

**SYRIAN ARAB REPUBLIC  
UNDERFUNDED EMERGENCIES  
ROUND I  
VIOLENCE/CLASHES  
2021**

**21-UF-SYR-48603**

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Resident/Humanitarian Coordinator

## PART I – ALLOCATION OVERVIEW

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### Reporting Process and Consultation Summary:

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

24/10/2023

On 24 October 2023, the After-Action Review (AAR) was conducted with participation from implementing partners including programme staff from FAO, UNDP, UNFPA, UNHCR, UNICEF, UNOPS and WHO.

The AAR deliberated on the below outlined five key areas:

#### **Quality of in-country consultations**

Before launching the allocation of the CERF funding, there was adequate consultation at UNCT level to identify strategic, operational, and geographic priorities. Furthermore, during proposal development the consultation has also been extended to sectoral levels and within organizations to inform the response and ensure consultation and coordination at all levels.

#### **Appropriateness of allocation**

The allocation was significant and appropriate in addressing the underfunded life-saving humanitarian needs and has enabled partners to bridge the gaps within agencies priorities and to deliver their mandates in addressing increasing life-saving humanitarian needs.

#### **Result and impact**

The CERF fund has significantly supported rehabilitation of hydroelectric power enhancing access to clean and safe water which enabled the rehabilitation of water facilities. The CERF project has also strengthened existing health facilities and resulted in improving access to services particularly for people with disabilities and victims of explosive ordnance. Furthermore, the project has supported local food production through enhanced access to agricultural inputs.

#### **CERF's added value.**

Partners utilized the flexibility to have an early start date for the projects which enabled time critical response on the ground. Also, it is worth mentioning that due to the significance of the amount allocated interventions were in greater scale and hence enabled partners to reach a relatively larger number of affected people. Furthermore, the allocation was exemplary in addressing underserved humanitarian needs through earmarking and piloting cash response for people with disabilities including victims of explosive ordnance to ensure flexibility and access to humanitarian services. Furthermore, this round of CERF allocation supported alternative and renewable energy solutions, especially in addressing water crisis in the targeted areas.

#### **Complementarity**

The CERF funding has been prioritized by a limited number of governorates which enabled partners to focus, coordinate and complement with other responses in their specific location of intervention. Due to the sizable amount allocated, partners were also able to design other projects complementing/building on the CERF project. Furthermore, CASH assistance for people with disabilities including victims of explosive ordnance has been piloted through this project which enhanced partners fund raising capacity to expand on other similar humanitarian responses.

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:

This CERF allocation of US \$ 22,000,747 was critical in addressing chronically underfunded humanitarian needs focusing on food security and livelihoods, health, protection, and WASH interventions. A total of 1.5 million affected people received humanitarian support across all the sectors.

Particularly, CERF funds under this grant allowed the humanitarian community to address the urgent and emerging needs of affected communities. Notably, under this allocation, underserved priorities have been mainstreamed in the responses particularly disability and inclusion were given due consideration and related activities have specifically targeted persons with disabilities based on the earmarked allocation to UNMAS and UNHCR. The CERF allocation made a difference in reaching a total of 285,621 people with disabilities.

I acknowledge the significance work done by CERF implementing partners and the collaboration to deliver multisectoral response to save lives and reduce human suffering. Nonetheless, as of the reporting date, in addition to the long-lasting conflict and persistent economic downturn, people in Syria have faced with another emergency resulting from a series of earthquakes that hit Türkiye and northern Syria on 6 and 20 February 2023. With thanks to donors for their generous contribution, the humanitarian community have exerted all their efforts in addressing immediate life-saving and residual humanitarian needs caused by the devastating earthquake.

### CERF's Added Value:

Food Security and Nutrition - Facilitated access to agricultural input and has improved vegetable production capacity of 2,700 farmers households including about 51 percent women that has strengthened resilience of the communities.

WASH – Enhanced access to safe water through the provision of needed energy sources ensuring adequate water quality for drinking and irrigation purposes.

Protection – Enhanced access to protection services and upgraded common facilities for persons with disabilities.

SNFI Shelter/NFI – Other than the Shelter/NFI intervention the project has enhanced access to communal and community facilities.

Health (WHO and UNICEF) – Procurement of medical equipment further allowed strengthening the health system's capacity to provide the needed medical care to hospitalised cases and advanced medical care.

UNOPS (Mine Action) - Addressed part of the financial challenges for persons with disabilities and victims of explosive ordnance.

Apart from the lifesaving aspect, the project has been beneficial for implementing partners as some have used the impacts of implemented project as a model to fundraise more resources. Furthermore, the project has played a significant role in promoting localization as part of the projects have been implemented through local partners.

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

Yes

Partially

No

With an early start date option under the CERF grant, partners took immediate action in implementation of projects on the ground for provision of assistance.

	<b>Did CERF funds help respond to <u>time-critical needs</u>?</b>		
	Yes <input checked="" type="checkbox"/>	Partially <input type="checkbox"/>	No <input type="checkbox"/>
	The CERF grant enabled immediate provision of live saving humanitarian support to people in need.		
	<b>Did CERF <u>improve coordination</u> amongst the humanitarian community?</b>		
	Yes <input checked="" type="checkbox"/>	Partially <input type="checkbox"/>	No <input type="checkbox"/>
	The CERF grant enabled partners to deliver coordinated humanitarian services at both strategic and operational levels. The allocation has enhanced coordination in delivering multisectoral humanitarian assistance addressing the urgent and emerging needs of affected communities		
	<b>Did CERF funds help <u>improve resource mobilization</u> from other sources?</b>		
	Yes <input checked="" type="checkbox"/>	Partially <input type="checkbox"/>	No <input type="checkbox"/>

#### Considerations of the ERC's Underfunded Priority Areas<sup>1</sup>:

CERF projects contributed to gender equality, including across age groups where aid provided considered the specific needs of different age and gender groups. Almost 60 percent of reached beneficiaries under this allocation were women and girls. The projects ensured that the distances and routes travelled to distribution sites and training sites are safe for women, girls, boys and other at-risk groups. FAO has also ensured the availability of chairs, and separate toilets are in place.

All CERF projects under this allocation have put in place AAP systems, including information for beneficiaries and complaint/feedback mechanism (CFM), to ensure a two-way communication with beneficiaries and to adjust and guide improvement on the implementation of activities.

Key messages on PSEA were disseminated by displaying posters at service delivery points and distributing leaflets and other materials developed by the PSEA In-Country Network. Key messages on PSEA were also introduced during the awareness-raising sessions and provision of services.

Additionally, CERF cash assistance support was provided to empower vulnerable groups focusing on people with disability.

Partners are using the CERF project as a model mobilising resources to enhance the humanitarian assistance.

With an early start date option under the CERF grant partners took immediate action on the ground that has enabled provision of timely humanitarian assistance .

<sup>1</sup> 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\$)**

<b>Total amount required for the humanitarian response</b>	<b>4,200,000,000</b>
CERF	22,000,747
Country-Based Pooled Fund (if applicable)	67,657,796
Other (bilateral/multilateral)	[Fill in]
<b>Total funding received for the humanitarian response (by source above)</b>	<b>89,658,543</b>

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

Agency	Project Code	Sector/Cluster	Amount
FAO	21-UF-FAO-017	Food Security - Agriculture	2,200,000
UNDP	21-UF-UDP-004	Water, Sanitation and Hygiene	3,000,000
UNFPA	21-UF-FPA-023	Protection - Gender-Based Violence	499,987
UNHCR	21-UF-HCR-021	Shelter and Non-Food Items	1,232,000
UNHCR	21-UF-HCR-021	Protection	368,000
UNHCR	21-UF-HCR-029	Protection	876,000
UNHCR	21-UF-HCR-029	Shelter and Non-Food Items	324,000
UNICEF	21-UF-CEF-039	Water, Sanitation and Hygiene	3,610,289
UNICEF	21-UF-CEF-039	Nutrition	3,230,258
UNICEF	21-UF-CEF-039	Health	2,185,175
UNICEF	21-UF-CEF-039	Protection - Child Protection	475,038
UNOPS	21-UF-OPS-004	Protection - Mine Action	800,000
WHO	21-UF-WHO-027	Health	3,200,000
<b>Total</b>			<b>22,000,747</b>

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

<b>Total funds implemented directly by UN agencies including procurement of relief goods</b>	<b>18,584,867</b>
Funds sub-granted to government partners*	28,124
Funds sub-granted to international NGO partners*	48,554
Funds sub-granted to national NGO partners*	3,681,549

Funds sub-granted to Red Cross/Red Crescent partners*	
<b>Total funds transferred to implementing partners (IP)*</b>	<b>3,415,880</b>
<b>Total</b>	<b>22,000,747</b>

\* 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:

Humanitarian needs in Syria are driven by the effects of more than a decade of crisis, along with violations of international humanitarian and human rights law, an ever-shrinking economy due to a series of successive shocks and exacerbated by the COVID-19 pandemic. The crisis continues to have a gendered impact, with women and adolescent girls paying a high price for harmful and discriminatory gender norms, including gender-based violence. At the same time, men and boys face elevated risks linked to arbitrary detention, forced conscription and explosive ordnance, among others. Further, about 25 percent of Syrians are persons with disabilities - significantly higher than the global reference average of 15 per cent - which increases the risks and barriers they face; this number is higher (36 per cent) among IDPs who are already facing dire conditions. 13.4 million people in Syria are estimated to be in need of humanitarian assistance in 2021. Compounding these protracted humanitarian needs is a water crisis due to low rainfall, low levels of water flow into the Euphrates River, disruptions of the Alouk water station, climate change and damage to basic infrastructure. Water shortages, particularly in Al-Hasakeh Governorate, traditionally the breadbasket of the country, are especially acute. As of June 2021, the water flow rate in the Euphrates River was reported to be at critically low levels (223m<sup>3</sup>) which, in addition to existing drought potential in the region, is expected to aggravate the existing levels of food insecurity, water unavailability, public health concerns and tensions among communities, among others.

### Operational Use of the CERF Allocation and Results:



This CERF allocation focused on critical life-saving activities in chronically underfunded sectors, and in line with the emerging needs in food security and livelihoods, health, protection and WASH; it targeted a combined total of 1,505,519 affected people across all sectors. The project enhanced access to sanitation services and clean water and food through provision of vegetable production and irrigation kit. The CERF grant has also improved services of primary and secondary health facilities, sustained functionality of referral systems and the protection environment through building of Shelter to enhance safety and security. Overall disability and inclusion were mainstreamed in the engagements; however, some activities specifically targeted persons with disabilities based on the earmarked allocation to UNMAS and UNHCR. Specific activities targeting persons with disabilities included cash and voucher assistance (CVA), provision of assistive devices, strengthening data collection, information sharing and strengthening referral pathways, home-based care and counselling and training for caregivers. All PWD activities were guided by the Disability and Inclusion strategy which aims to ensure operational partners can improve identification and understanding of the situation and needs of persons with disabilities; and better reach individuals and households with disabilities with regular assistance as well as support assistance which is tailored to specific needs. The Disability Working Group and the Victim Assistance Working Group also contributed to similar objectives. In addition, protection engagements delivered at community centres followed a community-based approach and support other sectors in the achievement of sector objectives. The two projects covered by earmarked funding targeted a combined total of 34,000 persons with disabilities.

The CERF allocation has also improved access to quality and life-saving gender-based violence (GBV) response services for survivors and delivered interventions to prevent and mitigate the risks of GBV, reaching a total of 52,950 women and girls. This represents an overachievement of 21 per cent against the end of project target, due to increased outreach to women and girls in rural areas, which resulted in greater participation for the awareness-raising sessions. Furthermore, the project has reached 11,285 vulnerable pregnant and lactating women (PLW) with cash and voucher assistance (CVA) through monthly multipurpose electronic vouchers (e-vouchers) to enable them to purchase basic hygiene items.

However, it is worthwhile to mention that implementation of the project has been challenged by the deteriorating economy and increased the prices of project supplies/materials which made the original estimated unit cost unsustainable. In addition, the availability of certain project supplies was limited, hampering implementation of the project. Hence, partners were required to revise their budget to accommodate the price increase of project supplies as well as transfer values of the vouchers which has resulted in reduction in achievements against planned targets.

#### **People Directly Reached:**

A total of 1,087,776 beneficiaries have received humanitarian service under this CERF allocation. Double counting of targeted people occurring due to overlapping of locations of interventions was tracked through employing the max approach where beneficiaries of a project with largest number is considered for overlapping project locations, except the case load of the FAO project for As-Sweida Governorate that has been added to the max. For the remaining, UNICEF's caseload for nutrition project has been considered the max as it overlaps with all governorates and might target the beneficiaries through different sectors. For people with disabilities, UNICEF's nutrition max figure has been considered as a total and male beneficiary of UNHCR's protection project has been added to determine the total number of beneficiaries reached.

**People Indirectly Reached:**

As per the project design, a total of 5,000,000 indirect beneficiaries included the local communities residing in the targeted districts and neighbouring villages who benefited from the improved availability of vegetable crops produced and sold on the local market, rehabilitation of Euphrates hydroelectric plant contributed to securing the energy needed in the northern region to support the provision of drinking water. Indirect beneficiaries have also benefited from the CVA intervention as the CVA was made available as a top-up to pregnant and lactating women. Indirect beneficiaries also include those who benefited from activities such as awareness-raising sessions, information campaigns and basic infrastructure upgrades.

**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
Food Security - Agriculture	5,022	4,698	3,240	3,240	16,200	5,022	4,698	3,240	3,240	16,200
Health	306,290	79,913	306,287	306,287	998,777	357,161	106,005	361,567	359,491	1,184,224
Nutrition	279,329	0	339,613	327,594	946,536	216,834	64,636	329,195	293,029	903,694
Protection	42,989	1,000	13,300	6,600	63,889	6,500	1,277	7,900	7,618	23,295
Protection - Child Protection	4,409	2,254	8,047	6,729	21,439	4,588	2,155	8,679	7,351	22,773
Protection - Gender-Based Violence	0	0	0	0	0	98,414	0	7,486	0	105,900
Protection - Mine Action	3,500	3,000	400	600	7,500	3,484	5,185	2,842	1,639	<b>13,150</b>
Shelter and Non-Food Items	812	145	986	957	2,900	677	121	823	799	2,420
Water, Sanitation and Hygiene	337,899	252,480	257,618	276,411	1,124,408	337,899	252,480	257,618	276,411	1,124,408

\* 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	1,900	1,365
Returnees	47,327	34,004
Internally displaced people	709,902	510,508
Host communities	715,979	514,024
Other affected people	30,411	25,175
<b>Total</b>	<b>1,505,519</b>	<b>1,087,776</b>

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

Sex & Age	Table 6: Total Number of People Directly Assisted with CERF Funding*		Number of people with disabilities (PwD) out of the total	
	Planned	Reached	Planned	Reached
Women	404,516	359,254	93,039	56,727
Men	302,256	5,440	81,609	70,306
Girls	406,568	362,917	93,511	90,486
Boys	392,179	360,166	105,888	90,546
<b>Total</b>	<b>1,505,519</b>	<b>1,087,776</b>	<b>374,047</b>	<b>308,065</b>

## PART II – PROJECT OVERVIEW

### 3. PROJECT REPORTS

#### 3.1 Project Report 21-UF-FAO-017

1. Project Information			
<b>Agency:</b>	FAO	<b>Country:</b>	Syrian Arab Republic
<b>Sector/cluster:</b>	Food Security - Agriculture	<b>CERF project code:</b>	21-UF-FAO-017
<b>Project title:</b>	Urgent support to vulnerable farmers and women headed households to improve their livelihoods and build their resilience to food and nutrition insecurity.		
<b>Start date:</b>	15/08/2021	<b>End date:</b>	14/08/2022
<b>Project revisions:</b>	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
<b>F undi ng</b>	<b>Total requirement for agency's sector response to current emergency:</b>		<b>US\$ 26,000,000</b>
	<b>Total funding received for agency's sector response to current emergency:</b>		<b>US\$ 0</b>
	<b>Amount received from CERF:</b>		<b>US\$ 2,200,000</b>
	<b>Total CERF funds sub-granted to implementing partners:</b>		<b>US\$ 28,124</b>
	Government Partners		US\$ 28,124
	International NGOs		US\$ 0
	National NGOs		US\$ 0
Red Cross/Crescent Organisation		US\$ 0	

### 2. Project Results Summary/Overall Performance

Through this CERF UF grant, FAO and its partners in the Syrian Arab Republic were able to successfully provide support for households' vegetable production to the planned 2,700 farmers households (16,200 people), including about 51 per cent women. The vegetable support package included tomato, cucumber, eggplant, sweet pepper, beans, peas, spinach and lettuce seeds (see Table 1). The beneficiaries were located in selected villages in rural Damascus (675 households), As-Sweida (675 households), Dara'a (675 households) and Deir-ez-Zor (675 households). Moreover, from September to October 2022, the project provided a three-day refreshing training on climate-smart agriculture, good production and processing practices, and post-harvest treatments to 272 women in the selected villages (over 10 per cent of total direct beneficiaries supported with the provision of seed kits).

The successful provision of vegetable production kits, including modern irrigation kits, has served to enhance the vegetable production skills of 16 200 beneficiaries, mainly women-headed households - affected by the ongoing crisis and erratic weather conditions in the Syrian Arab Republic. Thanks to inputs distributed, each beneficiary household produced in average an amount of 13 tonnes of vegetable,

allowing them to cover their food needs and generate income that could sustain them for a period of 6-10 months thanks to the sale of their products on the local markets.

