

**AZERBAIJAN
RAPID RESPONSE
POST-CONFLICT NEEDS
NAGORNO-KARABAKH CONFLICT
2021**

21-RR-AZE-46781

Vladanka Andreeva
Resident/Humanitarian Coordinator
Revised 6 Dec 2021

PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:

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

8 October 2021
(UNDP, UNHCR, WHO)

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 CERF allocation helped provide life-saving support to thousands of people who were impacted by the 2020 escalation of hostilities between Armenia and Azerbaijan. The conflict raged in September/October, and by the time a ceasefire was negotiated in mid-November the winter season started. Communities displaced away from settlements near the former line of contact lost their houses, livelihoods, and access to basic healthcare. Displaced persons were also particularly exposed to the risk of injury and death in an area that had not been cleared of mines and unexploded devices. Added to this was the challenge of the COVID19 pandemic, which at that time (end of 2020, beginning of 2021) reached a peak in Azerbaijan and globally. Displaced populations faced a greater transmission risk due to crowding and insufficient healthcare services in remote areas. The CERF allocation offered the possibility for the three recipient organisations and the UN Country Team more generally to provide timely assistance to these vulnerable communities. It also helped bring together UN entities with the support of OCHA to deliver targeted assistance in a coordinated and effective manner. Thus, the CERF provided an additional platform within which the UN Country Team could plan and implement emergency response.

CERF's Added Value:

The CERF allocation for Azerbaijan had three main added values. First, it allowed to **reach the most vulnerable** populations in remote locations, away from urban centres and even from the rural areas where the UN was operational. This increased the UN's ability to respond to critical needs and to target those most in need, providing them for instance with Personal Protective Equipment on a par with people living in better-off parts of the country. Second, the CERF had a multiplier effect that helped reach **thousands of beneficiaries indirectly**. For example, demining support through the procurement of mine detectors and protective devices did not just increase protection among miners and reduce the risk of death and injury among displaced communities, but it also helped restore livelihoods and law enforcement presence in the conflict-affected regions. Third, the CERF helped the UN Country Team **improve its own planning practices** for emergency preparedness and response, in a context where emergencies were not common prior to COVID19 and the 2020 escalation of hostilities. Throughout the implementation the recipient agencies became more proficient in planning for and coordinating crisis response.

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

Yes

Partially

No

The fund was quickly disbursed after the grant application was approved, which helped scale up assistance.

Did CERF funds help respond to time-critical needs?

Yes

Partially

No

Recipients relied on their own emergency funds while awaiting the outcome of the CERF application. However the CERF fund helped accelerate delivery.

Did CERF improve coordination amongst the humanitarian community?

Yes

Partially

No

Coordination started earlier than CERF application. However recipients and the wider UN Country Team developed better capacity at coordinating joint response through this mechanism

Did CERF funds help improve resource mobilization from other sources?

Yes

Partially

No

Recipients mobilized resources at the same time they were applying to the CERF through their headquarters.

Considerations of the ERC's Underfunded Priority Areas¹:

This allocation helped address priority area 4 on protection. This was the area where critical needs were most visible, given the sudden outbreak of war and its impact on populations living near the line of contact. The war led to immediate displacement, destruction of homes, loss of agricultural land and cattle for rural communities, and loss of access to basic healthcare.

CERF helped strengthen UN's response efforts by putting together agencies with mandates that are directly relevant to protection. The deployment of OCHA experts on surge was also a very welcome step, which helped agencies coordinate their actions to better assess needs, plan for procurement and execute delivery. It also increased the UN's ability to work with the government at national and local levels on emergency response. Prior to the war the UN and the government only collaborated on development projects. The CERF provided a platform within which crisis response can be discussed and coordinated with the authorities and its auxiliaries, including the Red Crescent Society and Agency for Mine Action (ANAMA).

The challenges that were encountered were threefold. **First** national actors lacked the capacity to deliver emergency response due to the centralised nature of decision-making and lack of technical expertise in the targeted regions in the areas of health and social protection. **Second**, recipient agencies have had to revise some activities that were originally planned in the CERF proposal (though outputs remained the same) to reflect the changing needs on the ground and the fact that many displaced communities preferred to return to live in their destroyed homes rather than stay in temporary shelters. **Third**, the frequent change of OCHA staff who were sent on surge to support national humanitarian response was an impediment to the timely follow-up on the application and the delivery.

Table 1: Allocation Overview (US\$)

Total amount required for the humanitarian response	15,000,000
CERF	1,999,227
Country-Based Pooled Fund (if applicable)	
Other (bilateral/multilateral)	4,149,372
Total funding received for the humanitarian response (by source above)	6,148,599

The funds received by the UNDP CO are listed below:

1. The **Early Recovery (ER)** with the budget of USD 750,000 received from UNDP HQ Crisis Bureau/GPN has been allocated per thematic areas i.e., restoration of the digital infrastructure, support to livelihood, and demining action.
2. As **CERF** proposal was approved by the HQ, the UNDP CO received the funding of USD 700,000, which was transferred to ANAMA for implementation of the activities on demining.

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

Agency	Project Code	Sector/Cluster	Amount
UNDP	21-RR-UDP-001	Protection - Mine Action	700,000
UNHCR	21-RR-HCR-001	Shelter and Non-Food Items	700,000
WHO	21-RR-WHO-001	Health - Sexual and Reproductive Health	599,227
Total			1,999,227

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

Total funds implemented directly by UN agencies including procurement of relief goods	1,299,227
Funds sub-granted to government partners*	700,000
Funds sub-granted to international NGO partners*	
Funds sub-granted to national NGO partners*	
Funds sub-granted to Red Cross/Red Crescent partners*	
Total funds transferred to implementing partners (IP)*	700,000
Total	1,999,227

* 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:

On 27 September 2020, heavy clashes were reported along the line of contact in and around Nagorno-Karabakh (NK). A statement for the cessation of hostilities was signed on 9 November 2020 and Russian peacekeepers were deployed. According to Azerbaijani authorities, approximately 40,000 people were temporarily displaced within Azerbaijan as a result of the recent conflict and a significantly higher number were exposed to the conflict: 150,000 people are estimated to live within 10km of the former line of contact. They received some assistance from the UN, government, the Azerbaijani Red Crescent Society and the ICRC. The UN country team in Azerbaijan required \$15m for humanitarian action to respond to the humanitarian consequences of the Nagorno-Karabakh conflict. UN agency headquarters provided small amounts of internal emergency funding but no other funding was available as of 1 January 2021. Conflict-affected areas remain heavily contaminated by mines and explosive ordnances from the recent escalation as well as the 1990s conflict. These devices reduces the social and economic utility of affected regions, which are inhabited by rural populations who mostly rely on subsistence farming.

