United Nations CERF Central Emergency Response Fund

LEBANON
UNDERFUNDED EMERGENCIES
ROUND I
ECONOMIC DISRUPTION
2022

22-UF-LBN-51494

Najat Rochdi

Resident/Humanitarian Coordinator

PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:	
Please indicate when the After-Action Review (AAR) was conducted and who participated.	No

After Action Review was completed, but OCHA remained in close contact with all agencies throughout implementation to address challenges and understand best practices and lessons learned.

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:

It is the intention of the Humanitarian Coordinator to use this CERF allocation to incentivize donor funding in 2022 against the Lebanon Emergency Response Plan (ERP) and draw upon the recently launched findings from the Multi Sector Needs Assessment (MSNA) to ensure a collective response for the critically underfunded Health and Protection priorities it identifies.

This funding comes at a crucial time as the humanitarian situation in Lebanon continues to deteriorate and the Emergency Response Plan (ERP) has only received $36.2 million (9.5%) of the total request of $383 million. The allocation will ensure maximum impact of CERF funding through an HCT-endorsed portfolio of multi-sectoral projects under the Health and Protection Sectors targeting previously unsupported vulnerable communities with packages of integrated lifesaving and life-sustaining services to support. Attention will also be given to Migrant caseloads, specifically targeted under the ERP, as a group adversely impacted and requiring a tailored, integrated package of Health and Protection support to cover their needs.

As Lebanon faces a devastating socio-economic crisis, the ongoing impact of the crisis in neighbouring Syria, political deadlock and signs of increasing sectarian tension, as well as the impact of the COVID-19 pandemic and the 4th August 2020 Beirut Port Explosions, the situation continues to deteriorate and humanitarian needs among all population groups grow unabated and at pace. Under the leadership of the Humanitarian Coordinator, this allocation will complement funding allocated to support these needs under Lebanon Humanitarian Fund (LHF) allocations through NGO partners in 2021 under the Health and Protection (Child Protection (CP & Gender Based Violence (GBV)) sectors. The allocation will also critically reinforce Emergency Relief Coordinator's Underfunded Priorities with a specific focus on service provision to women and girls, both survivors and those at risk of GBV and other protection issues, as well as funding to support reproductive health services and commodities.

In the complex, dynamic and growing humanitarian response in Lebanon, this CERF UFE allocation process is also an important opportunity for the HCT to work collectively under the leadership of the Humanitarian Coordinator and empower the humanitarian coordination system under the HC/HCT as the locus for operational discussions on the Lebanon response.

CERF's Added Value:

This allocation saw impact on the lives of previously unsupported vulnerable communities with packages of integrated lifesaving and life-sustaining services under the Health and Protection Sectors. In total 382,257 people were supported with services under the allocation, a 39% increase on the initially targeted number of 264,363. **Services provided under the health sector represented the primary component of the allocation, provided by WHO, UNFPA and IOM supporting 354,403 people with access to critical life-saving health services increasingly out of reach for most people in Lebanon**. WHO and its partners provided cost coverage for time-sensitive lifesaving and limb saving interventions within hospitals to 1,869 patients. Out of these, 30% were for critical cases aged less than 5 years of age. This grant also provided essential acute medication, procured locally, for 14,896 girls, 15,633 boys, 31,629 women, and 17,860 men. A total of 122,675 patients also benefited from chronic medications dispensed at Primary Health Care (PHC) facilities and dispensaries. In support of critical sexual and reproductive health needs, UNFPA and partners assisted a total of 152,660 beneficiaries, exceeding the planned amount by providing a range of life-saving sexual and reproductive health services nationwide at a time of increased need and reduced access to services and medication as a result of the dire economic situation. Primarily targeting migrant communities, IOM also supported primary and secondary health-care interventions to improve access of vulnerable communities to lifesaving health-care services, reaching 7,153 individuals with subsidized health packages at two IOM supported centres.

These health services provided by IOM were provided as part of an integrated package of services for migrants, refugees and Lebanese including children and survivors of gender-based violence (GBV) reaching in total 16,439 vulnerable individuals,

with life-saving humanitarian protection and health-care services. UNFPA complemented this GBV service provision targeting migrants with support to Women and Girls Safe Spaces for all population groups together with provision of comprehensive GBV services, including case management and psychosocial support sessions in most impacted areas of Lebanon.

For Child Protection, CERF funding was used for the provision of core lifesaving services to 8,646 children and their caregivers, complemented with sensitization and awareness campaigns on child rights, parenting programmes and community-level sensitization on the negative impact of harmful practices against children. In this process, UNICEF, through its implementing partners who have already worked in the targeted areas and gained the trust of the community members, the children and the caregivers, was able to reach the most vulnerable people in need from all nationalities.

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

Yes ☒ Partially ☐ No ☐

With this funding, agencies and partners were able to swiftly target most vulnerable communities and most urgent emerging needs. This was particularly notable in the case of the health response and coverage of hospitalization for critical and life-saving cases, initially for hospitalization severe covid-19 response and latterly for trauma cases and severe cholera cases (in advance of later CERF Rapid Response allocation support received for cholera response).

Did CERF funds help respond to time-critical needs?

Yes ☒ Partially ☐ No ☐

Funding enabled agencies to address time-critical needs faced by vulnerable beneficiaries. The nationwide shortage of chronic medication available through Primary Health Care facilities, for example, was approaching critical tipping point with far-reaching implications for people suffering with chronic diseases if not addressed. As the situation in Lebanon continued to deteriorate in 2022, critical protection interventions, in particular for women and children at risk of GBV or child labour, were time critical in preventing those most vulnerable from falling further into desperate situations.

Did CERF improve coordination amongst the humanitarian community?

Yes ☐ Partially ☒ No ☐

The allocation was discussed at the HCT and inter-sectoral fora ensuring a collaborative and coordinated approach among concerned agencies and partners in developing the allocation approach. At an operational level, partners working under agency grants were also supported to collaborate where working in same locations and ensuring referrals to other services where feasible.

Did CERF funds help improve resource mobilization from other sources?

Yes ☒ Partially ☐ No ☐

The CERF allocation was launched in line with priorities identified in the 2022 Lebanon Emergency Response Plan (ERP) to catalyse other funding sources in support of previously unsupported needs of vulnerable communities not previously envisaged in existing response plans. As a key source of funding against the then underfunded ERP, it was instrumental in kick starting support for the plan (finally reaching 74.8% of its $384 million funding request).

Considerations of the ERC's Underfunded Priority Areas[1]:

The allocation reinforced the Emergency Relief Coordinator's Underfunded Priorities with a **specific focus on service provision to women and girls,** both survivors and those at risk of GBV and other protection issues, as well as funding to support reproductive health services and commodities. Projects were designed with this strong focus on the protection of women and girls, recognizing the specific vulnerabilities and challenges they face in this crisis-affected context. Where not concerning targeted specialized services for women and girls, a gender-responsive approach was incorporated across all agency-implemented activities, ensuring equal access to services, resources, and opportunities. Gender equality was also promoted by UNFPA through collaboration with local women-led and girls-led groups. Topics like child marriage and GBV were integrated, and caregivers were supported also. In their health activities, WHO moreover ensured through their gender policy equal access for all genders to hospital care and services and medication provision at primary health care level. Through UNFPA and partners' interventions**, the allocation contributed to provide lifesaving services to women in reproductive age and survivors of GBV** and to mitigate the risk of violence among targeted vulnerable communities by supporting community members in identifying risks and responding to them. The project took into consideration men and boys' needs and risks too, for example training on clinical management of rape has specific consideration for child survivors and male survivors.

The allocation also ensured a focus on persons with disabilities (PwDs) across all projects, acknowledging that they are disproportionately more likely to be left behind and fail to benefit from humanitarian services due to a range of environmental, physical and social barriers. Their inclusion was ensured through consultations at project design stage to understand their needs. Moreover, Reproductive Health (RH) services as well as GBV core services reached PwDs by ensuring contracted partners and service providers were trained on inclusive service provision and able to engage people with different forms of disability. Specific outreach activities in target communities were conducted to inform about how services are inclusive and adapted to the needs of people with disability. Child Protection work supported improved access to prevention and response services for children with disabilities and their caregivers, providing comprehensive support to vulnerable children, especially those out of school, ensuring they received both educational opportunities and social welfare. It was noted, however, that agencies and partners faced challenges in reaching PwDs due to structural challenges that are difficult to address in the short term duration of the project, including capacity of frontline workers and accessibility of facilities.

Education was not considered under this allocation although has been supported in parallel by LHF funding to ensure continued access to education services in a crisis in which the deterioration of the Lebanese economy and the devaluation of the Lira, compounded by increased school closures and teachers strikes have largely contributed to the disruption of learning for the most vulnerable children for a third scholastic year.

Table 1: Allocation Overview (US$)

Total amount required for the humanitarian response	**383,000,000**
CERF	8,002,513
Country-Based Pooled Fund (if applicable)	6,000,000
Other (bilateral/multilateral)	2,491,706
Total funding received for the humanitarian response (by source above)	**16,494,219**

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

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

Agency	Project Code	Sector/Cluster	Amount
IOM	22-UF-IOM-006	Protection	840,000
IOM	22-UF-IOM-006	Health	480,000
IOM	22-UF-IOM-006	Protection - Child Protection	120,000
IOM	22-UF-IOM-006	Protection - Gender-Based Violence	60,000
UNFPA	22-UF-FPA-005	Health - Sexual and Reproductive Health	1,005,475
UNFPA	22-UF-FPA-005	Protection - Gender-Based Violence	495,234
UNICEF	22-UF-CEF-009	Protection - Child Protection	1,000,004
WHO	22-UF-WHO-006	Health	4,001,800
Total			**8,002,513**

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

Total funds implemented directly by UN agencies including procurement of relief goods	**3,863,058**
Funds sub-granted to government partners*	
Funds sub-granted to international NGO partners*	947,718
Funds sub-granted to national NGO partners*	3,191,737
Funds sub-granted to Red Cross/Red Crescent partners*	
Total funds transferred to implementing partners (IP)*	**4,139,455**
Total	**8,002,513**

* 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:

Lebanon is grappling with economic and financial meltdown, COVID-19, the disastrous impact of the Beirut Port explosions and continued impact of the Syrian crisis. In addition, political deadlock has been fuelling popular protests and delaying meaningful reform and recovery efforts. In this context, the situation of ordinary people in Lebanon has continued to worsen day by day. To date, Government-led interventions have proven unable to address the root causes and mitigate the impact of the ongoing crisis on the population. Amid growing scarcity, an ever-increasing number of families have found themselves unable to afford or access limited basic goods and services. Negative coping mechanisms have also been increasingly reported. Families struggle for their bare survival while facing the mental stress of uncertainty and lack of hope in a better future. Fast-increasing multi-sector needs have been documented within all communities residing in Lebanon. Indicators suggest that the most vulnerable households have crossed emergency thresholds and require emergency assistance with a 2021 UN-ESCWA study assessing a staggering 82% of people in Lebanon in 2021 as living in multi-dimensional poverty2.

The current crisis in Lebanon, coupled with the COVID-19 pandemic, has impacted both the health system and patients themselves. Currency exchange rates and cash flow restrictions on US Dollars have limited international purchasing power for essential medicines, supplies and various reagents while local suppliers suffer similarly depleted stocks. In addition, poor uninsured vulnerable communities in need of hospitalization face demands for significant financial deposits to secure admission. At the same time, scarcity and unaffordability of medicines are resulting in increased hospitalization among these patients. The current situation has particularly deteriorated the access to health services and assistance by migrants, especially undocumented persons, as the loss of livelihoods and income sources have particularly affected them, with up to 50 per cent of them with job losses last year. Limitations in the health system have adversely affected women's access to sexual and reproductive health services, as well as health outcomes such as maternal mortality, and impeded safe access for survivors of gender-based violence (GBV). Furthermore, the high cost of COVID-19 care, unpaid bills incurred by hospitals during the previous wave of the virus, as well as scarcity of human resources, limit the total functional bed capacity for COVID-19 care for patients requiring hospitalization in the country and leaves certain areas particularly vulnerable to subsequent waves of COVID-19.