The villages targeted by the project were selected according to specific criteria by local committees formed at governorate level. The committees, in coordination with FAO resilience officers in the targeted governorates, selected the beneficiaries according to the following criteria:

- a) Should be vulnerable small-scale farmers who are affected by the current situation (special focus on returnees).
- b) Should have access to about 500-1 000 m<sup>2</sup> of land minimum; and a source of water for irrigation.
- c) Agriculture is the main source of income for the beneficiary households.
- d) Beneficiary farmers are the breadwinners of their households.
- e) Beneficiary farmers should be without a steady source of income.
- f) Particular attention should be given to women-headed households.
- g) Particular attention should be given to households with people with disabilities.

Table 1 provides information on the villages selected and beneficiaries reached. A change in location from Zabadni and Douma to Daraya was suggested in order to avoid duplication with other agencies. When implementation started these two locations were targeted by other agencies, so location change was important to ensure supporting a wide range of farmers in need. This change was communicated to OCHA

**Table 1: Beneficiaries reached per governorate.**

Governorate	Villages	Seed kits provided per household	Number of households reached		
			Male	Female	Total
As-Sweida	Sura saghira – Shahba – Thaala – Mazraa - Sweida	Tomato 1.5 g; cucumber 30 g; eggplant 3 g; sweet pepper 1.5g; broad beans 2.5 kg; peas 1 kg; spinach 30 g and lettuce 10 g	189	486	675
Rural Damascus	Daria - Babila		381	294	675
Daraa	Mezirib - Azraa		296	379	675
Deir-ez-Zor	Mayadeen - Muhassan		461	214	675
<b>Total</b>			1,327	1,373	2,700

### 3. Changes and Amendments

The procurement of irrigation kits faced considerable delay as a result of the difficult in economic situation due to currency fluctuations, price inflation and importation challenges. this has led to the need to request for a no-cost extension request for the project. The request has also included the need to change the suggested location in Rural Damascus in order to avoid duplication with other agencies, as the originally proposed sub-districts were targeted with the same type of support before the project implementation started. During the installation of the irrigation kits, farmers were trained by the technical team to ensure proper calculation of water requirement for the vegetables and timely provision of water needs without wasting water.

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Food Security - Agriculture									
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	5,022	4,698	3,240	3,240	16,200	5,022	4,698	3,240	3,240	16,200
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>5,022</b>	<b>4,698</b>	<b>3,240</b>	<b>3,240</b>	<b>16,200</b>	<b>5,022</b>	<b>4,698</b>	<b>3,240</b>	<b>3,240</b>	<b>16,200</b>
<b>People with disabilities (PwD) out of the total</b>										
	151	141	97	97	486	151	141	97	97	486

\* 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

As per the project design, indirect beneficiaries included the local communities residing in the targeted district and neighbouring villages who benefited from the improved availability of vegetable crops produced and sold on the local market. The vegetables produced have also had an impact at the nutritional level. About 35,000 households (210,000 people) in the targeted locations are expected to benefit indirectly from this emergency support.

Other beneficiaries included implementing partners, stakeholders and Government counterparts (i.e. Ministry of Agriculture and Agrarian Reform (MAAR), Ministry of Water Resources (MoWR), Governorate Directorate of Agriculture and Water Resources, District/sub-district extension workers staff and local authorities), traditional leaders or “Moukhtar” and water users associations (WUAs).

## 6. CERF Results Framework

**Project objective** Improve vegetable production capacity for 2,700 households (mainly women headed households) affected by the ongoing crisis and erratic weather conditions in Syria

**Output 1** Vegetable production skills, quality and quantity for 2,700 households is enhanced.

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

**Sector/cluster** Food Security - Agriculture

Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Ag.1 Number of people benefiting from agricultural inputs (items/packages/kits)	16,200	16,200	Implementation partner's report and seed kits receipt records on the basis of six members/HH
Indicator 1.2	# of people benefiting from refreshing training (10% of the targeted households)	270	272	Implementation partner's report and training attendance sheets

**Explanation of output and indicators variance:** The project was able to reach the planned target of beneficiaries.

Activities	Description	Implemented by
Activity 1.1	Introduce the project to the targeted local communities	Directorate of Agriculture, Rural Households Development (DARHD)/Ministry of Agriculture and Agrarian Reform(MAAR)
Activity 1.2	Design the selection criteria, taking into account the needs of PwDs	FAO Syria Office
Activity 1.3	Select beneficiaries, focusing on women headed households and PwDs	DARHD together with FAO field staff, MAAR decentralized department and local community representatives
Activity 1.4	Design technical specifications of the vegetables and modern irrigation taking into account the local conditions of targeted areas and the situation of water resources	FAO Syria Office
Activity 1.5	Procure vegetable production kits including modern irrigation networks	FAO Syria Office
Activity 1.6	Conduct the distribution of the households' vegetable production kits and the installation of the modern irrigation networks	DARHD



Activity 1.7	Design a refreshing training, including the following topics: - climate smart agriculture - good production and processing practices - post harvest treatments	DARHD in consultation with FAO and by using materials provided by FAO
Activity 1.8	Select trainees (10% of the targeted households) based on their acceptance by local communities, their commitment and readiness to engage in information sharing with other beneficiaries in their communities	DARHD and FAO resilience officers in the governorates
Activity 1.9	Conduct the training and technical follow-up throughout the growing season (both summer and winter)	DARHD in close consultation with FAO Syria office
Activity 1.10	Monitoring project implementation and evaluate the results on the ground	FAO Syria

## 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 areas<sup>2</sup> 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)<sup>3</sup>:

FAO has already conducted focus group discussions with local communities to understand the needs at the household and individual level. Discussions with the MAAR were conducted to examine the best way possible to address the needs in light of the situation pertaining to natural resources. In this regard, FAO has ensured the inclusion and participation of different categories of affected population (women, people with disabilities and youth) to reflect their specific needs. FAO has also developed selection criteria, agreed upon locally. Beneficiary selection committees were established with representation of vulnerable groups, to follow clear and precise guidance; hence ensuring the effective participation and communication for guidance in the local language.

The letter of Agreement signed with the implementing partner included clear directions on AAP. It was clearly explained and agreed with the implementing partner on how to set the distribution location, timing and training venue in a way that respects the need of beneficiaries and adheres to the cultural context.

### b. AAP Feedback and Complaint Mechanisms:

An Accountability to Affected Population (AAP) system, including information for beneficiaries and a complaint/feedback mechanism (CFM), were put in place to ensure a two-way communication with targeted beneficiaries and was used to make adjustments and guide improvement on the implementation of activities.

The complaint mechanism is composed of a dedicated phone number for the beneficiaries (through WhatsApp or direct call) so the beneficiaries can send their complaint directly to the office. The complaints are directed to the concerned technical officer. The complaint

<sup>2</sup> 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](#).

<sup>3</sup> 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](#).

and feedback process is documented and followed up through a register that included the following information (date, complaint, code of project, responsible officer, etc.).

Both FAO's and IP's Staff had to wear a special uniform with (IP/FAO) logo so they would be easily identified and approached if beneficiaries had any complaints. Besides, Conforming to community standards Staff was gender balanced (male/female) so they could be approached by beneficiaries of both genders

The complaint system in FAO did not receive any complaint in relation to this project.

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

Since the proposed intervention targeted women producers, who are considered most at risk of GBV, FAO directly supported their agriculture-based livelihood and economic situation. FAO has ensured that a robust PSEA mechanism was put in place. The proposed CERF response has been developed through incorporating PSEA mainstreaming in the whole project cycle. FAO technical staff continued to receive capacity building and technical guidance on community-based complaints mechanisms (CBCM) and PSEA. FAO has also ensured that the existing CBCM is incorporated into this project to ensure regular monitoring of the implementing partners' (IP) accountability and adherence to the agreed standards and FAO procedures for handling internal complaints. The above-mentioned measures have ensured the protection of all vulnerable people from sexual exploitation and abuse by FAO and IP staff.

FAO team that is established to oversee this issue did not receive any complaint

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

FAO notes that GBV is the most extreme manifestation of gender inequality and that women's subordinate status is often linked to perceptions about the value of their work and contributions to the household. Their labour tends to be unrecognized, unpaid and undervalued. In addition, women in Syria face a range of socio-cultural constraints that prevent them from becoming equally competitive economic players. FAO efforts to remove gender-based constraints such as women limited access to productive assets, paid labour, land, tools and training in agriculture and livelihoods initiatives, are key to improving gender equality and reducing GBV.

Based on FAO's global commitments to addressing GBV, FAO has ensured that the proposed CERF intervention prioritised gender balance and that productive assets distributed to and owned by women are protected. FAO also ensured that the distances and routes travelled to distribution sites and training sites are safe for women, girls, boys and other at-risk groups. FAO has also ensured the availability of chairs, and separate toilets are in place.

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### **e. People with disabilities (PwD):**

The project activities were designed to include vegetable production at household level, which can be implemented in a small area of land and does not require extensive manual labour or sophisticated costly equipment/tools. The nature of the CERF activity is disability-adapted and can be practised easily by PwD. In addition to the planting, PwD were involved in simple work such as irrigation, weeding and harvesting and even packing.

Separate queues have been dedicated for people with disability along with the availability of chairs for the Women, elderly people, and people with disabilities. FAO and its IP have made sure that both location and time of distribution correspond people with disability

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### **f. Protection:**

The design of project activities has taken into account protection elements, in line with the "do not harm" principles. To the maximum possible extent, measures were taken to limit the risk of beneficiaries being targeted as a result of them being selected for this project. FAO and its selected IPs have mainstreamed protection into all proposed activities and have ensured inclusive programming to support the safe, dignified and accountable inclusion of women-producers, PwDs and vulnerable populations.

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### **g. Education:**

Capacity building is at the core of FAO's work. FAO has made sure to include a refreshing training component in this intervention to make sure to help people have access to information, and also to contribute to the sustainability of the results. Under the output of the project there were several activities related to refreshing training and provision of technical advice and follow-up.

## 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.

The current structure of the market, fluidity of the exchange rate and regular agriculture input price increases does not allow for Cash Transfer Plan. Moreover, the specific nature of inputs under this project, the need to make sure that the inputs are procured within the season and from well-identified providers and sources, made FAO decide on the provision of inputs in-kind rather than direct cash or input vouchers to procure inputs. Due diligence has been exercised by FAO in selecting the response modality and the operational, programmatic and contextual risks of providing the vegetable kits through CVA are well understood and CVA is not feasible with the current level of market functionality, the nature of the intervention and the local Syria context.

### 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

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

### 3.2 Project Report 21-UF-UDP-004

1. Project Information			
<b>Agency:</b>	UNDP	<b>Country:</b>	Syrian Arab Republic
<b>Sector/cluster:</b>	Water, Sanitation and Hygiene	<b>CERF project code:</b>	21-UF-UDP-004
<b>Project title:</b>	Increase resilience of affected communities, focusing on sustainable initiatives that support equitable access of targeted communities to WASH needs and help protect livelihoods through the provision of needed energy and rehabilitation of basic infrastructure		
<b>Start date:</b>	07/10/2021	<b>End date:</b>	06/10/2022
<b>Project revisions:</b>	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
F undi ng	<b>Total requirement for agency's sector response to current emergency:</b>		US\$ 13,800,000
	<b>Total funding received for agency's sector response to current emergency:</b>		US\$ 4,000,000
	<b>Amount received from CERF:</b>		US\$ 3,000,000
	<b>Total CERF funds sub-granted to implementing partners:</b>		US\$ [Fill in]
	Government Partners		US\$ [Fill in]
	International NGOs		US\$ [Fill in]
	National NGOs		US\$ [Fill in]
Red Cross/Crescent Organisation		US\$ [Fill in]	

### 2. Project Results Summary/Overall Performance

Through this CERF grant, UNDP and its partners supported the rehabilitation of the hydroelectric plant in Tabqa to secure the northern region with energy needed to support the provision of drinking and irrigation water. The completed intervention has contributed to improving the humanitarian situation of 169,506 inhabitants in Ar-Raqqa Governorate. More importantly, five million inhabitants in the targeted areas have indirectly benefited from the provision of the urgently needed spare parts that secured the delivery of up to 125 MW (upon the water flow intensity) to the national grid with the provision of technical assessment for the overall situation of the hydropower plant and the design needed for the rehabilitation of the fifth unit.

In addition, the project ensured continued enhanced access to sanitation services through the rehabilitation of 8 km of sewage networks in 3 locations in Rural Qamishli and Yaroubieh. As a result, UNDP's intervention has contributed to improving the public health of 29,409 people who suffer from a catastrophic environmental and health situation.

Moreover, access to clean and safe water was enhanced through the rehabilitation of 40 wells and 3 water pumping stations ensuring their efficient and continuous operation through the provision of reliable and sustainable sources of energy (solar systems/ inverters) to provide clean and safe water to 925,493 people in Al-Hassakeh Governorate.

### **3. Changes and Amendments**

Due to the result of the bidding selection process, which was under the estimated budget, and due to the urgent need to improve the hygiene in the targeted area, especially with the spreading of cholera in northern Syria, UNDP rehabilitated an additional 13 wells with no additional funds required. UNDP was granted an approval of a no-extension of the project that enabled UNDP to complete all activities.

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Water, Sanitation and Hygiene									
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	8,134	6,678	5,890	6,176	26,878	8,134	6,678	5,890	6,176	26,878
Internally displaced people	123,901	84,047	85,455	88,148	381,551	123,901	84,047	85,455	88,148	381,551
Host communities	205,864	161,755	166,273	182,087	715,979	205,864	161,755	166,273	182,087	715,979
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>337,899</b>	<b>252,480</b>	<b>257,618</b>	<b>276,411</b>	<b>1,124,408</b>	<b>337,899</b>	<b>252,480</b>	<b>257,618</b>	<b>276,411</b>	<b>1,124,408</b>
<b>People with disabilities (PwD) out of the total</b>										
	70,306	56,727	49,880	63,907	240,820	70,306	56,727	49,880	63,907	240,820

\* 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 has indirectly supported 5,000,000 inhabitants in Aleppo city and its surrounding areas, Al Hassakeh Governorate and Ar-Raqqa city which contributed to improving the humanitarian situation in the mentioned areas. As the rehabilitation of the Euphrates hydroelectric plant contributed to securing the northern region with the energy needed to support the provision of drinking water for Aleppo city and part of rural Ar-Raqqa Governorate as well as the operation of pumping stations for irrigation in Northern and Eastern Aleppo

## 6. CERF Results Framework

**Project objective** Enhance the living conditions of affected communities in In Al-Hasakeh and Raqqa governorates through the provision of needed energy sources ensuring adequate water quality for drinking and irrigation purposes.

**Output 1** Improve the humanitarian situation in the targeted areas through the rehabilitation of the hydroelectric plant in Tabqa.

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

<b>Sector/cluster</b>	Water, Sanitation and Hygiene			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 1.1	Number of people benefiting from the generated energy of the hydroelectric plant.	169,506	169,506	UNDP Field office
Indicator 1.2	Amount of electricity generated.	100 MW	100 to 125 MW	UNDP field office
<b>Explanation of output and indicators variance:</b>				
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Preparation phase to set up the project team to conduct the required tasks.	UNDP		

Activity 1.2	Technical assessment of the hydroelectric plant to validate and verify needed support.	UNDP through contracting the general designer of the Euphrates hydroelectric plant
Activity 1.3	Procurement of spare parts and other equipment.	UNDP through private sector
Activity 1.4	Monitoring the installation of spare parts.	UNDP

<b>Output 2</b>	Improve access to clean and safe water through the rehabilitation of wells and water supplies.			
<b>Was the planned output changed through a reprogramming after the application stage?</b>		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
<b>Sector/cluster</b>	Water, Sanitation and Hygiene			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 2.1	WS.7b Number of people who are using sufficient and safe water for drinking, cooking, and personal hygiene use.	925,493	925,493	UNDP - field office
Indicator 2.2	Number of wells rehabilitated.	27	40	Supervision Committee, UNDP field office
Indicator 2.3	Number of pumping stations rehabilitated.	2	3	Supervision Committee, UNDP field office
<b>Explanation of output and indicators variance:</b>		<b>Indicator 2.2:</b> Due to a surplus in the budget, the same contractor has been contracted to carry out additional work to meet the requirements, as the need is critical.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Preparation phase to set up the project team to conduct the required tasks.	UNDP – field office		
Activity 2.2	Procurement of the needed equipment based on the detailed technical specs to rehabilitate the targeted wells and pumping stations.	UNDP		
Activity 2.3	Installation of the equipment and ensure efficient operation.	UNDP-Private sector – Supervision Committee - Third party		



<b>Output 3</b>	Improve public health in targeted areas through the rehabilitation of sewage networks.			
<b>Was the planned output changed through a reprogramming after the application stage?</b>		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
<b>Sector/cluster</b>	Water, Sanitation and Hygiene			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 3.1	Number of people who are utilizing facilities and services to support environmental health as part of WASH programming.	29,409	29,409	UNDP - field office
Indicator 3.2	Length of rehabilitated sewage network.	8 km	8 km	Supervision Committee, UNDP field office
<b>Explanation of output and indicators variance:</b>				
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 3.1	Preparation phase to set up the project team to conduct the required tasks.	UNDP - field office		
Activity 3.2	Procurement of the needed equipment based on the detailed technical specs to rehabilitate the targeted sewage networks.	UNDP		
Activity 3.3	Installation of the equipment and ensure efficient operation.	Private sector – Supervision Committee - Third party operation.		

## 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 areas<sup>4</sup> often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate**

<sup>4</sup> 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)<sup>5</sup>:**

UNDP ensured that its activities targeted the most vulnerable, enhanced safety and dignity, promoted and protected the human rights of beneficiaries without contributing to or perpetuating discrimination, abuse, violence, neglect, and exploitation, and develop self-protection capacities. UNDP made sure that complaint and accountability mechanisms are in place. Moreover, UNDP monitoring team ensured smooth implementation of the project and followed up on deviation issues and violations. UNDP made sure that its approach is inclusive where different groups from local communities and IDPs are targeted including youth, women and people with special needs.

