

**EGYPT
RAPID RESPONSE
DISPLACEMENT
2023**

23-RR-EGY-62170

Federico Soda

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.

[Fill in date]

No ARR was conducted, since this was a special allocation for IOM only.

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:

Not available, due to the special character of the allocation.

CERF's Added Value:

CERF's contributions to the International Organization for Migration (IOM) allowed for the swift provision of consolidated medical, protection, health and other emergency relief services including safe relocation to third-country nationals (TCNs) who were evacuated from the Gaza. In addition, the intervention contributed to supporting the post-evacuation livelihoods of TCNs in their countries of origin through referrals to governmental assistance. Thus, through CERF funding IOM was able to support TCNs throughout the humanitarian-peace-development nexus and in line with the highest standards of care.

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

Yes

Partially

No

Subsequent to the outbreak of the conflict in October 2023, and prior to the opening of the Rafah border crossing point, IOM was on standby to provide assistance and prepare to respond to various scenarios, in coordination with relevant embassies and the Egyptian Red Crescent (ERC). With CERF support, IOM successfully assist 787TCNs through multi-sectoral support including temporarily accommodation, Non-Food Items (NFIs), medical assistance, protection support including child protection case management to unaccompanied children, cash assistance, per-departure orientation , voluntary return to countries of origin and post arrival assistance.) IOM tailored its assistance provision according to individual needs the capacity of the individual's embassy while simultaneously ensuring that beneficiaries obtained the necessary protection and support throughout this critical period. As the Rafah border crossing was not guaranteed to remain open due to the security situation in Rafah, IOM worked with concerned embassies who could access the crossing to collect TCNs and transport them to Cairo, where IOM was on hand to provide support in line with the project's approach.

Did CERF funds help respond to time-critical needs?

Yes

Partially

No

IOM's support was pivotal in addressing the critical needs of TCNs evacuated from the Occupied Palestinian Territories (OPT). IOM was in constant contact with relevant embassies to be able to provide immediate assistance to TCNs once they reached Cairo, initially by providing temporary accommodations and medical checkups. Time was a critical factor within this response, as the Government of Egypt (GoE) informed relevant embassies of nationals being evacuated with 24 hours' notice or less. The embassies involved then would coordinate with IOM to secure accommodation in Cairo. Moreover, for TCNs who traveled back to their countries through IOM's support, IOM was responsible for fast-tracking the entire travel process (registering the TCN, conducting medical checkups, coordinating with IOM Country offices (Cos) in countries of origin who were to receive the TCNs at the airport, securing airplane tickets, providing pre-departure orientation in Cairo, providing transportation from the TCNs' temporary accommodation to Cairo International Airport, , and providing support as needed during the embarkation process at the Airport). IOM was responsible for expediting the entire process in consideration of the transit period of 72 hours imposed by the GoE, after which the TCNs had to leave the country.

Did CERF improve coordination amongst the humanitarian community?

Yes

Partially

No

The project enhanced coordination among the counterparts involved, including UNICEF, Save the Children, and the ERC. During the initial phases of the response, IOM provided regular updates on its activities and hosted regular meetings with other relevant actors. IOM also actively engaged in the Cairo Inter-agency Coordination for Gaza Response, logistics coordination cell, and ERC's

health coordination meeting. Furthermore, IOM maintained networks within the Palestine Logistics and Procurement Working Group on Gaza Response. Within these groups, IOM's migration health team collaborated closely with ERC and UN partners to ensure a rapid and holistic response to the needs of TCNs and support national healthcare facilities and first responders in meeting the needs of evacuees.

Did CERF funds help improve resource mobilization from other sources?

Yes

Partially

No

To date, IOM has not received any additional funds from other sources as an outcome of CERF funds. IOM is using exceptional pre-existing AVRR (Assisted Voluntary Return and Reintegration) sources to support TCNs and their direct Palestinian family members for specified countries.

Considerations of the ERC's Underfunded Priority Areas¹:

Not applicable to this rapid response allocation.