The increased levels of debt and difficulties in paying rent or purchasing basic items have also exposed marginalized individuals including migrant women and girls to various forms of violence and abuse including sexual and labour exploitation and human trafficking, also increasing the risk of harmful coping mechanisms such as child marriage and survival sex. Moreover, cases of child labour significantly increased in 2021 compared to the fourth quarter of 2020 and becoming the most prominent child protection risk, followed by violence against children and violent disciplinary behaviour. The need for psychosocial support and case management is elevated due to an increase in reliance on harmful coping mechanisms.

The multiple crises afflicting Lebanon have led to a severe deterioration in people's standard of living. If the situation remains the same and reforms are not implemented, the potential for further deterioration and social tensions will continue to increase. Such a trend will ultimately further increase the number of people in need of acute humanitarian assistance.

[2]https://www.unescwa.org/sites/default/files/news/docs/21-00634-_multidimentional_poverty_in_lebanon_-policy_brief_-_en.pdf

Operational Use of the CERF Allocation and Results:

In response to the crisis, the ERC allocated $8.0 million from CERF's Underfunded Emergency window. The CERF allocation to Lebanon strategically supported critically underfunded priorities, reinforced by the Multi Sector Needs Assessment results from late 2021, within the Lebanon Emergency Response Plan. In particular, the allocation ensured maximum impact of CERF funding through a portfolio of multi-sectoral projects under the Health, Protection CP/GBV sectors and activities in support of migrants targeting previously unsupported vulnerable communities with packages of integrated lifesaving support. The CERF funding was used to strategically complement recent allocations from the Lebanon Humanitarian Fund to NGOs and enabled UN agencies and partners to reach 382,257 people with expanded figures reflecting agencies using cost efficiencies to expand service provision and the success of outreach and community sensitization activities in reaching a wider scope of people than initially planned.

Through this CERF UFE grant, affected populations received a range of life saving sexual and reproductive healthcare and gender based violence (GBV) services in crisis affected areas of Lebanon (Akkar, Mount Lebanon, South and North Lebanon). For the GBV outcomes, women and girls' safe spaces in underserved areas of the country were supported, providing a range of comprehensive GBV services, including case management, psychosocial support sessions, and ensured adequate referral to other specialised services, such as shelter and health. Child Protection interventions supported both case management and specialized services together with sensitization and awareness campaigns on child rights, parenting programme and community-level sensitization on the negative impact of harmful practices against children.

Health care support under the allocation allowed supported essential acute medication total of 122,675 patients benefited from chronic medications dispensed at PHCs and dispensaries. Moreover, this allocation supported critical hospitalization coverage for most vulnerable patients providing cost coverage for lifesaving and limb saving interventions within hospitals to 1,869 patients: 780 female, 1089 male. Out of these, 30% were aged less than 5 years, and 30% were over 50 years.

People Directly Reached:

Total reached figures presented below are cumulative due to the nationwide coverage of projects funded under this CERF allocation and different targeted groups and profiles of beneficiaries targeted leading agencies to assess that an overlap of service provision is minimal. The total targeted beneficiary figure of 264,363 was exceeded by 29% as a result of a variety of factors including under health a renegotiated average tariff with selected hospitals for admission of trauma cases from $3,000 to $1,150 allowing for greatly expanded patient reach. All agencies also noted targets having been exceeded due to the high demand for protection and health-related services resulting from the heightened levels of distress, trauma, anxiety, and other mental health challenges experienced in the country as a consequence of the socioeconomic crisis in the country.

Agencies providing training activities under the allocation also noted expanded reach as a result of some activities being conducted online allowing broader participation (e.g. UNFPA online methodologies used for training health care providers on RH service provision).

People Indirectly Reached:

The impact of funding under this CERF allocation extended to many more people than the people directly targeted having a broader positive impact on individuals, families and their surrounding environments. For example, awareness and information campaigns supported dissemination of crucial knowledge on services available and empowered individuals to make informed decisions regarding their well-being and safety, contributing to building resilient communities.

For SRH and GBV interventions, it is estimated that each woman and man that received RH drugs and contraceptives, information on SRH and midwifery care services would indirectly benefit at least 4 members of their family/ community therefore an estimated 389,128 individuals are estimated to have indirectly benefited from the interventions provided through CERF funding which specifically aimed to improve health and wellbeing of men and women. Under the GBV component, women, men, girls, and boys were engaged in awareness-raising sessions Indirectly, 29,188 individuals received awareness under the CERF project on GBV, service availability and were reached by community engagement on to refer survivors and basic gender and GBV concepts. For Child Protection activities, actors were also able to indirectly reach other community members who benefitted indirectly from the project activities. For example, in the case of sensitization activities for children and caregivers to promote their psychosocial wellbeing, the indirect beneficiaries included family members and community members. By raising awareness on child protection issues, promoting children's rights and providing interventions on psychosocial wellbeing, the project helps in creating a supportive environment that extends beyond the direct beneficiaries.

CERF supported the increase in the availability of medication, and reduce stockout, which can have serious health consequences in society. This step has improved the efficiency and quality of care provided leading to improved health outcomes and a reduction in the suffering of the vulnerable population. Support to hospitals for the actual cost of patient care enabled facilities to pay the necessary costs of operations and service continuity, including staffing costs, which enabled retention of human resources and availability of beds for regular, emergency, and intensive care unit (ICU) care.

Table 4: Number of People Directly Assisted with CERF Funding by Sector/Cluster* 382,257

	Planned					Reached				
Sector/Cluster	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Health	171,212	74,976	14,560	3,622	**264,370**	229,473	78,313	28,969	17,648	**354,403**
Protection	1,324	353	26	7	**1,710**	7675	1411	35	45	**9,166**
Protection - Child Protection	850	150	1,535	1,515	**4,050**	2,077	466	3,254	2,849	**8,646**
Protection - Gender-Based Violence	2,340	260	1,500	450	**4,550**	5,774	1,308	2,605	355	**10,042**

* 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	14,900
Returnees		
Internally displaced people		
Host communities	261,881	359,751
Other affected people	10,899	7,606
Total	**274,680**	**382,257**

Table 6: Total Number of People Directly Assisted with CERF Funding*			**Number of people with disabilities (PwD) out of the total**	
Sex & Age	**Planned**	**Reached**	**Planned**	**Reached**
Women	175,057	244,999	7,248	15,848
Men	75,072	81,498	3,118	4,429
Girls	17,956	34863	759	995
Boys	5,595	20,897	243	748
Total	**274,680**	**382,257**	**11,368**	**22,020**

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 22-UF-IOM-006

1. Project Information

Agency:	IOM	**Country:**	Lebanon
Sector/cluster:	Protection Health Protection - Child Protection Protection - Gender-Based Violence	**CERF project code:**	22-UF-IOM-006
Project title:	Providing life-saving protection and health-care support to migrants and other populations in vulnerable situations in Lebanon		
Start date:	08/03/2022	**End date:**	07/03/2023
Project revisions:	No-cost extension ☐ Redeployment of funds ☐ Reprogramming ☐		

Funding

Total requirement for agency's sector response to current emergency:	**US$ 44,820,000**
Total funding received for agency's sector response to current emergency:	**US$ 1,805,280**
Amount received from CERF:	**US$ 1,500,000**
Total CERF funds sub-granted to implementing partners:	**US$ 763,500**
Government Partners	US$ 0
International NGOs	US$ 94,000
National NGOs	US$ 669,500
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

Through this CERF UFE grant, IOM and its partners reached a total of **16,439** vulnerable individuals, including migrants, refugees, and Lebanese with life-saving humanitarian protection and health-care services, including children and survivors of gender-based violence (GBV). With the support of CERF, IOM has been able to respond swiftly and effectively to emerging needs, ensuring the well-being and safety of those in need. By prioritizing the most vulnerable populations, such as migrants facing increasing protection threats and vulnerable Lebanese communities grappling with increased pressures, IOM's interventions have played a vital role in saving lives. Through its expertise in protection and health services, IOM has been able to provide essential life-saving interventions, including medical assistance, psychosocial support and specialized protection services. By addressing immediate needs and providing sustainable solutions, IOM's interventions have made a significant impact in preserving lives and alleviating the suffering of vulnerable individuals and communities.

Protection

IOM, and its partners, Migration Services and Development (MSD), Amel Association, Legal Action Worldwide (LAW), and the Centre Libanais des Droits de l'Homme (CLDH) provided protection support to **9,166 beneficiaries** (6,351 migrants and 2,815 Lebanese). The beneficiaries received a variety of protection services (some individuals accessed multiple services) including mental health and psychosocial support, protection case management, legal awareness, legal representation and counselling, cash assistance, and provision of NFIs such as dignity and hygiene kits.

IOM also partnered with L'Union pour la Protection de L'Enfance au Liban (UPEL) to provide comprehensive child protection assistance, reaching **50 children** with child protection support (some individuals accessed multiple services) including child protection case management, food parcels, emergency cash assistance for 50 children and their families, access to education and in-kind assistance including hygiene kits, education kits, and blankets. Additionally, IOM through its partner MSD, also provided psychosocial support (PSS) activities to children of adult beneficiaries, consisting of 89 children (50 girls, 39 boys).

In partnership with Caritas, IOM provided specialized assistance to GBV survivors reaching **70 individuals** and their families with case management support, out of which 50 cases received Protection Cash Assistance. Additionally, PSS activities reached 255 migrants with awareness sessions tackling human trafficking, GBV, protection against sexual exploitation and abuse, skills training, life skills, and non-focused PSS. Simultaneously, 28 cases received legal counselling and 12 cases (all women) had their legal fees covered. In addition, 31 women also participated in skills training sessions to empower and capacitate women to improve livelihood opportunities. Skills training sessions covered topics such as chocolate decoration, first aid, soap and candle making, and facial skin care. Ten beneficiaries received life skills trainings.

As indicated in the proposal, in addition to specialized protection services, IOM and partners extended their protection assistance to encompass in-kind support, such as food assistance and non-food items, whereby addressing basic needs and providing broader protection assistance as part of protection case management. Communities identified as being highly vulnerable were provided with non-food items (NFI), based on ongoing community engagement, which also supported the identification of vulnerable individuals for the provision of specialized protection assistance. By offering food assistance to the most vulnerable, IOM ensures individuals have access to a fundamental requirement for their survival and well-being. This provision not only helps meet their immediate nutritional needs but also contributes to their overall physical and mental health, reinforcing their resilience and ability to cope with challenging circumstances. Moreover, the distribution of NFIs, such as hygiene kits, directly addresses individuals' basic needs, ensuring their safety, dignity, and comfort. These items play a crucial role in protecting vulnerable populations, including migrants and vulnerable Lebanese individuals, by providing them with the necessary resources to maintain their health and hygiene, as well as secure and suitable living conditions. By linking in-kind support, including food assistance and non-food items, with broader protection assistance, IOM effectively addresses both the immediate and long-term needs of individuals, fostering their well-being and promoting a protective environment that safeguards their rights and dignity.

Health

IOM also supported primary and secondary health-care interventions to improve access of vulnerable communities to lifesaving health-care services, reaching **7,153 individuals** with subsidized health packages at two IOM supported Primary Healthcare Centres (PHCs), namely Al Salama Al Ahli PHC in Jbeil (Mount Lebanon), and Maarouf Saad Health Center in Saida (South Lebanon). IOM's support was aligned with the long-term primary health-care subsidization protocol developed by the Ministry of Public Health (MOPH). As some migrants are left without any form of health "safety net" and this could risk their lives or quality of living, IOM also supported 106 migrants with access to Secondary Health Care (SHC) services in Beirut Mount Lebanon (BML), by covering the hospitalization fees based on IOM's Life and Limb Saving Standard Operating Procedures (SOPs). Through these SOPs, IOM covered the full hospitalization bill of 81 cases and complemented other partners' support of 25 cases.