Operational Use of the CERF Allocation and Results:

In response, the Emergency Relief Coordinator on 10 January 2021 allocated \$2 million from CERF's rapid response window for life-saving humanitarian action. The country team proposed to focus on prioritized Shelter/Non-Food Items, Health and Mine Action to assist 127,500 people in villages and settlements adjacent to the former line of contact and geographic areas close to Nagorno-Karabakh. The HCT focused on multi-sectoral programming and jumpstarting the winterization programming, to ensure an adequate coverage for the 2020-2021 winter.

In terms of **operational achievements** the allocation helped step up protection efforts within temporarily displaced communities. These were placed in shelters including schools and sports facilities and, as a result, lost access to farming land and to basic social services. Communities, especially children, also became vulnerable to mine incidents in an area that has not been cleared of mines and UXOs. COVID19 increased the complexity of the crisis as transmission patterns reached a peak in January 2021, increasing the need for masks and protective equipment in crowded shelters. Therefore the CERF helped **prioritize three sectors**: (1) Shelter and no-food items; (2) Mine Action; and (3) Basic healthcare. The total number of people directly reached is evaluated at **120,632**. Recipient UN agencies used the allocation to scale up **multisectoral response** by organising an interagency assessment exercise with the support of OCHA. The assessment helped bring together the agencies' capacities to ensure the best support could be provided and that the authorities facilitate procurement and customs clearance for all agencies. The CERF also helped expand other cross-sectoral response efforts, such as a joint activity on mine awareness involving UNDP and UNICEF. The possibility to set up a "One UN" satellite office closer to the conflict-affected areas was also investigated during the implementation of the CERF and remains under discussion within the UN Country Team to provide longer-term multisectoral support to these communities.

People Directly Reached:

Data was collected in two ways: For the two agencies that used a direct implementation modality (UNHCR and WHO), monitoring and verification teams were regularly deployed to assess the state of distribution and, for WHO, personnel of a local office in conflict-affected regions oversaw the execution of activities in target communities. For UNDP, a project was set up with the implementing partner Agency for Mine Action (ANAMA) which was overseen by a Chief Technical Adviser. Regular reporting on population reach occurred in the context of the monitoring and evaluation of this project. Recipient entities also relied on government data (provided by the humanitarian focal point at the Cabinet of Ministers) to undertake the initial needs assessment.

People Indirectly Reached:

It is estimated at 300,000 people have indirectly benefited from the allocation's demining activities. The activity focused on the provision of mine detectors and protective equipment to demining personnel. Clearance efforts helped restore livelihoods in conflict-affected areas (mostly inhabited by farmers and shepherds), as well as restore the education and law enforcement systems. It also became possible for nongovernmental organisations to operate in these regions as a result of the provision of a safer environment for work.

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
Health - Sexual and Reproductive Health	17,927	17,223	6,299	6,051	47,500	19,589	17,037	5,841	5,284	48,401
Protection - Mine Action	12,200	14,900	10,400	12,500	50,000	12,200	14,900	10,400	12,500	50,000
Shelter and Non-Food Items	12,007	12,364	2,764	2,865	30,000	8,901	2,659	5,558	5,113	22,231

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

Category	Planned	Reached
Refugees	0	0
Returnees	32,000	32,000
Internally displaced people	69,600	35,087
Host communities	25,200	52,845
Other affected people	700	700
Total	127,500	120,632

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	41,817	40,690	1,978	891
Men	44,592	34,596	1,926	941
Girls	19,569	21,799	410	41
Boys	21,522	22,897	410	46
Total	127,500	119,982	4,724	1,919

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 21-RR-UDP-001

1. Project Information			
Agency:	UNDP	Country:	Azerbaijan
Sector/cluster:	Protection - Mine Action	CERF project code:	21-RR-UDP-001
Project title:	Unexploded Ordnance clearance rapid response		
Start date:	18/01/2021	End date:	17/07/2021
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\$ 1,200,000
	Total funding received for agency's sector response to current emergency:		US\$ 350,000
	Amount received from CERF:		US\$ 700,000
	Total CERF funds sub-granted to implementing partners:		US\$ 700,000
	Government Partners [ANAMA]		US\$700,000
	International NGOs		US\$
	National NGOs		US\$
Red Cross/Crescent Organisation		US\$	

2. Project Results Summary/Overall Performance

The CERF grant helped provide a safe environment to 127,500 persons as well as increase the technical proficiency of Agency for Mine Action (ANAMA) deminers on explosive ordnance clearance in conflict-affected areas. ANAMA's capacity also increased to address information requests from local communities and aid organizations. More agricultural land became available for cultivation as a result of this grant; thus, restoring the livelihoods of target communities, who have been displaced. ANAMA now has an extended database on contaminated areas, which reduced the number of the mine incidents.

ANAMA has implementing surveys and demining as well as UXO clearance activities. These activities targeted over 100,000 people including safety and security of ANAMA personnel, IDP returnees, government entities' field staff involved in rehabilitation and reconstruction of the infrastructure, UN and other agencies' mission members, as well as members of the network of civil societies.

The grant helped accelerate the mine clearance in the affected regions, and clearing operations were carried out by the means of manual mine-clearance, mechanical machines, and mine-detection dogs.

Since the start of the grant in early January 2021, 33,665,852 sq.m (3 366.6 ha) of land was released, 12,986 anti-personal and anti-tank mines, and 8,018 unexploded ordnances (UXO) were found and neutralized. In addition, UNDP was able to procure 150 sets of mine detectors and 150 Personal Protection Equipment (PPE) sets to equip newly recruited teams of deminers.

Within the protection and Explosive Ordnance Risk Education (EORE) component, special textbooks were printed for children and teachers in the IDP communities, and, as for 31 July 2021, 18,900 educational books were distributed.