**b. AAP Feedback and Complaint Mechanisms:**

Throughout the project's implementation, a transparent and anonymous complaint mechanism was established to allow communities to offer feedback on programmes and lodge complaints, where UNDP's hotline number was shared with local communities especially notable leaders and individuals in the community to provide and facilitate feedback or complaints from the targeted people/areas. Feedback received was shared with the field team to identify needs and complaints, while technical information was gathered and analysed from the programme's beneficiaries through KOBO toolbox to be transferred to UNDP to resolve the issue as per the project warranty.

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

UNDP Syria has an established reporting mechanism that includes a hotline and SOPs for timely and professional response to complaints received from the beneficiaries. To ensure the prevention and protection from any SEA misconduct, UNDP established in 2020 a robust PSEA network that includes one national PSEA focal point and 13 field focal points who conduct PSEA/SH awareness raising to the beneficiaries and staff of UNDP's interventions highlighting the UN Zero-tolerance policy of any sexual misconduct. The beneficiaries, with special focus on women and people with disabilities, are notified of the existence of UNDP's hotline as a reporting channel in case they need to share their concerns or complains. The hotline serves as a feedback mechanism where UNDP can spot any misconduct. Complaints are registered in a complaint log for further monitoring and follow-up.

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<sup>5</sup> 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](#).

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

UNDP is committed to the ER&L sector strategy objectives to mainstream and integrate protection into all planned responses. Protection mainstreaming is integrated from assessment, design, planning, implementation, monitoring, evaluation; and UNDP safe programming standards include do no harm principles and gender mainstreaming through the project cycle.

Moreover, UNDP ensures equitable access by women and men, girls and boys across all age groups to available assistance and services (in proportion to need and levels of risk) without discrimination.

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**e. People with disabilities (PwD):**

According to the UN Convention on the Rights of Persons with Disabilities, UNDP designs all its interventions taking into consideration all disability-inclusive emergency risk management measures which are based on equality and non-discrimination, accessibility on an equal basis and participation and dignity with a special focus on women and girls with disabilities. Targeted sites have been selected based on clear criteria related to needs and accessibility. UNDP provided accessible and timely information to affected populations on project design, objectives & outcomes to ensure that they can make informed decisions and choices and facilitate dialogue over information provision.

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**f. Protection:**

UNDP is committed to the WASH sector strategy objectives to mainstream and integrate protection into all planned responses. Protection mainstreaming is integrated into assessment, planning, implementation, monitoring, and evaluation. UNDP followed these principles and mainstreamed the protection through this project life cycle, including consulting the stakeholders, coordinating with partners and sectors, ensuring a safe and productive environment, providing equitable access to project services without discrimination and promoting social cohesion.

UNDP monitoring team and local municipalities ensured the smooth implementation, and they would report any deviations and violations. Additionally, joint monitoring involving the beneficiaries ensured accountability for results. UNDP endeavoured to have workers from the IDPs, Youth, Women and PWDs were given special consideration.

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**g. Education:**

UNDP's intervention has contributed to supporting schools in the targeted areas with safe water that ensures a healthy learning environment with easy access to safe and sustainable water, sanitation and hygiene (WASH) services. This encouraged families to send

their children to schools and increased the attendance of students. Ultimately, the intervention has indirectly supported the sustainability of the education process in the area.

## 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.

The project dealt with the rehabilitation of water networks, which cannot be achieved by cash distributions (it implies work on physical inputs).

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

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

### 3.3 Project Report 21-UF-FPA-023

1. Project Information			
<b>Agency:</b>	UNFPA	<b>Country:</b>	Syrian Arab Republic
<b>Sector/cluster:</b>	Protection - Gender-Based Violence	<b>CERF project code:</b>	21-UF-FPA-023
<b>Project title:</b>	Enhance women protection and dignity and maintain the provision of maternal health and other sexual and reproductive health and GBV services during humanitarian response.		
<b>Start date:</b>	06/10/2021	<b>End date:</b>	05/10/2022
<b>Project revisions:</b>	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input checked="" type="checkbox"/>
F undi ng	<b>Total requirement for agency's sector response to current emergency:</b>		<b>US\$ 993,000</b>
	<b>Total funding received for agency's sector response to current emergency:</b>		<b>US\$ 0</b>
	<b>Amount received from CERF:</b>		<b>US\$ 499,987</b>
	<b>Total CERF funds sub-granted to implementing partners:</b>		<b>US\$ 14,165</b>
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 14,165
Red Cross/Crescent Organisation		US\$ 0	

## **2. Project Results Summary/Overall Performance**

UNFPA Syria through its three implementing partners (IPs), improved access to quality and life-saving gender-based violence (GBV) response services for survivors, and delivered interventions to prevent and mitigate the risks of GBV, reaching a total of 52,950 women and girls in rural, underserved and earthquake-affected areas of Aleppo and Ar-Raqqa governorates. This represents an overachievement of 21 per cent against the end of project target, due to increased outreach to women and girls in rural areas, which resulted in greater participation for the awareness-raising sessions. UNFPA Syria through its IP World Food Programme (WFP), reached 11,285 vulnerable pregnant and lactating women (PLW) in Aleppo and Ar-Raqqa governorates with cash and voucher assistance (CVA) through monthly multipurpose electronic vouchers (e-vouchers) to enable them to purchase basic hygiene items. The CVA was distributed for three months between January and March 2022, and was made available as a top-up to pregnant and lactating women already receiving support under WFP's existing General Food Assistance programme. CVA recipients were also provided with information on the availability and benefits of sexual and reproductive health (SRH) and GBV services and were able to access integrated SRH and GBV services provided in UNFPA-supported service delivery points. Out of the total CVA recipients, 408 pregnant and lactating women received additional SRH and GBV services. UNFPA Syria locally procured 1,450 PLW kits containing basic hygiene and clothing items for women and their newborns. However, there were some logistical delays in procuring the kits, so 1,000 kits were distributed PLW in Aleppo governorate Q1, 2023, and the remaining 450 kits will be distributed to PLW in Q3, 2023 (both outside of project implementation period). UNFPA Syria through its IPs Ihsan Charity Development and Association (ICDA) and Syrian Family Planning Association (SFPA), recruited 35 community volunteers to conduct 2,079 awareness-raising sessions for 41,665 women and girls in Aleppo governorate on SRH and GBV-related topics including comprehensive sexuality education, family planning, pre-marriage counselling, and menstrual hygiene management. These interventions served to mitigate protection risk factors and help women and girls maintain their dignity, self-esteem and confidence.

## **3. Changes and Amendments**

UNFPA Syria revised the project targets for two activities, including the number of pregnant and lactating women reached through CVA and the number of pregnant and lactating kits procured under this grant. Due to the deteriorating economic situation, UNFPA Syria was required to increase the transfer value of the e-vouchers from US\$6.00 at the time of proposal submission to \$8.00 in January 2022 and \$10.00 in April 2022 in order to preserve purchasing power. As such, UNFPA Syria reduced the number of PLW targeted under this activity from 18,891 women to 11,285 women. UNFPA Syria had initially planned to procure the PLW kits internationally, with the support of the UNFPA Supply Chain Management Unit (SCMU) in Copenhagen, however due to logistical challenges this was shifted to local

procurement. Due to UNFPA Syria's commitment to distribute high quality items to recipients, and increased prices in the local market, the unit costs for the pregnant and lactating women kits were higher than planned - \$75.99 per unit compared with \$47.00 at the time of proposal submission. As such, UNFPA Syria reduced the number of PLW kits to be procured under this activity from 2,360 kits to 1,450 kits. There were some logistical delays in procuring the kits, so 1,000 kits were distributed to women in Q1, 2023 and the remaining 450 kits will be distributed to women in Q3, 2023 (outside of project implementation period). Due to the changes mentioned above, UNFPA has shared a Re-Programming Request with CERF to reflect the new changes and this was approved by CERF on 9 September 2022.

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Protection - Gender-Based Violence									
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	2,940	0	720	0	3,660	3,937	0	299	0	4,236
Host communities	34,449	0	5,780	0	40,229	45,270	0	3,444	0	48,714
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>37,389</b>	<b>0</b>	<b>6,500</b>	<b>0</b>	<b>43,889</b>	<b>49,207</b>	<b>0</b>	<b>3,743</b>	<b>0</b>	<b>52,950</b>
<b>People with disabilities (PwD) out of the total</b>										
	200	0	45	0	245	0	0	0	0	0



## 5. People Indirectly Targeted by the Project

UNFPA Syria through its IP WFP reached vulnerable pregnant and lactating women (PLW) in Aleppo and Ar-Raqqa governorates with CVA through monthly e-vouchers to enable them to purchase basic hygiene items. The CVA was made available as a top-up PLW already receiving support under WFP's existing General Food Assistance programme. It is expected that the other family members would also indirectly benefit from this support as food and hygiene items were likely to have been shared with others in the same household. UNFPA Syria, through its IPs ICDA and SFPA, recruited community volunteers to conduct awareness-raising sessions for women and girls in Aleppo governorate on SRH and GBV-related topics. It is expected that the participants of these awareness-raising sessions would in-turn share this information further with their partners, families, neighbours and community members.

## 6. CERF Results Framework

<b>Project objective</b>	Access to humanitarian life-saving and life-sustaining, equitable and integrated RH/GBV services increased and coordinated, for those most vulnerable and in need			
<b>Output 1</b>	Pregnant and Lactating Women provided with additional top up value to e-voucher			
<b>Was the planned output changed through a reprogramming after the application stage?</b>		Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>
<b>Sector/cluster</b>	Protection - Gender-Based Violence			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 1.1	Cash.4a Number of people benefitting from unconditional vouchers (e-vouchers)	18,889	11,285	WFP SCOPE beneficiary information and transfers management platform]
Indicator 1.2	Cash.4b Total value of unconditional vouchers distributed in USD	340,038	340,038	WFP SCOPE beneficiary information and transfers management platform]
<b>Explanation of output and indicators variance:</b>		Due to the deteriorating economic situation, UNFPA Syria was required to increase the transfer value of the e-vouchers from USD \$6.00 at the time of proposal submission to USD \$8.00 in January 2022 and USD \$10.00 in April 2022 in order to preserve purchasing power. As such, UNFPA Syria reduced		

		the number of pregnant and lactating women targeted under this activity from 18,891 women to 11,285 women
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>
Activity 1.1	Provision of additional top up value to e-voucher for PLW for hygiene and essential products for 3 months in the targeted locations	World Food Programme (WFP)

**Output 2** Awareness raising sessions conducted on integrated SRH and GBV services and promoted safe menstrual hygiene

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

<b>Sector/cluster</b>	Protection - Gender-Based Violence			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 2.1	CC.2 Number of people reached through awareness-raising and/or messaging on prevention and access to services	22,640	41,665	UNFPA Syria daily attendance sign-in sheets
Indicator 2.2	SP.1a Number of menstrual hygiene management kits and/or dignity kits distributed	2,360	1,000	UNFPA Syria and IP tracking sheets
<b>Explanation of output and indicators variance:</b>		<p>The community volunteers successfully increased outreach with women and girls in rural areas by accompanying the work of UNFPA Syria's integrated mobile teams (IMTs), which resulted in greater participation for the awareness-raising sessions. UNFPA Syria had initially planned to procure the pregnant and lactating women kits internationally, with the support of the UNFPA Supply Chain Management Unit (SCMU) in Copenhagen, however due to logistical challenges this was shifted to local procurement. Due to UNFPA Syria's commitment to distribute high quality items to recipients, and increased prices in the local market, the unit costs for the pregnant and lactating women kits were higher than planned - \$75.99 per unit compared with \$47.00 at the time of proposal submission. As such, UNFPA Syria reduced the number of pregnant and lactating women kits to be procured under this activity from 2,360 kits to 1,450 kits. There were some logistical delays in procuring the kits, so 1,000 kits were distributed to women in Q1,</p>		

		2023 and the remaining 450 kits will be distributed to women in Q3, 2023 (outside of project implementation period)
Activities	Description	Implemented by
Activity 2.1	Establish a network of 34 community peer to peer educators and conduct information dissemination and awareness raising sessions on GBV and RH services and safe menstrual hygiene	Ihsan Charity Development and Association (ICDA) and Syrian Family Planning Association (SFPA)
Activity 2.2	Procure and distribute PLW dignity kits	UNFPA Syria

## 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 areas<sup>6</sup> 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)<sup>7</sup>:

UNFPA Syria's programming is informed by robust needs assessments and consultations with affected people, taking into consideration the specific context in the area in which it operates, to ensure the relevance of its services and activities. UNFPA Syria and its IPs shared information with affected people through printed and in-person communications, including information, education and communication (IEC) materials (e.g. posters, leaflets) at service delivery points, awareness-raising sessions, and door-to-door outreach. Focus group discussions were held with women, girls, and community leaders, to determine their priority needs for the CVA and focus topics for the awareness-raising sessions. Pregnant and lactating women in rural areas expressed a preference for hygiene items so in response, the

<sup>6</sup> 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](#).

<sup>7</sup> 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](#).

CVA was made more flexible to cover the purchase of both nutritious food and hygiene items. Regular post-distribution monitoring surveys and field visits were conducted to monitor the project and collect feedback from affected people.

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**b. AAP Feedback and Complaint Mechanisms:**

UNFPA Syria's field offices, IPs and third-party monitors undertook regular engagement with affected people on their experiences and satisfaction with the services provided. The quality of services was assessed through collection of regular feedback from a sample of affected people during each field visit to determine their satisfaction. Affected people were also able to provide complaints and feedback through simple hardcopy client satisfaction and feedback forms, focus group discussions, post-distribution monitoring surveys, suggestion boxes, helpdesks, telephone hotlines, and field visits; and UNFPA Syria and IP staff at service delivery points were engaged through key informant interviews. Additionally, UNFPA Syria and five IPs across six UNFPA-supported service delivery points rolled out a pilot initiative to expand available complaints and feedback mechanisms through the AAP Task Force.

The key findings from the pilot project showed the pivotal role of feedback and complaint mechanisms in elevating the quality of UNFPA services and fostering community engagement. Notably, 50% of the feedback received comprised suggestions, 28% were requests for assistance, 9% provided feedback on services, and 8% raised complaints about service providers and activities. The majority of cases were promptly addressed within five working days, while others, based on category and sensitivity, required additional time.

Challenges encountered by THE IPs during the pilot project included resource constraints, difficulties reaching beneficiaries in remote areas, and hesitancy in reporting sensitive issues. UNFPA and its IPs are actively addressing these challenges through awareness campaigns and professional handling of feedback and complaints, encouraging community members to share their concerns.

Given the resource constraints reported by the IPs regarding the implementation of the unified feedback and complaint mechanism, The IPs that were not involved in the pilot project were trained on the AAP basics and those who are able to implement and operate feedback mechanisms were provided with technical support needed. All Ips were advised to at least ensure the availability of one channel to receive comments and feedback. Although, the ownership of these mechanisms were left to the IPs management considering the limitations and challenges reported. Meanwhile, UNFPA agreed with UNICEF to start receiving UNFPA related comments and complaints through the UNICEF service centre and UNICEF responsible team to refer cases on a regular basis to be addressed by UNFPA teams.

UNFPA Syria also participated in the 2022 UNFPA Regional Annual Impact Assessment covering 35 service delivery points in 13 governorates.

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

UNFPA Syria's IPs were jointly evaluated by the PSEA In-Country Network for the UN IP PSEA Capacity Assessments. Key messages on PSEA were disseminated by displaying posters within service delivery points and distributing leaflets and other materials developed by the PSEA In-Country Network. Key messages on PSEA were introduced during the awareness-raising sessions and provision of services. UNFPA Syria conducted a training session on PSEA for participants from contracted retailers in Aleppo governorate who were involved in the provision of CVA and provided regular awareness-raising and training sessions on PSEA for IPs and community volunteers. Each IP has their own code of conduct, established complaints and feedback mechanisms, and trained PSEA focal points who can refer SEA survivors to reporting mechanisms and support services. UNFPA Syria has established mechanisms to record and handle SEA complaints including an email address ([info.sy@unfpa.org](mailto:info.sy@unfpa.org)) and telephone hotline +962 09 5253 5262.

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

The project improved access to quality and life-saving GBV response services for survivors, and delivered interventions to prevent and mitigate the risks of GBV for women and girls in rural, underserved and earthquake-affected areas of Aleppo and Ar-Raqqa governorates. The project specifically targeted vulnerable pregnant and lactating women with CVA through monthly e-vouchers to enable them to purchase basic hygiene items. CVA recipients were provided with information on the availability and benefits of SRH and GBV services, and were able to access integrated SRH and GBV services provided in UNFPA-supported service delivery points. Awareness-raising sessions were conducted for women and girls on SRH and GBV-related topics. Additionally, pregnant and lactating women kits were procured, containing specific hygiene and clothing items tailored for the needs of women and their newborns. These interventions served to mitigate protection risk factors and help women and girls maintain their dignity, self-esteem and confidence.

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**e. People with disabilities (PwD):**

UNFPA Syria through its IPs, used needs assessment to target people with disabilities and door-to-door outreach was undertaken with households that included people with disabilities. UNFPA Syria and its IPs conducted awareness-raising sessions on disability inclusion with affected communities to address issues related to stigma and discrimination. UNFPA Syria worked with some IPs to utilise the Washington Group Questions in data collection and delivered training on mainstreaming disability inclusion in SRH and GBV service provision. UNFPA Syria and its IPs have also invested in accommodations (such as handrails, wheelchair ramps, and accessible toilets) to increase the physical accessibility at some service delivery points. However, it should be noted that WFP does not currently collect disability disaggregated data for provision of CVA, and on this occasion the other IPs ICDA and SFPA did not report on disability disaggregated data for the awareness-raising sessions delivered under this project.

