

**ISLAMIC REPUBLIC OF IRAN
RAPID RESPONSE
EARTHQUAKE
2023**

23-RR-IRN-57612

Stefan Priesner

Resident/Humanitarian Coordinator

PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:

After-Action Review date and participants

26/09/2023

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

Yes No

Please confirm that the final version of this report was shared for review with in-country stakeholders (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

Yes No

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

The Khoy earthquake was the first natural disaster since 2004 when the UN received a request from Iran's national authorities to support relief activities. Through a multi-agency assessment mission, the UN team in Iran identified the most immediate needs of those affected by the disaster. The timely allocation of the CERF funding allowed us to address the most urgent, life-saving needs of the people affected by the Khoy Earthquake in 2023. Multi-purpose cash assistance enabled families to immediately meet their basic needs, while the focus on health ensured urgent medical assistance to the most vulnerable. The funding ensured that protection needs, including gender-based violence and child protection were addressed, ensuring the safety and well-being of women, children, and the most vulnerable groups.

The allocation also provided critical support for Water, Sanitation and Hygiene (WASH) initiatives, safeguarding public health by preventing waterborne diseases. Shelter and Non-Food Items (NFI) support provided temporary housing and essential items to families that lost everything, ensuring they had a secure place to stay. The investment in education ensured the continuity of learning for children, providing them with a sense of normality in a time of crisis.

The impact of this collective performance has been significant, saving lives and helping communities start the recovery process. The added value of the CERF allocation cannot be understated - it has been a beacon of hope for the people of Khoy, demonstrating the power of collective action in the face of adversity.

CERF's Added Value:

The CERF funding has added immense strategic value to this humanitarian response, enabling UN to achieve combined outcomes that have significantly strengthened their efforts. The impact of activities enabled through this allocation was significant across various sectors, including Health, WASH, Education in Emergencies, protection, GBV, child protection, MPCA, MHPSS, Shelter, and NFI.

In the Health sector, WHO provided life-saving medical equipment and supplies to the Khoy College of Medical Sciences, benefiting 3,440 people, and indirectly impacting around 150,000 people. This support helped restore capacities of health facilities affected by the earthquake and enhanced the response capacities of the health system.

In the WASH sector, UNICEF distributed hygiene kits to 8,618 individuals, ensuring access to essential hygiene items, including special kits for people with disabilities. They also installed two mobile clinics that provided primary healthcare services to 29,834 individuals in earthquake-affected areas.

In Education in Emergencies, UNICEF delivered prefabricated classrooms to four schools, accommodating 70 displaced students. They also distributed stationery kits to 755 students, ensuring access to education and addressing the challenges arising from displacement.

In terms of protection and child protection, UNICEF supported the deployment of mobile child-friendly spaces and provided MHPSS services to 24,000 children, enhancing their emotional well-being and recovery. UNFPA provided information on mental health and psychosocial support services, ensuring the protection of women and girls.

In the MPCA sector, IOM provided Multi-Purpose Cash Assistance to 4,994 earthquake-affected individuals, focusing on vulnerable groups, including women, children, the elderly, people with disabilities, and potentially migrants and refugees.

In Shelter and NFI, UNHCR dispatched core relief items to 3,000 families, benefiting 15,000 individuals. The distribution of family tents, plastic tarpaulins, blankets, sleeping mats, and hygiene kits supported the recovery of affected communities.

Overall, these activities had a significant impact on meeting the immediate needs of affected populations, providing essential services, and contributing to the overall humanitarian response in the earthquake-affected areas.

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

Yes

Partially

No

CERF funds partially led to a fast delivery of assistance to people in need as it took around 40 days to be operational. While the funds enabled to some extent quick response in areas such as multi-purpose cash aid and procurement of medical supplies, some logistical and operational challenges resulted in slight delays in the delivery of assistance in other sectors.

Did CERF funds help respond to time-critical needs?

Yes

Partially

No

CERF funds indeed helped respond to time-critical needs. The partially rapid disbursement of funds allowed for the procurement and distribution of vital medical supplies, the implementation of GBV and Child Protection programs, and the provision of cash aid, all of which were critical in the immediate aftermath of the disaster.

Did CERF improve coordination amongst the humanitarian community?

Yes

Partially

No

The CERF funds improved coordination amongst the humanitarian community both within UN family and sister agencies and with the government counterparts. The funds provided a shared platform for various humanitarian actors to collaboratively plan and implement their response strategies, leading to a more coordinated and effective humanitarian response. The coordination indeed resulted in the field presence and direct access to the affected population.

Did CERF funds help improve resource mobilization from other sources?

Yes

Partially

No

Finally, CERF funds did help improve resource mobilization from other sources. The initial allocation of CERF funds provided a strong signal of the international community's commitment to the affected people, encouraging other donors to step up their support. This led to an increased mobilization of resources and a more robust response to the crisis.

Considerations of the ERC's Underfunded Priority Areas¹

The funded projects have played a crucial role in addressing the ERC's underfunded priority areas, ensuring support for women and girls, programs targeting people with disabilities, and other aspects of protection; Education in Emergency was covered under this allocation (the emergency was not assessed as a protracted crisis). The organizations' efforts were able to meet the immediate needs of affected populations and contribute to the overall humanitarian response, while placing an emphasis on the needs of the most vulnerable, especially women, children, people with disabilities and the elderly.

UNFPA's project has extended life-saving maternal and mental health services to women affected by the earthquake through unconditional Cash Voucher Assistance. In addition, UNFPA distributed basic dignity kits to vulnerable women and girls in the drought-affected provinces.

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](#).

UNICEF supported the deployment of mobile child-friendly spaces and provided MHPSS services to 24,000 children and delivered six prefabricated classrooms to four earthquake-affected schools to ensure a safe and expanded learning environment.

In addition to the above projects that directly targeted the ERC's underfunded priorities, all the funded projects under this allocation have taken into considered the essential needs of persons with disabilities while prioritising accessibility and inclusion. Women and girls with disabilities received special attention to ensure their protection and safety. Measures were taken across all projects to mitigate protection risks and promote meaningful access, safety, and dignity at all stages of the program cycle.

Table 1: Allocation Overview (US\$)

Total amount required for the humanitarian response	7,100,000
CERF	1,000,020
Country-Based Pooled Fund (if applicable)	0
Other (bilateral/multilateral)	1,996,500
Total funding received for the humanitarian response (by source above)	2,996,520

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

Agency	Project Code	Sector/Cluster	Amount
IOM	23-RR-IOM-005	Multi-Purpose Cash	200,000
UNFPA	23-RR-FPA-005	Health	138,571
UNFPA	23-RR-FPA-005	Protection - Gender-Based Violence	24,454
UNHCR	23-RR-HCR-006	Water, Sanitation and Hygiene	191,508
UNHCR	23-RR-HCR-006	Shelter and Non-Food Items	67,287
UNICEF	23-RR-CEF-007	Education	108,498
UNICEF	23-RR-CEF-007	Water, Sanitation and Hygiene	80,678
UNICEF	23-RR-CEF-007	Health	61,204
UNICEF	23-RR-CEF-007	Protection - Child Protection	27,820
WHO	23-RR-WHO-007	Health	100,000
Total			1,000,020

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

Total funds implemented directly by UN agencies including procurement of relief goods	838,671.14
Funds sub-granted to government partners*	0

Funds sub-granted to international NGO partners*	0
Funds sub-granted to national NGO partners*	142,996
Funds sub-granted to Red Cross/Red Crescent partners*	18,352.86
Total funds transferred to implementing partners (IP)*	161,349
Total	1,000,020

* 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:

The Khoy area of Iran was hit by a 5.9 magnitude earthquake on 28 January 2023. The earthquake left 3 dead and 1,445 injured. Around 130,000 people are staying in emergency camps. The continued seismic events have created distress in the population, stretching the community and government resources beyond limits. As per the Government's request, a UN inter-agency mission was dispatched to the area on 6 February for a rapid assessment. Due to competing crises and limited funding opportunities, UN agencies had limited resources to complement the national response. Thus, a CERF allocation served to: 1) quickly respond to the most urgent needs validated by the UN joint mission, 2) promote community based and women centered interventions; 3) promote rights-based and inclusive policies; 4) help better position the UN to fulfil its mandate in supporting the affected communities; 5) be a catalyst for additional funding support, 6) incentivize a joint UN response by pooling expertise and capacity from agencies for multi-sectoral approaches, 7) enhance the UN Inter-agency Coordination of Response and Recovery efforts.

Through an all-of-UN Joint Assessment mission planned by the RC, 12 agencies/funds/ programs visited Khoy on 6 February 2023. They met local officials, visited the epicentre of the earthquake in Firuraq village of Khoy, and a relief camp established for the quake victims and compiled a list of relief needs of the population on the basis of which the CERF funding was deployed.