3. Changes and Amendments

The project implementation was delayed due to the time required to analyse surveys and to reflect changing priorities in the needs assessment as the situation of IDP progressed. The project implementation started in March 2021 and continued until September 2021. All planned activities were realised within the framework of a Plan of Action, and targets were achieved. The main amendment from initial planning concerned the support on Explosive Ordnance Risk Education (EORE). In order to avoid overlaps and duplications, ANAMA in close consultation and agreement with UNDP and the relevant Unit at the Ministry of Education made a strategic decision on the need to invest in textbooks and distribute them to teachers and school age children.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection - Mine Action									
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	8,200	9,000	6,800	8,000	32,000	8,200	9,000	6,800	8,000	32,000
Internally displaced people	2,300	3,300	2,500	3,000	11,100	2,300	3,300	2,500	3,000	11,100
Host communities	1,500	2,100	1,100	1,500	6,200	1,500	2,100	1,100	1,500	6,200
Other affected people	200	500	0	0	700	200	500	0	0	700
Total	12,200	14,900	10,400	12,500	50,000	12,200	14,900	10,400	12,500	50,000
People with disabilities (PWD) out of the total										
	80	50	35	35	200	80	50	35	35	200

ANAMA has been operating within the framework of functioning of the Government Working Group on demining and priority was given to the rehabilitation and reconstruction of the physical infrastructure including electrification, road construction, installation of water distribution systems, and access to the main regional centres. In this regard beneficiaries included:

- IDP and host communities residing alongside multi-year former line of contact (LOC) with the width of approximately 5-7 km and length close to 300km.
- Educational facilities and school age children benefited from Explosive Ordnance Risk Education.
- State employees and commercial companies involved in rehabilitation reconstruction works.
- Missions from international organisations including UN, ICRC, representatives of diplomatic , NGOs, and other related stakeholders.
- Members of civil society network visiting the regained areas.

Statistics were prepared in closed collaboration with relevant government counterparts including the Ministry of Education, local executive committees, the State Statistics Committee, and ANAMA IMSMA data base.

5. People Indirectly Targeted by the Project

Over 300,000 persons belonging to the following categories indirectly benefited from the project implementation:

1. State servants involved in rehabilitation and reconstruction works.
2. Parents of school age children attending EORE targeted schools.
3. Members of civil society networks involved in the management of schools and in the psychosocial rehabilitation of mine victims.
4. Teacher Parent associations actively involved in school management in target communities.
5. IDPs spontaneously returning to or making ad hoc visits places of origin.
6. UNCT, NGOs, representatives of diplomatic missions visiting the areas for surveys, assessment or for any other purposes agreed with the Government of Azerbaijan.
7. Law enforcement authorities.

6. CERF Results Framework

Project objective	Ensuring safe environment for living and rehabilitation and reconstruction of physical infrastructure
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Output 1 Emergency Response Teams are trained, equipped and deployed

Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Protection - Mine Action			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of response actions on mine/UXO clearance	500	650	field mission reports
Indicator 1.2	Number of mines/UXOs removed and destroyed	500	1700	field mission reports
Explanation of output and indicators variance:		Demining proficiency acquired through technical support		
Activities	Description	Implemented by		
Activity 1.1	Procurement of mine detectors and protection gear	UNDP		
Activity 1.2	Transportation/lodging/food	ANAMA		
Activity 1.3	Emergency response teams	ANAMA		

Output 2 Explosive Ordnance Risk Education (EORE)

Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Protection - Mine Action			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of people received explosive ordnance risk education (EORE)	84,000	110,000	field mission reports
Explanation of output and indicators variance:		Implementing partner treated mine risk awareness as a strategic priority		
Activities	Description	Implemented by		
Activity 2.1	EORE provided to affected communities	ANAMA		
Activity 2.2	EORE training sessions undertaken in schools and related institutions	ANAMA		
Activity 2.3	disseminate warning and educational materials booklets for adults and children, stickers, notebooks, pens, warning and educational posters and large billboards for installation in dangerous areas	ANAMA		

Output 3 Project Evaluation: the Project has recently undergone the evaluation.

Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Protection - Mine Action			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Evaluation report on project performance is available	yes	mainly achieved	reports, and interviews, desk research/review

Explanation of output and indicators variance:	Output: Unexploded Ordnance clearance rapid response (2020-2021) Indicators: Indicator 1.1a EOD Clearance Indicator 1.1b UXO/mine Indicator 1.2 Procurement of PPE and mine detectors (150 Personal protection equipment (PPE) and 150 Mine Detectors procured) Indicator 1.3: Number of people received explosive ordnance risk education-110,000 people	
Activities	Description	Implemented by
Activity 3.1	Recruit the consultant for project evaluation	UNDP
Activity 3.2	Evaluation undertaken	Evaluation finalised. Draft report submitted to management for review.
Activity 3.3	Review and endorse final report	Under review.

7. Effective Programming

a. Accountability to Affected People (AAP) ²:

Crisis affected people were active in the design of textbooks that were printed within the framework of Explosive Ordnance Risk Education. In addition, local host communities together with activists among IDPs were involved in preparing training sessions and conducting group discussions inclusive of all age and gender groups. Target community representatives were involved in all phases of the project implementation, including needs assessment, planning, implementation, monitoring and evaluation.

b. AAP Feedback and Complaint Mechanisms:

In order to ensure effective coordination of activities between the affected population, technical units as well as with external stakeholders including NGOs, civil society networks, community leaders, and relevant government counterparts, ANAMA established a special taskforce coordinated from its headquarters in Baku. This taskforce served as a modality to involve all concerned groups in providing feedback on project activities and addressed complaints. ANAMA also set up the "102" hotline that has been opened to receive emergency calls from target groups. In addition, ANAMA and UNDP offices remained available for contact through regular phone lines, websites, and email letters. For entities that worked on infrastructure projects, ANAMA issued clearance certificates to guarantee a safe working environment.

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

There were no reports of any Sexual Exploitation and Abuse, or harassment that would compromise the integrity of the project and UN code of conduct. The regular consultations with the HQs and the field staff were conducted to ensure full awareness on UN code of conduct and ANAMA's internal policy on this subject. The representatives of all age and gender groups were actively involved in project implementation including assessment, identification of gaps, planning, implementation, monitoring, and evaluation phases. In addition, ANAMA consulted, advised, and conducted monitoring activities with the national NGO partners to ensure gender balance in their hierarchy/structures.

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

² 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](#).