3. Changes and Amendments

During the implementation of the project, there were several constraints encountered requiring IOM and partners to adapt. Firstly, IOM's partners working on legal assistance (CLDH, LAW and MSD), encountered obstacles due to the ongoing judicial strike in Lebanon resulting from the current economic crisis. These strikes made it challenging for the legal teams to make progress on beneficiaries' cases, as they rely on the courts to hear and rule on their cases. The strikes also caused significant delays in court proceedings, causing frustration for both the lawyers and their clients. Despite these challenges, the legal team implemented several mitigation strategies to reduce the impact. This included prioritizing urgent and life-threatening cases, over other types of cases that were still being processed by courts and government offices amid closures, as well as resorting to the Court of Urgent Matters to file urgent complaints and claims.

Another partner, Caritas, encountered challenges related to the severe rise in transportation costs that beneficiaries were faced with because of the economic crisis. This challenge threatened to restrict beneficiaries' access to PSS activities. To address this, transportation fees were added to the budget, without affecting the total budget, thanks to savings on legal costs related to the previously mentioned judicial strike.

These changes were not specific amendments to the protection component, but rather adaptations based on contextual factors.

Identifying and reaching girls and boys among migrant populations posed challenges due to specific circumstances, such as migrants coming to Lebanon for work purposes and often living without their children. As many migrants arrive in Lebanon without their families, the task of identifying and providing assistance to migrant children becomes more complex. Additionally, those who have children in Lebanon often lack means to access documentation, and children are therefore difficult to identify as they often remain within their households. This explains the lower target of girls achieved under the GBV component, together with underreporting of GBV cases often due to language barriers and fear, shame and cultural norms. IOM sought to address these challenges through a comprehensive approach that includes culturally sensitive outreach and community engagement, awareness campaigns, and continued discussions and support to partners.

IOM also reached lower numbers of people with disabilities than originally planned for various reasons, particularly in the context of migration to Lebanon. This is mostly linked to the prevalence of labour migration and limited identification of migrants with disabilities. To address this, collaboration and outreach with partners will continue to enhance identification of migrants with disabilities and improving support for those who are born in Lebanon or develop disabilities at a later stage.

There was also a need for IOM to amend Indicator 1.2 under health. The original indicator "*Number of people supported for life-saving secondary care*" was incorrectly included, as the activities underlying it fall under primary not secondary health care. The correct indicator is "*Number of people supported with diagnostics and imaging through primary healthcare centres". In line with CERF guidelines* an official modification was not requested as it relates only to the wording and not any change to intervention type. There are no changes to the target or budget.

Due to the high demand on primary health care services especially at Al Salama Al Ahli PHC in Jbeil, IOM reallocated USD 31,000 from the hospitalization services budget line to PHC services. At the time of this reallocation, IOM consulted CERF guidelines and determined it was not necessary to inform the CERF Secretariat of the change, given the reallocation took place within the same budget category.

An additional USD 25,000 was reallocated from protection to primary health care services in February 2023, given the high need for health care in the supported centres. Once more, IOM consulted CERF guidance and deemed it not necessary to inform the CERF secretariat of the change, given the cumulative shift between the budget categories of the direct costs was below the percentage threshold specified in CERF guidance. The target of the cash voucher assistance (CVA) was

overachieved due to the fact that the amount of the assistance was revised at the beginning of the project to align with the Protection (PRT) sector guidance. Consequently, this reallocation led to an underspend on CVA.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	1,443	598	722	696	**3,459**
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	441	441	110	110	**1,102**	2,040	900	272	240	**3,452**
Other affected people	1,030	1,029	258	258	**2,575**	110	100	15	17	**242**
Total	**1,471**	**1,470**	**368**	**368**	**3,677**	**3,593**	**1,598**	**1,009**	**953**	**7,153**
People with disabilities (PwD) out of the total										
	147	147	37	37	**368**	3	8	1	9	**21**

Sector/cluster	Protection									
	Planned					Reached				
Category	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	392	100	8	2	**502**	1,909	874	15	0	**2,798**
Other affected people (migrants)	932	253	18	5	**1,208**	5,766	537	30	18	**6,351**
Total	**1,324**	**353**	**26**	**7**	**1,710**	**7,675**	**1,411**	**45**	**18**	**9,149**
People with disabilities (PwD) out of the total										
	120	34	9	9	**172**	0	34	18	0	**52**

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

Sector/cluster	Protection - Gender-Based Violence									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	0	0	0	0	**0**	0	0	0	0	**0**
Host communities	0	0	0	0	**0**	0	0	0	0	**0**
Other affected people	40	0	10	0	**50**	65	2	3	0	**70**
Total	**40**	**0**	**10**	**0**	**50**	**65**	**2**	**3**	**0**	**70**
People with disabilities (PwD) out of the total										
	6	2	0	0	**8**	0	0	0	0	**0**

Sector/cluster	Protection - Child Protection									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	0	0	0	0	**0**	0	0	0	0	**0**
Host communities	0	0	0	0	**0**	0	0	9	9	**18**
Other affected people	0	0	35	15	**50**	0	0	16	16	**32**
Total	**0**	**0**	**35**	**15**	**50**	**0**	**0**	**25**	**25**	**50**
People with disabilities (PwD) out of the total										
	0	0	5	2	**7**	0	0	0	0	**0**

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

5. People Indirectly Targeted by the Project

Project activities conducted brought indirect benefits to people indirectly targeted by the project through various means, such as awareness/information campaigns and the expansion of service delivery capacity. These efforts go beyond immediate assistance and have a broader positive impact on individuals and their surrounding environments. Awareness and information campaigns disseminate crucial knowledge and empower individuals to make informed decisions regarding their well-being and safety. By increasing awareness about health, protection, and available services, these campaigns contribute to building resilient communities. Moreover, the services provided through this project, including for instance the provision of cash assistance and protection services, not only benefits individuals directly but also enhanced the protective environment around them. This ripple effect helped improve the overall well-being for the individuals and those around them, fostering a more conducive and supportive environment for everyone involved. The protection activities implemented by the IOM and partners indirectly benefited the families/households of the individuals who were provided with case management support and specialized services. Through initiatives such as awareness-raising activities, vulnerable individuals were identified and protection cash assistance and emergency cash assistance provided to address short- and medium-term needs, including food, rent and other immediate needs identified. This, in turn, alleviated the burdens and concerns faced by their family members, who often rely on them for economic and emotional support.

The health interventions at the level of primary and secondary health care, also indirectly benefitted the community, as improving outcomes of the persons targeted under the project will also contribute to improving health outcomes for their wider community. Adding to this, the outreach activities on the supported health services reached a population of around 20,000 community members in the catchment area of the PHCs. Finally, IOM strengthened the capacity of the PHC staff by organizing a training led by MOPH on the new PHC service packages and the general approach of the ministry at the PHC level. This was followed by a training for 18 IOM staff (10 female and 8 male), that was disseminated to Community health workers on the new packages. An additional training was held for 15 community health workers (8 female and 7 male).

6. CERF Results Framework

Project objective	To improve access to life-saving humanitarian protection and health-care services for migrants and other individuals in vulnerable situations in Lebanon
Output 1	Vulnerable individuals have access to primary and life-saving secondary health-care 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 1.1	H.8 Number of primary health-care consultations provided	6,516	9,264	PHENICS reports (MOPH information system used by the PHCs)
Indicator 1.2	Number of people supported for life-saving secondary care Amended to: Number of people supported with diagnostics and imaging through primary healthcare centers	1,392	2,795	PHENICS reports (MOPH information system used by the PHCs)
Indicator 1.3	H.2 Number of people receiving surgical procedures for trauma	111	106	Hospital bills

Explanation of output and indicators variance:	1. There was a change to indicator 1.2 due to an error at the time of proposal development. No change to the target and budget for the indicator. 2. IOM overreached the targets for the health interventions for the indicators 1.1 and 1.2, due to the increased demand on the PHC services as a result of the economic crisis and the shift of people from seeking care at private clinics to primary health care centres. IOM was also able to support refugees as per MOPH regulations which also contributed to the overachievement of the target. For indicator 1.2 relating to the lab tests and diagnostic imaging, IOM also overreached the target due to the new Long Term Primary Health Subsidization Protocol (LPSP), that have a set of four health packages including of lab and diagnostic imaging tests, which increased the percentage of lab and imaging requested at the PHCs. IOM was able to reach a higher number of beneficiaries as the original budget was prepared with a higher rate (USD 4.62 to USD 6.6 per consultation) prior to the release of the LPSP protocols which had a reduced rate of USD 3.4 to USD 4.5 per consultation.

Activities	**Description**	**Implemented by**
Activity 1.1	Subsidize PHC service packages to patients as per the MoPH's subsidization protocol. Comprehensive package of primary healthcare includes consultations, vaccination, noncommunicable diseases care, sexual and reproductive healthcare, malnutrition screening and management, mental healthcare, dental care, basic laboratory, and diagnostics, as well as health promotion.	IOM supported two primary health care centers (Al salama al Ahli PHC- Jbeil and Maarouf Saad health center- Saida)
Activity 1.2	Procure medications for acute and chronic illness in the event of PHC shortages.	No medication was procured for the two PHCs, as there was no shortage in both acute and chronic medications in these PHCs.
Activity 1.3	Identify and refer individuals in need of secondary care to IOM's health-care partners	Community members, Migrants' embassies and consulates, Health partners
Activity 1.4	Cover full or partial cost of hospital care through support to IOM's health-care partners.	IOM Public Health Unit

Output 2	Survivors and individuals at-risk of violence, exploitation and abuse have access to protection services through case management and specialized support
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Protection

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	Number of beneficiaries exposed or at risk of exploitation and abuse who receive case management	750	1,812	Source of verification Partner's case management database, supporting documents
Indicator 2.2	PP.1b Number of people benefitting from referral pathways	375	389	Partners' numbers provided on
Indicator 2.3	Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD	270,000	243,510	Distribution Sheet + IDs – proof of payment

Indicator 2.4	Cash.2a Number of people receiving sector-specific unconditional cash transfers	750	845	Distribution Sheet + IDs – proof of payment
Indicator 2.5	Number of people benefitting from legal awareness	900	968	Attendance sheet
Indicator 2.6	Number of people receiving legal aid	60	304	Legal files/ Legal tracker sheets /lawyers report

Explanation of output and indicators variance:	The protection target of the project was overachieved as IOM's assistance modalities extended from specialized protection services, to include basic needs, e.g., provision of food and non-food items. This meant the project successfully reached out to a larger number of individuals. While the total value of unconditional transfers distributed in USD was lower, IOM was able to overachieve its target of beneficiaries reached due to the change in amount per beneficiary which was modified to align with the PRT guidance. IOM, with support of its partner, was able to reach a higher number of people with legal aid due to various factors, such as close follow-up with the courts and legal institutions done by IOM's legal partners. Proactive engagement and collaboration with legal authorities, contributed to streamlined processes and improved access to justice for migrants in need of legal assistance.

Activities	**Description**	**Implemented by**
Activity 2.1	Provide case management to individuals who are at risk or have been subjected to violence, exploitation, and abuse.	Amel International, Migration Services and Development, Centre Libanais des Droits Humains,
Activity 2.2	Ensure individuals are effectively referred to onward support	International, Migration Services and Development, Centre Libanais des Droits Humains, Legal Action Worldwide
Activity 2.3	Provide cash for protection to selected beneficiaries	Amel International and Centre Libanais des Droits Humains
Activity 2.4	Carry out legal awareness and provide legal aid (including documentation assistance) to migrants in vulnerable situations	Amel International, Migration Services and Development, Centre Libanais des Droits Humains, Legal Action Worldwide

Output 3	Survivors and individuals at-risk of gender-based violence have access to protection services through case management and specialized support
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Protection - Gender-Based Violence

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 3.1	PS.2 Number of persons at risk of GBV and/or GBV survivors receiving psycho-social support and case management.	50	70	Partner's case management database, supporting documents

Indicator 3.2	Cash.2a Number of people receiving sector-specific unconditional cash transfers	50	50	Internal cash payment receipt, ID
Indicator 3.3	Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD	18,000	13,500	Internal cash payment receipt, ID
Explanation of output and indicators variance:		The total value of unconditional transfers distributed in USD was lower than the target as IOM revised during implementation to align with the PRT Sector Guidance.		