Table 1: Allocation Overview (US\$)

Total amount required for the humanitarian response	69,130,000
CERF	799,998
Country-Based Pooled Fund (if applicable)	N/A
Other (bilateral/multilateral)	4,856,373.30
Total funding received for the humanitarian response (by source above)	5,656,371.30

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

Agency	Project Code	Sector/Cluster	Amount
IOM	23-RR-IOM-044	Protection	719,998
IOM	23-RR-IOM-044	Health	80,000
Total			799,998

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

Total funds implemented directly by UN agencies including procurement of relief goods	N/A
Funds sub-granted to government partners*	N/A
Funds sub-granted to international NGO partners*	N/A
Funds sub-granted to national NGO partners*	N/A
Funds sub-granted to Red Cross/Red Crescent partners*	N/A
Total funds transferred to implementing partners (IP)*	N/A
Total	0

* 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:

In response to the recent crisis in the Gaza strip and in close coordination with the GoE, the Egypt Red Crescent Society (ERCS), and relevant embassies, IOM aimed to ensure a safe and dignified evacuation of TCNs and their dependents from the Occupied Palestinian Territories, supporting them throughout their transit in Egypt and providing them with transportation, protection, and health services in line with humanitarian principles. As of 30 May, UNRWA estimated that 75 per cent of Gaza's population (1.75 million out of 2.3 million people, more than half of whom are children), are displaced and remain in an extremely vulnerable situation. Most are living in makeshift structures, tents, or out in the open. Access to basic services remains severely limited — the lack of food, water, fuel, basic items, compounded by poor hygiene practices, further exacerbated the dismal living conditions affected people found themselves in, amplifying protection and mental health risks, as well as risks associated with the spread of diseases.

Operational Use of the CERF Allocation and Results:

Through CERF funding, IOM supported 787 TCNs and their family members with medical, protection, and cash assistance, as well as temporary accommodation, pre-departure and post-arrival orientation, NFIs, and voluntary return to countries of origin. The assistance provided was tailored to individual urgent needs and the available capacity of the relevant embassies while also ensuring that beneficiaries obtained the necessary protection and support throughout. The prompt mobilization of efforts, capacity and resources as well as effective coordination with relevant between the partners and embassies facilitated the safe movement of all evacuees to their countries of destination.

IOM provided Child Protection case management assistance to 23 unaccompanied and separated children (UASC), conducting Best Interest Determination Procedures (BIP) and supporting them with tailored assistance to cover basic and urgent needs such as food, toys, clothes, and diapers. IOM experts in Child Protection ensured gender-sensitive screening, protection, and needs assessments to better inform concerned embassies of potential risks involved, as well as each individual's medical and psychological requirements.

Since the start of war in Gaza on October 7, 2023, more than 10,000 TCNs, 4,000 injured individuals, and 9,000 companions have been transferred by the Egyptian Ambulance Organization to healthcare facilities in North Sinai and other Governorates in Egypt. Thus, in order to significantly improve the overall support to vulnerable individuals, address the urgent medical needs of evacuees and prevent and control infection in ambulances and healthcare facilities receiving medical evacuees, thereby ensuring better health outcomes for patients, IOM provided 750 wound dressings, 12,500 disposable covers for patients, and 9,625 adult oxygen masks to the Egyptian Ambulance Organization. These supplies will be utilized in ambulances and in existing health institutions in North Sinai to consistently assist the Egyptian Ambulance Organization in delivering urgent medical care to the injured and ill who were transferred from Gaza to Egypt for treatment including TCNs.

People Directly Reached:

Under this project, IOM supported a total of 787 TCNs with various types of assistance tailored to the needs of each case, noting that the same applicant may benefit from more than one type of assistance. In total, 702 persons received medical assessments, 72 were supported with transportation from their accommodation in Cairo to the airport, 54 with flights to their country of origin, 25 with cash assistance, and 182 with accommodation. IOM was not able to reach the original beneficiary target of 1,200 individuals due to intermittent border closures and delays on part of the Egyptian authorities in granting clearance to access the Rafah border crossing to provide assistance to the TCNs after they crossed the border into Egypt and in order to transfer them from the border to Cairo. Moreover, IOM was not granted clearance to support Palestinian nationals who were not related to the TCNs.

