, it was decided that a clear picture of outcomes was available and it was sufficient to share the final report for review and input with members of the HCT prior to final submission.

Please confirm that the report on the use of CERF funds was discussed with the Humanitarian and/or UN Country Team (HCT/UNCT).

Yes No

Please confirm that the final version of this report was 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 No

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

The findings from the 2019 VASyR and the UNHCR Participatory Assessment as well as Inter-Sector exercises on prioritization and most impactful programming were used as an evidence base for prioritization of this CERF-UFE allocation which indicated the necessity to address the needs of two main vulnerable groups: (1) Persons with specific needs (PwSN) and, (2) women and girls at risk. Under the purview of the RC/HC, when looking at the funding level of sectors, OCHA and the LCRP Inter-Sector developed a well prioritized, implementable and focused strategy for the CERF grant based on two primary factors: (1) Harmonization of the intervention: and, 2) time-critical activities that contribute to resilience and coping strategies of the most vulnerable targeted groups in time of crisis.

UN agencies jointly worked with sectors and partners and prioritized and recommended specific underfunded activities and projects to be included in the CERF request. The recommendations were shared at the Humanitarian Country Team on 23rd of January 2020. The HCT discussed the complementarity with LHF and other donor funding sources at the same time as CERF, reviewed the response gaps and focused on the maximum amount of impact that it will bring to the targeted communities.

The HCT developed a clear focus for this CERF allocation and targeted the funds towards a limited number of projects, sectors and subgrants to maximize the impact of the CERF allocated fund. Following the outbreak of COVID-19, four of the five agencies funded reallocated components of their grants to meet critical COVID-19 response priorities, and discontinue some project components no longer feasible as a result of the pandemic.

This CERF allocation focused on the most urgent underfunded gaps in the health, shelter, education and protection sectors, to be enacted through an integrated protection approach through multi-sectoral interventions to respond to the needs of the most vulnerable people, in line with objectives 1 and 2 of the LCRP 2017 – 2020. Following the outbreak of the COVID-19 pandemic, the shelter components of two projects were reprogrammed to critical COVID-19 response activities, and WASH and multi-purpose cash interventions were added.

Following the announcement of the first COVID-19 case on 21st February in Lebanon, and the subsequent WHO declaration of the pandemic, discussions were held with each partner to consider impact on the newly-commenced programs. Four of the five agencies decided together with the HC to reprogram components of projects to both strengthen critical response activities to COVID-19 and remove components whose implementation was made impossible in the short term because of lockdown and social distancing measures and their impact on implementation.

CERF's Added Value:

This CERF allocation focused on preventing further deterioration in the situation of vulnerable families and communities through a multi-sectoral and integrated approach, providing critical and targeted funding to support humanitarian response activities at a time when the worsening situation in Lebanon was exacerbating existing vulnerabilities among refugee and Lebanese communities, particularly PwSNs and women and girls at risk.

Under the Health response, agencies were able to procure essential medications for mental and reproductive health, during this period of increased demand due to the dire economic situation where more than 50% of the Lebanese population and 80% of the Syrian refugees are still estimated to be living below the poverty lines. Health care response also helped save lives and prevent further risks to the health of the Syrian refugees who benefitted through Secondary health care support. Projects also supported the procurement of 56 ventilators for the national response to the COVID-19 pandemic.

Protection response provided case management and protection services to survivors of Gender Based Violence (GBV) and Persons with Specific Needs (PwSN). Education components supported the access of Palestinian children including those with disabilities to education during a period of acute crises in Lebanon. Palestine refugees in Lebanon (PRL) also received emergency cash assistance in May to mitigate against additional socio-economic hardship due to the outbreak of COVID-19 in Lebanon.

The additional, and perhaps more critical added value is the flexibility shown by CERF in rapidly reprogramming to ensure that with the outbreak of the pandemic, agencies were able to meet critical COVID gaps (e.g provision of PPEs for public health facility staff) as well as to reallocate funds to respond to growing needs (e.g change of shelter components to cash programming to mitigate against dual impact of lockdown and the socio-economic crisis on already vulnerable populations).

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

Yes

Partially

No

Did CERF funds help respond to time-critical needs?

Yes

Partially

No

Did CERF improve coordination amongst the humanitarian community?

Yes

Partially

No

Did CERF funds help improve resource mobilization from other sources?

Yes

Partially

No

Considerations of the ERC's Underfunded Priority Areas¹:

A strong focus on targeting those most vulnerable profiles of people in need (based on a person's circumstances, physical, social or other characteristics as well as access to rights, services and livelihoods) were fully considered when developing the strategy and formed the fundamental basis of interventions under the health, education, WASH and protection sectors. All projects were also implemented in line with individual agency policies to ensure age, gender, and diversity were reflected in programming.

Needs specific to women and girls were considered through the provision of timely access to quality life-saving maternal, new-born, child and sexual and reproductive health (RH) emergency services. Women and girls' RH needs and GBV risks were addressed through routine and emergency medical care, patient education, awareness raising and referral to specialized services including case management, psychosocial support and mental health care.

Moreover, cash programming directly supported access to comprehensive Gender Based Violence (GBV) response services, such as case management, protection cash and complementary services, critical in addressing structural societal discrimination and violence that women and girls face in Lebanon. Projects also served to contribute to improve gender equality, empowerment and protection of women, girls and other vulnerable groups.

CERF-funded projects ensured that **persons with disabilities** were properly identified and referred to timely, quality protection services. In order to respond to their needs, high risk cases of persons with disabilities benefitted from case management support and had access to a range of in-person or remote services including but not limited to psychosocial support, legal aid, health services and cash assistance. Palestine refugee children with disabilities were provided with access to the emergency education programmes.

Noting poor uptake of persons with disabilities going to PHCs, UNFPA initiated various measures to promote access to RH services including home visits and referral to care as needed, units and deployment of mobile teams to reach the hidden and most affected population including older women, and people with restricted mobility.

The majority of activities and outputs included in several projects directly target **protection issues** including through cash modalities to address protection risks and case management for people in situations of greatest vulnerability. This protection cash was provided in 3,948 protection cases, benefitting approximately 14,405 individuals; in addition to the GBV survivors mentioned above 1,580 Persons with Specific Needs (PwSN) and 572 child protection cases were supported.

Education in protracted crises was supported by two funded agencies providing critical education support to vulnerable Palestine refugee children in Lebanon, ensuring their continued access to inclusive education services during a period of acute crises in Lebanon.

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 HCTs/UNCTs 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. While CERF remains needs based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the questions and answers on the ERC four priority areas [here](#).

Table 1: Allocation Overview (US\$)

Total amount required for the humanitarian response	979,600,000
CERF	12,988,434
Country-Based Pooled Fund (if applicable)	1,000,000
Other (bilateral/multilateral)	1,440,500,000
Total funding received for the humanitarian response (by source above)	1,454,488,434

Table 2: CERF Emergency Funding by Project and Sector/Cluster (US\$)

Agency	Project Code	Sector/Cluster	Amount
UNFPA	20-UF-FPA-010	Health - Health	800,000
UNHCR	20-UF-HCR-007	Protection - Protection	2,981,816
UNHCR	20-UF-HCR-007	Shelter and Non-Food Items - Shelter and Non-Food Items	2,271,860
UNHCR	20-UF-HCR-007	Health - Health	1,845,886
UNICEF	20-UF-CEF-014	Education - Education	1,620,000
UNRWA	20-UF-RWA-001	Shelter and Non-Food Items - Shelter and Non-Food Items	1,007,985
UNRWA	20-UF-RWA-001	Education - Education	968,456
WHO	20-UF-WHO-009	Health - Health	1,492,431
Total			12,988,434

Table 3: Breakdown of CERF Funds by Type of Implementation Modality (US\$)

GUIDANCE (delete when completed): The information is to be prepared by the CERF focal point based on agencies' inputs.

Total funds implemented directly by UN agencies including procurement of relief goods	10,464,057
Funds sub-granted to government partners*	N/A
Funds sub-granted to international NGO partners*	497,070
Funds sub-granted to national NGO partners*	2,027,307
Funds sub-granted to Red Cross/Red Crescent partners*	N/A
Total funds transferred to implementing partners (IP)*	2,524,377
Total	12,988,434

* Figures reported in table 3 are based on the project reports (part II, sections 1) and should be consistent with the sub-grants overview in the annex.

2. OPERATIONAL PRIORITIZATION:

Overview of the Humanitarian Situation:

Now in its tenth year, Lebanon remains at the forefront of one of the worst humanitarian crises of our time and continues to host the highest number of displaced persons per capita in the world. As of March 2021, the Government of Lebanon (GoL) estimates that the country hosts around 1.5 million Syrians who have fled the conflict in Syria (including 865,531 registered as refugees with UNHCR as of the end of December 2020), along with 27,700 Palestine refugees from Syria (PRS) and a pre-existing population of an estimated 180,000 Palestine refugees from Lebanon (PRL). Syrian refugees are living in every part of the country; 20 per cent live in informal settlements, 2% in collective shelters and the rest reside in private accommodation. As for Palestine refugees, most live in the 12 organized camps, while the remaining reside in 156 gatherings.

Lebanon has faced a deep economic and financial crisis since late 2019, which has been exacerbated by the COVID-19 pandemic and the devastating explosions in the Beirut port on 4 August 2020. The protracted nature of the refugee situation with limited self-reliance possibilities, coupled with the impact of these recent crises, have led to an exponential rise in extreme poverty among refugees. The 2020 Vulnerability Assessment of Syrian Refugees (VASyR) found that 89 per cent of Syrian refugee households are now under the extreme poverty line, up from 55 per cent only a year before. Food prices have almost tripled in Lebanon since October 2019 and income opportunities have drastically worsened due to the sharp economic slowdown the country has seen over the past twelve months.

The Protection space continues to remain narrow, with 80% of refugees lacking valid residence permits, deportations taking place without due process guarantees, and hospitality in host communities shrinking as competition over resources for survival continues to rise. In this context, women continue to be underrepresented in the formal labour market in Lebanon, with only 12 per cent of Syrian women participating in the labor force compared with 65 per cent of men. Worryingly, children between the ages of 5 and 17 years who are engaged in child labour almost doubled since 2019, reaching 4.4% in 2020. Children constitute around 30 per cent of the total labour force in agriculture, followed by women at a rate of 43 per cent. Persons with specific needs (PSN), including female heads of households as well as older persons and youth, have been disproportionately affected due to restricted ability to provide for themselves, purchase essential goods and access critical services. This also includes subsidized services provided by public institutions due to an increase in transportation costs and budget cuts. They are more likely to resort to negative coping mechanisms including child labour and child marriage or to be exposed to exploitation. PSN have less ability to absorb additional shocks due to their intrinsic vulnerability, limited support and already strained resilience mechanisms.