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**f. Protection:**

Protection principles and GBV risk mitigation were mainstreamed by providing women and girls with specialised and integrated SRH and GBV services in one complementary and comprehensive package - a 'one-stop shop' - which reduced barriers for women and girls to

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access services. Pregnant and lactating women were provided with CVA through monthly e-vouchers to enable them to purchase basic hygiene items, and pregnant and lactating women kits were procured, containing basic hygiene and clothing items for women and their newborns. Due to social attitudes and gender stereotypes that stigmatise menstruation as dirty, many women and girls experience feelings of shame during menstruation and can be subjected to discrimination, marginalisation, and greater risks of GBV. Providing CVA and kits can mitigate protection risk factors, and help women and girls maintain their dignity, self-esteem and confidence; while also offering a safe entry-point for women and girls to access GBV services.

**g. Education:**

Feedback from CVA recipients and the findings of a monitoring visit undertaken in December 2022 identified that the quality and frequency of awareness-raising sessions could be improved. In response, UNFPA Syria developed a series of IEC materials (e.g. posters, videos) to enhance participation and retention of information in awareness-raising sessions. UNFPA Syria, through its IPs recruited community volunteers to conduct awareness-raising sessions for people in Aleppo governorate on SRH and GBV-related topics. Most of the recruited community volunteers were youth who had already benefited previously from UNFPA's services, which helped to increase engagement with participants in the awareness-raising sessions. UNFPA Syria facilitated a four-day workshop for the recruited community volunteers, which covered relevant content for the SRH and GBV-related topics, as well as the communication and facilitation skills needed to conduct the awareness-raising sessions.

**8. Cash and Voucher Assistance (CVA)**

**Use of Cash and Voucher Assistance (CVA)?**

<b>Planned</b>	<b>Achieved</b>	<b>Total number of people receiving cash assistance:</b>
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	11,285

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.

Through this CERF UFE grant, UNFPA Syria through its IP WFP, reached 11,285 vulnerable pregnant and lactating women in Aleppo and Ar-Raqqa governorates with CVA through monthly multipurpose electronic vouchers (e-vouchers) to enable them to purchase basic

hygiene items, to mitigate protection risk factors and help women and girls maintain their dignity, self-esteem and confidence. The e-vouchers were distributed for three months between January and March 2022. CVA was made available as a top-up to pregnant and lactating women already receiving support under WFP's existing General Food Assistance programme. Recipients of the CVA were also provided with information on the availability and benefits of SRH and GBV services and were able to access integrated SRH and GBV services provided in UNFPA-supported service delivery points. Out of the total CVA recipients, 408 pregnant and lactating women revisited UNFPA-supported service delivery points to receive additional SRH and GBV services.

<b>Parameters of the used CVA modality:</b>				
<b>Specified CVA activity</b> (incl. activity # from results framework above)	<b>Number of people receiving CVA</b>	<b>Value of cash (US\$)</b>	<b>Sector/cluster</b>	<b>Restriction</b>
Activity 1.1	11,285	US\$ 340,038	Protection	Restricted
[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

<b>Title</b>	<b>Weblink</b>
UNFPA Syria established a network of community peer-to-peer educators to conduct information dissemination and awareness-raising sessions on SRH and GBV related topics including menstrual hygiene management in Aleppo governorate.	<a href="https://www.facebook.com/1639659946315008/posts/pfbid02Suc2hPnQdjExzq2XFoqkj5ymb4FpAA25ZV7ZeMNFuCr2Pz6UnkLdw4gkdZ7PMFVz/">https://www.facebook.com/1639659946315008/posts/pfbid02Suc2hPnQdjExzq2XFoqkj5ymb4FpAA25ZV7ZeMNFuCr2Pz6UnkLdw4gkdZ7PMFVz/</a>
UNFPA Syria together with WFP, reached thousands of vulnerable pregnant and lactating women in Aleppo and Ar-Raqqa governorates with monthly	<a href="https://www.facebook.com/UNFPASyria/posts/pfbid02aoxcKzQX17EG37VVzuYRzZNIwggzncRzLAmRwKt4ZZTcDajjVy6dVE3qmZgcHPzpl">https://www.facebook.com/UNFPASyria/posts/pfbid02aoxcKzQX17EG37VVzuYRzZNIwggzncRzLAmRwKt4ZZTcDajjVy6dVE3qmZgcHPzpl</a>

multipurpose electronic vouchers (e-vouchers) to enable them to purchase hygiene items.

UNFPA Syria conducted training on Protection from Sexual Exploitation and Abuse (PSEA) training for 24 contracted retailers in Aleppo city and the surrounding rural areas.

<https://www.facebook.com/UNFPASyria/posts/pfbid02Co5JaQ3aWCJdSzi259tZe99HXnUdL2NrZXWQhQnfSVwHqcgvYkSKbX7cW2QQUx9yI>



3.4 Project Report 21-UF-HCR-021

1. Project Information			
<b>Agency:</b>	UNHCR	<b>Country:</b>	Syrian Arab Republic
<b>Sector/cluster:</b>	Shelter and Non-Food Items Protection	<b>CERF project code:</b>	21-UF-HCR-021
<b>Project title:</b>	Provision of Protection services and upgrading living conditions in Al-Hol Camp, north-east Syria		
<b>Start date:</b>	04/10/2021	<b>End date:</b>	03/10/2022
<b>Project revisions:</b>	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input checked="" type="checkbox"/>
<b>F undi ng</b>	<b>Total requirement for agency's sector response to current emergency:</b>		<b>US\$ 454,664,246</b>
	<b>Total funding received for agency's sector response to current emergency:</b>		<b>US\$ 182,338,010</b>
	<b>Amount received from CERF:</b>		<b>US\$ 1,600,000</b>
	<b>Total CERF funds sub-granted to implementing partners:</b>		<b>US\$ 342,347</b>
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 342,347
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

A total of 25,715 individuals in Al-Hol camp, Al Hasakeh Governorate in north-east Syria benefitted of the protection and shelter interventions under this CERF-funded project.

PROTECTION:

UNHCR provided comprehensive protection services in Al-Hol camp, Al-Hasakeh Governorate in north-east Syria. The interventions were provided through UNHCR's partner GOPA from October 2021 to October 2022. A total of 23,295 people benefitted from protection interventions including gender-based violence prevention and response, child protection, and medical in-kind assistance, among others. 128 survivors of gender-based violence were supported and referred to relevant services. UNHCR and its partner also conducted 207 awareness-raising sessions on gender-based violence root causes and women empowerment reaching out to a total of 1,980 refugees and asylum seekers. Also, a women's committee consisting of 20 members was established to disseminate information on GBV service provision and to enhance women's representation and leadership in the community through empowering women and enhancing their effective engagement in the community. Similarly, awareness-raising campaigns on child protection benefitted 3,360 children and their caregivers.

UNHCR provided home-based programmes for 349 older persons and persons with disability, distributed adult diapers to 228 people, and provided medical assistive devices such as wheelchairs, crutches, and glucose meters to 465 people. In addition, UNHCR offered mental health and psychosocial support to 316 people and organized 376 social/recreational events for 7,555 people.

To enhance engagement of communities in designing and implementation of protection interventions, UNHCR supported the communities in identifying issues and needs and addressing to those themselves through community-led initiatives. Fifty-five community members in the camp designed and implemented 16 community-led initiatives benefiting 8,538 people from the IDP and refugee communities. Out of 16 initiatives, two were for persons with disabilities and three were for older persons. The initiatives included awareness-raising campaigns for parents of children with disabilities, first aid and nursing courses, back to school initiatives, knitting and distributing winter blankets for older persons, rodent control around residence areas, production and distribution of mosquito nets for camp residents, and repairing damaged mud houses due to weather conditions.

SHELTER:

UNHCR constructed 121-unit blocks benefitting 2,420 people. Each unit contains 4 kitchens, 4 toilets, 2 showers, and two disability ramps. Each block serves 4 families. In addition, UNHCR completed the necessary infrastructure for the unit-blocks (including provision of sewage system, as well as lighting through solar panel systems inside and outside the communal kitchens, toilets, and shower blocks to ensure protection and safe access to basic infrastructure in the camp ).

The intervention directly supported the Protection Sector priorities in Al-Hol camp and contributed to improvement of shelter conditions as it enhanced safety and security, improved the protection environment, and reduced overcrowding in the camp.



Internally displaced people	2,240	400	2,720	2,640	<b>8,000</b>	2,540	500	3,220	3,058	<b>9,318</b>
Host communities	0	0	0	0	<b>0</b>	0	0	0	0	<b>0</b>
Other affected people	3,360	600	4,080	3,960	<b>12,000</b>	3,960	777	4,680	4,560	<b>13,977</b>
<b>Total</b>	<b>5,600</b>	<b>1,000</b>	<b>6,800</b>	<b>6,600</b>	<b>20,000</b>	<b>6,500</b>	<b>1,277</b>	<b>7,900</b>	<b>7,618</b>	<b>23,295</b>

**People with disabilities (PwD) out of the total**

	1,400	250	1,700	1,650	<b>5,000</b>	<b>1,170</b>	<b>223</b>	<b>1,422</b>	<b>1,371</b>	<b>4,186</b>
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**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	<b>0</b>	0	0	0	0	<b>0</b>
Returnees	0	0	0	0	<b>0</b>	0	0	0	0	<b>0</b>
Internally displaced people	325	58	394	383	<b>1,160</b>	274	49	333	324	<b>980</b>
Host communities	0	0	0	0	<b>0</b>	0	0	0	0	<b>0</b>
Other affected people	487	87	592	574	<b>1,740</b>	403	72	490	475	<b>1440</b>
<b>Total</b>	<b>812</b>	<b>145</b>	<b>986</b>	<b>957</b>	<b>2,900</b>	<b>677</b>	<b>121</b>	<b>823</b>	<b>799</b>	<b>2420</b>

**People with disabilities (PwD) out of the total**

	203	36	247	239	<b>725</b>	<b>155</b>	<b>28</b>	<b>189</b>	<b>183</b>	<b>555</b>
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## 5. People Indirectly Targeted by the Project

The number of indirect beneficiaries of the project is estimated to be around 27,600 people, representing 46 percent of Al-Hol camp population of some 60,000 individuals. Indirect beneficiaries include those who benefited from activities such as awareness-raising sessions, information campaigns and basic infrastructure upgrades.

## 6. CERF Results Framework

**Project objective** Provision of protection services and upgrading living conditions in north-east Syria

**Output 1** Provide integrated community-based protection in Al Hol camp, north-east Syria

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

<b>Sector/cluster</b>	Protection			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 1.1	Number of people receiving protection services	20,000	23,295	Partner's reports and UNHCR team monitoring visits.
<b>Explanation of output and indicators variance:</b>		Through this project, UNHCR provided 23,296 people with protection services, which exceeds the planned target.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Provision of protection services, including gender-based violence prevention and response, child protection, psychosocial support, and in-kind assistance for persons with specific needs at community centres	Greek Orthodox Patriarchate of Antioch and All the East (GOPA)		
Activity 1.2	Identification and implementation of community-led initiatives	Greek Orthodox Patriarchate of Antioch and all the East (GOPA)		

**Output 2** Upgrade of living conditions in north-east Syria camps

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

<b>Sector/cluster</b>	Shelter and Non-Food Items			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 2.1	Number of people with adequate access to basic communal infrastructures	2,900	2,420	UNHCR Multi-functional Team regular monitoring site visits and reports

<b>Explanation of output and indicators variance:</b>		Change of unit cost due to inflation as explained above
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>
Activity 2.1	Establishment and construction of communal kitchens and WASH facilities (total of 145 units: each unit contains 4 kitchens, 4 toilets, 2 showers and 2 disability ramps and is planned to serve 4 households)	UNHCR direct implementation

## 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 areas<sup>8</sup> 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)<sup>9</sup>:

UNHCR engaged the targeted populations in all stages of the project cycle. The views of the beneficiaries were gathered through direct interaction during field missions carried out by UNHCR staff and/or its partners. Beneficiaries' feedback was also collected through regular internal monitoring exercises, information sessions, inputs from community centres and outreach volunteers, and reports from partners. The information received informs decisions on planning and implementation. Focus group discussions with affected people and participatory assessment of needs were conducted in the preparatory stages. The response was planned based on the identified needs.

### b. AAP Feedback and Complaint Mechanisms:

UNHCR has feedback and complaint mechanisms in place to receive requests and complaints and provide feedback regularly. Complaints could be submitted to UNHCR or partners staff in person at project sites, community centres or through outreach volunteers.

<sup>8</sup> 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](#).

<sup>9</sup> 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](#).

Complaints could be submitted through suggestion/ complaint boxes in UNHCR premises and community centres and hotlines/WhatsApp. Received complaints were evaluated, and information was provided as necessary or referred to others for follow-up and feedback. UNHCR also administered a client feedback survey which aims to capture the feedback /level of satisfaction of the people benefiting from child protection, gender-based violence response, and psychosocial support services.

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

PSEA is a strategic priority for UNHCR. Leading the Protection Cluster, UNHCR also co-chairs the PSEA In-Country Network and the PSEA Working Group in Syria and ensures measures are in place to prevent, mitigate and respond to SEA at the inter-agency level.

PSEA is an integral part of UNHCR's arrangements with partners, and UNHCR provides technical support to partners to build their capacities for problem analysis and prevention and response activities.

SEA complaints involving UNHCR staff are referred to UNHCR's Inspector's General Office (IGO). For UNHCR's partners, the IGO is informed about the allegations against partner staff for monitoring of the investigation process and providing technical advice to the partner, while it is the partner organization's responsibility to investigate SEA allegations. UNHCR ensures that a survivor-centred approach is applied to all the complaints in accordance with the guiding principles of safety, confidentiality, sharing information on need-to-know basis, do no harm and the rights of survivors.

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

Following the community-based, rights based, and age, gender, and diversity mainstreaming (AGDM) approaches that UNHCR applies in the design and implementation of all its interventions, UNHCR prioritized the needs of the vulnerable and marginalized people, with special consideration to women, girls, and other persons with specific needs. Implementation and monitoring of the project were carried out with a view to mitigate the risk of exposure to gender-based violence and other protection risks. To promote gender equality and empower women and girls, UNHCR also implemented specific interventions focused on the well-being of women and girls, such as awareness-raising.

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**e. People with disabilities (PwD):**

UNHCR and its partners apply a rights-based approach and follow the principle of age, gender and diversity mainstreaming (AGDM) in all its programming cycle. During the implementation of the CERF-funded activities, UNHCR prioritized assistance for persons with specific needs and vulnerabilities, including children and women as well as older persons and persons with disabilities.

For instance, the community-led initiatives under the protection intervention included two initiatives for persons with disability and three initiatives for older persons. The initiatives included awareness-raising campaigns for parents of children with disabilities. In addition,

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UNHCR provided medical assistive devices in Al-Hol camp such as wheelchairs and crutches for people with disabilities and people with specific needs.

**f. Protection:**

UNHCR puts protection in the centre of its interventions and ensures an effective response to the protection needs of the affected people. UNHCR ensures the project's activities are implemented in accordance with the 'do no harm' principle and the AGD policy, with special consideration to vulnerable persons including women, children, persons with specific needs and others.

One component of the CERF-funded project was provision of comprehensive protection services targeting those most vulnerable and at risk. The shelter interventions aimed to advance the protection environment of the most vulnerable residents of the camp through improving their living conditions.

**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.

[Fill in] During the time of planning and implementation of this project, Syrian IDPs, returnees and host communities were provided with other interventions to meet their specific needs such as protection and shelter intervention (not cash).

**Parameters of the used CVA modality:**



<b>Specified CVA activity</b> (incl. activity # from results framework above)	<b>Number of people receiving CVA</b>	<b>Value of cash (US\$)</b>	<b>Sector/cluster</b>	<b><u>Restriction</u></b>
[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

<b>Title</b>	<b>Weblink</b>
[Insert]	[Insert]
[Insert]	[Insert]
[Insert]	[Insert]

### 3.5 Project Report 21-UF-HCR-029

1. Project Information			
<b>Agency:</b>	UNHCR	<b>Country:</b>	Syrian Arab Republic
<b>Sector/cluster:</b>	Protection Shelter and Non-Food Items	<b>CERF project code:</b>	21-UF-HCR-029
<b>Project title:</b>	Provision of protection services and upgrade of common facilities for persons with disabilities		
<b>Start date:</b>	18/11/2021	<b>End date:</b>	17/05/2023
<b>Project revisions:</b>	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
<b>Funding</b>	<b>Total requirement for agency's sector response to current emergency:</b>		<b>US\$ 454,664,246</b>
	<b>Total funding received for agency's sector response to current emergency:</b>		<b>US\$ 188,191,493</b>
	<b>Amount received from CERF:</b>		<b>US\$ 1,200,000</b>
	<b>Total CERF funds sub-granted to implementing partners:</b>		<b>US\$ 0</b>

Government Partners	US\$ 0
International NGOs	US\$ 0
National NGOs	US\$ 0
Red Cross/Crescent Organisation	US\$ 0

## 2. Project Results Summary/Overall Performance

The implemented activities contributed towards the Protection Sector’s priorities as defined in the Syria Humanitarian Response Plan with a particular reference to the disability inclusion strategy. They also contributed to enhance accessibility to communal and community facilities where various humanitarian assistance are available. The intervention implemented under this CERF-funded project benefitted around 90,000 individuals in the North-East of Syria (Al-Malikeyyeh, Qamishli, Ras Al-Ein and Al Hasakeh).