People Indirectly Reached:

CERF funds indirectly benefitted the host community in Sinai as, in the long term, the host community will be benefiting from the medical equipment IOM supplied to the Egyptian Ambulance Organization (EAO), hence improving the organization's ability to meet the medical needs of persons seeking care. Moreover, the family members of TCNs in the countries of origin also indirectly benefited from the project as their family members were safely returned home. The number of indirect beneficiaries is expected to be 12,500 individuals.

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

Sector/Cluster	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Health	200	200	400	400	1200	227	171	153	151	702
Protection	200	200	400	400	1,200	88	89	59	50	286

The same beneficiary may have received one or more services depending on needs.

* 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	0	0
Returnees	0	0
Internally displaced people	0	0
Host communities	0	0
Other affected people	1,200	787
Total	1,200	787

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

Sex & Age	Total Number of People Directly Assisted with CERF Funding*		Number of people with disabilities (PwD) out of the total	
	Planned	Reached	Planned	Reached
Women	200	257	30	0
Men	200	194	30	0
Girls	400	172	60	0
Boys	400	1649	60	0
Total	1,200	787	180	0

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 23-RR-IOM-044

1. Project Information			
Agency:	IOM	Country:	Egypt
Sector/cluster:	Protection Health	CERF project code:	23-RR-IOM-044
Project title:	Provision of lifesaving humanitarian assistance to third-country nationals, their family members, and evacuees from Israel and the Occupied Palestinian Territory		
Start date:	22/10/2023	End date:	21/04/2024
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 69,130,000
	GUIDANCE: Figure prepopulated from application document.		
	Total funding received for agency's sector response to current emergency:		US\$ 5,656,371.30
	GUIDANCE: Indicate the total amount received to date against the total indicated above. Should be identical to what is recorded on the Financial Tracking Service (FTS). This should include funding from all donors, including CERF.		
	Amount received from CERF:		US\$ 799,998
	Total CERF funds sub-granted to implementing partners:		US\$ N/A
	GUIDANCE: Please make sure that the figures reported here are consistent with the ones reported in the annex.		
	Government Partners		US\$ N/A
	International NGOs		US\$ N/A
	National NGOs		US\$ N/A
	Red Cross/Crescent Organisation		US\$ N/A

2. Project Results Summary/Overall Performance

GUIDANCE (delete when completed): This paragraph of **max. 350 words** should provide a brief qualitative summary of the project's overall performance and its main achievements. It is recommended to start with a paragraph summarising the main outputs achieved supported by key figures, followed by a paragraph stating the outcome achieved by the project. The following information should be provided:

- Numbers of people reached with specific goods and/or services;
- The total number of people reached by the project (from section 4);
- Project location and implementation period;
- The outcome achieved.

Please refer to the example below:

"Through this CERF UFE grant, UNICEF and its partners provided nutritional screening of 2,143 children under five; referred 256 malnourished children for treatment; trained 7 staff in management of severe malnutrition; provided nutritional supplies and equipment

benefiting estimated 300 children; provided education on nutrition to 634 pregnant and lactating women; and sensitized 75 community support facilitators on infant feeding practices.

The project assisted a total of 26,344 people and allowed for maintaining the malnutrition indicators within the SPHERE standards in Kakuma refugee camp in Turkana County, Kenya between March and December 2016. This was achieved during the period of increased influx of South Sudanese refugees, which exceeded the 2016 planning figures.”

Through this CERF grant, IOM provided emergency assistance to 787 Third-Country Nationals (TCNs) between 22 October and 21 April 2024.