Operational Use of the CERF Allocation and Results:

The 2020 Round 1 CERF Underfunded Emergency prioritized projects in line with the CERF Life Saving Criteria, ensuring the application of minimum humanitarian standards and preventing a deterioration of the humanitarian situation and increased vulnerability in a worsening socio-economic situation. In particular, the strategy aimed at achieving one main objective: to protect and save lives of extremely vulnerable PwSN and women and girls at risk by ensuring access to currently underfunded essential basic services. This allocation targeted 404,543 most vulnerable refugees and host communities with Protection, Health and Education services, and following a redeployment of funds following the COVID-19 pandemic outbreak, WASH and Multi-Purpose Cash Assistance (MPCA) services.

Project have been successful in meeting achievements in proposed sectors, except Shelter which was reprogrammed towards critical COVID-19 response activities following the pandemic outbreak. As a result of reprogramming to include WASH and MPCA components with greater reach, the overall number of targeted beneficiaries was greater than the planned 404,543.

Under health, 2,791 individuals (77% women and girls) received life-saving secondary health care, procured 56 ventilators for the national response to the COVID-19 pandemic. 287,500 vulnerable women, men and adolescent girls across Lebanon between March and December 2020 were provided Reproductive Health (RH) services, treatment and care through the procured drugs and contraceptives. Funding allowed the continuity of RH services in 245 primary health care centres, 82 dispensaries and 22 governmental hospitals.

Under Protection, case management and protection services were provided to 343 survivors of Gender Based Violence (GBV), 1,580 Persons with Specific Needs (PwSN) and in 572 child protection cases and provided protection cash in 3,948 protection cases, benefitting approximately 14,405 individuals. 26,702 vulnerable Palestine refugees in Lebanon (PRL) also received emergency cash assistance to mitigate against the dual impact of COVID-19 and the limited access to goods and services caused by the socio-economic crisis.

Supporting Education services for vulnerable Palestine refugee children, funding supported the access of 5,180 children including 100 children with disabilities to emergency education programmes. CERF funding also critically allowed for the procurement of essential Personal Protective Equipment (PPE) to prevent COVID-19 transmission and provide them to health workers providing immunization service at public immunization points (such as dispensaries and primary health care centres).

People Directly Reached:

Due to considerable reprogramming of funding allocated under this CERF allocation, reached beneficiaries do not reconcile fully with original targets. Nevertheless, partners were able to reach a total of 525,162 beneficiaries. This is greater than the anticipated amount due to reprogrammed funds towards WASH activities (disinfection and IPC kits, as well as the procurement of PPE to support health care workers) with greater reach than initially planned shelter interventions as a result of the broad impact of COVID-19 upon all profiles of beneficiary. The additional MPCA programming for PRL also increased the number of beneficiaries reached. Under Protection activities also, more than planned beneficiaries were reached as a result of additional cash programming conducted. As a result of the reprioritisation of activities towards those most at risk, the targeted number of boys and girls was considerably above target, and the number of men less than expected.

While there could be double counting in the targeting of people receiving in particular health services, we considered that the total reached figures were approximately in line with those targeted (not including additional WASH component) and given the wide scope of geographic support for health services we considered the sum methodology acceptable in providing an accurate number of beneficiaries reached.

People Indirectly Reached:

While it is not possible to accurately quantify numbers of people indirectly benefitting from allocation activities, all projects had a substantial indirect benefit on the families of beneficiaries, their communities and those accessing the service provision funded. Moreover, emergency cash assistance impacted the overall economic conditions among communities supported, as it led to an influx of resources strengthening the purchasing power of refugee and host community families.

The project contributed to strengthening the healthcare system by enabling the MOPH to make available needed essential medications at primary healthcare level. Access to essential medications not only benefited directly 82,000 beneficiaries but also their families and close relatives as they are not undergoing further financial hardship to ensure the needed medications. Also, among the indirect beneficiaries are the PHC centres and dispensaries affiliated with the chronic medications program as well as community mental health centres as they will be able to maintain their services.

Ventilators procured benefit all persons referred to ICUs in the hospitals, regardless of nationality. Their procurement and distribution contribute to enhance the capacity of the Lebanese health system to ensure access to care for persons with critical COVID-19 symptoms.

It is further estimated that each woman and man that received Reproductive Health medication and contraceptives would indirectly benefit at least 4 members of their family/ community. An estimated 1 million individuals would therefore have indirectly benefited from the interventions provided through CERF funding specifically aimed to improve the health and wellbeing of men and women. Moreover, when contraceptives are accessible by a couple to delay and space pregnancies, this would contribute to healthier families, empowered women and reduced poverty.

WASH activities directly supported more than 20,000 families, helping households to protect themselves against the transmission of COVID-19. Any individual or family in contact with those 20,000 beneficiaries were indirectly supported, due to the decreased risk of COVID-19 transmission from the beneficiaries.

Table 4: Number of People Directly Assisted with CERF Funding by Sector/Cluster*

Sector/Cluster	PLANNED					REACHED				
	WOMEN	MEN	GIRLS	BOYS	TOTAL	WOMEN	MEN	GIRLS	BOYS	TOTAL
Education - Education	0	0	5,634	2,086	7,720	0	0	2,681	2,499	5,180
Health - Health	268,901	98,094	13,196	1,413	381,604	265,752	66,739	29,558	12,797	374,846
Protection - Protection	2,810	1,390	2,130	2,300	8,630	5,129	3,804	3,759	4,208	16,900
Shelter and Non-Food Items - Shelter and Non-Food Items	1,340	840	2,300	2,108	6,588	0	0	0	0	0
WASH						23,354	20,306	30,460	27,414	101,534
MPCA	6,402	6,410	6,815	7,075	26,702	6,402	6,410	6,815	7,075	26,702
Total	273,051	100,324	23,260	7,907	404,542	300,637	97,259	73,282	53,993	525,162

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

Table 5: Total Number of People Directly Assisted with CERF Funding by Category*

Category	Planned	Reached
Refugees	221,382	254,845
Returnees	0	0
Internally displaced people	0	0
Host communities	183,161	267,237
Other affected people	0	3,080
Total	404,543	525,162

Table 6: Total Number of People Directly Assisted with CERF Funding*

Sex & Age	Planned	Reached	Number of people with disabilities (PwD) out of the total	
			Planned	Reached
Women	273,051	300,637	0	32,866
Men	100,324	97,259	0	25,167
Girls	23,260	73,282	0	682
Boys	7,908	53,993	0	511
Total	404,543	525,162	0	59,226

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 20-UF-FPA-010

1. Project Information			
Agency:	UNFPA	Country:	Lebanon
Sector/cluster:	Health	CERF project code:	20-UF-FPA-010
Project title:	Enhancing access to Reproductive Health services to women and girls at risk and persons with specific needs across Lebanon		
Start date:	09/03/2020	End date:	31/12/2020
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input checked="" type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 13,240,000
	Total funding received for agency's sector response to current emergency:		US\$ 1,000,000

Amount received from CERF:	US\$ 800,000
Total CERF funds sub-granted to implementing partners:	US\$
Government Partners	US\$
International NGOs	US\$
National NGOs	US\$
Red Cross/Crescent Organisation	US\$

2. Project Results Summary/Overall Performance

Through this CERF fund, UNFPA and the Ministry of Public Health in Lebanon were able to provide Reproductive Health (RH) services, treatment and care through the procured drugs and contraceptives that benefitted 287,500 vulnerable women, men and adolescent girls across Lebanon between March and December 2020. In particular, an estimated 115,500 women received antenatal and postnatal care, around 15,000 women and men received care for sexually transmitted and urinary tract infections, around 91,500 men and women received contraceptives, around 10,000 women received cancer related care and at least around 55,500 women received lifesaving emergency care in maternity wards of governmental hospitals. This allowed continuity of RH services in 245 primary health care centres, 82 dispensaries and 22 governmental hospitals. This was achieved during a period of increased demand on RH drugs and contraceptives due to the dire economic situation where more than 50% of the Lebanese population and 80% of the Syrian refugees are estimated to be living below the poverty lines. To be noted that due to the COVID19 pandemic, around 5.6% of CERF funding was re-programmed for the procurement of personal protective equipment (PPE) for the frontline workers to promote safe continuity of RH services especially for pregnant women (re-programming of funds approved by OCHA). UNFPA ensured emergency funds to substitute for the 5.6% gap in the initial CERF list of drugs and to allow reaching the original target.

3. Changes and Amendments

The COVID19 pandemic necessitated applying infection prevention control measures to ensure continuity of health care services therefore UNFPA requested reprogramming of 5.6% of the CERF fund to procure PPEs to the health care providers of its implementing partners – especially those providing RH services – as the PPEs were much needed for their safety and that of the patient while providing the services.

The COVID19 pandemic had a global impact on the chain supply and manufacturing of goods including for condoms where several manufacturers suspended production of drugs due to lockdowns witnessed around the world. Accordingly, there was a shortage of the type of condoms initially requested by MOPH (Thin male condoms, 53mm; thick) therefore UNFPA had to urgently identify another type (53mm standard natural) through its suppliers (with whom UNFPA globally has a long term agreement) that was agreed by MOPH and procured under the CERF fund noting that the quantity, quality and cost of condoms procured was not affected.

Expanding provision of RH services (through drugs and contraceptives) to additional health facilities necessitates ensuring proper management, storage and handling of drugs, functional monitoring and reporting system on place, training and supervision which were not possible due to restricted mobility imposed by COVID19 and to the Beirut port explosions crisis. Hence beneficiaries could have access to the 245 primary health care facilities and 82 dispensaries that already provide RH services including drugs and contraceptives across Lebanon. In addition, 22 governmental hospitals were provided with lifesaving RH drugs to ensure responding to any emergency obstetric care condition. Another direct impact of the COVID19 is the low percent of people with disability accessing RH services estimated to be 0.75% of all beneficiaries.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health - Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	94,866	24,600	30,000	6,400	155,866	129161	10267	19374	6789	165591
Returnees	0	0	0	0	0					
Internally displaced people	0	0	0	0	0					
Host communities	92,000	24,000	10,000	5,000	131,000	89056	19152	8906	4880	121994
Other affected people	0	0	0	0	0					
Total	186,866	48,600	40,000	11,400	286,866	218217	29419	28280	11669	287585
People with disabilities (PwD) out of the total										
	4,858	1,040	1,040	520	7,458	1637	221	212	88	2158

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

The CERF funded project aimed to enhance access to Reproductive Health (RH) services to vulnerable women, men and girls across Lebanon – both Lebanese as well as Syrian refugees - by availing RH drugs and contraceptives in the health facilities. It is estimated that each woman and man that received RH drugs and contraceptives would indirectly benefit at least 4 members of their family/ community therefore an estimated 1 million individuals are estimated to have indirectly benefited from the interventions provided through CERF fund which specifically aimed to improve health and wellbeing of men and women. Indirectly, each man and woman targeted under the CERF are expected to have enhanced knowledge and information about RH since service provision also entails patient education and awareness raising about various RH related areas hence beneficiaries would also be able to educate their family member about RH. More so, when the direct beneficiaries maintain good health and wellbeing through accessing the RH services including access to medications, they are able to care, support and maintain a healthy family. Furthermore, when contraceptives are accessible by the couple to delay and space pregnancies, this would contribute to healthier families, empowered women and reduced poverty. Lastly, it is worth noting that in 2020, UNFPA supported awareness raising on RH through its 15 implementing partners that provided RH information to around 95,000 women and men across Lebanon and by ensuring referral of those in need for medical care and RH services (including access to drugs and contraceptives) to more than 327 primary health care facilities where drugs were made available through CERF funds.