### PROTECTION

Through this CERF UFE grant, UNHCR and its partners provided specific protection services to a total of 53,535 persons with disabilities in Al-Malikeyyah, Qamishli, Ras Al Ein and Al Hasakeh. This includes supporting 5,500 persons with disabilities with medical assistive devices such as hearing aid devices, wheelchairs, walkers, and medical beds. In addition, 3,750 persons with disabilities received adult diapers.

UNHCR also supported 2,659 persons with disabilities through home-based rehabilitation programmes. The programme contained several specialized home-based training modules, including those on applied behaviour analysis (specialized education support for children with specific needs) and enhanced parenting. The programme also provided the caregivers with information to enhance motoric,

communication and learning skills of persons with disabilities and strengthen their social and emotional management skills. The rehabilitation programme enabled the persons with disabilities as well as their families and caregivers to take the lead in planning and implementing the care plans.

## SHELTER

UNHCR and its partner Greek Orthodox Patriarchate of Antioch and All the East (GOPA) pl completed the retrofitting of five community centres in Aleppo Governorate (Al-Sukari neighbourhood, Tal Ed-daman, As-safiraa, Deir Hafer, and Maskaneh) to enhance the accessibility of persons with disabilities and specific needs to UNHCR community centres. As of September 2022, around 164,000 persons were registered in the mentioned community centres. Out of this number, 1,300 are older persons at risk, 10,890 are persons with medical conditions and 5,436 are persons with disabilities. The needs assessment was conducted with displaced people and the centre's management to capture and reflect their needs in the project implementation.

The retrofitting works included the installation of ramps at the entrances, handrails, a special lavatory for persons with disabilities, and other supportive materials.

In addition, UNHCR completed retrofitting the civil registry in Al-Hasakeh Governorate in January 2023, benefitting 24,000 people with disabilities per year. The civil registry provides essential services to IDPs, returnees and host communities including documentation and registration of civil incidents such as birth, marriage, and divorce that enable them to access humanitarian assistance. The retrofitting of the civil registry improved the accessibility of persons with disability.

### 3. Changes and Amendments

During the implementation process, the main challenge was country-wide shortage of fuel, causing difficulties in reaching the UNHCR-supported community centres located in rural areas. Also, the deteriorating economic situation caused an increase in commodity prices, particularly construction materials including cement and steel which were required for this project. The limited availability of some construction materials also posed additional challenges.

Administrative delays in receiving approvals from the concerned authorities caused some delays in starting the implementation. Similarly, lengthy administrative procedures in signing agreements with UNHCR partners affected the start date.

Besides these challenges, in NES, security situation further disrupted the implementation of the project.

Despite the above challenges, UNHCR was able to complete the implementation of the planned activities within the implementation period.



<b>Total</b>	<b>12,601</b>	<b>10,570</b>	<b>7,723</b>	<b>9,756</b>	<b>40,650</b>	<b>12,853</b>	<b>10,780</b>	<b>7,877</b>	<b>9,950</b>	<b>41,460</b>
<b>People with disabilities (PwD) out of the total</b>										
	<b>12,601</b>	<b>10,570</b>	<b>7,723</b>	<b>9,756</b>	<b>40,650</b>	<b>12,853</b>	<b>10,780</b>	<b>7,877</b>	<b>9,950</b>	<b>41,460</b>

## 5. Number of People Directly Assisted with CERF Funding\*

The retrofitting of the community centres and the civil registry indirectly benefitted a larger group of people who are users of these facilities, including 164,000 people who were registered in the retrofitted community centres as of September 2022.

## 6. CERF Results Framework

**Project objective** Provision of comprehensive protection services to improve accessibility for displaced persons with disabilities

**Output 1** Provide protection services and assistance to persons with disabilities

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

**Sector/cluster** Protection

<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 1.1	# of persons with disabilities receiving specific services	9,750	13,664	Partners' regular reports

**Explanation of output and indicators variance:** Through this project, UNHCR provided 13,664 persons with disabilities with specific services including the provision of medical in-kind assistance and strengthening the capacities and provision of care techniques for caregivers of PWD. This exceeds the initial planned target.

<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>
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Activity 1.1	Provision of medical in-kind assistance to PWD	Al-Namaa, Al-Taalouf, Monastery Saint James the Mutilated (MSJM), Cooperazione Internazionale (COOPI), Al-Ihsan, Syrian Society for Social Development (SSSD), Syria Trust, Syrian Arab Red Crescent (SARC), Greek Orthodox Church of Antioch and all the East (GOPA), Saint Ephrem Patriarchal Development Committee (EPDC), Al-Yamama, Social Care, Child Care, Aoun and Al-Nada
Activity 1.2	Strengthening the capacities and provision of care techniques for caregivers of PWD	Al-Namaa, Al-Taalouf, Monastery Saint James the Mutilated (MSJM), Cooperazione Internazionale (COOPI), Al-Ihsan, Syrian Society for Social Development (SSSD), Syria Trust, Syrian Arab Red Crescent (SARC), Greek Orthodox Church of Antioch and all the East (GOPA), Saint Ephrem Patriarchal Development Committee (EPDC), Al-Yamama, Social Care, Child Care, Aoun and Al-Nada

<b>Output 2</b>		Improve accessibility for persons with disabilities at community structures and facilities		
<b>Was the planned output changed through a reprogramming after the application stage?</b>		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
<b>Sector/cluster</b>	Shelter and Non-Food Items			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 2.1	# of retrofitted facilities with improved accessibility for persons with disabilities	10	6	Community centres regular reports and MFT monitoring missions
<b>Explanation of output and indicators variance:</b>		UNHCR and its partners completed the retrofitting of five community centres in Aleppo Governorate as well as the Civil Registry in Al Hasakeh Governorate. Change in the unit cost and increased prices of the required materials as explained in the challenges section. UNHCR continues addressing the needs through other funding resources.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Retrofitting of 10 community structures (such as: community centres, PHCs, and public spaces etc...) for enhanced accessibility to persons with disabilities	UNHCR and partners (Namaa, Syria Trust, Taalouf, Monastery Saint James the Mutilated (MSJM), and Social Society for Social Development (SSSD)).		

## 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 areas<sup>10</sup> 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)<sup>11</sup>:

UNHCR involved the targeted populations in all stages of the project cycle as part of its accountability to persons under its mandate and in line with its Age, Gender and Diversity (AGD) policy. The views and recommendations of people with disabilities or their representatives formed essential parts of the planning process to ensure the provision of tailored responses for their specific needs. By involving persons with disabilities in all processes, UNHCR ensures their rights are promoted, concerns are addressed, and barriers are removed.

The views of the beneficiaries were gathered through direct interaction during field missions carried out by UNHCR staff and its partners. The beneficiaries' feedback was also collected through other means including regular internal monitoring exercises, information sessions, inputs from community centres and outreach volunteers, in addition to reports received from partners. The views and feedback of beneficiaries help UNHCR plan future interventions. 82% of the surveyed beneficiaries stated that receiving in-kind assistance reduced the financial burden on them and their families and reduced their exposure to health problems. 45% stated that it relieved feelings of anxiety and stress. Moreover, families with persons with disabilities reported that the home-based rehabilitation programme enhanced the independency of persons with disabilities.

### b. AAP Feedback and Complaint Mechanisms:

UNHCR has feedback and complaints mechanisms in place to receive requests and complaints and regularly provide feedback to the people of concern. UNHCR also conducted multiple surveys to ensure communities are able to provide their feedback and are engaged in finding solutions. A closed loop of feedback/ complaint mechanism allows the confidential collection of feedback/complaints from all community members and ensures to confidentially revert to the individual complaints and shares the results of how the complaint was addressed. Examples of mechanisms include complaints boxes, hotline numbers, complaints desks (if they can ensure confidentiality). Complaints can also be received by outreach volunteers. Based on the nature of the complaint, feedback can be provided immediately or referred to relevant focal points for detailed assessment and response.

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<sup>10</sup> 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](#).

<sup>11</sup> 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](#).



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

PSEA is a strategic priority for UNHCR. Leading the Protection Cluster, UNHCR also co-chairs the PSEA In-Country Network and the PSEA Working Group in Syria and ensures measures are in place to prevent, mitigate and respond to SEA at the inter-agency level.

PSEA is an integral part of UNHCR's arrangements with partners, and UNHCR provides technical support to partners to build their capacities for problem analysis and prevention and response activities.

SEA complaints involving UNHCR staff are referred to UNHCR's Inspector's General Office (IGO). For UNHCR's partners, the IGO is informed about the allegations against partner staff for monitoring of the investigation process and providing technical advice to the partner, while it is the partner organization's responsibility to investigate SEA allegations. UNHCR ensures that a survivor-centred approach is applied to all the complaints in accordance with the guiding principles of safety, confidentiality, sharing information on need-to-know basis, do no harm and the rights of survivors.

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

Following the community-based, rights based, and age, gender, and diversity mainstreaming (AGDM) approaches that UNHCR applies in the design and implementation of all its interventions, UNHCR prioritizes the needs of the vulnerable and marginalized people, with special consideration to women, girls, and other persons with specific needs. Implementation and monitoring of the project were carried out with a view to mitigate the risk of exposure to gender-based violence and other protection risks. To promote gender equality and empower women and girls, UNHCR also implements specific interventions focused on the well-being of women and girls, such as awareness-raising. In addition, protection activities conducted at the retrofitted facilities include awareness raising and prevention and response to gender-based violence, aiming to promote the protection of women and girls.

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**e. People with disabilities (PWD):**

Under this CERF project, UNHCR aimed to promote an inclusive response that addresses the specific needs of persons with disabilities and strengthens the existing protection mechanisms for them. The protection activities included supporting people with disabilities with medical assistive devices and home-based rehabilitation programme. The retrofitting of community centres and the civil registry improved the accessibility of people with disabilities comprehensive protection interventions. The implemented interventions aimed to enhance the physical and mental well-being of people with disabilities, reduce their vulnerabilities, and ensure their access to basic protection services.

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**f. Protection:**

UNHCR puts protection in the centre of its interventions and ensures an effective response to the protection needs of the affected people. UNHCR ensures the project's activities are implemented in accordance with the 'do no harm' principle and the AGD policy, with special consideration to vulnerable persons including women, children, persons with specific needs and others.

UNHCR takes into consideration the protection of all persons affected and at risk across all sectors and throughout the programme and management cycle. One component of this CERF-funded project was provision of special protection services targeting the most vulnerable and at -risk people with disabilities.

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**g. Education:**

NA

**8. Cash and Voucher Assistance (CVA)**

**Use of Cash and Voucher Assistance (CVA)?**

<b>Planned</b>	<b>Achieved</b>	<b>Total number of people receiving cash assistance:</b>
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.

[During the time of planning and implementation of this project, Syrian IDPs, returnees and host communities were provided with other interventions to meet their specific needs such as protection and shelter intervention (not cash).

**Parameters of the used CVA modality:**

<b>Specified CVA activity</b> (incl. activity # from results framework above)	<b>Number of people receiving CVA</b>	<b>Value of cash (US\$)</b>	<b>Sector/cluster</b>	<b>Restriction</b>
[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**

<b>Title</b>	<b>Weblink</b>
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[Insert]

[Insert]

[Insert]

[Insert]

[Insert]

[Insert]

### 3.6 Project Report 21-UF-CEF-039

1. Project Information			
<b>Agency:</b>	UNICEF	<b>Country:</b>	Syrian Arab Republic
<b>Sector/cluster:</b>	Water, Sanitation and Hygiene Nutrition Health Protection - Child Protection	<b>CERF project code:</b>	21-UF-CEF-039
<b>Project title:</b>	Emergency life-saving WASH, health, nutrition, and child protection services for the most vulnerable children and communities in Syria		
<b>Start date:</b>	05/10/2021	<b>End date:</b>	04/10/2022
<b>Project revisions:</b>	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input checked="" type="checkbox"/>

<b>F undi ng</b>	<b>Total requirement for agency's sector response to current emergency:</b>	<b>US\$ 330,826,575</b>
	<b>Total funding received for agency's sector response to current emergency:</b>	<b>US\$ 115,764,897</b>
	<b>Amount received from CERF:</b>	<b>US\$ 9,500,760</b>
	<b>Total CERF funds sub-granted to implementing partners:</b>	<b>US\$ 3,821,259</b>
	Government Partners	US\$ 0
	International NGOs	US\$ 0
	National NGOs	US\$ 2,062,667
Red Cross/Crescent Organisation	US\$ 0	

### 2. Project Results Summary/Overall Performance

Through CERF funding, UNICEF through partners was able to reach a total of 1,179,437 vulnerable girls, boys, women and men with increased access to multi sectoral life-saving (Health, nutrition, Child protection and WASH) services in Al Hasakeh, Aleppo, Ar-Raqqa, Dar'a, Deir-ez-Zor, Idleb, and Rural Damascus governorates.

#### Health:

UNICEF and its implementing partners were able to reach a total of 1,081,701 primary health care outpatients with consultations and health promotion, including immunization messages including:

- UNICEF provided medical consultations to 1,081,701 patients (452,429 girls, 462,729 boys, 166,543 women) in the targeted governorates through the implementing NGOs, and distributed the following medical kits to the implementing partners (50 IEHK, 20 midwifery kits, 100 resuscitation kits, and 100 AWD kits). UNICEF was able to reach more patients than originally planned due to the deteriorated economic situation especially in northeast governorates, more people were not able to afford the private medical services and they used the health services of our NGOs;

- UNICEF also reached 1,179,437 (342,644 girls, 326,812 boys, 370,852 women, 139,129 men) caregivers with health education (including immunization messages) on health care promotion and community-based awareness sessions to increase awareness on the main issues related to maternal and child health and hygienic practices. The sessions were implemented at the health facilities of our implementing partners, and because more people were admitted for medical services, they were also reached with the health education.

#### **Nutrition:**

UNICEF and its implementing partners provided life-saving preventive and curative nutrition interventions for a total of 903,695 vulnerable children under the age of five years and pregnant and lactating women, in Al Hasakeh, Aleppo, Ar-Raqqa, Dar'a Deir-ez-Zor, Idlib, and Rural Damascus Governorates.

- UNICEF and its implementing partners were able to reach a total of 650,673 children under the age of five years (324,417 boys and 326,256 girls) and 253,022 pregnant and lactating women with early detection of acute malnutrition. As a result of these efforts, 10,138 children were admitted for treatment of severe wasting (4,340 boys, 5,798 girls);
- Additionally, 650,673 children under the age of five years (324,417 boys and 326,256 girls) and 253,022 pregnant and lactating women received multiple micronutrient supplements. Children and women who were screened against malnutrition all received micronutrient supplements;
- Additionally, 396,436 primary caregivers (42,584 men), including pregnant and lactating women, were reached with skilled counselling on infant and young child feeding. As infant and young child feeding counselling was intensified especially during the global breastfeeding month of August, and as the proposal was extended for additional 3 months. More women were reached through group counselling sessions and individual sessions as well.

#### **Child Protection:**

UNICEF provided vital child protection services to 22,773 (60 per cent girls and 40 per cent boys) vulnerable children and their families in the targeted areas. This included:

- A total of 9,392 children (55 per cent girls, 45 per cent boys) were reached with mental health and psychosocial support (MHPSS) activities using the nationally approved manual to ensure a harmonized and streamlined approach across all partners. Assessments showed an increase by around 60 per cent points in the overall psychosocial well-being among children who regularly attend the structured MHPSS sessions. Children showed increased levels of confidence, compassion and were able to express their emotions when feeling distressed, knowing when to seek help when experiencing violence and abuse, as well as learning the needed tools and approaches to solve conflicts through non-violent means. Many children were reported to have experienced less or no bullying after attending the sessions.
- A total of 4,350 parents (75 per cent women, 25 per cent men) were provided with parenting programmes, acquainting them with skills and tools to interact with their children. Parents who attended the programme reported improved communication and being able to manage behaviour of their children by a non-violent means. Children also confided in their parents in case of any concerns either in school or in the broader community. However, only about one fourth of the total number of the parents and caregivers reached were male. Fathers and male caregivers showed significantly less interest and commitment in participating. The approach is being adjusted to more proactively reach out in places of social gathering among men and in a more suitable time.
- Additionally, 313 children (45 per cent girls, 55 per cent boys) who experience or were at a greater exposure to violence, abuse, exploitation and neglect were supported with individual case management including referral to services and supports such as health and education services, legal assistance, MHPSS, social protection schemes.
- A total of 8,543 children and adults (81 per cent children, 53 per cent girls) were reached by explosive ordnance risk education (EORE), while 9,346 children and adults (86 per cent children, 57 per cent girls) participated in child protection and gender-based violence awareness raising sessions.
- More than 175 implementing partner personnel (60 percent female, 40 percent male) were trained to ensure that they have the latest knowledge on child protection standards, gender-based violence, case management, MHPSS, EORE, PSEA.
- Delays in getting government approvals on the partnerships affected the implementation period significantly. Activities including case management and parenting are time-based and require more time to be delivered to children/caregivers before being reported. Moreover, due to the nature of the response, Partners identified higher needs for mental health and psychosocial support and awareness raising around explosive ordnance risk education interventions in the affected areas.