- IOM doctors conducted medical screenings for 702 TCNs. IOM identified 66 people with significant medical conditions and procured and provided medications for them. Moreover, four TCNs were provided with additional external consultations and follow-up.
- IOM provided accommodation at transit hotels at very short notice for 182 TCNs. IOM staff received and registered the TCNs as well as providing orientation, also maintaining 24-hour presence at the hotels to address any urgent needs.
- IOM provided 23 unaccompanied and separated children (UASC) from Belgium, Portugal, Bosnia & Herzegovina, and the Netherlands with child protection case management along with best interest assessments. IOM also covered basic needs and provided food, toys, clothes, and diapers to the children.
- IOM escorted 72 TCNs from the transit hotels to Cairo International Airport for flights organised by IOM or by the concerned embassies.
- IOM provided 54 TCNs with voluntary humanitarian return to their country of origin. IOM was in direct contact with the TCNs' embassies, which provided consular support and / or additional documentation to facilitate travel as needed. IOM also conducted protection screenings for 54 people as part of the due diligence process to ensure safety of return. All return arrangements were completed in very short timeframes as the GoE requested transits of TCNs through Egypt be limited to 72 hours.
- IOM also provided cash assistance to 25 individuals, as well as medical escorts to their final destination for three people experiencing medical conditions, in coordination with IOM offices in the countries of destination.
- Finally, IOM provided an escort from Egypt to their final destination for two unaccompanied children and ensured they were reunited with their legal guardian. IOM has also provided three medical escorts for medical cases to ensure the stabilization of their medical condition throughout their travel.

3. Changes and Amendments

GUIDANCE (delete when completed): This paragraph of **max. 250 words** should explain/justify any changes, deviations or amendments in the project from the original proposal or project plan (including over- and/or under-achievements, delays, etc.), and describe the circumstances or factors that prompted them.

- This might include a brief mention of how the humanitarian context has changed, changes in the needs of the people assisted, or other challenges or constraints encountered that required adapting the implementation plan, activities, indicators, or outcomes.
- Indicate specifically where a modification from the original plan (re-programming or no-cost extension) was requested and approved by CERF.
- If modifications of the original plan were not communicated and approved by CERF, a justification for not having consulted the CERF secretariat should also be provided.
- Please also indicate if delays/changes in implementation resulted in any unspent balance and if the unspent funds have already been returned to CERF or when the recipient agency plans to return them.

IOM successfully supported all those who were referred for assistance from their embassies, as well as their family members, throughout their arrival, transit, and departure from Egypt and to countries of final destination. However, IOM was unable to reach the target number of beneficiaries due to the intermittent closure of the Rafah Border Crossing Point, which affected the movement of TCNs. Additionally, processing and clearance delays on both sides of the border impeded the border crossing of the expected number of people, which impacted IOM's target of assistance under this grant. In addition, the Egyptian authorities did not provide clearance for IOM to provide post-arrival support to Palestinians in Egypt. Consequently, the project encountered an underspend in the budget, which was communicated to the donor. While IOM requested a no-cost extension, it was not granted. The above constraints resulted in fewer than the expected number of evacuees and consequently an underspend in the budget. All unspent funds will be returned to the donor in August 2024.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	[Fill in]	[Fill in]	[Fill in]	[Fill in]	[Fill in]
Returnees	0	0	0	0	0	[Fill in]	[Fill in]	[Fill in]	[Fill in]	[Fill in]
Internally displaced people	0	0	0	0	0	[Fill in]	[Fill in]	[Fill in]	[Fill in]	[Fill in]
Host communities	0	0	0	0	0	[Fill in]	[Fill in]	[Fill in]	[Fill in]	[Fill in]
Other affected people	200	200	400	400	1,200	257	194	172	164	787
Total	200	200	400	400	1,200	257	194	172	164	787
People with disabilities (PwD) out of the total										
	30	30	60	60	180	0	0	0	0	0

Sector/cluster	Protection									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0

* 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.

Other Affected People	200	200	400	400	1200	88	89	59	50	286
Total	200	200	400	400	1200	88	89	59	50	286
Personal with disabilities (PWD) out of the total										
	30	30	60	60	180	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

GUIDANCE (delete when completed): Please quantify and briefly describe the people who will benefit indirectly from project activities, for example from awareness/information campaigns, expansion of service delivery capacity, etc. If the project has multiple sectors, differentiate between people indirectly targeted in each sector.

The host community in Sinai will indirectly benefit from the project, as it will benefit from the medical supplies allocated to the Egyptian Ambulance Organization (EAO), which will improve the organization's ability to meet the medical needs of persons seeking care.