6. CERF Results Framework

Project objective	Enhanced access to reproductive health services to women and girls at risk and persons with specific needs (Syrian refugees and vulnerable Lebanese) across Lebanon			
Output 1	Increased availability of RH drugs and contraceptives in the PHCS, dispensaries and governmental hospitals			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Sector/cluster	Health - Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of health facilities supplied with continuous stock of RH drugs and contraceptives	415 (236 PHC, 150 dispensary, 29 governmental hospital)	245 PHC, 82 dispensaries and 22 governmental hospitals	Data from the Ministry of Public Health
Indicator 1.2	Number of women, men, adolescent girls, and boys and persons with disabilities receiving RH drugs and contraceptives	286,866	287,585	Data from the Ministry of Public Health and UNFPA implementing partners
Explanation of output and indicators variance:				
Activities	Description	Implemented by		
Activity 1.1	Procurement of RH drugs and contraceptives	UNFPA Procurement Service Branch		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas² often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate**

² These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC 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. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.

a. Accountability to Affected People (AAP)³

The project targets the most vulnerable men, women and adolescent girls that seek reproductive health (RH) care services at the Ministry of Public Health (MOPH) Primary Health Care Centers (PHCs), dispensaries and governmental hospitals. The list of drugs procured is based on a selected type of drugs identified as per consumption and preferences of the beneficiaries. MOPH monitors the consumption of RH drugs and contraceptives at the level of the health facilities through monthly reports. UNFPA supported recruitment of a district coordinator to review MOPH reports and coordinate with the health facilities to ensure proper provision of services including beneficiaries' feedback. Also, at the level of hospitals, UNFPA supports recruitment of a public health associate who follows up with all hospitals on data and information from maternity wards which allows to capture feedback from the field level.

b. AAP Feedback and Complaint Mechanisms:

While there is no solid system in place that allows to capture complaints from all beneficiaries, UNFPA requested its implementing partners (IPs) that run health facilities, to ensure beneficiaries are able to submit their complaints in a confidential manner. Moreover, UNFPA's IPs submit monthly reports to UNFPA including qualitative data from beneficiaries that reflects their satisfaction as well channel their needs and concerns. UNFPA leads the Reproductive Health sub-working group through which key actors discuss RH related priorities and gaps including shortages of RH drugs and contraceptives in the health facilities as well as problems in accessing RH services and where collective decisions and actions are usually agreed upon.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

UNFPA and its implementing partners established confidential and accessible channels to report SEA that include hotlines, dedicated emails and trained focal points to ensure different age and gender groups can access.

SEA complaints can be channelled locally via the established complaint channels or also submitted directly to the UNFPA Office of Internal Audit and Investigation that has established an Investigations Hotline to provide a confidential mechanism for individuals wishing to report fraud all types of wrongdoing including SEA. Reports of wrongdoing provided through this hotline are stored on a secure server. UNFPA safeguards these reports from any accidental or negligent disclosure.

In Lebanon, UNFPA nominated two PSEA focal points that can receive SEA complaints and respond to the allegations according to established internal and inter-agency Standard Operating Procedures.

UNFPA is also supporting partners to receive complaints of SEA through health and GBV service providers supported by UNFPA via dedicated phone numbers used to provide feedback and report misconduct or through trained focal points at service delivery points.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

Provision of RH commodities namely drugs and contraceptives will enhance access to sexual and reproductive health services where RH needs and GBV risks will be addressed through routine and emergency medical care, patient education, awareness raising and referral to specialized services including case management, psychosocial support, mental health care, etc This would promote protection for women and boost inter-linkages between health and protection hence promote a supportive environment for women empowerment

e. People with disabilities (PwD):

³ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

While PwD were among the most targeted population of the project yet due to the COVID19 measures, including lockdown restricted mobility, strict appointment system, screening and infection prevention control measures at the health facility level, and therefore this has resulted in decreased access by the PwD to health care services including for RH services. According to the MOPH data, less than 1% of the beneficiaries who accessed PHCs in 2020 were PwD. In parallel, UNFPA initiated various measures to promote access to RH for PwD including home visits targeting PwD among others and referral to care as needed, provision of services through medical mobile units and deployment of mobile teams to reach the hidden and most affected population including older women, women and men with restricted mobility and PwD.

f. Protection:

Availing RH drugs and contraceptives as one essential component of the RH service package in the health facilities promotes good health outcome and wellbeing of women, men, boys and girls receiving the services hence ensures enhancement of their protection status. Through its implementing partners, UNFPA is ensuring provision of services within an integrated health/protection approach. Also UNFPA initiated training of 100 PHC within MOPH/MOSA health and social facilities on integration of GBV in reproductive health care services to further reinforce the inter-linkages between health and protection.

g. Education:

Patient education/awareness is a key component of RH services whereas all women, men, girls and boys seeking RH services are expected to be provided with information about various RH aspects as deemed relevant (safe motherhood, family planning, menstrual hygiene management, sexually transmitted infections, etc). Any patient or beneficiary that receives RH drugs and contraceptives would also receive related education. Furthermore, in order to promote patient education and awareness raising about RH, UNFPA recruited 16 midwives deployed to 16 Primary Health Care centers of MOPH network. An additional 20 PHCs and dispensaries are also directly supported by UNFPA through midwives deployment to ensure provision of RH services including patient education and awareness raising in the community. These centres receive RH drugs from MOPH.

8. Cash and Voucher Assistance (CVA)

GUIDANCE (delete when completed): Cash and Voucher Assistance (CVA) refers to all programs where cash or vouchers for goods or services are directly provided to affected people. In the context of humanitarian assistance, the term is used to refer to the provision of cash or vouchers given to individuals, household or community recipients; not to governments or other state actors. CVA covers all modalities of cash-based assistance, including vouchers.

If more than one modality was used in the project, please complete separate rows for each activity. 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).

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	[Fill in]

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

NFPA procured RH drugs and contraceptives directly from the manufacturer which guarantee quality and cost effectiveness. UNFPA followed up closely the procurement process ensuring delivery of all procured items to MOPH to be dispensed to beneficiaries; hence CVA was not considered.

Parameters of the used CVA modality:

Specified CVA activity	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
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(incl. activity # from results framework above)				
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Guidance (to be deleted): Please list weblinks to publicly available social media posts (Twitter, Facebook, Instagram, etc.), videos and/or success stories, evaluations or other kind of reports on the agency's websites covering CERF-funded activities under this project.

Title	Weblink
[Insert]	[Insert]
[Insert]	[Insert]
[Insert]	[Insert]

PART II – PROJECT OVERVIEW

4. PROJECT REPORTS

3.2 Project Report 20-UF-HCR-007

1. Project Information

Agency:	UNHCR	Country:	Lebanon
Sector/cluster:	Protection	CERF project code:	20-UF-HCR-007
	Health		
	COVID-19 Response		
Project title:	Support to most vulnerable Syrian refugees		
Start date:	09/03/2020	End date:	31/12/2020
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input checked="" type="checkbox"/>

Funding

Total requirement for agency's sector response to current emergency:	US\$ 94,842,038
Total funding received for agency's sector response to current emergency:	US\$ 15,810,000
Amount received from CERF:	US\$ 7,099,562

Total CERF funds sub-granted to implementing partners:	US\$ 935,470
Government Partners	US\$ 0
International NGOs	US\$ 497,070
National NGOs	US\$ 438,400
Red Cross/Crescent Organisation	US\$ 0

2. Project Results Summary/Overall Performance

Through this CERF grant, UNHCR and its partners supported life-saving secondary health care interventions to over 2,791 individuals (77% women and girls); provided protection cash in 3,948 protection cases, benefitting approximately 14,405 individuals; provided case management and protection services to 343 survivors of Gender Based Violence (GBV), 1,580 Persons with Specific Needs (PwSN) and in 572 child protection cases; and procured 56 ventilators for the national response to the COVID-19 pandemic.

The project assisted a total of 19,691 people between March and December 2020 in the North (Akkar), South (El Nabatieh), the Bekaa (Baalbek – El Hermel, Zahle) and Beirut (Mount Lebanon).

The health care interventions helped save lives and prevent further risks to the health of the Syrian refugees who benefitted. The provision of ventilators in COVID-19 Intensive Care Units (ICUs) ensured access to lifesaving care of COVID-19 patients from the refugee and Lebanese communities. Finally, the interventions helped mitigate and respond to a variety of protection risks faced by Syrian individuals and families in a situation of vulnerability related to GBV, child protection and other specific needs.

3. Changes and Amendments

During the implementation period, the value of the LBP against the US\$ devalued significantly, leading the UN to negotiate a humanitarian exchange rate, closer to the market rate, with its financial service provider. This humanitarian exchange rate allowed UNHCR to both increase the transfer value of Protection Cash Assistance Programme (PCAP) grants as well as expand the number of families reached with the same amount of dollars. The transfer value was increased to LBP 450,000 and helped to somewhat offset the erosion of purchasing power of vulnerable families in Lebanon, caused by the LBP's devaluation the consequent inflation of prices for basic needs. In view of the pandemic, UNHCR requested to modify the project, to include a portion of its support to the National COVID-19 Response Plan, i.e., the procurement and distribution of 100 ventilators for ICUs. As explained in the interim report, the number of ventilators initially proposed had to be reduced to 56. This was because the initial procurement contract had to be cancelled and a second one arranged, after which the worldwide supply had been restricted and unit costs had risen.

Finally, the COVID-19 pandemic and the Beirut port explosions significantly disrupted the normal implementation of activities as planned during the inception of UNHCR's submission. Alternative implementation arrangements were however put in place when necessary, notably by moving to remote implementation when possible and maintaining in-person encounters only for the most critical protection cases. This did not prevent the achievement of the targets set out in the protection and health sectors.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health - Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	2,049	223	526	515	3,313	1,761	217	394	419	2,791
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	2,049	223	526	515	3,313	1,761	217	394	419	2,791
People with disabilities (PWD) out of the total										
	0	0	0	0	0	0	0	0	0	0

Sector/cluster	Protection - Protection									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	2,810	1,390	2,130	2,300	8,630	5,129	3,804	3,759	4,208	16,900
Returnees	0	0	0	0	0					
Internally displaced people	0	0	0	0	0					
Host communities	0	0	0	0	0					
Other affected people	0	0	0	0	0					
Total	2,810	1,390	2,130	2,300	8,630	5,129	3,804	3,759	4,208	16,900
People with disabilities (PWD) out of the total										

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

	0	0	0	0	0	27	35	4	13	79
Sector/cluster	Health - Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0
People with disabilities (PwD) out of the total										
	0	0	0	0	0	0	0	0	0	0

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

The ventilators procured thanks to this project benefit all persons referred to ICUs in the hospitals, regardless of nationality. Their procurement and distribution contribute to enhance the capacity of the Lebanese health system to ensure access to care for persons with critical COVID-19 symptoms. While not possible to measure precisely, people close to individuals and families who benefit from health and protection services supported by this project benefit from having healthier persons in their vicinity and from situations of vulnerability around them being mitigated.