There was no specific component in the intervention intended to contribute to gender equality given the focus on increasing technical demining in the project. However, as a result of the activities taken within this project, 47% of women returnees, 43% of women IDPs, 42% of women in the host communities, and 56% of women with disabilities have benefitted from the intervention.

e. People with disabilities (PwD):

The project does not contain a component to address the specific risks faced by persons with disabilities. However the project helped increase awareness among national authorities of the need for a disability-centric approach to long-term reconstruction and to attend to the needs of people who acquired physical disabilities as a result of mine incidents. Furthermore, 200 people with disabilities of whom 115 are women and girls with disabilities have benefitted from the activities under this project.

f. Protection:

The project focused on the provision of a safe environment for the delivery of humanitarian aid. As such, the protection component was central to the design and implementation of activities by the national partner ANAMA. The activities focused on demining areas where populations including children were most at risk of being in contact with mines and UXOs, as well as increasing mine awareness risk among them. The project also helped protect the livelihoods of beneficiaries, most of whom live in agricultural land that is heavily contaminated by mines.

g. Education:

ANAMA implemented EORE activities in the territories brought back under Azerbaijan control, communities affected by landmines and schools needed mine risk education. One of the main outcomes was to make pupils and teachers aware of mines in IDP camps, communities living close to the regained areas.

In the framework of the project 18,900 textbooks were published by ANAMA and distributed by the Ministry of Education for 4th and 6th grades in affected regions.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	N/A

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 was not applicable because project dealt with the protection part to enable other development actors deploy humanitarian assistance in a safe environment

9. Visibility of CERF-funded Activities

Title	Weblink
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UN allocates \$2 million for humanitarian activities	https://www.azernews.az/nation/175760.html
International Day for Mine Awareness and Assistance in Mine action	https://www.facebook.com/UNDPAzerbaijan/photos/a.284300328382492/2489596321186204/
UNDP and UNCERF Scale up Mine Action	https://publish.twitter.com/?query=https%3A%2F%2Ftwitter.com%2FAFracassetti%2Fstatus%2F1372220584256544774&widget=Tweet
ANAMA and UNDP join forces to support mine action in Azerbaijan	https://azerbaijan.un.org/en/122437-anama-and-undp-join-forces-support-mine-action-azerbaijan
Further Strengthening and Expanding Mine Action Capacity in Azerbaijan	https://www.az.undp.org/content/azerbaijan/en/home/projects/further-strengthening-and-expanding-mine-action-capacity-in-azer0.html

Project Report 21-RR-HCR-001

1. Project Information			
Agency:	UNHCR	Country:	Azerbaijan
Sector/cluster:	Shelter and Non-Food Items	CERF project code:	21-RR-HCR-001
Project title:	Provision of Emergency and urgently needed Non Food items and Core Relief Items to conflict affected people in Azerbaijan		
Start date:	20/01/2021	End date:	19/07/2021
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\$ 4,864,224
	Total funding received for agency's sector response to current emergency:		US\$ 3,099,372
	Amount received from CERF:		US\$ 700,000
	Total CERF funds sub-granted to implementing partners:		US\$ 0
	Government Partners		US\$
	International NGOs		US\$
National NGOs		US\$	
Red Cross/Crescent Organisation		US\$	

2. Project Results Summary/Overall Performance

The project led to the following results:

- 29,608 blankets were distributed, reaching **22,231 beneficiaries**. Due to severe winter conditions, in certain locations more than one blanket per person was distributed to some families, and therefore the total number of beneficiaries is lower than the planned 30,000, although the number of the distributed blankets almost reached the indicator (98.7%).
- 6,000 mattresses were distributed to 6,000 beneficiaries.
- 12,000 pillows were distributed to 12,000 beneficiaries.
- 3,951 kitchen sets were distributed to 3,951 families, out of the total planned 4,004
- 40 plastic tarpaulin were distributed to 40 families. The plastic tarpaulins contained strong visibility, and some of the local authorities expressed their reservations at displaying them, therefore the total number of the distributed plastic tarpaulins is lower than planned. The remaining quantities will be distributed in other regions during the forthcoming winter months (October to December 2022)
- 572 hygiene kits were distributed as planned to 572 women beneficiaries in reproductive age.

The implementation modality was direct implementation by UNHCR and therefore, there was no sub-granting to implementing partners, this is to reflect under section 1 above and in Annex 1. However, the operational partners for this project included Azerbaijan Red Crescent Society (AzRCS), ASAN volunteers, district authorities of Aghdam and Adjibadi covering the following locations: Yevlakh, Mingachevir, Terter, Imishli, Kalbajar, Ganja, Goranboy, Agdam, Barda, Fizuli, Saatli, Sumgayit, Shikharkh IDP settlement, Shikharkh and Hasangaya villages of Tartar region

3. Changes and Amendments

No changes or amendments were carried out

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Shelter and Non-Food Items									
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	12,007	12,364	2,764	2,865	30,000	8,901	2,659	5,558	5,113	22,231
Host communities	0	0	0	0	0					
Other affected people	0	0	0	0	0					
Total	12,007	12,364	2,764	2,865	30,000	8,901	2,659	5,558	5,113	22,231
People with disabilities (PwD) out of the total										
	1,003	1,021	0	0	2,024	743	757			1500

* 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

Estimated indirect beneficiaries from the distribution of NFIs are as follows:

- 19,755 persons were indirect beneficiaries of the kitchen set distribution.
- 200 families were indirect beneficiaries of plastic tarpaulin distribution.
- 1,430 persons were indirect female beneficiaries of dignity kits

6. CERF Results Framework

Project objective	Affected population is provided with basic and domestic items			
Output 1	Urgent NFI needs of the affected population provided			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Sector/cluster	Shelter and Non-Food Items			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# of individuals received Fleece Blankets -High thermal	30,000 individuals	22,231	Signed distribution lists which were verified as PDMs
Indicator 1.2	# of individuals received mattresses	6,000 individuals	6,000	Signed distribution lists which were verified as PDMs
Indicator 1.3	# of individuals received pillows	12,000 individuals	12,000	Signed distribution lists which were verified as PDMs
Indicator 1.4	#families received kitchen sets	4,004 families	3,951	Signed distribution lists which were verified as PDMs
Indicator 1.5	# families received Reinforced plastic Tarpaulin Rolls (4X50)	312 families	40	Signed distribution lists which were verified as PDMs
Indicator 1.6	#of females in reproductive age received dignity kits	572 females	572	Signed distribution lists which were verified as PDMs
Explanation of output and indicators variance:		<ul style="list-style-type: none"> • High thermal Blankets. Due to severe winter conditions, in certain locations more than one blanket per person was distributed to some families, and therefore the total number of beneficiaries is lower than the planned 30,000, the number of the distributed blankets is 29,608. • Kitchen sets. The plan was based on a 5-member average Azerbaijan family size; however, the distribution was done based on the actual size and therefore 53 kitchen sets less were distributed, the variance amounts to 1.3% • The plastic tarpaulins contained strong visibility, and some of the local authorities expressed their reservations at displaying them, therefore the total number of the distributed plastic tarpaulins is lower than planned. The remaining quantities will be distributed in 		