Operational Use of the CERF Allocation and Results:

The CERF allocation in the Khoy area responded to urgent support needed across various sectors, including Health, Water, Sanitation and Hygiene, Shelter, Protection (including Child Protection and Gender-Based Violence), and Education. The allocation also included a cash component. The summary of the operational use of the CERF funds by different organizations is presented below.

Through the CERF Rapid Response (RR) grant, IOM supported 4,994 earthquake-affected individuals in Khoy County with Multi-Purpose Cash Assistance (MPCA). The project required coordination with government bodies and involved negotiating access to the field. The project focused on vulnerable groups, including women, children, the elderly, and people with disabilities.

With the CERF grant, UNFPA provided life-saving maternal and mental health services to 1,300 women affected by the earthquake. Cash Voucher Assistance was provided to cover transportation costs. UNFPA also distributed dignity kits to vulnerable women and girls in the drought affected Sistan and Baluchistan province.

UNHCR dispatched core relief items, including tents, blankets, tarpaulins, and hygiene kits, to support the affected people. The assistance benefited 15,000 individuals and was coordinated through the Ministry of Interior and implemented in collaboration with a national NGO partner.

UNICEF effectively deployed CERF funds to deliver critical goods and services to earthquake-affected communities. They distributed hygiene kits, established mobile clinics, delivered prefabricated classrooms, and provided support for child-friendly spaces and mental health services. Their engagements improved access to health, education, and WASH services.

WHO provided life-saving medical equipment and supplies to the Khoy College of Medical Sciences, including a Trauma and Emergency Surgery Kit, mechanical ventilators, and Automated External Defibrillators. The project aimed to restore health facility capacities and strengthen health system resilience.

Overall, the CERF funds were used to reach 69,103 people in need across different sectors. The organizations involved focused on supporting vulnerable groups, coordinating with government bodies, and addressing the specific needs of the affected population.

People Directly Reached:

69,103 people (including 25,474 women, 21,933 men, 10,864 girls and 10,832 boys) directly received assistance through this fund.

A careful approach was taken in estimating people reached. Each sector identified specific target groups, such as women, men, girls, and boys, and the assistance provided to them was recorded separately. This ensured that individuals were not double counted across different sectors.

In cases where deviations of more than 10 percent occurred compared to the planned figures in the CERF application, these deviations were carefully examined. If the deviations were significant, they were documented and analysed to identify the reasons behind the differences. Factors such as changes in the context, challenges in implementation, or unforeseen circumstances could contribute to these deviations. These deviations will inform future planning and decision-making processes.

Overall, the approach used aimed to ensure accurate and comprehensive reporting of the assistance provided to different target groups while avoiding duplication. Any deviations from the planned figures were carefully considered to improve the effectiveness and efficiency of the CERF-funded activities. While the primary target was 49,500 individuals, the implementing agencies managed to reach 69,103 affected people.

People Indirectly Reached:

Through CERF funding in Khoy, several organizations indirectly targeted various groups of people. For IOM, while the project focused on direct cash support to affected people, the injection of funds into the local economy had a positive ripple effect, benefiting the broader population of the targeted villages and contributing to economic activity.

UNFPA's awareness and information campaigns on maternal and mental health had a positive impact on communities at large, including family members. Collaboration with NGOs also benefited the wider community through improved access to various health services facilitated by strengthened partnerships.

UNICEF's support in establishing mobile healthcare facilities indirectly reached 29,834 individuals who received healthcare services. Additionally, 24,000 children in need benefited from improved access to child-centered and gender-responsive mental health and psychosocial support services through UNICEF's contribution to the mobile Child Friendly Spaces operation.

Lastly, WHO's donation of long-lasting medical equipment is estimated to benefit approximately 150,000 people as the items remain available in health facilities. Overall, CERF funding indirectly reached a diverse range of people, including the broader community, family members, healthcare professionals, and children in need.

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

Sector/Cluster	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Education	0	0	648	552	1,200	0	0	106	649	755
Health	4,798	4,786	2,477	2,219	14,280	13,259	14,785	3,232	3,298	34,574
Multi-Purpose Cash	1,625	1,655	787	833	4,900	1,656	1,687	802	849	4,994
Protection	8,000	0	2,000	0	10,000	4,519	0	446	0	4,965*
Protection – Child Protection	100	100	0	0	200	89	108	0	0	197
Shelter and Non-Food Items	2,500	2,500	2,500	2,500	10,000	2,500	2,500	2,500	2,500	10,000
Water, Sanitation and Hygiene	2,250	1,980	2,400	2,290	8,920	3,451	2,853	3,778	3,536	13,618

* 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	49,500	69,103
Total	49,500	69,103

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

Sex & Age	Table 6: Total Number of People Directly Assisted with CERF Funding*		Number of people with disabilities (PwD) out of the total	
	Planned	Reached	Planned	Reached
Women	19,273	25,474	1,072	633
Men	11,021	21,933	869	481
Girls	10,812	10,864	243	212
Boys	8,394	10,832	179	215
Total	49,500	69,103	2,363	1,541

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 23-RR-IOM-005

1. Project Information			
Agency:	IOM	Country:	Islamic Republic of Iran
Sector/cluster:	Multi-Purpose Cash	CERF project code:	23-RR-IOM-005
Project title:	Lifesaving emergency assistance to vulnerable people affected by the earthquake in Khoy, Iran		
Start date:	10/03/2023	End date:	09/09/2023
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\$ 600,000
	Total funding received for agency's sector response to current emergency:		US\$ 440000
	Amount received from CERF:		US\$ 200,000
	Total CERF funds sub-granted to implementing partners:		US\$ 0
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 0
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF Rapid Response (RR) grant, IOM supported 4,994 earthquake-affected individuals in Khoy County with Multi-Purpose Cash Assistance (MPCA). The project required coordination with the Bureau for Aliens and Foreign Immigrants Affairs (BAFIA), the Iranian Red Crescent Society (IRCS), and other government bodies. Gaining access to the field was challenging due to the political situation and Khoy's border location, but IOM secured authorization after negotiations with BAFIA. The project's field mission on May 22nd and 23rd, 2023, was a critical step in implementing the assistance program. During this mission, the IOM team visited the most affected areas, including the epicenter of the earthquake in Firouragh village. These visits allowed for direct observation of the damage and living conditions of the affected population, providing insights for refining the response strategy.

The project focused on the most vulnerable groups, including women, children, the elderly, people with disabilities, and potentially refugees and at-risk migrants. IOM, together with BAFIA, the State Welfare Organization (SWO) and the Iranian Red Crescent Society (IRCS), identified potential target households from existing national databases of vulnerable people eligible for welfare assistance. The selection was based on criteria like disabilities, elderly household members, medical conditions, and income levels. IOM refined this list by removing duplicates, verifying eligibility against selection criteria, and checking if the potential targeted people had previously received any form of financial support. This involved comparing with existing cash support activities, such as government initiatives and activities by NRC and UNICEF.

The final selection comprised 4,994 people from 1,461 households (all Iranians), who were assisted with a total of USD 164,549.15. 34.5 per cent of the targeted people's bank accounts to which funds were transferred were controlled by a woman. 86.51 per cent of the households included at least one member with one or multiple disabilities.

IOM conducted focus group discussions with 8 households and phone interviews with 305 head of households to understand the affected population's needs. This approach helped in determining the relevance and alignment of the MPCA with the community's requirements. The MPCA value was set at USD 32.94 per individual in line with the Minimum Expenditure Basket (calculated by the Cash Working Group as approximately USD 155 for a family of 5) and consistent with the government-led cash transfer initiatives. The aid was distributed through bank transfers, chosen for their accessibility to all affected people.

3. Changes and Amendments

In the implementation of the CERF Rapid Response grant project by IOM, some adjustments from the original plan were necessary due to specific challenges and constraints faced, such as a change in the approach to post-distribution monitoring activities. Since the affected people were under the SWO case management, IOM could not directly conduct these activities. Instead, SWO undertook the responsibility of confirming affected people's receipt of cash assistance and handling any feedback or complaints, diverging from the initially proposed method of IOM managing these aspects.

Additionally, establishing a dedicated complaint feedback mechanism was not feasible. Regular communication with affected people was managed by SWO, limiting IOM's direct interaction with them. This change was necessary in ensuring compliance with the operational protocols set by Government.

Furthermore, the full implementation of the Gender-Based Violence (GBV) risk analysis for Cash and Voucher Assistance (CVA), aligned with IASC Guidelines to integrate GBV into humanitarian action, was impeded. This was due to limited direct access to the affected people and sensitivities in discussing such topics with government counterparts. As a result, assessing GBV risks related to aspects of multi-purpose cash assistance, such as modality, delivery mechanism, and transfer frequency, was constrained, leading to an adaptation of this component of the project.