6. CERF Results Framework

Project objective Support vulnerable refugee and host communities through interventions in health, shelter and protection sectors

Output 1 Financial support provided to targeted population for improved access to hospital and advanced referral care

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Health - Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# of persons provided with financial support for access to hospital and referral care	3,314	2,791	Secondary Health Care Third Party Administrator reporting + UNHCR monitoring documentation

Explanation of output and indicators variance: The total number of hospitalisations supported by this project is lower than expected because UNHCR temporarily changed its cost-sharing scheme to cover a higher portion of the cost/bill, given the sharply deteriorated socioeconomic situation of the refugees. The unit cost rose from an estimated US\$ 515 in the proposal to an estimated US\$ 611.5.

Activities	Description	Implemented by
Activity 1.1	Support access to emergency lifesaving and obstetric hospital care to refugees through the establishment of referral mechanisms	UNHCR
Activity 1.2	Enhanced collaboration and coordination with the Ministry of Public Health seeking synergies and more cost-effective delivery of services	UNHCR

Output 2 The impact of a widespread outbreak within the refugee population in Lebanon is reduced and appropriate access to necessary health care to those affected is ensured

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Health - Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	# of ventilators for Intensive Care Units provided	100 ventilators	56 ventilators	UNHCR documentation

Explanation of output and indicators variance: As mentioned in the interim report, UNHCR had to cancel the initial contract with the supplier for procurement of ventilators as the supplier was not able to

	deliver. Change of contractor resulted in an increase in price per unit due to the high demand in the market.
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Activities	Description	Implemented by
Activity 2.1	Provision of ventilators for Intensive care units to hospitals	UNHCR

Output 4 Protection situation of Syrian refugees improved

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Protection - Protection
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Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	# of Syrian refugees receiving cash grants (protection cash)	2000 cases; approximately 7000 individuals	3,948 cases representing 14,405 individuals	UNHCR

Explanation of output and indicators variance:	As mentioned in the interim report, UNHCR had access to a humanitarian exchange rate, closer to the market rate, which enabled UNHCR to expand both the number of families supported with protection cash and increase the amount of the grants.
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Activities	Description	Implemented by
Activity 4.1	Protection cash assistance is provided to approximately 7000 persons (total of 2000 Syrian cases).	UNHCR and implementing partners: Caritas; Himaya; Intersos; Makhzoumi Foundation and International Rescue Committee.

Output 5 Risk of SGBV reduced and quality of response improved

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Protection - Gender-Based Violence
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Indicators	Description	Target	Achieved	Source of verification
Indicator 5.1	# of individuals receiving case management	330	343	Partner reports

Explanation of output and indicators variance:	In the deteriorated socio-economic situation in Lebanon, with compounding crises adding pressure on the refugees as they struggle to survive, there is an increase in the number of refugees needing case management support. In parallel, due to the COVID-19 restrictions, case management provision shifted to a remote modality, except for urgent high-risk cases. This allowed case workers to support a higher number of cases.
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Activities	Description	Implemented by
Activity 5.1	Survivors of SGBV and individuals at risk will receive case management support	Makhzoumi Foundation, Intersos, Caritas and DRC

Output 6 Protection of children strengthened

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Protection - Child Protection			
Indicators	Description	Target	Achieved	Source of verification
Indicator 6.1	# of children receiving case management	470	572	Partner reports
Explanation of output and indicators variance:		In the deteriorated socio-economic situation in Lebanon, with compounding crises adding pressure on the refugees as they struggle to survive, there is an increase in the number of refugees needing case management support. In parallel, due to the COVID-19 restrictions, case management provision shifted to a remote modality, except for urgent high-risk cases. This allowed case workers to support a higher number of cases.		
Activities	Description	Implemented by		
Activity 6.1	Children at risk will receive case management support	Makhzoumi Foundation, Intersos and Himaya		

Output 7	Identification and assistance provided to Persons with specific needs			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Sector/cluster	Protection - Protection			
Indicators	Description	Target	Achieved	Source of verification
Indicator 7.1	# of persons with specific needs receiving case management	830	1,580	Partner reports
Explanation of output and indicators variance:		In the deteriorated socio-economic situation in Lebanon, with compounding crises adding pressure on the refugees as they struggle to survive, there is an increase in the number of refugees needing case management support. In parallel, due to the COVID-19 restrictions, case management provision shifted to a remote modality, except for urgent high-risk cases. This allowed case workers to support a higher number of cases.		
Activities	Description	Implemented by		
Activity 7.1	Persons with specific needs will receive case management support	Caritas, Intersos, International Rescue Committee, Danish Refugee Council		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁴ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

⁴ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC 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. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

a. Accountability to Affected People (AAP) ⁵:

UNHCR has well-established accountability mechanisms that involve refugees of various ages, gender and backgrounds in all stages of the programme management cycle. UNHCR seeks regular feedback from refugees to better understand their concerns, priorities and solutions using participatory and Age, Gender and Diversity sensitive (AGD) approaches. This is done through daily visits from refugees to UNHCR Reception Centers, field monitoring visits, outreach, home visits, social media, community mobilization, community meetings, surveys, call centers, hotlines and participatory assessments. The information analysed is used to inform and readjust interventions. In specific, refugees are consulted in the design of activities through focus group discussions, as well as through monitoring and satisfaction surveys. As part of their role in implementation, trained volunteers safely identified and referred more than 18,000 persons at risk to specialized interventions, including GBV and CP. With COVID, community health volunteers were newly mobilized to support their communities to apply COVID-19 precautions.

b. AAP Feedback and Complaint Mechanisms:

Complaints mechanisms and related procedures for persons of concern are in place to report allegations of fraud, misconduct and SEA by UNHCR and partners staff across interventions. These include UNHCR reception centres, helpdesks, hotlines, Call Centre, e-mails, complaints boxes and surveys, as well as communication and community engagement structures and platforms such as refugee-run Facebook pages, WhatsApp trees with refugees, large networks of volunteers and community groups. Moreover, each year, UNHCR consults, in coordination with partners, with thousands of refugee women, men, boys and girls of diverse backgrounds through a participatory assessment that inform activities and planning processes. Additionally, and as a result COVID-19 lockdowns and restrictions, UNHCR and partners quickly adapted work modalities to ensure continuity of feedback/complaints mechanism and strengthened community participation such as by increasing its Call Center capacity, expanding community networks and increasing the use of remote ways of interaction and two-way communication with refugees.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

UNHCR's interventions ensures the highest level of safeguards to prevent and respond to SEA. During the project implementation period in Lebanon, Complaints and Feedback Mechanisms (CFMs) have been reinforced and are available to any SEA victim who wish to report a misconduct or abuse. UNHCR uses a mixed approach as for its CFMs, with the possibility to report SEA directly to the Inspector General's Office at Headquarters or at country level. This allows any victim to report SEA using the entry-point they feel is the most appropriate to use. In all cases, UNHCR CFM's are as accessible as possible and remain entirely confidential. Follow-up on SEA cases is made by trained UNHCR and partner staff who have been capacitated to deal with such cases, including specialized GBV case workers.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

The project was implemented in line with the UNHCR's Age, Gender and Diversity (AGD) Policy. Thanks to this, it served to contribute to improve gender equality, empowerment and protection of women, girls, SOGIESC ⁶minorities and other vulnerable groups. Both case management and protection cash interventions, for example, have been implemented aiming to provide equal and meaningful participation in the decisions that affect the lives of these groups, especially in terms of protection. The project directly supported access to comprehensive Gender Based Violence (GBV) response services, such as case management, protection cash and complementary services. This is critical when it comes to addressing structural societal discrimination and violence that women, girls and SOGIESC minorities face in Lebanon. In 2020, women survivors of GBV accounted for 25% of cases supported through PCAP on protection grounds.

⁵ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

⁶ Sexual Orientation, Gender Identity and Expression, and Sex Characteristics

However, cash assistance provided to those women was only one of the services provided to them within a holistic case management plan aiming at ensuring their physical safety, addressing the consequences of the abuse and violence, helping them meet their needs and those of their dependents without resorting to harmful coping mechanisms, and empowering them to become self-reliant.

e. People with disabilities (PwD):

Throughout the implementation of this project, UNHCR and partners ensured that persons with disabilities were properly identified and referred to timely quality services. In order to respond to their needs, high risk cases of persons with disabilities benefitted from case management support and had access to a range of in person or remote services including but not limited to psychosocial support, legal aid, health services and cash assistance. Through provision of such services, UNHCR aimed at mitigating and responding to the protection risks (including different types of violence and exploitation) persons with disabilities face in their daily life. Continuous follow up on each individual case allowed persons with disabilities to have continuous access to different services depending on their needs.

f. Protection:

The majority of activities and outputs included in this project directly target protection issues including cash support to address protection risks and case management for people in situations of greatest vulnerability. Protection is mainstreamed across the implementation of all activities and SOPs, addressing the topics of confidentiality, do no harm, access, prevention of abuse and exploitation and many others as per UNHCR's global policies.

These are mainstreamed in the Secondary Health Programme in the same way, from the SOPs agreed with hospitals and the Third Party Administrator managing the programme, to UNHCR monitoring of implementation and refugee satisfaction. As an example, the cost-sharing scheme of the referral care programme was developed taking the protection needs particularly vulnerable patient categories into consideration. Care for victims of torture, GBV survivors and persons suffering from severe malnutrition is covered 100% and for persons in need of psychiatric in-patient care, coverage is 90%, up from 75% for the rest. The referral care programme also works closely with the protection department: refugees who are unable to pay the patient share can benefit from its emergency or protection cash programme and patients are referred when protection risks are identified.