		other regions during the upcoming winter months (October to December 2021)
Activities	Description	Implemented by
Activity 1.1	Procurement/transportation of high-thermal fleece blankets - from the global stockpiles in Copenhagen to Azerbaijan; distribution to the affected populations (IDPs/TDPs)	UNHCR, AzRCS, ASAN volunteers and District authorities of Aghdam and Agjabadi
Activity 1.2	Local procurement of mattresses and distribution to affected population in Azerbaijan (IDPs/TDPs)	UNHCR, AzRCS, ASAN volunteers and District authorities of Aghdam and Agjabadi
Activity 1.3	Local procurement of pillows and distribution to affected population in Azerbaijan (IDPs/TDPs)	UNHCR, AzRCS, ASAN volunteers and District authorities of Aghdam and Agjabadi
Activity 1.4	Procurement/transportation of kitchen sets from the global stockpiles in Copenhagen to Azerbaijan; distribution to the affected populations (IDPs/TDPs) in Azerbaijan	UNHCR, AzRCS, ASAN volunteers and District authorities of Aghdam and Agjabadi
Activity 1.5	Procurement/transportation of Reinforced plastic Tarpaulin Rolls (4X50) from the global stockpiles in Copenhagen to Azerbaijan; distribution to the affected populations (IDPs/TDPs) in Azerbaijan	UNHCR, AzRCS, ASAN volunteers and District authorities of Aghdam and Agjabadi
Activity 1.6	Local procurement of dignity kits (designed by UNFPA) and distribution to affected female population in reproductive age in Azerbaijan (IDPs/TDPs)	UNHCR, AzRCS, ASAN volunteers and District authorities of Aghdam and Agjabadi

7. Effective Programming

a. Accountability to Affected People (AAP)³:

The displaced population was an integral part of the response design and was consulted throughout the assessment on which the response was based. The response under this Project was informed by the RNAs of the beneficiaries and was developed considering their specific vulnerabilities and immediate needs. By doing so, UNHCR ensured that response was needs-based and met the required needs. In addition persons of concern were involved in the definition of the most critical activities as part of a number of focus group discussions during the RNA conducted in mid-November 2020 in Barda, Agdam and Agjabadi, as well as part of the distribution monitoring and post distribution verifications.

b. AAP Feedback and Complaint Mechanisms:

Displaced and affected populations were kept informed through direct communication and through volunteers from the community and authorities at the different phases of assistance, especially regarding the NFI needs. In addition, involvement of beneficiaries in different activities contributed to their empowerment. Distribution monitoring and post distribution verification were conducted, inter alia, through family visits and phone calls. Group discussions were not conducted due to the COVID19 restrictions but were replaced by regular phone calls which ensured that UNHCR and partners received accurate feedback from the beneficiaries and provided opportunity for one on one complaints and feedback to be given.

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

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](#).

UNHCR approach for this project was guided by the 2018 Comprehensive Strategy with Action Plan and the 2020 New Strategy and Action Plan (2020-2022) on Prevention of Sexual Exploitation and Abuse. The cross organizational policy and culture is built on achievements in the past and most recently from 2018 and 2019 as well as considering developments in the context of the ongoing Covid 19 pandemic. Another important source that guided our work was the Policy on Protection Against Retaliation. These policies provide for measures to safeguard the interests of the complainants and strengthen corrective measures. In operationalizing the policies in question, a set of tailored and specifically designed training were mandatory for each staff while every office had a focal point for PSEA. UNHCR's staff in Azerbaijan are well trained and capacitated to handle cases of PSEA and SGBV, as this is integral part of our work with refugees and asylum seekers. UNHCR utilized the distribution monitoring, post distribution verification to monitor this aspect of the project and provide safe environment to potential victims to come forward and request one on one meeting. Furthermore, potential indications received from the above-mentioned exercises could trigger additional follow up in accordance with the will of the complaint and respecting confidentiality. An example of the complaints received concerned dignity kits, which were subsequently distributed with modified content.

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

UNHCR's Age, Gender and Diversity (AGD) Mainstreaming aims at advancing gender equality and rights of all persons of concern of all ages and from a range of diverse groups. The 2018 AGD policy puts together the principles of the AGD approach and supports mainstreaming throughout UNHCR's actions which have been implemented since 2006. The policy underlines the importance of gender equality, the community-based approach, and partnerships for successful implementation of AGD. UNHCR activities under this project incorporated an AGD perspective using a rights and community-based approach. The strategy is complemented by targeted action to empower discriminated/marginalised groups, facilitate equitable outcomes for all and promote gender equality to leave no one behind. To achieve this, an operational strategy was developed which comprises of a multi-functional team approach with partners, participatory assessments with women, girls, boys and men of concern. Men, women, girls and boys benefited respectively from the assistance package as it was designed in a such manner to target entire households with the most needed and necessary items. In addition, the response contained a specifically tailored package for women and girls in reproductive age and provided material support for their specific needs

e. People with disabilities (PwD):

The project did not contain a component to address the specific needs/risks of the persons with disabilities. However, the generic needs, including those of the persons with disabilities are included in the composition of the non-food items. Accessibility was ensured through cooperation with the Azerbaijan Red Crescent and District Authorities.

f. Protection:

UNHCR's Age, Gender and Diversity (AGD) Mainstreaming aims at advancing gender equality and rights of all persons of concern of all ages and from a range of diverse groups. Men, women, girls and boys benefited respectively from the assistance package as it was designed in a such manner to target entire households with the most needed and necessary items. In addition, the response contained a specifically tailored package for women and girls in reproductive age and provided material support for their specific needs

g. Education:

There is no education aspect to this intervention, as the education activities for IDPs were implemented by the government

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	N/A

3.2 Project Report 21-RR-WHO-001

1. Project Information			
Agency:	WHO	Country:	Azerbaijan
Sector/cluster:	Health - Sexual and Reproductive Health	CERF project code:	21-RR-WHO-001
Project title:	Reduce deaths and serious illness in the vulnerable populations in conflict-affected regions		
Start date:	18/01/2021	End date:	17/07/2021
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\$ 1,500,000
	Total funding received for agency's sector response to current emergency:		US\$ 700,000
	Amount received from CERF:		US\$ 599,227
	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

Nota and official letters were sent to Ministry of Foreign Affairs (and to MOH through them) in late January and the first joint discussion and presentation of project details with national stakeholders (MOH and TABIB) took place in early February with ensuing operational work-planning with national stakeholders and the local health care teams. Technical assessments missions took place in late February and the work on mobile teams started at the same time. There were some delays with forming the teams and obtaining the necessary medications and medical equipment, hence the mobile teams could only be operational into the third month of the project period.