These modifications did not require re-programming or no-cost extension requests to CERF. The changes were in response to the evolving humanitarian context and were managed within the existing project framework. No significant funds are expected to be returned.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Multi-Purpose Cash									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	1,625	1,655	787	833	4,900	1,656	1,687	802	849	4,994
Total	1,625	1,655	787	833	4,900	1,656	1,687	802	849	4,994
People with disabilities (PwD) out of the total										
	32	34	16	16	98	419	427	203	215	1,264

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

5. People Indirectly Targeted by the Project

The project focused on providing direct support to targeted people through MPCA and did not include activities targeting people targeted indirectly. However, it is important to note that the broader population of the targeted villages indirectly benefited from the injection of funds into the local economy likely having a positive ripple effect, contributing to economic activity and potentially supporting local markets and services.

6. CERF Results Framework

Project objective	Provide lifesaving emergency assistance to vulnerable people affected by the earthquake in Khoy			
Output 1	Multi-purpose cash assistance is delivered to targeted households			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Multi-Purpose Cash			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Cash. 1a Number of people receiving multi-purpose cash	4,900	4,994	SWO's database, bank transfers documentation
Indicator 1.2	Cash. 1b Total value of multi-purpose cash distributed in USD	164,150	164,549.15	Bank transfers documentation
Explanation of output and indicators variance:		Overachievement of targets due to both savings on transfer fees and adjustment of transfer unit cost to Minimum Expenditure Basket (MEB).		
Activities	Description	Implemented by		
Activity 1.1	Identification of vulnerable people	IOM, in collaboration with counterparts		
Activity 1.2	Provision of unconditional multi-purpose cash assistance to identified people in need to cover lifesaving needs	IOM		
Activity 1.3	Focus group discussions on needs and use of MPCA (before and following provision of MPCA)	IOM		
Activity 1.4	Set up of CFM, monitoring and reporting	IOM, in collaboration with counterparts		

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.**

² These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

a. Accountability to Affected People (AAP)³:

Despite a limited direct access to the affected people, crisis-affected people, including vulnerable and marginalized groups, were actively involved through focus group discussions and a phone-administered survey. This approach enabled them to gather feedback about their vulnerability, family composition, impact of the earthquake, and previous assistance received, were crucial in tailoring the project to the actual needs and circumstances of the affected people. To involve all groups in the project phases, interviews were predominantly conducted in the Azeri language, catering to the linguistic needs of most targeted people. This inclusive process led to adaptations in the project design. For instance, initial considerations for using prepaid cards were revised upon realizing that all targeted people were Iranian nationals with access to banking services.

b. AAP Feedback and Complaint Mechanisms:

As IOM was not directly present in the field, SWO undertook the responsibility of handling any feedback or complaints including confirmation of receipt of cash assistance, challenges the targeted people faced in using the cash, and further required follow ups. SWO was conveying all the obtained messages to IOM on a regular basis. IOM and SWO jointly handled the feedback and made timely and proper actions as required.

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

The project employed IOM's policy to record and handle Sexual Exploitation and Abuse (SEA)-related complaints, emphasizing confidentiality, accessibility, and effective follow-up. IOM staff interacting with the affected people were trained on PSEA principles. Although IOM's global 'We Are All In' provides an encrypted and confidential platform to report any instances of misconduct, including sexual misconduct and retaliation and it is available to everyone within and outside IOM, the limited direct interaction with the targeted people, sensitivity of talking about PSEA and the urgent nature of field missions prevented the localization of the complaints channel. Moreover, due to the existing restraints in local context, only a part of the targeted people was directly contacted and consulted. Using this limited opportunity, IOM staff informed those who were reached via phone of the channel to report any misconduct and encouraged them to provide IOM with their feedback through SWO in case they faced any issue.

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

This project aimed at contributing to the empowerment and protection of women, girls, and sexual and gender minorities affected by the earthquake by prioritizing a substantial focus on female-headed households and individuals facing gender-based vulnerabilities as these group usually face more inequalities and deprivation during natural disasters. By ensuring that these groups receive targeted assistance, the project directly addressed the challenges and inequalities they face. In addition, SWO staff were briefed to pay extra attention to women and girls throughout the process so any issue can be flagged to IOM staff for further support.

e. People with disabilities (PwD):

The project effectively addressed the essential needs of people with disabilities (PwD), ensuring their accessibility and inclusion. Out of the total households assisted, 86.51 per cent (1,264 households) included at least one member with disabilities, 40 per cent of these being motor disabilities, followed by mental and hearing disabilities. Notably, 44 per cent of these disabilities were severe (needing the constant assistance of a third person), while 25 per cent were moderate (limited ability to conduct daily functions independently). 2.29 per cent reported a combination of two disabilities.

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](#).

f. Protection:

The project mainstreamed the protection of all affected persons throughout its implementation by prioritizing those at risk and the most vulnerable. In this view, female headed households, persons with disability and those with severe medical situation were prioritized for benefiting from the support so we could ensure addressing the multi-faceted challenges and inequalities these groups were facing. There were also cases in need of further follow up and support due to the severity of their medical situation. Protection team contacted these flagged cases for providing further support through the available services.

g. Education:

N/A

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

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	4,994

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

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

The project's primary focus was delivering MPC to affected people. After confirming that the targeted people were all Iranian nationals and identified from existing databases, IOM determined that bank transfers would be the most effective method of distributing the cash assistance. This decision was based on the assessment that all targeted people had access to banking services. Consequently, the use of bank transfers facilitated a streamlined and secure delivery of funds, ensuring that the aid reached the intended recipients promptly and reliably. The amount per household was determined based on family size and based on the amount of USD 32.94 per member.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
Activity 1.2	4,994	US\$ 164.549.15	Multi-Purpose Cash	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
IOM offers humanitarian relief in earthquake-struck Iranian city of Khoy	https://roasiapacific.iom.int/stories/iom-offers-humanitarian-relief-earthquake-struck-iranian-city-khoy

3.2 Project Report 23-RR-FPA-005

1. Project Information					
Agency:	UNFPA		Country:	Islamic Republic of Iran	
Sector/cluster:	Health Protection - Gender-Based Violence		CERF project code:	23-RR-FPA-005	
Project title:	Addressing maternal health and protection needs of women and girls affected by earthquake in Iran.				
Start date:	10/03/2023		End date:	09/12/2023	
Project revisions:	No-cost extension	<input checked="" type="checkbox"/>	Redeployment of funds	<input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:				US\$ 700,000
	Total funding received for agency's sector response to current emergency:				US\$ 383,000
	Amount received from CERF:				US\$ 163,025
	Total CERF funds sub-granted to implementing partners:				US\$ 142,996.53
	Government Partners				US\$ 0
	International NGOs				US\$ 0
	National NGOs				US\$ 142,996.53
Red Cross/Crescent Organisation				US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF grant, UNFPA, alongside its local partner, extended life-saving maternal and mental health services to 1,300 women affected by an earthquake. This was accomplished by providing unconditional Cash Voucher Assistance, covering transportation and associated costs for accessing maternal and mental health services. Notably, the recipients of cash cards included 143 pregnant women, 689 single-parent mothers, 78 women with disabilities, and 390 households with a member with disability.

In response to the Khoy earthquake, UNFPA had procured 10,000 dignity kits from UNFPA resources for distribution to affected populations, focusing on female-headed households and women at reproductive age. Logistical challenges prevented the immediate deployment of these kits in response to the Khoy earthquake. The kits arrived in Iran customs after approximately 40 days, and prolonged customs clearance further delayed the timeline. Regrettably, the Iranian Red Crescent Society (IRCS) determined that the emergency response phase had concluded by the time the kits were ready for distribution in Khoy, precluding their immediate deployment. Additional challenges were also faced due to restructuring of the Ministry of Interior and the formation of the National Migration Organization (see para 3), which prevented UNFPA access to the field at the time and obtaining the required clearances. The kits were scheduled to be distributed in 2024.

To ensure effective utilisation of the CERF funds for the intended purpose of distribution of dignity kits, UNFPA redirected its efforts by distributing an available 4,965 sets of 10 sanitary napkins in each set (basic dignity items) to vulnerable women and girls in the drought-

affected province of Sistan and Baluchistan, acknowledging the humanitarian situation among the Afghan population in Iran, specifically in the Sistan and Baluchistan province (cities of Zahedan, Zahak, Zabol and Dashtyari). Collaborating with PDA, UNFPA prioritized distributing the dignity items to vulnerable groups, including adolescent girls, female-headed households, pregnant women, and households with family members suffering from special diseases. The distribution of dignity items was completed in October 2023. To ensure the protection of women and girls, the distribution process was associated with dissemination of information on available mental health and psychosocial support services and avenues for accessing aid, including addressing gender-based violence concerns.