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	3,948 cases representing approximately 14,405 individuals

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

CVA is used in the context of the Protection Cash assistance Programme and targets refugees facing an imminent protection risk or experiencing serious protection problems, such as child labour, GBV, exploitation, harassment. This cash assistance is provided as part of a holistic case management process carried out by partners both to prevent and to respond to the protection incidents. Needs are assessed on an individual basis and case plans are developed with the persons concerned to determine what support is most appropriate to help them overcome or avoid a crisis situation. Within the tailored response, cash is provided along services such as legal aid, safe shelter, and psychosocial support. The amount and duration of the financial assistance provided was decided upon when case managers did the initial assessment and case plan with the individuals in need. Starting in May 2020, and in light of the depreciation of the LBP, the monthly amount allocated to PCAP beneficiaries was standardized and increased to LBP 450,000. The duration of assistance ranged from 3 to 12 months depending on the type of protection incident or the protection risk to be addressed and the required response.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
4.1 Protection cash assistance is provided to approximately 7000 persons (total of 2000 Syrian cases).	3,948 cases representing approximately 14,405 individuals	US\$ 474.6 per case on average.	Unconditional	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
Twitter post	https://twitter.com/UNHCRLebanon/status/1364576299671556102?s=20
Facebook post	https://www.facebook.com/UNHCRLebanon/posts/3487491991361562

3.3 Project Report 20-UF-CEF-014

1. Project Information

Agency:	UNICEF	Country:	Lebanon
Sector/cluster:	Education and Health	CERF project code:	20-UF-CEF-014
Project title:	Preventing dropout of girls at risk and children with disabilities through the retention support programme and community-based childhood education programme		
Start date:	09/03/2020	End date:	31/12/2020
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input checked="" type="checkbox"/>

Funding

Total requirement for agency's sector response to current emergency:	US\$ 5,910,000
Total funding received for agency's sector response to current emergency:	US\$ 1,900,000
Amount received from CERF:	US\$ 1,620,000
Total CERF funds sub-granted to implementing partners:	US\$ 218,820
Government Partners	US\$ 0
International NGOs	US\$ 0
National NGOs	US\$ 218,820
Red Cross/Crescent Organisation	US\$ 0

2. Project Results Summary/Overall Performance

Health

Through the generous funding of OCHA CERF grant, UNICEF Health programme was able to procure essential Personal Protective Equipment (PPE) to prevent COVID-19 transmission and provide them to health workers providing immunization service at public immunization points (such as dispensaries and primary health care centres).

PPE item quantities were revised after consultation with the Ministry of Public Health confirming priority items. The following PPE was procured and distributed:

Supplies, Commodities, Materials	unit	Planned Quantities (in the re-programmed budget)	Procured Quantities
Gown, surgical, non-sterile, non-woven, disp.	EA	47,040	67,052
Mask, surgical, type IIR, tie strap, disp./BOX-50	Box	1,260	9,230
Gloves, w/o powder, nitrile, L, disp./BOX-100	Box	9,240	6,496
Gloves, w/o powder, nitrile, M, disp./BOX-100	Box	9,240	6,600
Hand sanitizer, alcohol >60%, 75- 700 ML	EA	760	760
Soap, 1 bar individually wrapped	EA	1,680	3,360

OCHA funds contributed to reach 184 Primary Health Care Centres across the country, with approximately 2,400 staff working in these centres benefiting from the PPE.

Education

The CERF funding was used to support the implementation of the Early Childhood Education (ECE) Programme in Palestinian camps and gatherings. The ECE programme was implemented through the ECE consortia, led by Welfare Association and 8 local Palestinian NGOs. The ECE consortia targeted 28 kindergartens across Lebanon, providing community-based ECE for girls and boys aged between 3 and 5 years, aiming at improving access to quality ECE interventions including education, health and psychosocial support.

Through the CEFR funding UNICEF' Palestinian Programme, supported the access of 3,000 children including 100 children with disabilities to the ECE programmes in 12 Palestinian camps and 6 gatherings. Due to COVID-9, online-learning sessions were provided for children through trained kindergarten teachers. The CERF funds also supported capacity building trainings for 57 education staff working with local partners on ECE methodologies and ways to improve quality of online-teaching programmes.

WASH

As WASH sector lead, UNICEF co-leads the Infection Prevention and Control (IPC) pillar of COVID-19 response in Lebanon, coordinating activities implemented by WASH partners, providing technical guidance, and leading the collaboration and negotiation with line Ministries. Thanks to this grant, nearly 20,000 families (around 100,000 individuals) were provided with access to IPC and disinfection kits.

3. Changes and Amendments

-

The following activities were cancelled under the initial CERF:

- Provision of retention support for Lebanese and non-Lebanese girls at risk and children with disabilities.
- Convene parent-group meetings to improve their involvement in the education of the children and increase their awareness about child rights and protection issues.
- Provide services and supplies to support children with special needs to enroll in the retention support programme; 17 percent of budget (\$218,820) is still being used as initially planned and will continue to be executed even within the current COVID environment for Palestinian children with extra precautionary measures.

Reprogramming

The objective of the reprogramming was to procure and deliver priority COVID-10 related supplies and goods for the remaining 83 per cent of the initial CERF budget, in order to ensure public health staff had appropriate protective equipment and to support households to self-isolate and safely care for family members. The procurement was to be completed prior to the project's approved end date. The reprogrammed key actions:

I. WASH and Infection Prevention and Control (IPC):

- 20,000 disinfection kits for households with mild COVID-19 cases and their surrounding neighbors in vulnerable communities
- 3,000 individual IPC kits for those with mild COVID-19 cases that need to self-isolate in vulnerable communities
- 100 IPC kits for Isolation centers for mild COVID-19 cases living in overcrowded locations

II. Support Primary Health Care Centre frontline staff with personal protective equipment (PPE) to ensure the continuation of basic and essential health services:

- Procurement and distribution of 47,040 gowns, 36,120 N95 masks, 1,260 Boxes of 50 surgical masks, 18,480 boxes of 100 gloves, 760 sanitizers and 1,680 bars of soap

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Education - Education									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	2,608	792	3,400	0	0	1,620	1,380	3,000
Returnees	0	0	0	0	0					
Internally displaced people	0	0	0	0	0					
Host communities	0	0	1,965	175	2,140					
Other affected people	0	0	0	0	0					
Total	0	0	4,573	967	5,540	0	0	1,620	1,380	3,000
People with disabilities (PwD) out of the total										
	0	0	239	331	570			54	46	100

Sector/cluster	WASH									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	NA	NA	NA	NA	NA	5,282	4,592	6,889	6,200	22,963
Returnees	NA	NA	NA	NA	NA					
Internally displaced people	NA	NA	NA	NA	NA					
Host communities	NA	NA	NA	NA	NA	18,072	15,714	23,571	21,214	78,570
Other affected people	NA	NA	NA	NA	NA					
Total	NA	NA	NA	NA	NA	23,353	20,306	30,460	21,214	101,533
People with disabilities (PwD) out of the total										
	0	0	239	331	570					

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

Sector/cluster	Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0					
Returnees	0	0	0	0	0					
Internally displaced people	0	0	0	0	0					
Host communities	0	0	0	0	0					
Other affected people	0	0	0	0	0					2,400
Total	0	0	0	0	0					
People with disabilities (PwD) out of the total										
	0	0	0	0	0	[Fill in]				

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

WASH activities directly supported more than 20,000 families, helping households to protect themselves against the transmission of COVID-19. Any individual or family in contact with those 20,000 beneficiaries were indirectly supported, due to the decreased risk of COVID-19 transmission from the beneficiaries.

The children and caregivers attending to the PHCs supported with PPE, benefited indirectly from the implementation of proper infection prevention control measures, that guaranteed safe health service delivery

6. CERF Results Framework

Project objective	Reduced dropout of girls and boys in formal education			
Output 1	Reduced dropout of girls and boys in formal education			
Was the planned output changed through a reprogramming after the application stage? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
Sector/cluster	Education - Education			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# of (Lebanese and non-Lebanese) girls at risk and children with disabilities provided with retention support	3,850	0 – funds were reprogrammed	
Indicator 1.2	# of children with disabilities in retention support programmes provided with additional support	470	0 – funds were reprogrammed	
Explanation of output and indicators variance:		Funds were reprogrammed away from these activities		
Activities	Description	Implemented by		
Activity 1.1	Provide retention support for Lebanese and non-Lebanese girls at risk and children with disabilities	N/A		
Activity 1.2	Convene parent-group meetings to improve their involvement in the education of the children and increase their awareness about child rights and protection issues	N/A		
Activity 1.3	Provide services and supplies to support children with special needs to enrol in the retention support programme	N/A		
Output 2	The education sector has sustained capacity to deliver equitable, quality opportunities for learning and development to Palestinian refugees, from early childhood to adolescence, in safe and inclusive environments			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Education - Education			

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	# of girls and boys (3-5), including CwDs, provided with support to access and enrol in ECE programmes	1,400	3,000, including 100 children with disabilities	Implementing partner reports

Explanation of output and indicators variance:

Activities	Description	Implemented by
Activity 2.1	Support access to ECE for vulnerable girls and boys	The ECE programme was implemented through the ECE consortia, led by Welfare Association and 8 local Palestinian NGOs (Al Najdeh in Burj Shemali, Al Buss and Beddawi camps, Al Somoud in Shatila and Rashidieh camps, Mousawat through partners in Burj el Barajneh, Shatila and Burj Shemali camps, General Union of Palestinian Women in Sabra and Burj Shemali, Ghassan Kanafani Cultural Foundation in Nahr el Bared, Beddawi and Ein el Helweh camps, Just.Childhood in Shatila camp, Fraternity Association in Burj el Barajneh camp, and Inaash in Wavel camp, Baalbeck
Activity 2.2	Support adoption of Inclusive Education approaches in ECE through rehabilitating and equipping ECE facilities	Not applicable

Output 3 Support Primary Health Care Centre frontline staff with personal protective equipment (PPE) to ensure the continuation of basic and essential health services

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Health and nutrition			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	# primary health care centres supported with PPE to ensure safety of staff providing basic and essential health services	184 primary health care centres	184 primary health care centres	UNICEF distribution reports

Explanation of output and indicators variance:

Activities	Description	Implemented by
Activity 3.1	Procure and distribute PPE to primary health care centres	UNICEF

Output 4 Assess the social impacts of the epidemic on communities, with a focus on women and children for improved and better targeted mitigation response

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	WASH			
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	# of people reached with critical WASH supplies (including hygiene items) and services	N/A	101,533	Implementing partners reports, Programmatic visits, PDMs.
Indicator 4.2	# disinfection kits for households with mild	20,000	9,065	Implementing partners reports, Programmatic visits, PDMs.

	COVID cases and their surrounding neighbours in vulnerable communities distributed			
Indicator 4.3	# of individual IPC kits for those with mild COVID cases that need to self-isolate in vulnerable communities distributed	3,000	9,274	Implementing partners reports, Programmatic visits, PDMs.
Indicator 4.4	# of IPC kits for Isolation centres for mild COVID cases living in overcrowded locations distributed	100	50	Implementing partners reports, Programmatic visits, PDMs.
Explanation of output and indicators variance:		There was a need to distribute more Infection Prevention and Control kits than anticipated. Therefore, the procurement of the three different type of kits was adapted to the needs of beneficiaries.		
Activities	Description	Implemented by		
Activity 4.1	Distribution of COVID-19 related kits	Solidarites International, DPNA, LOST, SCI, ACF, SAWA, WWL, LebRelief		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁷ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁸:

WASH: The content of the IPC kits was created based on the needs identified by implementing partners and adapted after consultation/post-distribution monitoring.