#### **WASH:**

The provided funding has been instrumental in ensuring the delivery of safe drinking water through trucking services to a total of 325,364 people including:

- In Rural Aleppo, the funding reached a total of 93,073 IDPs, encompassing 24,153 boys, 23,989 girls, 21,608 men, and 23,323 women.
- Similarly, in East Ghouta, located in Rural Damascus, the funding extended its reach to 76,400 returnees, including 15,586 boys, 13,446 girls, 23,072 men, and 24,296 women.
- Furthermore, UNICEF's support also benefited the Al-Hol camp and collective shelters in Al-Hasakeh city, Northeast Syria, providing assistance to a total of 23,831 IDPs, comprising 6,190 boys, 6,316 girls, 4,162 men, and 7,163 women.
- As part of its intervention, UNICEF procured and distributed essential non-food items, including 64,550 family hygiene kits, 74,833 sanitary napkins for women, and 29,040 baby diapers. These items were distributed among 78,076 IDPs (19,378 boys, 30,489 girls, 8,526 men, and 19,683 women) residing in Areesha and Al-Hol camps in Northeast Syria.
- In Northwest Syria, the emergency WASH services reached a total of 53,984 people living in informal settlements with water trucking with 25 litres/person/day for 5 months, desludging for the wastewater, transfer along with proper disposal for solid waste, maintenance/construction for latrines in addition to providing proper water storage tanks and enhance the hygiene by implementing proper hygiene promotion and awareness sessions.

### **3. Changes and Amendments**

An extension of the implementation period and reprogramming of activities for the United Nations Children's Fund (UNICEF) CERF-funded Underfunded Emergencies project in Syrian Arab Republic under project reference 21-UF-CEF-039, titled Emergency life-saving WASH, health, nutrition, and child protection services for the most vulnerable children and communities in Syria was approved as a result of prolonged delays in obtaining NGO partnership approvals in North-East Syria (NES).

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	246	205	505	409	1,365
Returnees	9,689	0	9,688	9,688	29,065	11,336	-	11,334	11,334	34,004
Internally displaced people	219,085	0	219,084	219,084	657,253	170,170	-	170,169	170,169	510,508
Host communities	77,516	0	77,515	77,515	232,546	171,476	-	171,474	171,074	514,024
Other affected people	0	0	0	0	0	3,933	3,277	8,085	6,505	21,800
<b>Total</b>	<b>306,290</b>	<b>0</b>	<b>306,287</b>	<b>306,287</b>	<b>918,864</b>	<b>357,161</b>	<b>3,482</b>	<b>361,567</b>	<b>359,491</b>	<b>1,081,701</b>
<b>People with disabilities (PwD) out of the total</b>										
	48,678	0	21,738	21,471	91,887	33,309	0	90,486	92,546	216,341

  

Sector/cluster	Nutrition									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	205	171	422	342	1,140
Returnees	14,092	0	16,918	16,317	47,327	8,459	-	10,155	9,794	28,408
Internally displaced people	208,872	0	255,022	246,008	709,902	125,376	-	153,078	147,668	426,122
Host communities	56,365	0	67,673	65,269	189,307	5,435	-	6,525	6,294	18,254
Other affected people	0	0	0	0	0	77,359	64,465	159,015	128,931	429,770
<b>Total</b>	<b>279,329</b>	<b>0</b>	<b>339,613</b>	<b>327,594</b>	<b>946,536</b>	<b>216,834</b>	<b>64,636</b>	<b>329,195</b>	<b>293,029</b>	<b>903,694</b>
<b>People with disabilities (PwD) out of the total</b>										

\* 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.

	13,966	0	16,981	16,380	<b>47,327</b>	50,604	0	65,251	64,883	180,738
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<b>Sector/cluster</b>	Water, Sanitation and Hygiene									
<b>Category</b>	<b>Planned</b>					<b>Reached</b>				
	<b>Women</b>	<b>Men</b>	<b>Girls</b>	<b>Boys</b>	<b>Total</b>	<b>Women</b>	<b>Men</b>	<b>Girls</b>	<b>Boys</b>	<b>Total</b>
Refugees	0	0	0	0	<b>0</b>	74	62	152	123	411
Returnees	0	0	0	0	<b>0</b>	1,841	1,534	3,784	3,069	10,228
Internally displaced people	69,702	60,087	52,877	57,684	<b>240,350</b>	44,492	38,355	33,752	36,821	153,420
Host communities	0	0	0	0	<b>0</b>	27,852	23,210	57,251	46,420	154,733
Other affected people	32,509	28,025	24,662	26,904	<b>112,100</b>	1,906	1,643	1,446	1,577	6,572
<b>Total</b>	<b>102,211</b>	<b>88,112</b>	<b>77,539</b>	<b>84,588</b>	<b>352,450</b>	76,165	64,804	96,385	88,010	325,364

**People with disabilities (PwD) out of the total**

	24,672	21,146	17,623	21,147	<b>84,588</b>	17,052	12,553	18,087	17,380	65,072
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<b>Sector/cluster</b>	Protection - Child Protection									
<b>Category</b>	<b>Planned</b>					<b>Reached</b>				
	<b>Women</b>	<b>Men</b>	<b>Girls</b>	<b>Boys</b>	<b>Total</b>	<b>Women</b>	<b>Men</b>	<b>Girls</b>	<b>Boys</b>	<b>Total</b>
Refugees	342	285	703	570	<b>1,900</b>	5	4	11	9	29
Returnees	805	490	1,190	1,015	<b>3,500</b>	165	100	243	208	716
Internally displaced people	2,016	672	3,360	2,352	<b>8,400</b>	2,577	859	4,295	3,007	10,738
Host communities	1,246	807	2,639	2,637	<b>7,329</b>	1,841	1,192	3,900	3,897	10,830
Other affected people	0	0	155	155	<b>310</b>	-	-	230	230	460
<b>Total</b>	<b>4,409</b>	<b>2,254</b>	<b>8,047</b>	<b>6,729</b>	<b>21,439</b>	4,588	2,155	8,679	7,351	22,773

**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.



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	120	80	232	232	<b>664</b>	-	-	2,733	1,822	4,555
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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

For implemented activities, men can be indirect beneficiaries through the SBC activities (social behaviour change) for immunization, hygiene, and optimal infant and young child feeding. Men benefit indirectly as well through saving the cost of medical services to be used for other critical social services for the families.

## 6. CERF Results Framework

**Project objective** Children and communities in areas of high vulnerability in Syria are provided with multi-sectoral WASH, health, nutrition, and protection services to address their immediate needs

**Output 1** Vulnerable children and people in need in high severity areas have increased access to life-saving water and sanitation services

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

**Sector/cluster** Water, Sanitation and Hygiene

Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of people benefiting from access to life-saving/emergency WASH facilities and services	352,450	325,364	4WS

**Explanation of output and indicators variance:** [Fill in]

Activities	Description	Implemented by
Activity 1.1	Emergency water trucking in Al Hasakeh, Aleppo and Rural Damascus	UNICEF
Activity 1.2	Provision of hygiene kits to IDPs in Al Hole and Areesha camps	SYRIA ALYAMAMA FOUNDATION
Activity 1.3	Provision of life-saving WASH activities (water trucking, sanitation, hygiene promotion) to IDPs in North-West Syria	Binaa For Development

**Output 2** Children and women have access to maternal and child primary health services

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

**Sector/cluster** Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	H.8 Number of primary healthcare consultations provided (outpatient consultations children and childbearing age/CBA women)	918,864	1,081,701	4Ws

Indicator 2.2	Number of caregivers reached with health promotion, including immunization messages	918,864	1,179,437	4Ws
<b>Explanation of output and indicators variance:</b>		The sessions were implemented at the health facilities of our implementing partners, and because more people were admitted for the medical services, they were also reached with the health education.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Provision of primary health care services through mobile and static health facilities to children and CBA women (including essential health supplies)	Syrian Family Planning Association Syria Al-Yamama St. Ephrem		
Activity 2.2	Caregivers are provided necessary health care messages including prevention from COVID-19.	Syrian Family Planning Association Syria Al-Yamama St. Ephrem		

**Output 3** Children and pregnant and lactating women have increased access to preventive and curative interventions to prevent malnutrition

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

**Sector/cluster** Nutrition

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	N.4 Number of people screened for acute malnutrition (children and pregnant and lactating women (PLW))	946,536	903,605	4WS
Indicator 3.2	N.6 Number of people benefitting training and/or community awareness sessions on infant and young child feeding in emergencies (caregivers including pregnant and lactating women)	279,329	396,436	4Ws
Indicator 3.3	N.5 Number of people receiving vitamins and/or micronutrient supplements (children under-5 and pregnant and lactating women)	568,781	903,605	4WS
Indicator 3.4	N.3a Number of severely acutely malnourished people admitted to therapeutic feeding programme (children under 5)	11,535	10,138	4WS

**Explanation of output and indicators variance:** As infant and young child feeding counselling was intensified especially during the global breastfeeding month of August, and as the proposal was extended for additional 3 months, more women were reached through group counselling sessions and individual sessions as well.

Activities	Description	Implemented by
Activity 3.1	Screening children and pregnant and lactating women (PLWs) for acute malnutrition.	Syrian Family Planning Association Syria Al-Yamama St. Ephrem

Activity 3.2	Caregivers including pregnant and lactating women to be counselled or reached with awareness on appropriate infant and young child feeding (IYCF)	Syrian Family Planning Association Syria Al-Yamama St. Ephrem
Activity 3.3	Provision of multiple micronutrient supplementation for children under-5 and pregnant and lactating women	Syrian Family Planning Association Syria Al-Yamama St. Ephrem
Activity 3.4	Treatment of children under-5 with severe acute malnutrition	Syrian Family Planning Association Syria Al-Yamama St. Ephrem

**Output 4** The most vulnerable children in the targeted locations have increased access to inclusive and quality child protection services

**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 4.1	Number of girls and boys, women and men engaged in structured and sustained psychosocial support	5,070	9,392	4Ws and implementing partner reports
Indicator 4.2	Number of parents/caregivers engaged in structured and sustained parenting programs	5,070	4,350	4Ws and implementing partner reports
Indicator 4.3	CP.1 Number of unaccompanied or separated children identified and assisted, including family tracing and reunification (interim care centres)	70	70	4Ws and implementing partner reports
Indicator 4.4	Number of girls, women and boys benefiting from case management for child protection (CP) and gender-based violence	1,000	313	[4Ws and implementing partner reports
Indicator 4.5	Number of women and men reached with awareness on unexploded ordnance, CP and gender-based violence	10,089	17,889	4Ws and implementing partner reports
Indicator 4.6	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation (service providers on CP services)	140	175	4Ws and implementing partner reports
<b>Explanation of output and indicators variance:</b>		Delays in getting government approvals on the partnerships affected the implementation period significantly. Activities including case management and parenting are time-based and require more time to be delivered to children/caregivers before being reported. Moreover, due to the nature of		

the response, Partners identified higher needs for mental health and psychosocial support and awareness raising around explosive ordnance risk education interventions in the affected areas.

Activities	Description	Implemented by
Activity 4.1	Delivery of structured and sustained psychosocial support programmes	<ul style="list-style-type: none"> <li>- Syrian Society For Social Development Sssd</li> <li>- Rebuild Syria Reconstruction Program</li> <li>- St Ephrem Patriarchal Development Committee Almwada</li> <li>- Charitable Society In Alhassaka</li> <li>- Association Of Juvenile Protection</li> <li>- Charity Of Alehsan Alkherea</li> </ul>
Activity 4.2	Delivery of structured and sustained parenting programmes	<ul style="list-style-type: none"> <li>- Syrian Society For Social Development Sssd</li> <li>- Rebuild Syria Reconstruction Program</li> <li>- St Ephrem Patriarchal Development Committee Almwada</li> <li>- Charitabel Society In Alhassaka</li> <li>- Association Of Juvenile Protection</li> <li>- Charity Of Alehsan Alkherea</li> </ul>
Activity 4.3	Provision of interim care services/emergency safe spaces for separated and unaccompanied children, including family tracing and reunification services	<ul style="list-style-type: none"> <li>- Syrian Society For Social Development Sssd</li> <li>- Rebuild Syria Reconstruction Program</li> <li>- St Ephrem Patriarchal Development Committee Almwada</li> <li>- Charitabel Society In Alhassaka</li> <li>- Association Of Juvenile Protection</li> <li>- Charity Of Alehsan Alkherea</li> </ul>
Activity 4.4	Implement case management services to respond to child protection needs, including GBV	<ul style="list-style-type: none"> <li>- Syrian Society For Social Development Sssd</li> <li>- Rebuild Syria Reconstruction Program</li> <li>- St Ephrem Patriarchal Development Committee Almwada</li> <li>- Charitabel Society In Alhassaka</li> <li>- Association Of Juvenile Protection</li> <li>- Charity Of Alehsan Alkherea</li> </ul>
Activity 4.5	Implement community awareness activities on the risks of unexploded ordnance, CP and gender-based violence	<ul style="list-style-type: none"> <li>- Syrian Society For Social Development Sssd</li> <li>- Rebuild Syria Reconstruction Program</li> <li>- St Ephrem Patriarchal Development Committee Almwada</li> <li>- Charitabel Society In Alhassaka</li> <li>- Association Of Juvenile Protection</li> <li>- Charity Of Alehsan Alkherea</li> </ul>
Activity 4.6	Refresher sessions of service providers on key CP concepts	<ul style="list-style-type: none"> <li>- Syrian Society For Social Development Sssd</li> <li>- Rebuild Syria Reconstruction Program</li> <li>- St Ephrem Patriarchal Development Committee Almwada</li> <li>- Charitabel Society In Alhassaka</li> <li>- Association Of Juvenile Protection</li> </ul> <p>Charity Of Alehsan Alkherea</p>

## 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 areas<sup>12</sup> 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)<sup>13</sup>:**

UNICEF have put measures to ensure that needs and interests of children and women are at the centre of decision making and that most appropriate and relevant outcomes can be achieved for them while preserving their rights and dignity and increasing their resilience to face the vulnerability and crisis.

To ensure this goal, UNICEF ensured that the beneficiaries have received the information about the project and that they have safe and responsive mechanisms to provide feedback or complain.

All implementing partners were trained on AAP, and they have put very clear posters for beneficiaries on how to report back to UNICEF confidentially on any feedback on the quality of services.

#### **b. AAP Feedback and Complaint Mechanisms:**

All implementing partners have put visible complaint boxes for suggestions, complaints, and any comments on the provided services. UNICEF also established a service line to receive complaints from beneficiaries (in-house phone line open to beneficiaries with queries, complaints, or feedback on UNICEF service) the number is also presented in a visible way in all health centres, and there is analysis for all feedback on monthly bases, and there is a track and response to misinformation.

Also, UNICEF conducts PDMs in camps to measure the beneficiaries' satisfaction with the quantities and quality of the distributed supplies.

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

All implementing partners are trained on PSEA, and they have signed a contest on the zero-tolerance policy of UNICEF on any form of SEA. UNICEF ensured that risks of SEA are understood and mitigated by partners and that no cooperation agreement signed without thorough SEA assessment. All implementing partners understand SEA and they know how to access assistance.

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

UNICEF agreed with implementing partners to recruit female doctors and female nurses in all mobile medical teams and health centres to ensure more secured access and health and nutrition services for women and children including girls.

All implementing partners are trained on the prevention of GBV and they are informed about how to report and provide assistance if any case happened. Moreover, child protection partners include the provision of GBV awareness raising sessions to girls, boys and their families as part of the comprehensive package of child protection services provided to beneficiaries.

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<sup>12</sup> 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/HTs 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](#).

<sup>13</sup> 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](#).

UNICEF aims to enhance the availability and accessibility of safe and respectful menstrual hygiene for adolescent girls and women, particularly those residing in IDP camps. UNICEF initiative involves the provision of menstrual supplies, such as sanitary napkins, which enables girls and women to learn, play, and safeguard their health without experiencing stress, shame, or unnecessary barriers related to access to menstrual products.

**e. People with disabilities (PwD):**

UNICEF is providing life-saving services to all vulnerable children and women in the targeted areas including those with disabilities, and all implementing partners are reporting on the number of PwD reached with their services. Most of the implementing partners are having facilities that can ease access for PwD, and they are aware about their rights.

UNICEF also ensures that children with disability are able to access child friendly spaces where they can access child protection services, including mental health psychosocial support activities. Moreover, there are strong linkages with the cash programme for children with disability to ensure that their parents are attending positive parenting sessions.

**f. Protection:**

All Information related to beneficiaries are kept secured with the implementing partners, and UNICEF is not sharing any information related to those beneficiaries. All implementing partners are using the 4Ws for reporting.

For UNICEF, safeguarding the well-being of all affected individuals, particularly those at-risk, is integrated in project implementation strategies. UNICEF ensures the integration of protection measures across all aspects. By conducting thorough risk assessments, implementing partners identify vulnerable populations and tailored interventions to address their specific needs. Collaborating with local communities, UNICEF and partners establish safe spaces and provides essential services, fostering an environment of trust and security.

Through this approach, UNICEF achieves notable integrated protection outcomes. During this project, child protection was reinforced through targeted awareness campaigns, preventing exploitation and abuse. Furthermore, UNICEF partnership with local authorities bolstered legal protection, ensuring access to justice for marginalized groups. By mainstreaming protection, implementation not only provides sustainable positive impacts but also creates a model for future activities in prioritizing the safety and well-being of those most in need.