In the realm of collaboration with NGOs, UNFPA faces the imperative of coordinating and obtaining clearances from the Ministry of Interior. Historically, the Bureau for Aliens and Foreign Immigrants Affairs (BAFIA), operating under the Ministry of Interior's (MoI), served as the pivotal government entity responsible for coordinating interactions between UN agencies and NGOs. However, structural changes within the Ministry of Interior in 2023 have given rise to the "National Migration Organization" (NMO), a new entity tasked with organizing and coordinating matters pertaining to aliens, foreign immigrants, and international organizations, including international NGOs (INGOs) and UN agencies engaged with local NGOs. This development has introduced a new layer of complexity, as it has led to overlapping mandates between the NMO and BAFIA. Consequently, there is a palpable sense of confusion within BAFIA and among UN agencies involved in collaborative humanitarian initiatives. Unfortunately, the prevailing uncertainty has posed challenges in reaching communities, leading to significant obstacles in the implementation of the CERF fund.

Number of people receiving sector-specific unconditional cash transfers: 1,300

Number of pregnant women: 143

Number of single parents mother: 689

Number of women with disability: 78

Number of household having a member with disability: 390

Number of people receiving menstrual hygiene management kits and/or dignity kits (Number of women and girls who received Dignity Kits): 4,965

3. Changes and Amendments

In 2023, the UNFPA ERP system transitioned from Atlas to Quantum. As with any new system, at the UNFPA country office, we have encountered some challenges during its trial phase, particularly in the financial and payment processes, which have persisted since the launch of the new system. These challenges have also impacted our CERF funded project, leading to delays in payments to our implementing partners and subsequently affecting the overall project implementation timeline. Therefore, we submitted a no-cost extension request in September which was approved by the CERF secretariat.

Due to the challenges outlined earlier, the planned distribution site for dignity kits was relocated from Khoy to Sistan and Baluchistan, an area grappling with drought. Despite the distribution of only 4,650 kits by the project's conclusion, falling short of the initial target of 10,000, it's important to note that the distribution scope expanded from a single city (Khoy) to four cities in Sistan and Baluchistan – Zahedan, Zahak, Zabol, and Dashtyari. This geographical shift led to an increase in distribution costs, ultimately utilising the entire budget allocated for this vital activity.

The items were procured from UNFPA internal resources, with only the distribution costs being covered by CERF.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	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	1,300	0	0	0	1,300	1,300	0	0	0	1,300
Total	1,300	0	0	0	1,300	1,300	0	0	0	1,300
People with disabilities (PwD) out of the total										
	30	0	0	0	30	78	0	0	0	78

Sector/cluster	Protection - Gender-Based Violence									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	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	8,000	0	2,000	0	10,000	4,519	0	446	0	4,965*
Total	8,000	0	2,000	0	10,000	4,519	0	446	0	4,965
People with disabilities (PwD) out of the total										

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

	160	0	40	0	200	90	0	9	0	99
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* In the course of the distribution process, certain sensitivities surrounding data collection, particularly within the context of the Sistan and Baluchistan province, have constrained our ability to obtain specific disaggregated information pertaining to the number of women and girls reached by the project. It is important to note that the government's stance on data collection in this region, shaped by specific sensitivities, has limited our capacity to gather detailed demographic information during the distribution activities. Consequently, the figures presented in this report regarding the number of women and girls reached are estimations derived from the Minimum Initial Service Package (MISP) calculator.

* 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

Beyond the primary recipients of Cash Cards, our awareness and information campaigns targeting maternal and mental health will have a ripple effect on communities at large including family members.

Given the collaboration with NGOs, the wider community engaged with these organizations stands to benefit indirectly. This includes community members who may not be direct recipients of Cash Cards but will experience improved access to various health services facilitated through strengthened partnerships between UNFPA, local NGOs, and the Ministry of Interior.

In summary, the indirectly reached people encompass a diverse group, ranging from community members gaining awareness to healthcare professionals benefiting from improved service delivery infrastructure. While our primary focus is on the targeted demographic for Cash Card distribution, the project's broader impact is poised to create positive ripples across various sectors and communities.

6. CERF Results Framework

Project objective	Utilization of maternal health and protection services by women and girl affected by the earthquake in the province of West Azerbaijan (Khoy County) is enhanced.				
Output 1	Access to maternal and mental health services for women and girls affected by the earthquake in Khoy is enhanced.				
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Health				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 1.1	Cash.2a Number of people receiving sector-specific unconditional cash transfers	1,300	1,300	Report of implementing partner	
Indicator 1.2	Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD	130,000	130,918.86	UNFPA financial Monitoring report	
Explanation of output and indicators variance:		The marginal over expenditure observed under indicator 1.2 is attributed to the favourable gain in exchange rates.			
Activities	Description	Implemented by			
Activity 1.1	Distribution of Cash Voucher Assistance	Pars Development Activists (local NGO partner)			

Output 2 The dignity of women and girls affected by the earthquake in Khoy is upheld

Was the planned output changed through a reprogramming after the application stage?				Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Sector/cluster	Protection - Gender-Based Violence				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 2.1	SP.1b Number of people receiving menstrual hygiene management kits and/or dignity kits (Number of women and girls who received Dignity Kits)	10,000	4,965	Report of implementing partner	

Indicator 2.2	SP.1a Number of menstrual hygiene management kits and/or dignity kits distributed	10,000	4,965	Report of implementing partner
Explanation of output and indicators variance:		Owing to the aforementioned challenges, the distribution of dignity kits faced impediments in Khoy. Consequently, the intended target location of this initiative has been redirected from Khoy to four cities of Sistan and Baluchistan - Zahedan, Zabol, Zahak and Dashtyari. Furthermore, a modification has been made in the target demographic, shifting from women affected by the earthquake to Afghan refugee women grappling with the impact of drought. This adjustment ensures that the activity extends its support to a population facing distinct humanitarian challenges in the identified provinces.		
Activities	Description	Implemented by		
Activity 2.1	Distribution of Dignity Kits	Pars Development Activists		

7. Effective Programming

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

a. Accountability to Affected People (AAP)⁵:

In the aftermath of the earthquake, engagement with crisis-affected individuals, particularly vulnerable and marginalized groups, played a pivotal role in shaping the project. A joint field visit and assessment conducted by all UN agencies facilitated inclusive discussions with the affected communities. During the need assessment, the voices of those directly impacted were heard, ensuring their perspectives were integrated into the project's design, implementation, and monitoring phases. Employing diverse modalities such as discussion with communities, meeting with IRCS volunteers who are among influential people in the communities, and involved stakeholders from different sectors, we actively sought opinion from the affected people. Further, UNFPA consulted the community physicians regarding the needs - they confirmed what had been brought forward by the community members in UNFPA's discussion with them, specifically the need for cash support was underlined.

b. AAP Feedback and Complaint Mechanisms:

The NGO partner – Pars Development Activists (PDA) - introduced a dedicated hotline, providing beneficiaries with a confidential and accessible channel to share their feedback, including complaints. This mechanism emphasized the importance of maintaining confidentiality, fostering an environment where individuals felt secure in expressing their concerns.

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

⁴ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

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

UNFPA's Implementing Partner for this project, PDA, has a mechanism (hotline) and procedures for personnel, recipients of assistance and communities, including children, to report SEA allegations that comply with core standards for reporting (i.e. safety, confidentiality, transparency, accessibility). This mechanism is fully accessible to all beneficiaries of this project and was used to record and handle SEA related complaints (no cases were received). In cases of SEA reports, UNFPA will support and coordinate with PDA to ensure the victim is referred to support services (there is a referral pathway at an inter-agency level, and further, PDA also runs Mental Health Centers in partnership with Relief International (RI), through which RI has a budget for the victims of SEA) to ensure the victim receives all services needed and has her/his safety and security ensured.