6. CERF Results Framework

GUIDANCE (delete when completed):

- The "Achieved" column should contain data only and use the same unit of measurement used for the "Target" value.
- Provide brief explanations for any variance (timeliness, under- or over-achievement) between "Target" and "Achieved" in the relevant field ("Explanation of output and indicators variance"). Specifically note where key targets were not met or were met but not within intended timeframe. More detailed explanation for deviations between planned and achieved outputs should be included in section 3 "Changes and Amendments".
- Please indicate the source of verification for each indicator in the column "Source of verification".
- The "Implemented by" column should indicate who (recipient agency, government partner, NGO etc.) actually implemented the activity (as opposed to who was planned to implement). Any change between planned and actual IPs should be explained in 3 "Changes and Amendments".

Project objective To improve the protection, safety and security of evacuated third country nationals, family members, and evacuees with lifesaving humanitarian assistance

Output 1 TCNs are supported with critically needed movement assistance away from conflict areas and volatile borders

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 1.1	Number of people supported with movement assistance	1000	72	IOM data (72 persons were supported with movement assistance from the transit hotel to the airport. IOM was unable to reach 1000 people as the Egyptian authorities did not grant IOM access to the Rafah border and therefore IOM could not assist TCNs with movements from the border to the transit hub).
Indicator 1.2	Number of people assisted with voluntary humanitarian returns to their country of origin, among people supported with movement assistance (indicator 1.1)	225	54	IOM data (54 TCNs were assisted with voluntary returns to their countries of origin. The rest of the TCNs identified under this project were assisted to return to their homes by

			their governments. IOM provided all necessary pre departure assistance such as protection case management, internal land movement, accommodation and medical assistance for the returnees.)
Explanation of output and indicators variance:		Because the Egyptian authorities did not give IOM clearance to access the border crossing points, IOM could not support TCNs with movement assistance from the border to the transit hub. As a result, there is a significant variance between Indicator 1.1's initial targets versus what was achieved through the project. Similarly, IOM underachieved against the target in Indicator 1.2 because many TCNs were flown to their country of origin by their respective governments.	
Activities	Description	Implemented by	
Activity 1.1	TCNs, family members and evacuees are provided movement assistance from border zones to transit hubs. Provide ground transportation when required with food and water per person with operational escorts and medical escorts as needed as well as dedicated protection focal points. Receive individuals with integrated response teams of movement, protection and health to conduct rapid verification of needs. Provide individuals who do not require urgent medical care with meals and prepare for embarkation	- IOM	
Activity 1.2	Support TCNs and dependents with pre-departure activities at transit hotels. Register TCNs and dependents on arrival to hotel and orientation of process. Facilitate consular support provided for individuals requiring replacement or additional documentation. Distribute material assistance (NFI and hygiene support) to supported individuals who were unable to bring personal items. Arrange the booking of flights or arrangement of charters for large groups to ensure travel within 72 hours of border crossing on completion of protection screening. Conduct pre departure orientation the evening before travel	- IOM	
Activity 1.3	Support with movement assistance back to home countries. Arrange land transportation from transit hotel to Cairo airport with operational escort support. Airport staff will then facilitate the transfer of TCN and dependents through airport until embarkation of flight. Support movement to return country if required with operational and/or medical escorts. Support individuals with indirect flights with transit assistance	- IOM	

Activity 1.4	Provide post arrival assistance to vulnerable caseloads on return to countries of origin in the form of material assistance, accommodation and onward travel assistance	- In total, 57 TCNs received post arrival assistance. While all 57 received food assistance, 31 also received other items as well such as blankets, bedding and hygiene kits.
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Output 2 TCNs, family members and evacuees with specific needs - such as protection or mental health - have access to appropriate lifesaving assistance

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	PP.1b Number of people accessing protection referral mechanisms and/or pathways (evacuees)	1,200	286	IOM data
Indicator 2.2	Cash.2a Number of people receiving sector-specific unconditional cash transfers	1,200	25	IOM data
Indicator 2.3	Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD	40,000	2,100	IOM data

Explanation of output and indicators variance: The majority of TCNs evacuated from Gaza were evacuated at the beginning of the crisis. After that, volume of TCNs leaving Gaza drastically decreased. IOM assisted almost all those who were referred to IOM, except for those who were eligible to receive support from their embassies or from other entities such as ECHO. The number of people who received cash assistance is very low compared to the target. This is because IOM was not allowed to provide cash assistance to Palestinian nationals. IOM or TCNs' embassies instead supported TCNs and their Palestinian family members through the provision of hotel accommodation and by responding to their basic needs until their travel within 72 hours of arrival. Thus, the cash assistance was not spent as planned.