The ECE project was implemented in the Palestinian camps and all staff involved in the project were Palestine refugees. All beneficiaries and caregivers were either Palestinian, Syrian or vulnerable Lebanese who live inside the Palestinian camps. Refugees were involved in all the phases of the ECE project.

b. AAP Feedback and Complaint Mechanisms:

⁷ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC 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. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

⁸ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

As a means of community engagement and feedback/complaint mechanism to the IPC kit distribution, UNICEF and local partners set up a hotline where anyone who had tested positive for COVID-19 could request an IPC kit. The kits were then distributed by implementing partners. The hotline also functioned as a space to receive complaints about the IPC kits and their distributions, which was then forwarded to the implementing partner for the area.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

All partners who distributed IPC kits were trained on PSEA and the referral mechanisms. In May 2020, UNICEF Lebanon rolled out PSEA assessments for all local CSO partners, together with a PSEA Toolkit developed to support partners enhancing their organizational PSEA policies and process. Due to COVID-19, the assessment was done remotely. Following the assessment, local partners received focused capacity building and coaching on PSEA through four rounds of three-day online trainings. The overall objective of the training was to build the capacity of the participants to develop and strengthen internal PSEA systems. The training was followed by a coaching phase that lasted two months which included follow-up on implementation of the PSEA action plans, building specific capacity that needed to be addressed, the revision and development of the PSEA materials and support in the PSEA training rollout.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

After consultation with women and adolescent girls, UNICEF WASH included sanitary pads in the IPC kit. 1,500 sanitary pads packs were distributed. Coordination was also initiated with Child Protection programme colleagues, who through the Syndicate of Social Workers have been conducting outreach to families for support, particularly relating to gender-based violence. Information leaflets on this was also shared in the IPC kits.

e. People with disabilities (PwD):

Through the CERF Funding, UNICEF's Palestinian Programme reached 100 children with disabilities (54 per cent girls). The use of online learning helped partners to reach more children with disabilities.

f. Protection:

After consultation with women and adolescent girls, UNICEF WASH included sanitary pads in the IPC kit. 1,500 sanitary pads packs were distributed. Coordination was also initiated with Child Protection programme colleagues, who through the Syndicate of Social Workers, have been conducting outreach to families for support, particularly relating to gender-based violence. Information leaflets on this were shared in the IPC kits. UNICEF also ensured there were female staff among the distribution teams.

Throughout the ECE project, kindergarten facilitators and coordinators addressed many protection issues facing the children and their parents. Awareness sessions for children (when applicable) and parents were offered, covering topics including child protection, abuse, exploitation, positive discipline and birth registration.

g. Education:

Through the CERF funding, the Palestinian programme was able to support the access and enrolment ECE programmes for about 3,000 girls and boys (3-5), including 100 children with disabilities. ECE is one of the biggest gaps in the Palestinian camps and gatherings, as it is out of UNRWA's mandate. Thus, ECE is usually offered by NGOs and private institutions. This project has addressed this gap, providing children more learning opportunities.

8. Cash and Voucher Assistance (CVA)

GUIDANCE (delete when completed): Cash and Voucher Assistance (CVA) refers to all programs where cash or vouchers for goods or services are directly provided to affected people. In the context of humanitarian assistance, the term is used to refer to the provision of cash or vouchers given to individuals, household or community recipients; not to governments or other state actors. CVA covers all modalities of cash-based assistance, including vouchers.

If more than one modality was used in the project, please complete separate rows for each activity. 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).

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	[Fill in]

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

[Fill in]

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Guidance (to be deleted): Please list weblinks to publicly available social media posts (Twitter, Facebook, Instagram, etc.), videos and/or success stories, evaluations or other kind of reports on the agency's websites covering CERF-funded activities under this project.

Title	Weblink
[Insert]	[Insert]
[Insert]	[Insert]

[Insert]

[Insert]

3.4 Project Report 20-UF-RWA-001

1. Project Information			
Agency:	UNRWA	Country:	Lebanon
Sector/cluster:	Multi-purpose Cash Education	CERF project code:	20-UF-RWA-001
Project title:	Upgrading shelter conditions for 140 female-headed household and provision of inclusive education services for 2180 Palestine Refugee students		
Start date:	12/03/2020	End date:	11/03/2021
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input checked="" type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 52,075,833
	GUIDANCE: Figure prepopulated from application document.		
	Total funding received for agency's sector response to current emergency:		US\$ 23,130,641
	GUIDANCE: Indicate the total amount received to date against the total indicated above. Should be identical to what is recorded on the Financial Tracking Service (FTS). This should include funding from all donors, including CERF.		
	Amount received from CERF:		US\$ 1,976,441
	Total CERF funds sub-granted to implementing partners:		US\$ [0]
	GUIDANCE: Please make sure that the figures reported here are consistent with the ones reported in the annex.		
	Government Partners		US\$ [0]
	International NGOs		US\$ [0]
	National NGOs		US\$ [0]
	Red Cross/Crescent Organisation		US\$ [0]

2. Project Results Summary/Overall Performance

Through this CERF grant, UNRWA provided critical education support to 2,180 vulnerable Palestine refugee children in Lebanon, thereby ensuring that children had continued access to inclusive education services during a period of acute crises in Lebanon. Some 2,170 children in Grades 1 & 2 benefitted from the Agency's Learning Support Programme over the course of the project while a further 10 children with special education needs were financially supported to attend specialised educational institutes. This support ensured that

some of the key barriers to learning were removed and children had continued access to education services (albeit at times delivered via remote modalities) during a time of physical school closures across Lebanon due to the outbreak of COVID-19.

In addition, 26,702 vulnerable Palestine refugees in Lebanon (PRL) received emergency cash assistance in May to mitigate against additional socio-economic hardship due to the outbreak of COVID-19 in Lebanon. This assistance was provided at the rate of \$35 per person (paid in LBP at a preferential exchange rate of LBP 3,200/USD \$1) to families who had children aged 6 years and under, in order to cover essential nutrition needs during a period of extended nationwide lockdowns in Lebanon due to COVID-19.

The project assisted a total of 28,882 vulnerable Palestine refugees during a period of acute socio-economic crisis in Lebanon and ensured that UNRWA was able to mitigate against increasing vulnerability amongst the Palestine refugee population.

3. Changes and Amendments

While it was initially planned that the project would provide shelter rehabilitation assistance to 140 female-headed households of people with special needs (Output 3), this aspect of the project was removed in a reprogramming exercise which took place in April 2020. This was necessary due to the outbreak of COVID-19 in Lebanon which limited the feasibility of shelter rehabilitation due to restrictions on movement. These funds were instead directed to providing emergency cash assistance to 26,702 vulnerable Palestine refugees, which was urgently needed in order to mitigate against the socio-economic ramifications of the COVID-19 outbreak in Lebanon. This reprogramming and redeployment of funds was approved by CERF on April 16, 2020.

In addition, while the learning support activities under the education component of the project were originally meant to conclude by August 2020, the presence of the LSP team was extended to September 2020 so that they could support the Agency's catch-up programme at the start of the new scholastic year (20/21). This was possible due to a slight underspend on the LSP staffing line in previous months.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Education - Education									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	1,061	1,119	2,180	0	0	1061	1119	2180
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	0	0	1,061	1,119	2,180	0	0	1061	1119	2180
People with disabilities (PwD) out of the total										
	0	0	4	6	10	0	0	5	5	10

Sector/cluster	Multi-Purpose Cash									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	6402	6410	6815	7075	26702	6402	6410	6815	7075	26702
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	6402	6410	6815	7075	26702	6402	6410	6815	7075	26702
People with disabilities (PwD) out of the total										

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

33	0	57	50	140	0	0	0	0	0
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* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

Education:

The families of the 2,180 children also indirectly benefitted from the project activities. As most families are comprised of two children, approximately 1,090 families indirectly benefitted from the delivery of specialised education support services under the project. In addition, UNRWA's Grade 1 & 2 teachers across the Agency's schools in Lebanon benefitted from the LSP as they had more time available to support the rest of the students enrolled in Grades 1 & 2 as the children with learning impairments were receiving tailored 1:1 support from the LSP team.

Multi-Purpose Cash:

The emergency cash assistance impacted the overall economic conditions in the Palestine refugee camps as it led to an influx of resources which strengthened the purchasing power of Palestine refugee families.

6. CERF Results Framework

Project objective	To provide sustainable and gender appropriate access to emergency shelter and support to inclusive education for vulnerable Palestine refugees, including those with specific needs			
Output 1	Grade 1 and Grade 2 children have access to UNRWA's intensive Learning Support programme at school Education - Education			
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Sector/cluster	Education - Education			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Cumulative drop-out rate to the end of elementary education decreased	0.42% (data analysed in Q4-2019) to 0.41% (data analysed in Q4-2020) <i>Please note that cumulative drop-out is calculated using a cohort method which is a combination between different data such as enrolment, repeaters, annual drop-outs, hence figures are calculated only in % and not in numbers</i>	1.58%	UNRWA Education Management Information System (EMIS)
Indicator 1.2	Passing rate at final scholastic exam in the subject matters (Arabic, Maths and English) of students in lower elementary grade 1 and grade 2 targeted by the LSP intensive support	80% (average of about 1,700 students out of the total 2,170 targeted by the LSP)	N/A	UNRWA Education Management Information System (EMIS) reports RBM system reports Quarterly projects reviews of the Education Programs with the Deputy

			Director in charge of the Programs and the Director. Assignments to teachers
Explanation of output and indicators variance:		<p>Indicator 1.1: During the reporting period, cumulative drop-out rates have increased across the board. The figure of 1.58% listed above represents the total cumulative drop-out rate of students at the elementary cycle who were recorded as dropped-out during the 19/20 SY (i.e prior to the completion of Grade 6). Instead of decreasing from 0.42% to 0.41% as planned, the rate increased from 0.42% up to 1.58%. These results are not surprising however given the number of consecutive crises Palestine refugees in Lebanon have had to face in 2020. These events have significantly deteriorated the economic and political conditions in the country, which are felt deeply by students and their families. The COVID-19 crisis further exacerbated this situation as it resulted in the physical closure of schools for extended periods of time. While UNRWA in Lebanon pivoted to remote or blended learning modalities when needed and has developed effective retention strategies tailored to the evolving context, the economic conditions and communication infrastructure in the country, but particularly among the Palestine refugee camps, is unconducive for remote learning. Thus, Palestine refugee students faced greater barriers to learning including lack of smart devices and/or internet connectivity, which in turn, impacted their engagement in formal education. Elementary grade children, particularly boys, were particularly impacted by the barriers associated with remote learning as they were often unable to follow online schooling.</p> <p>Indicator 1.2: As a result of the COVID-19 pandemic and the difficulties in ensure physical presence at school during the SY 2019/2020, on 01/06/2020 the Lebanese Ministry of Education and Higher Education (MEHE) issued a decree (“Rules and Regulations for Concluding the School Year 2019 – 2020”.) instructing all schools and institutes to abide by the automatic promotion to the next grade level for children enrolled at the KGs and in grades 1 to 3. As such, no formal examinations or assessments took place and as such the passage rates are not available for this indicator. However, it is worth noting that 64% of the targeted Learning Support Program children actively participated (with documented responses to teachers through assignments) in the Self-Learning Program, which can be considered a success given the challenges associated with remote learning.</p>	
Activities	Description	Implemented by	
Activity 1.1	Provision of Learning Support program to grade 1 and grade 2 children in UNRWA schools:In order to manage, coordinate and organize the proper delivery of the programme, a learning support team is engaged in all the areas, coordinated by a Learning Support Coordinator, responsible for following-up on the implementation of activities.The Learning Support Focal Points (LSFPs) at area level are responsible for supervising the implementation of activities and to coordinate with NGOs, parents and School Principals, as well as to give assistance to the LSTs in the schools in their area.The LSP Assistants (around one every two schools) hold the	UNRWA Learning Support Program of the Education Program: <ul style="list-style-type: none"> - 1 LSP Coordinator - 185 LSP teachers - 32 LSP assistants - 5 LSP Focal Points 	

	overall Learning Support responsibility in the school(s) and work with the regular teachers, the LSP teachers in the school(s) and the UNRWA Education Specialists to ensure that the learning support needs of the targeted school students are met. The LSP Teachers (one in each targeted school) work in coordination with the class teacher, to support a more individualized intervention to students who have difficulties grasping the subject matter.	
Activity 1.2	Coordination with NGOs for referral of identified children to afternoon support activities: In order to reach those students who could not benefit from the in-class programme in grades not covered by the LSP, UNRWA will coordinate with local/international NGOs working on remedial education, for referral of identified children to afternoon support activities. The LSP Focal Points are assigned responsibilities for LSP coordination with NGOs to ensure complementarities between the content of the partners' provided activities with that of UNRWA schools.	UNRWA LSP Focal Points, in coordination with the Partnership Coordinator at the Education Program