Activities	**Description**	**Implemented by**
Activity 3.1	Provide case management and specialized services to survivors and individuals who are at risk of gender-based violence	Caritas
Activity 3.2	Provide cash for protection to selected beneficiaries	Caritas

Output 4	Survivors and children vulnerable to abuse, neglect, and exploitation have access to protection services through case management and specialized support.
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	CP.3 Number of children receiving protection support (e.g. family tracing, reunification, reintegration, case management services, etc)	50	50	Case management database, partners' supporting documents
Indicator 4.2	Cash.3b Total value of conditional cash transfers distributed in USD	18,000	13,500	Internal cash payment receipts
Indicator 4.3	Cash.3a Number of people receiving conditional cash transfers	50	50	IDs, proof of payments, receipts, purchase requests
Explanation of output and indicators variance:		The total value of unconditional transfers distributed in USD was lower than the target as IOM revised the amount during implementation to align with the PRT Sector Guidance.		

Activities	**Description**	**Implemented by**
Activity 4.1	Provide case management and protection to children who have experienced or are vulnerable to abuse, neglect, and exploitation.	UPEL
Activity 4.2	Provide cash for child protection for selected beneficiaries	UPEL

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[3] 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)[4]:

IOM and partners ensured that the affected population was consulted throughout the project implementation to ensure participation in the interventions. Beneficiaries were included at every stage of the process and were regularly informed about the range and various services provided by IOM and partners during the implementation of the project. This was done through outreach in the communities, as well as by IOM through referrals to partners of migrants identified in need of protection assistance.

b. AAP Feedback and Complaint Mechanisms:

IOM's Complaint/Feedback and Response Mechanism current communication channels are the following:

- Dedicated email address
- IOM's global reporting platform We Are All In
- Dedicated helpline (accessible via WhatsApp and direct calls)
- In-person feedback to IOM staff (Who'd then redirect to the other communication channels, or would take the submission and forward it to the PSEA/AAP Officer)
- Comment boxes in all area offices

The above-mentioned communication channels are based on feedback from consultations with affected populations that were held to ensure such channels aligned with affected populations preferences. The mechanism is designed to ensure confidentiality, safety, accessibility, diversity, and clarity.

At the level of the primary health care, the PHC has a complaint box, which is sent to the Ministry of Health by the end of each month with proper actions/ mechanism of feedback in place. Additionally, IOM through its community health workers and community focal points provide information and receive continuous feedback from the beneficiaries on the delivered services and are trained regularly on AAP by IOM's AAP Officer.

Additionally, all of IOM's CERF's partners were supported by IOM to strengthen their already existing AAP/PSEA efforts. The extended support was in the form of policy/SOP revision, training and capacity building, and other forms of coaching and mentoring. The work had started with one partner, and it will extend towards the rest progressively by time. In addition, IOM in late 2022, hired a dedicated AAP/PSEA staff for mainstreaming efforts and follow-ups. A line of activities had been set in place in order to systematically ensure the inclusion of the affected population in decision-making through consultations and info provision of IOM's CFM SOP.

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

The project was implemented in alignment with IOM's institutional framework on GBV in Crises (GBViC), which states that all IOM staff must proactively undertake mitigation measures to protect vulnerable individuals from any form of sexual abuse and exploitation. To ensure this, the project trained all staff and volunteers on PSEA, as well as data protection, humanitarian principles, protection, and

[3] 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.

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

standards of conduct. The project also ensured that the community members were aware of the PSEA reporting mechanisms in place, including how to report, where to report and what their rights are regarding sexual abuse, exploitation, protection, and confidentiality.

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

The project was designed with a strong focus on the protection of women and girls. It recognizes the specific vulnerabilities and challenges faced by these groups in crisis-affected contexts and aims to address them through targeted interventions. The project incorporated a gender-responsive approach across all its activities to ensure equal access to services, resources, and opportunities for women and girls, including ensuring survivors of GBV had access to support. The project also increased the economic empowerment of women and girls, through the provision of skills training to enhance their economic independence and access to the labour market.

e. People with disabilities (PwD):

IOM, with the support of Migration Services and Development (MSD), were able to reach 52 persons with disabilities, including 31 Lebanese (20 women and 11 men) and 21 migrants (14 women and 7 men) with case management support and emergency cash assistance. The unique number of beneficiaries served under the project was 1,245, therefore 4.1 per cent from the beneficiaries were persons with disabilities. IOM with partners will continue working to enhance capacity to identify and engage migrants with disabilities, ensuring that their unique challenges and vulnerabilities are acknowledged and addressed. IOM with partners will also continue working to create an environment where migrants with disabilities can access protection services, receive appropriate support, and participate fully in decisions affecting their lives.

f. Protection:

IOM and partners prioritized the mainstreaming of protection for all affected persons and those at risk. Protection considerations were integrated across all aspects of the project, ensuring that the rights, safety, and well-being of individuals were at the forefront of interventions. In terms of integrated protection outcomes obtained under this project, several key achievements can be highlighted. Firstly, the project successfully identified and assessed the protection needs of individuals, particularly vulnerable and marginalized groups, through comprehensive assessments and consultations. This enabled targeted and tailored support to be provided based on specific needs and risks. Secondly, the project implemented measures to prevent and respond to protection risks and violations. This included safe spaces, referral mechanisms, and case management to address issues such as gender-based violence, child protection concerns, and broader protection risks.

As complementary activities, trainings and capacity-building initiatives were also conducted to enhance the skills of project staff and partners in protection principles and practices. Furthermore, under this project as well as through complementary funding, the communities were engaged through awareness raising campaigns and trainings to create protective environments. Awareness-raising activities, community dialogue sessions, and support for community-led protection mechanisms were implemented to foster a culture of protection and mutual support within the communities.

Overall, by mainstreaming protection throughout the project implementation, the outcomes achieved included improved identification and response to protection needs, strengthened prevention and response mechanisms, empowered communities, and enhanced advocacy efforts. These outcomes collectively contributed to a more robust and comprehensive protection framework that safeguarded the rights and dignity of all affected persons and at-risk individuals.

g. Education:

As part of this project, an education component was implemented to ensure access to education for 50 vulnerable children. This was achieved by providing support in the form of education kits and covering school fees. The implementation of this education component adhered to the guidance and standards set by the Education Sector. In addition to addressing the educational needs of the children, this initiative had a positive impact on the overall well-being of their families. By supporting access to education, the project contributed to improving the socio-economic conditions of the families. Education is a key factor in breaking the cycle of poverty and empowering

individuals. The educational support provided not only enhanced the children's prospects for the future but also had ripple effects on their families, promoting a sense of hope, stability, and improved livelihoods.

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	5

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 used as part of broader protection response within case management and to mitigate, prevent or reduce the immediate needs/protection threats facing the individual/household. These included cases of exploitation, violence, deliberate deprivation as well as people with specific protection vulnerabilities identified, including for instance GBV or households with children at high vulnerability.
On the linkages to existing social protection systems, IOM worked on exploring the future inclusion of migrants in existing social protection, with findings and recommendations consolidated through a policy paper. Based on the findings and recommendations identified during this research, IOM will continue to work on enhancing access to information of migrants on existing schemes, criteria as well as will work on enhancing referrals towards these schemes.

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**
Protection cash assistance, emergency cash assistance	845	USD 216,510	Protection	Unrestricted
Protection cash assistance	50	USD 13,500	Protection - Gender-Based Violence	Unrestricted
Protection cash assistance	50	USD 13,500	Protection - Child Protection	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
N/A	

3.2 Project Report 22-UF-FPA-005

1. Project Information

Agency:	UNFPA	**Country:**	Lebanon
Sector/cluster:	Health - Sexual and Reproductive Health Protection - Gender-Based Violence	**CERF project code:**	22-UF-FPA-005
Project title:	Support to SRH and GBV lifesaving services in Lebanon		
Start date:	08/03/2022	**End date:**	07/03/2023
Project revisions:	No-cost extension ☐ Redeployment of funds ☐	Reprogramming ☐	

Funding

Total requirement for agency's sector response to current emergency:	**US$ 8,525,000**
Total funding received for agency's sector response to current emergency:	**US$**
Amount received from CERF:	**US$ 1,500,709**
Total CERF funds sub-granted to implementing partners:	**US$ [539,416]**
Government Partners	US$ 0
International NGOs	US$ 266,211
National NGOs	US$ 273,205
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

Through this CERF fund UNFPA and partners assisted a total of 152,660 beneficiaries, exceeding the planned amount by providing a range of life saving sexual and reproductive health nationwide and gender based violence (GBV) services in crisis affected areas of Lebanon (Akkar, Mount Lebanon, South and North Lebanon0 across most vulnerable population groups (88.2 % women, 1.8 % men, 0.3% boys, 9.7% %girls) reaching mainly Lebanese (95.8 %) and Syrian and Palestinian refugees (3.9 %) but also migrant workers (0.3%).

UNFPA and the Ministry of Public Health in Lebanon were able to provide Sexual and Reproductive Health (RH) services, treatment and care through the procured drugs and contraceptives that benefitted around 97,282 vulnerable women, men and adolescent girls across Lebanon between April 2022 and March 2023. In particular, an estimated 60,000 women received antenatal care services benefitting from the iron folic acid procured under CERF, around 3,656 women and men received care for sexually transmitted and urinary tract infections and around 33,626 women received contraceptives namely oral pills. This allowed continuity of RH services in 275 primary health care centres and 60 dispensaries. This was achieved during a period of increased demand on RH drugs and contraceptives in the public sector due to the dire economic situation. The project enabled support in midwifery care services to 1,200 vulnerable women across Lebanon in a context of increasing transportation costs hampering access to services. In addition, 44,206 women were reached by awareness sessions delivered by midwives on several antenatal topics. As main impact, an estimated 25% of pregnant women receiving awareness on COVID19 vaccine decided to take the vaccine and received support in referral to care. Lastly CERF funds allowed refresher training and sensitization sessions to 2,312 health providers on antenatal and postnatal care, COVID19 in pregnancy and Clinical management

of rape (CMR). Moreover, the intervention ensured continuation of CMR services by covering its related cost and to outreach more beneficiaries through dignity kits distribution.

For the GBV outcomes, UNFPA and implementing partners supported Women and Girls Safe Spaces in underserved areas of the country, providing a range of comprehensive GBV services, including case management, psychosocial support sessions, and ensured adequate referral to other specialised services, such as shelter, health.. A total of 365 people benefitted from case management services, and 4,750 women and girls attended psychosocial support sessions. In addition, girls, boys, women, and men were engaged in empowerment and risk mitigation activities, such as recreational sessions, life skills, and awareness-raising sessions on GBV-related issues. A total of 9,972 individuals benefited from the established safe spaces and participated in recreational and life skills/vocational training and 26,668 individuals attended awareness-raising sessions on GBV-related. Lastly, 2,520 individuals participated in community engagement activities on GBV and were trained on GBV safe identification and referrals.

3. Changes and Amendments

Two modifications were requested and approved by CERF. A reprogramming request was submitted in September 2022 noting that this change did not affect the scope and objective of the intervention but rather it was instrumental to ensure safe delivery of intervention in line with standardised sectoral guidance. The main three changes proposed and approved included: the addition of one entity (i.e. WISH AUB) to support existing implementing partners to carry out the capacity building component; As the Protection sector guidance changed the recommended transfer amount to 90 USD, UNFPA aligned to the sectoral guidance however this would have had an impact on the total number of beneficiaries served with the planned budget. Therefore, UNFPA requested to adjust the target to 250 instead of 300 for emergency cash assistance (ECA) and for Recurrent cash assistance (RCA) to 115 instead of 200; lastly UNFPA modified indicator 3.2 on Clinical Management of Rape (CMR) to better capture the accessibility of the service provision and use % in line with international standards to: % of survivors disclosing rape receiving timely CMR services (target 95%). This qualitative indicator measures if the service reaches the survivor and it is more indicative of the quality and accessibility of the response rather than the number of survivors and it is in line with global guidelines on reporting on GBV respecting information sharing protocols.