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

The project, titled "Utilization of Maternal Health and Protection Services by Women and Girls Affected by the Earthquake in the Province of West Azerbaijan (Khoy County)," is strategically designed to champion gender equality and fortify the empowerment and protection of women, girls, and sexual and gender minorities. Aligned with its overarching goal, the project addresses the distinctive challenges faced by these groups. The cash programming for maternal and mental health services was tailored to enhance the well-being of women and girls, emphasizing accessibility and inclusivity. Additionally, the distribution of dignity kits aligns with SRH and GBV information dissemination specifically curated for the needs of women and girls further contributes to their empowerment and protection. The project incorporates awareness campaigns on gender-based violence prevention, fostering a supportive environment. Collaborative efforts with local organizations ensure the inclusion of women and girls, aiming to create a project that actively promotes the dignity, and safety of all women and girls.

e. People with disabilities (PwD):

The project has diligently addressed the needs of people with disabilities (PwD) by obtaining a comprehensive list of beneficiaries from the State Welfare Organization, the central coordinating body for individuals with disabilities. This approach has allowed the project to extend its reach to 78 women with disabilities and 390 households containing family members facing disabilities. Ensuring accessibility and inclusion, the project has tailored its services to meet the unique requirements of PwD, especially women and girls. Enhanced access to maternal and mental health services, along with the distribution of dignity kits, have been designed with a focus on inclusivity. Moreover, safety and protection measures are integrated to mitigate specific risks faced by PwD, emphasizing our commitment to fostering a supportive and secure environment for all individuals.

f. Protection:

Ensuring the safety and security of all individuals throughout the project implementation was paramount. To achieve this, the distribution activities were conducted in collaboration with the SWO's field office. This strategic partnership not only facilitated the seamless distribution of cash cards but also leveraged the expertise of the State Welfare Organization in safeguarding vulnerable populations, including people with disabilities. The project's integrated protection outcomes include the establishment of a secure distribution environment, adherence to ethical guidelines in handling sensitive beneficiary information, and the implementation of inclusive measures to protect the dignity of all recipients. By aligning with the SWO, the project successfully mainstreamed protection considerations, promoting a secure and supportive framework for those affected by the earthquake.

g. Education:

N/A

1. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
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Yes, CVA is a component of the CERF project	Yes	1,300
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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.

Yes, the project strategically employed Cash and Voucher Assistance (CVA) as a crucial mechanism to address the needs of 1,300 women affected by the earthquake. This initiative facilitated their access to life-saving maternal and mental health services. The CVA approach was designed as unconditional support, specifically covering transportation expenses associated with accessing essential services. Additionally, the provided funds were allocated to cover both direct and indirect costs related to the utilization of these vital health services. The targeted people gained flexibility in utilizing the assistance according to their unique and evolving health needs, ensuring a more personalized and responsive approach.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
Activity 1.1	1,300	US\$ 100.7	Health	Restricted

8. Visibility of CERF-funded Activities

Title	Weblink
UNFPA will feature the support provided through the CERF-funded project later in 2024. This publication will be disseminated to UN partners, donors, and government stakeholders.	To be shared

3.3 Project Report 23-RR-HCR-006

1. Project Information			
Agency:	UNHCR	Country:	Islamic Republic of Iran
Sector/cluster:	Water, Sanitation and Hygiene Shelter and Non-Food Items	CERF project code:	23-RR-HCR-006
Project title:	Provision of emergency support to earthquake affected areas in Khoy		
Start date:	02/02/2023	End date:	01/08/2023
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\$ 900,000
	Total funding received for agency's sector response to current emergency:		US\$ 0
	Amount received from CERF:		US\$ 258,795
	Total CERF funds sub-granted to implementing partners:		US\$ 0
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 0
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

In support to the Government and as part of UN joint humanitarian response, UNHCR dispatched core relief items (non-food items) within the first 48 hours after the earthquake from its in-country stockpile for the distribution to the affected people. UNHCR humanitarian assistance was provided in the spirit of solidarity and to support the Iranian host community, acknowledging the inclusive services provided by the government to refugees and host communities in a non-discriminatory manner. UNHCR assistance items included 1,500 family tent, 1,500 plastic tarpaulin, 3,000 high thermal blanket and 3,000 sleeping mats, as well as family hygiene and dignity kits to 3,000 families. As such 15,000 persons benefited from this action. The distribution of items took place with presence of UNHCR staff at areas affected by the earthquake with the key support from national NGO partner of UNHCR, namely Pars Development Actors - PDA. As part of the UN efforts, UNHCR's assistance has been coordinated through the Ministry of Interior, who further coordinated the reception and distribution of items with relevant authorities and partners.

3. Changes and Amendments

N/A

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Water, Sanitation and Hygiene									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	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	1,250	1,250	1,250	1,250	5,000	1,250	1,250	1,250	1,250	5,000
Total	1,250	1,250	1,250	1,250	5,000	1,250	1,250	1,250	1,250	5,000
People with disabilities (PwD) out of the total										
	0	0	0	0	0	0	0	0	0	0

Sector/cluster	Shelter and Non-Food Items									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	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	2,500	2,500	2,500	2,500	10,000	2,500	2,500	2,500	2,500	10,000
Total	2,500	2,500	2,500	2,500	10,000	2,500	2,500	2,500	2,500	10,000
People with disabilities (PwD) out of the total										

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

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

5. People Indirectly Targeted by the Project

N/A

6. CERF Results Framework

Project objective WASH and shelter/ non-food items provided to the earthquake affected families in Khoy

Output 1 Water, Sanitation and Hygiene items provided

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

Sector/cluster Water, Sanitation and Hygiene

Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	WS.16b Number of WASH/hygiene kits distributed	3,000	3,000	Reports provided by the Government UNHCR field mission reports during and after distribution alongside national NGO partner .

Explanation of output and indicators variance: NA

Activities	Description	Implemented by
Activity 1.1	Replenishment of hygiene and dignity kits	UNHCR Iran

Output 2 Shelter and Non-Food Items provided

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

Sector/cluster Shelter and Non-Food Items

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	SN.2b Number of in-kind NFI kits distributed	4,200	4,200	Reports provided by the Government UNHCR field mission reports during and after distribution alongside national NGO partner

Explanation of output and indicators variance: N/A

Activities	Description	Implemented by
Activity 2.1	Replenishment of Shelter/non- food items	UNHCR Iran

7. Effective Programming

a. Accountability to Affected People (AAP)⁶:

As an organizational priority, UNHCR applied a participatory approach as well as mainstreams the principle of AGD and Accountability to Affected Populations at every stage of programme management, including needs assessment, project design, implementation, monitoring, and evaluation. In accordance with the systematic plan for field monitoring missions and community outreach activities, UNHCR staff members have had the access to engage with the affected population in participatory discussions on the identification of needs in coordination with the government, the design of the action, and the implementation and evaluation of the action. Direct feedback from the interactive discussions with refugees of diverse backgrounds forms a valuable source of information to create an alternative mechanism for inclusive and participatory programming.

b. AAP Feedback and Complaint Mechanisms:

In 2022, UNHCR Iran, aligned with the guidance received from the UNHCR Regional Bureau for Asia-Pacific on Accountability to Affected Population, ran an internal survey on feedback and response system mapping in the country. Thanks to this exercise, good practices and gaps in the decentralized feedback and response system in the operation were identified. Through the development of a harmonized reporting template, in 2023, UNHCR Iran expects to be able to report the number of feedback and complaints received (disaggregated by sex and age) as well as the provided response, in a timelier and more systematic manner.

The operation has a feedback and response mechanism in place, receiving feedback from refugees and asylum-seeker. This system receives feedback and complaints about UNHCR services through confidential channels such as the dedicated protection mailbox, hotlines, and reception centres in each sub office/field office. Based on the survey done, the feedback, complaints, and response mechanism Standard Operating Procedures (SOP) was developed and is being finalised. This is being done to strengthen the current receiving, storing, capturing, and recording of feedback practices currently in the operation. The purpose of the SOP is to provide a unified and holistic approach through which feedback and complaints can be provided, ranging from in person to social media. The SOP also includes the use of a tracking tool through which the time span of responses can be recorded, which will assist in closing the feedback loop. The tracking tool focuses feedback and complaints received through all modalities, supports recording of time taken for response based on categorization of cases, identifies the receiving focal point, and tracks the provided response. The SOP also suggests when the response loop to be considered as closed in different scenarios.

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

During the past years, UNHCR Iran has been internally reviewing and strengthening its procedures on PSEA, as well as playing a key role in the PSEA Taskforce along with other UN agencies and international NGOs, with the aim of strengthening SEA awareness and response at national level. SEA complaints are reported directly to UNHCR through the general feedback and complaint mechanism, including UNHCR Protection Line, Protection mailbox, Feedback/Complaint boxes at Reception Centers, and verbal complaints to UNHCR staff. Survivors can also approach directly the UNHCR Inspector General's Office.

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

UNHCR has institutional expertise and GBV technical capacity supporting the project to ensure that the safe and inclusive participation and empowerment of women and girls is mainstreamed across all the sectors we work in. All UNHCR staff, including the local implementing partners, are trained on GBV core concepts and referrals. The specific situation of women and girls will be given due consideration during NFI and shelter assistance. In general, in our protection interventions, UNHCR implement specific activities meant to improve the well-being women and girls. Initial reports of the Khoy earthquake suggested that 41,426 persons were affected, and the number was later revised as 261,387 persons. The number of fatalities reportedly stood at three and over 1,445 individuals have been injured. Through the support provided by UNHCR, 15,000 persons were targeted, which among them women and girls were also supported.