**g. Education:**

NA

**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.

CVA was not the best choice based on program locations and activities

**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**

Title	Weblink
A Photo album published on UNICEF Repository Platform WESHARE about health and nutrition clinics supported by UNICEF in Rural Damascus.	<a href="https://weshare.unicef.org/CS.aspx?VP3=SearchResult&amp;STID=2AMZIFYSGY6N&amp;VBID=2AMZVNGIQZFQ">https://weshare.unicef.org/CS.aspx?VP3=SearchResult&amp;STID=2AMZIFYSGY6N&amp;VBID=2AMZVNGIQZFQ</a>
A Photo essay published on UNICEF website on UNICEF-supported health intervention in Al-Zhuriyah camp in rural Homs.	<a href="https://www.unicef.org/syria/stories/battling-malnutrition-al-zhuriyah-camp">https://www.unicef.org/syria/stories/battling-malnutrition-al-zhuriyah-camp</a>
An article was published on UNICEF website on health & nutrition support provided by UNICEF to Deir ez-zor families and children:	<a href="https://www.unicef.org/syria/stories/mobile-clinics-bridge-gap-provide-health-care-remote-communities">https://www.unicef.org/syria/stories/mobile-clinics-bridge-gap-provide-health-care-remote-communities</a>





### 3.7 Project Report 21-UF-OPS-004

1. Project Information			
<b>Agency:</b>	UNOPS	<b>Country:</b>	Syrian Arab Republic
<b>Sector/cluster:</b>	Protection - Mine Action	<b>CERF project code:</b>	21-UF-OPS-004
<b>Project title:</b>	Victim Assistance in Hama and Homs governorates		
<b>Start date:</b>	23/11/2021	<b>End date:</b>	22/05/2023
<b>Project revisions:</b>	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
F und ing	<b>Total requirement for agency's sector response to current emergency:</b>		<b>US\$ 48,000,000</b>
	<b>Total funding received for agency's sector response to current emergency:</b>		<b>US\$ 3,888,000</b>
	<b>Amount received from CERF:</b>		<b>US\$ 800,000</b>
	<b>Total CERF funds sub-granted to implementing partners:</b>		<b>US\$ 48,554</b>
	Government Partners		US\$ 0
	International NGOs		US\$ 48,554
	National NGOs		US\$ 0
Red Cross/Crescent Organisation		US\$ 0	

### 2. Project Results Summary/Overall Performance

Through this CERF grant UNMAS Syria and its partners provided Multi-Purpose Cash (MPC) assistance to 1,869 households (1,012 in Homs and 857 in Hama) 13,150 individuals which improved access to services for direct and indirect victims of explosive ordnance (EO), and furthermore addressed part of the financial challenges for persons with injuries and disabilities. In addition, the funding supported the establishment of referral pathways and improved coordination among stakeholders, which contributed to the implementation of the United Nations Disability Inclusion Strategy

### 3. Changes and Amendments

The cash for victims' assistance interventions funded through this fund represent a pilot case for UNMAS. Prolonged discussion with the GoS to obtain the necessary approvals to start the project resulted in delays of the actual start of the project. Approval by the Syrian Ministry of Foreign Affairs was granted in February 2022. UNMAS conducts its activities through an implementing partner for case identifications, so the tender was launched through the UNGM system, however, as a result of the low number of interested IPs to support VA through multi-purpose cash transfers in Hama and Homs governorates, UNMAS extended the tending process for the concerned IPs, to ensure a sufficient number of applications in line with UNMAS/UNOPS procurement rules and regulations. UNMAS agreement with the money transfer company was set through the UNDP Long Term Agreement. The discussions with Al Haram money transfer company about the payment terms which is compatible with UNOPS procurement SOPs took longer than expected

#### 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	1,050	900	120	180	2,250	1,050	1,660	520	680	3,910
Internally displaced people	350	300	40	60	750	375	1,000	940	560	2,875
Host communities	2100	1800	240	360	4500	2,059	2,525	1,382	399	6,365
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>3,484</b>	<b>5,185</b>	<b>2,848</b>	<b>1,639</b>	<b>7,500</b>	<b>3,484</b>	<b>5,185</b>	<b>2,842</b>	<b>1,639</b>	<b>13,150</b>
<b>People with disabilities (PwD) out of the total</b>										
	1,950	1,300	225	375	3,850	700	1200	220	380	2,500

#### 5. People Indirectly Targeted by the Project

Cash and voucher interventions implemented under this fund enabled access to services, consequently and positively impacted demand of services and indirectly benefiting service providers, ultimately contributed to local economic development and recovery. By supporting and strengthening establishment of referral pathways, this project indirectly benefits all those people in need of services at national and local level, including working groups members (VAWG, Disability WG, and Cash Voucher Assistance- CVA WG), other humanitarian actors, civil society organizations and authorities. Community members indirectly benefit from disability inclusion awareness and from inclusive practices.

#### 6. CERF Results Framework

**Project objective** Survivors and victims of explosive ordnance incidents obtain assistance for recovery and reintegration.

**Output 1** Targeted assistance such as CVA is provided to victims, including survivors of explosive ordnance incidents.

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

**Sector/cluster** Protection - Mine Action

Indicators	Description	Target	Achieved	Source of verification
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Indicator 1.1	PM.3 Number of explosive ordnance survivors benefiting from economic support.	200	1,113	Victim report/ The Information Management System for Mine Action (IMSMA) database
Indicator 1.2	Cash. 1a Number of people benefitting from multi-purpose cash	7,500	13,150	Assistance reports/ IMSMA database and post distribution monitoring report.
Indicator 1.3	Cash. 1b Total value of multi-purpose cash distributed in USD	456,400	456,400	Al Haram financial reports and UNMAS transactions report
Indicator 1.4	AP.4b Percentage of affected people who state that the assistance and protection provided correspond with their needs	80	100	Assistance reports/ IMISMA and post distribution monitoring report.
<b>Explanation of output and indicators variance:</b>		<p>The project reached the planned target beneficiaries under indicator 1.2. However, for indicator 1.1, 1.2 and 1.4 the project achieved more than what has been planned.</p> <p>The increase in number of people benefitting from multi-purpose cash was mainly due to the rise of the currency exchange rate where the project could respond to a higher number of vulnerable people including persons with disabilities.</p>		

Activities	Description	Implemented by
Activity 1.1	Conduct data collection and household assessments (by IP) which will be verified by UNMAS to ensure victim assistance services are provided to people most in need.	The identification of beneficiaries was done by The Adventist Development and Relief Agency (ADRA) UNMAS implementing partner- The identification was done through using UNMAS designed data collection tools. The collected data was verified by UNMAS by phone calls and visits to a sample of households in both Homs and Hama directly by UNMAS project staff.
Activity 1.2	Provide necessary victim assistance support (CVA) to people with disabilities including victims of explosive accidents and their family members.	UNMAS contracted a money distribution company -Al Haram- UNMAS provided the list of beneficiaries with all needed contact information and Al Haram delivered the money to beneficiaries by transferring the cash to the closest branch to the beneficiaries' locations. UNMAS paid in advance to Al Haram so the beneficiaries would have a reasonable time span to collect the money.
Activity 1.3	Post-intervention monitoring	ADRA the implementing partner of UNMAS conducted the post distribution monitoring by interviewing at least 10% of the households benefitted from the cash distribution. The data collection tool used during the monitoring was verified and agreed by UNMAS. ADRA submitted the monitoring results and conclusions via a monitoring report.

<b>Output 2</b>	VA framework is developed and operationalized through analysis of collected data, and further dissemination of information and establishment of referral pathways
	<b>Was the planned output changed through a reprogramming after the application stage?</b> <span style="float: right;">Yes <input type="checkbox"/></span> <span style="float: right;">No <input checked="" type="checkbox"/></span>

<b>Sector/cluster</b>	Protection - Mine Action			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 2.1	PP. 1a Number of referral pathways established and regularly updated. See annex for further details on referral pathways.	20	21	VA service mapping tool and dashboard.
Indicator 2.2	Number of organisations participating in VAWG activities	15	16	Victim Assistance Working Group (VAWG) meetings minutes reports.
<b>Explanation of output and indicators variance:</b>	Project reached the planned target			
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Disability inclusion awareness messages are mainstreamed throughout the activities of the project.	UNMAS VA program team and ADRA field staff and monitoring officers.		
Activity 2.2	Mapping of services and information sharing of services directories at district and governorates level.	UNMAS VA program team, mine action sub-sector coordinator and protection subnational sectors in Homs and Hama.		
Activity 2.3	Development of referral pathways with partners: orient and refer identified survivors to available services in the area of intervention.	ADRA field staff and UNMAS VA team.		

## 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 areas<sup>14</sup> 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)<sup>15</sup>:

This project was designed through the analysis of information on explosive contamination, and people most affected in highly contaminated areas in Syria. Through 2020 and 2021, community members in all governorates of Syria, through key informant interviews, identified expensiveness as a major barrier preventing access to VA services.

During implementation and monitoring of this project, beneficiaries and other persons/organizations involved were pre-consulted, and information on beneficiaries' expressed needs and satisfaction levels have been collected through the IP.

As part of its community liaison activities, the UNMAS IP field teams met with communities and representatives from communities, to exchange and gather information, and then compared information collected with inter-sector humanitarian needs assessment, so as to ensure that needs identified by community members are in line with humanitarian needs trends.

<sup>14</sup> 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](#).

<sup>15</sup> 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](#).

UNMAS IP reported that communities are briefed on the existing tools to report Explosive contamination, such as the national hotline as well as UNMAS Explosive Ordinance reporting tool.

Data on explosive incidents and other information collected during the project has been treated in a confidential manner (UNMAS internal), for prioritisation of other mine action interventions. As such, UNMAS ensured that its interventions are relevant and responsive to the needs of affected populations, having an impact on the lives of people living in communities threatened by the presence of explosive hazards.

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**b. AAP Feedback and Complaint Mechanisms:**

After the identification of the beneficiaries, they were informed about the hotline numbers that they can call to make any complaint about the transfer in terms of time of collection, delays, changes in their contact information and any complaint about the money transfer company branches or even ADRA staff. UNMAS also provided a phone number to beneficiaries and thus received several calls in which the expressed needs matched the needs identified by the calls reported by ADRA.

In general, most of the received complaints were due to inaccuracy in the complete name of the beneficiaries or not receiving the SMS notification from the money transfer company due to lack of the phone network coverage

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

UNMAS Contract with ADRA contained specific language on sexual exploitation, therefore ADRA implemented a complaint and feedback mechanisms (CFM) as part of their internal quality management system, which included provision of CFM dedicated contact number to beneficiaries, monitoring by ADRA ME focal persons, ensuring feedback confidentiality, and responses.

UNMAS as part of its quality management system, conducted three checks during scheduled monitoring visits.

The above-mentioned measures have ensured the protection of all vulnerable people from sexual exploitation and abuse by UNMAS and IPs.

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

During the implementation of the project, ADRA field staff delivered several awareness raising messages to the beneficiaries for women and girls to use their own independent contact information to be able to collect the money transfer directly without the control of any relative. UNMAS recognizes the importance of extending messages to women, especially for female-headed households. UNMAS continues to look for methods to improve targeting and encourage gender parity in the composition of each project

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**e. People with disabilities (PwD):**

During the implementation of the project, UNMAS asked the money transfer company -Al Haram- to enable people with disabilities to delegate someone to collect the money on their behalf. Also, ADRA field staff delivered advice during the household visits on how to prioritise the needs of the persons with disabilities through this transfer

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**f. Protection:**

This project is dedicated to persons with disabilities and their families. Assistance provided reached only households that are facing additional barriers to access services linked to their disability situation. Selection criteria was disability focused, with a specific attention on survivors of explosive ordnance incidents. In terms of protection, several steps were taken to mainstream protection measures in the project. Starting with selection of the money transfer company that has several branches in most of the districts that the beneficiaries are located in. Additionally, UNMAS requested that the beneficiaries will be able to collect the cash transfer at their convenience and not limited to specific days.

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## g. Education:

UNMAS coordinated with partners to facilitate access to existing inclusive education activities. Coordination is already established with UNDP, UNICEF and WHO through the VAWG, to ensure inclusive education needs that can be addressed. Several organisations have already been identified in Hama and Homs through the mapping of VA resources. This project contributed to enhancing existing referral pathways

## 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	13,150

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 modality has been chosen following a comprehensive consultation process; 1/ Priorities identified by the communities on how to assist persons with disabilities (MSNA), and 2/ Survey among Victim Assistance Working Group members in July 2021 on the use of CVA as a modality to improve access to VA services.

The Multi-Purpose Cash (MPC) modality enabled UNMAS to address a variety of most urgent beneficiaries needs (access to medical care, functional rehabilitation, assistive products and access to economic opportunities in Homs and Hama governorates)

### 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
Multi-purpose cash transfer	13,150	US\$ 300	Protection - Mine Action	Unrestricted

## 9. Visibility of CERF-funded Activities

Title	Weblink
UNMAS Facebook:Victim Assistance in Hama &Homs	[ <a href="https://www.facebook.com/UnitedNationsMineActionService/posts/pfbid02Z2sf6HWd3f7Fb7f2x1CNAmv9CpCse4JGKEC57YiCgjaaym2RBhkzdaHuAywDHARPI">https://www.facebook.com/UnitedNationsMineActionService/posts/pfbid02Z2sf6HWd3f7Fb7f2x1CNAmv9CpCse4JGKEC57YiCgjaaym2RBhkzdaHuAywDHARPI</a> ]

[UNMAS Facebook:MPC VA UNMAS project in Homs

[<https://www.facebook.com/UnitedNationsMineActionService/posts/pfbid04MQhkG3mFba272rKcptjCZLwVGC7KW43vuEsWw2rmfTB7mvHVQ9E6JiyMjr9AgGUl>]

UNMAS Facebook: MPC VA UNMAS project in Hama

[<https://www.facebook.com/UnitedNationsMineActionService/posts/pfbid02LQLDGkTSzFAXAomaX9oCUz9dw6Juq6fzjdAi8kJXVct4ezYXWq5SPhJFNVFKn9Hzl>]



### 3.8 Project Report 21-UF-WHO-027

1. Project Information			
<b>Agency:</b>	WHO	<b>Country:</b>	Syrian Arab Republic
<b>Sector/cluster:</b>	Health	<b>CERF project code:</b>	21-UF-WHO-027
<b>Project title:</b>	Provision of life-saving case management supplies and lab reagents to health facilities in Syria Government controlled areas, Northeast Syria, and provision of life-saving health care services for vulnerable populations in Northwest Syria		
<b>Start date:</b>	04/10/2021	<b>End date:</b>	03/10/2022
<b>Project revisions:</b>	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
F undi ng	<b>Total requirement for agency's sector response to current emergency:</b>		<b>US\$ 576,000,000</b>
	<b>Total funding received for agency's sector response to current emergency:</b>		<b>US\$ 36,800,000</b>
	<b>Amount received from CERF:</b>		<b>US\$ 3,200,000</b>
	<b>Total CERF funds sub-granted to implementing partners:</b>		<b>US\$ 1,262,370</b>
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 1,262,370
Red Cross/Crescent Organisation		US\$ 0	

### 2. Project Results Summary/Overall Performance

Under this project overall WHO reached 620,963 beneficiaries with all activities. The project was designed based on 4 main outputs focusing on:

1. Provision of primary healthcare services to the population of northwest Syria through supporting 4 PHC facilities in Zardana, Al-Janudiah, Darkosh, and Salqin communities and reaching 149,674 beneficiaries in Idlib governorate (44,902 from Host Communities and 104,772 IDPs).
2. Sustained functionality of the referral system in NWS between different levels of care under the Integrated PHC Networks and linke these referrals with 3 Cross- border Points of Entry (PoEs) at Bab Al Salameh, Jarablus, and Al-raee and 1 Cross- line PoE at Daret Ezzain Idleb governorate and 2 PoE in Afrin district (Hamamat and Der Ballout communities) in Aleppo governorate. WHO ensured complete referrals on the level of 80 per cent, while completing 10,266 emergence and non-emergency referrals.
3. Provision of specialized secondary health care and reaching 51,030 beneficiaries in NWS.

Enhance preparedness and control for infectious diseases with special focus on water transmitted diseases such as cholera and Acute Watery Diarrhoea (AWD) as they were one of the major health risks negatively affecting the wellbeing of Syrians particularly in NES. WHO provided life-saving medication to treat 15,000 severe and 95,000 cases of cholera/AwD, additionally 240,000 individuals in areas with high risk of cholera spread due to contaminated water in NES have benefited from enhanced access to clean water through provision of 10 million water purification tablets. Under this project WHO has also promoted local laboratories capacity for diagnosis and testing of infectious diseases through provision of much needed lab reagents and consumables needed for AWD/cholera testing and diagnosis. In

total, 3 laboratories in NES and Damascus were supported. lastly WHO also provide minor rehabilitation of Central Public Laboratory in Damascus which is a national reference laboratory testing the safety of food and water samples collected from high-risk areas across Syria. Overall, thanks CERF contribution and other partners WHO was able to respond and address in a timely manner the cholera outbreak announced in Syria in 2022 and to date of this report zero cases were reported in GoS controlled areas

### 3. Changes and Amendments

Regarding the amendment during the beginning of the project implementation phase WHO received a request to support the operation of a COVID-19 designated hospital, as a critical gap for a few months as well as 2 TB hospitals for 2 months each, which were critical for the specialized referrals for COVID and TB cases in northwest Syria.

Challenges:

- High increase of the fuel prices on the local market, which had influenced on the cost of transportation and all related activities with medical transportation.
- Devaluation of the Turkish Lira compared to the US dollar and price increase in general.

For Syria country office below were the main changes of project from the original proposal:

- After obtaining CERF approval, the project duration was extended for 6 months up to March 2023 to allow for enough time to complete the procurement process of much needed medication and lab supplies which required to beyond project original end date (Oct 2022) to be delivered due to delays in globe procurement process.
- As part of WHO duty of care and in light of the announcement of the cholera outbreak as level 2 emergency in Sep 2022 which is considered highly infectious disease, small parts of the procured case management and water purification tablets were reallocated beside NES to other bordering high burdened GoS controlled areas mainly in Aleppo to ensure timely response to reported needs and save the lives of those who were hospitalized and prevent further community spread.

WHO was able to support the establishment of only 2 laboratories in NES, one in Deir-ez-Zor and one in Al Hasskeh. This was mainly due to the fact of fragmented governance in Ar-Raqqa governorate and the high insecurity hindering the operation of the public health laboratory. This has been decided as per MoH request who requested the provision of lab supplies and consumables to be provided to the 2 public laboratories in Al Hasskeh and Dier Ez Zor Governorates. This was not communicated in advance with CERF due to prioritizing the response to cholera outbreak announced in Sep 2023, and immediate EQ relief during period of Feb – March 2023.