A redeployment of funds in February 2023, this last modification concerned only the staff category A. The overspending in this category is due to the departure of the former humanitarian coordinator. In order to ensure overall coordination of UNFPA humanitarian response including the smooth implementation of CERF programme, UNFPA requested a detailed assignment mission and costs of it absorbed more than the planned budget. Moreover UNDP updated Lebanon salary scale for all UN staff and this had an impact on the unit costs for national staff categories involved in CERF project.

UNFPA did not undertake any other modification beyond the aforementioned and achieved targeted results by spending the planned budget.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection - Gender-Based Violence									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	460	50	300	90	**900**	3,262	844	1,579	212	**5,897**
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	1,490	165	1,150	330	**3,135**	2,029	462	1,023	143	**3,657**
Other affected people	350	35	50	30	**465**	418	0	0	0	**418**
Total	**2,300**	**250**	**1,500**	**450**	**4,500**	**5,709**	**1,306**	**2,602**	**355**	**9,972**
People with disabilities (PwD) out of the total										
	150	10	75	20	**255**	**192**	**0**	**4**	**1**	**197**

Sector/cluster	Health - Sexual and Reproductive Health									
	Planned					Reached				
Category	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	104,750	500	12,000	0	**117,250**	128,975	1462	12,251	0	**142,688**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**104,750**	**500**	**12,000**	**0**	**117,250**	**128,975**	**1462**	**12,251**	**0**	**142,688**
People with disabilities (PwD) out of the total										
	4,200	0	500	0	**4,700**	4,077	0	255	0	**4,332**

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

5. People Indirectly Targeted by the Project

The CERF funded project aimed to enhance access to Sexual and Reproductive Health (RH) services to vulnerable women, men and girls across Lebanon by availing RH drugs and contraceptives in the health facilities, ensuring midwifery care services and information on SRH. It is estimated that each woman and man that received RH drugs and contraceptives, information on SRH and midwifery care services would indirectly benefit at least 4 members of their family/ community therefore an estimated 389,128 individuals are estimated to have indirectly benefited from the interventions provided through CERF fund which specifically aimed to improve health and wellbeing of men and women. Indirectly, each man and woman targeted under the CERF are expected to have enhanced knowledge and information about RH since service provision also entails patient education and awareness raising about various RH related areas hence beneficiaries would also be able to educate their family member about RH. More so, when the direct beneficiaries maintain good health and wellbeing through accessing the RH services including access to medications, they are able to care, support and maintain a healthy family.

Under the GBV component, the CERF-funded project aimed to enhance the accessibility to essential GBV services in the targeted areas. Women, men, girls, and boys were engaged in awareness-raising sessions on GBV-related topics and participated in community engagement activities on GBV identification and safe referrals. Indirectly, 29,188 individuals received awareness under the CERF project on GBV, service availability and were reached by community engagement on to refer survivors and basic gender and GBV concepts.

6. CERF Results Framework

Project objective	Ensuring lifesaving, integrated sexual and reproductive health and gender based violence services for women , girls and marginalized groups affected by the multiple crisis in Lebanon
Output 1	Improved access to RH essential drugs for communities affected by the compounded crisis

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

Sector/cluster	Health - Sexual and Reproductive Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	H.7 Number of functional health facilities supported with continuous stock of RH drugs and contraceptives	275	275	MOPH data
Indicator 1.2	Number of women and adolescent girls, including persons with disabilities receiving RH drugs and contraceptives	59,000	97,282	MOPH data
Explanation of output and indicators variance:		Due to the economic crisis, there has been an increased number of beneficiaries accessing MOPH PHCs network over the past months which resulted reaching additional number of women namely that the RH drugs procured under CERF covered a wide range of SRH services including pregnancy care, contraception and reproductive tract infections.		

Activities	Description	Implemented by
Activity 1.1	Procurement of RH drugs and contraceptives	UNFPA
Activity 1.2	Distribution of RH drugs and contraceptives	MOPH through PHCs and dispensaries

Output 2	Enhanced access to quality maternal care and COVID19 response services for pregnant women

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

Sector/cluster	Health - Sexual and Reproductive Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	SP.3 Number of health care providers receiving refresher training sessions on the minimum emergency response package for sexual and reproductive health (training on ANC/PNC packages	1,250	1,927	Monitoring Sheets and Reports submitted by IPs, including training reports
Indicator 2.2	Number of women receiving awareness about SRH and COVID19 in pregnancy	42,000	44,206	Monitoring Sheets and Reports submitted by IPs
Indicator 2.3	Number of pregnant women at high risk pregnancy and/ or COVID19 infected receiving medical/midwifery care	1,000	1,200	Monitoring Sheets and Quarterly Monthly Reports submitted by IPs

Explanation of output and indicators variance:	Based on request from various actors for a refresher training on ANC-PNC and update on the latest evidence on COVID19 in pregnancy, UNFPA partners conducted a series of webinars on the subject matter targeting multidisciplinary teams of health care providers, the online methodology made possible to reach more providers than planned. Moreover based on MOPH request, additional ANC-PNC refresher training sessions were conducted targeting health care providers practising in dispensaries.

Activities	Description	Implemented by
Activity 2.1	Refresher training for 1250 health care providers on ANC/PNC packages for complex cases	LSOG- LOM- WISH/AUB
Activity 2.2	Outreach and awareness raising at community level about COVID19 in pregnancy	LOM

Activity 2.3	Midwifery Home care services to high risk pregnancy and/ or COVID19 infected pregnant women and support to referral for the critical cases	LOM

Output 3	Improved access to life saving clinical management of rape

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

Sector/cluster	Health - Sexual and Reproductive Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 3.1	Number of care providers equipped with the technical knowledge to provide clinical management of rape services	250	385	Monitoring Sheets and Quarterly Monthly Reports submitted by IPs including training reports
Indicator 3.2	% of survivors disclosing rape receiving timely clinical management of rape services (target 95%).	95%	100%	Monitoring Sheets and Quarterly Monthly Reports submitted by IPs
Explanation of output and indicators variance:		Online refresh training and information sessions ensured a wider reach than planned. In terms of clinical management of rape all the survivors that disclosed rape and provided consent were referred to CMR services		

Activities	**Description**	**Implemented by**
Activity 3.1	Support target health facilities and health care providers in delivering clinical management of rape	ABAAD
Activity 3.2	Support to cost coverage for clinical management of rape services	ABAAD

Output 4	Improved access to menstrual hygiene supplies for women and girls

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

Sector/cluster	Health - Sexual and Reproductive Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**

Indicator 4.1	SP.1a Number of menstrual hygiene management kits and/or dignity kits distributed	15,000	15,000	Amel and Caritas reports
Indicator 4.2	SP.2a Number of people receiving menstrual hygiene management kits and/or dignity kits(with related information material)	15,000	15,000	Amel and Caritas
Explanation of output and indicators variance:				

Activities	**Description**	**Implemented by**
Activity 4.1	Procurement of dignity kits (including menstrual hygiene supplies)	UNFPA
Activity 4.2	Distribution of dignity kits	Amel and Caritas

Output 5	Essential GBV services are accessible in target areas

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

Sector/cluster	Protection - Gender-Based Violence

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 5.1	PS.1a Number of people accessing women- and girl-friendly safe spaces and/or centres	4,500	9,972	Monitoring Sheets and Quarterly Monthly Reports submitted by IPs
Indicator 5.2	PS.2 Number of persons at risk of GBV and/or GBV survivors receiving psycho-social support and case management.	2,500	5,115	Monitoring Sheets and Quarterly Monthly Reports submitted by IPs
Indicator 5.3	PS.1b Number of women- and girl-friendly safe spaces and/or centres constructed, rehabilitated and/or supported	3	4 (1 TDH, 2 Concern, 1 AMEL)	Monitoring Sheets and Quarterly Monthly Reports submitted by IPs
Indicator 5.4	Cash.2a Total value of sector-specific unconditional cash transfers distributed in USD (Protection Emergency Cash Assistance – one off transfers)	21,0000	22,333	Monitoring sheet and PDM

Indicator 5.5	Cash.2a Number of people receiving sector-specific unconditional cash transfers (Emergency Protection Cash Assistance one off)	300	272	Monitoring sheet and PDM
Indicator 5.6	Cash.2a Total value of sector-specific unconditional cash transfers distributed in USD (Recurrent protection cash assistance – up to 6 transfers)	200	134	Monitoring sheet and PDM
Indicator 5.7	Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD (Recurrent protection cash assistance – up to 6 transfers)	60,000	59,846	Monitoring sheet and PDM

Explanation of output and indicators variance:	Due to the unprecedented socioeconomic crisis in Lebanon the demand for GBV services increased and this explains overachieving in indicators 5.1 and 5.2. As for indicator 5.3, UNFPA partners opened additional locations to cater for Lebanese and Palestinian refugees residing in different areas. For CVA indicator 5.5 and 5.6 a reprogramming request in September 2022 adjusted the target based on the new sectoral guidance so there is no variance to report.

Activities	**Description**	**Implemented by**
Activity 5.1	Management of women and girls' safe spaces/centres	AMEL Association, Concern Worldwide, and Terre des Hommes
Activity 5.2	Provision of GBV core services: case management, psychosocial support, counselling	AMEL Association, Concern Worldwide, and Terre des Hommes
Activity 5.3	Provision of protection cash assistance to survivors and individuals at risk	UNFPA

Output 6	Members of targeted communities are informed on GBV risk, service available and engaged to GBV risk mitigation activities
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No **X**
Sector/cluster	Protection - Gender-Based Violence

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**

Indicator 6.1	Number of people reached through awareness-raising and/or messaging on prevention and access to services	25,000	26,668	Monitoring Sheets and Quarterly Monthly Reports submitted by IPs
Indicator 6.2	Number of community members engaged in safe referrals capacity development initiatives	500	2,520	Monitoring Sheets and Quarterly Monthly Reports submitted by IPs
Explanation of output and indicators variance:				

Activities	**Description**	**Implemented by**
Activity 6.1	Organize information sessions on GBV risks and access to services	AMEL Association, Concern Worldwide, and Terre des Hommes
Activity 6.2	Engage community gatekeepers in identifying risk of GBV, provide first community-based response and safely refer to core GBV services	AMEL Association, Concern Worldwide, and Terre des Hommes

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[5] 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) [6]:

Women and girls are key actors in their own protection, and it is critical that they are active partners in identifying protection risks and solutions. UNFPA facilitated their active involvement in the design, implementation and monitoring of this Action, by consulting with women and girls on GBV risks and constraints to their participation in and access to aid delivery, GBV and SRH services. In this project a particular effort was made to reach marginalised migrant workers in the Mount Lebanon area, adapting services to ensure language and outreach strategy are appropriated to the target group. Moreover, sessions delivered by midwives at community level were adapted and reviewed in content based on women feedback to ensure not only that the message was accurate and scientific but also understood at community level. UNFPA conducted regular monitoring visits to target locations including consultation with target communities on the impact of the action. Lastly, CERF supported WGSS were involved in the regional impact assessment conducted by UNFPA regional response hub in order to gauge the impact its programmes have had on the well-being of women, girls, boys, and men. The assessment

[5] 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.