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](#).

e. People with disabilities (PwD):

According to statistics from the Government, two per cent of the total population in Iran are persons with disability (PwD). Due to the nature of the emergency, which affected all persons alike, UNHCR supported all the affected population alike, but ensures a specific focus on PwD, who will be given priority and an easily accessible distribution line, with staff available to provide targeted support. Families were asked about family members with a disability, to improve identification and support provided. Unfortunately, disability items could not be distributed at this initial stage of the emergency, but information on PwD proactively was collected during distributions, which supported potential further support. Initial reports of the Khoy earthquake suggested that 41,426 persons were affected, and the number was later revised as 261,387 persons. The number of fatalities reportedly stood at three and over 1,445 individuals have been injured. Through the support provided by UNHCR, 15,000 persons were targeted, which among them possible persons with disabilities were also supported.

f. Protection:

This support ensured that female- and child-headed households are properly targeted, and that families and households with diverse compositions (groups of unaccompanied children living together or young adults, single women, elders alone, etc.) also receive the necessary assistance. Every household assisted, without discrimination, and UNHCR ensured proactive inclusion of all the persons affected.

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

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

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.

Due to large scale of the earthquake and urgent need to support the population affected by the earthquake, in response to the Iranian Government's request, UNHCR managed to dispatch its in-kind assistance within the first 48 hours on the incident. Shifting the modality of implementation to cash, given its required processes with Government at central and local levels which needed additional time, was not preferable within the first days of such earthquake.

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
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9. Visibility of CERF-funded Activities

Title	Weblink
Instagram post	https://www.instagram.com/reel/Co7JtxNqbR3/
Instagram post	https://www.instagram.com/reel/CopJ9gFqxEH/
Instagram post	https://www.instagram.com/reel/CoZpUiMqoOv/
Instagram post	https://www.instagram.com/p/CoUgV8JKjQb/
X (formerly twitter) post	https://twitter.com/UNHCRIran/status/1622856058506035201?s=20
X (formerly twitter) post	https://twitter.com/UNHCRIran/status/1627207073376219136?s=20
Press Release (English/ Farsi)	https://www.unhcr.org/ir/2023/02/06/unhcr-relief-items-arrive-in-irans-earthquake-affected-areas/ https://www.unhcr.org/ir/fa/2023/02/06/unhcr-relief-items-arrive-in-irans-earthquake-affected-areas/

3.4 Project Report 23-RR-CEF-007

1. Project Information			
Agency:	UNICEF	Country:	Islamic Republic of Iran
Sector/cluster:	Education	CERF project code:	23-RR-CEF-007
	Water, Sanitation and Hygiene		
	Health		
	Protection - Child Protection		
Project title:	Integrated Humanitarian Response to the Emergency Needs of Earthquake Affected Communities in Khoy, Northwest of Iran		
Start date:	10/03/2023	End date:	09/09/2023
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\$ 2,324,000
	Total funding received for agency's sector response to current emergency:		US\$ 802,000
	Amount received from CERF:		US\$ 278,200
	Total CERF funds sub-granted to implementing partners:		US\$ 18,352.86
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 0
Red Cross/Crescent Organisation		US\$ 18,352.86	

2. Project Results Summary/Overall Performance

UNICEF effectively deployed CERF funds to deliver critical goods and services and meet the lifesaving needs of earthquake affected communities. The project spanned over six months from 10 March to 9 September 2023 exceeding initial delivery targets. UNICEF's activities significantly improved access for affected communities to health, education, and WASH services, contributing to their wellbeing, recovery, and resilience.

In the WASH sector, 2,855 hygiene kits were distributed in rural earthquake affected areas, benefitting a total of 8,618 individuals (4,729 F, 3,889 M), including 100 people with disabilities. In a joint needs assessment with the Health Department of the Khoy Medical University, UNICEF made special efforts to ensure the access of all groups to essential hygiene items. Standard family kits, baby kits, and incontinence kits were procured and distributed to address the needs of people with special vulnerabilities and disabilities.

UNICEF's Health engagement was marked by the successful delivery and installation of two mobile clinics in Firuraq and Rabat townships. These clinics provided essential primary healthcare services to 29,834 individuals (13,476 F, 16,358 M) within their first three months of operation.

Concerning Education, UNICEF delivered six prefabricated classrooms to four earthquake-affected schools to ensure a safe and expanded learning environment. The schools were struggling to accommodate additional 70 students displaced from nearby villages. In parallel, UNICEF distributed stationery kits to 755 students (106 girls, 649 boys), achieving 100% coverage within the targeted schools. This flexible and adaptive approach not only improved access to education but also addressed the specific challenges arising from the displacement of students.

In partnership with the Iranian Red Crescent Society (IRCS), UNICEF supported the deployment and operation of the IRCS MHPSS-in-Emergencies Workforce, known as the "SAHAR Teams". These teams played a critical role in establishing mobile child-friendly spaces (CFS) in remote earthquake-affected areas. A total of 197 SAHAR Team volunteers (89 women, 108 men) received a gender responsive training, mobile CFS kits, and cash incentives that enabled them to reach 2,364 children through camp based CFS in Khoy. More than 24,000 children (100% coverage) benefited from enhanced access to child centred MHPSS services, fostering their emotional well-being and recovery.

3. Changes and Amendments

Under Output 1 (WASH), UNICEF had originally planned to distribute 2,000 hygiene kits, but the target was exceeded by delivering 2,855 kits (overachieving by 40%) thanks to optimal price negotiations and adjustments.

In Output 2 (Health), UNICEF had initially set a conservative target of 10,840 people benefiting indirectly from the two mobile clinics delivered under this CERF Grant. However, according to the partner report (drawing from the MOHME real-time database) confirmed that over 29,834 (13,476 F, 16,358) individuals received primary healthcare services. The mobile clinics were equipped, inter alia, to provide maternal and reproductive healthcare services to women and girls in their respective catchment areas.

In Output 3 (Education), UNICEF originally planned for the delivery and installation of four prefabricated classrooms and the distribution of 1,200 student kits. The plan was adapted (in consultation with the partner and after communications with RCO/OCHA) to meet the scale of specific needs of earthquake-affected schools. This led to the delivery of six prefabricated classrooms (instead of four) in four schools and the support of 755 students (106 girls, 649 boys), with student kits (instead of 1,200). Targets and activities were thus readjusted to better reflect the realities on the ground.

Output 4 (Child Protection) activities were successfully implemented and met their planned targets within budget and timeline.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Education									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	648	552	1,200	0	0	106	649	755
Total	0	0	648	552	1,200	0	0	106	649	755

People with disabilities (PwD) out of the total

0	0	32	28	60	0	0	0	0	0
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Sector/cluster	Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	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	3,600	3,600	1,960	1,680	10,840	10,761	13,599	2,715	2,759	29,834
Total	3,600	3,600	1,960	1,680	10,840	10,761	13,599	2,715	2,759	29,834

People with disabilities (PwD) out of the total

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

	800	800	100	85	1,785	Data not available	Data not available	Data not available	Data not available	Data not available
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Sector/cluster	Water, Sanitation and Hygiene									
	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	1,000	730	1,150	1,040	3,920	2,201	1,603	2,528	2,286	8,618
Total	1,000	730	1,150	1,040	3,920	2,201	1,603	2,528	2,286	8,618

People with disabilities (PWD) out of the total

	50	35	55	50	190	46	54	0	0	100
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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	0	0	0
Other affected people	100	100	0	0	200	89	108	0	0	197
Total	100	100	0	0	200	89	108	0	0	197

People with disabilities (PWD) out of the total

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

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

5. People Indirectly Targeted by the Project

Under the Health engagement, UNICEF supported the delivery and establishment of mobile comprehensive healthcare facilities, resulting in 29,834 individuals receiving healthcare services within the first three months of their installation. While this number has been reported under the direct beneficiary categories in the proposal, it is important to clarify that UNICEF's contribution primarily involved expanding the service delivery capacity in health centres, so these individuals should be considered and reported as being indirectly targeted.

Moreover, 24,000 children (est. 12,070 boys, 11,930 girls) amounting to 100 per cent of the children in need identified by IRCS, have indirectly benefited from improved access to child centred and gender responsive MHPSS services through UNICEF's contribution to the mobile CFS operation in remote earthquake affected areas.

6. CERF Results Framework

Project objective	Earthquake affected children and their families have access to the life-saving relief items and services during the transition period				
Output 1	Earthquake-affected children and household have improved access to critical WASH supplies, tailored to their specific needs				
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Water, Sanitation and Hygiene				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 1.1	WS.16a Number of people receiving critical WASH supplies	3920	8,618	Partner report	
Indicator 1.2	WS.16b Number of WASH/hygiene kits distributed	2000	2,855	Partner reports, Goods Receipt Note, UNICEF procurement documents, Programmatic visits during distribution by UNICEF, Post Distribution Monitoring visits.	
Explanation of output and indicators variance:		With extra available funds (due to price negotiations and adjustments) UNICEF was able to procure 2,855 hygiene kits (overachieving by >40%) and assist 8,618 individuals (overachieving by 220%) in the affected villages.			
Activities	Description	Implemented by			
Activity 1.1	Procurement and distribution of hygiene supplies (hygiene kits) specially tailored to the needs of households, children, and people with disabilities	UNICEF, in partnership with Khoy Medical University (Health Department).			