Output 2	Children with Special Education Needs (SEN) have access to Special Education			
Was the planned output changed through a reprogramming after the application stage?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Sector/cluster	Education - Education			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	# of SEN children (age 6-18) with severe learning difficulties attending Special Education	10 children =	10 children (5 females, 5 males)	Contracts with specialized institutes, attendance and reports
Indicator 2.2	% of SEN children (age 6-18) with severe learning difficulties completing Special Education	100% (10 children)	100%	Reporting from institutes
Explanation of output and indicators variance:		Indicator 2.2: completion refers to the October – December 2020 trimester of schooling, covered by the initiative.		
Activities	Description	Implemented by		
Activity 2.1	Support intervention for students with severe learning difficulties: The activity aims to address the different needs of children and therefore to support severe SEN cases (severe autistic traits, down syndrome, neurological diseases) for whom regular education streaming results not to be the most appropriate one, and are in need to be integrated into Special Education Institutions to support their learning and social development, according to their needs.	Identification, referral and follow-up: UNRWA-SEN team, in coordination with UNRWA Relief Department and Protection Unit. Provision of the specialized schooling: partner organizations contracted for the delivery of the service (CBRA in North Lebanon Area and Sidon Orphans for Central Lebanon and Saida areas)		
Activity 2.2	Coordination with other specialised NGOs/Institutes for referral of identified children not covered by the program: In order to reach additional students who could not benefit from the programme, UNRWA-SEN team will coordinate with specialised institutes for referral of other identified cases.	UNRWA-SEN team, in coordination with UNRWA Relief Department and Protection		

Output 3 Increased Financial Capacity of Palestine Refugees in Lebanon with children in vulnerable age group (6 and under)

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Multi-purpose Cash			
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Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of PRL individuals receiving cash assistance to mitigate additional socio-economic hardship due to COVID-19	6301 Families/26,702 individuals	6301 Families/26,702 individuals	UNRWA Cash distribution records and bank reconciliation

Explanation of output and indicators variance: The outputs and indicators were changed in a reprogramming exercise which took place in April 2020. Please refer to Section 3 (Changes and Amendments) for further details.

Activities	Description	Implemented by
Activity 3.1	Identification of vulnerable families with children ages 6 and under	UNRWA Relief and Social Services Department
Activity 3.2	Emergency Cash Distribution	UNRWA Relief and Social Services Department Financial Service Provider (BoB Finance).

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁹ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)¹⁰:

As part of UNRWA's efforts to comply with the Core Humanitarian Standards (CHS) and Inter-Agency Standing Committee's (IASC), UNRWA in Lebanon has been implementing an Accountability to Affected Populations (AAP) initiative since 2017. The AAP project provides feedback mechanisms across UNRWA's programming and complementary projects (including this project).

The AAP Community Coordinators reached out to families targeted by the education component of the project to seek their views on the delivery of remote education services during the COVID-19 crisis. This feedback was then taken into consideration to re-adapt

⁹ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC 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. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

¹⁰ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

programming to better respond to beneficiary needs (for example it was found that many families could not afford internet access so their children's engagement in remote learning was limited. As such, communications assistance was provided to some families through other contributions). In addition, feedback collected by the AAP Community Coordinators found that a large portion of the Palestine refugee community was facing severe economic hardship as a result of the outbreak of COVID-19 in Lebanon which in turn led UNRWA to develop an emergency relief plan to provide cash assistance to vulnerable Palestine refugees. As such, this element was integrated into the project during a reprogramming exercise which took place in April 2020.

b. AAP Feedback and Complaint Mechanisms:

UNRWA's AAP project includes an effective feedback system (including comments, suggestions, and complaints), using a variety of communication channels that are accessible to all beneficiaries. Human and financial resources have been allocated to ensure that feedback from persons of concern is systematically collected, acknowledged, assessed, referred, and responded to in effective manner. The Education programme coordinate closely with the AAP Community Coordinators at area level throughout the project to ensure that feedback and complaints were responded to and that key messages and information was shared. The Relief and Social Services Relief Workers also support the implementation of feedback and complaint mechanisms as they register complaints received about cash assistance and respond to claims as they arise, including by conducting any necessary investigations required.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

All UNRWA personnel have a duty to report any incident of misconduct, including sexual exploitation and abuse (SEA), they have witnessed or heard about from other UNRWA personnel or beneficiaries, as soon as possible after becoming aware of them. UNRWA personnel are accountable for such reporting. Any UNRWA staff member who becomes aware of sexual exploitation and abuse (SEA) is required to immediately report through various reporting channels (hotlines/dedicated phone numbers and email addresses and an online complaints mechanism) at both the HQ and field levels. After a complaint is received, the PSEA Focal Point at the field level is informed and requested to follow up on referrals and informed consent for investigation. Preserving the confidentiality of the allegations is of utmost importance in order to avoid exposing the persons involved to harm. No information on the incident should be reported outside of the reporting channels. UNRWA staff have been trained on these protocols and have access to guidance on reporting and referrals of SEA.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

Throughout the implementation, the Education Program ensured that the specific education needs of identified both, boys and girls, were addressed and covered, in line with UNRWA's Gender Policy, Gender Equality Strategy and Inclusive Education Policy. Through its Inclusive Education Policy and Strategy, a Gender Mainstreaming Strategy, a Gender Based Violence programme and a Disability Policy, the Education Program ensured adherence to protection standards including gender equality and mainstreaming. Whenever needed, referral responses were provided ranging from response to individual cases to prevention initiatives.

The multi-purpose cash component of the project targeted a relatively equal number of men and women/boys and girls.

e. People with disabilities (PwD):

The UNRWA Disability Policy, adopted in 2010, underlines the Agency's commitment to Palestine refugees with disabilities in line with the Convention on the Rights of Persons with Disabilities, which UNRWA is mandated by the UN General Assembly to implement. In recognition of the particular vulnerabilities experienced by persons with disabilities, UNRWA has committed to ensuring that all programming addresses issues pertaining to this group of Palestine refugees and that the specific needs of Palestine refugees with disabilities are included and considered in all of its programmes and service delivery. As such, and in line with UNRWA's Disability Policy and Disability Inclusion Guidelines, 2,170 children with learning impairments and 10 children with Special Education Needs/disabilities were targeted and tailored support was provided according to their specific needs.

f. Protection:

One of the ways UNRWA responds to protection risks is in, and through, its own service delivery by ensuring that beneficiaries are able to access and benefit from services and that the Agency is able to reach the most vulnerable of Palestine refugees. This is achieved by strengthening the capacity of staff on protection mainstreaming issues, including disability inclusion, and through the regular chairing of the Cross-Cutting Issues Platform which seeks to further enhance protection mainstreaming efforts and brings together different thematic issues (age/gender/GBV/disability) with programmes. The Education programme applied the protection principles of safety, dignity and do no harm and had to consider how to ensure these elements were safeguarded during the delivery of remote education services.

As part of the COVID-19 response, the Agency's Protection Mainstreaming Officer also led a series of 7 trainings focused on sensitizing staff on the use of the UNRWA COVID-19 Non-Health Response Protocols which were developed by the Protection Unit in coordination with RSS, Education, and Health Programmes. The Protocols complemented UNRWA's Health response to COVID-19, by providing guidance to UNRWA staff on addressing the non-health needs of persons who have COVID-19 and their families, ensuring that appropriate care arrangements were in place for persons with specific needs such as children, older persons and persons with disabilities, ensuring that mental health and psychosocial needs were met, and that protection risks were mitigated.

g. Education:

As part of its Inclusive Education Policy and Inclusive Education Strategy, the Education Program engaged in the identification, referral and follow-up of students to properly detect and address the needs of children and provide the specific support required.

Throughout the project implementation, the Education Program worked to ensure that all children identified as being in need were provided with equal opportunity to learn and received tailored support in UNRWA schools or in specialized institutes when mainstream schooling was found to not be the best developmental option for some of them (i.e., children with severe down syndrome, severe autism, etc.).

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	26,702

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

Unrestricted multi-purpose cash assistance was provided to Palestine refugees in Lebanon (PRL) to mitigate against the socio-economic ramifications of COVID-19. While the assistance was not conditional, the assistance was designed to support families with children aged 6 and under to cover their essential nutrition needs and to increase their food security during a period of extended lockdown.

The cash assistance was provided at the rate of US \$35 per capita so that larger families proportionally received greater assistance. The assistance was distributed through Bank of Beirut (BoB) Finance who was able to exchange USD into LBP at a preferential rate according to a government circular announced on 16 April 2020. As such, families received assistance at a rate of 3,200 LBP per USD \$1 which improved their purchasing power at a time of socio-economic crisis in Lebanon. Surveys conducted by UNRWA following the distribution found that most families spent the assistance on food (60%) as well as other household items.