[6] 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.

revealed that people served, particularly women and girls, continue to rely on UNFPA-supported facilities to access much-needed, high quality services that are delivered safely and confidentially (available here: https://arabstates.unfpa.org/en/publications/against-all-odds)

b. AAP Feedback and Complaint Mechanisms:

Feedback mechanisms included the following channels: hotlines, complaint boxes in supported women and girls' safes spaces, regular consultations with women, girls, boys and men conducted by trained staff, and satisfaction surveys. In addition some partners have active hotlines and chatbox/WhatsApp. Particular attention was given to the inclusiveness of the channels to complain, in order to guarantee the possibility to provide feedback also to people with disability. Implementing partners share as part of their reporting the feedback and follow up received, information is treated according to internal Standard Operating Procedures to ensure the most appropriate response depending on the type of feedback. Lastly, UNFPA has in place a robust post distribution monitoring mechanism for CVA that ensures feedback of target groups is provided on different protection risks they might face.

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

UNFPA has an internal reporting mechanism for SEA allegations. Complaints can be submitted to the UNFPA Focal Points or to the internal Office of Audit and Investigation Services through the confidential reporting tools available also online. Both channels for reporting will ensure that the complaints are handled in a safe and confidential manner. UNFPA rolled out the UN system-wide Incident Reporting Form to ensure a harmonised approach to facilitating the intake of allegations. The office focal points are fully trained and able to refer survivors to available services for victim assistance as per the referral pathway- including services supported under this action. UNFPA has been promoting the use of the PSEA interagency network IEC materials across implementing partners available in different languages.

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

Through this project, UNFPA contributed to provide lifesaving services to women in reproductive age and survivors of GBV and to mitigate the risk of violence among targeted vulnerable communities by supporting community members in identifying risks and responding to them. The project took into consideration men and boys' needs and risks too, for example training on clinical management of rape has specific consideration for child survivors and male survivors. With its services, UNFPA aims at reaching all gender minorities (i.e. LGBTIQ+) who received GBV services directly in the safe spaces where trained staff was available or were referred to organizations providing needed services . The project contributed to gender equality by engaging community members on activities that discuss and challenge harmful and discriminatory social norms and by fighting stigma associated to different forms of gender-based violence

e. People with disabilities (PwD):

The project targeted people with disability with RH services as well as GBV core services by ensuring contracted partners and service providers are trained on inclusive service provision and able to engage people with different forms of disability. Specific outreach activities in target communities were conducted to inform about how services are inclusive and adapted to the needs of people with disability. Nevertheless, UNFPA and partners faced challenges in the reach of PWD due also to structural challenges that are difficult to address in the short term duration of the project, including capacity of frontline workers and accessibility of facilities.

f. Protection:

The project specifically targeted persons at risk, especially survivors of violence, women and girls with disability, members of marginalised communities like migrants, LGBTIQ+ and those living in extreme poverty. UNFPA and its implementing partners have solid experience in consulting those groups, identifying their needs and tailoring activities according to their suggestions. Moreover the project took a conflict sensitiveness approach ensuring clear messaging around the availability of services based on needs rather than nationalities. Lastly, UNFPA Post distribution monitoring activity was instrumental in monitoring protection risks of cash assistance across targeted population groups.

g. Education:

No education component in this project

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	272

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 Emergency cash assistance (ECA) was delivered by the implementing partners (IPs), namely AMEL, CONCERN and TDH. On the other hand, the Recurrent Cash Assistance (RCA) was implemented directly by UNFPA through a money transfer operator named OMT sal. The amount of the cash assistance for ECA and RCA was increased to 90$ paid in LBP according to a specific preferential exchange rate very near to the market one; this increase in line with the protection sector guidelines was communicated to OCHA/CERF and approved. UNFPA introduced the RCA referral service after developing the mechanism with the relevant SOP, eligibility assessment and referral forms. The service was first introduced to IPs under different projects and later on extended to include organisations that are explicitly part of the GBVIMS group with sound case management systems in place. On a monthly basis, the referring organisations are sending eligible cases with the assistance frequency (Max 6 months) based on RCA eligibility assessment results. The assistance covered individuals from different nationalities. The data from Post Distribution Monitoring (PDM) results showed that 91% of the assessed survivors considered that the cash assistance contributed to decreasing levels of stress about meeting needs and the majority of cases reported being able to use the money efficiently and safely without any challenge. Depending on the PDM results, the first 3 needs that were fulfilled with the recurrent cash assistance were mainly removal from unsafe situation and relocation (28%), Specialised health services required as a consequence of GBV (25%), mitigating adoption of risky negative coping strategies related to basic needs (21%) and the remaining for access to Legal Services, NFIs or transportation.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
Recurrent protection cash assistance (Up to 6 transfers)	[134]	US$ [59,846]	Protection – Gender Based Violence	Unrestricted
Emergency Protection Cash Assistance (One off)	[272]	US$ [22,333]	Protection – Gender Based Violence	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
Success Story	https://pooledfunds.impact.unocha.org/stories/a-safe-space-in-the-turmoil-of-crisis
Social media posts (Instagram, Facebook and Twitter)	https://www.instagram.com/p/CnjdozxM_Ek/?igshid=MzRlODBiNWFlZA%3D%3D https://www.instagram.com/p/Cphd9mDMWAa/?igshid=MzRlODBiNWFlZA== https://www.facebook.com/192681134125877/posts/pfbid02d7pfVhrTw13BMpj33hCbagPhwJExetAWJBXHjMhPbn7DUASbqq6m8awB9q6fqWZSl/?mibextid=cr9u03 https://www.facebook.com/192681134125877/posts/pfbid0WbjkG4DmWLxWTffD4B1zConwAtZU2CikPMSFnGrMcRDX6Jo6K7KDF3LNmNALzRotl/?mibextid=cr9u03 https://twitter.com/UNFPALebanon/status/1638136264946843648
Visibility products (banners, leaflets)	Flyers produced under CERF: https://twitter.com/UNFPALebanon/status/1638136264946843648/photo/2 Banners produced for CERF projects: https://www.instagram.com/p/Cphd9mDMWAa/?igshid=MzRlODBiNWFlZA==
Factsheets	https://www.facebook.com/UNFPAinLebanon/photos/a.635751506928407/1418818531955030/?type=3&mibextid=cr9u03

3.3 Project Report 22-UF-CEF-009

1. Project Information

Agency:	UNICEF	**Country:**	Lebanon
Sector/cluster:	Protection - Child Protection	**CERF project code:**	22-UF-CEF-009
Project title:	Provision of Child Protection lifesaving services for vulnerable children and children at risk		
Start date:	07/03/2022	**End date:**	06/03/2023
Project revisions:	No-cost extension ☐ Redeployment of funds ☐		Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 9,839,052**
Total funding received for agency's sector response to current emergency:	**US$ 0**
Amount received from CERF:	**US$ 1,000,004**
Total CERF funds sub-granted to implementing partners:	**US$ 806,314**
Government Partners	US$ **0**
International NGOs	US$ 587,507
National NGOs	US$ 218,807
Red Cross/Crescent Organisation	US$ **0**

2. Project Results Summary/Overall Performance

600 children and caregivers were provided with mental health and/or psychosocial support (PSS) services (representing 66% of the total target). UNICEF was able to reach 66% of initial target to meet the increased needs and demands for tailored and specialized intervention cater by community–based PSS (CBPSS) interventions The current crises have created an overwhelming demand and increased needs for CBPSS programmes, which are designed to provide broad-based PSS to affected communities. Consequently, the resources and attention have been primarily directed towards meeting the immediate and basic needs of the affected population. Moreover, the severity of the identified cases requires and is also reflected in the overreach of targets for individual interventions in case management and specialized services.

Results under this indicator were under-reached due to the reprioritization of needs that fall under the specialized interventions and response, that were increasing and needed to be catered for urgently. As such, the targets for the specialized services (such as case management) were over-achieved.

440 children were provided with case management services and this indicates an overreach due to the increased demand for individual case management and specialized services due to the complex and challenging identified cases that require intensive and individual interventions to address multiple and intersecting needs.

5,193 children were reached through community-based activities. The target has been exceeded due to the high demand for this service resulting from the heightened levels of distress, trauma, anxiety, and other mental health challenges experienced in the country as a consequence of the socioeconomic crisis in the country.

2,363 caregivers were reached through sensitization and awareness campaigns on child rights, parenting programme and community-level sensitization on the negative impact of harmful practices against children. The groups of caregivers counted under this activity are those who attended multiple sessions in the Medical Aid for Palestinians (MAP) partner's child friendly spaces, for structured sessions about positive parenting, awareness raising on mental health and psychosocial support (MHPSS) and child protection concerns to enhance confidence in parenting skills and address the needs identified by the caregivers attending the sessions. 17,427 boys, girls, caregivers and community members benefited from awareness raising activities in schools, through social media, face to face, remotely or blended sensitization sessions or messages.

In total, UNICEF reached 5,540 refugees, 2,566 Lebanese, 490 other affected persons including 72 children with disabilities across all activities, out of which 5,306 are females and 3,290 are males.

3. Changes and Amendments

The project has achieved all planned targets. The PSS activities (indicator 1.1) are slightly under-achieved as a result of prioritizing the pressing needs requiring specialized interventions which were on the rise and demanded immediate attention and thus the increase in the case management achieved targets (indicator 1.2). The country's socioeconomic crisis has led to emotional and psychological difficulties, such as heightened distress, trauma, anxiety, and other mental health challenges and therefore, the targets under CBPSS and caregivers' programme (indicators 2.1 and 2.2), were over-achieved to ensure, on one hand, that the overall well-being and prevention activities are accessible to the targeted communities.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection - Child Protection									
	Planned					Reached				
Category	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Refugees	212	38	375	375	**1,000**	1,339	300	2,081	1,820	**5,540**
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	510	90	900	900	**2,400**	620	139	964	843	**2,566**
Other affected people	128	22	225	225	**600**	118	27	184	161	**490**
Total	**850**	**150**	**1,500**	**1,500**	**4,000**	**2,077**	**466**	**3,229**	**2,824**	**8,596**
People with disabilities (PwD) out of the total										
	25	5	45	45	**120**	25	0	47	0	**72**

* 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

In addition to the direct beneficiaries targeted by this project funded under CERF, CP actors were also able to indirectly reach other community members who benefitted indirectly from the project activities. For example, in the case of sensitization activities for children and caregivers to promote their psychosocial wellbeing, the indirect beneficiaries included family members and community members. By raising awareness on child protection issues, promoting children's rights and providing interventions on psychosocial wellbeing, the project helps in creating a supportive environment that extends beyond the direct beneficiaries. Indirect beneficiaries were able to acknowledge and understanding of the importance of promoting children's rights and well-being, the provision of psychosocial support, enabling them to provide better care and support for children in their families and communities. Ultimately, the positive impact of the project ripples out, benefiting not only the targeted participants but also the broader community.

6. CERF Results Framework

Project objective	Provision of lifesaving child protection prevention and response services to vulnerable children and children at risk.
Output 1	Girls, boys and women at risk or survivors of violence have access to an integrated package of quality prevention and response services in the most disadvantaged localities in Lebanon

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 1.1	H.9 Number of people provided with mental health and/or psycho-social support services	900	600	Partners' Reports
Indicator 1.2	CP.3 Number of children receiving protection support (e.g. family tracing, reunification, reintegration, case management services, etc)	200	440	Partners' Reports
Explanation of output and indicators variance:		Results under this indicator were under-reached due to the reprioritization of needs that fall under the specialized interventions and response, that were increasing and needed to be catered for urgently. As such, the targets for the specialized services (such as case management) were over-achieved.		

Activities	**Description**	**Implemented by**
Activity 1.1	Provision of focused non-specialized PSS activities for high-risk children and caregivers	Himaya, Save the Children, MAP and TDH-Italia
Activity 1.2	Provision of case management and referral to and provision of specialized services to boys and girls including adolescents at risk or subject to violence, neglect, abuse and exploitation, including for children in need of family/community-based alternative care	Himaya, Save the Children, MAP and TDH-Italia

Output 2	Girls, boys, families and communities in most disadvantaged localities have increased capacities to promote practices that protect them

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 2.1	# of girls and boys participating in community-based child protection activities	2,200	5,193	Partners' Reports
Indicator 2.2	# of caregivers engaged in activities to promote wellbeing and protection of children	700	2,363	Partners' Reports
Explanation of output and indicators variance:		The targets have been exceeded due to the high demand for these services resulting from the heightened levels of distress, trauma, anxiety, and other mental health challenges experienced in the country as a consequence of the socioeconomic crisis in the country.		