Activities	Description	Implemented by
Activity 2.1	Best Interests of the Child Procedure (BIP) SOPs are set up in coordination with relevant partners	IOM has established the SOPs for an emergency Best Interests Determination (BID) Panel with UNICEF and Save the Children titled "Standard Operating Procedures for the implementation of the Rapid Best Interests Determination (BID) procedures in the frame of the Third Country Nationals (TCN) evacuations from Occupied Palestinian Territories related to the exacerbated hostilities since October the 7th 2023".
Activity 2.2	Conduct protection screenings post registration of all evacuees for rapid referrals to required assistance	IOM

Activity 2.3	Identify and process unaccompanied and separated children (UASC) in a timely manner and as per relevant best interest procedure (BIP) to determine their individual best interests and provide required protection, care and assistance during the transit	IOM
Activity 2.4	Provide unconditional cash for protection to assessed TCNs, family members, and evacuees based on their specific needs following initial screening and vulnerability assessment.	IOM

Output 3 Respond to emergency health needs of TCNs, family members and evacuees through the provision of health care and referrals to secondary and tertiary health care.

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	H.9 Number of people provided with mental health and/or psycho-social support services	100	702	IOM (702 people received Psychosocial First Aid (PFA) services)
Indicator 3.2	Number of people referred to health services and accessing to improved health care services	1,200	66	IOM

Explanation of output and indicators variance:

702 **people** underwent medical screening through IOM doctors. All of them received PFA support during their medical screening, as PFA is a mandatory component of the medical screening.

- Some of the screened cases were identified as requiring MHPSS. IOM doctors offered to provide those services, however those identified refused MHPSS services as they were prioritizing return.

IOM identified 66 people as experiencing medical conditions which could be resolved through medication. IOM procured the medication and provided it directly to them. Four TCNs had complicated medical disorders and were referred to specialists to advise on requirements for travel and fitness to travel.

Activities	Description	/Implemented by
Activity 3.1	Conduct pre-departure medical screening checks to identify health needs among target groups.	IOM
Activity 3.2	Provide emergency healthcare and mental health support to individuals in need.	IOM
Activity 3.3	Facilitate referral of patients to secondary and tertiary (when applicable) health facilities, especially those close to areas of arrivals. Provide additional follow up for family separation and reunification cases.	IOM

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and

Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas² often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)³:

GUIDANCE (delete when completed): In **max. 150 words**, please describe how crisis-affected people (including vulnerable and marginalized groups) were involved in the design, implementation and monitoring of the project. Please highlight the modality used to involve all groups in all project phases and how feedback might have led to the agencies adapting the project design as required.

IOM prioritized AAP through actions including the provision of SOPs for an emergency Best Interests Determination Procedures (BIP) Panel with UNICEF and Save the Children titled "Standard Operating Procedures for the implementation of the Rapid Best Interests Determination (BID) procedures in the frame of the Third Country Nationals (TCN) evacuations from Occupied Palestinian Territories" related to the exacerbated hostilities since 7 October 2023 to be able to respond to urgent needs of TCNs. The panel was established in November with emergency Standard Operating Procedures developed and put in place. Due to the nature of the cases of UASC, there was no need to activate the panel during the implementation of the project as no best interest determinations were required, only best interest assessments. However, the panel was, and still is, on standby for any potential emergency BID cases getting evacuated from OPT.

b. AAP Feedback and Complaint Mechanisms:

GUIDANCE (delete when completed): In **max. 150 words**, please describe the feedback or complaint mechanism⁴ implemented and accessible to targeted groups during the project implementation period, including aspects of confidentiality, accessibility and follow-up.

IOM's Case Management unit has a complaint mechanism in place for cases who are interviewed at the office premises. However, since most of the TCN interviews were conducted at the transit hotel, IOM staff ensured presence at the hotel throughout the duration of the stays to ensure they were accessible to TCNs in case of for any need, feedback and complaints.