Parameters of the used CVA modality:				
Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
Activity 3.2 Emergency Cash distribution	26702	US\$ 934,579	Unconditional	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
N/A	N/A

3.5 Project Report 20-UF-WHO-009

1. Project Information

Agency:	WHO	Country:	Lebanon
Sector/cluster:	Health	CERF project code:	20-UF-WHO-009
Project title:	Improving access to medications for noncommunicable disease and mental health		
Start date:	11/03/2020	End date:	31/12/2020
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

Funding	Total requirement for agency's sector response to current emergency:	US\$ 12,300,000
	Total funding received for agency's sector response to current emergency:	US\$ 1,768,521
	Amount received from CERF:	US\$ 1,492,431
	Total CERF funds sub-granted to implementing partners:	US\$ [1,370,087/04]
	Government Partners	US\$ [Fill in]
	International NGOs	US\$ [Fill in]
National NGOs	US\$ [1,370,087.04]	
Red Cross/Crescent Organisation	US\$ [Fill in]	

2. Project Results Summary/Overall Performance

Through this CERF UFE grant, WHO was able to support the Ministry of Public Health (MOPH) in procuring essential medications including for mental health conditions for people in need. A total of 58 molecules were procured including specialized mental health medications with sufficient quantities to cover the needs of beneficiaries for 6 months. A total of 82,000 beneficiaries were able to receive medications as needed per month from April to October 2020, via a network of 465 primary health care centres and dispensaries, and 3 community mental health centres. WHO advocated for access to all groups of the society. This funding was being implemented when the Beirut Port Explosions took place on 4 August 2020. The fund enabled access to chronic disease medications to those who needed it most.

3. Changes and Amendments

Procurement of chronic medications is done through international bidding by the implementing partner 'YMCA'. The COVID-19 pandemic led to global shortages in several medications as well as delays in shipments. Nevertheless, WHO was able to procure through YMCA all needed medications and no changes were done to the original proposal. As for mental health medications, bidding was delegated to the WHO Country Office by the WHO Regional Procurement and Supply Unit, to procure through local suppliers; most medications were procured locally, and this helped in faster delivery of items. However, some molecules were not found at the local market and had to be procured internationally, which took additional time for procurement and delivery.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health - Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	16,099	11,189	512	670	28,470	7,824	6,321	317	256	14,718
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	35,887	26,682	158	228	62,955	36,474	29,464	367	297	66,602
Other affected people	754	792	8	21	1,575	276	118	200	86	680
Total	52,740	38,663	678	919	93,000	44,574	35,903	884	639	82,000
People with disabilities (PWD) out of the total*										
	40,082	29,384	515	698	70,679	31,202	25,132	619	447	57,400

*The definition of disability in this project follows the International Classification of Functioning, Disability and Health (ICF) where disability is used as an umbrella term for impairments, activity limitations and participation restrictions. And as per the Convention on the Rights of Persons with Disabilities, persons with disabilities are those who “have long-term physical, mental, intellectual or sensory impairments, which hinder their full and effective participation in society on an equal basis with others”.

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

The project contributed to strengthening the healthcare system by enabling the MOPH to make available needed essential medications at primary healthcare level. Access to essential medications not only benefited directly 82,000 beneficiaries but also their families and close relatives as they are not undergoing further financial hardship to ensure the needed medications. Also, among the indirect beneficiaries are the PHC centres and dispensaries affiliated with the chronic medications program as well as community mental health centres as they will be able to maintain their services.

6. CERF Results Framework

Project objective	To increase access to affordable quality health and mental health services at primary health care centres and dispensaries that are part of the MOPH/YMCA chronic medications program in Lebanon			
Output 1	Noncommunicable disease medications are provided to vulnerable beneficiaries in 420 centres that are part of the chronic medications program			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Health - Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of vulnerable beneficiaries provided with noncommunicable disease medications under this project	91,500 (57% females and 43% males; 76% targeting persons with disabilities)	[82,000 (55% females and 45% males; 70% targeting persons with disabilities)]	[YMCA reports, MOPH reports]
Explanation of output and indicators variance:		[The project was implemented during the COVID-19 pandemic as well as the Beirut Port Explosion of 4 August 2020. The COVID-19 situation hindered access to people to primary healthcare centres and dispensaries to access services including getting their medications. As such, the number of beneficiaries is slightly less than expected. However, quantities of the medications procured under CERF are still available at the centres and beneficiaries are still accessing them beyond the closure date of the project.]		
Activities	Description	Implemented by		
Activity 1.1	Procure noncommunicable disease medications through the YMCA-managed chronic medications program (including shipment and port clearances processes) and supply PHC centres and dispensaries	[Activity implemented as planned by YMCA who was in charge of bidding, procuring, clearing and managing the essential noncommunicable disease medications, including supplying to 465 PHC centres and dispensaries. All molecules and quantities were procured as planned.		
Activity 1.2	Conduct monitoring activities	[In terms of monitoring of project implementation, WHO requests and regularly receives an update from YMCA on the order (shipment, clearances, etc.) and a stock update on medications at the warehouse. At mid-term, YMCA provided a report on implementation. In terms of quality monitoring, YMCA and MOPH usually conduct quality checks on the medication received. In addition, WHO		

		<p>conducted several field visits to PHC centres and checked on the medications.</p> <p>In terms of monitoring at health facility level, YMCA conducted regular visits on the PHC centres and dispensaries that are part of the chronic medications program and monitored the monthly consumption reports and stocks at facility level.</p> <p>In addition, WHO coordinated regular meetings between WHO, MOPH, and YMCA for the chronic medications program and investigated all complaints received in relation to chronic medications.]</p>
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Output 2 Specialized mental health medications are provided to vulnerable beneficiaries through 4 community mental health centres in Lebanon

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Health - Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of vulnerable beneficiaries provided with specialized mental health medications under this project	1,500 (57% females and 43% males; 100% targeting persons with disabilities)	[680 (70% females and 30% males; 100% targeting persons with disabilities)]	[MOPH reports through the National Mental Health Programme]

Explanation of output and indicators variance:

The project was implemented during the COVID-19 pandemic as well as the Beirut Port Explosion of 4 August 2020. The COVID-19 situation hindered access to people to the community mental health centres. In addition, the Central Drug Warehouse was destroyed in the Beirut Port Explosion; however, 98% of the mental health medications were salvaged. The Central Drug Warehouse moved operations to two other sub-warehouses; the mental health medications were moved to Rafic Hariri Governmental Hospital (a floor was dedicated to medications). In addition, one of the community mental health centres was also affected by the explosion. This has led to some delays in dispensing medications to centres. As such, the number of beneficiaries is slightly less than expected. However, quantities of the medications procured under CERF are still available at the centres and beneficiaries are still accessing them beyond the closure date of the project.

Activities	Description	Implemented by
Activity 2.1	Conduct international bidding through WHO Regional Procurement and Supply Unit	[In view of the small value procurement, process was delegated by the WHO Regional Procurement and Supply Unit to the country office to call for bids locally addressing the bids to local suppliers. For the medications that were not found through the local suppliers, an international bid was open through the WHO Regional Procurement and Supply Unit.
Activity 2.2	Procure specialized mental health medications	[Conducted as planned; all molecules and expected quantities were procured.]

Activity 2.3	Supply the central drug warehouse with the specialized mental health medications	[The Central Drug Warehouse started to receive mental health medications as planned, around June 2020.]
Activity 2.4	Supply the community mental health centres with the specialized mental health medications	[This has been done on continuous basis; the Community Mental Health Centres send a request to the MOPH/ National Mental Health Programme. Then the latter sends a confirmation for the centres to go and pick their medications from the Central Drug Warehouse.]

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas¹¹ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)¹²:

The support provided under this project feeds into the chronic medications program that has been operational for more than 15 years; therefore, the project design is aligned with the same chronic medications program components. Therefore, no specific involvement of beneficiaries was done at this stage. As for mental health medications, specifically the psychoeducation provided to patients including psychoeducation on medications, the National Mental Health Programme and WHO have previously consulted with persons who have lived experience in mental health; they provided review of the materials used for psychoeducation and these were changed accordingly.

b. AAP Feedback and Complaint Mechanisms:

Different feedback and complaint mechanisms are available to report issues related to chronic medications. A complaint/feedback mechanism is in place at the PHC centres to be used by beneficiaries. In addition, PHC centres and dispensaries can call MOPH or YMCA anytime to solve issues pertaining to shortages and delays. NGOs supporting PHC centres and dispensaries have been encouraged in all working groups and health sector meetings to reach out for any complaints or clarifications in relation to chronic medications and mental health medications. WHO has received three complaints from NGOs and all complaints were investigated and closed.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

All WHO staff have completed the mandatory PSEA training and refresher training are regularly offered to staff. In addition, a mechanism has been established to respond to and report any sexual exploitation and abuse incidents that might occur.

¹¹ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC 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. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

¹² AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

Although the project was not particularly focusing on gender-based response, it allowed service provision to all genders based on need and it contributed to gender equality, including across age groups. All persons, regardless of their age or gender, can access the medications from any of the 465 health centres across the country. In addition, the list of medications procured is based on the WHO Essential Drug List, which is designed to ensure equal access to essential quality medications that are age- and gender-sensitive. Data on beneficiaries shows balanced access to all genders.

e. People with disabilities (PwD):

As per the Convention on the Rights of Persons with Disabilities, persons with disabilities are those who “have long-term physical, mental, intellectual or sensory impairments, which hinder their full and effective participation in society on an equal basis with others”. The project addressed the needs of patients with chronic conditions. These include the following: mental disorders that are managed at PHC level, neurological conditions, cardiovascular diseases, diabetes mellitus, hypertension, asthma, musculoskeletal conditions, amongst others. The project also covered patients with severe mental disorders who are taking specialized mental health medications. Noncommunicable diseases are chronic in nature and often lifelong. Persons living with chronic and mental diseases may develop impairments, which can cause activity limitations and participation restriction and lead to disabilities. Also, many persons living with noncommunicable diseases and mental diseases often have two or more co-morbidities. Data on beneficiaries showed that 62% are aged 60 and above and 75% have co-morbid conditions and are taking more than 3 medications to control their condition. If these patients do not have a continuous access to chronic medications, they risk relapse and further complications. In addition, in the context of the COVID-19 pandemic, many people suffer from chronic diseases and are hence more prone to complications if they are infected with the SARS-CoV-2.

f. Protection:

WHO staff abide by the highest ethical standards and principles during implementation of all projects and lifesaving interventions. This is also requested by all implementing partners including YMCA.

g. Education:

Not applicable.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	[Fill in]

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

This project did not consider use of cash and voucher assistance as it feeds into an already existing program that ensures medications are accessible to those who need it via a wide network of 465 PHC centres and dispensaries across Lebanon. This network is accessible to all genders and nationalities. With cash transfer programming, it will be difficult to control where the patients will access care, especially with the diversity of health outlets in the country, will jeopardize the continuum of care. In addition, procuring through the mechanism in place (as described above) leads to saving on costs of medications of around 35%, allowing to reach a higher number of beneficiaries.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Guidance (to be deleted): Please list weblinks to publicly available social media posts (Twitter, Facebook, Instagram, etc.), videos and/or success stories, evaluations or other kind of reports on the agency's websites covering CERF-funded activities under this project.

Title	Weblink
WHO SUPPORT TO COVID-19 RESPONSE IN LEBANON (a section is included on continuity of essential services)	http://www.emro.who.int/images/stories/lebanon/7_who_response_infographic_21feb_30nov_v7.pdf?ua=1
Instagram post on CERF medications	https://www.instagram.com/p/CMuB1THMNM6/?igshid=afqlxmgx3ml8
Facebook post on CERF medications	https://cutt.ly/vxkTKRn
Twitter post on CERF medications	https://twitter.com/WHOLEbanon/status/1373958136642600960