Activities	Description	Implemented by
Activity 2.1	Implement CBPSS programmes for children	Himaya, Save the Children, MAP and TDH-Italia
Activity 2.2	Implement caregiver support programmes	Himaya, MAP and TDH-Italia
Activity 2.3	Sensitize children and caregivers to promote their psychosocial wellbeing	Himaya, Save the Children, MAP and TDH-Italia

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[7] often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)[8]:

UNICEF successfully facilitated community-wide consultations in targeted locations during the project design and planning phase. These consultations were conducted in collaboration with implementing partners to ensure that the opinions and perspectives of the communities were considered in the intervention's design. UNICEF and its partners effectively engaged community groups and volunteers to raise awareness among the communities targeted by the project and that the project's objectives and targeted populations were clearly communicated so that community members could provide their feedback and express any concerns. This was achieved through the UNICEF Hotline, the AAP mapping, the AAP trainings to UNICEF staff and partners, and an online community engagement strategy. UNICEF and its partners actively sought the feedback of children, particularly during FPSS sessions and the case management process. By including children's perspectives, the project ensured their active participation and the responsiveness of services to their needs and hence their active role throughout the project lifecycle.

b. AAP Feedback and Complaint Mechanisms:

UNICEF and its partners have established a beneficiary feedback and complaints mechanism. The mechanism provided accessible and confidential channels for communities, especially children, to report complaints. The prompt handling of these complaints demonstrated a commitment to addressing concerns and improving programme effectiveness. The active monitoring of the mechanism by UNICEF staff

[7] These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas here.

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

ensured transparency and accountability throughout the process whilst maintaining confidentiality and ensuring the privacy of the complainants. This monitoring process included the utilization of beneficiary satisfaction tools within the case management process, complaints boxes and the UNICEF call centre (amongst other tools), to make sure that the complaints were promptly transferred to the relevant sections for immediate attention and were treated with urgency, promoting accountability and responsiveness to beneficiaries' needs.

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

UNICEF and CP partners' staff were well-informed about SEA and serious safeguarding violations through mandatory trainings that familiarized them with the relevant policies and guidelines. Partners' staff also signed a code of conduct, demonstrating their commitment to upholding the zero-tolerance policy towards SEA, and serious safeguarding concerns. Continuous capacity building efforts were undertaken to ensure that proper mechanisms were in place to address SEA. This proactive approach helped in creating an environment that prioritized prevention and response to SEA incidents. Beneficiaries were also sensitized on SEA and safeguarding awareness and provided with multiple accessible complaint mechanisms and made aware of the appropriate and expected conduct of humanitarian personnel. These efforts contributed to fostering a protective environment and ensuring the safety and well-being of all involved in the project. Complaint boxes, hotlines, and possibility of direct disclosure of SEA and safeguarding concerns to a "trusted staff member" were made available, ensuring that beneficiaries had safe avenues to voice their concerns or report incidents. These mechanisms were designed to prioritize the confidentiality and safety of beneficiaries.

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

UNICEF achieved the deliverables related to addressing gender inequalities within this intervention. Through the integration of gender-specific topics (i.e.: child marriage and GBV), collaboration with local women-led organisations, and girls' led groups, support for caregivers' capacities, and a gender-responsive and transformative approach, the project advanced the cause of gender equality and empowerment. Integrating the gender-specific topics into the Child Protection interventions at all levels of programme planning and implementation contributed to creating an environment where women and girls had improved access to prevention and response services, promoting their well-being and rights, and made sure that the unique needs and challenges faced by women and girls were specifically addressed, contributing to a more gender-responsive approach.

e. People with disabilities (PwD):

UNICEF focused on the specific needs of children with disabilities and their caregivers in this intervention, and thus improved their access to the prevention and response services. The guidance shared with implementing partners provided clear instructions and strategies to ensure the inclusion of boys, girls, and caregivers with disabilities and ensured that disability inclusion remained a priority throughout the project's implementation. Additionally, UNICEF provided refresher trainings to partners as needed, ensuring that they had the necessary knowledge and skills to effectively include individuals with disabilities. These efforts contributed to fostering a more inclusive and equitable environment for vulnerable people with disabilities and allowed reaching children with disabilities among the beneficiaries of this intervention.

f. Protection:

This project ensured that at-risk and vulnerable children had access to appropriate protection services tailored to their needs. The project emphasized preventive measures to mitigate risks and raise awareness about the negative impact of harmful practices on children. It sensitized communities through targeted awareness campaigns and community engagement activities and informed them about the importance of child protection and the consequences of violence, exploitation, abuse, and neglect. It also raised awareness about harmful practices by equipping the community with knowledge and skills to identify, report, and address child protection concerns. This has contributed to fostering a more protective environment for all children involved by addressing the root causes of violence, exploitation, abuse, and neglect.

g. Education:

By adopting a holistic approach, providing close referrals, and having a robust referral mechanism, UNICEF successfully achieved the deliverables of offering comprehensive support to vulnerable children especially those who were out of school and were not only receiving educational opportunities but also the necessary social welfare and protection services. The collaboration between child protection and education sectors through the referral mechanism facilitated the seamless delivery of services, enhancing the overall well-being and development of these children and facilitated the complementarity and integration between child protection and education services.

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.	

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.

N/A

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
N/A	0	US$ 0	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
N/A	

3.4 Project Report 22-UF-WHO-006

1. Project Information

Agency:	WHO	**Country:**	Lebanon
Sector/cluster:	Health	**CERF project code:**	22-UF-WHO-006
Project title:	Support for Medication and Hospitalization Coverage for Vulnerable Populations in Lebanon		
Start date:	09/03/2022	**End date:**	08/03/2023
Project revisions:	No-cost extension ☐ Redeployment of funds ☐		Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 36,888,295**
Total funding received for agency's sector response to current emergency:	**US$ 6,493,506**
Amount received from CERF:	**US$ 4,001,800**
Total CERF funds sub-granted to implementing partners:	**US$ 2,030,225**
Government Partners	US$ 0
International NGOs	US$ 0
National NGOs	US$ 2,030,225
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

Through this CERF UFE grant, and during the project period (9 March 2022- 8 June 2023) WHO and its partners provided cost coverage for lifesaving and limb saving interventions within hospitals to 1,869 patients: 780 female, 1089 male. Out of these, 30% were aged less than 5 years, and 30% were over 50 years. A Third-Party Administrator (TPA) has been selected based on intensive work contact with local populations and potential beneficiaries especially Lebanese and migrants in the 8 governorates of Lebanon and good disbursement procedure to hospitals, and the contract awarded. Financial reimbursement of hospitalization has been provided including 18% cholera and other acute watery diarrhoea cases and 27% trauma cases. The establishment of the project took time due to the cholera outbreak, and challenges in establishing a tariff acceptable for both hospitals and doctors, so that vulnerable patients with acute lifesaving and limb-saving conditions are oriented to this project and that no co-payment from patients is taken. Hence there were some delays in the implementation necessitating a 3-month no-cost extension for completion.

This grant provided essential acute medication, procured locally, for 14,896 girls, 15,633 boys, 31,629 women, and 17,860 men. A total of 122,675 patients benefited from chronic medications dispensed at PHCs and dispensaries. WHO started a new modality of direct medication procurement through international bidding which permitted saving around %30 of cost hence serving a larger number of beneficiaries.

Furthermore, this CERF grant granted support for 4 staff members at the country office to support the implementation including technical and operations support:

- 1 UHC technical officer (NOC) for 3 months
- 1 Pharmacist technical officer (NOB) for 3 months
- 1 SRH technical officer (NOA) for 3 months

- 1 Senior Procurement Assistant (G5) for 4 months

WHO conducted PSEAH training for staff and partners in February and March 2023. The total number of participants is 95 participants with the primary objective to provide participants with the necessary knowledge to effectively identify sexual exploitation, abuse, and harassment by developing a comprehensive understanding of the definitions of SEAH, provides tools and stipulates clear responsibilities, including mandated reporting.

3. Changes and Amendments

WHO has submitted a project modification request to allocate savings from COVID-19 hospitalization towards non-COVID hospitalization in September 2023 as WHO envisioned that a local or international NGO would take on the role of providing non-COVID hospitalization coverage for vulnerable patients. When developing WHO's Request for Proposals (RFP) document, WHO engaged with a number of organizations, to help design the project and just 3 proposals were ultimately received and just 1 NGO among them. A Third Party Administrator has been selected based on intensive work contact with local populations and potential beneficiaries especially Lebanese and migrants in the 8 governorates of Lebanon and good disbursement procedure to hospitals. WHO requested to re-deploy the budget line originally planned for COVID-19 hospitalization (470,000 USD) towards the existing activity to provide non-COVID hospitalization coverage for lifesaving and limb-saving hospital interventions due to lower-than-expected COVID-19 hospitalization rates. Delays in contracting a TPA for in-patients' hospital coverage and in identifying tariff that will be conducive for hospitals and doctors to timely orient the vulnerable patients with acute lifesaving and limb-saving conditions to this project without patient financial co-payments have led to delays in achieving the targets for life saving and limb saving hospitalization coverage. WHO was granted a 3 months no-cost extension in February 2023 due to challenges faced with selecting and contracting a Third-Party Administrator (TPA) for patients in-hospital coverage.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
	Planned					Reached				
Category	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Refugees	0	0	0	0	**0**	0	4	0	0	**4**
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	62,750	69,701	2,030	3,011	**137,492**	96,903	75,249	15,709	16,694	**204,555**
Other affected people	2,241	3,305	162	243	**5,951**	2	0	0	1	**3**
Total	**64,991**	**73,006**	**2,192**	**3,254**	**143,443**	**96,905**	**75,253**	**15,709**	**16,695**	**204,562**
People with disabilities (PwD) out of the total										
	2,600	2,920	88	130	**5,738**	3,876	3,010	628	668	**8,182**

* 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 procurement of medication in bulk due to the accumulation of funds has led to significant cost savings, hence a larger population of Lebanese and refugees received the needed treatment. Moreover, CERF supported the increase in the availability of medication, and reduce stockout, which can have serious health consequences. This step has improved efficiency and the quality of care. This is leading to improved health outcomes and a reduction in the suffering of the vulnerable population. Support to hospitals for the actual cost of patient care enabled facilities to pay the necessary costs of operations and service continuity, including staffing costs, which enabled retention of human resources and availability of beds for regular, emergency, and intensive care unit (ICU) care. Furthermore, as the hospitalization support for non-COVID care entailed an awareness component by third-party providers on the availability and eligibility of these services, community members have become more aware of overall health services and support available in their communities as well as health partners who are active and able to provide more holistic (beyond hospitalization) health support which also improved trust and engagement between communities and the health system.

6. CERF Results Framework

Project objective	Address unmet health care needs for those most vulnerable and in need to reduce barriers to accessing health care and medication
Output 1	Provide cost coverage for life-saving and limb-saving interventions within hospitals for those most vulnerable and in need

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 1.1	# of vulnerable patients supported with non-COVID hospital costs (ERP Health Sector Indicator)*NOTE: H.2 (below) is a sub-set of this total indicator and therefore does not count towards total beneficiaries.	450	1869	Excel with listing all admitted patients shared by TPA on weekly basis, satisfaction survey, onsite visits to hospitals
Indicator 1.2	H.2 Number of people receiving surgical procedures for trauma	45	508	Excel with listing all admitted patients shared by TPA on weekly basis, satisfaction survey, onsite visits to hospitals

Explanation of output and indicators variance:	The initial target was to cover 450 patients as full financial coverage of hospital admission with no patient copayment and an estimated cost of USD 3,000 per admission with a focus on patients with traumatic conditions and patients with severe conditions necessitating long-stay admissions to hospitals before recovery. Tariffs with the selected hospitals were negotiated and agreed upon based on MOPH tariff 2022 which led to a decrease in the average cost of admission to USD 1,150.