Output 2 People in earthquake affected villages and remote areas have improved access to primary healthcare

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

Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification

Indicator 2.1	H.7 Number of functional health facilities supported	2	2	Partner reports, UNICEF procurement documents, UNICEF field monitoring visits.
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 2.1	Procurement, equipping, and delivery of two mobile clinics to support the access to primary healthcare in affected villages and remote areas	UNICEF, in partnership with Khoy Medical University, (Health Department).		

Output 3 Children in affected villages have access to safe and inclusive education

Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Education			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Ed.3 Number of people (teachers and/or children) accessing teaching, learning and/or recreational materials (Number of Children provided with individual (one-per-child) education materials (UNICEF Standard Indicator))	1200	755	Partner reports, UNICEF procurement documents, field monitoring visits.
Indicator 3.2	Ed.2 Number of temporary learning spaces and/or centres established and/or rehabilitated	4	6	Partner reports, UNICEF procurement documents, field monitoring visits.
Explanation of output and indicators variance:		Noting the evolving needs, UNICEF, in collaboration with the Khoy Department of Education and in communication with OCHA, made a strategic decision to transfer parts of the funds between the two activities under this output. This adjustment allowed for the increase in the number of prefabricated classrooms from four to six, helping the four targeted schools to effectively accommodate the increased demand for safe learning spaces resulting from the displacement of students from nearby villages. Meanwhile, UNICEF maintained its commitment to supporting all 755 students in these schools by providing them with essential student kits, addressing their educational needs comprehensively.		
Activities	Description	Implemented by		
Activity 3.1	Provision of temporary learning spaces to most vulnerable affected areas including procurement, delivery, installation, and equipping of spaces	UNICEF, in partnership with Khoy Department of Education.		
Activity 3.2	Provision of student kits (including stationery items and story books) to students studying at targeted schools / areas	UNICEF, in partnership with Khoy Department of Education.		

Output 4 Earthquake affected children (in camps or temporary accommodation areas) have better access to child protection and MHPSS services

Was the planned output changed through a reprogramming after the application stage?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sector/cluster	Protection - Child Protection		
Indicators	Description	Target	Achieved
Indicator 4.1	CP.4 Number of people accessing protection activities and/or services through child-friendly spaces	24000	24,000
Explanation of output and indicators variance:		N/A	
Activities	Description	Implemented by	
Activity 4.1	Provision of community-based Child Protection and MHPSS services through Child friendly Spaces.	The Iranian Red Crescent Society (IRCS)	

7. Effective Programming

a. Accountability to Affected People (AAP)⁷:

The affected populations was actively involved in the planning and implementation phases by UNICEF and IRCS. In the establishment of mobile CFS and implementation of child centred MHPSS interventions in schools and remote areas, UNICEF and IRCS engaged in consultations with school officials, teachers, and communities to identify specific mental health needs among children, allowing the adaptation of the child centred MHPSS interventions accordingly.

Additionally, the identification of villages and areas for the distribution of essential hygiene items was informed by a joint needs assessment conducted with the Khoy Medical University, under the Department of Health, in consultation with the affected communities. UNICEF made efforts to tailor the content of hygiene and education kits based on established WASH and Education Working Group standards (which stems from several interagency assessments in other humanitarian situations in the country), aligning them with identified beneficiary needs through face-to-face assessments.

UNICEF's commitment to accountability continued with at least six post-distribution monitoring missions, where beneficiaries were approached for feedback on a randomised basis. Feedback was generally positive, with limited complaints related to the size and number of certain hygiene items.

b. AAP Feedback and Complaint Mechanisms:

UNICEF relies on its implementing partners complaint and feedback mechanism (CFMs). Having established CFMs is a prerequisite to partnerships, and UNICEF regularly reviews the partners' commitment to community engagement and accountability. The IRCS Audit and Investigation Department handles community feedback through proactive and reactive channels like on-site monitoring during aid provision and complaints received via hotline 112 and social media. The targeted with education activities have access to the Ministry of Education's CFM at <http://shekayat.medu.ir>. The Ministry of Health and Medical Education does also have an operational CFM, hotline 190 that receives and addresses complains and feedback related to access to healthcare services and distribution of WASH items. While these mechanisms are active, UNICEF does not have any independent access to the feedback received through partners' feedback channels.

⁷ 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 monitoring visits, UNICEF staff gathered anecdotal feedback from the communities affected. For instance, recipients of household and incontinence hygiene kits indicated that the sizes of certain hygiene items were not suitable for adults. This resulted in the need to use double the amount of incontinence items. Such feedback prompted an immediate adjustment in our approach and will inform future planning and preparation for similar engagements.

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

UNICEF has established internal mechanisms to allow affected communities to ensure safe and confidential complaints, suggestions and feedback related to SEA involving UNICEF personnel or persons acting on UNICEF's behalf. Our policy emphasizes a zero-tolerance approach to any form of sexual exploitation and abuse and underscores the importance of a safe and respectful environment for all. As part of this, UNICEF has clear PSEA guidelines in place on identification, referrals, and reporting on PSEA.

UNICEF Iran rigorously enforces a stringent policy for the prevention of sexual exploitation and abuse (PSEA) in humanitarian operations. This commitment is manifested through limiting our collaboration only to partners who meet UN/UNICEF's required benchmarks and share UNICEF's vision of zero tolerance against sexual exploitation and abuse. In addition, UNICEF employs a dedicated PSEA expert who provides technical support, centralizing PSEA integration within all UNICEF initiatives, thereby ensuring the prevention of sexual exploitation and abuse in the field.

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

UNICEF made a deliberate effort to ensure that its activities remain sensitive and responsive to different gender needs, contributing to gender equality and the empowerment and protection of women and girls by ensuring their access to essential services.

In the Health response, streamlined at PHCs, UNICEF ensured that the health needs of women and girls are at the core when delivering essential healthcare services tailored to address their specific requirements. The PHC service package encompasses access to reproductive health support and maternal care. Furthermore, the child centred MHPSS interventions adopt a gender responsive approach and consider the unique vulnerabilities and mental health needs of girls, providing them with a safe and supportive environment for recovery.

In the WASH response, UNICEF prioritized the well-being and dignity of women and girls by including menstrual hygiene essentials in the family hygiene kits, benefiting 4,729 women and girls. This initiative not only attends to a crucial aspect of women's hygiene requirements but also contributes to their empowerment. To enhance inclusivity and accessibility in a supportive environment, female staff from local Health Houses were strategically present at the distribution locations, ensuring that girls and women felt comfortable and respected during distribution.

e. People with disabilities (PwD):

The project considered the essential needs of persons with disabilities while prioritising accessibility and inclusion. Women and girls with disabilities received special attention to ensure their protection and safety. UNICEF trained IRCS staff on inclusive approaches during the needs assessment and design of the programmes.

To meet the unique requirements of Persons with Disabilities, including those with special needs, incontinence kits were included in the project. These kits played a crucial role in addressing the hygiene needs of Persons with Disabilities while respecting their dignity.

Additionally, UNICEF's broader earthquake response incorporated accessibility features into its design and development processes, ensuring that essential facilities, such as classrooms and latrines, considered the mobility needs of Persons with Disabilities. These

measures aimed to promote active participation and inclusion, creating a safe and supportive environment that fostered the protection, dignity, and well-being of all targeted people.

f. Protection:

In UNICEF's multi-sectoral response, protection was mainstreamed to ensure safe and dignified living conditions and to prevent harm during the response in Khoy through the following approaches:

- a) Ensuring that protection and safeguarding measures are considered in the design and development of WASH and educational infrastructure, in line with humanitarian standards and best practices to ensure the environment does not further expose affected people to physical hazards, violence or abuse.
- b) Introducing measures to mitigate protection risks and promote meaningful access, safety, and dignity at all stages of the program cycle, including in Mental Health and Psychosocial Support (MHPSS) responses and kit distribution.

In the context of Khoy response, UNICEF utilized the Child Protection Mainstreaming Checklist developed by the Child Protection Sub-Sector (the CP Sub-Sector is lead by UNICEF in Iran). Additionally, UNICEF advocated for the introduction of monitoring mechanisms and capacity-building initiatives for service providers involved in direct service delivery. This effort resulted in an agreement with the Iranian Red Crescent Society (IRCS) to strengthen Accountability to Affected People (AAP) in Khoy response and future humanitarian actions.

g. Education:

UNICEF's Khoy response strategy specifically focused on ensuring uninterrupted access to education for earthquake-affected children in Khoy city and remote villages, aiming to restore a sense of normalcy, sustain learning, and mitigate protection risks for vulnerable children.