The project was particularly strong on capacity building activities, which were immediately reflected to patient and client care. 26 social workers were trained in February on basic MHPSS skills and psychological first aid. They worked for 6 months during the project period, reaching and estimated 12,480 people within the project regions. 3 psychologists were deployed in April to the three hospitals in the region and provided 594 consultations. 65 medical staff were trained on essential pediatric skills on the job for mobile teams. Following laboratory assessments in April, 50 people were trained on the quality management system and biosafety in sample collection sites (sampling, labeling, temporary storage, transportation, data reporting, using of antigen tests). From February to April, 125 health care workers were trained on COVID-19 testing who then tested 12,000 people with rapid antigen testing. This was especially important to protect health care workers and they made it easier to do contact tracing. From March to April 25 health care workers in mobile teams were trained for management of COVID patients who immediately started interacting with people and patients.

Intervention	Location	Duration of intervention	Method of calculation of reached population	Number of people reached)

Social workers trained on MHPSS and psychological first aid	Social Services Agencies in 5 project regions	January to July	26 social workers attending to 4 people per day for 20 working days in a month	12,480
Psychologists trained on MHPSSs and psychological first aid	3 hospitals in the 5 project regions	May to July	Exact numbers based on clinical records	594
PHC workers trained in MHPSS and COVID-19	PHC centers in 5 project regions	June and July	90 PHC workers gave an average of 5 consultations a day for 40 working days	18,000
Contact tracing and rapid testing for COVID using rapid antigen testing	In all 5 project regions	April to July	All antigen tests were used in hospitals and for contact tracing	12,000
Direct patient care with mobile teams	In all 5 project regions	April to July	Exact numbers based on clinical records	5,217
Oxygen concentrators	2 to each of the 5 regional hospitals for a total of 10	May to July	Each hospitalized COVID patient needing an average of 5 days of oxygen therapy, concentrators in use 6 days a week, 660 person/days	110

3. Changes and Amendments

Changes in the situation in conflict affected regions, such as the return of the most temporarily displaced persons to their homes, and the aggravation of the epidemiological situation of COVID-19, have contributed to some modifications made during the project implementation. These included changes in the selected medical points, increased emphasis to COVID-19 response measures, testing, sampling and infection control measures. Some of the circumstances that prompted the delay of the mobile team services implementation were long procurement processes which included the quality approval for medicines and equipment; limited available stock for the requested products in international and national markets; extended time for ordering and shipment; long recruitment procedures; limited qualified human resources; location of the project (poor quality infrastructure for housing, training, living). Despite all these factors, many of the planned goals were achieved and exceeded. Mobile teams and selected medical points were supplied with essential medicines and equipment. During the project implementation period WHO continued performing the needs assessment and evaluation of the situation in the regions and based on the results of the assessment made changes in the list of procurement, such as type and quantity of the equipment, supplies and medicines. Additional technical support was provided to the mobile teams by a paediatrician consultant

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health - Sexual and Reproductive 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	10,756	10,334	3,780	3,630	28,500	939	421	294	102	1756
Host communities	7,171	6,889	2,519	2,421	19,000	18,650	16,616	5,547	5,182	46,645
Other affected people	0	0	0	0	0					
Total	17,927	17,223	6,299	6,051	47,500	19,589	17,037	5,841	5,284	48,401
People with disabilities (PwD) out of the total										
	895	855	375	375	2,500	68	134	6	11	219

* 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

People indirectly benefited from the risk communication messages on COVID-19 and health education messages prepared by WHO, translated to Azerbaijan language, printed and disseminated among the health facilities, IDPs, local authorities and administrations. In addition, 44 types of booklets and leaflets were donated by the Public Health and Reform Centre of the MOH and disseminated among the health workers and facilities which were not directly involved in the project activities, as well as between the selected medical points.

6. CERF Results Framework

Project objective Reduce deaths and serious illness in the vulnerable populations in conflict-affected regions through enhanced service provision and capacity building.

Output 1 Life-saving health care services delivered through mobile clinics in selected locations.

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

Sector/cluster Health - Sexual and Reproductive Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of visits to each of the 25 service points	15	11	Reports provided by mobile teams, registration books
Indicator 1.2	Number of consultations provided by age and service groups (e.g. antenatal care, family planning)	1750	432	Reports provided by mobile teams, registration books
Indicator 1.3	Number of >5 years consultations	2500	4920	Reports provided by mobile teams, registration books

Explanation of output and indicators variance: The deployment of medical mobile teams was postponed for three months because of delays in the procurement process, the need to receive quality approval for medicines and equipment and also due to the late recruitment of consultants. Daily variance in the number of patients served by mobile teams was on average 10-50 per day depending on the regional specificity, size of the village, population size and level of engagement with mobile teams, addressability for health services, and real throughput of mobile teams (5 working days per week and 1 village per day). The delays experienced at the start of the project reduced the implementation period, which in turn led to reduced achievement for indicators regarding the planned number of people to be reached.

Activities	Description	Implemented by
Activity 1.1	Mobile medical teams identified and deployed to 5 districts (1 Team per district)	WHO/TABIB
Activity 1.2	Medical equipment, drugs and medical supplies for mobile clinics are procured and prepositioned in 25 service points of 5 districts (5 service points/district)	WHO
Activity 1.3	5 vehicles hired and allocated to 5 districts	WHO

Output 2 Psychological support provided for people in distress.

Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Health - Sexual and Reproductive Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of people who received direct psychological support from a psychologist	1000 consultations/6months	594/3months	Consent forms/Client files/Statistical records
Indicator 2.2	Number of trainers trained (TOT) on psychological first aid training.	10 trainers	24 trainers 14 service providers	Attendance lists/Certificates
Explanation of output and indicators variance:		Deployment of psychologists was delayed because of the time needed for the selection of the candidate within the limited human resources pool in the country, as well as the long recruitment process. Based on this, the psychologists reduced their deployment for an estimated 3 months instead of the initially planned 6 months. Based on the high demand and needs assessment, including local authorities' requests from the conflict affected regions for psychological support, more people were trained in order to cover existing needs. WHO is planning to continue this work beyond the CERF using its own funds		
Activities	Description	Implemented by		
Activity 2.1	Recruitment and orientation of 2 psychologists	WHO		
Activity 2.2	Psychologists deployed to the health facilities and start to provide consultations	WHO		
Activity 2.3	TOT training on the Psychological First Aid is conducted	WHO		

Output 3	Strengthened health-care facilities with essential equipment			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Health - Sexual and Reproductive Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of autoclaves procured and donated	10	55	Invoice, handover act
Indicator 3.2	Number of oxygen concentrators procured and donated	10	10	Invoice, handover act
Indicator 3.3	Number of primary health care equipment kits procured and donated	25	30	Invoice, handover act
Explanation of output and indicators variance:		Indicator 3.1: Because of the poor condition of the medical facilities as well as gaps in infection control and sterilization measures identified during the implementation of the project; additional requests were received from the local health authorities to equip general medical practices (PHC centres), gynaecologists, paediatrician, family planning centres (ASM). Accordingly the number of the sterilization units was revised and increased. Indicator 3.3: 25 primary health care equipment kits were procured and donated to the 25 selected for the project medical points and 5 kits were provided to mobile teams		
Activities	Description	Implemented by		

Activity 3.1	Procurement of autoclaves, oxygen concentrators and other equipment	WHO
Activity 3.2	Clearance from customs of the procured equipment	WHO
Activity 3.3	Donation and instalment of the procured equipment	WHO

Output 4 Health workforce trained to better respond to the increased need.

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

Sector/cluster	Health - Sexual and Reproductive Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	Number of staff trained on each of the 3 different subjects	50	50	List of participants
Indicator 4.2	Passing scores in post-tests	> 70%	> 75%	Post-test evaluation
Indicator 4.3	Observed increase in selected skills of health care workers	>90%	>90%	Post-training evaluation
Explanation of output and indicators variance:	N/A			
Activities	Description	Implemented by		
Activity 4.1	Adoption of the training packages on infection prevention and control, surveillance and risk communication	WHO		
Activity 4.2	Preparation of pre and post-test assessment forms	WHO		
Activity 4.3	Conducting training sessions in 5 districts	WHO		

Output 5 Laboratories are supported to provide timely COVID-19 diagnostics.

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

Sector/cluster	Health - Sexual and Reproductive Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 5.1	Number of laboratories provided with technical support	5	5	Reports, TRs published on WHO website, link in section 9
Indicator 5.2	Number of COVID-19 antigen tests procured and donated	2000	12,000 (using WHO funds)	<i>*see variance explanation below</i>
Indicator 5.3	Number of COVID diagnostic tests performed.	4000	4000	M&E of the laboratory expert within the mission, lab record books
Explanation of output and indicators variance:	10,000 additional antigen tests were procured and donated using WHO funds, because of the need in the project region. As additional needs were identified in the field during the implementation of the project, additional procurement activities were conducted, such as for glucometers, disposable mirrors for gynaecological examinations, hypertensive, analgesic, antipyretic and other equipment, and other medicines and supplies. These purchases increased the quality and timely provision of basic services by mobile teams,			

		reduced the likelihood of complications of diseases, and decreased the burden on regional central hospitals and primary health centres. They also contributed to a rapid dissemination of information among vulnerable populations and built confidence in UN and WHO efforts to strengthen the health system and reduce mortality and serious illness among vulnerable groups. This is reflected in a film that was designed during the implementation of the CERF project.
Activities	Description	Implemented by
Activity 5.1	Trainings for laboratory staff	WHO
Activity 5.2	Procurement and donation of diagnostic tests.	WHO
Activity 5.3	On-site support to ensure smooth operation.	WHO

7. Effective Programming

a. Accountability to Affected People (AAP) ⁴:

Two assessment missions, one multi-agency mission led by OCHA and a health needs assessments led by WHO were conducted in November/December 2020. Based on the results of key informant interviews, focus group discussions and quantitative data collected, the CERF project was designed. Several additional consultative meetings were conducted with the health facilities, local authorities, and the affected populations by WHO in collaboration with TABIB before and during the implementation of the project to ensure that it is aligned to the evolving needs and any requested changes could be done in time. For this, a joint mission was conducted to all 5 regions, including the proposed 25 villages. During the implementation period, two villages were changed because they did not meet the project requirements which were identified during the evaluation done by the project coordination team within the regular monitoring visits. During these visits, the coordination team met extensively with the affected people from the villages to collect feedback.

b. AAP Feedback and Complaint Mechanisms:

WHO project coordination team established Whatsapp groups for the mobile teams in each monitored region. Mobile teams periodically and on an ad-hoc basis contacted the management team by phone and via the Whatsapp groups to inform of any complaints. In regular monitoring visits, the management team met with the target populations in the villages and assessed the situation including aspects of confidentiality. During the project implementation period, information on a regular and ad hoc basis was delivered to WHO/CO WHE team, discussed together, and feedback prepared and addressed within 48 hours respecting the confidentiality of informants. For example, project coordination team received requests from the mobile teams related to changes of the villages and medical points, and additional supplies for the examination of patients. In total close to 1000 inquiries / complaints were received from the population about the payment for and inaccessibility of essential and specialized healthcare, as well as quality of the medical services. All these requests/complaints were immediately discussed with the WHO/CO WHE team and TABIB (where their involvement and support was requested) and response provided

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

No cases were reported. WHO project coordination team was informed about the WHO guidelines for PSEA and information was given about the actions to be taken, respecting the confidentiality and safety of persons involved. Mobile teams were instructed based on WHO guidelines about how to maintain client confidentiality during the provision of all services, document and report in case of receiving complaints pertaining to sexual exploitation and abuse

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

⁴ 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](#).