Activities	**Description**	**Implemented by**
Activity 1.1	Finalize SOPs to define medical eligibility	WHO

Activity 1.2	Select and contract third party provider(s)– likely 1-2 NGOs or other third party administrator depending on capacity and national presence (to be confirmed)	WHO
Activity 1.3	Establish network (via formal agreement) of hospitals and selected physicians (to provide second opinions)	GlobeMed, WHO, MoPH
Activity 1.4	Raise awareness with communities of hospitalization coverage and eligibility criteria through patient associations, community based organizations, health sector and health partners - including area-based coordination groups, RIMS, etc.	WHO, GlobeMed, Health Sector
Activity 1.5	Provide management of admitted cases [includes: Evaluate patient medical and socio-economic eligibility, liaise with hospitals, maintain contracts (or other modalities) with hospitals and second-opinion providers, provide case management and monitoring of patient care, review and payment of hospital invoices.	GlobeMed
Activity 1.6	Ongoing project monitoring	WHO, GlobeMed

Output 2	Provide essential acute and chronic* medications to primary health care facilities and health dispensaries.*may include select and/or specialized mental health medications

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 beneficiaries supported with acute essential medications (ERP Health Sector Indicator)	72,000	80,018	PHENICS– Logistic Management System
Indicator 2.2	# of beneficiaries supported with NCD (chronic and mental health) essential medications (ERP Health Sector Indicator)	70,784	122,675	YMCA, PHENICS – Logistic Management System
Indicator 2.3	H.7 Number of functional health facilities supported	450	450	MoPH, PHC Department
Explanation of output and indicators variance:		NA		

Activities	**Description**	**Implemented by**
Activity 2.1	Ongoing review of consumption records and increased PHC utilization patterns to determine which medications are in greatest demand and forecasted to have gaps1, 2Other information sources may be consulted such as existing medication dashboard, grant and procurement pipelines, and Logistics Management System (LMS) Medicines procured will adhere to PHC Essential Medicines List of Ministry of Public Health. Annex of proposed medications is included.	WHO
Activity 2.2	Initiate international procurement of acute medications plus insulin (cold chain) through WHO regional supply unit1, 2, 3, 4 WHO's regional supply unit exclusively utilizes pre-qualified vendors Local procurement may	WHO

	occasionally be undertaken though low likelihood under current market conditions in LebanonDepending on global market, procurement of some molecules can take up to 6 months due to unexpected disruptions or delays Insulin is managed by WHO's regional supply unit due to its cold chain requirements.	
Activity 2.3	Contract YMCA1 to conduct international bidding process for chronic medications procurement and management of joint MoPH-YMCA chronic disease medication program. The Ministry of Public Health (MOPH) provides subsidized NCDs (chronic disease) medications including essential mental health medications to vulnerable populations through the chronic medications program. This program is joint with the YMCA, an NGO in charge of procuring, managing, dispensing and monitoring the program via a network of 420 Primary Health Care (PHC) facilities and dispensaries.	WHO,YMCA
Activity 2.4	Dispense medications to primary health facilities according to MoPH/YMCA SOPs and requisition and supply systems	MoPH, YMCA
Activity 2.5	Ongoing monitoring, particularly through Logistics Management System (LMS) as well as field visits	WHO, MoPH, YMCA

Output 3	Ensure cost coverage of COVID-19 cases that require inpatient care in hospital COVID units			
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 3.1	# patients supported with COVID care costs – both ICU and regular wards (Health sector ERP indicator)	210	NA	NA
Indicator 3.2	AP.5a Number of affected people who state that they were able to access humanitarian assistance in a safe, accessible, accountable and participatory manner	20	NA	NA
Indicator 3.3	AP.5b Percentage of affected people who state that they were able to access humanitarian assistance and services in a safe, accessible, accountable and participatory manner	70	NA	NA
Explanation of output and indicators variance:		WHO has submitted a project modification request to allocate savings from COVID-19 hospitalization towards non-COVID hospitalization in September 2023.		

Activities	**Description**	**Implemented by**

Activity 3.1	Extend contract with existing third-party administrator (Best Assistance) for COVID-19 care coverage	NA
Activity 3.2	Ongoing project monitoring, including patient satisfaction surveys as well as feedback & complaints mechanisms. Site visits are limited to meetings with hospital administration (due to transmission risk).	NA

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[9] often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)[10]:

For Hospitalization: The continuous improvement approach was utilized by WHO, based on ongoing patient feedback through the mechanisms explained in AAP Section b (below). The design of WHO's intervention was based on the experiences of NGOs that had already worked directly with patients in this type of activity.

For medication: The chronic medications program had been operational for more than 15 years. The current project design was aligned with the same program. Therefore, no specific involvement of beneficiaries was undertaken at that stage. Instead, the Ministry of Public Health had been consulted, as all medications procured by WHO were in line with the national essential drug list. The orders and quantities were determined in close coordination with the MOPH, based on rigorous analysis of needs, shortages, and consumption.

b. AAP Feedback and Complaint Mechanisms:

Hospitalization support utilized robust feedback mechanisms, including effective channels for feedback and complaints, such as patient satisfaction surveys and direct engagement through periodic field visits by the WHO. Upon acceptance for coverage, patients are informed about a 24/7 help desk with translation support, ensuring accessibility and maintaining confidentiality. To prevent any negative impact on patient care, concerns raised are handled by a separate department.
Reception and distribution of medications to PHCs and the dispensing of medications from the MoPH warehouse to patients are closely monitored using the LMS. PHCs receive support from health partners and have established feedback and complaints mechanisms, which involve conducting patient satisfaction surveys and exit interviews to gather valuable insights. Feedback is also encouraged through the free MoPH hotline (1214). Additionally, a shortage reporting form in the health information system (PHENICS) at PHCs facilitates the identification of medication shortages.

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

[9] These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas here.

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

During the months of February and March 2023, the WHO Lebanon team organized a series of training sessions on PSEAH for both partners and staff members. These sessions were conducted at peripheral locations in Beirut, North, Bekaa, and South governates, aiming to raise awareness around SEA, provides tools and stipulates clear responsibilities, including mandated reporting.

Furthermore, WHO ensured that the contractual agreement includes a well-defined clause that enforces zero tolerance towards Sexual Exploitation and Abuse (SEA), outlining specific actions the grantee must take to prevent SEA and promptly report any incidents to WHO in accordance with the respective policies.

WHO Lebanon also has a dedicated focal point for Gender and Inclusion who is a member of the dedicated task force in country and who provides review of all project designs as well as supports all elements related to PSEA, including response.

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

This project was in alignment with the WHO gender policy, aiming to provide equal access to girls, boys, women, and men by recognizing and addressing their special needs within different communities. Moreover, it prioritized the consideration of the specific needs of the most vulnerable groups, emphasizing equality in accessing services as its primary contribution.

The project ensured inclusive coverage of in-patient costs for all populations and genders, utilizing pre-defined medical and socio-economic criteria. Additionally, all WHO partners adhered to humanitarian principles throughout the project implementation.

To ensure the comprehensive availability of reproductive health medications, the WHO supplemented its procurement of medications with the UNFPA's procurement of reproductive health commodities under CERF.

e. People with disabilities (PwD):

WHO ensured that SOPs for determining medical and socio-economic eligibility took gender, age, and inclusion into account, along with incorporating feedback mechanisms. Additionally, monitoring approaches, including weekly data collection and satisfaction surveys, captured these critical elements. Through its comprehensive approach, the CERF project addressed the essential needs of PwD, ensured their accessibility and inclusion, and mitigated specific risks while promoting protection and safety, particularly for women and girls with disabilities.

f. Protection:

The protection of all affected persons and those at risk was prioritized and mainstreamed. To ensure their safety and well-being, several measures were integrated into the project implementation.
Access to acute/chronic medications and inpatient admission was inclusive of all populations based on pre-defined social vulnerability and medical eligibility criteria. These criteria were clearly communicated, and a 24/7 help desk was established to provide assistance. Non-eligible vulnerable populations were referred by a third party to relevant available support.

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.	

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.

N/A

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**
N/A				

9. Visibility of CERF-funded Activities

Title	**Weblink**
In response to the shortage of insulin at the national level, WHO conducted an emergency procurement under the WHO – CERF 22 FUND for the three forms of insulin which arrived on May 16, 2023 and was delivered to the Central Drug Warehouse to be distributed through the National Primary Health Care Center's network. This batch is sufficient for 12 months and will benefit more than 6000 diabetic patients.	Facebook: https://www.facebook.com/wholeb/posts/pfbid0XX2vou6BusnG6DEiA9cWDd2ScAYnPencXZ4yfhDjasJdmabJRGX4aNc462yKt51hl?__xts__%5B0%5D=68.ARC79ksb4rrBNQ9amHKeSUpnS2KoaS5yOBGVeFUJHrD-1eyVAtTtQlLCxBHql3UhcGxm0_LgxsKQOjWDvy35o-H_VRbUolt3HmqauXJY7wm4vhUhoJnpHgeWmO7IRN67p9n7Vq92EagXMaSy-2x2aecDH0SojU9eJm676Oz1dtQhbEo2ZrZE0bKhK55VG6ONamLpwi-SzUeR7jOuMKrkgv4mwGvaZaUMclXyq3DnyqxwO379XsxHsrhuWC84l9z2z475gUXXe4RJj83WoLTf_PZ8EqHiGe_eCW2Fx9897jtuS_mNkFc&__tn__=-R
In response to the shortage of insulin at the national level, WHO conducted an emergency procurement under the WHO – CERF 22 FUND for the three forms of insulin which arrived on May 16, 2023, and was delivered to the Central Drug Warehouse to be distributed through the National Primary Health Care Center's network. This batch is sufficient for 12 months and will benefit more than 6000 diabetic patients.	Twitter: https://twitter.com/WHOLebanon/status/1659443375844597760
In response to the shortage of insulin at the national level, WHO conducted an emergency procurement under the WHO – CERF 22 FUND for the three forms of insulin which arrived on May 16, 2023, and was delivered to the Central Drug Warehouse to be distributed through the National Primary Health Care Center's network. This batch is sufficient for 12 months and will benefit more than 6000 diabetic patients.	Instagram: https://www.instagram.com/p/Csahk2VL535/

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Sector	Agency	Implementing Partner Type	Funds Transferred USD
22-UF-CEF-009	Child Protection	UNICEF	NNGO	$218,807
22-UF-CEF-009	Child Protection	UNICEF	INGO	$169,197
22-UF-CEF-009	Child Protection	UNICEF	INGO	$53,830
22-UF-CEF-009	Child Protection	UNICEF	INGO	$364,480
22-UF-IOM-006	Protection	IOM	NNGO	$214,000
22-UF-IOM-006	Protection	IOM	NNGO	$201,300
22-UF-IOM-006	Protection	IOM	NNGO	$136,700
22-UF-IOM-006	Protection	IOM	INGO	$94,000
22-UF-IOM-006	Child Protection	IOM	NNGO	$80,500
22-UF-IOM-006	Gender-Based Violence	IOM	NNGO	$37,000
22-UF-WHO-006	Health	WHO	NNGO	$140,225
22-UF-WHO-006	Health	WHO	NNGO	$1,890,000
22-UF-FPA-005	Sexual and Reproductive Health	UNFPA	NNGO	$90,190
22-UF-FPA-005	Sexual and Reproductive Health	UNFPA	NNGO	$20,092
22-UF-FPA-005	Sexual and Reproductive Health	UNFPA	INGO	$31,221
22-UF-FPA-005	Sexual and Reproductive Health	UNFPA	NNGO	$30,090
22-UF-FPA-005	Gender-Based Violence	UNFPA	NNGO	$125,489
22-UF-FPA-005	Gender-Based Violence	UNFPA	INGO	$162,998
22-UF-FPA-005	Gender-Based Violence	UNFPA	INGO	$71,992
22-UF-FPA-005	Gender-Based Violence	UNFPA	NNGO	$7,344