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

GUIDANCE (delete when completed): In **max. 150 words**, please describe the mechanism used to record and handle Sexual Exploitation and Abuse (SEA)-related complaints, including aspects of confidentiality, accessibility and follow-up?

IOM ensured Protection from Sexual Exploitation and Abuse (PSEA) throughout the intervention, utilizing staff members trained on PSEA and able to act swiftly in response to SEA cases.

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

GUIDANCE (delete when completed): In **max. 150 words**, please explain how the project is intended to contribute to gender equality and promoting the empowerment and protection of women and girls, as well sexual and gender minorities?

IOM addressed the rights and needs of women, girls, and sexual and gender minorities through its commitment to enforce critical measures to support gender-based violence (GBV) cases and strengthen the resilience of affected communities. The implementation of the project complied with the GBV Incident Command System (GBViC) Framework and the Inter-Agency Standing Committee's (IASC) GBV

² These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HTCs 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](#).

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

⁴ A closed loop feedback/complaint mechanism allows for the confidential collection of feedback/complaints from all community members and ensures confidentially reverting to the individual complainants, indicating the results of how the complaint was addressed by the implementer. It should be permanently accessible to all community members and offer a secure line of communication between them and the implementer. Examples of mechanisms could be (and are not limited to): complaints boxes, hotline numbers, complaints desks (if they can ensure confidentiality), Staff on field missions or community consultations for example do not constitute viable feedback/complaint mechanisms, as they are not permanently available to communities and cannot guarantee confidentiality.

guidelines. Additionally, IOM ensured that all activities were implemented in compliance with the Do No Harm, safety, and non-discrimination principles.

e. People with disabilities (PwD):

GUIDANCE (delete when completed): In **max. 150 words**, please describe how the project met the essential needs and ensured PwD accessibility and inclusion. Further, explain how the project addressed the specific risks and promotes protection and safety for PwD, in particular women and girls with disabilities?

IOM did not receive any requests for assistance from Persons with Disabilities (PwD), though the project team was prepared in advance to respond requests from PwD, if received. IOM has the needed case management tools, guidance and experience in dealing with people affected by disabilities, as well as a psychiatrist on staff who can provide support to those affected by mental disabilities and stabilize and escort cases during travel. IOM is also equipped to provide support for those suffering from physical disabilities through the provision of wheelchairs and other aids, as needed.

f. Protection:

GUIDANCE (delete when completed): In **max. 150 words**, please explain how protection of all affected persons and at-risk was mainstreamed in the project implementation and highlight all integrated protection outcomes obtained under this project?

IOM's team has integrated protection considerations throughout the project:

Prioritization of safety and do no harm:

- IOM staff were present at all times at the transit hotel of accommodation and during the provision of case management to UASC to ensure the safeguarding of the children before their onward travel to be reunified with their families or legal guardians. In a few cases, IOM also provided an escort for the UASC during their flight to the final destination.
- Medical staff escorted complicated medical cases to avoid any medical deterioration during the flight to their country of origin.
- IOM ensured the participation of the TCNs during their registration and screening to verify the voluntariness of return
- IOM staff were present in the transit hotels to ensure their accessibility to the TCNs and to respond to their basic needs.

g. Education:

GUIDANCE (delete when completed): If relevant for this project, please explain in **max. 150 words** how aspects of education have been considered in the project design?

N/A

8. Cash and Voucher Assistance (CVA)

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

If more than one modality was used in the project, please complete separate rows for each activity. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs).

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	25

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.

Cash assistance was provided to TCNs prior to their travel to cover their basic needs before and during the travel

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
[Fill in]	25	US\$ 100 or US\$200 based on vulnerability	Protection	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

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

Title	Weblink
Commencing of TCNs Operations	Instagram / Facebook / X
Story of Dual National Girl	Instagram / Facebook / X
Story of 9-year-old Boy	Instagram / Facebook / X

IOM Egypt's media and communications team was on the ground to document the process upon consent from beneficiaries. IOM has managed to document 11 human interest stories as well as the operation on the ground. Below are the mentioned media communication activities conducted.

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

No subgrant to IP