WHO ensured gender equality within the project implementation. Selection of the mobile team staff was based on the availability of medical personal with requested qualifications. Services pertaining to women (family planning, anti-natal care, etc.) were incorporated into the package of services provided by the mobile clinics. Consultations were conducted in the health facilities of the selected villages, where rooms were organised separately for women/girls and men during the consultations to ensure privacy, safety and confidentiality of patients

e. People with disabilities (PwD):

219 peoples with disabilities were served by the mobile teams. Necessary support to access services and medical facilities, including accessible consultation rooms was provided and organized by the medical staff. Female staff was available for physical examination of girls and women with disabilities. Mobile teams included female and male staff for the consultations

f. Protection:

WHO with TABIB conducted assessment missions in 5 target districts to identify 25 health facilities for consultations placed in safe areas and with minimum requirements (rooms, water, electricity, staff). The registration books with the names of the patients and medical history were filled by the mobile teams and delivered to the WHO project coordination team after completion of the book. All materials were also delivered to WHO after the project ended. Patient information is stored in the WHO Office and not shared with any person or organization. No patient has requested protection, but the teams were prepared for referral to our counterparts in the protection sector in case of need

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:
No	No	N/A

9. Visibility of CERF-funded Activities

Title	Weblink
WHO web site	https://www.who.int/publications/m/item/weekly-operational-update-on-covid-19---24-may-2021 ,
Facebook	https://www.facebook.com/WHO.AZERBAIJAN/posts/780180519354212 https://www.facebook.com/WHO.AZERBAIJAN/posts/780910659281198 https://www.facebook.com/WHO.AZERBAIJAN/posts/782468215792109 https://www.facebook.com/UNinAzerbaijan/posts/4474146979276373 https://www.facebook.com/WHO.AZERBAIJAN/posts/788169698555294 https://www.facebook.com/WHO.AZERBAIJAN/posts/791249438247320 https://www.facebook.com/WHO.AZERBAIJAN/posts/799834237388840 https://www.facebook.com/WHO.AZERBAIJAN/posts/799890674049863 https://www.facebook.com/UNinAzerbaijan/posts/4515350635156007 https://www.facebook.com/UNinAzerbaijan/posts/4574997249191345
Instagram	https://www.instagram.com/p/CP8eYYwDvm4/?utm_source=ig_web_copy_link https://www.instagram.com/p/CP_SFLNDNnW/?utm_source=ig_web_copy_link https://www.instagram.com/p/CQGT8qfjIST/?utm_source=ig_web_copy_link https://www.instagram.com/p/CP8h9iajpYS/?utm_source=ig_web_copy_link

	https://www.instagram.com/p/CQiHgg0j6Vm/?utm_source=ig_web_copy_link https://www.instagram.com/p/CQwfr9CjHPj/?utm_source=ig_web_copy_link https://www.instagram.com/p/CQiTjF0op_5/?utm_source=ig_web_copy_link https://www.instagram.com/p/CRWloY2j56Z/?utm_source=ig_web_copy_link https://www.instagram.com/p/CRW0MC9jrME/?utm_source=ig_web_copy_link https://www.instagram.com/p/CRYRK8koUJeg/?utm_source=ig_web_copy_link
Twitter	https://twitter.com/WHOzerbaijan/status/1403391261793456142?s=20 https://twitter.com/WHOzerbaijan/status/1404402617565028353?s=20 https://twitter.com/WHOzerbaijan/status/1410287997891891203?s=20 https://twitter.com/WHOzerbaijan/status/1419617209572380675?s=20 https://twitter.com/WHOzerbaijan/status/1419619097013272579?s=20
UN Azerbaijan	ENG: https://azerbaijan.un.org/en/136472-who-concluded-bridge-5-health-project-5-conflict-affected-regions AZE: https://azerbaijan.un.org/az/136472-ust-munaqisnin-tsirin-mruz-qalmis-5-rayonda-saglamliq-xmssilayihisini-yekunlasdirib
Local media	Azertag: https://azertag.az/xeber/Saglamliq_Xemsesi_layihesi_cherchivesinde_Fuzuli_Rayon_Merkezi_Xestexanasinda_gorus_kechirilib_VIDEO-1804725 https://www.youtube.com/watch?v=3ZTjJcllPXQ APA.TV: https://apa.az/az/xeber/sosial-xeberler/ust-nin-saglamliq-xemsesi-layihesi-ile-bagli-agdamda-tedbir-kecirilib-foto-video-yenilenib-647312 https://apa.az/az/xeber/sosial-xeberler/ust-azerbaycanda-yeni-layihenin-icrasina-baslayib-foto-647148 Aztibb.az: https://aztibb.az/az/news/10090-saglamliq-xemsesi-layihesi-cercivesinde-5-rayona-sefer-yekunlasib Trend.az: https://az.trend.az/azerbaijan/society/3437749.html Baku.TV: https://baku.tv/az/cemiyet/39535/ Agdam Executive Power: http://www.agdam-ih.gov.az/news/864.html DunyaTV: http://dunyatv.az/ana-sehife/56399-saglamliq-xemsesi-video-12062021.html ATV: https://www.youtube.com/watch?v=2jGTSfkymIM REAL TV: https://www.youtube.com/watch?v=utatkU8pmPU ARB24: https://www.youtube.com/watch?v=iXo72FRUCVg APA.az: https://apa.az/az/xeber/sosial-xeberler/ust-munaqisenin-tesirine-meruz-qalmis-5-rayonda-saglamliq-xemsesi-layihesini-yekunlasdirib-video-yenilenib-652762 APA TV: https://www.youtube.com/watch?v=VMXNunHUumuk Azertag: https://azertag.az/xeber/UST_munaqisenin_tesirine_meruz_qalmis_5_rayonda_Saglamliq_Xemsesi_layihesini_yekunlasdirib_VIDEO-1831957 https://www.youtube.com/watch?v=4WZPcVMaBe0 Report.az: https://report.az/sehiyye-xeberler/ust-munaqise-bolgesile-bagli-heyata-keciridiyi-layiheye-yekun-vurub/ Trend.az: https://az.trend.az/azerbaijan/society/3455645.html

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name		Sub-grant made under pre-existing partnership agreement	Partner Type	Total CERF Funds Transferred to Partner US\$
			Extended Name	Acronym			
21-RR-UDP-001	Protection	UNDP	Azerbaijan National Agency for Mine Action	ANAMA	Yes	GOV	\$700,000