In response to a request from the Ministry of Education and guided by field needs assessments, the project procured and installed six prefabricated classrooms in four earthquake affected schools, addressing the urgent need for safe educational facilities.

Moreover, the project supported all 755 students, including girls and boys, in these schools by distributing student kits containing essential stationary items. Thus, not only facilitating educational access but also contributing to a nurturing learning environment.

As the Education Sector lead agency, UNICEF's engagement demonstrated a strategic commitment to addressing educational needs and ensuring the well-being of earthquake-affected children. These measures align with the UN's broader educational objectives and UNICEF's mission to promote inclusive and safe learning environments.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

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

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

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

UNICEF designed its activities under the CERF Grant to target remote and hard-to-reach villages affected by the earthquake, where access to markets and essential items was constrained. In such remote environments, the effectiveness of cash and voucher assistance can be compromised due to limited access to functioning markets essential for the affected people to procure goods and services.

Given these considerations, UNICEF made a deliberate choice to focus the CERF Grant on delivering essential goods and services directly to these remote communities. By providing items such as hygiene kits, education materials, and healthcare services, we ensured that earthquake-affected individuals in these remote areas received relief items without facing the challenges associated with cash and voucher-based assistance.

Nevertheless, UNICEF successfully implemented cash assistance, using other financial resources, to support the most vulnerable households in urban areas with access to functional markets. The decision not to use cash and voucher assistance in this CERF project was driven by the unique context of serving remote areas with limited market access, where the direct provision of essential items and services proved to be the most effective and efficient approach to meet the immediate needs of the earthquake-affected populations.

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

9. Visibility of CERF-funded Activities

Title	Weblink
Children benefit from UNICEF-supported mobile child-friendly spaces in Khoy	UNICEF Iran website , Twitter , LinkedIn , Instagram
2,855 hygiene and baby kits distributed among earthquake-affected families in Khoy	UNICEF Iran website , Twitter , LinkedIn , Instagram

3.5 Project Report 23-RR-WHO-007

1. Project Information

Agency:	WHO	Country:	Islamic Republic of Iran
Sector/cluster:	Health	CERF project code:	23-RR-WHO-007
Project title:	Provision of life-saving medical equipment and supplies in response to the earthquake in Khoy, Iran		
Start date:	14/03/2023	End date:	13/09/2023
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\$ 500,000
	Total funding received for agency's sector response to current emergency:	US\$ 160,000
	Amount received from CERF:	US\$ 100,000
	Total CERF funds sub-granted to implementing partners:	US\$ 0
	Government Partners	US\$ 0
	International NGOs	US\$ 0
National NGOs	US\$ 0	
Red Cross/Crescent Organisation	US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF project, WHO provided one Trauma and Emergency Surgery Kit (TESK), two mechanical ventilators and three Automated External Defibrillators (AEDs) as life-saving medical equipment and supplies to the Khoy College of Medical Sciences to restore capacities of health facilities affected by the earthquake in Khoy. In addition, the project strengthened health system resilience and response capacities for future emergencies. 3,400 people were directly targeted for assistance with the donated items in the first 6 months of the utilization and it is estimated that 150,000 people will be assisted indirectly.

3. Changes and Amendments

No amendments

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	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	1,198	1,186	517	539	3,440	1,198	1,186	517	539	3,440
Total	1,198	1,186	517	539	3,440	1,198	1,186	517	539	3,440
People with disabilities (PwD) out of the total										
	0	0	0	0	0	0	0	0	0	0

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

5. People Indirectly Targeted by the Project

Considering that the provided items are long-lasting medical equipment and will remain available in the health facilities, it is estimated that 150,000 people will benefit from the donated items.

6. CERF Results Framework

Project objective Increase access to essential lifesaving medical equipment and supplies

Output 1 Enhancing accessibility of mechanical ventilation for emergency/intensive care patients of Khoy hospitals

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

Sector/cluster Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	H.7 Number of functional health facilities supported.	2	2	WHO

Explanation of output and indicators variance: N/A

Activities	Description	Implemented by
Activity 1.1	Procurement of two mechanical ventilators	WHO

Output 2 Enhancing accessibility of trauma and emergency surgery equipment

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

Sector/cluster Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	H.2 Number of people receiving surgical procedures for trauma;	100	100	WHO

Explanation of output and indicators variance: N/A

Activities	Description	Implemented by
Activity 2.1	Procurement of one TESK	WHO

Output 3 Enhancing accessibility of Automated External Defibrillator (AED) for emergency/intensive patients of Khoy hospitals

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

Sector/cluster Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	H.7 Number of functional health facilities supported.	4	3	WHO
Explanation of output and indicators variance:		Because of increased price of the AEDs in the local market, the allocated budget was able to cover three AEDs. It is notable that international procurement of AEDs would be more expensive and with that option procurement of only two AEDs was feasible		
Activities	Description	Implemented by		
Activity 3.1	Procurement of four mobile AEDs with pads	WHO		

7. Effective Programming

a. Accountability to Affected People (AAP)⁸:

Following the joint field visit of WHO and other UN agencies in I.R. Iran to the affected areas and implementing the needs assessment through interviews with the health authorities and the affected communities, a list of needed items shared by Khoy College of Medical Sciences. Considering the available budget of the project and in consultation with health authorities in Khoy College of Medical Sciences, the most prioritised items were identified. Subsequently, WHO started international and local procurement of medical items followed by in-person delivery to the Khoy College of Medical Sciences for distribution to the target recipient facilities in Khoy.

b. AAP Feedback and Complaint Mechanisms:

Necessary arrangements have been made with the Khoy College of Medical Sciences to share the feedback of the end users including patients and service providers received through available GRM mechanism including hotline number on provision of services related to the donated medical equipment under this project. In addition, WHO will remain in close contact with other involved UN agencies and health partners working in the field to receive feedback and recommendations.

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

WHO has zero tolerance for any form of sexual misconduct (SM), inaction against SM, and retaliation. On one hand, in line with the WHO 3-year prevention and response to sexual misconduct (PRSM) policy, all the staff who were involved in Khoy response was trained on PRSM (refreshing trainings) to ensure that prevention is in the heart of our PRSM policy. On the other hand, although, the government of Iran do not permit activation of community-based complaint mechanism for SM, WHO was ready to respond to any report or concerns which would be received through WHO integrity hotline (an online form <https://secure.ethicspoint.eu/domain/media/en/gui/108001/index.html> and the following email address: investigation@who.int). Since Khoy earthquake response was not a community-facing operation, fortunately, WHO did not receive any report, concerns, or complaints about any form of SM in the response.

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

Taking into account of the fact that contextually there is no limitation in provision of medical services in the recipient health facilities in terms of gender, age and minorities, it is ensured that all clients in the targeted geographical area will have equal access to the health services supported through this project.

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](#).

e. People with disabilities (PwD):

According to the national rules and regulations in Iran, all people with disabilities have equal access to health services including those supported by this project. In addition, the donated items could potentially decrease the risk of disability following disasters/emergencies through timely availability of life-saving medical interventions such as emergency surgeries, restoration of normal heart rhythm and supporting respiratory functions

f. Protection:

WHO is in close contact with health authorities in Khoy to identify any adverse feedback received about equal provision of health services to ensure that use of donated items will remain fully in line with protection of all affected and at-risk persons including men, women, and minorities.

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

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

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

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

Cash assistance is not under WHO's mandate

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

9. Visibility of CERF-funded Activities

Title	Weblink
WHO strengthens emergency response capacity in Khoy region with life-saving equipment and supplies	WHO EMRO WHO strengthens emergency response capacity in Khoy region with life-saving equipment and supplies News Iran site

WHO strengthens emergency response capacity in quake-hit Khoy	<u>WHO strengthens emergency response capacity in quake-hit Khoy - Tehran Times</u>
اهدای اقلام و تجهیزات پزشکی سازمان بهداشت جهانی به حوزه سلامت خوی	<u>اهدای-اقلام-و-تجهیزات-پزشکی-سازمان-بهداشت-جهانی-به-حوزه-سلامت-خوی</u>
WHO strengthens emergency response capacity in Khoy region with life-saving equipment and supplies	<u>WHO strengthens emergency response capacity in Khoy region with life-saving equipment and supplies - Iran (Islamic Republic of) ReliefWeb</u>
WHO Strengthens Emergency Response Capacity in Iran's Khoy Region with Life-Saving Equipment and Supplies	<u>WHO Strengthens Emergency Response Capacity in Iran's Khoy Region with Life-Saving Equipment and Supplies United Nations in I.R. Iran</u>

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
23-RR-FPA-005	Sexual and Reproductive Health	UNFPA	NNGO	\$142,996
23-RR-CEF-007	Child Protection	UNICEF	RedC	\$18,353

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