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	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	10,182	10,334	9,568	8,856	38,940	121,256	56,125	72,618	66,710	316,708
Host communities	73,351	69,579	103,286	115,244	361,460	104,686	60,517	71,948	67,105	304,256
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>83,533</b>	<b>79,913</b>	<b>112,854</b>	<b>124,100</b>	<b>400,400</b>	<b>225,941</b>	<b>116,642</b>	<b>144,566</b>	<b>133,815</b>	<b>620,963</b>
<b>People with disabilities (PwD) out of the total</b>										
	1,423	1,555	136	143	3,257	1,343	1,166	936	827	4,272

\* 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

This CERF project was targeting vulnerable populations in northwest Syria, namely in Aleppo and Idlib governorates, including people living in camplike settings and host communities, focusing mostly on females and children, as well as on the elderly population especially while supporting maternity and children's hospitals and travellers, who crossing through the Points of Entry to NWS and out to Türkiye as the most at risk (especially during high wave of COVID-19 pandemic) and need population. WHO's corporate framework calls for the prevention of any harm or unintended negative effects of planned interventions towards targeted vulnerable populations. In addition to that WHO is aiming to ensure easy access for all beneficiaries to health facilities and for this purpose is always monitoring accessibility for people in wheelchairs and parents with baby carriages. Also, WHO through its implementing partners tries to arrange the operations of health facilities for people's access to assistance and services – in proportion to their needs and without any barriers (e.g. discrimination). WHO pays special attention to individuals and groups who may be particularly vulnerable or have difficulty accessing assistance and services.

Activities related to output 4 supported indirectly the preparedness and control of water transmitted diseases across all the three governorates of Al-Hasskeh, Deir-ez-Zor and Ar-Raqqa Governorates with total population of about 3 million individuals

## 6. CERF Results Framework

<b>Project objective</b>	Ensuring access to quality primary and secondary care and to vulnerable populations and provision of live saving case management supplies and laboratory reagents to hospitals in Syria			
<b>Output 1</b>	Provision of life-saving integrated PHC services through supporting of operations of 4 PHCs with the largest populations in Idlib governorate			
<b>Was the planned output changed through a reprogramming after the application stage?</b>		Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>
<b>Sector/cluster</b>	Health			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 1.1	H.8 Number of primary healthcare consultations provided	80,000	149,674	Implementing partners reports, 4Ws, DHIS2 reports, HFs registers
Indicator 1.2	# of fully functional PHC reporting to DHIS2	4	4	Implementing partners reports, DHIS2 reports, HeRAMS reports
<b>Explanation of output and indicators variance:</b>		A larger number of PHC consultations was reached due to the fact that Implementing Partners were able to arrange a screening for travellers crossing on the Points of Entries for the COVID-19 symptoms and referrals to COVID-19 designated facilities.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Contracting implementing partners to be able to implement project activities in the target areas and provide PHC services.	WHO contracted Implementing Partners, out of existing health cluster partners registered in Türkiye: NGO/AI Ameen and NGO/Shafak to 4 PHC facilities in Zardana, Al-Janudiah, Darkosh, and Salqin Communities		
Activity 1.2	Support operations of 4 PHCs in Idlib governorate (Salqin PHC, Zardana PHC, Zuf PHC and Darkosh PHC)	The project provided health service through supporting the functionality of health facilities with operational		

	for provision of PHC services to the vulnerable population in the area.	running costs, and salaries for medical personnel, and ensuring the availability of essential medical supplies and equipment and PHC service provision.
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**Output 2** Sustain a referral system in NWS aiming to ensure that complete referrals are operated in all levels of care, including PoE and linkage to COVID-19 response

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

**Sector/cluster** Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	# of referral cases for treatment	6000	10,266	Implementing partners reports, DHIS2 reports, HFs registers
Indicator 2.2	% of complete referrals	80	80	Implementing partners reports, DHIS2 reports, HFs registers
Indicator 2.3	# of staff trained on the referral system and IPC topics	60	245	Implementing partners reports, Training reports, training curricular, 4Ws, DHIS2 reports

**Explanation of output and indicators variance:** Based on the need to increase the number of medical staff trained on referral system and IPC / COVID-19 protocols; and COVID-19 (triage) WHO shifted focus from referrals to training provision. However, the need for referral to different levels of healthcare was secured under the Integrated PHC Network projects, covering Harim, North Aleppo, and Afrin Primary Healthcare Networks. The PHC Network project was funded by USAID/BHA and ECHO awards.

Activities	Description	Implemented by
Activity 2.1	Contracting implementing partners to be able to implement project activities focused on sustaining the referral system, including 4 PoE in the target areas in NWS.	For implementation of this output WHO contracted NGO/IDA (Independent Doctors Association), NGO/Insan Charity and NGO/SRD Foundation to ensure screening at 6 PoE (3 Cross- border Points of Entry (PoEs) at Bab Al Salameh, Jarablus, and Al-raee and 1 Cross- line PoE at Daret Ezzain Idleb governorate and 2 PoE in Afrin district (Hamamat and Der Ballout communities) in Aleppo governorate).
Activity 2.2	Support operations of the referral system in NWS ensuring that complete referrals are operated in all levels of care, including PoE and linkage to COVID-19 response	For implementation of this output WHO contracted NGO/IDA and NGO/SRD to ensure screening at 6 PoE and linked them to the referral system in northwest Syria, including SHC hospitals and COVID-19 referral hospitals. In total 245 medical staff were trained in IPC (178 males and 67 females).

**Output 3** Provision of specialized secondary healthcare services through the operational support of 2 SHC hospitals

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

**Sector/cluster** Health

Indicators	Description	Target	Achieved	Source of verification
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Indicator 3.1	# of deliveries, including caesarean sections	600	651	Implementing partners reports, 4Ws, DHIS2 reports, HFs registers
Indicator 3.2	# of surgeries	300	327	Implementing partners reports, 4Ws, DHIS2 reports, HFs registers

**Explanation of output and indicators variance:**

WHO supported Salqin 'Save the Soul' Maternal newborn child health hospital and reached 8,162 beneficiaries, and Al Sham hospital, supporting COVID isolation department, focusing on most at risk of ICU care, children.

As well, based on the prioritized needs by the Health Cluster it was proposed to support the urgent need for continuity of TB services in NWS aiming to avoid treatment interruption, especially for MDR TB patients, and cover the critical gap of Azaaz Mental Health Hospital, which experiences few months of funding gap. Thus, the SHC hospitals support was reduced to 3 months aiming to cover critical funding gap till the moment funding from other donors will be available (SCHF and USAID|BHA).

Activities	Description	Implemented by
Activity 3.1	Contracting implementing partners to be able to implement project activities focused on provision of the specialised healthcare services in the target areas in NWS.	WHO contracted Implementing Partners - NGO/SDI (Uluslararası Sosyal İnsani Yardımlaşma Ve Dayanışma Derneği), Bahar NGO, IDA/NGO (Independent Doctors Association), AHF Foundation (İnsani Şam Derneği) and Al Ameen NGO (Uluslararası Savaş Ve Afet Mağdurlarını Koruma Derneği), out of existing health cluster partners registered in Türkiye, based on the prioritization exercised conducted by Health Cluster to identify the most critical gaps in secondary healthcare delivery.
Activity 3.2	Support operation of 2 SHC hospitals aiming enable provision of specialized secondary healthcare services with focus on reproductive health services and trauma and injuries.	WHO supported the following health facilities: NGO/SDI for support to Al Salama SHC hospital, NGO/Al Ameen for Afrin SHC hospital, NGO/IDA for Al Bab TB Hospital, NGO/Bahar for supporting Afrin, Azaz and Idleb TB centres in maintain capacity for sample collection for the diagnostic of MDR TB cases; NGO/UOSSM for the support of Azaz Mental Health hospital.

**Output 4** Provision of live saving case management supplies and laboratory reagents to hospitals and health centres in Northeast Syria

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

Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	# of treated acute diarrhoea cases using cholera kits	110,000	110,000	WHO dispatch reports
Indicator 4.2	# of cholera rapid tests performed by the rapid response teams	2,500	3,870	AWD line list, cholera situation report N 20
Indicator 4.3	# of lab tested water and patient samples	3,000	3,000	AWD line list, cholera situation report N 20
Indicator 4.4	# of distributed water purification tablets	10,000,000	10,000, 000	WHO dispatch reports
Indicator 4.5	Rehabilitation of Microbiology Laboratory in Damascus	1	1	Post rehabilitation photos

<b>Explanation of output and indicators variance:</b>		For indicator 4.2 WHO has overachieved the target because higher number of samples was tested considering the cholera outbreak announced in Syria in Sep 2022.
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>
Activity 4.1	Procurement of supplies for case management of diarrhoea	WHO in coordination with Ministry of Health.
Activity 4.2	Procurement of supplies and devices for lab testing	WHO delivered the lab supplies to Ministry of Health for further distribution to in need laboratories.
Activity 4.3	Distribution of medicines to health facilities in NES for Acute diarrhoea case management	WHO delivered the lab supplies to Ministry of Health for further distribution to in need laboratories.
Activity 4.4	Distribution of lab supplies to Microbiology Laboratory in Damascus and to NES for testing water and patient samples	WHO delivered the lab supplies to Ministry of Health for further distribution to in need laboratories.
Activity 4.5	Procurement and distribution of water purification tablets on households in NES	WHO delivered the procured purification tablets to Directorate of Health to further distribute them to at risk households through the communities' volunteers.
Activity 4.6	Rehabilitation of the Microbiology Laboratory in Damascus	WHO in full coordination with Ministry of Health.

## 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 areas<sup>16</sup> 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)<sup>17</sup>:

WHO considers accountability to affected populations a cornerstone of quality service provision to meet changing populations' needs and deliver more sustainable outcomes. Several formal and informal mechanisms and practices are in place at the program level to ensure the meaningful participation of the population at various stages in the programming cycle. This includes but not limited to meeting with local communities' representatives and local stakeholders to understand the needs on the ground and best approaches to address those needs without leaving anyone behind. Targeted communities also were the most diseases- burdened communities with no adequate access to health services. During service provision phase, those communities had access to several mechanisms to voice their feedback and complaints about provided services through available complaints boxes installed in hospitals or through informal meetings with WHO focal points during the implemented field visits. Received complaints were reported with full adherence to confidentiality and do no harm principles to relevant WHO Technical Officers for consideration and immediate corrective actions.

<sup>16</sup> 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/HTs 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](#).

<sup>17</sup> 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](#).

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**b. AAP Feedback and Complaint Mechanisms:**

All partners engaged in project implementation are required to ensure the availability of complaint boxes and PSEA hotlines in all health delivery sites (mobile and static) in northwest Syria. Feedback is provided to WHO promptly and regularly. WHO focal points conduct random polling with beneficiaries via phone calls to receive feedback about the health services they received from WHO partners to solicit opinions from direct beneficiaries. Data received through the feedback and complaints mechanism is treated confidentially and followed up by respective hubs by preparing action points for each output under which complaint/feedback was received. In addition to that WHO regularly holds meetings and/or group discussions with prominent figures, and representatives of the community-based organizations to coordinate the beneficiary selection and identification of the locations to be covered with project activities.

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

WHO, its Staff, interns, volunteers, and its Implementing Partners at facilities apply ZERO TOLERANCE policy on PSEA allegations and are trained on PSEA protection and child safeguarding. Recruitment and performance management of all humanitarian staff with strict adherence to the PSEA code of conduct applies. PSEA messaging and awareness-raising was done with beneficiaries through one or more of the following (track and report): flyers distribution, banners, roll-up instalments, messaging/videos, and hotline information.

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

WHO response under this project is fully in line with the do no harm principle for all community groups. Targeted locations are most burdened communities with low health coverage due to large scale damages which rendered many health facilities out of services. In light of this context, the provided medication was delivered directly to functional health facilities providing free of charge support to all hospitalized cases from all age and gender groups with no discrimination, while prioritizing those with severe symptoms and having complications from all age and gender groups.

Additionally, WHO ensured the availability of female personnel to be able to provide gender-sensitive services, complain/feedback boxes, and mechanisms to assess the quality-of-service provision on a routine basis.

Taking into consideration that the security situation in northwest and northeast Syria is generally unsafe, this project does not expose beneficiaries or staff to additional physical or mental hazards and/or violence whatsoever. WHO, through its Implementing Partners and in coordination with other Clusters, ensures that health facilities are duly deconflicted and routes to them are clear from unnecessary threats, especially the risk or threat of gender-based violence (GBV), and attacks from armed groups. Also, routes to the facilities are safely accessible and lighting is in place.

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**e. People with disabilities (PwD):**

This proposal places a strong emphasis on disability inclusion and aims to ensure that persons with disabilities have access to health care and essential medical supplies. WHO normally consults with the Trauma and Disabilities technical working group to identify and address their needs effectively. It also prioritizes the promotion of protection, safety, and dignity for persons with disabilities, including women, girls, and other marginalized or at-risk individuals and groups. It incorporates inclusive safety protocols, provides accessible facilities, and offers support services to mitigate risks and vulnerabilities. It fosters an inclusive environment by involving persons with disabilities in decision-making processes and advocating for their rights and inclusion at various levels.

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**f. Protection:**



In particular with this project, WHO has planned to provide life-saving free-of-charge health services and medicines for the most affected populations, which include internally displaced persons (IDPs), and individuals residing in camp-like settings. This approach emphasizes the integration and mainstreaming of protection measures to address the specific needs and vulnerabilities of these populations within the provision of healthcare services.

#### g. Education:

Under this project WHO didn't focus specifically on education, rather than on sustaining delivery of primary and secondary healthcare services mainly to women, girls, the elderly population, and people with disability, however each WHO project have a PSEA component aiming to ensure safe access to health services and zero allegation on SEA and/or other types of abuse, therefore each facility would have PSEA focal point and complain mechanism as well as awareness and educational materials displayed inside the facility at the waiting area of close to the cabinet of specialized physicians, like gynaecologist, general practitioners, close to the pharmacy.

Additionally, the provided activities under this project contributed to enhanced local capacities in terms of diseases diagnostics and testing through provision of needed testing kits, and ani-regents while the capacity of laboratories' technicians were strengthened thanks to another source of funding.

### 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.

The provided activities are fully in line with WHO global standards for preparedness and response to outbreaks and infectious diseases which requires timely life-saving provision of medication to treat those who are affected and strengthening local capacities for diseases' diagnostics and testing. Thus, all implemented activities were directly delivered by WHO to enhance health facilities capacities to address the health needs of targeted populations.

This modality is also followed in order to ensure quality and equity in service provision and due to the overall disruption and destruction of services in affected areas, with a focus on vulnerable populations including displaced persons, women of reproductive age, pregnant and lactating women, children, elderly, and persons with chronic diseases.

#### 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

Title	Weblink
Cholera further exacerbates vulnerabilities in Syria	<a href="https://www.emro.who.int/media/news/cholera-further-exacerbates-vulnerabilities-in-syria.html?format=html">https://www.emro.who.int/media/news/cholera-further-exacerbates-vulnerabilities-in-syria.html?format=html</a>

**ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS:**

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name	Total CERF Funds Transferred to Partner US\$
21-UF-CEF-039	Nutrition	UNICEF	Syria Family Planning Association	\$291,000
21-UF-CEF-039	Nutrition	UNICEF	Syria Al Yamamah	\$138,750
21-UF-CEF-039	Nutrition	UNICEF	Saint Ephrem Patriarchal development	\$139,500
21-UF-CEF-039	Health	UNICEF	Syria Family Planning Association	\$291,000
21-UF-CEF-039	Health	UNICEF	Syria Al Yamamah	\$138,750
21-UF-CEF-039	Health	UNICEF	Saint Ephrem Patriarchal development	\$139,500
21-UF-CEF-039	Water, Sanitation and Hygiene	UNICEF	Binaa for Development	\$592,259
21-UF-CEF-039	Child Protection	UNICEF	Almawada Charitabel Society In Alhassaka	\$32,025
21-UF-CEF-039	Child Protection	UNICEF	Association Of Juvenile Protection	\$50,961
21-UF-CEF-039	Child Protection	UNICEF	Charity Of Alehsan Alkherea	\$73,723
21-UF-CEF-039	Child Protection	UNICEF	Rebuild Syria Reconstruction Program	\$7,271
21-UF-CEF-039	Child Protection	UNICEF	St Ephrem Patriarchal Development Committee	\$150,645
21-UF-CEF-039	Child Protection	UNICEF	Syrian Society For Social Development	\$17,283
21-UF-FAO-017	Food Assistance	FAO	Rural Women Empowerment Directorat	\$28,124
21-UF-FPA-023	Protection	UNFPA	Ihsan Charity Development Association	\$10,553
21-UF-FPA-023	Protection	UNFPA	Syrian Family Planning Association	\$3,612
21-UF-OPS-004	Protection	UNOPS	Adventist	\$48,554
21-UF-WHO-027	Health	WHO	Safak Organization	\$212,950
21-UF-WHO-027	Health	WHO	Al Ameen for Humanitarian Support	\$176,682
21-UF-WHO-027	Health	WHO	Independent Doctors Association	\$192,547
21-UF-WHO-027	Health	WHO	The Mentor Initiative	\$150,629
21-UF-WHO-027	Health	WHO	Afaq Humanitarian Refiel Organization	\$216,872
21-UF-WHO-027	Health	WHO	UOSSM	\$36,276
21-UF-WHO-027	Health	WHO	Afaq Humanitarian Refiel Organization	\$35,988
21-UF-WHO-027	Health	WHO	Physicians Across Continents	\$34,431
21-UF-WHO-027	Health	WHO	SRD Foundation	\$205,995

